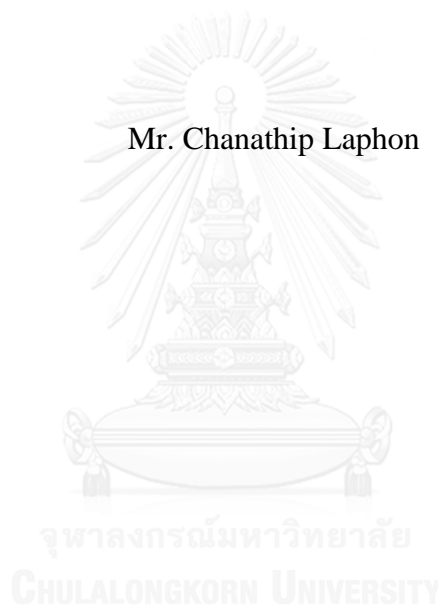


Social Stigmatization Affecting Access to Healthcare Services and Service Satisfaction Among Transgender Persons: A Qualitative Study at Thai Red Cross AIDS Research Center - TANGERINE COMMUNITY HEALTH CENTER

Mr. Chanathip Laphon



บทคัดย่อและแฟ้มข้อมูลฉบับเต็มของวิทยานิพนธ์ตั้งแต่ปีการศึกษา 2554 ที่ให้บริการในคลังปัญญาจุฬาฯ (CUIR) เป็นแฟ้มข้อมูลของนิสิตเจ้าของวิทยานิพนธ์ ที่ส่งผ่านทางบัณฑิตวิทยาลัย

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การถูกตีตราทางสังคมที่มีผลต่อการเข้าถึงบริการสุขภาพและความพึงพอใจในบริการของบุคคลเพศ
ทางเลือก : การศึกษาเชิงคุณภาพ ณ ศูนย์วิจัยโรคเอดส์สภากาชาดไทย - โครงการศูนย์สุขภาพ
ชุมชนแทนเจอร์ีน



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาสาทรณสุขศาสตรมหาบัณฑิต
สาขาวิชาสาทรณสุขศาสตร
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ทางเลือก : การศึกษาเชิงคุณภาพ ณ ศูนย์วิจัยโรคเอดส์สภากาชาดไทย - โครงการศูนย์สุขภาพชุมชนแทนเจอร์น (Social
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ความเป็นมา: เพศทางเลือกเป็นคำที่เป็นความหมายรวมถึงทุกคนเพศไม่ตรงกับเพศกำเนิด เมื่อเร็วๆนี้ในหลายพื้นที่ได้มีการ
การณรงค์สิทธิสตรีสิทธิเกย์ การแบ่งแยกทางเพศโดยเฉพาะในกลุ่มเพศทางเลือกและเห็นได้ชัดในกลุ่มรักร่วมเพศเพราะว่าเขา
เหล่านั้นไม่ได้เป็นไปตามที่รูปแบบของสังคมเรื่องเพศกำเนิด ประเทศไทยเป็นพื้นที่ที่มีจำนวนประชากรบุคคลข้ามเพศมาอันดับต้นๆ
ของโลกในหลายๆครั้งบุคคลข้ามเพศมักได้รับการปฏิบัติในการเข้ารับบริการต่างจากคนทั่วไปการเข้าถึงบริการทางสุขภาพของคือ
บริการขั้นพื้นฐานของประชากร การถูกตีตราทางสังคมของบุคคลเพศทางเลือกเป็นอุปสรรคในการเข้าถึงบริการสุขภาพ ใน
สหรัฐอเมริกาและเอเชียมีการประเมินการว่าประชากรบุคคลข้ามเพศหรือTGในแต่ละช่วงมีตั้งแต่0.3ถึง0.5%ของประชากร
ทั้งหมด ในประเทศไทยประชากรไทยทั้งหมด314,340คนโดยประมาณ มีการศึกษาหลายประเด็นแสดงให้เห็นถึงปัญหาที่
ผลกระทบต่อผู้ป่วยและผู้ให้บริการด้านสุขภาพ การถูกตีตราทางสังคมคือความเกี่ยวข้องต่อปัญหาสุขภาพจิตเพิ่มขึ้น

วิธีการ: การศึกษาเชิงพรรณนาและเชิงวิเคราะห์ภาคตัดขวางโดยใช้วิธีการเชิงคุณภาพ การสัมภาษณ์ผู้ที่ใช้การบำบัด
ทดแทนฮอร์โมน (HRT) โดยมีแบบสอบถามเพื่อให้ผู้เข้าร่วมกรอกข้อมูลทางสังคมและข้อมูลประชากรและความพึงพอใจในบริการ
การสัมภาษณ์แบบเจาะลึก "Life-Grid" หรือตารางประสบการณ์ชีวิตเป็นการสัมภาษณ์แบบเปิดกว้างการสัมภาษณ์เป็นการสัมภาษณ์
แบบตัวต่อตัวได้ดำเนินการ โดยใช้ตารางประสบการณ์ชีวิตแบบมีโครงสร้างเพื่อค้นหาข้อมูลประสบการณ์ชีวิต

ผลการศึกษา: จำนวนประชากรในการศึกษาทั้งหมด15ราย มีหญิงข้ามเพศ11ราย ชายข้ามเพศ4ราย จากจำนวนทั้งหมด
66.67% ของผู้เข้าร่วมอยู่ในกลุ่มอายุ20-30 ปีหญิง73.33% เป็นหญิงที่รับบริการทดแทนฮอร์โมนที่ ศูนย์สุขภาพชุมชนแทนเจอร์น
จากการศึกษาการสัมภาษณ์ผู้เข้าร่วมที่ได้รับการถูกตีตราเกิดขึ้นจากครอบครัวเพื่อนฝูง สถานที่ทำงาน ภาครัฐและศูนย์บริการสุขภาพ
การถูกตีตราจากครอบครัวเป็นความกังวลในความไม่แน่นอนของพวกเขาในอนาคตเช่นความยากลำบากในการหางาน การถูกตีตรา
ระดับชุมชนนำไปให้บุคคลข้ามเพศเสี่ยงการสื่อสารหรือมีปฏิสัมพันธ์กับชุมชน การถูกตีตราในสถานที่ทำงานโดยผู้บังคับบัญชาและ
ผู้ประสานงานย่อยไม่มีความเชื่อใจพวกเขาในการทำงานของบุคคลข้ามเพศเหตุผลหลักในการกีดกันบุคคลข้ามเพศเกิดจากการถูกตี
ตราในสถานบริการสุขภาพ การค้นหาผู้ให้บริการรายใหม่เป็นเพียงของการแก้ปัญหาหลายเหตุเท่านั้น การสัมภาษณ์ผู้ใช้บริการถึง
การสรรหาบริการและความพึงพอใจในการใช้บริการของ ศูนย์สุขภาพชุมชนแทนเจอร์นภายใต้การเข้าถึง การยอมรับ ความพร้อม
และอัตราค่าบริการ ความพึงพอใจสูงสุดคือค่าบริการและความพึงพอใจน้อยที่สุดคือระยะเวลารอคอย

สรุป: บุคคลเพศทางเลือกต้องเผชิญกับการตีตราจากสถานที่อื่น ๆ รวมถึงพื้นที่การดูแลสุขภาพ แต่ไม่ได้มาจาก
เจ้าหน้าที่ที่ศูนย์สุขภาพชุมชนแทนเจอร์น บุคคลเพศทางเลือกความพึงพอใจกับบริการฮอร์โมนและบริการอื่น ๆ ที่ศูนย์สุขภาพ
ชุมชนแทนเจอร์น ใช้บริการโดยเริ่มต้นจากเพื่อนหรือบุคคลที่ใกล้ชิด ข้อมูลการใช้ HRT และยังมีแบ่งปันประสบการณ์ระหว่าง
บุคคลข้ามเพศบุคคลข้ามเพศในประเทศไทยมีแนวโน้มที่จะเผชิญการถูกตีตราจากผู้อื่นน้อยกว่าประเทศทางตะวันตก ควรมีการวิจัย
เพิ่มเติมเพื่อขยายขนาดตัวอย่างและพื้นที่การศึกษาที่จะสรุป ประชากรของการศึกษานี้ควรแยก หญิงข้ามเพศและชายข้ามเพศออก
จากกัน เนื่องจากความแตกต่างของชนิดของฮอร์โมน

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KEYWORDS: TRANSGENDER / STIGMATIZATION / SERVICES SATISFACTION / MALE-TO-FEMALE / FEMALE-TO-MALE / LIFE-GRID / THAILAND

CHANATHIP LAPHON: Social Stigmatization Affecting Access to Healthcare Services and Service Satisfaction Among Transgender Persons: A Qualitative Study at Thai Red Cross AIDS Research Center - TANGERINE COMMUNITY HEALTH CENTER. ADVISOR: MONTAKARN CHUEMCHIT, Ph.D., 118 pp.

Background: Transgender has become an umbrella term to mean all those who transgress gender norms. There has been much progress in women's rights. The gay rights movement has come much more recently, and in many environments. Gender discrimination are primarily transsexuals, crossdressers, intersexual, and visibly "gay" men and women. Because they don't meet society's expectations for people born with their anatomy. Thailand is the place of highest incidence of transgender world-wide.

Transgender were sometimes receiving different standard of service than the ordinary people. The access to healthcare services is basic need for every people in the community. The stigmatization among transgender still a barrier for transgender to access the healthcare service. In the US and Asia, proposed estimates of TG individuals range from 0.3 to 0.5% of the total population. In Thailand the estimated total TG population of Thailand is 314,340. There are several studies focus the problematic interact with negative impact on transgender patient and health providers. The stigma they experience heightens their risk for mental health problems.

Method: Cross-Sectional descriptive and analytic design using qualitative method. Interviewed subject of those who used hormonal replacement therapy (HRT). Questionnaire were given to participants to fill in socio-demographic information and services satisfaction. In-depth interview with open ended "Life-Grid" interviewed. Face-to-face interviews were conducted using a structured life-grid table to fill information of life experiences.

Results: 15 transgender clients with 11 female-to-male (FTMs) and 4 male-to-female (MTFs). 66.67% of the participants are in the age group of 20-30, 73.33% are female (gender at birth) taking hormonal replacement therapy services provide at Tangerine Center. From the study of interview, the participants with Life-Grid method, the transgender faced stigmatization occurred from their families, friends, workplace, government department and healthcare center. The stigmatization from family was because of their uncertain future such as hardship in finding jobs. Stigmatization in community level lead the transgender to avoid communication or interact with community. Stigmatize in workplace causes by the both supervisor and subordinate were not trusting them to handle the job. Main reason of preventing transgender to access healthcare services was stigmatize inside the healthcare center. Searching for a new services provider was only result of solving problem. Services utilization and satisfaction of using services at TC-TRCAC was interview under 4a factor: accessibility, acceptability, availability and affordability. The most satisfaction is cost of services and the least satisfaction was period of waiting time.

Conclusion: The transgender who have visited Tangerine Center faced stigmatization from other places included the healthcare area, but not from staffs at Tangerine Center. Transgender persons satisfied with the hormone services and other services provided at Tangerine Center. Transgender persons utilized the services by starting from peers or persons who are close to them. The information about the use of HRT also shared among the group of transgender persons. Transgender persons in Thailand tend to face less stigma from others compared to western countries. Further research would be recommended to expand the sample size and study area to be generalized. The population of this study should be separate FTM from MTF due to the different of hormone type.

Field of Study: Public Health
Academic Year: 2016

Student's Signature

Advisor's Signature

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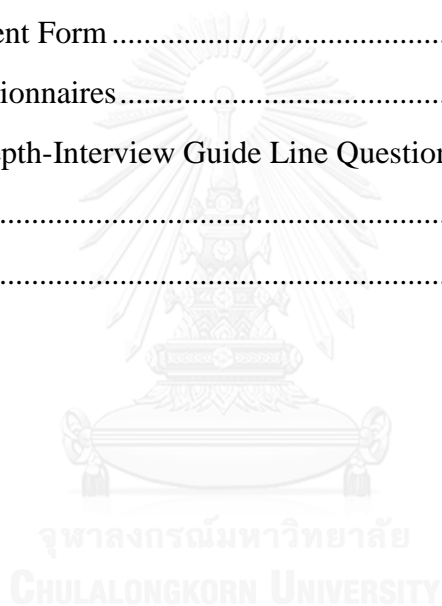
CONTENTS

	Page
THAI ABSTRACT	iv
ENGLISH ABSTRACT.....	v
ACKNOWLEDGEMENTS	vi
CONTENTS.....	vii
CHAPTER I.....	5
INTRODUCTION	5
1.1 Background and Significance	5
1.2 Research Questions.....	7
1.3 Research Objectives.....	8
1.5 Conceptual Framework.....	8
1.6 Operational Definitions	9
Socio-Demographic	9
Stigma Perception and Social stigma	9
Transgender	10
Utilization of Healthcare Services	10
CHAPTER II.....	12
LITERATURE REVIEW	12
2.1 Defining Transgender	12
2.1.1 Transgender Definition.....	12
2.1.2 Classification of Transgender.....	14
2.2 Stigmatization issues of Transgender	17
2.2.1 Stigmatization and Discrimination.....	20
2.2.2 Research related to Stigmatization and Discrimination against Transgender	20
2.2.3 How Transgender Resolve stigma and discrimination.....	21
2.3 Life-Grid	23
2.4 Health Conceptual and Theoretical Model	24
Explanatory Model.....	24

	Page
2.5 Factors influencing in healthcare services utilization.....	26
Accessibility	26
Acceptability	26
Availability	27
Affordability.....	27
2.6 Services satisfaction.....	27
CHAPTER III	29
RESEARCH METHODOLOGY.....	29
3.1 Research Design	29
3.2 Study Area	29
3.3 Study Population	29
3.4 Samples Technique and sample size	30
3.5 Measurement tools.....	31
3.6 Data Collection	33
3.7 Data Analysis.....	37
3.8 Ethical Consideration.....	38
3.9 Limitation	39
3.10 Expected Benefit and Application	40
3.11 Obstacle and Strategies to solve the problem	40
CHAPTER IV	41
RESULTS	41
4.1 Description of Sample.....	41
4.1.1 Socio-Demographic of the transgender who have taken Hormonal Therapy Replacement at the Tangerine Center.	42
4.2 Stigmatization among transgender clients in healthcare center	44
4.2.1 Stigmatization from the families	44
4.2.2 Stigmatization from the friends	46
4.2.3 Stigmatization from workplace.....	47
4.2.4 Stigmatization from government departments.....	48

	Page
4.2.5 Stigmatization in healthcare center	49
4.3 Services utilization and satisfaction of transgender	49
4.3.1 Service Utilization	52
(a) Accessibility	52
(b) Acceptability	54
(c) Availability	55
(d) Affordability	57
4.3.2 Service Satisfaction	59
4.4 Life-Grid Analysis	62
4.4.1 Life of TG Identity	63
4.4.2 Discrimination	64
4.4.3 Stigmatization and Social Stigmatization.....	65
4.4.4 Services Utilization access, availability, acceptability,.....	65
4.4.5 Life before and after HRT	65
4.5 Case Analysis.....	66
CHAPTER V	71
DISCUSSION AND RECOMMENDATION	71
5.1 Description of socio-demographic of transgender in healthcare center.	71
5.2 Stigmatization among transgender patients in health care center	73
5.2.1 Stigmatization from families	73
5.2.2 Stigmatization from Friends	74
5.2.3 Stigmatization from Workplace	75
5.2.4 Stigmatization from Government department (Military Service)	75
5.2.5 Stigmatization in Healthcare center	76
5.3 Services Utilization of transgender	76
5.3.1 Accessibility	76
5.3.2 Acceptability	77
5.3.3 Availability	78
5.3.4 Affordability	78

	Page
5.4 Services Satisfaction of transgender patients in healthcare center.	79
5.5 Limitations and Strengths	82
5.5.1 Limitations.....	82
5.5.2 Strengths	83
5.6 Conclusion	83
5.7 Recommendation	84
Appendices.....	87
Appendix A: ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย	87
Appendix B: Consent Form	89
Appendix C: Questionnaires.....	91
Appendix D: In-Depth-Interview Guide Line Questions	94
REFERENCES	114
VITA.....	118



**Social Stigmatization Affecting Access to Healthcare
Services and Service Satisfaction among Transgender
Persons: A Qualitative Study at Thai Red Cross AIDS
Research Center – TANGERINE COMMUNITY HEALTH
CENTER**

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จุฬาลงกรณ์มหาวิทยาลัย
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**Thesis Proposal Submitted in Partial Fulfillment of the Requirements
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ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
ALP	Alkaline Phosphatase
ALT	Alanine Aminotransferase
AST	(Aspartate Aminotransferase)
BTS	Bangkok Train Sky
CBC	Complete Blood Count
CPHS	College of Public Health Sciences
EM	Explanatory Model
FGD	Focus Group Discussion
FTM	Female-To-Male
HDL	High-Density Lipoprotein
HIV	Human Immunodeficiency Virus
HRT	Hormone Replacement Therapy
HTC	HIV testing and counselling
ICF	Informed Consent Form
KSW	Kathoey Sex Worker
LDL	Low-Density Lipoprotein
LGBT	Lesbian Gay Bisexual Transgender
MSM	Man Who Has Sex with Men
MTF	Male-To-Female
NTDS	National Transgender Discrimination Survey
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SGOT	Serum Glutamic Oxaloacetic Transaminase
SGPT	Serum Glutamic Pyruvic Transaminase

TRCARC	Thai Red Cross AIDS Research Center
TC	Tangerine Community Health Center
TG	Transgender
TRCAC	Thai Red Cross Anonymous Clinic
WHO	World Health Organization



CHAPTER I

INTRODUCTION

This chapter describe the problem of the transgender people in society and how they are solving problem. What kind of problem transgender persons are facing and what situation they are facing. This study looked at the relationship between problem and the perception of how transgender persons seeking for treatment.

1.1 Background and Significance

Transgender has become an umbrella term to mean all those who transgress gender norms. Since these norms vary from society to society, the people who cross the line aren't always the same, either. When we are born, the doctor pronounces us a boy or a girl, and from that moment, gender-based expectations are set. Boys must be rugged and athletic. Girls must be soft and pretty. But real people won't always fit this mold, and people have been working since the first Women's Suffrage conference in Seneca Park to break down the barriers.

There has been much progress in women's rights, but we have yet to achieve full equality. Feminists are striving for equal rights for women. The gay rights movement has come much more recently, and in many environments, people cannot be discriminated against based on who they love. The remaining groups who suffer gender discrimination are primarily transsexuals, crossdressers, intersexual, and visibly "gay" men and women. These groups are usually collectively called "transgender" because they don't meet society's expectations for people born with their anatomy.

Policies and laws that prohibit discrimination based on sex, or based on sexual orientation, do not protect those whose gender expression is different. To treat everyone fairly, an explicit policy is needed to show that even the transgendered can work safely and productively, without harassment, discrimination, or the need to stay in the closet.

The transgender vocabulary is not well known, and it is not standardized. While there may be some disagreement about the meanings of some of the terms, it is useful to understand how they are generally used. The transgender glossary is a useful reference for understanding the issues. Just don't be surprised if a specific person says they don't identify with one of the terms the glossary says should apply to them, or vice versa.

Transgender is describing those who are cross feeling uncomfortable with their biological sex. This word cover the people who are cross dresser, transman, transwoman, bisexual, heterosexual etc. Transman are those who cross-sex from Female-to-Male (FTM). Transwoman are those who cross-sex from Male-to-Female (MTF).

Although, Thailand is the place of highest incidence of transgender people world-wide. In Thailand people call those transgender person “Kathoey” (impolite). Those transgender people were chosen to provide the service by those who provide service. Even though, they are the citizen of Kingdom of Thailand and pay the same rate of tax to the government. Transgender persons were sometime receiving different standard of service than the non-transgender people.

The access to healthcare services is basic need for every people in the community. The stigmatization among transgender persons still a barrier for transgender to access the

health care service. Thai society perspective toward the transgender people is viewing them as the group of people who has problem with the mind. The culture of Thais' society views them as the other level of different stage in the society. The transgender people received the different level of right in the society. The culture is not only viewing them as the non-acceptance of society member. The parents sometime do not accept their children who are the transgender person as the member of the family. Stigmatize started from the first level of the society, which is family level.

In the US and Asia, proposed estimates of TG individuals range from 0.3 to 0.5% of the total population[1]. In Thailand the estimated total TG population of Thailand is 314,340 [2]. Finally, the unpublished studies are calculating a prevalence of 0.3 to 0.6% MTF persons in Thailand [3]. There are several studies focus the problematic interact with negative impact on transgender patient and health providers. The stigma they experience heightens their risk for mental health problems [4]. However, in Thailand there are few studies about stigmatization among transgender in Thailand. The statistical about transgender in Thailand has not been disclosure in public. Its' information about transgender has only shared among their circle.

