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A large, white transgender symbol is centered on the page. It consists of a circle at the top, a vertical bar at the bottom, and two diagonal bars extending from the circle to the vertical bar. The symbol is set against a dark blue background with various icons in orange, yellow, and light blue, including a medical kit, speech bubbles, a family, a house, a nurse, and hands holding a heart with a cross.

STORIES OF STIGMA:
EXPLORING STIGMA AND
DISCRIMINATION AGAINST TRANSGENDER PEOPLE WHILE
ACCESSING HEALTH CARE AND
IN OTHER SETTINGS

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Resilient nations.*

STORIES OF STIGMA:
EXPLORING STIGMA AND
DISCRIMINATION AGAINST THAI
TRANSGENDER PEOPLE WHILE
ACCESSING HEALTH CARE AND
IN OTHER SETTINGS

FOREWORD

Transgender people in Thailand – and globally – remain among the most marginalized populations in development efforts, experiencing persistent poverty, social exclusion and poor health outcomes. This represents a fundamental barrier to inclusive development and the achievement of the Sustainable Development Goals.

Many transgender people experience stigma and discrimination in their day-to-day lives that can affect access to health care. The situation becomes much more difficult for transgender women who are living with HIV, who are sex workers, or who are both. Given these challenges, transgender people may delay seeking medical care because of fear or actual experience of negative treatment by health care staff.

Stories of Stigma: Exploring stigma and discrimination against Thai transgender people while accessing health care and in other settings is a study initiated by UNDP, with support from UNAIDS through the Unified Budget, Results and Accountability Framework (UBRAF) – a UNAIDS instrument to maximize the coherence, coordination and impact of the UN’s response to HIV and AIDS by combining the efforts of the UN Cosponsors and UNAIDS Secretariat. The study explores the ways Thai transgender women are affected by internalized, perceived, vicarious and enacted stigma and how such experiences of stigma affect health-seeking behaviours and health outcomes among transgender people, especially in relation to HIV treatment and care. The findings and conclusions of the study are integral to informing evidence-based policy and programme work to prevent stigma and discrimination against Thai transgender women while accessing health care services. Together with its partners from government, civil society and the United Nations, UNDP will take on board the recommendations of the study in its relevant work in Thailand.

This study builds on UNDP’s work on legal gender recognition of transgender people in Thailand. In 2018, UNDP and the Ministry of Social Development and Human Security jointly conducted a study, entitled *Legal Gender Recognition in Thailand: A Legal and Policy Review*, to comprehensively review existing laws, policies and practice. The study found that legal gender recognition remains one of the most significant barriers to social inclusion, access to health and social services, and enjoyment of human rights for transgender people in Thailand.

The UNDP Strategic Plan 2018–2021, which sets out the direction for a new UNDP and is optimized to help countries achieve the 2030 Agenda for Sustainable Development, emphasizes that reducing gender inequalities and empowering vulnerable groups is vital to achieving the Sustainable Development Goals. This report is aimed at supporting these efforts and contributing to action to create a world in which sexual and gender minorities live free of violence and enjoy good health and well-being. In doing so, the report also delivers on the commitment to “leave no one behind” which is at the heart of the Sustainable Development Goals that Thailand has committed to achieve by 2030.



A handwritten signature in black ink, appearing to read 'Renaud Meyer'.

Renaud Meyer
Resident Representative
UNDP Thailand

ACKNOWLEDGEMENTS

The purpose of the study *Stories of Stigma: Exploring stigma and discrimination against Thai transgender people while accessing health care and in other settings* was to investigate stigma as experienced by Thai transgender people accessing HIV health care services.

The principle investigators of this study were Jan Willem de Lind van Wijngaarden and Kangwan Fongkaew.

The co-investigators of the study were Thitiyanan Nakphor, Director of Sisters Foundation; as well as Suparnee Pongruengphant, Project Manager, United Nations Development Programme (UNDP) Thailand; and Kathryn Johnson, Human Rights and Gender Consultant, UNDP Bangkok Regional Hub.

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Suparnee Pongruengphant and Kathryn Johnson managed the development of the report.

Ethical clearance for the study was provided by Burapha University on 18 September 2018.

The report was supported by UNDP under the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), which is a UNAIDS instrument to maximize the coherence, coordination and impact of the UN's response to HIV and AIDS by combining the efforts of the UN Cosponsors and UNAIDS Secretariat. UBRAF aims at achieving UNAIDS' long-term vision of zero new HIV infections, zero AIDS-related deaths and zero discrimination by catalysing and leveraging resources for the AIDS response, as well as for broader health, development and human rights outcomes.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
HIV	Human Immunodeficiency Syndrome
NGO	Non-Governmental Organization
PLHIV	People or Person Living With HIV
STI	Sexually Transmitted Infection
TB	Tuberculosis

GLOSSARY

Cisgender	A person, or relating to that person, whose sense of personal identity and gender corresponds with their birth sex.
Health care	Any form or type of service provided by the government, an NGO or by the private sector aimed at improving physical or mental well-being or avoiding negative health impacts.
Health-seeking behaviour	Any behaviour an individual may employ aimed at improving health or avoiding negative health impacts.
Heteronormative	A world view that promotes heterosexuality as the normal or preferred sexual orientation.
Stigma	Devaluing, negative attitudes and lower levels of status afforded to minority behaviours, identities, relationships and communities in comparison to the majority. See subdefinitions on pages 7 to 8.
Transgender	Transgender people (also called trans people) are individuals who are in some way gender variant; their way of expressing their gender (their gender expression), and/or their sense of gender belonging (their gender identity as male or female, or both, neither or another gender) depart from the current norms in their culture for persons assigned at birth to their sex as male or female. ¹
Kathoey	<i>Kathoey</i> is a Thai indigenous term for a gender-non-conforming person; the meaning has shifted over time and now usually refers to a transgender woman. For some people, it has negative connotations and most transgender women prefer to be referred to as a 'second-type woman'.

¹ Source: <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118896877.wbiehs516>

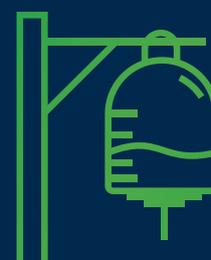
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SYNOPSIS

This qualitative study explores the ways Thai transgender women are affected by internalized, perceived, vicarious and enacted stigma, and how such experiences of stigma affect health-seeking behaviours and health outcomes among transgender people, especially in relation to HIV treatment and care. The participants were 11 Thai transgender women living with HIV recruited via a non-governmental organization (NGO) in Pattaya, Thailand. Various forms of verbal, psychological and physical harassment were reported. Internalized stigma and stigma within the transgender community itself were significant. Participants tended not to blame their family members or others in their social structure for their experiences of stigma. They tended to see the solution to tackle the problem of stigma mainly in changes in the behaviour of transgender women themselves. Various examples of HIV-related stigma and discrimination were also reported, including

when accessing HIV treatment and non-HIV related health care. The most common strategy to deal with stigma and discrimination in the health sector was to not respond, since the participants felt that their health and medical treatment depended on the people who stigmatized them. Only a few participants mentioned tactics they used to avoid possible stigma. This paper suggests that transgender people themselves should better understand how the structure, culture and institutions of mainstream society instill, reinforce and perpetuate stigma against, within and among them. There is a need for advocacy directed towards manifesting societal emancipation of Thai transgender people—starting with legal reform. Related to HIV care, the dual stigma associated with HIV infection and having a transgender identity was found to negatively affect access to HIV and other health care services by Thai transgender women, even in a relatively tolerant and open-minded city like Pattaya.



SECTION 1

BACKGROUND

Context

Thailand continues to experience a severe and persistent HIV epidemic, which mainly affects men who have sex with men (MSM) (Van Griensven et al., 2015) and transgender women (Guadamuz et al., 2011).

In a recent study, 1,862 Thai men who have sex with men and 787 transgender women across six sites were enrolled in a cohort to assess HIV and STI incidence as well as sexual behaviours. In the total sample, 874 (33%) had one or more STIs and 402 (15.2%) were HIV-positive. Compared with men who have sex with men, transgender women had lower education (23.6% vs 40% with a diploma or higher), had lower income (42.6% vs 35.7% earning less than US\$288/month), had their first sexual experience at a younger age (20.1% vs 12.8% at younger than 15 years old), and more often reported to have had more than three sexual partners in the past six months (32.9% vs 24.6%) (all $P < 0.001$). The overall STI prevalence was similar between men who have sex with men and transgender women (31.5% vs 33.6%, $P = 0.29$), but transgender women had lower HIV prevalence (17.8% vs 8.9%, $P < 0.001$).

STI prevalence among transgender women was associated with HIV-positive status (adjusted odds ratio [aOR] 2.74; 95% CI 1.52–4.95, $P = 0.001$), having multiple sexual partners or refusing to answer (aOR 2.36; 95% CI 1.31–4.24, $P = 0.004$ and 2.33; 95% CI 1.24–4.37, $P = 0.009$, respectively), and unprotected sexual intercourse

(aOR 1.66; 95% CI 1.02–2.69, $P = 0.041$) (Hiransuthikul et al., 2017).

Sexual stigma refers to devaluing of sexual minorities, negative attitudes and lower levels of status afforded to non-heterosexual sexual behaviours, identities, relationships and communities (Herek, 2007). Sexual and gender minority populations are disproportionately affected by stigma and discrimination (Frisel et al., 2010; Frost and Meyer, 2009). Partly as a result, sexual and gender minority populations have been found to be in significantly poorer mental health than heterosexual populations (King et al., 2008).

Parker and Aggleton (2002) suggest that stigma must be seen as a larger force deriving from social and cultural structures, operating beyond the level of individual attitudes. They suggest stigma must be understood as a structural phenomenon, or, as they describe it, an intersection between culture, power and difference. In this context, building on Farmers' (2004) concept of 'structural violence', stigma must be understood as 'symbolic violence', uncovering broader collective methods in which power is deployed (and rights are withheld) by the social order. People who are stigmatized are 'subjected to an overwhelmingly powerful symbolic apparatus whose function is to legitimize inequalities of power' (p. 18) and, adding an important Thai cultural concept, to legitimize prestige (Jackson, 2004).

The 'minority stress model' suggests there are three chronic forms of stress in the lives of minorities: internalized stigma, referring to a stigmatized individual who accepts negative beliefs, views and feelings towards the stigmatized group and oneself; perceived or felt/normative stigma, meaning awareness of negative societal attitudes leading to fear of societal repercussions and expectations of rejection; and enacted stigma, referring to overt acts of discrimination (Herek, 2007; Meyer, 1995). A fourth form of stigma commonly used in the study of stigma is indirect, and referred to as vicarious stigma, which occurs when a potentially stigmatized person hears stories of experienced stigma and these stories become real to them, even though they may not have directly experienced discrimination themselves (Steward et al., 2008).