Life Grid is a tool for data collection related to the timeline of the participants. The Life Grid provided the application to investigate the historical information from the participants. The data described by an individual. Benefit of the life grid is to minimize recall bias overt process of cross-referencing events throughout the course of the interview. Life Grid shows to be a helpful method to identify the patterns and symmetries during interpretation stage [5].

1.2 Research Questions

1. What is social stigmatization of the transgender to access the healthcare service?

1. What is the socio-demographic of the transgender?

2. What are the meanings of stigmatization according to their perception?

3. How satisfaction with services provided at Tangerine center?

4. How does the transgender utilize and satisfy with service at Tangerine Center?

1.3 Research Objectives

General Objective

To describe social stigmatization, utilization and the satisfaction of transgender in Tangerine center at anonymous clinic.

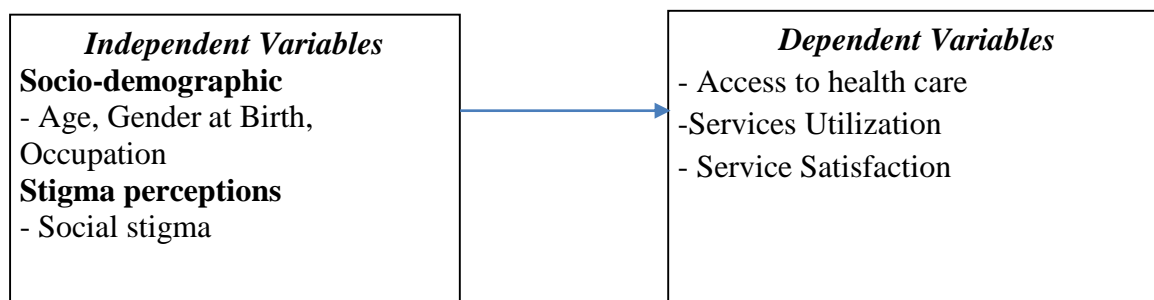
Specific Objectives, the study intends -

1. To describe socio-demographic (age, gender, occupation) of the transgender in healthcare center.

2. To describe stigmatization among transgender patients in healthcare center.

3. To describe services utilization and satisfaction of transgender.

1.5 Conceptual Framework



1.6 Operational Definitions

Socio-Demographic

Refers to transgender group at Tangerine Center defined by its sociological and demographic characteristics are used for analyses in term of age, gender at birth, educational level, occupation.

Stigma Perception and Social stigma

The word came from the ancient Greece a stigma was a brand burned into a slave or a criminal's skin to symbolize disgrace. The word stigmatizes meant literally "to brand or tattoo." Nowadays, to stigmatize is to shame or brand a person in a more symbolic way. The perspective viewing the transgender as people with mental problem give them stigmatize. Therefore the transgender are facing problem to access to healthcare service at the health center [6]. Stigma is a bias judging on individual consider with the "attribute and a stereotype" the conceptual of stigma consider with the visibility of attitude from an individual. [7]. However, in this study focused on transgender who has gone under surgical operation and receiving hormonal therapy both "Male-to-Female" and "Female-to-Male" at Tangerine Center.

This study focused on how the transgender facing stigma in healthcare center. The study looked at how the transgender face the stigma before and after them receive services. The reaction toward the transgender was one of important factor influence the decision of services utilization of the transgender. The study focused on the satisfaction of the

transgender after received services. Oral explanation helped researcher to understand what kind of reaction that transgender faced in health center.

Transgender

Transgender were “those whose psychological self (“gender identity”) differ from the social expectation for the physical sex they were born with”[8]. This term covered the people who were cross dresser, transman, transwoman, bisexual, heterosexual etc. Transman were those who cross-sex from Female-to-Male (FTM). Transwomen were those who cross-sex from Male-to-Female (MTF).

Utilization of Healthcare Services

Accessibility to healthcare services concern of at least four aspects to evaluate the services availabilities of the healthcare services (availability, accessibility, affordability, acceptability).

In this study focused to “health-seeking behaviors” in aspects of visiting healthcare services regularly and adhering to healthcare treatment. In situation of stigmatization how transgender handles problem and seek for healthcare. The access to healthcare focus in 4 aspects; accessibility, acceptability, availability and affordability. Accessibility is how the transgender persons seek for healthcare services that could answer their needs. Acceptability is how transgender choose to use the services. Availability is stating what kind of services are being provide in the area for the needs of transgender persons. The

Services Satisfaction

Satisfaction is factors and aspects to determine the clients' opinion regarding to expectation of the clients with services rendered. In this study focused on how much do the transgender satisfied with the access of healthcare service, services provided, and time waiting for the result, facilities at health center, staffs and the cost of services. In interview there were some questions require the participants to explain how the staff at the health center behave during time of services.



CHAPTER II

LITERATURE REVIEW

Chapter two reviewed the meaning of transgender and categories classification of the transgender. The problem transgender persons are facing described. The concept needed for this study showed and the use of concept to gather information to analyze problem and process result.

2.1 Defining Transgender

2.1.1 Transgender Definition

Transgender is an umbrella term that covers the various people of individuals whose sexual category uniqueness and/or sexual characteristics terminologies vary from biological gender indicated at birth. Identification of a trans simply words but does not means any particular sexual orientation identity (e.g., lesbian, gay, bisexual) or physical structure (example; genital organ), and does not necessarily indicate the need for, or history of, gender confirmation surgery[6]. This word involve a wide range of life style, behavior and perspective of self, and whether one recognizes with term depends on personal conditions and individual of identity[8]. This words “Transgender” talk about those whose involvement thoughtful uncomfortably with their biological gender. The definition of the transgender covers a wide area of the personalize gender identity. This included transsexuals, cross-dressers, and genderqueer individuals. Even though the actual population of this community is undiscovered and this might not be measurable, much was known about the challenges experienced by community members. Besides stigmatization and discrimination, trans people also encounter the looking down from

society as their differing in gender, including stigma and discrimination, when determined the sexual norm the transgender face the violation [4]. Those transgender which assigned natal sexual gender as a male and feel discomfort about their sex and want to reassigned their gender to opposite called transgender woman, transgender, transsexual, or definition other than Male or Female, and their sexual identification were not fit in to the traditional sexual dichotomy of male and female [9].

Transgender is an umbrella term for those whose mind has different feeling about their sexual identity or biological sex is not the same as what they were assigned at birth. Transgender persons have other way to express their identity. For example, the transwoman is those who were identify by their body structure as a male and later identify themselves as female. Transgender woman prefer other to call herself as a “transwoman”, “MTF”, “M2F” or just a “female”. Those whose biological sex at birth female identifies them as opposite sex “male” is a transgender man. He would prefer others to call them “transman or transgender man”, “FTM”, “F2M” or just “male” to define his individuality. Thus, a change in pronoun will be used referring to Mister as transman and Miss as transwoman. Sometime the transgender do not identify themselves either male or female, on the other way find outside a gender dualistic. Other culture the definition of the transgender are differ, such as hijra (India), kathoey (Thailand), muxe (Mexico), travesti (Argentina, Brazil) and waria (Indonesia) are used, more typically to describe transgender women or other than male or female as a third gender. [10]

2.1.2 Classification of Transgender

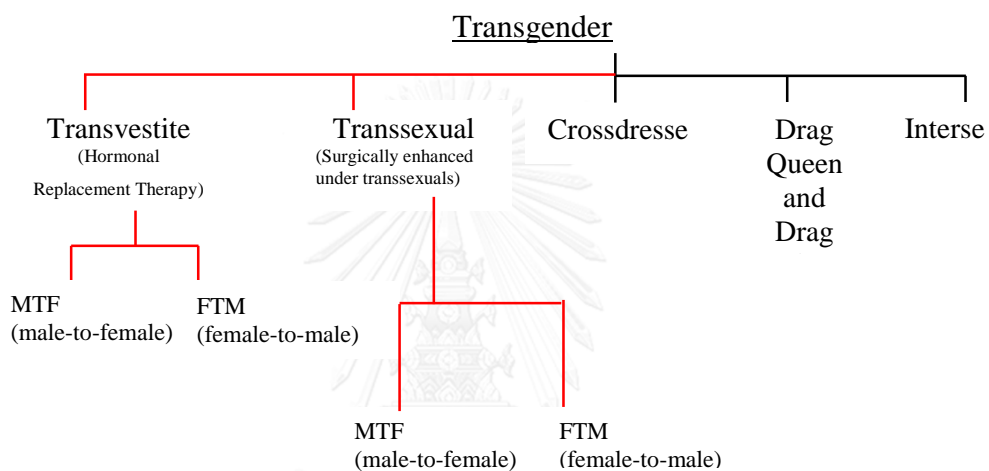
Generally sexual classification can be categorized in terms of gender, sexual orientation, gender expression. However, transgender can be classified: transvestite, transsexual, crossdresser, drag queen or drag king and intersex.

Sexual Classification

- **Gender** is a classification to describe characteristics normally related with masculinity or femininity. The masculine character normally refers to those people whose physical structures are male. The characteristics of feminine normally talks about those people whose physical structures are female. The actual looks are culturally explained and vary across cultures or across time.[11]
- **Sexual Orientation:** the idealistic and passionate of a person feels to specific gender or genders such as gay, lesbian, homosexual, heterosexual, or bisexual.[11]
- **Gender Expression:** Appearance of how the person present their way to express about their gender expression such as the way they dress, how they behave, how to style their hairs, the way they speak or communicate with other. The expression might not be the same from a single gender identity.[11]

- **Transgender:** this term is a wide cover to describe those people who reveals their sexual character that does not match their exact physical gender. This word involves transsexual, crossdresser, drag kings and queen, intersex and transvestite or anybody whose gender boundaries notwithstanding the sexual identity or their sexual orientation. The word “Trans” is used for the short term.

[11]



- **Transvestite** can be defined as crossdresser; they differ in their sexual behavior and preferences. Transsexuals prefer real men if they are transsexual women while crossdressers are often heterosexual. The difference between the two is that Transsexuals are surgically enhanced while crossdressers do not.[11]
- **Transsexual:** a medical term applied to those transgender people who feel such incongruity between their body and their gender that they seek medical assistance in transforming their body to address the incongruity, regardless of sexual orientation.[11]
- **Crossdresser:** a person who is compelled to or enjoys wearing the clothing of the opposite sex on an occasional basis. Crossdressers are often

heterosexual men. This behavior is often carried out in isolation, but many social clubs offer emotional support for crossdressers and their partners and may host events that provide an opportunity for people to socialize while experiencing the role of the opposite sex. The term "transvestite" has also been used, but is sometimes considered offensive. [11]

- **Drag Queen/Drag King:** one who crossdresser, usually for performance/entertainment. This term is used more frequently in lesbian-gay-bisexual communities.[11]
- **Intersex:** an individual whose biological and/or genetic traits at birth do not correspond with conventional concepts of male/female anatomy. Most people choose to refer to themselves as intersex rather than hermaphrodites, and the use of the term hermaphrodite by non-intersex people is often considered offensive. While some intersex people are also transgender, intersex people as a group have a unique set of needs and struggles.[11]
- **MTF:** A person who transitions from “male-to-female,” meaning a person who was assigned male at birth, but identifies and lives as a female, also known as a “transgender woman.”[11]
- **FTM:** A person who transitions from “female-to-male,” meaning a person who was assigned female at birth, but identifies and lives as a male, also known as a “transgender man.”[11]

Transgender society classifies transgender in five categories. However, in this study will focus on transgender who has gone under surgical operation and receiving

hormonal therapy. Transgender who has gone under operation will be both “Male-to-Female” and “Female-to-Male”.

2.2 Stigmatization issues of Transgender

The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011 (National AIDS Prevention and Alleviation Committee, 2007) stated that stigma and discrimination against men who have sex with men would be addressed by building awareness about sexuality. The findings of this study show, however, that stigmatization of MSM, TG women, and people living with HIV continue to hamper HIV prevention among MSM and TG women. The resulting fear of exposure makes some unwilling to have any contact with outreach workers or relevant clinical services, and anticipated, perceived or actual negative bias among service providers discourages service use [9].

According to the study [9] of “HIV-related risk behaviors among Kathoey (male –to-female) sex workers in Bangkok, Thailand”, it was unexpected to find that only half of the “Kathoey Sex Worker” (KSW) participants reported having been tested for HIV, and that except one participant, all others had not seen health care providers in the past 12 months. In terms of risk in sexual encounter, about one third of the participants (158 of 474 participants) reported having engaged in unprotected anal sex with customers in the past six months [9].

The attribution model posits that people were more to likely to respond negatively to those whom they believe to be responsible for their stigmatized identities than those whose stigmatized identities are believed to be beyond their control. In this study [12],

providers who expressed uncertainty about the nature of transgender identity were more likely to express stigmatizing attitudes toward transgender patients than those who felt that transgender people were innately compelled to express their gender identity.[12]

Stigmatization toward transgender is a major issue blocking access to healthcare. The stigmatization might have causes major healthcare problem for transgender or “queer”. The tangerine health community center provides the services to transgender persons, which include checkup, vaccine and other health services.

Tangerine Project is a community health center in Bangkok, the first facility in Asia designed to provide health services for transgender people, in 2015. With the support of Thai Red Cross AIDS Research Centre and US development partners, the Center offers psychosocial counseling, hormone administration and pap smears including HIV testing and counselling (HTC) assisted by trained transgender personnel and gender-sensitive medical professionals.

In generally the previous researches had identified the issue of healthcare services for transgender. The healthcare providers avoided to make contact with transgender because of fear of exposure. Transgender was afraid to access general healthcare facilities caused by social stigma. Moreover, the services for transgender in general healthcare facilities were not enough such as checkup and hormonal therapy.

Table 2.1 show the cost of services for general check-up at Tangerine Center TRCAC

Services	Cost
General Check-up	150 baht/1 compartment check-up
Precancerous screening with pap smear	
Cervical Pap smear	300 Baht
Neo-Vaginal Pap smear	300 Baht

Anal pap smear	200 Baht
----------------	----------

Table 2.2 Cost of services for FTM and MTF at Tangerine Center TRCAC

Cost of Service for FTMs and MTFs	
- FTM Services	
General blood test	
CBC	90 Baht
Fasting blood sugar	60 Baht
Lipid profile	
Cholesterol	70 Baht
Triglyceride	120 Baht
HDL	100 Baht
LDL	150 Baht
Liver Function Test	
SGOT (AST)	70 Baht
SGPT (ALT)	70 Baht
Alkaline Phosphatase (ALP)	80 Baht
Gender Affirmative Hormone/Botox	
Estradiol hormone	370 Baht
Testosterone hormone	370 Baht
Testosterone 250mg	80 Baht/Amp
Botox 50 Units	6045 Baht/50 Units
- MTF Services	
General Blood Test	
Fasting blood sugar	60 Baht
Lipid profile	
Cholesterol	70 Baht
Triglyceride	120 Baht
HDL	100 Baht
LDL	150 Baht
Liver Function Test	
SGOT (AST)	70 Baht
SGPT (ALT)	70 Baht
Alkaline Phosphatase (ALP)	80 Baht
Gender Affirmative Hormone/Botox	
Estradiol hormone	370 Baht
Testosterone hormone	370 Baht
Estradiol Tablet 1/2 mg	5-8 Baht/Tablet
Estradiol Gel (80g Tube)	241 Baht/Tube

Cost of Service for FTMs and MTFs	
Anti-androgens Tablets 50 mg	68 Baht/ Tablet
Botox 50 Units	6045 Baht/50 Units

2.2.1 Stigmatization and Discrimination

Stigma and Social Stigma Situation

Stigma has been defined as a situation of transgender encountering the discrimination from society or avoiding to interact or to communicate with transgender. The stigma and discrimination is propaganda created from one group to another group. The society has marked them as the other level status in the community [13]. People who experienced stigmatization and discrimination tend to increase the chance to develop mental health problems such as depression, anxiety, posttraumatic stress disorder, and substance abuse. Even though there is high risk of having mental health problems, they avoid visiting health center. They are afraid of sub-standard care, force care, or mistreated by healthcare provider. Many previous studies mentioned the problem of stigmatization and discrimination among healthcare provider and transgender clients undesirably [4].

To summarize the situation of social stigma toward transgender, they were apparently isolated from society and lead to mental problem, stress, depression, and anxiety and posttraumatic. This caused them fear to identify them to society.

2.2.2 Research related to Stigmatization and Discrimination against Transgender

Previous research has acknowledged that Thai MSM and TG women were in the situation of stigmatized and discriminated against in present Thailand. This opinion was supported by the focus group discussion (FGDs) in Bangkok, Chiang Mai, Khon Kaen

and Phuket [9]. In Phuket FGD participant involved in extension work noted that Thai Muslim gays and TG women face particularly extreme pressure from their families and the public, which often means they have to two choices. First choice is to leave the families and/or community. Second choice is hiding their identity not showing to the public. Some Muslim gays face stigmatizes and they have to leave the community. The community views their parents as freaks.

However, most explanations of stigmatization and discrimination related to Buddhist contexts, which means stigmatization and discrimination against MSM and TG women are a fragment of the Buddhist sociocultural mainstream. The Buddhism not allows transgender to ordain as a monk because they believe transgender cause by karma from the past. Chiang Mai FGD participants gave examples of stigmatization and stereotypes in a northern Thai context. Some views transgender as drug addicted, been to prison and infected with HIV/AIDS. [9]

2.2.3 How Transgender Resolve stigma and discrimination.

From recent study found that educational interventions were very effective at increasing knowledge about LGBT people and, more modestly, improved attitudes and emotions toward sexual minorities. Shifting norms toward tolerance of sexual minorities was found to improve behaviors, but not attitudes. The study was found that humanizing approach resulted in significantly reduced stigma toward mentally ill.[13]

Tangerine project is the project of providing the transgender a place for health care access. The tangerine project is established to reduce the stigma and discrimination in the healthcare service center. Tangerine project provided the transgender checkup.

The Tangerine Community Health Center offers psychosocial counseling, hormone administration and pap smears. The clinic, managed by trained transgender personnel and gender-sensitive medical professionals, aims to become a model for quality health services and research on transgender health. The Tangerine Center will provide friendly, needed services to the transgender community locally, while leading the region in identifying and sharing models to improve healthcare access and quality among transgender people,” said U.S. Ambassador Glyn T. Davies at a ceremony. “These efforts were critical to achieving an end to AIDS, but also contribute to a much broader agenda to promote the health and rights of transgender people. Thai Red Cross say current social, economic, cultural, and legal frameworks, as well as health policies, inadequately address gender sensitivity and transgender identity. Transgender people face issues like misuse of hormones for gender-affirmation, vulnerability to HIV and other sexually transmitted infections, stigma and discrimination. The clinic is funded by the United States Agency for International Development under the U.S. President’s Emergency Plan for AIDS Relief.

Tangerine Community health center providing the services needed for transgender. The tangerine health community project will be model to develop healthcare services for transgender people in the region. The purpose of tangerine health community project is to prevent HIV and AIDS. Project will help to raise the rights of transgender people to access healthcare services. Tangerine project operated by transgender people and gender-sensitive medical professionals. The project provided psychosocial counseling, hormonal therapy and pap smears. Thai Red Cross and co-operators objective is to reduce stigma and discrimination toward transgender. Transgender sensitivity and gender identity remain gaps in legal framework and healthcare policy. [14]

Explanatory model helped to understand how the patients explain how they viewed the illness and seeking for the healthcare services. Transgender faced situation where physician express stigmatization and discrimination when transgender searching for healthcare services which could lead to mental health problem [4].

2.3 Life-Grid

In the qualitative research the data included the meaning and narrative of the participators in reflect of their own trajectories, the emotional relationship between events have an impact on the direction of their lives. The life-grid and biographical interview of participants can give the means, firstly to deconstruct of individual life events (life narrative or emotion), and, then, to obtain a new, temporally oriented, reconstruction of the sequence and 'history' of events. The timeline or life calendar procedure is different to: place of life course perspective with scope of sociology, epidemiology, and studies on family planning, health behavior, sexual risk behavior, domestic violence and the treatment of illnesses. The base of the life grid format is relatively constant and legitimately standardized. The vertical cells state the chronological metric, in which usually contain the timeline from the beginning year and age. The other cells or other columns normally refer to common demographic trajectories: profession, school, parenthood, marriage etc. Other columns may be added, especially for the information linked to topic of interest in research (e.g. smoking career, criminal career, migration career, military career etc.) [15].

Life-grid method showed the ability to minimize recall bias benefit the research. Additionally, the clear process of cross-referencing events throughout the interviews

would be helpful to identify the step and symmetries in interpretation stage[5]. Life narrative interact with written life story was necessary for gathering information of life-grid. The combination of the tool is the main advantage to collect biographical data [15].

The strict ordered of data collection of life grid could ruin the relationship of the researcher/interviewer and the people who participate in the research. The timeline for collecting data must be easy to understand for the participants. The codes abbreviation, sophisticate annotation skill that participants cannot understand should be avoid for the comprehensive of participants. No life story is simply that: a story. Instead life story built out of a series of social domains surrounding the life story-teller, the interviewer who collects the data, and the interaction between interviewer and interviewee. To confirm the success of this methodology, the researcher should ensure that he or she and the interviewee are relatively close to each other and should be fairly careful [15].

2.4 Health Conceptual and Theoretical Model

The related health conceptual and theoretical model has been selected to understand and analyze the social stigmatization among Transgender persons at Thai Red Cross AIDS Research Center is Explanatory Model. The participants explained their perception of the illness and treatment by using life grid in data collection.

Explanatory Model

People have their own way of explain the cause of illness and the treatment of the illness. Kleinman's define it as "explanatory model of disease" or EM. Kleinman did several years' ethnographic research. The step of explanatory model is procedure of

how people give the reason, perception and behavior. Which individual defined the causes of disease or illness and the health vary to the culture uniqueness. Example, in Thailand people who have HIV/AIDS got stigma and discriminate from Thai society. Therefore people who have HIV/AIDS would not inform other about their health status and in those group that have no sign of illness avoid themselves from checkup at medical center and thought they are not infected of the disease.[16]

There were several studies focus the problematic interact with negative impact on transgender patient and health providers. The stigma they experience heightens their risk for mental health problems [4]. The statistical about transgender in Thailand has not been disclosure in public. Its' information about transgender has only shared among their circle.

It is important to use explanatory model to explain how the transgender view the causes of problem. The explanatory model will help researcher to understand how an individual experienced problem within socio-cultural context. The model also help researcher to understand how they utilize their health services, how they satisfied and how health center makes them happy or feel better.

The main objective of exploratory research is to improve a researcher's knowledge of a topic. It shouldn't be employed to draw definite conclusions, because of its lack of statistical strength, however it can help an investigator begin to determine why and how things happen. Concept Testing: A typical basis for performing exploratory work is to check concepts before they are put in the marketplace, usually a very costly endeavor. Assistance to Researchers: It assists market researchers to find potential causes to the signs or symptoms conveyed by decision makers. Researchers may carry out research

to build up a list of possible causes to the problem. Additional more extensive study may then verify which possibility or possibilities are most the likely causes.

The need of such research observed the effect of the social stigmatization among transgender persons at TRCARC-Tangerine Project in Bangkok. Accessibility to healthcare services concern of at least four aspects to evaluate the services availabilities of the healthcare services. To provide healthcare services for people, there needs to be adequate supply of services. The four aspects to measure the accessibilities to healthcare are affordability, physical or geographical accessibility, cultural or acceptability of services and functional of adequacy of supply [17] [18].

2.5 Factors influencing in healthcare services utilization

The service utilization is an important thing to improve the people's health conditions. The client attitudes toward treatment that impacted on service utilization. [19]. Factor influencing healthcare services utilization compose of 4a(s): accessibility, acceptability, availability and affordability.

Accessibility

Accessibility is basically how people obtain the needed healthcare including counselling and support from practitioners or specialists. Accessibility include with abilities to contact healthcare providers and reach healthcare services, that is to say telephone services, flexible appointment systems, hours of operation, and walk-in periods.”[20].

Acceptability

Acceptability means healthcare provider and institutions providing healthcare services must respect dignity, provide appropriate healthcare services, responsible to the needs

base on clients'/patients gender, age, culture, language, and different ways of life and abilities. The provider or healthcare institute must respect medical ethics and protect confidentiality of client [21].

Availability

Healthcare services availability means how people could reach to the healthcare services and necessary resources required by patients or clients. Healthcare supply and resources (for example medicines, equipment, healthcare professionals etc.) should be sufficient and the necessary infrastructures and organization to provide suitable care should be in place. A good quality of healthcare, should be available to all patients or clients who seek for healthcare services. People needs to have access to healthcare services in their area as the primary responsibility of government. This included local and regional level [22].

Affordability

The relationship between the price of services (in part affected by their costs) and the willingness and ability of users to pay for those services, as well as be protected from the economic consequences of health costs [23]

2.6 Services satisfaction

The need of service satisfaction assessment normally uses to identify the strong or advantage point of the services given and to find the drawback of the services being provided. The service satisfaction is a tool to search for the services performances to improve the current services system. The data of patients' perspective toward services provider could lead to the satisfactory of patients after use of services. The strengths and weaknesses of the services being provided can be vary due to the different visions

towards the services provider. In [24] overall satisfaction', 'Professionals' skills and behavior', 'Information', 'Access', 'Efficacy', 'Types of intervention' and 'Relative's involvement'. There are five level of satisfaction level



CHAPTER III

RESEARCH METHODOLOGY

Chapter three explained the study design, area and population of research. Sampling technique, measurement tools, data collection and data analysis will be explained in this chapter. Ethical consideration prepared. Limitation, expected benefits, time schedule and budget described accordingly.

3.1 Research Design

Cross-Sectional descriptive using qualitative method.

3.2 Study Area

The location of interview was a private room in Tangerine Health Community Center. Tangerine Community Health Center under the Thai Red Cross AIDS Research Center, Bangkok, Thailand.

Tangerine Project is a community health center in Bangkok, the first facility in Asia designed to provide health services for transgender people, in 2015. With the support of Thai Red Cross AIDS Research Centre and US development partners, the Center offers psychosocial counseling, hormone administration and pap smears including HIV testing and counselling (HTC) assisted by trained transgender personnel and gender-sensitive medical professionals.

3.3 Study Population

The total population at the clinic is 212 people, MTF of 172 and FTM of 40. The total number of services is 326 for MTF because each client can have more than one service at clinic. Also with the FTM total number of services was 119. Total services at clinic were 445.

Table 1: Number of Service provided by service availment by trans classification

Trans Classification	Services Availment	Number of Service Provided
MTF (n=172)	HIV and AIDS Testing (HAT)	141
	Syphilis testing	117
	Hormonal therapy (oral only)	19
	Hormone level measurement	33
	Neovaginal/Anal Pap smear	4
	Pre-exposure prophylaxis (PrEP)	7
	Post-exposure prophylaxis (PEP)	5
	Total number of services availed	326
FTM (n=40)	HIV and AIDS Testing (HAT)	35
	Syphilis testing	23
	Hormonal therapy (injection only)	31
	Hormone level measurement	28
	Cervical Pap smear	2
	Total number of services availed	119

Source: Tangerine Community Health Center, Bangkok

3.4 Samples Technique and sample size

- In-depth-interview: using “Life-Grid”

The study used purposive sampling technique to recruit transgender clients who visited Tangerine Center to participate in this study. According to the plan, the sample size was 50 cases. Due to the time limitation and schedule of transgender clients, the sample size drops to 15 cases.

Inclusion criteria counted all of transgender who received hormonal which composed MTF 19 cases and FTM 31 cases. Sample size of the study will be 15 samples (MTF 4, FTM 11).

Exclusion criteria counted participant who were not willing to participate in this study.

There were no identified research assistants in this study. The researcher is expected to develop the research tools, implement, recorded and analyze data gathered

Table 2. Number of Trans Clients

Trans Classification	Service Availment	Number of Service Provided
MTF	Hormonal Therapy (Oral Only)	19
FTM	Hormonal Therapy (Injection Only)	31

Source: Tangerine Community Health Center, Bangkok

The reasons for conducting interviews on 15 persons in this study are as follows:

1. The thesis adviser and the project coordinator of the Anonymous Clinic preferred to catch all of the 15 persons to be interviews;
2. While we construe that less than 20 persons to be interviewed would be ideal, the researcher covered 15 of the clients/participants of the Clinic so as not only to saturate the data to be collected but also triangulate their responses.

3.5 Measurement tools

In-depth-interview used open ended questionnaires of data collection. The questionnaire was given to the participants to fill in the questionnaire about the satisfaction of services.

- In-depth-interview: used open ended questions develop from previous study and applied Explanatory model (illness, severity of illness) in part of in-depth-interview.

- Life-Grid is an instrument to collect the data for qualitative research and analysis. The life grid or life calendar is a life history usually used to gather information of historical events. The columns generally indicate the individual's timeline and the rows the different ages. In this study will fulfill the timeline of transgender according to their life narrative.

- Life Narrative

An individual's experiences are internalized phenomena and continue to become the basis of one's evolving life. Thus, the individual's sense of purpose can be attributed from one's reconstructed past, perceived present and imagined future. This was a story of an individual using life grid

- Explanatory Model of Illness

The model helped researcher to understand the view or how the patients understand their illness from their perspective. The patients explained their illness under social realities that are culturally formed experienced by themselves. In case of transgender persons they were not ill, but seeking the way to improve their health condition.

- Personal questionnaire: developed and adjusted in four parts to fulfill the information.

- Part 1: socio-demographic

- Created questions in term of personal data information.
 - Part 2: tangerine service
 - Part 3: Life Narrative or Life Grid to describe stigma perception

Validity & Reliability

Internal and content validity of stigmatization questionnaire were assessed and adjusted by three experts. The guideline questions of in depth interview and life grid consulted and edited by professional expertise.

The table of Life Grid was process of validity by

- Assoc. Prof. Ratana Somrongthong, Ph.D. College of Public Health Sciences, Chulalongkorn University
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3.6 Data Collection

In this step only transgender people who have gone under hormonal therapy recruited in the data collection. Qualitative used life grid method by interview 15 cases.

Life-Grid preparation arranged into groups and each group composed of:

- One Interviewer
- One Interviewee

The researcher has relatively extensive work in research and doing in-depth interview sessions. During the undergraduate years, the researcher did research that would involve implementing field instruments and conducting individual and group-led interviews. In the present graduate study in public health, a formal orientation on conducting field interviews was given and implemented during community fieldwork. Further, the researcher conducted the development of instrumentalities such as questionnaire survey, focus group session and in-depth interview guides. The tools used in this study involve with electronic device (mobile phone) to record the interview sessions to track the life-grid data. The interviewed was done in private room where the participants filled in the questionnaires of services satisfaction and confidentially seal in the envelope until the analyze process. All the information provided by participants kept confidentially by researcher.

The flow of engagement with the participants as follows:

1. The researcher was standing by at Tangerine Center waited for the clients. While the clients were waiting to receive HRT service. A Tangerine Center staff member have asked the client/participant if they would have to spend extra time at the Tangerine Center clinic. If client/participant replied that they could spend extra time at Tangerine Center clinic. The staff informed clients about the research and the benefit of research. The staff of Tangerine explain the right to involve in this research to client.

To this end, the staff asked the client/participant on call – “Are you willing to be interviewed as the responses you shall be making will be kept confidential?” and if the client/participant responded in the affirmative, a schedule interview session was

made stating the agreed upon day, time and venue. A list of schedule interview was given to the researcher by the Anonymous Clinic staff.

2. To minimize if not eradicate data contamination and bias, a private and comfortable place were enable the participant to be relieved in expressing his or her mind thoughts when questions are being given. *The place to interview each participant was a room at Tangerine Center.*
3. To administer the interview sessions, the following guides were followed:
 - a. The researcher introduced himself with first name and surname, the nickname was told to participants as if they would like to call nickname instead of first name because Thai would normally call someone else by nickname to feel comfortable to speak with. Then the researcher stated university affiliation started with name of university, faculty of study and the studying degree.
 - b. The researcher explained briefly about the objective of this study stated the point that researcher would like to find. The researcher also stated the deliverable of this study to the participants.
 - c. The researcher described briefly about the beneficence and maleficence of this study that the study would investigated through the participant life experience whether the life experience of the participant about to explain is good or bad. The participants were told that they could involve or reject the session. Before interview start the researcher asked permission from the participants to make sound record of the interview.

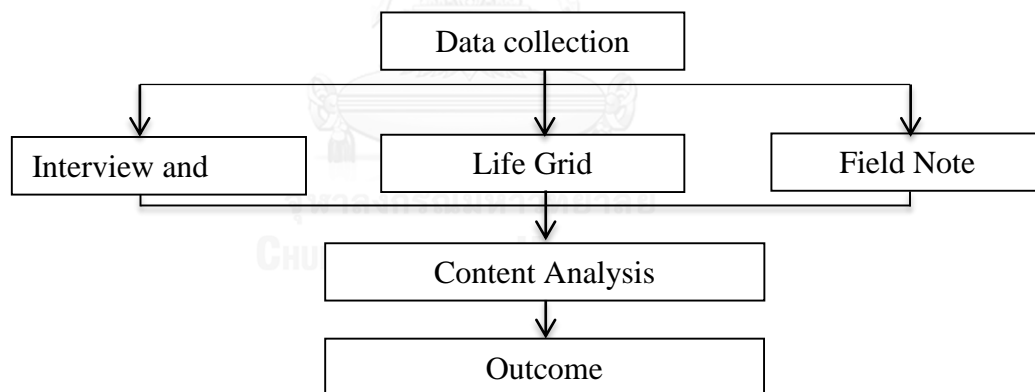
- d. The researcher explained that should there be a breakdown in such cases as crying, numbness and/or staring by the participants, the researcher can take a reprieve or pause based on the request of the participants. If paused, then the researcher would ask for a 30-minute rest. A consultation appointment with a Tangerine staff were to be suggested to the participant. Then researcher seek for written consent form explaining the form and answering the queries made the participants;
- e. The interviewed started by asking the name of participants and the place of living. Then the researcher asked participant about the time when he/she first feeling about being transgender. The interview continued by asking where they lived and with whom. The participants were asking about their experienced after they revealed to families and public of how they felt. If there are stigmatization happened to the participant interviewer asked the participants how the stigmatization happened and from whom they received from. If there are no stigmatization the interview, then went to the part where they first discovered HRT and where they have received information from. The interviewed then went through the part of how often they received the HRT and the side effect of HRT. The researcher then went to the part where they found the services of Tangerine Center and where they have got information from.
- f. The researcher would end this portion of the study in seeking satisfaction level questionnaire for the participants to answer. After finish questionnaire

the researcher asked the participants of their suggestion to improve the services of Tangerine Center.

Each interview session took around 30 to 40 minutes at least.

4. The researcher summarized the responses made by the participant for every question raised for their validation.
5. At the end of the session, the researcher thanks the cooperation of the participant and reminded them of the contact number of the researcher should there be concerns after the session.

Materials: Life Grid poster, pen, Post-it notes, biro, interviewer questions, researcher document, tape-recorder, consent form.



3.7 Data Analysis

Data analysis was done using Life Grid under exploratory, confirmatory and iterative process. The raw data from in-depth-interview was processed with content analysis. The content analysis is a research technique used to make replicable and valid inferences by interpreting and coding texture material. By systematically evaluating texts, qualitative data can be converted into quantitative.

Table 3 Matrix of expected results by study objectives

Objectives	Source of information	Method of Data collection	Data Processing and Analysis	Results
To study socio-demographic (age, gender, occupation) of the transgender in healthcare center.	Transgender report and feedback	questionnaire	Descriptive analysis using mean, frequency analysis	Demographic profile
To describe stigmatization among transgender patients in healthcare center	Transgender report and feedback	Interview, Life-Grid	Descriptive analysis base on study data	Stigma
To describe service utilization and satisfaction of transgender at healthcare center	Report and feedback	Interview and open ended questionnaire	Descriptive analysis base on study data	Satisfactory of patients, to describe the access to healthcare

3.8 Ethical Consideration

While the researchers perceive minimal risk in this study, it has to be reviewed and approved nevertheless by Chulalongkorn University Ethics Review Committee because

the participants of the study are identified as vulnerable population. It is understood that no research activities were conducted until the researchers would be able to secure approval from the aforementioned competent review boards. The letter of introduction from the adviser and the research proposal was submitted to the Ethical Committee of Chulalongkorn University. After received the permission from Ethical Committee, the objectives, methods of data collection, and procedure of the study clarified clearly to the Tangerine Center before starting to collect the data.

According to the confidentiality, the questionnaire deigned to conceal name and personal information of the participants. The completed questionnaires kept in a locked and secured location during the study. The Informed Consent Form (ICF) prepared for the participants in order to proceed of getting permission before conducting the interview and questionnaire. The investigator (interviewer) asked the participant (interviewee) read the form carefully and answer any questions the interviewee may have clearly. Before the interview starts, the investigator and the interviewee signed two copies of this form. The interviewee were given one copy of the signed form. The interviewee has a right to refuse answering any questions they are not comfortable to disclose their information and they may request to stop the interview any time. Based on the several meetings with the Thai Red Cross – Anonymous Clinic, it was strongly suggested to the researcher that research ethics approval must be sought initially. Once a certification of approval on the conduct of this research has been issued, Anonymous Clinic will provide the necessary assistance in collecting the data.

3.9 Limitation

There are no statistics of actual transgender population. Some of the information is not revealed to the public. Transgender mostly shared information within their society. The information received might not be the true information.

The study focused on the transgender group who received the treatment at tangerine health center and cannot be applied to all the transgender over the country.

3.10 Expected Benefit and Application

This research described how transgender access utilization to healthcare services. The result helped researcher to understand the trait of access utilization of access to healthcare services and hormonal therapy. Research helped researcher to understand how transgender identify them in society. Researcher understand how important hormonal therapy and self-identity for transgender.

The table3 shows the expected results of the study using a matrix by objective format

3.11 Obstacle and Strategies to solve the problem

To get true information this research needed to understand the behavior and the trends of the transgender by getting help from the member of tangerine community. When doing the interview, the researcher has had the transgender helping during the interview.

CHAPTER IV

RESULTS

Chapter four described result based from the interview sessions among transgender clients at Tangerine Center for hormonal replacement therapy. The result showed their socio-demography, how transgender clients had been stigmatized, how they utilized services in order to access hormone replacement from previous experienced, and how they were in term of services being rendered.

4.1 Description of Sample

There were a total of 15 transgender clients with 11 female-to-male (FTMs) and 4 male-to-female (MTFs) as gleaned from Figure 1. These clients receive hormonal replacement therapy at Tangerine Center Thai Red Cross Anonymous Clinic (TC-TRCAC). The interview was done in a room of Tangerine Center, close area where the participant could be at ease while narrating their stories.

Figure 1 and Table 4.1 show the number of interviewees both male-to-female (MTFs) and female-to-male (FTMs) transgender clients at Tangerine Center.

Figure 1 Number of Transgender interviewed

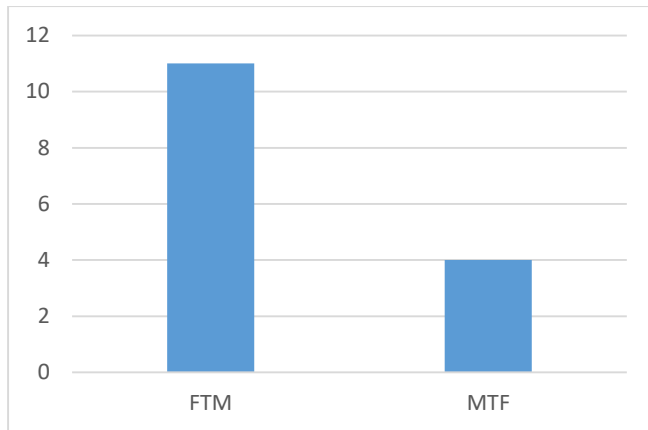


Table 4.1 Total Sample

Transgender	Number of Interview
FTM	11
MTF	4
Total	15

4.1.1 Socio-Demographic of the transgender who have taken Hormonal Therapy Replacement at the Tangerine Center.

Table 4.2 described Socio-Demographic of the participants, in table below included age, gender at birth, marital status, education level, employment status, and salary. From 15 of transgender interviewed at Tangerine Center, Thai Red Cross Anonymous Clinic, 66.67% of the participants are in the age group of 20-30, 73.33% are female (gender at birth) taking hormonal replacement therapy services provide at Tangerine Center. Most of the transgender who received hormonal therapy at Tangerine Center are single. Marital status mostly single with 93.33 and other 6.67% marriage. More than half of the participants graduated Bachelor Degree and above. More than half of the

participants are employed, 46.67% are Full-Time employment and 20 % of the participants are doing Part-Time. Most of the participants are earning salary below 19,999 Thai Baht.