In line with this, global research on HIV stigma has identified key conceptual domains of HIV stigma for

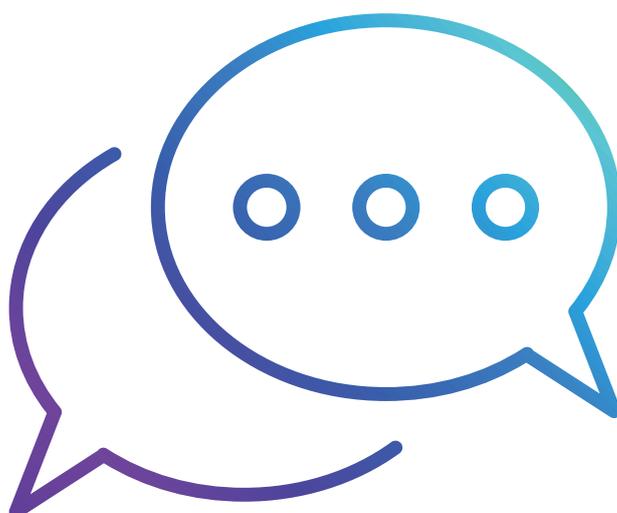
measurement (see STRIVE 2012). HIV-related stigma may be exacerbated for sexual minority (including gender-diverse) populations in comparison to heterosexual populations (Berry, 2017; Campbell and Deacon, 2006; Parker and Aggleton, 2002). This is because there may be more than one characteristic of sexual minorities that leads to stigma inflicted by persons in the cultural majority group. Symbolic stigma, or the blaming and shaming of marginalized groups (e.g. gay men, transgender people) is further exacerbated by such a group's real or perceived association with certain stigmatized behaviours (e.g. sex work, anal sex, drug use) and/or with a feared disease such as HIV (Herek and Capitano, 1999). Plummer and McLean (2010) note that stigma associated with HIV infection must be seen as an 'epidemic within an epidemic', negatively affecting the spread of HIV-related morbidity and mortality in the following four ways:

1. Fear of stigma leads people to avoid accessing HIV services, including HIV prevention services such as pre-exposure prophylaxis (PrEP), HIV testing and HIV treatment.

2. Stigma disrupts vital social networks that can serve to connect people in need to HIV services.

3. Stigma actively impairs access to HIV treatment and care for those diagnosed with HIV.

4. At a macro-level, stigma against people most affected by HIV undermines the political will to invest in responding to the epidemic.



Logie et al. (2012) found that among South Indian men who have sex with men, stigma could derive from different sources related to sexuality, gender non-conformity and HIV infection. For transgender people in Thailand, it can be assumed that they may also be affected by three different sources of stigma, but in slightly different forms. First, there is the fact that they identify as a different gender than the sex assigned at birth (i.e. their transgender identity), similar to Logie's first two forms of stigma. Second, there is their actual or perceived status living with HIV. A third form of stigma, which is different from Logie's findings, could be the actual or perceived association of transgender people with the sex industry (some urban areas in Thailand are well known for their nightlife and red-light districts).

A study conducted in Bangkok and Chiang Mai found that 43 percent of participants, who were mainly men who have sex with men and transgender women, had experienced some form of stigma while accessing health care (Newman et al., 2012). The same data set found that, adjusting for socio-demographic factors, research participants experiencing higher levels of HIV-related stigma had significantly lower odds of HIV testing and considering the use of rectal microbicides acceptable, indicating that HIV stigma directly harms the health of HIV negative men who have sex with men and transgender women at high risk of HIV infection (Logie et al., 2014). Another study found that hormone use among both Thai transgender women and men is largely unsupervised by medical personnel, which can also lead to health risks (Gooren et al., 2015).

Purpose of the study

This study investigates stigma as experienced by Thai transgender people accessing HIV health care services. The study will embed these experiences in accounts of general experiences of stigma and discrimination during the childhood and adolescence of transgender people. The study was conducted in a Thai city where many transgender people live. Since Logie et al. (2016) already found that HIV stigma impedes the uptake of HIV prevention and testing services among Thai men who have sex with men and transgender women, this qualitative study seeks to shed light on the role of stigma in accessing HIV treatment and care services for transgender women and men testing positive for HIV. The idea behind the study is that a more in-depth understanding of experiences of stigma and discrimination will help improve policy guidelines and training of health care providers, ultimately leading to improved health care service delivery to transgender people in Thailand.

Conceptual framework

In this study, transgender women and men are defined as people who were assigned a different sex at birth from the gender with which they currently identify. This may or may not involve a sex change operation.

The following conceptual domains are used to frame this study:

1. Anticipated stigma refers to an individual not acting in their best interest due to fear of stigma or discrimination; this could also be seen as a form of internalized stigma or vicarious stigma (see below).
2. Perceived, felt or normative stigma means there is an awareness of wider, negative societal attitudes (towards sex work, people with HIV or transgender people).
3. Vicarious stigma is stigma resulting from stories that happened to others being told to or heard by potentially stigmatized people, affecting their decisions or behaviours.
4. Internalized stigma refers to a stigmatized individual accepting negative beliefs, views and feelings towards the stigmatized group and oneself.
5. Experienced stigma or acts of discrimination.

These domains were seen by the investigators as initial lenses through which stigma among Thai transgender people could be studied – although there could be others and some of the lenses might not be appropriate in the Thai setting.

Research questions

- In which ways are Thai transgender women and men affected by anticipated, perceived, internalized, vicarious, and/or experienced stigma and discrimination when accessing health care services in general, and HIV services in particular?
- How do experiences of stigma affect health-seeking behaviours and health outcomes among transgender people, especially in relation to HIV?
- What strategies do transgender women and men employ to avoid or respond to these incidents of stigma?

Methodology

The inclusion criteria for the study were that prospective participants needed to be 18 years of age and older, of Thai nationality and based within the service area of the NGO Sisters Foundation. They needed to identify as a transgender woman or transgender man, be living with HIV and needed to have experienced at least one instance of stigma or discrimination while accessing HIV services.

It was initially planned to recruit 20 to 25 transgender people (both women and men) into the study, using purposive sampling via Sisters Foundation or other community-based organizations. NGO staff were responsible for recruiting participants into the study; the Burapha University institutional review board (IRB) explicitly forbade the two lead investigators to play any role in the recruitment phase. However, only 12 participants could be found for the study. Interviews were held with these 12 people; however, one did not identify as transgender and was not living with HIV so was therefore excluded from the analysis. Even though the study was intended to include both transgender women and transgender men, in the end, all 11 participants in the study were transgender women.

Participants were given an information sheet about the study and then asked to provide informed consent for participation in the study. They were interviewed using a semi-structured topic guide. Interviews were conducted by the first investigator, Jan W. de Lind van Wijngaarden (JW), who is a fluent Thai speaker with many years of experience conducting qualitative research studies among vulnerable populations. An adapted version of a scale measuring stigma experiences, adapted by Chakrapani et al. (2017), was also used as part of the interview.

Interviews were conducted at Starbucks (7) and at a 'shelter home' 12 kilometres outside Pattaya for people living with HIV (5). Participants were provided with coffee, tea or soft drinks and snacks during the interview, and were given 500 Thai baht (approximately US\$15) to cover transportation costs as a token of appreciation for their willingness to participate in the study.

Interviews were audio-recorded; participants were given the option to object to this, but none of them did. Only a pseudonym was used to identify the participants, which was written in a logbook that was kept in a safe. No photographs or video recordings were made during the interviewing process. The pseudonym or participant's identification was used in all documentation to protect the participant's confidentiality – the names used for participants described in this document are all pseudonyms. All collected data were stored on a password-protected computer to which only the two principal investigators had access.

Interviews were transcribed and analysed using thematic analysis in Atlas by the second investigator, Kangwan Fongkaew (KF); further analysis and report writing was done by the first investigator (JW). Names and other identifying information were removed or changed to protect the confidentiality of the participants. After transcription, audio recordings of the interviews were immediately destroyed.

Participants were informed at the start of the interview that in the unlikely event they experienced distress or other emotional upheaval as a result of the interviewing process, the interview could be immediately halted and the participant would be referred to a social worker. However, no such incident occurred during the interviewing process.

The research proposal was approved by the ethical review board of Burapha University in Bangsaen, Chonburi.



SECTION 2

RESULTS

Brief overall description of the group of participants

Participants ranged in age from 25 to 49; their average age was 31.6 years old. Only 1 of the 11 participants was from Pattaya; all other participants had moved to Pattaya from other regions. Out of the 10 other participants, 6 were from the Northeastern region, 2 were from the central region, 1 was from the Northern region and 1 from the Southern region of Thailand.

Seven of the participants left home and school after or before completing the 9th grade (i.e. while they were aged from 12 to 15). Two completed 12th-grade (high school) education; 1 completed Por Wor Sor higher vocational education, and just 1 of the 11 participants completed a Bachelor's degree.

Of the participants, 8 of the 11 reported a past or current involvement in sex work.

Childhood and socio-economic background

Nearly all participants were from working class backgrounds. Almost all of them knew they were different from other boys from a very young age, often for as long as they can remember. As discussed in previous studies (for example, De Lind van Wijngaarden, 2014), participants often believed that exposure to too many females in their family and school environment was a cause for their transgender identity.

“ I knew I was not a boy since I was in approximately 2nd grade ... I only played with female friends. I never had any male friends. I started to want to dress as a girl when I was about in 6th grade. I started to want to wear my hair long. ”

Kratai, aged 27, from Samut Prakan province

Some participants believed that they were born as transgender because they had committed sins in a previous life – which is a widespread belief.

“ If I encounter problems in life, how will I deal with them? I would consider these problems as a result of my sins and my karma. This leads me to be like this. Something like that. ”

Nok, aged 28, from Phrae province

Family responses to participants being transgender

Most participants reported that mothers and some other family members accepted their transgender identity.

“ My family: my parents are divorced, but they had no problem [with me being transgender]. My mother bought hormone medications for me since I was 18, but in fact I had already started taking those before. My mother could accept it. Because of her younger siblings, one was also a *kathoe*y and one was a tomboy [a masculine-identified lesbian]. And the son of her younger brother is gay. So there was no problem. ”

Prem, aged 27, from Bangkok

This acceptance was often implicit rather than explicit. In other words, transgender children were simply allowed to express themselves in ways that affirmed their feminine identities while playing or being around the house, but it was hardly ever spoken about. In terms of expressing verbal acceptance, the ideology of “being a good person”, which is so pervasive in structuring Thailand’s cultural and political climate, was generally used, with 7 out of 11 participants referring to it.

“ [My family] said, ‘It is not important what you are, as long as you are a good person in society.’ [I am] someone who does not take drugs, does not drink alcohol, does not smoke, someone who can make money to take care of their family ... So then they could accept what I am. ”

Woonsen, aged 26, from Pattaya

However, fathers and other male relatives were usually less accepting of their child being transgender, especially when they had just learned about it. Two participants explained that their father could not accept them “because I was the only son”.

“ My father does not accept me. He does not want me to be a second-type of woman. He wants me to be a son, because he has only one son. So he, like, hasn’t paid any attention to me for many years. Since I was in 8th grade, until I graduated when I was 19 ... He was not interested in me because I was not the son who he expected. So we did not talk at all. ”

Kratai, aged 27, from Samut Prakan province

Some fathers tried to change their child by using verbal or even physical abuse. But in a few cases, some fathers later came to accept them, finally convinced that they couldn’t change themselves to become ‘real men’, as was the case with Kratai.

“ Only when I got my breasts, he finally accepted me. I guess it was, like, now it is impossible for me to change back. Because I am “complete” already [*pen tem tua laew*, meaning she had a gender-affirmation operation]. ”

Kratai, aged 27, from Samut Prakan province



The participants sometimes saw this acceptance as being conditional on them being able to take care of themselves and their families.

“ At first, my parents could not accept it, they were unhappy with what I was. So I showed them my skills. I am like this, I can still work, I can get money for my family. So they allowed me to be like this. So, now it is OK. ”

Woonsen, aged 26, from Pattaya

One participant said her sister tried to change her ways, for her to become a ‘real man’.