Table 4.2 Socio-Demographic of the participants

Socio-demographic Characteristic	Number (N=15)	Percentage (%)
Age (Year)		
>20	3	20.00
20-30	10	66.67
31-40	1	6.67
above 40	1	6.67
Gender at birth		
Male	4	26.67
Female	11	73.33
Marital Status		
Single	14	93.33
Marriage	1	6.67
Long-Distance Relationship		
Education level		
Secondary	2	13.33
High School	2	13.33
Vocational Education	2	13.33
Bachelor Degree	6	40.00
Master Degree	3	20.00
Ph.D.		
Employment Status		
Full-Time	7	46.67
Part-Time	3	20.00
Unemployed	5	33.33
Monthly Income		
Below ฿9,000	4	26.67
฿9,000 - ฿14,999	3	20.00
15,000 - ฿19,999	3	20.00
฿20,000 - ฿34,999	2	13.33
฿35,000 - ฿44,999	2	13.33
Unspecified	1	6.67

4.2 Stigmatization among transgender clients in healthcare center

Life-Grid and Explanatory Model: In this study used tools of Life-Grid and Explanatory Model to explore the stigmatization among the transgender at TRCAC Tangerine Center and conduct the results from in-depth interview among 15 transgender clients at Tangerine Center. Explanatory model was used during interview session to narrate their life experiences. After the interview process, gathering information from transgender clients was transformed into Life-Grid table to frame the timeline of the participants' experienced. Life grid allows researcher to look back in the past to explore the sensitive issues of participants though time. The factors that could affect the outcomes such as event, family life, career life and HRT are important to process the outcomes. (See appendices A)

The word stigmatizes meant literally "to brand or tattoo. At present, stigma means to put shame on and/or brand on a person. The stigmatization is the major course of blocking the transgender to access to healthcare services. Most of the transgender were stigmatized and/or discriminated from the families or the community from where they lived [24]. Finally, the results of stigmatization were experienced from families, work place, government officer, friends and/or even services providers.

4.2.1 Stigmatization from the families

Transgender faced stigma from their families first before experiencing stigma from anywhere else. Parents could not accept their transgender children. The behaviors or attitudes of the parents could be one of the causes that lead to stigmatization. In fact, one of participants had revealed the past history of stigma when he/she was young. The

way to escape from stigma within the family was to live with someone who could understand her.

When I was young during primary school, my father punished me when I acted girly. Every time, when my dad saw me act like girl he hit me with the bamboo stick. My father thought it could make me be a boy and I would stop acting like a girl. When was in high school I asked a relative who is a transgender to took care of me during school time rather than my father. She talked to my father and promised to took good care of me and help me with my study. [7 MTF].

Some Transgender shared that stigmatized in their family was because of their uncertain future such as hardship in finding jobs. But they quickly assured their parents that being a transgender is not a hindrance in seeking employment.

My families ask me; are you a girl or a boy? This made me felt bad about who I am. When I asked my parents what was wrong about my gender identity. My parents said the transgender is a joker of the society and I would be hard to find the job in the future. The families felt ashamed that they had a transgender in the family as they were taught a transgender was because of sin and against god. I proved my parents that being a transgender was not a problem to a good future: first I was able to enter a university and won the competition and had chance to show my work in America, and now I was able to sold my art work to a foreigner and got invitation to show art work aboard. [13 FTM]

4.2.2 Stigmatization from the friends

Outside family life, transgender experienced stigma from their friends in their communities and in school. Even though a transgender did not cause any problem to other but still, they faced stigma from others. One way to solve the problem for transgender was to avoid communication with those people.

There was a time when I first faced stunned situation. While I was in the college I was sitting with my friends they were boyfriend and girlfriend. We were sitting and chatted about other things. Suddenly, they started another topic

Girl; why you are a tomboy?

Guy; don't you want to be a girl?

In my mind, what was wrong being a tomboy? I answered "No, I did not felt like it. Then the guy said "I will change you to be a girl". That was not right. It was like guy was going to rape a guy. Even though, I am a girl according to my gender at birth. [2 FTM]

While stigmatization was fact by transgender, it reached also among their siblings in a religions school.

When I was young I and my sister had to go to religion school in the community after school. Every day, the kids at religious school picked on me and my sister. Those kids said "you are tomboy" and picked on my sister too. They took my book and hide it, they drew picture on my

book, wrote on my book. What made me did not want to go to religious school because the teachers there did not stop them and did not believed that those kids were picked on me and my sister.

So, I decided not to go there anymore and avoided to communicate with those kids. [13 FTM]

4.2.3 Stigmatization from workplace

Transgender, (for MTF and FTM) have experienced stigma at their workplaces. Job application rejected or the non-cooperative from workplace colleagues posted problems. The firm were worried that they could not be able to undertake their jobs effectively.

When I went for job interview in Bangkok my boss really concerned that I would not be able to handle the job because I am a transgender. Luckily, the boss of that firm is a foreigner and he gave me a chance to prove. So, I proved. The first month I show my boss that all the jobs were done before timeline and made higher profit to the firm. After that I passed work probation. [7 MTF]

Another case of the transgender in term of job rejection was human resource recruitment could not trust them to handle the required skill for the job

I got rejected from job application because I am a transgender. Interviewer was worried that I could not control my sub-coordinators. I felt that I could get a job if my appearance looks more like a guy. The firm where I am working right now I am a supervisor. The sub-

*coordinator sometimes did not listen to my order or suggestion of me.
After I received HRT at Tangerang my appearance looks like a guy it
seems they listened to me more than before. [2 FTM]*

4.2.4 Stigmatization from government departments

Transgender sometime have had the hard time working or with the government department. Due to their lack of understanding with regard to transgender persons, they continue to experience stigma.

In Thailand, all the men must be soldier. Either choose to study territory defend study in high school or pick card to be conscript at age of 20. One of the transgender participants who choose to study territory defend study faced the verbal abuse from the commander at the territory defend study. Way to solve problem was to ignore and try to finish territorial study.

*At the territory study, my commander was doing daily check and then
he stopped in front of me and start saying something about transgender.*

Then he said transgender are those drag the society down. [8 MTF]

When doing identification card at the administrative office the officer sometime could not hide their attitude toward the transgender and sometimes talk in the way that made transgender felt uncomfortable.

*When I renew my ID card the officer at the city administrative office
ask me that if I wanted to changed my name with facial reaction. The*

facial reaction I could recognize, it the reaction of when you saw something you didn't like. [9 MFT]

4.2.5 Stigmatization in healthcare center

In healthcare center, the transgender faced discrimination in verbal abuse. Then transgender avoided to use services at that place and found another place which provided the same services without stigmatization from health worker.

When I went to health promoting center to injected hormone. The healthcare worker there called my name out loud. She just focused at me only because she was the same person at the reception. After the first services used, I did not visit health promoting center to avoid stigmatize. I did give feedback to the head of department there. [4 FTM]

4.3 Services utilization and satisfaction of transgender.

Section 4.3 described how the transgender persons utilized their hormonal therapy replacement services and how satisfied with the services being provided at the Tangerine Center. (Tangerine Center, 2016)

From the interview with Tangerine Center's staffs, the flow of services shared with TRCAC since first step of visit. They are sharing the client's database; the clients can register by themselves without using their real name. The client then proceeds to Tangerine Center for in-depth interviews to record previous health condition, health suggestion by nurse. Next step is counselling process by medical doctor. Then clients receive HRT inject by nurse.



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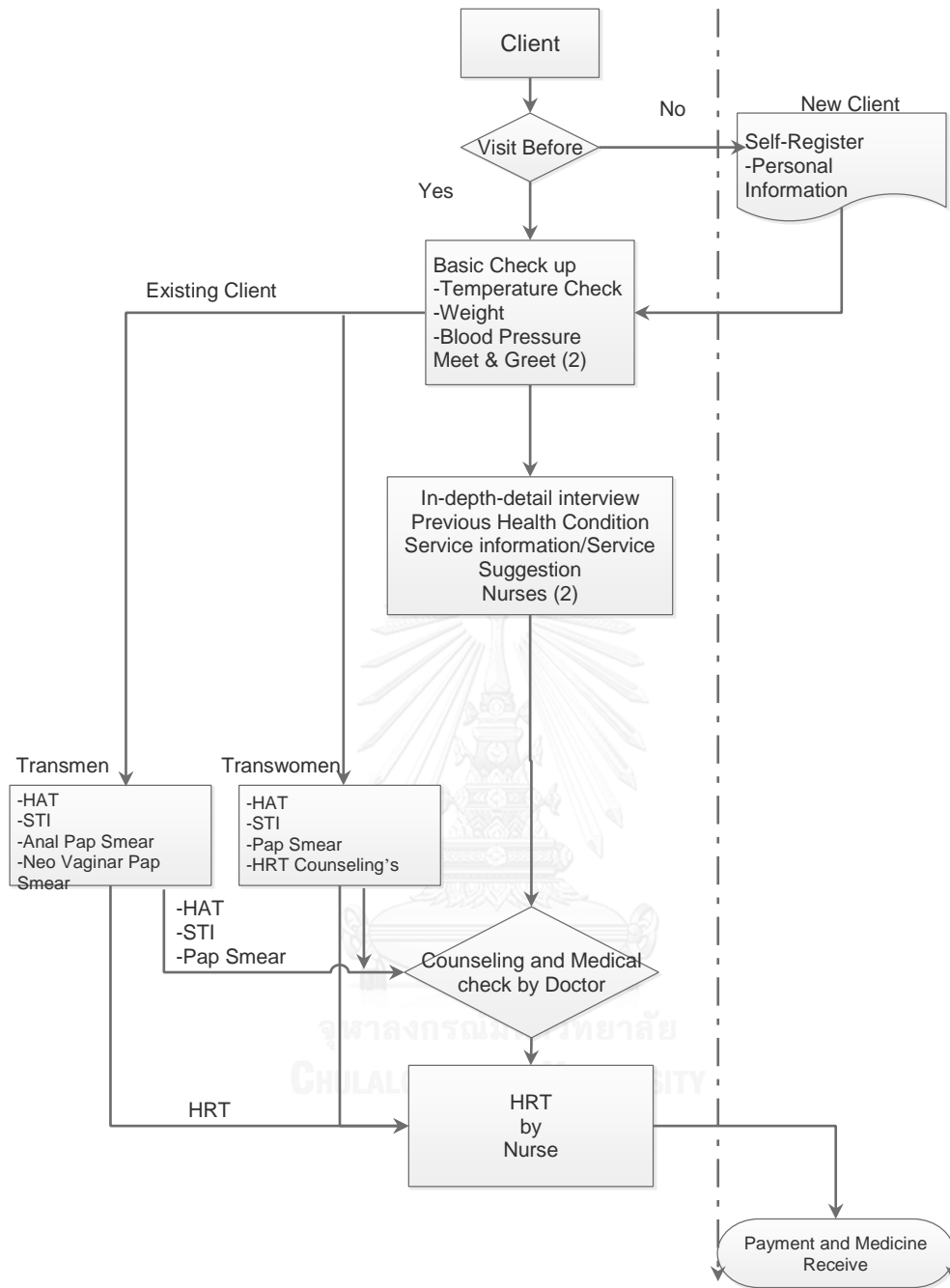


Figure 2 Flow of Service at TRCAC

4.3.1 Service Utilization

Service utilization focused on willingness and intension to seek treatment in term hormonal replacement therapy of the transgender. The results showed the seeking attitude of the transgender, expected result and the relative dosage of hormonal replacement therapy used regarded to 4 a(s) factors: accessibility, acceptability, availability and affordability.

(a) Accessibility

The transgender explained their attitude in term of seeking information about hormonal therapy. Transgender had different way to access information about hormonal replacement therapy. This part also talked about how transgender knew about Tangerine Center and the services provided by Tangerine Center. Table 4.3 shown the online sources where transgender clients who participated in the interview mentioned of how they knew about hormone replacement therapy and Tangerine Center Services.

Table 4.3 Sources of HRT information for transgender (based on interview).

Source	MTF	FTM
Youtube	2	4
Facebook	2	5
Internet search (website)	4	10
Friends	4	4
Family or relative		1

Most of the MTF transgender mostly received information about hormonal replacement therapy from their friends before drug purchase of hormone. The MTF transgender just received only information which type of hormone should be used to increase the female hormone without any prescribed from doctor.

I knew about hormonal replacement therapy from a transgender teacher whom was my relative. She suggested me to used contraceptive pill if I wanted to have appearance like a lady. I considered for someday before started using the contraceptive pill. A transgender who suggested me did not only gave information about the drug used, but she also told me not to overdose for my own good

I knew about Tangerine Center when I accompanied my friend to Anonymous Clinic for HIV check. I asked employee at the reception what is the Tangerine Center. The Tangerine staff and I had conversation and then she suggested me to use PrEP as I was in the risk group. I did receive hormonal replacement therapy here. [7 MTF]

Some MTF transgender searched online solution to make their appearance to be more to a male appearance. Though this process, it led them to access information about Tangerine Center services.

I acquired information about hormonal replacement therapy by myself online. I searched and found many blog about hormone used reviewed by transmen whom experienced and found a drug store in Victory Monument area. [1 FTM]

I started searching about hormone used on google website and found one video on YouTube, there was a guy (FTM) reviewed about hormone used. Then I looked for the place where they could provide the hormone

for me and found Tangerine Center under Thai Red Cross is providing hormone for transgender. [2 FTM]

After I used male hormone for a certain period of time I accessed online social media again (Facebook) for advice from an FTM (sometime referred to Transmen). I asked him for the further solution for hormonal replacement therapy. FTM informed me about Tangerine Center services. He suggested me to visit Tangerine Center for me own safety. He provided basic information about the health checkup at Tangerine Center such as blood check and hormone level. Then I came to Tangerine Center for further knowledge. [1 FTM]

(b) Acceptability

Transgender received information about hormonal replacement therapy and choices what hormonal replacement therapy are acceptable. FTM tent to consult with their family or their relative. Transman seem to be concerned about the side effect and did not overdose the hormone received from the past experienced.

I consulted with my mother one month before I received HRT by myself. I mentioned about how woman could change their appearance by receive male hormone. My parents did not argue about me received hormone, but only request me not to overdose. When I heard about Tangerine from a Transmen on internet. Tangerine was my number one interest. Because Tangerine Center had services that transgender need included and especially under control of health personal. [FTM 1]

I had received hormone at a hospital in Si Lom area, but it was too expensive. Then I changed to Yan Hee hospital, but there was not a place that focused in transgender clients as same as Tangerine Center. With health personal consultant and operated by transgender employee this made me decide easily to come. [FTM 5]

Some FTM aim for sex reassignment surgery, but some satisfied with breast surgery or radical mastectomy but did not want to go beyond the point of sex reassignment.

I had received hormone just to change my appearance but not sex reassignment. Because I knew that with sex reassignment I need to take care of my health more carefully. [FTM 1]

I came to Tangerine Center just to receive hormone but not to reach point of sex reassignment. I am almost forty and I worry about the side effect on my health condition. [FTM 15]

(c) Availability

Availability is how the transgender could reach to the place where they provided hormonal replacement therapy (HRT). There was a place where one of the clients received therapy in other province aside from Bangkok, however, the therapy did not include blood check and other services.

There is a place for hormone replacement therapy in Phuket I had found when I was doing internship at a hotel in Phuket. The clinic did provide the HRT but not cover all the services for HRT as we have here

at Tangerine Center. Compare to Tangerine Center, that clinic only provided injected HRT for the transgender but did not have blood check and any other services. [8 MTF]

In Bangkok there were some hospitals provide HRT services for transgender. There are many places where transgender can access for hormone replacement therapy. The places not only hospitals but also including drug stores and clinics.

After I received information about places where they are providing HRT for transgender. My friend had informed me that I could receive the HRT at Chulalongkorn hospital, Yan Hee hospital and Ramathibodi hospital. I decided Chulalongkorn will be the place where I would do HRT. [3 FTM]

I knew that Chulalongkorn hospital is providing HRT for the transgender who would like to change their appearance and basic needs for the sex reassignment surgery. This information was provided by a transgender who has received HRT at Chulalongkorn hospital. [4 FTM]

If transgender persons did not consult hospitals for HRT, then they opted to purchase drugs without prescriptions. In this regards they self-inject.

There is a drug store near Siriraj hospital that sells hormone for the transgender who would like to receive HRT. The drug store is close to Siriraj hospital and well known among the transgender in Bangkok area. [7 MTF]

There is a hospital in Si Lom area where transgender could access to the hormone replacement therapy. That hospital in Si-Lom also provide as same services as Chulalongkorn hospital and other hospital. This hospital is the private hospital, which helped us to received hormone replacement therapy faster than the public hospital. [5 FTM]

Other provinces had a place for transgender for HRT services, they knew of such places from friends' transgender who access these facilities.

There is a clinic in Khon Kaen city where the transgender could get injected hormone and also the tablet hormone. The clinic is known among the transgender. I did not know that the clinic is legally providing hormone or not, but most of the transgender I know knew that clinic. [7 MTF]

(d) Affordability

This part will show how transgender was able to purchase or afford for their hormonal replacement therapy. Some transgender got hormone through their parents' support, some got from government support and some transgender purchased by their own budget.

A transgender who was not able to get support from their parents or they are self-employed, they could afford hormone replacement therapy.

I started working in my family business since I was 16 years old and some part-time job. I saved the salary to purchase the hormone and the

services cost. I also told my parent that I would like to receive hormone.

My parents told me to use the budget I had from work. [1 FTM]

I saved some of my salary for the payment of hormone replacement therapy and the transportation cost to Tangerine Center. [2 FTM]

After drop off from secondary school, I started working in the convenient store. I saved my salary for breast surgery. Then, I realized if I want to receive hormone to become a man I need more money because the salary I earned from one job was not enough to afford for hormone. I started second job at computer shop to earn more for HRT because I knew that HRT I need to continue using it for the rest of my life. [4 FTM]

A FTM provided some results which showed that hormone replacement therapy could be easier accessed compared to FTM MTF could get hormone from the health promoting center in the community, while FTM have to pay for hormone replacement therapy. Because Thai Government only support contraceptive pill for woman, sometimes transgender received HRT by having contraceptive pill from health promoting center in community.

I worked as flower arranger since I was in grade 7. Therefore, I could afford the contraceptive pill to use for my hormone replacement therapy. At that time, I did not use any other hormone rather than the contraceptive pill. Sometime I did not buy the contraceptive pill.

Instead, I got the contraceptive pill from health promoting center in the community. [7 MTF]

I purchased the hormone at a hospital in Si Lom area by my monthly budget I received from my parents. But, the cost of services at that hospital was so expensive for me. Each time I spent at least three thousand Thai baht per one injection. I only received hormone three times at hospital in Si Lom area. Then I decided to receive hormone at Yan Hee hospital because the cost of services per an injection was cheaper than the hospital in Si Lom area. For the services cost at Tangerine I also used the budget from my parents. [5 FTM]

I saved monthly budget got from my parents for hormone replacement. [8 MTF]

4.3.2 Service Satisfaction

Most of the transgender clients are satisfied with services provided by Tangerine Center which are sequenced hereunder in descending order as follows

- **Cost of services:** The clients mentioned that the cost of the Tangerine Center services is cheaper comparing to other healthcare centers which cost of general check-up and hormone replacement services at Tangerine Center.
- **Employees:** The employees at Tangerine Center are service minded with friendly conversation. The transgender clients mention that the way of talking from employees at Tangerine Center made them feel like home or talking to one of their families.