“ My older sister, at one time, was trying to make me a ‘real man’. Because I am the only son in the house and I am also the youngest child. So I said, ‘Older sister, we cannot choose how we are born. But we can choose what we want to be. You can take a stick and beat me, but I will be unable to stop being a little girl [*pen toot*² *pen taew*]. I repeat, I am a transgender [*pen toot*], it is not like having a flu and taking two paracetamols, sleep one night and then it is over.’ ”

May, aged 29, from Prachuap Khiri Khan province

Upon learning that they were transgender, some participants were cursed by cousins who stated they would surely become commercial sex workers in the future. One participant said her cousins said she would get HIV in the future, which, in an ironic twist – or a self-fulfilling prophecy, depending on how one views it – was in fact what happened.

“ There are many men who try to woo me. But I choose to only sleep with guys who are handsome and who look really safe. And I always use condoms ... It was at the time after I broke up with my boyfriend ... that I slept around for a while. Normally I am not like that ... “Hey skinny! Do you have [HIV] or not?” I mean, I was always teased like that. I understand that they maybe did that because they were concerned about me, or maybe they just wanted to tease ... At home I faced [stigma], from my extended family, who would single me out and predict, as a *kathoe*y you will have to face this and that, when you die as a *kathoe*y, it will have to be because of this disease [AIDS], something like this. I mean, I am not a person who likes to change sex partners often, anyway. ”

Aum, aged 27, from Bangkok

It is of note how Aum falls back on the ‘good woman’ narrative – not sleeping around, not being “like that” (which refers to ‘bad’ women, i.e. women who enjoy an active sex life) – to clarify that her family members had no reason to expect her to get HIV as she was ‘good’.



² The Thai word ‘toot’ is derived from the 1982 Hollywood comedy film *Tootsie*, featuring Dustin Hoffman as a female character (see: <https://en.wikipedia.org/wiki/Tootsie>). In Thai, the words *Toot*, *Tootsie* and *Toot-too* became playful and endearing words to refer to transgender girls or effeminate gay men. While it is offensive for a boy or man to be called ‘toot’, for transgender and gay people the term is often used to describe themselves in a playful or ironic manner.

Reactions to being transgender at school

In line with findings from a recent study in five Thai provinces (UNESCO, PLAN and Mahidol University, 2014), all participants reported various degrees of teasing and bullying in school while they were young.

“ Mostly I would be playing with girls ... and I was stigmatized as a ‘buffalo *kathoey*’ sometimes. Because genetically, from my father’s side, they are all large people. It was embarrassing to me. But since my heart/soul is like this already, it was impossible for me to be a man. Because my friends teased me, I guess, like, ‘buffalo *kathoey*, you look like a giant monster [*yak*], why the fuck did you become a faggot [*toot*]’, like that. As a child I would cry, it would happen that I had to cry, because I did not know how to solve this, that my friends were teasing me – I did not know how to deal with it. ”

May, aged 29, from Prachuap Khiri Khan province

Verbal harassments include being called a ‘buffalo faggot’ [*kathoei khwaai*] (see quote), a term that refers both to having a large, muscular (read: masculine) body and to being undeveloped and ‘backward’ – the term *khwaai* or buffalo is perhaps the most common scolding word used in Thai and means something that can be compared to the English word ‘idiot’. Two participants linked the experience of bullying in school to changes in their personality.

“ There were friends who scolded me, who teased me, ‘faggot!’ [*e toot*] Most of the time I was a withdrawn [*keb kod*] child. As a transgender child, I would not be very close to anybody. I was quiet, withdrawn, I would not, like, participate in school activities, something like that. When I was with classmates, I would keep quiet, I would not dare to speak out, I was shy ... I was a quiet person. ”

Peung, aged 38, from Buriram province

It is of note how the participants seemed to find it quite normal that they, being different and acting against the masculine norms they were expected to follow, would be a target of teasing or bullying. Most of them brushed these experiences off as being “normal”, “like children do”, and not severe [*mai rai raeng*]. This is indicative of a form of internalized stigma, where negative societal views and actions towards the self are taken on board and seen as natural and, implicitly, deserved.

It is not only students who bully transgender classmates – sometimes teachers are the bullies, although from a misguided perspective they might feel that they are doing their duty as educators.

“ But when I went to high school at the beginning, I started to be more, how do you could call it, slutty [*red*], something like this. I started to, like, use make-up when going to school. My teacher liked to say, ‘If you continue like this a bit more, you can soon go and sell your body’. My teacher said, ‘Don’t do that, don’t be slutty like this, it is not good.’ In the beginning, my teacher stigmatized me. ”

Aum, aged 27, from Bangkok

The Thai education system does not allow transgender girls to dress according to their preferred gender, and they have to wear boys’ school uniforms. A handful of vocational educational institutions in Bangkok and Chiang Mai are the exception that confirms the rule. Transgender girls are also not allowed to have long or semi-long hair or wear make-up, like other girls, but have to have a military-style haircut. This institutional denial of allowing transgender girls to express their feminine identity is an important reason why they quit school earlier than their cisgender classmates.

“ The teacher would forbid me to wear long hair and forbid me to wear make-up to school. I had to wear a boy’s uniform, and was not allowed to wear a bra. But I wanted to wear that. ”

Prem, aged 27, from Bangkok

“ I started to want to dress as a girl when I was about in 6th grade. I started to want to wear my hair long, so I told my mom that I wanted to go to school at a place where they would allow this. There was a private school [that allowed it]. I was really fed up having to shave my head [like a boy]. ”

Kratai, aged 27, from Samut Prakan province

Teachers at schools responded in different ways. While in most cases teachers were indifferent to the behaviour and needs of their transgender pupils, some teachers were quietly supportive or actively helped their pupils find ways to express themselves and develop special skills.

“ They would let me play volleyball. Lots of ‘Iron Ladies’³ will play it. But I am a person with small bones. When I try to smash the ball, it just bends my hands backwards and flies over me ... Once when I was playing, the teacher said, ‘You don’t do this well. You should be a cheerleader instead.’ So I got into cheerleading. At that time, we won a prize as the second-best cheerleading team in Chonburi province! ”

Aum, aged 27, from Bangkok



One serious case of public shaming and violence was reported in a school setting.

“ I was slapped in the face by the deputy director of [my] technical college. I can still remember it to this day. He hit me so hard that I fell backwards. He did not only hit me once, you know? It was in front of my friends and a number of teachers were standing by ... He wanted to ridicule me [yok yoei] ... He called me, ‘Come here!’, with a harsh tone of voice [nam siang thi kheng]. ‘You don’t like to be a good man?’, he shouted, and then he hit me: Slap! Slap! Slap! ... He said, ‘Why can’t you behave in a more masculine way?’ [pathibat tua hai man man noi si]. The other teachers were sitting around, paying close attention [sod song] to the person in charge [phoo mi amnaat] who was abusing me. They did not dare stand up to him ... That day broke my heart [wan nan saphap jitjai rao sia laew]. I lost all motivation to study. I was trembling, and was thinking a lot. ”

Nok, aged 28, from Phrae province

Participants’ experiences of stigma in everyday life

The study included a series of statements related to experiencing stigma, exploring the extent to which participants had faced stigma in different forms and in different situations in their life. A version of an international scale measuring stigma experiences was used, which had been adapted for use in India by Chakrapani et al. (2017).

When asked if they had ever heard that transgender people were abnormal or unnatural, two participants said that they did. One [Nok] seemed to have internalized the belief that transgender people were weak and mentally unstable, an often-heard stigma in Thai society.

³ *Iron Ladies* refers to a popular Thai feature film based on a true story about a largely transgender female and gay men’s volleyball team that won the 1996 national Thai volleyball championships. It was released in 2000/2001. See: https://en.wikipedia.org/wiki/The_Iron_Ladies

“ My gender, it has a sensitive, weak mind [*mi saphawa jitjai thi on aer*], like a hundred or a thousand times [weaker]. I am really weak. Whenever I have a lover, I will do my utmost. I start to worry too much [about losing him]. I will do my utmost to please my man, I give him everything he wants. But when it is time to get mad, I will get really, really mad. My gender is like this. When it is time to fight, I fight till the end, this is the character of us [transgenders]. ”

Nok, aged 28, from Phrae province

Two participants [Woonsen and Jiab] recounted how a neighbour had asked their parents why they were not embarrassed that their children are transgender.

“ They would come and say to my father or to my mother: ‘Are you not shy that your child is *kathoey*, that you have a child who is like this?’ ... But my parents did not say anything bad, they replied, ‘She can be whoever she wants to be as long as she is good, and as long as she can make a living for herself, then we are OK with it already.’ ”

Woonsen, aged 26, from Pattaya

It is of note that the use of the ‘being good’ ideology appears again in the preceding quote. Another participant [May] said she felt stigmatized when male employees on the bus where she was working insinuated that she might want to sexually violate them.

Participants indicated that parents would become less unhappy having a transgender child if the child could at least contribute to the family income, which is a form of ‘being good’.

“ In the countryside, it is like this too, you know? They say, ‘The child in this house is a *kathoey* who does not make their parents proud’. I have heard this a lot in the countryside. So for me, I feel I have to prove myself. Maybe I do not make my parents happy, like, buy them a house, buy them a car. But at least I do not create trouble for my family, and when I have money I send it to them to help. ”

Jiab, aged 36, from Uthai Thani province

Three participants reported that they had heard other people say that transgender people are bad people and/or are of no use to society. This included the misconception that transgender people bring bad luck to the people around them and that they have no use in society.

“ My own friend, with whom I shared a room once, said: ‘Wherever there are *kathoey*, there is only misfortune’ [*mi tae suai*]. I was confused, how could I be anybody’s misfortune? I never caused any trouble for her ... Me and my [transgender] friends just carried on with our work as usual. I would just come back to the room [I shared with this friend] to sleep. Once the evening fell, I went out to work. That is all. I never caused anybody any trouble. ”

Dao, aged 33, from Surin province



Jiab was cursed for not living up to her masculine potential in her current life.

“ They said, ‘You lost your reason to live in this life’ [*sia chaat kerd*]. But I did not lose my reason to live. I cannot choose how I was born. But I can choose who I want to be, I can be good. But I felt hurt [when they said that] as a child. I heard people say this often. But since I grew up, I don’t care what they say. ”

Jiab, aged 36, from Uthai Thani province

‘*Sia chaat kerd*’ is a hurtful term, indicating that the person’s life is useless and wasted. The same term is used to hurt gays and lesbians. The underlying and very heteronormative idea is that your life is only useful if you procreate.

One participant [Jiab] worried that negative news reports in the media would affect the name and standing of all transgender women.

“ Like, some *kathoey* who work at Walking [street in Pattaya], they fight with their customers, they steal money – then SOCIAL [media] spreads [this news] ... it gives us all a bad name [*tham hai rao sia*]. But I think it is a personal problem for those people. Everybody has their own problems. It is just a certain group in society. [If] there is a bad person, go ahead and JUDGE them! Don’t generalize [*tad sin mao ruam*]. As a result, now there are some bars that do not allow *kathoey* to enter ... It confuses me [*ngong meuankan*]. ”

Jiab, aged 36, from Uthai Thani province

Of the 11 participants, 5 had heard people say that transgender people will grow old and die alone – ostensibly as a result of their perceived inability to have or raise children or build a family.

“ [Laughs] I have heard that many, many times ... But we have to try to make our families accept us. I mean, my idea is, we have to keep in contact with our families a lot. Pay attention to what happens at home a lot. And we have to make lots of money to help them, too. And we have to save money and wealth for ourselves too, in case something happens. So that if we die, there will be someone to cremate us. I think like that. It is very important, for *kathoey*, very important. But now I have the virus, I will probably not live to be very old. ”

Dao, aged 33, from Surin province

It is of note how Dao thinks she needs to more or less buy the support of her family – if she has nothing to give to them, she does not think they will support her. In fact, when people say this, it connects to a real and deep fear among many LGBTI people in Thailand, as Malee explains.

“ This is a scary thing, yes. It is correct. I am afraid because we cannot have children. If we do not have money [when we are old], it is the end. If we have money, we will be OK. It does not matter if you are gay or *kathoey* – towards the end of life, if you have money, you will be OK. You will have cousins and family members taking care of you. But once you have nothing, you will be alone, right away. ”

Malee, aged 49, from Khon Kaen province

Most participants were not allowed to express their identity but had to pretend that they were not transgender when they were young, since being transgender was not accepted in families and schools for several reasons, as discussed previously. This includes fear that parents would be embarrassed by their child’s gender identity; fear of possible physical abuse by family members, teachers or classmates; and rules set and implemented by teachers related to dress, hair style and the use of make-up.

“ I went with my mother, sometimes I went to an event or ceremony with my mother, like that, then I had to dress like a boy. So that I would not embarrass my mother. So that other people would not look at my mother and say, ‘She has a child like that!’ But it was hard for me to do [*tham jai lambaak*]. ”

Aum, aged 27, from Bangkok

One participant was sent to the temple by her parents for several years.

“ My father wanted me to be a real man. So he once asked me to study to become a technician, and therefore he made me stay in the temple as a temple boy. I had to fulfill all functions of a temple boy, and act as a boy. I stayed in the temple since I finished 9th grade, so between the age of 15 to 19 ... I mean, my father and mother knew I was like this, they probably thought, if I am [a temple boy], let’s see if things get better. They wanted me to study the Dharma, and stay with the monks, so that I would perhaps improve. I could not go and do bad things [*kay lay*] outside, staying with the monks would give me order and discipline ... But once I was in the third year of higher vocational college [age 18–19] I started to feel uncomfortable with the situation. ”

Nok, aged 28, from Phrae province

Even now, some participants still pretend not to be transgender in certain situations, especially in the workplace and with family, in order to be accepted or not to be stigmatized. In a way, it is therefore not surprising that participants wanted to leave their hometowns and villages in search of more freedom in the city – with Pattaya a clear and easy choice.

“ [I faced stigma at my home village] because there are not many second-type women there. Here, in Pattaya, there is everything. It is much freer than at home. At home, I am like this weird character [*tua pralad*]. ”

Waan, aged 25, from Nakhon Phanom province

Asked if they had ever lost friends or lovers due to their transgender identity, most participants said that when they were young they had few male friends and that they did not want to have male friends due to male classmates’ tendencies to tease and bully them. Some men who wooed them at first thought they were biological women, and broke up with them when they discovered this was not the case.

“ If he had known, he would probably not have bothered [to date me] since the beginning. I quietly felt a little bit sorry. But also, I understand that it is hard to accept what I am. He probably wants to have a good future, have children, like that. But I could not give him that. If transgender women could become pregnant and deliver babies, he probably would have accepted me ... After a while he broke up with me ... I think, this is the way I am, I have to accept it. ”

Woonsen, aged 26, from Pattaya

The participant states, rather matter-of-factly, that this potential boyfriend dumped her “because he wants to have a good future”– implying that this is not possible with a transgender life partner. The reason for this is the importance many Thai people attach to having children. For transgender participants involved in sex work, clients would sometimes become upset after discovering their go-go girl was a transgender person and not a biological woman.

“ When I was working in Pattaya, I was working and I said that I was a girl. After the customer found out that I was a *kathoey*, there was a problem, shouting to each other [*paak sia kan*], the customer did not like it. ”

Waan, aged 25, from Nakhon Phanom province

In some instances of violence the participants talked about, it was clear that this violence was related to relationship or friendship-related troubles, and not to their transgender identity [Kratay and Nok]. One participant was forced to break up with her boyfriend since her boyfriend's parents disapproved of their relationship.

“ At that time I felt terrible. I had dated my boyfriend for a while already, at first I had told my boyfriend, ‘Go tell your folks about me, see if they can accept me’, because he is from a rich family. He does not have to work. But at his home, [I thought] his father is a military officer, he will probably disapprove of me. So I asked him to ask his parents if they would let him date me. He said, ‘No need, everything is fine’ ... But in the end, after we had dated for over a year, his father told him to break up with me ... But till this day, we are still dating. ”

Aum, aged 27, from Bangkok



One participant was dumped by her boyfriend after she was diagnosed with HIV.

“ I have no expectations from the people around me. Because nowadays, society changes day by day ... even the man who told me he loved me and who said he would be with me my entire life, when he found out about my [health] situation, that I was like this, even he ran away from me. Even though he made various pledges and promises: ‘You cannot die’, something like that, ‘You have to be with me, I have to die before you’; in the end, when I told him that I am in this situation [of having HIV], after that he disappeared. ”

Nok, aged 28, from Phrae province

The same participant, in a striking case of internalized stigma, cooled a long-time relationship with her close friend because she felt that her friends' family did not accept her, and she was afraid that her friend's son would imitate transgender behaviours from her.

“ Some of [my friends] have sons, and I worry that their sons will end up being like me. I believe that second-type women can cause girly behaviour in young boys. So I try not to become too close to them. I just occasionally say ‘hello’. That is better. And during festival times, we meet each other in our home province. That is all. ”

Nok, aged 28, from Phrae province

The same participant reported that, from early childhood, she was teased by her neighbors about having to become a prostitute in the future due to her transgender identity, similar to what other participants had also experienced.

“ Sometimes I dress up, and I am at home, [they say] ‘What are you [using the word ‘meung’ for ‘you’, a disrespectful pronoun] going to do for a living? In the end, you will have to be a whore [ga-ree], to sell your body.’ That is what they said. That is all they can think of. It made me think, whatever happens, I will not work like that. So that was a motivation for me to find work in the area that I liked, finance ... So I took their bad words to heart and turned them into something positive. It gives me power to move forward. ”

Nok, aged 28, from Phrae province

One participant, while working in a beauty parlor, was told by colleagues that she was ‘too beautiful’ and dressed in too feminine a way. They said that if she was a ‘real woman’, she would tone down her way of dressing.

“ I dress the way I dress. But my female colleagues like to say, ‘As a *kathoey*, she can dress like that, because she is beautiful ... *Kathoey*s look good in dresses like this, but if you let a girl dress like that, nobody will do that.’ ... I think it is not true. When I look at Facebook, there are plenty of sexy dressing women. I think I look modest in comparison [laughs]. ”

Aum, aged 27, from Bangkok

Several participants reported cyberbullying in social media related to their transgender identity; at the same time, as will be discussed, many found support with each other via online channels.

When asked if they ever experienced sexual abuse, two participants said they had. One of these two participants [Jiab] was forced to perform oral sex on an adult while she was still very young and the other [Nok] was sexually fondled by an adult neighbour, but was afraid to report this to her parents.

“ There was a neighbour, when I was still a child, he wanted to have sex with me. So I was molested. I never told my father or mother. I have never told this to anybody ... At that time I was in 6th grade. I was 12 years old. At that time I did not dare to say anything. I was afraid. I was embarrassed. So I did not say anything. Let the past be the past. Until today, people in my environment still don’t know it. ”

Nok, aged 28, from Phrae province

A third participant [Aum] managed to escape from a policeman threatening to rape her before anything happened, and was also invited to a foreign tourists’ hotel room when she was very young. She was too afraid to go and did not do it.



When asked if the participants had ever lost a room or place to stay due to their transgender identity, four said they had. These four were refused as tenants in rental apartments since it is a rule of certain apartments to not let transgender women rent rooms under the pretext that they cause trouble.

“ It has happened that I went to search for a monthly rental room with a transgender friend, but [the owner/manager] said that they did not want us to stay there because we are transgender. It happened here in Pattaya. Wherever we went, nobody wanted us as customers. There are only a few places who accept us. ”

Dao, aged 33, from Surin province

Due to the single-sex nature of many student dormitories in Thailand, transgender people often face difficulties, because in the eyes of the property manager, they do not always properly fit into a 'male' or 'female' dormitory.

One participant was kicked out from her sister's home when it was found out that she had HIV.



“ I had to go to the hospital often. My older sister asked me, 'What is wrong with you?' So I told her [that I have HIV]. At first, my sister could accept it, but when my symptoms became worse she said, 'Don't set foot in my house again, I hate this.' This was my sister who said this. My other sister could accept me, but my brother-in-law could not. And that sister stays in her husband's house. So she had to choose her husband, so I understand my sister. ”

May, aged 29, from Prachuap Khiri Khan province

Three participants reported that they were refused entry to a variety of places, including nightclubs, hotels, restaurants and, in one case, a shelter for people living with HIV.

“ It happens. Like, some hotel establishments will not let *kathoey* enter their premises. Some restaurants don't allow *kathoey* to use their services. Even in some pubs they say: '*Kathoey*s not allowed inside!' Like this. I bring my own money to spend, you know? Do I really have to beg [to get in]? ”

Jiab, aged 36, from Uthai Thani province

One participant went to exchange money and was asked to show her ID card, while the cisgender Thai man at the counter next to her was also changing money and was not asked to identify himself.

“ The teller said: ‘Please write your name, address and phone number here’ ... I thought, ‘Why?’ But OK, I decided to do it [ao... *khian kokhian*]. But [the man at the counter next to me] was changing money and did not have to write anything. They did not ask for any information from him at all. And she looked at me from head to toe even though I was dressed appropriately [*riab roi*] ... Maybe it was because they have had a bad experience with transgender people in the past, maybe that is why she stigmatized me, because I am a transgender too. ”

Nok, aged 28, from Phrae province

It was mentioned by one participant that transgender people who are from middle-class families face more stigma from within their own family than those from lower-class families.

“ For me, I have never heard people say that being a *kathoey* makes your family lose their good name [*seuam sia*], because I am from a poor family, not a family that is like, a family of a senior military or of a doctor... for poor people ... they probably do not think like this. ”

Peung, aged 38, from Buriram province

This finding is related to the damage that having a transgender (or gay or lesbian) child can cause, in the eyes of parents and family elders, to the family name. Middle-class families have more to lose in terms of socio-economic status than working class families, who are at the bottom of the Thai social hierarchy already. Whereas gay and lesbian children can ‘pass’ in a heteronormative masculine or feminine role while visiting their families and communities, for transgender children, it is obvious to everybody that the child is ‘different’, and this can cause offence.

When a transgender person dies, for whatever reason, people both within the transgender community and outside will assume that that person died of HIV.

“ If a transgender person loses her life, everybody will think only one thing: it is because of this disease. They stigmatize. I want people to see that transgender people can also [die from other diseases], not necessarily HIV. ”

Prem, aged 27, from Bangkok

Participants' experience with institutionalized stigma

Two participants mentioned being stigmatized as part of the process of being drafted for military service, where they were rejected based on having a mental disorder. One of the participants [Aum] used a tactic in order to avoid the draft: she managed to be rejected after claiming she had had a breast enlargement operation – which was in fact not true. The oldest participant, Malee, said that while friends of hers had been subject to rejection because of being transgender, nowadays she thinks the use of the words ‘mentally retarded’ to disqualify transgender draft soldiers does not happen anymore.⁴ One participant [Jiab] wanted to be ordained as a monk when her mother died – however, as her breasts were already growing as a result of hormone replacement therapy, this was not allowed.