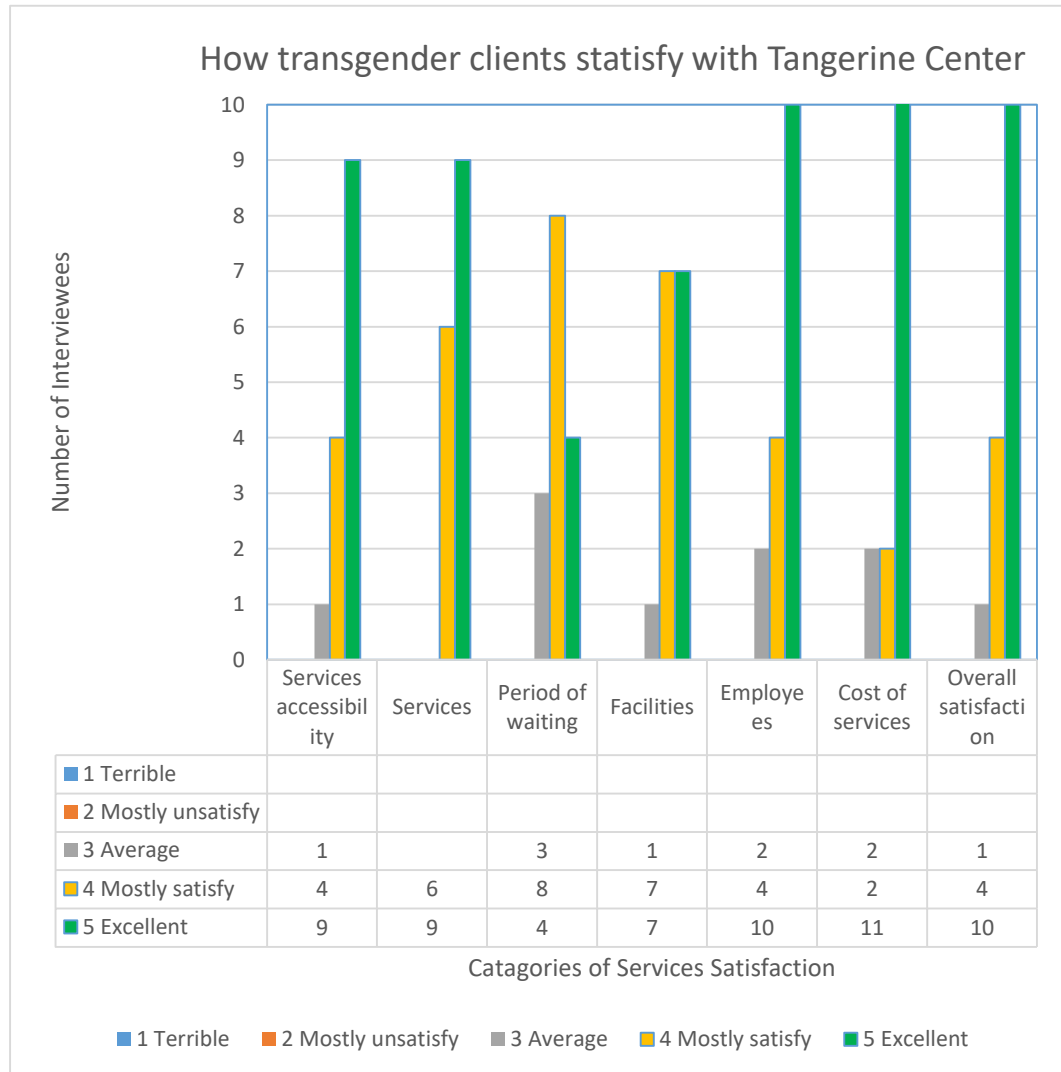
- **Services accessibility:** Location of Tangerine Center is accessible with variety transportations such as BTS, Taxi, Bangkok Public Bus, and motorbike service.
- **Services availment:** The services provided at Tangerine Center did answer the need of the transgender with the medical consultation and follow up.

However, there are some factor that could not be satisfied the clients.

- **Facilities:** Parking space is limited area.
- **Period of waiting time:** Least satisfaction is the period of waiting because some of the services Tangerine Center needed to share with Anonymous clinic.



Figure 4.2 Satisfaction of transgender clients at Tangerine Center



Top three that tangerine clients are satisfied with are cost of services, employees and services accessibility. Additionally, some of transgender clients revealed and recommended Tangerine Center to have its own section and more parking space.

4.4 Life-Grid Analysis

In this study process under life-grid method can be analyzed the life experience of both MTF and FTM sequent as Life of TG Identity, Discrimination, Stigmatization, Services Utilization, and Before and After HRT.

Timeline	Life of TG Identity	Discrimination	Stigmatization	Services Utilization	Before and After HRT
Primary (6 – 11 years)	FTM: All started to feel opposite of their gender at birth MTF: Three out of four started to feel opposite of their gender at birth. Dress and play as girl.	MTF: Father did not her to act as a girl. She got punish by her father.			
Secondary (12 - 14 years)	MTF: One out of four started to feel opposite of their gender at birth			MTF: One used contraceptive pill	MTF: Satisfied with side effect on body appearance. Reported negative side effect from overdose
High School/Vocational School (15 – 17 years)			FTM: Verbal abuse from friends at college. MTF: Verbal abuse from commander at Territorial Study	FTM: studied (information) HRT on internet. MTF: Started using contraceptive pills	MTF: Satisfied with side effect on body appearance. Reported negative side effect from overdose
Undergraduate (18 – 21 years)			FTM: Employee at health promoting Center call him “Miss” out loud in public.	FTM: Use over the counter hormone before Tangerine. MTF: Started injection HRT. Knew Tangerine Center	FTM: Satisfied with side effect on body appearance. MTF: Satisfied with Tangerine Center services (hormone level check-up, cost of services).
After Graduated (Above 21 year)		FTM: Job rejection		FTM: Knew about HRT and Tangerine (1case) MTF: Knew Tangerine Center (1case)	FTM: Satisfied with Tangerine Center services (hormone level check-up, cost of services). MTF: Satisfied with Tangerine Center services (hormone level check-up, cost of services).

In this data analysis portion of this research, the matrix above represented the key

findings based on the following study variables:

- a. Life of TG identity: explaining the time of transgender persons feeling opposite sex of their gender at birth.
- b. Discrimination: how the transgender persons who participated in this study felt isolated from the society.
- c. Stigmatization: described how transgender felt that other persons put transgender persons into the area of branding them in other level in the society or look down on transgender persons.
- d. Services Utilization: described how transgender seek for the treatment under accessibility, acceptability, availability, and affordability.
- e. Before and after HRT: how transgender persons satisfied with the treatment or services they have had.

4.4.1 Life of TG Identity

Majority of the participants were in unison in saying that they are “trapped in the wrong body.” They quickly early in their lives realized that they are different – the way they appreciate things around them, their social actions and gestures, their desires and life motivations – opposite from the identity they are born with. According to one MTF participant, “...I am different when I was 11 years old. I began to assimilate female gestures than being masculine.” Another MTF participant offered this notion that “...I began playing with toys assigned to females. I enjoyed it.” Adolescent stage for most of the participants confirmed their sexual and personal identity opposite from the biological cognition. As one FTM participant said “I concluded to myself that I am a teenager boy not a girl. I prefer masculine assigned colors as to my clothes. As one of the MTF has mentioned in the interview “I would speak with tone of female and replied to others as I am a girl”.

4.4.2 Discrimination

Discrimination within family settings

The expected support given by families among TG participants proved to be challenging and problematic. One of the FTM participants, confided that at the age of 10 years old said that “I was verbally and physically abused by my own father for acting like a girl. It was painful.” The participants have had hard time living in the family. Therefore, the participant chooses to live with her cousin who is a transgender person which could understand the participant much more than her father. Participant received the truth about punishment that her father worried about her future life that she could not find a job. The participant proved being a transgender is nothing different than others people.

Discrimination by peers

Another expectation was that transgender expected that friends could understand them more than the others. This was not going as he expected. He faced the stigmatization from his friends verbally abused him said his friends would try to make him become a girl. Problem occurred force him to isolated from the group and seek for new society that he could fit in.

4.4.1 Discrimination at work

The same participant who faced stigmatization from peers also faced the stigmatization from his workplace. The participant applied for the job after he graduated from vocational college. The human resource stated they did not accept the transgender persons into the company.

4.4.3 Stigmatization and Social Stigmatization

Stigmatization remained a negative lived experience for all participants. The participants were hurt, marginalized and waylaid in all of their life stages. Most of the participants' experience abuse during high school and college years. One FTM participant said that "I was verbally attacked for what I am and not for who I am. My classmates cajoled me all the time, relentlessly. I felt so small. It affects me still today." The stigmatization occurred in workplace also one of the factor led them to seek for HRT. The participant stated colleague and sub-coordinator at his workplace did not follow his order because of the appearance he has.

4.4.4 Services Utilization access, availability, acceptability,

From the interview, one of the important issues from all participants was the service utilization. The way they could access to healthcare services for TG would make their lives more than happy. The participants have started using contraceptive pills and or hormone injection since they could find the supplied shops or clinics. As a MTF mentioned "I started using contraceptive pills since secondary school to make my appearance become like a girl." However, they are still looking for the real place for TG that has specialists who understand and could give them the information or services that are suitable for them. They are also looking for the location that are convenience to access and the reasonable cost of services. In conclusion, the important issues of services utilization are accessibility, acceptability, availability, and affordability.

4.4.5 Life before and after HRT

Life before and after HRT The participants' life experience since they could identify themselves as the way they feel has been faced the discrimination and stigmatization from family, friends, work place, community, and health care in public. The appearance

of their sex at birth and unacceptable of the people around them could affect to their mental and emotional feeling. Fortunately, all of the participants could control themselves and tried to search information to change their body appearance. One FTM mentioned “I seek the way to make my appearance become like a man.” “I do satisfy with the services of Tangerine Center especially with hormone level check-up”. “My appearance changed and makes my life easier in many way”. They are very satisfied after receiving HRT services. They can live with friends, families, colleagues, and public without any uncomfortable.

4.5 Case Analysis

Case 1: FTM

Fist time of being Transgender was when he studied at Primary School during age of 6 to 11 years old. He has not been discriminated from family as his father accepted what he acted. This would lead him to search information more on internet about HRT at the age of 15 to 17 years. However, he has not totally confident to inform his parent. He started his courage to advise his mother when he grew up and studied in the university. His mother first advised him about HRT was to control and rely on the consulting of medical doctor. This time would make her more confident to open her mind to discuss with his mother more about the sourcing of HRT such as drug store. Meanwhile, during his study in university (18 to 21 years), his appearance on student ID was obviously identified as male. Therefore, he first faced his discrimination under the situation that he had informed to get the confirmation from medical doctor at hospital to prove he is TG. However, as he received good support from his family since young, he could handle and ignore this discriminated situation. He’s been continuously

looked for information until he found Tangerine Center as his mother always reminded him to study the HRT and find the reliable specialist.

Case 2: FTM

His first feeling of being a man happened in between age of 6 to 11 years in primary school. During primary school he did not face any stigmatization or discrimination in families or in public area. The first time he faced stigmatization happened at the age of 15 to 17 years when he moved to another district for educational purpose. Stigmatization was verbal abuse occurred from his friends at college. This might be the cause that he had to move to another college so he would not face stigma from colleagues at college. Even though, he has faced the stigma, it couldn't change his actual feeling and acting as a man in public. The second time of stigmatization in his life was when he applied for a job at age 20. The first place rejected his job application as a reason of being a transgender man. When he got a job at a construction company, problem occurred. His sub-coordinate did not follow his order and/or suggestion because of his appearance still looked like a girl. This pressure might be the key factor to push him to search more information the way to look more like a man during working life in two years. Recently, in 2016 when he then found Tangerine Health Community Center. He then has conversation with his girlfriend about HRT. Both agreed as Tangerine Center is under TRCAC and operated by specialists. After received HRT, his appearance has been changed not only body but also the sound tone which made him more confidence in spending his life in public and work.

Case 3: FTM

He felt of being a man like most of transman. The feeling came since primary school (age of 6 to 11 years). His feeling was getting stronger when he was at secondary school. At that time, he did not want to wear skirt even the time at school. He decided to drop out at age of 14. Mother did not force him to study. On the other hand, when he informed his mother he volunteered at NGO (Trans Right) at age of 15, his mother fully supported him. During this time he decided to study non-formal education and also work to support himself. By earning salary from job, this could make decision much easier for him. During this time, he knew HRT from transman on Facebook. This would be the inspiration for him to start HRT at Chulalongkorn Hospital for 1 years. HRT process happened from getting hormone from Chulalongkorn hospital and has others healthcare center injected for him that led to the situation of stigmatization. The stigmatization occurred when he went to health promoting center at Bang Suer area. The employee called him “Miss” out loud. Even though he requested the employee to called him like other people as “Khun” (polite word in Thai for both male and female), the employee resisted and replied he had to inform government not health promoting center. He was disgraceful in front of public. He decided to inform the head department about the attitude of employee and never came back to Bang Suer health promoting center. He then seeks another place for HRT and found Tangerine Center which he felt comfortable with friendship surrounding atmosphere as TG family.

Case 4: MTF

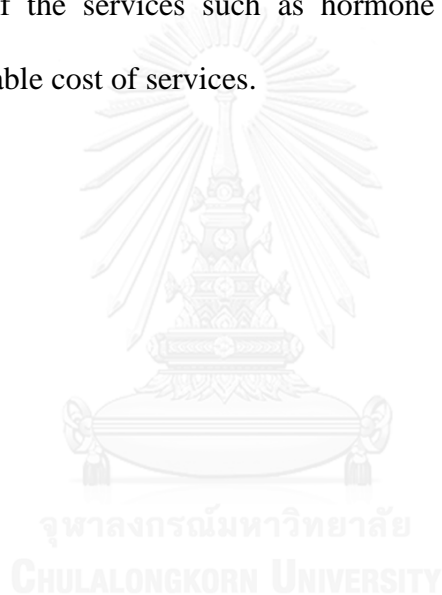
She has started the feeling that she is not a boy since primary school (between ages of 7 to 11 years old). The way she acted and spoke was a girl at that time. With a good attitude toward other and kindness, other people liked her and never had a problem with

her appearance. But not all people especially her father, who was not pleased with this. He punished her every time she acted or spoke like a girl in front of her father. This pressure could be the lead for her to move out from the house as one of her transgender cousin who worked as a teacher ask her to live with her at another province (age of 11). During the time of living with someone else in secondary school, she then started using contraceptive pill bought from the counter or got a free of charge at health promoting center at the area. She used by the suggestion of her cousin. The next level of HRT was injection. She received information from other transgender persons there was a clinic provided injected HRT in the area. With positive side effect of injected HRT she was really satisfied with it. She stopped HRT at age of 20 and 21 because she would like to concentrate on studying and did not have time to go to clinic. She knew Tangerine Center when she accompanied her friends at TRCAC in 2016. The Tangerine Center did answer her need and satisfied her with other services that could not find in other places such as hormone level check-up, counselling and etc.

Case 5: MTF

This case, the participant felt she was not a man at the time of secondary school at age 12. At the age of 12 she felt that she liked same sex. The true feeling has come at age of 13 when she had the feeling she wanted to be an opposite sex and preferred to play with transgender friends at school. As same as many other families, her father could not accept the fact she was a transwoman but there was no any stigma or expression among family. Like many other Thai males when enter high school, she chooses to study territorial defend study at age of 15 to 17. At the training, she faced stigma from her commander. The stigma was verbal abuse at age of 17 and the action of the

commander toward to the transgender person. Participants mentioned commander could notice easily because she used contraceptive pill as HRT and other treatments to make her appearance change before studying at territorial defend. This case reported with overdose and negative sign from HRT. When she entered an undergraduate program she reduced the use of contraceptive pill and started searching for better treatment. Participant knew Tangerine Center from transwoman she knew on Facebook in 2016. Participant then accessed further more information and started using HRT at Tangerine because of the services such as hormone level check-up, counselling, accessible and affordable cost of services.



CHAPTER V

DISCUSSION AND RECOMMENDATION

This chapter described the resulted with discussion and recommendation of data gathered from the transgender clients of TC at TRCAC. The discussion of data was included the suggestion from transgender clients about their satisfaction of services at TC. This study is a qualitative study. The study was conducted from January 1st – 30th. 2017. The purposes of this study identified the stigmatization in Thailand and how transgender persons utilized their healthcare services.

5.1 Description of socio-demographic of transgender in healthcare center.

Participants in this study were those transgender clients who had received HRT at TG-TRCAC. The study was conduct to find the socio-demography of transgender who utilized the services need. Transgender are those who see themselves as an opposite sex as their gender at birth [25]. In US, approximately there are around 1.4 million or 1.6% of adult population in United States are transgender. In New York City there has been reported only 30% to 40% of MTF transgender individual utilized regular medical care. The report shown the range of unsupervised hormone usage range of 29% to 63% within MTF transgender persons. The mean age of transgender parsons was 36 years within the range of 18 to 67 years. Among MTF transgender persons 80% of them were living as woman and 82% of them were currently using HRT. There also show 28% of MTF transgender did not complete high school level of education. 42% of MTF transgender did not earn enough capital to support their living expenses. 23% of them had complete high school and 50% of them complete college or above level.

Transgender Female (MTF) has not access to friendly healthcare provider up to 71% [26]. However, in Thailand there are few studies about stigmatization or hormone use among transgender in Thailand. The statistical about transgender in Thailand has not been disclosure in public. Its' information about transgender has only shared among their circle. Measuring number of transgender could be varies and challenge as sometimes identity include consideration of other term such as queer or genderqueer [27].

In Thailand, transgender has transitioned quite early in life. Many were living as a transgender and took hormone in early age. The means age was 16.3 years, several since 10 years. There were transgender who complete primary qualification level at 2.1%. Transgender persons who complete university level were up to 23.3%, then vocational college were 29.5% and most of transgender were complete just 46.1% at level of secondary school [28].

In this study had at most complete university qualification level total of 60%. 20% of transgender completed master degree and 40% completed Bachelor degree. The rate of employment among transgender persons were 77.5%, 14.9% were student and unemployment rate was 1.5%. Other 8.7% were report as no information. This study total employment was 66.67% while 33.33% was unemployed. In this study are identified the demographic of transgender persons who are seeking for HRT. The age of transgender who had visited TC-TRCAC in this study mostly are between ages of 20 to age of 30 (66.67%). While the above age of 30 to age of 39 was 6.67%. Those transgender at the age of 40 who visited TC for HRT was only 6.67%. The study found the 93.33% of transgender were single while 6.67% were marriage.

5.2 Stigmatization among transgender patients in health care center

Stigmatization was an issue blocking transgender from accessing to healthcare services [29]. The fear of stigma was the reason for transgender to avoid receiving regular healthcare services. The reason of stigmatize include discomfort, immaturity, poor self-esteem, family attitude, culture beliefs. Stigma at healthcare center came from nurse or health service employee attitude of less supportive and lack of understanding to interact with transgender persons. The stigma cause from perception of people viewed transgender as person who did not follow traditional gender role. Stigmatization did not only from verbal interaction but also with non-verbal interaction. There was reported most of human communication 80% were in non-verbal. Some transgender experienced positive services as challenges to openness of non-traditional gender role. The situation of stigma happened from HIV risk behavior as transgender work as sex worker. Some transgender who have been using HRT with by themselves were having chance of HIV infection from syringe sharing for HRT injection. The nurse or healthcare service employees viewed transgender as risk group [25]. Stigmatization effected not only in healthcare center but also lead to workplace. There were 57% of transgender employment discrimination in US [4].

5.2.1 Stigmatization from families

Among transgender participants in this study experienced stigmatization from family at first before they were experience from any other place. Two out of fifteen participants faced stigmatization from families. One participant was MTF faced domestic violence which were punished by bamboo stick and other participant was FTM. In fact, the stigma cause by the concern of uncertainty future for transgender. Families are worried about hardship of situation that transgender might face in the future. From interview,

families of transgender clients who participated in this study had viewed transgender were not capable to find a career to support their expenses. As in Thailand people viewed transgender women persons as people whom work as a sex-worker and prone to HIV infection. In other western countries have reported the similar cases but crueller than what found in this study. This divergence becomes particularly visible when the National Transgender Discrimination Survey (NTDS) asked about domestic violence. The NTDS stated that 19% of respondents had experienced family violence “because of their transgender identity or gender non-conformity,” whereas most researchers have found the rate of domestic violence 25% is the same across all genders, gender identities, and sexual orientations. Some study has even found slightly higher rates within LGBTQ populations. Multiple studies indicate that over 50% of transgender people have experienced sexual violence at some point in their lives. The ratio is nearly double (1 in 3 girls) or triple (1 in 6 boys) the commonly reported rates of sexual abuse[30].

5.2.2 Stigmatization from Friends

The participants in this study reported they have been in situation of stigmatization from friends. The stigma causes by verbal abuse mentioned to change transgender identity by sexual force. There was similar article described multiple experiences of rejection by family and friends, insulting comments by strangers, physical violence, and sexual assault [31]. The participants in other research felt rejected, isolated, lonely, and emotionally belief. Furthermore, several participants described a fragmented sense of self and even a loss of any sense of self. The participants mentioned in the report they did not want to have any friend because of stigmatization [31].

5.2.3 Stigmatization from Workplace

The majority issues from the interview of transgender clients have been found the stigmatization from workplaces occurred during job interview process. The organization concerned that transgender could not reach the level of standardization or expectation. The problem occurred in workplace for transgender women solved by working to reach standardization of organization and above the expectation. Other research in United States of America has been studied the prejudice and discrimination in workplace. The result showed that transgender women perceived pressure under workplace and developed mental illness [32].

The firm concerned transgender men could not handle the job which required power to control the sub-coordinate worker to do job such as foreman. There has been reported in workplace discrimination of transgender men. Female-to-Male transmen may benefit from transitioning if they are accepted by co-worker in a male role [32]. The other report showed also that transgender could lost their job due to bias [30].