⁴ UNDP, MSDHS (May 2018). *Legal Gender Recognition in Thailand: A Legal and Policy Review*: When Ministerial Regulation No. 75 came into force in 2012, transgender women became exempt from military service because their “gender does not match sex at birth” rather than because they had a “permanent mental disorder”.

When asked if they were ever refused employment because of their transgender identity or HIV status, five participants said they had been rejected for a job for being transgender.

“ Once I submitted a job application ... when I walked in there [for the job interview] he saw me and he said ‘I won’t hire you’. He said, ‘We don’t hire second-type women.’ This was at a factory. And when I came to Pattaya, I applied for a job at a hotel to be a receptionist. And they said, ‘We don’t take you’. They don’t want second-type women in that job. ”

Nok, aged 28, from Phrae province

“ The manager who interviewed us said: ‘You are a second-type woman, do you think you can work for me?’ even though he had not seen anything of my abilities yet. So I said, ‘What makes you think that I cannot do the job, even though I have not even tried the job you have on offer?’ My female friend who already worked there ... told me the work [is very easy]. Work that a girl does, I should be able to do too. At least I have been a man in the past! But he did not hire me ... He declined me in a polite way, he said, ‘I will contact you, wait a bit’, like that. ”

Prem, aged 27, from Bangkok

An employer, claiming that other transgender people who had worked at that place before had caused problems, refused another participant a job.

“ He said, ‘I once had a transgender [employee] here who stole from and beat up a customer’. I asked, ‘How is that related to being transgender?’ I think those people stigmatize [us] because there have been problems with previous staff, and so they stop the problem by not hiring [any other transgenders]. ”

Aum, aged 27, from Bangkok

One business owner stated to a participant [Woonsen] that he was afraid that a transgender person would ruin his organization’s reputation. In another case, the employer ended up hiring male staff with a grade 12 level-qualification rather than the transgender candidate who had a university degree [Jiab]. Several participants blamed their lack of job opportunities on these unfair practices in the job market, which led most participants to end up working in bars or becoming sex workers. This is a vicious cycle: part of the stigma faced by transgender women is caused by their association with the sex industry – but this stigma leads many transgender women to end up having no choice other than to work in the sex industry.

Two participants [Dao and Kratai] experienced being rejected for job applications due to their HIV status, which employers can find out by requiring a medical certificate – either when applying or when, during the probation period, the new employee has to enroll in social security, for which a medical certificate is required. Three participants reported that they had lost a job or were rejected for jobs due to their transgender identity or because they tested positive for HIV.

One employer questioned a transgender person’s ability to do the job in comparison with a cisgender person.



“ At first, she saw that I was good at modelling hair, I have skills. So she said, ‘Wow! Once you finish your course, shall we work together?’ At first I said, ‘I don’t know yet, I will look around for work.’ She said, ‘I am about to open a beauty parlour in Pattaya, will you come work for me?’ But once she knew I have the virus, she was no longer OK with me. ”

Kratai, aged 27, from Samut Prakan province

“ I have lost a job, I was fired. Because they had to make a social security card for me, you know? So they made me have a blood test. So that is how I lost my job. I felt sorry about it. I lost my work because I have the virus. It was a good job, you know? The salary was good, too ... In every company it is like this [sighs]. I lost a big opportunity there. ”

Malee, aged 49, from Khon Kaen province

“ In the first shop where I worked, the employer said, ‘I do not discriminate against second-type of women,’ but when I came to the second shop he was like, at first, he said he wanted me to work there, but once I had started, his sales figures did not go up. So he said, ‘Maybe it is because the clients are afraid to talk to a second-type woman like you!’ He was a Japanese, or a Korean. ”

Prem, aged 27, from Bangkok

Participants’ decisions related to disclosing their HIV status

Out of the 11 participants, 1 [Dao] had not told anyone else about her HIV status – except the people who stayed with her in the shelter for people living with HIV where she was interviewed. She said she did not want to tell her family or friends because she feared they would not accept her. In contrast, one participant [Kratai] was completely open about her status. Her father and mother knew.

“ I have disclosed already that I have the virus. So now nobody wants to get involved with me, but I feel very relieved. Once I disclosed, some of my friends took pity on me [*endoo*]. Most people don’t want to be involved with me, so let them be. But I feel good because I am relieved. It is like a weight has been lifted from my chest, I feel relieved. For some cases, their parents don’t know, but for me, my parents know – it made me feel even better. ”

Kratai, aged 27, from Samut Prakan province



Four participants [Malee, May, Aum and Woonsen] told one or more of their family members but no one else (except for people in the support group for people living with HIV (PLHIV) or within Sisters Foundation). Five participants had not told any family members since they worried that they would not be able to accept the information and their HIV status would result in stigma. Apart from Sisters Foundation, some let some colleagues or close friends, who were living with HIV, know about their status.

“ I have not told anybody at home [in the countryside] ... I have one close friend at the bar [where I work], because I felt good with her. We get along well [*thook sathaa*], so I told her. I was crying at the time, I was drunk too. She said, 'No need to cry, I also have [HIV] just like you!' So I was shocked too. I was startled. I never thought that someone so close to me would have the same thing like me. Since then, we share experiences about our doctor's visits, something like that. ”

Waan, aged 25, from Nakhon Phanom province

One of these 5 participants had a feeling that her parents might know about her HIV status, but both sides decided that a 'don't ask, don't tell' approach was best.

“ I have a feeling they may know, although I have not told them directly. I told them indirectly, like, 'my blood, the result of my blood [test] is abnormal, I have to treat myself. Every evening, I have to take medication at exactly the right time' ... But right now, I don't want my father and mother to get in a bad mental state [by knowing]. Also, my mother has heart disease. I am worried that the shock may lead her to become depressed. ”

Nok, aged 28, from Phrae province

Stigma within the transgender community

Several participants made statements indicating stigma towards other transgender women. Of the participants, 4 of the 11 seemed to blame transgender people themselves who “behaved badly” for their disadvantaged position and situation in Thai society. They said that transgender people should behave better, be good people and be strong so that society will start to accept them more.

“ Policies to reduce stigma? [Thinks...] Difficult. It is difficult. In Thailand, it is difficult. [Stigma] is still here. It still exists. It depends on how we behave. This is the reality, you know? Any issue related to society is sensitive. We cannot demand much. It depends on how we behave, it depends on us. ”

Malee, aged 49, from Khon Kaen province

“ It depends on second-type women themselves too. If they are good persons – there are many of them. Bad persons, there are also many. So it depends on their manners. ”

Kratai, aged 27, from Samut Prakan province

Stigma among transgender women was often based on presumed sexual immorality or involvement in sex work. Some would distinguish themselves from others by pointing out their superior sexual morals in that they were “not like that”.

“ It was at the time after I broke up with my boyfriend ... that I slept around for a while. Normally I am not like that. ”

Aum, aged 27, from Bangkok

One of the participants [Nok] presents herself as innocent and uses the typical narrative of the 'good woman' where her sexuality is used not for her own or anybody else's pleasure, but to secure a permanent husband.

“ Transgenders who work as prostitutes have more chance to get HIV ... But I wasn't [a prostitute]. I met my first boyfriend, who was a foreigner ... I wanted to be loved. I wanted to have a happy life as a couple. I misunderstood that he loved me ... But I don't blame him. I will make my life happy on my own from now on. ”

Nok, aged 28, from Phrae province

Within the community of transgender women in Pattaya, having or getting HIV is used as a way to tease or stigmatize other transgender women.

“ Second-type women like to tease each other like, 'Do you have it?'; something like that ... They say, 'I see you have some skin rash here, why don't you go and get your [ART] medication?', something like that. But I try to conceal [*klob kleuan*] [my HIV status]. So I joke back, and I say: 'Yes, I am taking them!' Just as if I am joking ... Because I am a funny person by nature, anyway. ”

Prem, aged 27, from Bangkok

It is important to distinguish the different sources of stigma within the transgender community. Class, body shape and appearance, normative beauty, involvement in sex work, and HIV status all play a role in this, as will be addressed in Section 3: Concluding discussion and recommendations.

HIV-related stigma

Regardless of whether transgender women are involved in sex work or not, their social standing is gravely eroded if they become infected with HIV – or, more precisely, if people in their social surroundings suspect or find out that they have HIV. It was widely reported among the participants in this study that HIV status is much more devastating in terms of stigma than having a transgender identity.

“ Being a second-type woman already looks bad, and having the virus makes us look even worse. The nurse had a strange expression on her face. She scanned me from head to toe. She looked at me as if I was a bad thing. At first, she noticed that I was [second-type woman] and when she saw my blood test results she knew that I also have the virus. So she viewed me in an even more negative light. ”

Woonsen, aged 26, from Pattaya

Within the transgender community, it was widely reported that an HIV positive transgender person would be rejected and discriminated against by her peers. In an extreme manifestation of this, one participant in this study pretended to get tested for HIV at her office every month, even though she had been diagnosed with HIV for quite a while. She said that conducting this monthly testing ritual was the only way to ensure her colleagues would not find out about her HIV status.

“ Yesterday evening, I went to get a test. The Sisters Centre came [to the establishment where she works]. I know already that I have it, but I went in to test so that my colleagues would not suspect anything. The Sisters' staff also know this. ”

Prem, aged 27, from Bangkok

Another participant [Nok] said a transgender friend of hers had died of AIDS since she was so afraid of stigma that she refused to get tested. Two participants mentioned that HIV-related stigma in rural communities is much worse than in urban areas. In an effort to avoid stigma, one participant [Prem] refused to get government support and chose to pay for ART herself in order to receive it far away from her community.

“ People living with HIV receive a monthly 500 baht from the Government. But I chose not to receive it. If I take it, my mother will find out for sure. Therefore, I think not to take the money is better. It is like I am sacrificing the 500 baht that I am entitled to for my mother's well-being. ”

Prem, aged 27, from Bangkok

Participants' responses to experiences of stigma

By far the most common response to experiences of stigma described in the sections previously was avoiding confrontation, silence or enduring the stigma – this tactic was mentioned by 9 out of 11 participants.

“ I never reported it. I kept it inside, by myself. I never poured out my heart to anybody. I never responded back to [the bullies]. I am a person who never fights back to anybody [*tob to kab khrai*] anyway. I don't want to make the problem more complicated [*sao khwaam yeud*]. Just let it be over ... Let it go. If they think like that, let them. I know myself what I [am]. ”

Nok, aged 28, from Phrae province

For small cases like being teased or treated according to a double standard, many said they tried to conduct exercises of 'positive thinking' or not to mention it and forget about what they had just faced.

“ I don't care. I will walk away. Whatever. I am someone who does not like to make myself angry. It is bad for my mental health. I am a person who thinks positively. I like to have fun. If I lose my temper, it will only be briefly. ”

Malee, aged 49, from Khon Kaen province

For worse cases like physical abuse, they chose to run away from that situation. The idea that their human rights were infringed upon, and that one could report stigma and ask for redress or compensation, appealing to existing laws, was completely absent among the group of participants. They did not feel they had the right to ask for assistance from anybody. None of the participants ever asked for help from the police, superiors, teachers, parents or any organization.