5.2.4 Stigmatization from Government department (Military Service)

The interview reported that there was stigma from the military toward MTF even they did not break any rule of military. There was also other report of stigmatization among transgender served in military. Administration data suggested that transgender adults had high rates of U.S. army service. However, it was slightly known about the role of prior military service in their mental health later in life, mainly in relation to identity stigma. In this article was examined relationships between prior military service, identity stigma, and mental health among transgender [33].

5.2.5 Stigmatization in Healthcare center

From the interview, it was found the stigmatization in healthcare center had occurred by healthcare employee in healthcare center when transgender client went for HRT injection at health promotion center in his living area. Even though, there was not many cases of stigmatization in healthcare center from this study, the literature in USA showed that transgender persons seeking healthcare were denied by doctor and/or healthcare officers 24%. The rate of denied tend to be higher in FTM than MTF [30].

5.3 Services Utilization of transgender

According to the interview with TC-TRCAC staffs, the number of transgender persons who seek for HRT services has been increasing gradually. Not only in Thailand but also in USA. The report has shown there were 62% of participants have had HRT, with the probability increasing with age; an additional 23% of participants hope to receive HRT it in the future. Transgender-identified respondents accessed HRT at much higher rates than their gender non-conforming peers, with those who identified as MTF more chance of accessing HRT at 71% than FTM participants 66%. Most of participants who reported undertaking transition-related surgeries also reported receiving hormone therapy 93% [30].

5.3.1 Accessibility

It was how transgender found their way to the sources of information about HRT and the location where transgender persons could purchase the supply for HRT. The transgender persons who visited TC-TRCAC reported there is a well-known drug store in Bangkok area. This drug store provided what transgender needed for self-HRT. The use of HRT by their own did not cover all the services provided in TC-TRCAC. There

was no hormone level check. Transgender accessed information by following the transgender on online social media. Some transgender had accessed by searching online information before coming to TC-TRCAC. Most of MTF transgender accessed information by receiving from friends as a first source of information, while FTM received information at first by doing their own searched on internet. On the other study there was a major barrier to healthcare services in Canada. The networks and information sources regarding trans medical care. Identifying “trans-friendly” colleagues for referral outside of one’s scope of practice was difficult, both for lack of knowledge regarding specialist availability[34].

5.3.2 Acceptability

FTM transgender tended to concern about their health more than MTF. FTM transgender before using HRT by their own they took sometimes to studied side effect of HRT. While MTF transgender did not care so much about the side effect of the HRT used by themselves. The acceptability of HRT by teenage MTF transgender only concerned about the cost of HRT. FTM transgender considered both the side effect and the cost of HRT. FTM transgender consulted with families or relative before using HRT. Counselling and HRT services highly utilize and the cost of services are high especially with the sexual reassignment in other place[35]. The need of formal guideline for healthcare especially for transgender persons with the proper use of HRT an additional with concern of side effect, level of hormone needs for transgender persons is important[35]. TRCAC Tangerine Center provided proper information for transgender.

5.3.3 Availability

In this study, there are some drug stores provided the HRT for both MTF transgender and FTM transgender in Bangkok area. For MTF they could find place where they provided HRT easier than FTM. The HRT included the use of contraceptive pill also, this means that MTF transgender have better access to self HRT. Many hospitals around Bangkok are providing HRT for Transgender also, but with higher price compare to TC-TRCAC.

Transgender persons needs healthcare services which should be available for the transgender or LGBT persons where they feel comfortable talking to healthcare professionals about their health and health-linked behaviors. Interventions must focus not only on the target population of LGBPs who are ethnic minorities but also their families, friends, and colleagues, who can help support their increased utilization of health care programs[36].

5.3.4 Affordability

By using self HRT the transgender have easy access to HRT but not cover hormone level inside the body and what rate should be use. While in the hospitals in Bangkok area where they provided HRT, the services cost is higher compared to TC-TRCAC. However, TC-TRCAC is providing the services with the reasonable price for MTF transgender and FTM transgender.

The cost of services should be affordable for patients to access to healthcare services by subsidies from government or any others institute in healthcare services system[35].

5.4 Services Satisfaction of transgender patients in healthcare center.

Cost of Service

The cost of services at Tangerine Center are cheaper than other hospitals where they are providing the HRT. The hospital operated by nurse where transgender could not feel comfortable enough compared to Tangerine Center. As in Chapter IV table 4.5 shown the list of services provided at TC-TRCAC are low price and there are also other services which are needed for transgender persons. In other study found related information showed that the cost of services is one of the fact that prevent patients or clients to access to health services. To increase the access of healthcare services the cost of services should be reasonable price for clients to purchase. The cost of services should be subsidies by the government and also within the health insurant. [37]

Employees

Compared to the other healthcare center Tangerine operated like a meeting point for trans. Tangerine Center staffs are transgender persons which help them to understand the feeling, the needs of transgender and what should be done to provide the services to meet the needs of trans. The transgender staffs could easily understand the transgender persons and know how to speak with the transgender persons also. The report showed that those who have regular source of medical care are more likely to visit a physician. This also same as the transgender clients who need the hormone replacement therapy. The transgender clients has to visit the physician regularly for the hormone level check-up and the HRT [37]. This reflect that they would have to face or interact with employees at the Tangerine Center. The employees at Tangerine Center

have to services them for their satisfaction. Transgender persons are willing to share the information to medical professionals[36].

Services Access

Tangerine Center operate under the Thai Red Cross. Tangerine Center location is near the BTS Ratchadamri station, in the building of Anonymous clinic. The location is in the area where people can access by their own transportation. The parking area of Tangerine Center is limited but Lumbhini Park area is providing parking lot. The access to information is additional factor to access to healthcare services by sharing information within LGBT network helps transgender to access to right information about HRT and the other services need for transgender person. Social marketing campaigns with health-based messages may prove themselves effective by building on existing networks of support [36]. This is largely because ethnic minority LGPBs may be more likely to engage in health preventive behaviors and seek medical help before becoming very ill. Interventions that aim to create awareness of available health care programs

Services Availment

From interview, the transgender clients at Tangerine Center reported that Tangerine Center provided services which answered the needs of transgender. Especially, the hormone level checkup is one of the services which help transgender to identify their hormone level and also the amount of hormone that should be used for their HRT. There are not only hormone replacement therapy but also some other services which transgender persons are needed. Transgender persons are willing to access services as

if services available. Transgender persons willing to use all if the services being provide at center[38].

Facilities

The facilities of Tangerine Center is limited due to location of the TRCAC and the area nearby. This make it hard for TRCAC to expand their area. The limited area makes it hard for the TC clients to visit if they came by their own transportation. Most of the transgender clients choose to come by BTS of public transportation. To promote access to healthcare services for transgender the cooperation of other institute and/or organization should work together as in the center for transgender persons[36].

Period of waiting time

The operation of TC is under control of TRCAC which shown on the figure 2 in Chapter IV. The client when first come to TC-TRCAC needs to register their information in the database of Anonymous clinic. Then the clients transferred to Tangerine Center. The hormone purchase is under control of Anonymous Clinic included other financial process. Health checkup process was also under control and sharing with Anonymous Clinic. The clients who have visit already could contact the staffs of Tangerine directly does not need to re-register again. As the number of clients has increased sometime the clients need to book the time before coming. A relate studied found the barrier to care is management. The healthcare provider should be able to manage[35].

5.5 Limitations and Strengths

5.5.1 Limitations

1. Since the participants were transgender clients who have been using HRT in TC-TRCAC which is located in the building of TRCAC in Bangkok, hence, the results cannot be generalizable for this group in other parts of Thailand including Pattaya, Chiang Mai, Khon Kaen, Phuket and etc.

2. Other Limitation of this study could be that transgender clients at TC-TRCAC did not provide the true experience of themselves. The transgender clients at TC-TRCAC might have done some self-declaration about their past experience to make it look better towards their stories. The information that received from the interview especially the experience of transgender clients who participated in this study was come personal perception of MTF and FTM.

3. The experienced stigma situations from families, friends, or workplaces couldn't happen by individual MTF or FTM. The interview from only one side would be limited to individual or personal information or opinions. The researcher conducted interviews only one side, but limited to study or understand the perception of other parties who have criticized or pre-judged the transgender persons.

4. This is the first time for researcher to use life-grid method to interview participants. Some point was missing as the interview done by open ended questions and were not run in sequence. With limited experience of researcher, some important issues may be missing.

5. The interviews were done at Tangerine Center where the place could affect the decision of participant to rate the satisfaction level of participants. The satisfaction level about the services at Tangerine Center could not be a true result.

5.5.2 Strengths

1. This is one of the first studies in services satisfaction in TC.
2. The employees at TC-TRCAC are transgender where they could easily understand the feeling of transgender persons. The result of stigmatization of among transgender person could not be find in this healthcare center.
3. This is first time of using life-grid method to conduct a qualitative research about stigmatization among transgender persons. The result showed how the transgender persons faced stigma and help to proceed further research.

5.6 Conclusion

From the interview of this study, the transgender who have visited Tangerine Center faced stigmatization from other places included the healthcare area, but not from staffs at Tangerine Center. The satisfaction of transgender persons over all showed in chapter IV showed that transgender persons satisfied with the hormone services and other services provided at Tangerine Center. Transgender persons utilized the services by starting from peers or persons who are close to them. The information about the use of HRT also shared among the group of transgender persons. There was not enough information online for transgender persons to study about the benefit of HRT and the side effect of HRT.

Tangerine Center is the only place where transgender persons trust to share information and could get the detail about HRT in the way they could easily understand. Tangerine Center did not only provide the services for transgender persons, but also try to provide transgender persons by making the process shorter in times. This made transgender more satisfied compare to other place of getting HRT. There was stigmatization among the transgender both in Thailand and other countries such as USA, Canada and etc. Transgender persons in Thailand tend to face less stigma from others compared to western countries. The information shared by transgender clients involved in this study found that families did not really band them as transgender but worry about their future life. The study did answer the objective. In the result help to identify that transgender persons faced stigmatization not only in the healthcare center but also some others places such as with family, workplace, in community and etc. in their life. This study help to find that the way to helps transgender persons to access or utilize the services of HRT are online sources such as social media, webpage on internet and video channel.

5.7 Recommendation

Policy recommend

After the study, it would be recommendations for policy maker in Thailand to support and provide more accessibility, acceptability, and availability to special healthcare centers for TG that have specialists who can friendly consult and give them the proper information and services. Transgender women could access the places where they provided the hormone for transgender men. Transgender women access to the place where they provided hormone easier than transgender men. The places where they

provided hormone for transgender women were the places such as health promoting center, drug stores where they provided contraceptive pill.

Moreover, as transgender persons have to use hormone or services all of their lives, so it would be supportive for them in term of spending and reasonable cost. If government or policy maker could support or provide them the coverage insurance as they also are the citizen and have rights for health promotion.

Future study

To make the result more generalize the study should conduct in the other area of Thailand where transgender persons did not have a healthcare center operate by transgender to see how transgender persons in other area face stigmatization more or less than transgender persons who visited Tangerine Center. The further study should focus more specific gender.

This study conducted by interview both MTF and FTM. The study should focus in separate group as only FTM or MTF. This is because the same gender of participants could help to this study identify more specific about the stigmatization and how the transgender men or transgender women utilized their access to services.

The population of this study should be separate FTM from MTF due to the different of hormone type. The time of MTF available at the Tangerine Center is limited and did not have so much time to provided information as same as the FTM could provide.



Appendices

Appendix A: ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ชื่อโครงการวิจัย การถูกตีตราทางสังคม การเข้าถึงและความพึงพอใจในบริการของบุคคลเพศ
ทางเลื้อก ณ ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย-โครงการศูนย์สุขภาพชุมชนแทนเจอร์ริน : การศึกษา
เชิงคุณภาพ

ชื่อผู้วิจัย...นายชนาธิป เลพล.....ตำแหน่ง...นิสิต.....

สถานที่ติดต่อผู้วิจัย (ที่ทำงาน)วิทยาลัยวิทยาศาสตร์สาธารณสุข.....

(ที่บ้าน)17 ม.7 ต. เหล่าดอกไม้ อ. ชื่นชม จ. มหาสารคาม

โทรศัพท์ (ที่ทำงาน) ...02-218-8193ต่อ โทรศัพท์ที่บ้าน

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ขอเรียนเชิญท่านเข้าร่วมในการวิจัยก่อนที่ท่านจะตัดสินใจเข้าร่วมในการวิจัยมีความจำเป็นที่ท่าน
ควรทำความเข้าใจว่างานวิจัยนี้ทำเพราะเหตุใด และเกี่ยวข้องกับอะไร กรุณาใช้เวลาในการอ่าน
ข้อมูลต่อไปนี้อย่างละเอียดรอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือข้อมูลที่ไม่ชัดเจน

ผู้วิจัยประสงค์แจ้งรายละเอียดเกี่ยวกับการศึกษาดังนี้ ผู้วิจัยอยากทราบถึงประสบการณ์ชีวิต การ
เข้าถึงและความพึงพอใจในการใช้บริการของบุคคลเพศทางเลื้อก ณ ศูนย์วิจัยโรคเอดส์ สภากาชาด
ไทย-โครงการศูนย์สุขภาพชุมชนแทนเจอร์ริน กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างละเอียด
รอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือข้อมูลที่ไม่ชัดเจนได้ตลอดเวลา

การศึกษานี้เป็นการศึกษาเกี่ยวกับประสบการณ์ชีวิตของบุคคลเพศทางเลื้อก การเข้าถึงบริการ
สุขภาพ และความพึงพอใจต่อการบริการ ผู้มีส่วนร่วมในการวิจัย คือ ผู้ที่รับบริการในโครงการศูนย์
สุขภาพชุมชนแทนเจอร์รินจำนวน 50 คน ที่รับการรักษาด้วยยาฮอรัโมนชนิดกินหรือฉีด กับทาง
โครงการศูนย์สุขภาพชุมชนแทนเจอร์ริน ณ ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย

ผู้เข้าร่วมทั้งหมดจะได้รับแบบสอบถามถึงความพึงพอใจจำนวน 13 ข้อ และจะมีการสัมภาษณ์แบบ
ตัวต่อตัว โดยผู้วิจัยจะเป็นผู้สัมภาษณ์โดยจะใช้เวลาประมาณอย่างน้อย 30 นาทีต่อ คน และเป็นการ
สอบถามเพียงครั้งเดียว

ผู้เข้าร่วมการศึกษาทั้ง 50 ท่านจะได้รับเอกสารใบยินยอมจากเจ้าของโครงการ กรุณาอ่านให้ละเอียด
ก่อนลงนาม การศึกษานี้จะไม่มีอันตรายหรือความเสี่ยงเนื่องจากเป็นเพียงการสอบถามถึง

ประสบการณ์ชีวิตและการเข้าถึงการบริการการสัมภาษณ์จะเป็นการสัมภาษณ์แบบตัวต่อตัว และจะมีผู้เข้าร่วมสังเกตการณ์ 1 คน โดยผู้สังเกตการณ์จะเป็นบุคลากรจากโครงการแทนเจอร์นซึ่งจะช่วยในการเฝ้าดูในกรณีให้ผู้ให้สัมภาษณ์รู้สึกอึดอัด และต้องการพักหรือหยุดการให้สัมภาษณ์ สถานที่คือห้องประชุมของวิทยาลัยวิทยาศาสตร์สาธารณสุข ดึกสถาบัน 3 ชั้น 11 โดยจะมีการบันทึกเสียงสัมภาษณ์โดยการใช้อุปกรณ์สื่อสาร(โทรศัพท์เคลื่อนที่) เมื่อเสร็จสิ้นการวิจัยไฟล์บันทึกเสียงข้อมูลที่เกี่ยวข้องกับผู้มีส่วนร่วมในการวิจัยจะถูกทำลายโดยการลบไฟล์บันทึกเสียงโดยถาวร

การศึกษานี้จะทำให้เข้าใจประสบการณ์ชีวิตของผู้รับบริการที่ศูนย์สุขภาพชุมชนแทนเจอร์น เพื่อให้เข้าใจถึงประสบการณ์ชีวิตและสาเหตุการรับรักษา และผู้เกี่ยวข้องสามารถนำไปใช้ในการพัฒนาการให้บริการ

การเข้าร่วมในการวิจัยของท่านเป็นโดยสมัครใจ และสามารถปฏิเสธที่จะเข้าร่วมหรือถอนตัวจากการวิจัยได้ทุกขณะ โดยไม่ต้องให้เหตุผลและไม่สูญเสียประโยชน์ที่พึงได้รับและการถอนตัวจากการวิจัยของบุคคลเพศทางเลือกละจะไม่มีผลกระทบใดๆต่อการให้บริการของศูนย์บริการสุขภาพชุมชนแทนเจอร์นและสิทธิเสรีภาพโดยชอบธรรมของบุคคลนั้นๆ และจะไม่มีเปิดเผยข้อมูลส่วนตัวใดๆของผู้เข้าร่วมที่ได้ถอนตัวออกจากโครงการ

ข้อมูลที่เกี่ยวข้องกับท่านจะเก็บเป็นความลับ หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม ข้อมูลใดที่สามารถระบุถึงตัวท่านได้จะไม่ปรากฏในรายงาน

เพื่อตอบแทนเวลาและข้อมูลที่จะมีประโยชน์ต่อการศึกษา ผู้วิจัยจึงมีสิ่งตอบแทนเป็นค่าชดเชยการเสียเวลา 100 บาท

หากท่านไม่ได้รับการปฏิบัติตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2

ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์/โทรสาร 0-2218-3202 E-mail: eccu@chula.ac.th

Appendix B: Consent Form

หนังสือแสดงความยินยอมเข้าร่วมการวิจัย

ทำที่.....ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย.....

วันที่.....เดือน.....พ.ศ.

เลขที่ ประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย.....

ข้าพเจ้า ซึ่งได้ลงนามท้ายหนังสือนี้ ขอแสดงความยินยอมเข้าร่วมโครงการวิจัย

ชื่อโครงการวิจัย การถูกตีตราทางสังคม การเข้าถึงและความพึงพอใจในบริการของบุคคลเพศ
ทางเลือก ณ ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย-โครงการศูนย์สุขภาพชุมชนแทนเจอร์ริน : การศึกษา
เชิงคุณภาพ

ชื่อผู้วิจัย นายชนาธิป เลพล

ที่อยู่ติดต่อ สถาบันอาคาร 2-3 ซอยจุฬาลงกรณ์ 62 ถนนพญาไทเขตปทุมวันกรุงเทพฯ 10330
ประเทศไทย

โทรศัพท์ 0 895 330 694

ข้าพเจ้า ได้รับทราบรายละเอียดเกี่ยวกับที่มาและวัตถุประสงค์ในการทำวิจัย รายละเอียดขั้นตอน
ต่างๆ ที่จะต้องปฏิบัติหรือได้รับการปฏิบัติ ความเสี่ยง/อันตราย และประโยชน์ซึ่งจะเกิดขึ้นจากการ
วิจัยเรื่องนี้ โดยได้อ่านรายละเอียดในเอกสารชี้แจงผู้เข้าร่วมการวิจัยโดยตลอด และได้รับคำอธิบาย
จากผู้วิจัย จนเข้าใจเป็นอย่างดีแล้ว

ข้าพเจ้าสมัครใจเข้าร่วมในโครงการวิจัยนี้ตามที่ระบุในเอกสารผู้เข้าร่วมการวิจัย โดยข้าพเจ้า
ยินยอมตอบแบบสอบถามเกี่ยวกับ การเข้าถึงและความพึงพอใจในบริการของบุคคลเพศทางเลือก
ซึ่งใช้เวลาประมาณ 5 นาที และยินยอมให้สัมภาษณ์โดยมีการบันทึกเสียงโดยใช้อุปกรณ์สื่อสาร
(โทรศัพท์เคลื่อนที่) เกี่ยวกับประสบการณ์ชีวิตเพศทางเลือก ซึ่งใช้เวลาประมาณ 30 นาที เมื่อเสร็จ
สิ้นการวิจัยแล้วข้อมูลเกี่ยวกับข้าพเจ้ารวมทั้งเสียงที่ถูกบันทึกไว้จะถูกทำลายโดยการลบไฟล์
บันทึกเสียงโดยถาวร

ข้าพเจ้ามีสิทธิถอนตัวออกจากการวิจัยเมื่อใดก็ได้ตามความประสงค์ โดยไม่ต้องแจ้งเหตุผล ซึ่งการถอนตัวออกจากการวิจัยนั้น จะไม่มีผลกระทบในการใช้สิทธิ์การเข้ารับการรักษา ณ ศูนย์สุขภาพชุมชนแทนเจอริน ทางใดๆ ต่อข้าพเจ้าทั้งสิ้น

ข้าพเจ้าได้รับคำรับรองว่า ผู้วิจัยจะปฏิบัติต่อข้าพเจ้าตามข้อมูลที่ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และข้อมูลใดๆ ที่เกี่ยวข้องกับข้าพเจ้า ผู้วิจัยจะเก็บรักษาเป็นความลับ โดยจะนำเสนอข้อมูลการวิจัยเป็นภาพรวมเท่านั้น ไม่มีข้อมูลใดในการรายงานที่จะนำไปสู่การระบุตัวข้าพเจ้า

หากข้าพเจ้าไม่ได้รับการปฏิบัติตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงผู้เข้าร่วมการวิจัย ข้าพเจ้าสามารถร้องเรียนได้ที่คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์/โทรสาร 0-2218-3202

E-mail: eccu@chula.ac.th

ข้าพเจ้าได้ลงลายมือชื่อไว้เป็นสำคัญต่อหน้าพยาน ทั้งนี้ข้าพเจ้าได้รับสำเนาเอกสารชี้แจงผู้เข้าร่วมการวิจัย และสำเนานหนังสือแสดงความยินยอมไว้แล้ว

ลงชื่อ..... ลงชื่อ.....