“ I would try to get away [from a bullying person] and made sure I would not encounter them again. At school, I did not dare to report it. I thought, being like this [transgender], I have no right to make anybody listen to me. Nobody will listen to me anyway. They won't protect me. So I decided not to report it. Better not to talk about it. We have to endure it [*od thon*], let them frame me [*klaeng*], let them do this to me. Sometimes I cried. I felt sorry for myself in private. I told my mother once. She gave me support. ”

Woonsen, aged 26, from Pattaya

Some participants came up with certain tactics to negotiate those situations; one participant paid money under the table (secretly and unofficially) to security officers or gatekeepers in order to enter into restaurants or nightclubs; one participant [Aum] did research on which workplaces welcomed transgender applicants before applying for jobs so that she would not be embarrassed while applying.

All participants tried at least once to respond to acts of stigma or discrimination. For example, Nok, discussed previously, confronted the teller who asked to see her ID card when she tried to exchange money.

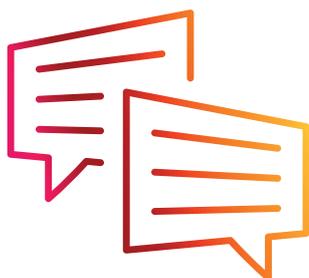
“ The first time, I had not asked [the teller]. She had raised her voice, spoken rather loudly to me. So the next time I needed to change money, I wanted to respond. So I decided to go and change money there again. So I said, ‘Miss, do you need any information from me? Shall I write my name? Do you need any documentation?’ [She said,] ‘No need, you can exchange money [without]’. So I said, ‘Last time, why did you need all that information from me? For what?’ [She said,] ‘Sorry, I don’t know.’ She denied it, like this. ”

Nok, aged 28, from Phrae province

After she was rejected for a job in a factory because of her transgender identity, Prem also complained and confronted the person who interviewed her, to no avail. Another participant, Woonsen, also complained, and did not get a response – transgender applicants are often rejected for a job without the reason being made explicit to them.

“ They never say why they don’t hire you. Because of what? Sometimes they make a face, like, ‘Why does a person like this come to apply for a job here?’ They would look angry. ”

Woonsen, aged 26, from Pattaya



Most participants lost their temper with the bullying and teasing at least once during the time when they were still in school, but they quickly learned that avoiding confrontation was, at least in the short term, a safer strategy.

“ When I was young, I would probably scold them back. But now I am like, ‘Say what you want.’ I have friends, I have a family. They make me happy. ”

Kratai, aged 27, from Samut Prakan province

Only one participant reported to have ever sought help after being confronted with stigma and discrimination, contacting the NGO Sisters Foundation through which 10 out of 11 participants were recruited for this study.

Participants’ experiences during diagnosis with HIV and starting ART

Some participants were diagnosed by Sisters Foundation’s mobile teams, others at the Sisters Foundation clinic, and others at private clinics or government hospitals. Many were tested because they were not feeling well: 4 of the participants had tuberculosis, and 6 out of 11 had a CD4 count of lower than 200 upon diagnosis (four had a higher count and one said she was not told her CD4 count or she could not remember). Not surprisingly, all participants noted that they were shocked and distressed upon receiving their diagnosis with HIV. Three participants [Malee, May and Woonsen] mentioned that they thought about ending their lives after they were diagnosed and some thought about allowing the virus to kill them by not seeking treatment. However, all participants in this study, obviously due to the selection bias involved in recruiting them via an NGO facilitating access to HIV care, eventually found the courage and strength to find information (often initially online) and then accessed support (Sisters Foundation) to initiate HIV treatment. This was sometimes partly because participants were worried about how parents and other family members who depended on them financially would cope in case they died.

One participant [Peung], who was addicted to crystal methamphetamine and worked in the sex industry, said she tried to escape from reality by taking more and more drugs; she said she did not receive any form of post-test counselling after testing positive and wanted to forget about her diagnosis.

“ I wanted to forget. I went back to using drugs. I used more than before because I wanted to forget. Because I had no knowledge about where I should start [for treatment]. Nobody was there for me, to give me knowledge. And another thing, I did not dare. I did not dare to tell anybody. Nobody knew. I knew it by myself. I kept it to myself . . . At my work, there were a lot of sick people. People who got sick and then they died over there. And they also used drugs, because they also wanted to forget. So I got this idea from there. I got sicker and I used more [drugs]. Because I wanted to forget. ”

Peung, aged 38, from Buriram province

Of the participants, 7 of the 11 enrolled in ART treatment more or less immediately after their diagnosis. This is possible due to the fact that HIV care is part of the universal health care scheme of the Thai Government, and helped by the facilitation of NGOs. It should be noted that only 1 out of the 11 participants was from Pattaya while the rest would have been registered in their province of origin. Sisters Foundation assists such clients with transferring from their home province to Pattaya so that they can enroll in and access ART there. Four participants enrolled in ART late, as they had to be treated for TB first [Dao, Malee, Peung and Kratai]. Dao was also in jail at the time of diagnosis. May said she did not have the discipline at first and took a long time to enroll. After being diagnosed, most participants said they felt a lack of confidence to lead their lives. Some withdrew from their social circle of friends.

“ In the past, I went out [*khao sangkhom*] a lot... [now] I have [HIV] and I did not really want to socialize with other people. I did not dare to face anybody. I would just carry on with my work, and then go home. After waking up, I would go to work. Just like that. ”

Dao, aged 33, from Surin province

Some became afraid to apply for jobs, fearing the need to get a blood test in order to gain employment [Malee]. Two participants [Prem and Jiab] felt their future had changed and were convinced they could no longer move abroad to work as they had planned earlier. Other participants mentioned becoming disillusioned about dating and romance.

“ One of my customers asked if I wanted to be his girlfriend and wanted me to move to his country. But I was worried about my medication. If I move there, how can I get my medicine? In Thailand, it is a restricted medicine. They don't just give it out. I once asked my doctor when I went to see him, 'Can I get a three-month supply?' But he said, 'Please come back every month, because this is a restricted medicine.' ”

Prem, aged 27, from Bangkok

“ I don't have [a boyfriend] now. I only have a customer who woos me, I would not call him a boyfriend. I have never had a boyfriend. I would like to, because I am always alone. But I am afraid that he will not be able to accept it. I am afraid that he will not understand when he finds out that I have [HIV]. Because he would be afraid. ”

Waan, aged 25, from Nakhon Phanom province



As discussed before, May was kicked out of her sister's home after telling her the news. Due to not having a job, she ended up at a shelter for people living with HIV. Kratai left home voluntarily after her diagnosis, not wanting to burden her parents with the care she needed.

“ I was hospitalized [with TB] for about three months, bedridden. I could not take care of myself ... Once I got out of the hospital, I could not get back home because of my siblings. I was worried my younger sibling would get [TB] from me. So my mother rented a room for me. My mom went to work every morning at seven in the morning, came back at five in the evening. She worried that I had no job, and about who was going to feed me for lunch, how would I live there by myself ... My father and mother, they have to work, they cannot take care of me, they have no time to look after me. So they contacted [the PLHIV shelter] and my father brought me here. ”

Kratai, aged 27, from Samut Prakan province

Aum changed her way of taking gender readjustment hormone therapy from oral medicines to skin application, worried that the hormone pills might interfere with her ART treatment.

Despite the shock and despair discussed previously, 6 of the 11 participants referred to positive feelings of hope and the determination to take good care of themselves after they were diagnosed. Some disclosed to their family members and found support from them. Most socialized with other people living with HIV in support groups, which they viewed as important and supportive.

“ The other day, I saw on YouTube that a cure for HIV has been developed which works for rabbits and monkeys. Maybe soon HIV can be cured. I shared this news in the LINE group⁵... This kind of update is important, it makes me hopeful. So now I keep taking my ART, waiting for [the cure]. ”

Aum, aged 27, from Bangkok

“ I have not changed the way I lead my life. The only life change I had to make is that I have to take medication – for the rest my life [it] is normal. I am not sad, I am not depressed. I have to take better care of myself than before. Like that. My friends know, they also have the virus. We are in a LINE group together, we give each other advice. ”

Woonsen, aged 26, from Pattaya

It should be noted that the involvement of participants in PLHIV support groups and activities is the result of the recruitment bias inherent in the methodology of this study. Probably only a minority of newly diagnosed Thai transgender women access this form of support.



⁵ LINE is a messaging platform similar to WhatsApp, Skype or Facebook Messenger. It is possible to create 'groups' in LINE to which people with similar interests can be added by a moderator. Aum refers here to a support group in LINE of which only people living with HIV are members.

Participants' experiences receiving HIV care and other health care

Before accessing HIV services, participants noted that they felt worried about going either because they had had bad experiences while accessing health care in the past or because they were worried about having to go to a particular department in the hospital which would label them as an HIV patient.

“ I was embarrassed at first when I went to see the doctor as I felt that people stared at me ... People kept staring at me: other patients, doctors and nurses. The way they looked at me embarrassed me. I did not want anybody to recognize me so I covered myself with my long hair and wore sunglasses as I was afraid I would bump into someone who knew me. ”

Waan, aged 25, from Nakhon Phanom province

Several participants said they worried about being seen at HIV services by people they knew. One popular HIV treatment facility in a hospital separates HIV patients from other people seeking health care support, which singles them out.

“ The first time I went to use health services, I used my social security rights. It was at a government hospital. They separate HIV patients and direct them to another building. If we go inside that building, everybody who sees that immediately knows [that we have HIV]. It is a designated building. ”

Jiab, aged 36, from Uthai Thani province

Similar to Peung and Jiab, Kratai, upon reporting at the reception of the hospital, was also brought to a separate area to wait.

“ They discriminate. When I was ill, they referred to me [not as a patient but] as a 'person with the virus'. They did not want to get involved. I was hardly aware of it. They did not want to come and change my Pampers [a diaper brand]. I remember that they spoke to me in a not so nice way. When I went to the hospital, once they knew I was ill [with the virus], they had me stay in another part [of the building] and they did not really take care of me in the same way as they did with normal patients. ”

Kratai, aged 27, from Samut Prakan province

Nok remembers that when she reported to the hospital and told the nurse that she was there to see the HIV doctor, the nurse immediately grabbed a face mask and put it on her own face.

“ The nurse saw in my file that I was a person with HIV. So she quickly grabbed a mask to cover her nose. Maybe she was afraid that she would catch something from me, I don't know. Even though I am a normal person, I am just living with the virus. So I thought, 'Why do you have to treat me like this?' It made the people around her stare at me. She did not put a mask on with others, only with me ... And she never looked me in the eyes, either. ”

Nok, aged 28, from Phrae province

The same participant, while in the waiting room with other patients, was called using a masculine pronoun ('*naai*') – which is for many transgender people a sign that the person using it does not accept their transgender or feminine identity. It is also generally considered embarrassing as it will lead some people in the waiting room to stare at the person addressed. One participant felt the doctor who treated her was not friendly to her, and she suspected it was either because she is a transgender woman or because she has HIV.

“ The doctor said, ‘Wait here!’ Sometimes I feel, I am a *kathoey*, which is why they speak to me like this. Sometimes it makes me think, but on the other hand, sometimes I think if we let such words get to us, it can cause us trouble [*thuk*]. So I will not remember it, think about it, that is better ... But it is not fair. Sometimes I think, ‘It is because I am a *kathoey*, for sure!’ But sometimes I understand that while we have this disease [HIV], we should not think too much. ”

Dao, aged 33, from Surin province

Another participant [May], talked about being counselled by her doctor, who had been told by the hospital that she had HIV.