(.....) (.....)

ผู้วิจัยหลัก

ผู้มีส่วนร่วมในการวิจัย

ลงชื่อ.....

(.....)

พยาน

Appendix C: Questionnaires

ID (รหัส).....

Date (วันที่)...../...../.....

หัวข้อ: การถูกตีตราทางสังคมของบุคคลเพศทางเลือก และพฤติกรรมแสวงหาการบริการเพื่อสุขภาพ ณ ศูนย์วิจัยโรคเอดส์สภากาชาดไทย (TCARC) ศูนย์สุขภาพชุมชนแทนเจอร์รีน ในกรุงเทพฯ: การศึกษาเชิงพรรณนาภาคตัดขวาง

คำชี้แจง โปรดกรอกข้อมูลหรือทำเครื่องหมาย ✓ ลงในช่องว่างให้ชัดเจน

กรุณาตอบแบบสอบถามชุดนี้ เพื่อเป็นประโยชน์ในการใช้เป็นข้อมูลในการทำการศึกษาวิจัย

ส่วนที่ 1 ข้อมูลทั่วไป

1. อายุ (ปี)

- น้อยกว่า 20 ปี
- 20 – 30 ปี
- 31 – 40 ปี
- มากกว่า 40 ปี

2. เพศกำเนิด

- ชาย
- หญิง

3. สถานภาพสมรส

- โสด
- สมรส
- คบหาทางไกล
- แยกกันอยู่
- หมั้น
- หย่าร้าง



หม้าย

4. ระดับการศึกษาที่ได้สูงสุด

ชั้นประถมศึกษาที่ 6 หรือน้อยกว่า

มัธยมศึกษา ม.1 – ม.3

มัธยมศึกษา ม.4 – ม.6

อนุปริญญา

ปริญญาตรี

ปริญญาโท

ปริญญาเอก

5. สถานะการทำงานในปัจจุบัน

พนักงานประจำ

พนักงานชั่วคราว

ว่างงาน

6. รายได้ต่อเดือน (บาท)

น้อยกว่า ฿9,000

฿9,000 – ฿14,999

฿15,000 – ฿19,999

฿20,000 – ฿24,999

฿25,000 – ฿29,999

฿30,000 – ฿34,999

฿35,000 – ฿39,999

฿40,000 – ฿44,999

฿50,000 หรือ มากกว่า

ไม่ทราบแน่ชัด

[39]



จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

ส่วน 2: ความพึงพอใจ

1=ไม่พึงพอใจอย่างมาก 2=ไม่พึงพอใจ 3=ปานกลาง 4=พึงพอใจ 5=พึงพอใจเป็นอย่างมาก

	ระดับความพึงพอใจ				
	1	2	3	4	5
1. ท่านมีความพึงพอใจกับการเข้าถึงการบริการมากขนาดไหน					
2. ท่านมีความพึงพอใจกับการบริการมากขนาดไหน					
3. ท่านมีความพึงพอใจกับเวลาการรอการให้บริการมากขนาดไหน					
4. ท่านมีความพึงพอใจกับสิ่งอำนวยความสะดวกมากขนาดไหน					
5. ท่านมีความพึงพอใจกับบุคลากรผู้ให้บริการมากขนาดไหน					
6. ท่านมีความพึงพอใจกับค่าใช้จ่ายในการบริการมากขนาดไหน					
7. ท่านจะให้คะแนนความพึงพอใจกับการบริการโดยรวมมากขนาดไหน					

Appendix D: In-Depth-Interview Guide Line Questions

1. ข้อมูลทั่วไป

- จังหวัดที่พำนักอาศัย
- เพศ
- อาชีพ
- รายได้พอใช้ในแต่ละเดือน
- การศึกษาสูงสุด
- สมรส

2. การถูกตีตราทางสังคม

- ท่านเคยได้ยินหรือคุ้นเคยกับคำว่า “การถูกตีตราทางสังคมหรือไม่”
- ท่านเคยพบเจอหรือประสบเหตุการณ์การถูกตีตราทางสังคมหรือไม่
- หากพบเจอเหตุการณ์ ท่านคิดว่าเพราะเหตุใด
- ท่านคิดว่าการเป็นบุคคลเพศทางเลือกเป็นสาเหตุหนึ่งหรือไม่
- ทำไมท่านถึงคิดเช่นนั้น
- ท่านแก้ไขปัญหาจากการถูกตีตราอย่างไร
- ท่านได้ใช้การบำบัดโดยการใช้ออร์โมนหรือไม่
- หากเคยใช้ออร์โมน ได้รับจากที่ไหน

3. การใช้บริการทางสุขภาพ

- ท่านรู้จักศูนย์บริการแห่งนี้ได้อย่างไร
- ก่อนที่ท่านจะมาใช้บริการ ณ ศูนย์บริการแห่งนี้ ท่านเคยใช้บริการ ณ ที่อื่นมาก่อนหรือไม่
- ท่านได้ใช้บริการอย่างอื่นในศูนย์บริการแห่งนี้ด้วยหรือไม่
- ท่านมาใช้บริการ ณ ศูนย์บริการโดยใช้สิทธิ์ประกันสังคม หรือด้วยเงินของท่าน
- การให้บริการ ณ ศูนย์บริการตอบสนองสิ่งที่ได้ต้องการได้ครบหรือไม่

Life-Grid Table

Event					
Timeline 1	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	- Felt of being a boy - Had short hair	- Lived with parents and brother	- 1 older brother - Parents did not mind about the way of clothing	- Study in public school - Start having short hair to school	
Secondary					
High School/Vocational Education			- Did not consult with parents	- Helping father at family business	- Study HRT on internet
Undergraduate	- HRT by herself - First time of feeling stigma			- Due to the change in appearance, when going for examination, need of doctor approval to identify the person - University required the approval from doctor to graduate, to identify the person as appearance more like a man. - Feeling of stigma while MTF doesn't need any approval, but on the other hand feeling proud of herself she look like a man. ¹	- Bought hormone at drug store at Victory monument and inject by herself (once per two weeks, no overdose) - Been using HRT by himself for 4 years (Since 20 years old) - Knowing about Tangerine from a friend - Received 2 nd HRT at Tangerine (January, 2017) - Choose Tangerine because: 1 Cost, 2 Under help of medical doctor, trustable health center.

¹ Mention: stigma will be on the behavior and attitude of oneself, not from being a transgender


Timeline 2							
Event		Event					
Primary	Secondary	High School/ Vocational Education	Working life	Housing	Families/Friends	Study/Career Life	HRT Status
- First time feeling like man				- Live with parent in Chiang Mai province	- Lived with parents	- Study in Public School - Does not want - Friends thought it was a joke after her told his friends about his true feeling about gender	
					- Told mother about how she feels and then parents knew about it. Parents reply to him just to be a good person for the society.	- Did not face stigma at school	
	- First time of facing stigma	- Lived alone in Chiang Mai city				- Study in vocational education - Move to three institute as she felt it is uncomfortable not be able to wear pants to class - facing stigma from a friends in the same school said "I will change you to be a girl"	
		- Move to BKK Right after		- Inform mother about receiving HRT before coming to Tangerine Center		- Got Rejected from job because of being transgender - Got accepted in construction company - Sub-coordinator did not follow his order as being female appearance - After HRT the appearance change the sub-coordinator will to follow his order more than before	- Searching information about HRT from internet and youtube channel for 2 years before received HRT - Choose Tangerine as the place to do HRT because trustable place - First blood check at October and received HRT - 7 th injection at Tangerine Center - Received more information about HRT and easier to understand

Event					
Timeline 3	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	-Feeling of being a boy	-Lived with families in BKK area	-Parents thought just the attitude and behavior of kid, and will change in the future	-Study at public school	
Secondary	-Study at School for girl -First time of hearing word "Tom Boy" -First time of feeling stigma			-Study in School for girl -First time feeling stigma. From a male friend from other school said "I will change you to be a girl". - Questioning own-self "what's wrong with being a tom boy?"	
High School/Vocational Education					
Undergraduate	- First time knowing HRT - Consult before HRT		-Consult with mother about HRT for a month before coming - Mother request to do under the control of doctor.	- Study at Rajabhat University	- Heard from a friend whom receiving HRT at Chulalongkorn Hospital - Friend providing unofficial information about HRT cost at Chulalongkorn Hospital, Yan Hee Hospital, Ramathibordi Hospital. -Went to Chulalongkorn Hospital for HRT. - Consult with doctor about time waiting for each injection (too long), doctor suggestion to come to Tangerang. - Come to Tangerang for HRT (August, 2016) - Same price at Chulalongkorn Hospital but faster - More than 10 time injection at Tangerang (January, 2017)

Event						
Timeline 4	Event	Housing	Families/Friends	Study/Career Life	HRT Status	
Primary	- First time of feeling stigma	- Lived with mother	- Father died - Lived with mother	- Study in public school		
Secondary	- Study about surgery - Drop out - Study about right of Transgender			- Get tired of wearing skirt to school. - Drop out at age 14	- Study about surgery	
Non-Formal Education	- Volunteer for NGO (Trans right) - Study non-formal education - Working		- Consult with mother about HRT. - Mother request to do with the procedure of doctor.	- Work in convenient store - Manager confuse about gender at birth and appearance - Start working the second job at computer shop	- Knew about HRT from a trans man on facebook - Asking for the HRT at Chulalongkorn Hospital - Undergone procedure of HRT for 1 year	
Undergraduate	- Received HRT at Chulalongkorn Hospital - Knowing Tangerang				- Received HRT at Chulalongkorn Hospital for 1 year - Undergone Surgery - Received hormone from Chulalongkorn Hospital and having nurse at Bang Suer Health Promoting Center injected for - Facing stigma as health center employee call "Miss...." Out loud, and ask her to Just call Khun ¹ . The employee replied to go change if feeling uncomfortable - Problem with HRT at Chulalongkorn Hospital (length of receiving HRT too long) - Consult with the doctor who done surgery about new place. - Doctor suggestion to come to Tangerang. - Come to Tangerang with friends and do blood check (September, 2016) - Start HRT at Tangerang	

¹ Polite word in Thai for calling other without specific gender identity.

Event						
Timeline 5	Event	Housing	Families/Friends	Study/Career Life	HRT Status	
Primary	- First Time like same gender - First Time of Hearing "Tom Boy"	- Lived with parents	- 1 younger brother	- Study in School for Girl - Like Teacher trainee at the school		
Secondary	- Knew about her own feeling			- Start acting like t boy at school		
High School/ Vocational Education	- Started searching for HRT as she want to be more like man		- Consult to mother about HRT and mother request her to do it safe.	- At last semester of high school started searching for HRT by swapping MTF to FTM.		
Undergraduate	- Meet one FTM as her consultant - First time HRT		- Consult FTM asked about place and HRT level. - FTM request her to do it by her own first	- Re-enter undergraduate program 3 time (different university) - Senior at same University want to have muscle and ask about HRT and some suggestion. Reply: she should study by her own first and	- Study from foreigner blogger and some YouTube channel - After studying the HRT use and side effect for almost 3 years, start HRT at hospital at Si-Lom area - Stop HRT after the third injection because of services cost (1year) - Start using HRT at Yan Hee Hospital. (1 Year)	
		- Moved to America		- Study Languages at America (6 Months)	- Inject HRT by her own when studying in America - Bought hormone at drug store by using recommendation from Yan Hee hospital to approve for hormone replacement	
Master		- Moved to England		- Study master at England	- Regularly flew back for HRT.	

Event					
Timeline 6	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	<ul style="list-style-type: none"> - Grade 6 knew the true feeling toward the same gender. - Had a boyfriend - Had a girlfriend 	<ul style="list-style-type: none"> - Lived with parents and two brothers. 	<ul style="list-style-type: none"> - two younger brothers 	<ul style="list-style-type: none"> - Study in public school. 	
Secondary			<ul style="list-style-type: none"> - Mother ask to act like a girl. - Confuse about her own feeling. - Grade 8 talk to a guy for two weeks, but feel not like it. 		
High School/ Vocational Education	<ul style="list-style-type: none"> - Study Vocational Education - Knew about the hormone 		<ul style="list-style-type: none"> - Friends sent information about the hormone replacement. - Consult with friends about HRT by herself, but friends suggest to do it with doctor. 	<ul style="list-style-type: none"> - Choose to study Vocational Education. - First time facing stigma from her friends said "She is not a real man" from both gender. - Avoid to communicate with those friends as she felt uncomfortable. 	<ul style="list-style-type: none"> - Search for further information about the HRT in the internet. - 2nd semester join trans man group chat in Line application.
Working life	<ul style="list-style-type: none"> - Working as employee at Big C Bangna - Searching place provide HRT - Received HRT at Tangerang center 	<ul style="list-style-type: none"> - Lived with girlfriend in Bang Na Area 	<ul style="list-style-type: none"> - Friends suggested to come to Tangerang center as they have the same services and closer to her with less expensive cost of services. 	<ul style="list-style-type: none"> - Start working as employee at Big C superstore in Bang Na Area. - Result in strange look from the surrounding of going to female toilet. 	<ul style="list-style-type: none"> - Plan to go to Ramathibordi Hospital. - Start searching about Tangerang services. - Come to Tangerang by Taxi to Bangna BTS station, then using BTS to Tangerang center. - Blood check on November, 2016 - Start using HRT at Tangerang center on November 21, 2016. 160ml. - Second injection on December 5, 2016. 180ml. - Third injection December 20, 2016. 200ml. - Forth injection January 5, 2017. 200ml. - Fifth injection January 23, 2017. 200ml. - Result in side effect. Voice change to a little bit lower tone and get in bad mood so easily. - Grandparent cannot recognize her voice. - Next blood check on the last week of February, 2017. - Plan to do surgery to become fully man, but did not have an exact date and time.

Timeline 7						
Event						
Event	Housing	Families/Friends	Study/Career Life	HRT Status		
Primary	- Feel that she is not a boy.	- Lived with parents and brothers and a sister at Udonthani province.	- 3 older brother and a sister. - Father anti of what she really feels and want to be. - Father hit her with bamboo stick when he found out she had done makeup and dress like a girl.	- Friends love her as she can help in homework. - Teacher appreciated of her attitude at school and involved in school activity. - Have one transgender teacher (a relative) recommended "Be what you're really feel and be a good person."		
Secondary	- Knew the information - Start using Contraceptive pills. - Stay with the transgender teacher at Khon Kaen	- Move to Khon Kaen province - Stay with a transgender teacher.	- Families have talk a transgender teacher about taking her to Khon Kaen.	- Study in one of the top three public school at Khon Kaen province. - Consult with the transgender teacher about the using of contraceptive pill. - Start working as a flowers arranger	- Start using contraceptive pill for HRT. - Follow the suggestion of the transgender teacher of taking contraceptive pill. - Bought contraceptive pill from a drug store, sometime take from health promoting center in the area	
High School/ Vocational Education	- Have a boyfriend		- First boyfriends at Grade 10. - First sexual anal intercourse with her boyfriend without protection	- Involve in student council activities.	- Start using hormone injection in the clinic in Khon Kaen. The first month 3 injection for every week, then once every month.	

Timeline 7		Event				
Event	Housing	Families/Friends	Study/Career Life	HRT Status		
Undergraduate	<ul style="list-style-type: none"> - Went to university 	<ul style="list-style-type: none"> - Facing stigma from the transgender friends - Broke up with a boyfriend before internship. 	<ul style="list-style-type: none"> - Study in a University in Khon Kaen province - First time of understanding "Stigma" in social study class. - Internship in hotel at Phuket for 3 months. 	<ul style="list-style-type: none"> - Stop using HRT on the 3rd year and 4th year. Because resulted in unstable emotion and cannot concentrate on study. 		
	<ul style="list-style-type: none"> - Start working life at age 22 	<ul style="list-style-type: none"> - Father accepted of what she really is after she have got a job and she can support herself. 	<ul style="list-style-type: none"> - Continue the same career at Phuket for 3 months. - Got a New job in BKK in Logistic company for one and a half year. - Work in Cosmetic company. 	<ul style="list-style-type: none"> - Start using Hormone injection at Clinic Somchai (did not mention location) in 2010 every 3 months. 		
	<ul style="list-style-type: none"> - Knowing Tangerine 	<ul style="list-style-type: none"> - Consult with the boyfriend about sexual organ surgery, but her boyfriend resist. - Before coming to Tangerine, she had a boyfriend and had sex anal intercourse without protection. She found out that boyfriend had cheated on her. 2016 	<ul style="list-style-type: none"> - Quite a job, became a freelance as entertainer in November, 2015. 	<ul style="list-style-type: none"> - Come to TRC anonymous clinic for HIV testing by BTS skytrain. - Received PrEP in September, 2016. - First time knew that TRC has Tangerine center for transgender. - Blood test for hormone level on October, 2016. - Received HRT from Tangerine center (cream gel) since October, 2016. 		

Event					
Timeline 8	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	- No feeling of being Transgender	- Live with parent in BKK area	- 1 older sister - 1 younger brother		
Secondary	- First time of feeling being Transgender		- Have a new society, meet the transgender group in new school - Mother knew she feel uncomfortable about her gender - Father cannot handle the truth about his child being transgender	- want to be a girl at time of grade 8 - Get along easily with transgender friends rather than with the boy, at school	
High School/ Vocational Education	- Start using contraceptive pill - Start using HRT Progynon + Proluton, Androcur - Facing stigma at the first time of life		- Have a boyfriend on Grade 10 (2 nd Semester) - Father cannot accept the fact she had a boy friends	- Friends and senior in the same school suggest the use of HRT <i>Stigma</i> - During the time of Territorial Defend Study, the commander has said the transgender are the people who drag the society down and wished them to die during Tower jump training. - From Female officer thought she had makeup on her face and force her to wash it off, even though she did not have makeup on. She got protected by the male officer saying she was not has any makeup on.	- Grade 10 knew about using contraceptive pill for HRT from her friends in the same school. - Search the information from internet and consult from Net Idol on Social media. - Grade 10 2 nd semester start taking contraceptive pill as HRT. Bought contraceptive pill from the drug store near Siriraj Hospital. The budget came from her monthly budget from parents. - Double the amount of Androcur in every day. - HRT injection every week after using contraceptive pill for a month.