“ Before I had my social security rights, when I was working for the tour company, I used the social security card when I went to the hospital. The person who operated on me reported to my general practitioner, ‘This patient has the HIV virus!’ And my doctor then came to talk to me, the first question was: ‘Do you change your sex partners often?’ The first question! ”

May, aged 29, from Prachuap Khiri Khan province

Fortunately, the nurse she met at the hospital was very friendly to her, even hugged her, and assured her she would be all right if she took her medications.

While these instances of stigma or discrimination are undesirable, considering the total number of years that the participants in this group had received HIV and other health care among them, the number and severity of stigmatizing experiences can be considered low. The situation is probably much worse in rural hospitals, where staff have less experience dealing with both transgender clients and with people living with HIV.

Stigma while accessing non-HIV-related health care

Three participants said that they were afraid to seek dental care since they were worried that they would be asked about their HIV status – an example of anticipated stigma affecting health-seeking behaviour.

“ I have never been [to the dentist]. Because I don’t dare to tell them the truth. Because I am afraid to be discriminated against. Because it is a sensitive issue. This kind of thing, in reality, nobody can accept it, they will [say], like, ‘Go to another clinic!’ Something like that ... Listening to all people who have been [to the dentist], they usually conceal [that they have HIV], they don’t tell the truth. ”

Peung, aged 38, from Buriram province

Similarly, four participants said they don’t feel comfortable accessing general health care due to their fear of possible stigma and discrimination from health care staff. Some of them wait until their monthly appointment with medical staff who provide them ART to ask about other health issues, since they feel comfortable with these people, and some asked for help from Sisters Foundation.

“ I have thought about it, when I feel ill I don’t dare go to see a doctor. And it is like, I am worried that they will find out. Sometimes I am afraid that he knows that I am ill [with HIV] ... I am afraid of the looks of other people. Maybe I am too suspicious, myself, because I don’t have much knowledge about things like this. ”

Peung, aged 38, from Buriram province

One participant [Peung] feared that accessing health care would lead to disclosure of her HIV status to her family. The oldest participant recalled an instance when she went to have a tooth extracted and was refused at the private clinic she went to.

“ Some years ago, I had a very bad toothache. I did not want to wait [at a public hospital] so I went to a private clinic so I could immediately get treatment, I was happy to pay for it ... I told the dentist [that I have HIV] and then he said, ‘You better go to a public hospital.’ ”

Malee, aged 49, from Khon Kaen province

Similarly, another participant was asked to wait in a separate room when she went to test her eyesight to get new glasses.

“ I went to get my eyeglasses. The staff knew that I am living with HIV, so I was asked to wait separately from other clients, and was given services after all other people had been served ... Other clients didn’t know [that I have HIV] but the staff knew. I felt so bad but I couldn’t say anything but did what that staff told me to do ... That staff person might think that people living with HIV are disgusting, so he treated me badly. Deep down inside, [he] might be afraid [of me]. ”

Peung, aged 38, from Buriram province

It is of note how Peung seemed to try to find an excuse for the bad treatment she was subjected to. When one of the participants went in for surgery and was asked at the reception whether she had any diseases or allergies, she felt shy to say out loud that she had HIV. Instead, she showed the nurse her medicine bottle. The (male) nurse did not react well.

“ I had to go to the emergency room. I was showing an allergic reaction [to the HIV medication] ... When I went into the emergency room, there was a person who would ask questions, ask for my medical history. So he asked me, ‘Do you have any chronic illnesses?’ ... There were many people around. My mother therefore said: ‘No’ ... She was probably afraid that I would be embarrassed by the situation. She did not want to be embarrassed herself, too. So she ticked the box with ‘No’ ... A while later, I took my medicine bottle [from my purse] and gave it to [the nurse] ... So he said, ‘What? And you told me you had no chronic illnesses!’ He spoke like this. So in my heart I thought, ‘You want me to say ‘I have AIDS’ in front of all those people?’ I was furious. ”

Aum, aged 27, from Bangkok



Participants' responses to perceived stigma in the health sector

Similar to the way transgender people usually respond to stigma in Thai society and institutions, the most common strategy to deal with stigma and discrimination in the health sector was to not respond. They thought they would not be able to make things better by responding, and may have also felt that their health and medical treatment depended on the people who stigmatized them, so they decided it was better to ignore it. They would not mention it, not respond to it and try to 'think positively'.

“ I told my mom, I told friends. Because I don't dare to speak much to anybody else. They comforted me, they said, “Don't think too much, if you think too much it will make you ill!” Especially since I have this disease ... So I forgot about it. I got good advice. ”

Dao, 33 years old, from Surin province

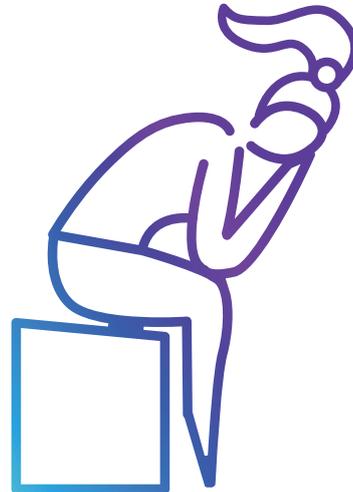
“ When I came across this issue [dental care], I became discouraged to do it. I decided not to go anymore. Probably they are too lazy to disinfect their dental equipment ... Whatever. It is much cheaper not to go too. ”

Malee, 49 years old, from Khon Kaen province

Only three participants mentioned tactics they used to avoid possible stigma they could face. One participant [Aum] used the words “I take ART” to inform medical staff about her HIV status in public, so that she would not need to say “I have HIV”. Two participants [Prem and Jiab] chose not to disclose their status to medical personnel, or to lie if they were asked about it. Jiab was in fact the only participant who complained about stigma while accessing HIV care.

“ It was a hospital employee downstairs [at the reception] ... She would repeat and repeat, ‘Over there! Over there!’ I COMPLAINED [Eng] ... She said, ‘Over there!’ in front of many other people ... I was embarrassed [*naa sia*]. She spelt it out that I had this disease. Other people in the queue, they could all overhear it easily ... That was the first time I went there. But the doctors, they are all very good. [Sisters Foundation] helped me. ”

Jiab, aged 36, from Uthai Thani Province



Suggestions on how stigma and discrimination can be reduced

Participants did not have a clear concept of individual human rights – including the right to be free from stigma and discrimination. When asked whether they had any suggestions about reducing stigma and discrimination, none of the participants imagined national-level advocacy or action to demand legal reform to protect the rights of transgender people. Suggestions were more symbolic and piecemeal. One participant [Nok] suggested that NGOs or other organizations should work with journalists so that they can help educate the public about people living with HIV and their basic human rights. Several participants said that employers should provide job opportunities to transgender people – but again, this was not formulated as a demand or a point for action.

At the institutional level, participants suggested that schools should provide educational opportunities to transgender people, especially to allow them to dress and wear their hair according to their preferred gender. This would reduce the number of young transgender girls who leave school because they do not want to be forced to wear masculine clothes and hairstyles – something that happened to several of the participants in this study. Interestingly, one participant [Aum] called for a special school for transgenders, rather than a reform of existing national education policies that would allow transgender pupils to access education facilities on their own terms.

“ I think there should be a special second-type women’s school. All problems are caused by poverty and by low educational attainment, which is caused because *kathoey* want to wear their hair long, so they choose to leave school early – and after they leave school early it is difficult for them to find a job. ”

Aum, aged 27, from Bangkok

Health care organizations should not separate people living with HIV from other patients (for example, by directing them to go to specific departments) since this creates the distinct possibility that they will be stigmatized by other patients at the hospital, suggested Jiab. Jiab also proposed that health care staff should be more sensitive and understanding so that they can provide services to people living with HIV in a more appropriate manner.

One participant [May] said transgender people should help each other to find work and pass jobs on to each other; similarly, Peung mentioned that the transgender community should work together to overcome problems they face (in other words – the responsibility was placed on them rather than on society overall).

“ I think we have to help ourselves, because it looks like we don’t have anyone else to help us. Friends helping friends. Second-type women together. Because right now, they [we] are still divided. ”

Peung, aged 38, from Buriram province

Kratai was optimistic and saw positive trends in Thai society recently in terms of acceptance of transgender women and less stigma. However, Dao disagreed and felt it would be impossible for Thailand to solve the problem of stigma against transgender people.

“ I think it is impossible to stop them [from stigmatizing transgender people]. Because they think it is a disease. It [the stigmatization] cannot stop. One cannot solve it. I think that the more developed the country becomes, the more discrimination results. [Thai people] don’t care about the law. They just act and say whatever they think. ”

Dao, aged 33, from Surin province



SECTION 3

CONCLUDING DISCUSSION AND RECOMMENDATIONS

The participants in this study provided many examples of stigma and discrimination in everyday life. Most commonly mentioned was bullying and teasing at school, which is partly caused by the education system's refusal to accept transgender pupils' legitimate desire to express their gender identity by using feminine school uniforms and wearing feminine hairstyles. This policy, in and of itself, is probably the main cause of why transgender girls often do not continue studying beyond 9th or 12th grade. Bullying and teasing within the family and surrounding community were also common. Transgender women are also discriminated against in the job market and are routinely passed over, even if their educational achievements are better than those of other candidates. It is hard to find accommodation for transgender women, with many apartment buildings and dormitories not allowing them to rent a room there. Hotels, restaurants, bars and other commercial enterprises often do not allow transgender women to enter their premises on various false pretexts.

Participants in the study reported various forms of internalized stigma, accepting negative beliefs, feelings and views about themselves or the groups they belonged to. When asked how stigma and discrimination against transgender people can be alleviated, several participants did not blame mainstream society or the social structure they grew up in

for their experiences of stigma. Instead, they made comments like 'transgender people should behave themselves better first, then society will accept them'. These participants seemed to not see the structural factors that affect transgender people and lead some transgender people to be engaged in societally disapproved professions or behaviours. This phenomenon is caused by the way they were socialized as children, both in school and out of school, leading them to see themselves as second-class citizens in Thai society who do not deserve any rights.

The social environment in which they live perpetuates the disadvantaged position Thai transgender women occupy in Thai society. Popular stereotypes of transgender women depict them as hyperfeminine super models, commercial sex workers, clowns, funny personalities or thieves. All these depictions lead to different forms of stigma. And in many instances, these existing stereotypes block off certain societal avenues for personal progress and growth, forcing transgender women to follow stereotypical paths. Societal stigma can therefore work as a self-fulfilling prophecy. It emanates from the social structure transgender women live in and is not related to intrinsic characteristics of transgender women themselves. In the next section, some of the root causes of stigma of transgender women are discussed more deeply.

Understanding stigma towards transgender women in Thailand

Stigma towards transgender women in Thai society is caused by a variety of factors and popular beliefs. In academic literature, having a transgender child was described as an act of karma. Thai interpretations of Buddhism view homosexuality (including transgenderism) as a punishment for sins committed in a previous life, or to be more precise, being born homosexual is seen as a form of heightened suffering for the individual involved. Indeed, in a survey among Thai male-to-female transgender people, just over 50 percent mentioned “karma” as the main or one of a series of perceived reasons for being transgender (Winter, 2006). Being transgender is therefore often seen as a result of bad actions in a previous life, mainly related to “stealing” another person’s wife or husband or being unfaithful; in addition, parents would sometimes see having a transgender child as a sign of bad luck (Jackson, 1995). De Lind van Wijngaarden (2014) noted that while the cause of transgenderism is cast in negative terms, at least there is a clear and widely accepted belief in Thai society that transgenderism is a natural phenomenon and that the person who is transgender “can’t help it” – it being a result of actions in a previous life over which one has no control.