Event					
	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Timeline 8					<ul style="list-style-type: none"> - Grade 11 Triple amount of Androcur almost every day. Increased in amount of payment 10,000 baht per month - Last Semester of high school (Grade 12 1st semester) result of side effect; could not concentrate on study and feeling tired due to overdose (triple amount of Androcur tablet) since Grade 11 1st semester. - After the effect of overdose, she had turn back to a ½ tablet per day for HRT.
Undergraduate	<ul style="list-style-type: none"> - Broke up with boyfriend - Stop using contraceptive pill - Using Tangerine services (2017) 		<ul style="list-style-type: none"> - Father accepted of what she really feels. - Consult with her best friends (Trans man) about Tangerine services on December, 2016 - Come to Tangerine on January, 2017 with friends because the cost factor. 	<ul style="list-style-type: none"> - Study in University in BKK area 	<ul style="list-style-type: none"> - Using only Injected and Androcur tablet. Because one of her friends have effect of overdose leading to the cancer. - Come to Tangerine with her best friend right after received information for 1 month. Come by BTS from house - 1st blood check at Tangerine Center before receiving HRT. Result was she has low male hormone and high female hormone

Event					
Timeline 9	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	<ul style="list-style-type: none"> - Since KG 3, like to dress and play like a girl and love to watch mother during her make up time. 	<ul style="list-style-type: none"> - Live in Ayutthaya Province until Grade 2 - Moved to BKK - Lived in Nonthaburi 	<ul style="list-style-type: none"> - Father have many wife, her mother was the fifth wife. She is the first child. - 1 younger brother - Parents knew she is not a boy. - Since KG3, mother bought her a skirt to wear as she like. 	<ul style="list-style-type: none"> - Study in Public School in Ayutthaya - Study in Public School in Nonthaburi Area 	
Secondary	<ul style="list-style-type: none"> - Start using Contraceptive pill - First time sexual harassment 	<ul style="list-style-type: none"> - Grade 8, Move to Jaran Sanitwong area - Live with grandmother and uncle 	<ul style="list-style-type: none"> - Closer to grandmother than parents - Grandmother taught her housework. - Families did not know about HRT 	<ul style="list-style-type: none"> - Study in School for boy - Friends at school like to touch her chest - Involve in Transgender community in the same school - Avoid involving in any kind of sports to prevent the body of building muscle. - Received information about HRT from friends at school and the transgender in the neighborhood. 	<ul style="list-style-type: none"> - Start using contraceptive pill at Grade 8 + injection - HRT included Androcur, Progynova.
High School/ Vocational Education	<ul style="list-style-type: none"> - Overdose the amount of HRT used - Result in body change - Families feeling toward and treat her like a daughter. - Start working part-time on Grade 10. - Having long hair after graduation ceremony 	<ul style="list-style-type: none"> - Grade 10 	<ul style="list-style-type: none"> - Families knew about HRT - Mother recommended not to stop HRT, if she really feel she is not a boy. - Father does not want her to study Territorial Defend Study. - Consult with best friend (Trans man) about surgery. - Friends recommended about consulting to Dr. about HRT for surgery. 	<ul style="list-style-type: none"> - Knowing about the Stigma from a friends who had face it. - Face stigma when renew ID card. The officer asked "Are you a girl, do you want to change your name?" 	<ul style="list-style-type: none"> - Double the amount of the HRT - Body shape, skin and voice changed at Grade 10
Undergraduate	<ul style="list-style-type: none"> - Knew about Tangerine 		<ul style="list-style-type: none"> - Searching on YouTube channel about surgery and found out about Tangerine - Consult with best friend about coming to Tangerine 	<ul style="list-style-type: none"> - Study in a university in BKK 	<ul style="list-style-type: none"> - Start searching information about Tangerine and the route. - Come to Tangerine with her best friend on January, 2016

Event					
Timeline 10	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	- Knew first time she like same gender	- Lived with parents and sister at Kaset Nawamin Area	- Have an older sister.	- Picked on her friends at school. - Fighting with the boy at school.	
Secondary	- Start having short hair				
High School/ Vocational Education	- Did not wear skirt to school. - Knew about hormone - Drop out from school - Start working at night club at Khlong 3 Area	- Have a girlfriend and move to stay with her at Khlong 3 Area and parents knew about it.	- Friends have told the experienced about HRT - Inform parents about HRT and parents require her to consult with Dr.	- Drop out from school at Grade 11.	- Search about the HRT on internet and social media. - Compare the price about HRT at the different places. - Come to Tangerine for HRT (August, 2016). - First Blood Check at Tangerine. - Received HRT injection every two weeks. - Second blood check at Tangerine on October, 2016. - On January, 2017 received the 12 th injection and third blood check at Tangerine. - Body, skin and voice have change, become like a man. - Plan to do breast surgery on August, 2017.

Event					
Timeline 11	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	<ul style="list-style-type: none"> - Since KG 1 like to play girl toy - Like to dress like women, and like to watch mother while dressing and during her make up time - First time hearing word "Tood"¹ 	<ul style="list-style-type: none"> - Live with mother and brothers in Sukhothai province 	<ul style="list-style-type: none"> - 2 older brothers - Father died since she was 6 years old 	<ul style="list-style-type: none"> - Friends at school like to picked on her - Verbal abuse toward her by saying "tood" to her 	
Secondary	<ul style="list-style-type: none"> - Reveal herself to public by using word "Ka"² - Using Hormone (Contraceptive pill) 	→	<ul style="list-style-type: none"> - Mother did not know about the using of contraceptive pill for HRT - Consult the dose of contraceptive pill with friends and senior at school - On the 3rd month mother realize her effect happened to body and skin - Mother inspire her by telling her to do it her best and don't stop what she's doing 	<ul style="list-style-type: none"> - Involved in Thai Dancing club in school - Volunteer in student council and class representative - Friends realize the change on her skin and the facial shape 	<ul style="list-style-type: none"> - Received information about Hormone from Senior Transgender in the same school and the community - Using contraceptive pill for hormone replacement - Bought contraceptive pill by saving daily budget to school to buy. - Side effect on the first month of taking contraceptive pill. - Changing taking dose from; a tablet/day to increase dose equally to number of day in weekly period - Have had side effect on the middle of the second month of using contraceptive pill such as softer skin, lighter skin color, body became voluptuous and throw up in the 3rd month

¹ Thai word to identify Male-to-Female Transgender in the negative way

² "Ka" Thai of expressing politely in conversation

Event					
	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Timeline 11					
High School/ Vocational Education	- Stop using contraceptive pill 1 month before Graduation Ceremony				- Stop using contraceptive pill because the body became chubby
Undergraduate	- Stop using contraceptive pill for 2 years and use again in the 3 rd year	- Move to BKK		- Study in BKK	- Using the HRT again on the 3 rd year of undergraduate, but injection instead of taking pill - HRT using Androcur, Progynon + Proluton - Bought hormone from a drug store near Siriraj Hospital - Injected by clinic near by - Side effect immediately after injection
	- Undergone Surgery - Work as Makeup artist	- Live in Ramindhra area			- At age 24 decided to undergone surgery (with-in 1 year after graduation)
	- Received information about Tangerang Center			- Friends who had come to Tangerang suggest to come for HRT and consult	- Come to Tangerang after received information for 1 month

Event					
Timeline 12	Event	Housing	Families/Friends	Study/Career Life	HRT Status
Primary	<ul style="list-style-type: none"> - In grade 6, feel that she's not a girl. - Question in her mind: what is a boy/girl 	<ul style="list-style-type: none"> - Live with parents, brother and grand mother - Live in Maha Sarakam Province 	<ul style="list-style-type: none"> - Have 1 brother - 12 sibling - Mostly play with boys 	<ul style="list-style-type: none"> - Pick on the female friends at school 	
Secondary	<ul style="list-style-type: none"> - Grade 8, have a girlfriend 			<ul style="list-style-type: none"> - Mostly the uniform wearing to school is PE uniform - Skip the last class every Wednesday due to the uniform reason. 	
High School/ Vocational Education High Vocational Education	<ul style="list-style-type: none"> - Went to vocational education 3 years - Continue High Vocational education 			<ul style="list-style-type: none"> - Study civil engineering, because the course allow female to wear pants - Volunteer to help in sub-district health promoting center. - Leader of Sub-district accept her as the employee of sub-district health promoting center for 2 years 	<ul style="list-style-type: none"> - During summer, went to Canada for holiday and seen neighbor who have received HRT - Start searching information about the HRT - Received the information and the cost about the HRT
		<ul style="list-style-type: none"> - Live in Nonthaburi for 6 months - Move to Sathon area 	<ul style="list-style-type: none"> - Did not consult any of families about the HRT - Consult with friends who are the transgender instead 	<ul style="list-style-type: none"> - Start working as a freelance for 2 years - Start working in BKK as Toyota seller 	<ul style="list-style-type: none"> - Received HRT at Yan Hee Hospital at age 24 (26 July, 2016) 3 times, every 2 weeks - Searching for a new place for HRT near Sathon 3 weeks before coming to Tangerine Center - Received information about the Tangerine by the Member in Transgender group in Line application - First Blood Check and HRT at Tangerine center on August, 2016 2nd Blood Check at Tangerine center at December, 2016 - Received HRT injection 8 time every 2 weeks - Side effect occurred after received HRT at Tangerine Center Pimple, rougher skin, sound tone getting low and more hair on leg and arms

		Event				
	Event	Housing	Families/Friends	Study/Career Life	HRT Status	
Primary	<ul style="list-style-type: none"> - Like the same gender but couldn't tell parents because of religion reason. - Like to play with boy not girl style. 	<ul style="list-style-type: none"> - Lived with parents and sister in Ladprao area. - Grade 2 Lived in Sukhumvit area (Near grandparents) 	<ul style="list-style-type: none"> - 1 younger sister - Cousin asked "Is she a Tom Boy"? (felt of first stigmatization) 	<ul style="list-style-type: none"> - Went to religion school. - Verbal abuse by the students in religion school - Boys at the religion school picked on her and her sister 		
Secondary	<ul style="list-style-type: none"> - Long hairs - After pretend to be like a gender at birth, she turns back to be like what she felt 		<ul style="list-style-type: none"> - Mother asked him to act like a girl as moved to school for girl - Cousin asked if she going to continue like "Tom Boy" 	<ul style="list-style-type: none"> - Went to "school for girl" - Some of girl in the school want to be her girlfriend - Second year, could not resist the true feeling and reveal herself to the public by have had short hair and dress Physical Education (PE.) uniform almost every day to school 		
High School/ Vocational Education			<ul style="list-style-type: none"> - Parents complain she's a joker of society of being Tom Boy (Concern stigma might cause hard time in finding job in future) - Cousin asked "why not act like a girl" 			
Undergraduate	<ul style="list-style-type: none"> - Entrance to Silpakorn University - Have Heard about the HRT 	<ul style="list-style-type: none"> - In 3th year, stay in dormitory near Silpakorn University (first time staying alone) 	<ul style="list-style-type: none"> - Parent want her to study in Social Science - Argument with parents about the course study in undergraduate course 	<ul style="list-style-type: none"> - Study in Faculty of Art - In 5th years, went to America to show her art work 	<ul style="list-style-type: none"> - In 2nd year have heard about the HRT from internet and social media from Thai people who live in America. 	

Timeline 13	Event				
	Event	Housing	Families/Friends	Study/Career Life	HRT Status
			<ul style="list-style-type: none"> - Parents accept more of being trans gender, and worry less about the future. -Consult with parent about HRT, but have given a promises to parents to use after finish undergraduate course 		<ul style="list-style-type: none"> - After came back to Thailand start to search for the information about the HRT and the effect of HRT. - Informed parents (mostly to mother) about the HRT and the effect of HRT.
	<ul style="list-style-type: none"> - Showing the art work at BKK culture center (Near MBK shopping center) 	<ul style="list-style-type: none"> - Stay with girlfriend at Buddha Monthon area 	<ul style="list-style-type: none"> - Parents knew about girlfriend and respect to her decision - Parents mentions about consulting with Dr. for HRT 	<ul style="list-style-type: none"> - Showing art work at BKK culture center - A tourist from Singapore bought an art work and invited her to show her art work in his gallery 	<ul style="list-style-type: none"> - Knew Tangerine Center from the Trans Man from YouTube channel 2 months before coming to Tangerang - Blood Check before receiving HRT - First Injection on July, 2016 at Tangerang center - Received HRT every 2 weeks¹ - 2nd Blood Check on September, 2016 - 3rd Blood Check on December, 2016 - 4th Blood Check will be on last week of February, 2017

¹ 1st and 2nd injection 100ml, 3rd and 5th 150 ml, 6th–9th 200 ml, 10th – 14th 250 ml

Timeline14	Event					HRT Status
	Event	Housing	Families/Friends	Study/Career Life		
Primary			Parents 1 brother in the same house			
Secondary						
Vocational Education & High Vocational Education		-Move to the city -Stay alone at dormitory near college		-Start Vocational college in Buriram Province -Moved away from families -Short Hair (male style) -Continue undergraduate school after graduated from High Vocational Education.		
Undergraduate (2556)	-Move to Bangkok					
(2557)	-Have a trans man singer as Idol (Zee)		-Friends Received HRT			-Suggestion of a friends to start HRT
(2558)	-Start searching about the trans men. -Searching about hormone replacement therapy			-Finish Bachelor Degree		
			-Consult with friends and partner about receiving HRT	-Got a Job in BKK area		-Received side effect information about HRT
(2559)	-Start HRT	-Career Relocation to Phuket	-Families Did not know about HRT. -After 3 rd and 4 th injection families recognize the voice tone and knew about the HRT.			-Start the first HRT injection at Phuket -3 rd and 4 th injection shown the changed in voice tone and more hairs on the body. More pimples during the HRT. -Health Checkup at hospital.
(2559)	-Search for the new place to receive HRT	-Relocate back to Bangkok	-Friends suggestion about Tangerine Center	Got a new job In BKK		-Stop receiving the HRT for a couple months. -Less pimples
		-Return hometown on vacation	-Parents Respect to the discussion of their child. -Parents worry about the health of sample.			
(2560)			-Friends suggestion about friendly environment and no stigmas compare to the other Health Center.			

Event					
Timeline 15	Event	Housing	Families/Friends	Study/Career Life	HRT Status/Stigma
Kindergarten & Primary	-Like the same gender and involved in male activities most of the time. -Entered school at Kanchanaburi	-Stay with parents in Bangkok until Grade 2 -Move to Kanchanaburi province live with Grandmother (mother side) -Lived with Grandmother at Kanchanaburi Province	-Have an elder sister -Mostly the friends are male -Parents divorced in Grade 2 - Grandmother try to teach knitting skill and weaver skill -Lived with mother	-Move to school in Kanchanaburi province -Studied in government school	No Stigma
Secondary	-Relocate	-Lived with mother in Udonthani province	-Stay alone in apartment near University -Stay at Bang Kapi area with girlfriend	-Studied in government school	
High School	-Entranced	-Lived in Bangkok		-Studied at Ramkhamhaeng University (3years)	
Undergraduate	-Relocated			-Properties Broker	
Working	-Continued Master			-Studied in NIDA (National Institute of Development Administration) University (2years)	-Faced Stigma during holiday time in Vietnam
Master	-Invited to FTM Chat group by friends (LINE application) -Breast surgery -Knowing about Tangerang Center -Received Hormone		-Consult with girlfriend about breast surgery, but not parents or any elderly in the family (January, 2016)		-April (2016), breast surgery
2016					-First HRT at Tangerang after blood test (August, 2016) -Side effect during 8 th injection (more hairs, buff body, no menstruation) -Second blood test in December, 2016

REFERENCES

1. Wansom, T., T.E. Guadamuz, and S. Vasan, *Transgender populations and HIV: unique risks, challenges and opportunities*. Journal of virus eradication, 2016. **2**(2): p. 87.
2. Department of Disease Control, M.o.P.H., การคาดประมาณ กลุ่มประชากร เข้าถึงยาก .2016.
3. Chokrungrvaranont, P., et al., *The development of sex reassignment surgery in Thailand: a social perspective*. The Scientific World Journal, 2014. **2014**.
4. Kosenko, K., et al., *Transgender patient perceptions of stigma in health care contexts*. Medical care, 2013. **51**(9): p. 819-822.
5. Harrison III, R.L., A. Veeck, and J.W. Gentry, *A life course perspective of family meals via the life grid method*. Journal of Historical Research in Marketing, 2011. **3**(2): p. 214-233.
6. Operario, D., et al., *Stigma and the syndemic of HIV-related health risk behaviors in a diverse sample of transgender women*. Journal of Community Psychology, 2014. **42**(5): p. 544-557.
7. Link, B.G., et al., *Measuring mental illness stigma*. Schizophrenia bulletin, 2004. **30**(3): p. 511-541.
8. Roche, K. and C. Keith, *How stigma affects healthcare access for transgender sex workers*. British Journal of Nursing, 2014. **23**(21).
9. Nemoto, T., et al., *HIV-related risk behaviors among kathoey (male-to-female transgender) sex workers in Bangkok, Thailand*. AIDS care, 2012. **24**(2): p. 210-219.
10. WHO, W.H.O., *TRANSGENDER PEOPLE AND HIV*. 2015, WHO: Geneva, Switzerland. p. 34.
11. Equality, N.C.f.T., *TRANSGENDER TERMINOLOGY*. 2014: p. 2.
12. Poteat, T., D. German, and D. Kerrigan, *Managing uncertainty: a grounded theory of stigma in transgender health care encounters*. Social science & medicine, 2013. **84**: p. 22-29.
13. Tompkins, T.L., et al., *Reducing stigma toward the transgender community: An evaluation of a humanizing and perspective-taking intervention*. Psychology of Sexual Orientation and Gender Diversity, 2015. **2**(1): p. 34.
14. (IFRC), T.I.F.o.R.C.a.R.C.S. *Red Cross opens first clinic for transgender community in Asia*. 2015; 15 December 2015 2:57:[Available from: <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/thailand/red-cross-opens-first-clinic-for-transgender-community-in-asia-70749/>].
15. Nico, M.L., *Bringing life "back into life course research": using the life grid as a research instrument for qualitative data collection and analysis*. Quality & Quantity, 2015: p. 1-14.
16. Kleinman, A., *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. Vol. 3. 1980: Univ of California Press.
17. Gulliford, M., et al., *What does 'access to health care' mean?* Journal of health services research & policy, 2002. **7**(3): p. 186-188.
18. Aung, T., S. Pongpanich, and M.G. Robson, *Health seeking behaviours among Myanmar migrant workers in Ranong province, Thailand*. J Health Res, 2009. **23**(suppl): p. 5-9.

19. Shaw, L.B. and R.D. Morgan, *Inmate attitudes toward treatment: Mental health service utilization and treatment effects*. Law and human behavior, 2011. **35**(4): p. 249-261.
20. Haggerty, J.L., et al., *Accessibility from the patient perspective: comparison of primary healthcare evaluation instruments*. Healthcare Policy, 2011. **7**(Spec Issue): p. 94.
21. WHO, *Health and human rights*. 2007.
22. Ware, J.E., et al., *Defining and measuring patient satisfaction with medical care*. Evaluation and program planning, 1983. **6**(3-4): p. 247-263.
23. Peters, D.H., et al., *Poverty and access to health care in developing countries*. Annals of the New York Academy of Sciences, 2008. **1136**(1): p. 161-171.
24. Lasalvia, A., et al., *Multiple perspectives on mental health outcome: needs for care and service satisfaction assessed by staff, patients and family members*. Social psychiatry and psychiatric epidemiology, 2012. **47**(7): p. 1035-1045.
25. Roche, K. and C. Keith, *How stigma affects healthcare access for transgender sex workers*. British Journal of Nursing, 2014. **23**(21): p. 1147-1152.
26. Sanchez, N.F., J.P. Sanchez, and A. Danoff, *Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City*. American Journal of Public Health, 2009. **99**(4): p. 713-719.
27. Gates, G.J., *How many people are lesbian, gay, bisexual and transgender?* 2011.
28. Winter, S., *Thai transgenders in focus: Demographics, transitions and identities*. International Journal of Transgenderism, 2006. **9**(1): p. 15-27.
29. Shipherd, J.C., K.E. Green, and S. Abramovitz, *Transgender clients: Identifying and minimizing barriers to mental health treatment*. Journal of Gay & Lesbian Mental Health, 2010. **14**(2): p. 94-108.
30. Grant, J.M., et al., *National transgender discrimination survey report on health and health care*. Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force, 2010.
31. Kidd, S.A., et al., *Lesbian, gay, and transgender persons with severe mental illness: Negotiating wellness in the context of multiple sources of stigma*. American Journal of Psychiatric Rehabilitation, 2011. **14**(1): p. 13-39.
32. Reed, O.M., A.S. Franks, and K.C. Scherr, *Are perceptions of transgender individuals affected by mental illness stigma? A moderated mediation analysis of anti-transgender prejudice in hiring recommendations*. Psychology of Sexual Orientation and Gender Diversity, 2015. **2**(4): p. 463.
33. Hoy-Ellis, C.P., et al., *Prior military service, identity stigma, and mental health among transgender older adults*. The Gerontologist, 2017. **57**(suppl_1): p. S63-S71.
34. Snelgrove, J.W., et al., *"Completely out-at-sea" with "two-gender medicine": A qualitative analysis of physician-side barriers to providing healthcare for transgender patients*. BMC health services research, 2012. **12**(1): p. 110.
35. Roberts, T.K. and C.R. Fantz, *Barriers to quality health care for the transgender population*. Clinical biochemistry, 2014. **47**(10): p. 983-987.
36. Meyer, I.H. and M.E. Northridge, *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. 2007: Springer.

37. Wolinsky, F.D., et al., *Health services utilization among the noninstitutionalized elderly*. Journal of health and social behavior, 1983: p. 325-337.
38. Golub, S.A., et al., *From efficacy to effectiveness: facilitators and barriers to PrEP acceptability and motivations for adherence among MSM and transgender women in New York City*. AIDS patient care and STDs, 2013. **27**(4): p. 248-254.
39. Wilson, M.S., *Violence and Mental Health in the Transgender Community*. 2013, Ohio University.



APPENDIX



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