The practice of sex work is another important factor in understanding stigma against and among transgender women. Sex work is in and of itself highly stigmatized in Thai society, but is often the only way transgender women can generate enough money to make a living. Those who are successful in their sex work careers may use their additional income to embark on a process of transformation and beautification which, in turn, will make them more popular and successful in increasing their earnings (ten Brummelhuis, 1997).

For transgender women who do not want to work in the sex industry, the popular belief that all transgender women work in the night-time entertainment industry is problematic, as the stigma generally directed towards sex workers in Thai society affects them by popular association. Sex workers in general, and transgender sex workers in particular, are usually reported in a very negative light by the Thai media (Fongkaew et al., 2019). They are commonly associated with drugs and alcohol abuse, bar fights, problems with customers, theft and robberies. This leads many dormitories in Pattaya to refuse residence to transgender women and causes them difficulty in accessing certain restaurants, bars, cafes and nightclubs. Worse, transgender women face significant difficulties when applying for jobs outside the entertainment sector due to the popular belief that they are unreliable and/or unstable.

Most participants in this study said they knew they were transgender for as long as they can remember. Several mentioned that they felt they were “born this way”. The ones who “became” transgender later often felt that being “like this” was a result of having been exposed to too many females while growing up. This belief was also common among the young rural gay men who were interviewed as part of De Lind van Wijngaarden’s 2014 study and can be linked to ancient Thai beliefs about how women can pollute and sap masculine strength. Believing that one’s transgender role is caused, somehow, by exposure to an outside source weakens the idea that being transgender is an innate, natural-born identity. These participants may view their transgender role as being caused by an accidental situation of which they are a victim – much like being unfortunate in having a disease or being born with a physical disability. Seeing transgenderism as the result of karmic causes can also lead to a victim mentality, as people may believe that they need to suffer the consequences of one’s misdeeds in a previous life and may therefore passively accept acts of stigma and other forms of injustice.

Implicitly, the belief that being transgender is linked to karma and to “bad luck” was internalized by the participants, who excused employers for not hiring them, excused boyfriends for dumping them, and believed they had to literally buy the support of their extended family, fearing they would grow old and die alone if they had no financial incentives to offer them.

Having internalized the idea that one is “useless to society” or seeing oneself as a victim may create a tendency to be grateful for any kindness shown by one’s social environment, just like an ill or disabled person would. Most participants seemed not to regard kindness and fairness shown by other people in society as the norm, and did not regard stigma and other forms of unfairness as an injustice that should be confronted or corrected. The absence of stigma in their environment would be viewed as fortunate rather than as normal. Indeed, when asked how stigma and discrimination towards transgender people or people living with HIV could be alleviated, there was no blaming of society and the social structure, and almost no suggestions for tangible action. The participants’ answers mostly pointed the blame for the situation to transgender women themselves. Transgender women in our study did not believe that they have the basic right to live in a world free of stigma, and did not indicate that they were considering or preparing to fight for such a right.

Understanding stigma within the transgender community

Participants in the study reported different forms of stigma within the transgender community itself. This stigma plays out along different intersecting lines of class, beauty and wealth. Highest in this hierarchy are those who have managed to become beautiful and desirable as women – and for transgender women, beauty costs money. Transgender women who were born with a small and petite body have a natural advantage, as it is easier for them to pass for girls than their counterparts who may have more masculine and muscular bodies. Due to their bodies' ability to adhere to stereotypical images of feminine beauty, they may also face less bullying and stigmatizing than their bigger, more masculine-looking counterparts. Only a minority of transgender women have access to medical treatment to guide their gradual transition; it is here where class and wealth plays a role – including in whether transgender women have the knowledge and means to access hormone replacement treatments, operations to make cosmetic changes to the shape of the face and body, and, for some, gender-affirming surgery.

On the lower end of this 'hierarchy of beauty' are the rural transgender women who often proudly call themselves '*kathoey*', a term which transgender women of the middle class or higher class sometimes find offensive and derogatory (Boonmongkon and Jackson, 2012). There is class-related stigma from richer and more successful transgender women towards the poorer, rural *kathoey* whom are seen as undeveloped, poor and 'backward'. In a way, *kathoey* come closest to being a true 'third gender' in the Thai spectrum of genders and sexualities, with a blend of masculine and feminine, as well as some other unique characteristics, whereas urban-based transgender women aim to be accepted as 'normal' cisgender women. The profession of the sex worker plays a curious role in how stigma is directed and experienced among Thai transgender women. On the one hand, 'higher class' transgender women, meaning those who have the financial and medical resources to become women who can 'pass' in mainstream society, view sex work the same way as Thai middle- and higher-class women do: sex work is the domain of the archetypical 'bad' or 'fallen' woman. This is a stereotype these transgender women try not to be associated with in their quest for

societal acceptance as women. In order to be accepted by one's family and social surroundings, higher-class transgender women often aim to be 'good women': chaste, puritanical, modest and almost asexual. Several famous transgender TV and movie personalities seem to obtain their societal approval from their adherence to such stereotypes of the 'good woman', for example the famous actress and former Miss Tiffany Universe champion Poy Treechada.

On the other hand, due to their difficulty in finding employment in other sectors of the Thai economy, for transgender women from middle- or lower-class families, sex work is often the only option to make money, survive or be able to support family members. Normatively beautiful transgender women are likely to be the most successful in making money in this profession, and this becomes even more so the longer transgender women are engaged in sex work. Ten Brummelhuis (1995) described a common life trajectory for transgender women, which is to make money via sex work and romantic relationships with wealthier boyfriends; with the money they earn, they are then able to enhance their own beauty as well as support their families, gaining their respect. Transgender women who are successful in making a living in sex work may derive a sense of pride and empowerment from their careers. They may look down on those who are not able to make men pay for the pleasure of their company.



They may look down on the stereotypical rural *kathoey khwaai*, who, rather than exchanging their precious sexuality for money, squander their sexuality “for free”, or even pay men to have sex with them.

In summary, higher-class transgender women – those who have had gender-affirmation surgery and can ‘pass’ for women in Thai society – generally look down on other transgender women who engage in sex work, in line with how middle- and higher-class Thai women would view this profession. Lower- and middle-class transgender women who are in sex work may look down on lower-class so-called *kathoey khwaai* (‘buffalo *kathoey*’) who are, in their eyes, not beautiful and/or skilful enough to make a living in sex work.

These social divisions are very real and very important in the transgender community, and need to be taken into consideration when discussing advocacy strategies and approaches.

Stigma in the health care sector

The participants in this study reported few clear examples of stigma and discrimination while accessing HIV health care. Most incidents were perceived, and not enacted forms of stigma. The few examples of enacted stigma that were provided by participants either happened a long time ago, happened in another province or occurred in private sector clinics. Importantly, participants believed that stigma directed towards them was related more to their HIV status than to their transgender identity. While this is good news from an LGBTI rights perspective, there were still some disturbing incidents, including separation of HIV clients from other health care users, and poor attitudes by health care staff.



If compared to other instances of stigma the participants described during their childhoods and in their daily lives, it is remarkable that stigma in the health care sector is so much lower. A few reasons can be given for this. First, it is likely that the highly scripted interactions between patients and nurses/doctors in a health care setting shield both parties from expressing their personal convictions and beliefs, at least to a greater extent than in settings where more improvised social interactions occur. Second, Pattaya has the largest population of transgender people in the country, and also has an advanced HIV epidemic. If there were anywhere in Thailand where health care workers were accustomed to serving clients with HIV and/or transgender clients, it would be in Pattaya. A third reason for the low level of stigma and discrimination in health care settings is related to the fact that all participants were recruited via the NGO Sisters Foundation, which has established excellent working relationships with HIV health care providers in Pattaya; several participants first accessed HIV treatment accompanied by a Sisters Foundation HIV case worker. This will have made interactions smoother with nurses and doctors at these facilities and probably created a buffer against stigmatizing experiences that transgender women accessing HIV care by themselves would not benefit from.

Directions for advocacy

Advocacy would be more effective if transgender people could better understand how the structure, culture and institutions of Thai mainstream society instill, reinforce and perpetuate stigma against them. Improving this situation will likely require more than “transgenders needing to behave better”, or “transgender people helping each other out”. Perpetrators of stigma and discrimination should not be let off the hook by excusing them for their behaviours. Whatever transgender people do individually or in small groups is not going to make much of a difference if society is so unfairly biased against them. There is a need for an advocacy movement based on a broad vision, rooted in understanding the causes of stigma against transgender people in Thai society, and directed towards manifesting structural change – starting with legal reform. If transgender people are to be a part of this, they will need support and capacity-building from key stakeholders.

In order to achieve equality of opportunities, parity with other genders under the law and a better overall quality of life for transgender women in Thailand, different strategies are needed, which should be partly defined along the social and class fault lines that exist among the overall transgender population. Higher-income transgender women's advocacy may focus on, for example, the right to legally change one's gender from male to female, the right to get married, and the right for hormone replacement therapy and gender-affirmation operations to be covered under the Thai national health insurance scheme. For transgender women involved in the entertainment industry, besides the issues mentioned previously, legalization of sex work as a profession would be a major step forward. For transgender women working in other professions, legislation to protect them from discrimination could be pursued as an advocacy goal. Coverage of transgender-specific health care under the Thai social security system would be another advocacy goal.

Advocacy should focus on promoting positive portrayals and reducing negative and stigmatizing portrayals of transgender people in the Thai media and in school and university curricula, including curricula used in primary schools, high schools, vocational training schools, and in nursing and medical schools. When the study participants were growing up, the school curriculum they were exposed to was 100% heteronormative (Wongwareethip, 2016). In recent times, the Ministry of Education has started to make some changes to the health education curriculum, incorporating concepts pertaining to sexual and gender diversity. Teachers should now be trained to project a fair portrayal of transgender people and other LGBTI identities, as well as their sexual health and human rights in their teaching, ensuring new generations of Thai children start viewing sexual and gender diversity as normal and natural.



Recommendations for health care workers

Although few instances of direct enacted stigma were reported in the health sector, this study has shown how important it is that health care workers are trained well and have a sufficient understanding of gender and sexual diversity. They have to be trained to separate themselves from any moral, religious or personal beliefs when entering their workplace, and provide the same professional and friendly services regardless of which client walks in. Curricula for nursing and medical colleges should be improved accordingly, and collaborations between civil society groups like Sisters Foundation and health care facilities should be strengthened. A feedback system to report instances of stigma or complaints by gender and sexual minorities should be piloted as part of the collaboration between CBOs and health care services. Finally, better post-diagnosis HIV counselling and mental health care is needed to ensure transgender women access and adhere to HIV treatment, care and support.

Additional research needs

More research is needed to explore the extent to which Thai transgender women feel a sense of connection and solidarity with all other transgender women. In other words, the separate subcommunities of transgender women need to be studied: higher-class and higher-middle-class transgender women, 'good' transgender women, transgender women in the sex industry, rural-based self-identified *kathoey* who may take on feminine roles in some circumstances while more or less embracing and maintaining their masculine bodies, and transgender women who have undergone or are underdoing gender-affirmation surgery. How can they work together for transgender rights?

Finally, a future study looking at stigma and discrimination experienced by Thai transgender women in the health sector should avoid Pattaya, Chiang Mai and Bangkok, and look at the situation in smaller provincial towns.

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