

TOLERANCE BUT NOT INCLUSION



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A national survey on experiences of
discrimination and social attitudes
towards LGBT people in Thailand



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TOLERANCE BUT NOT INCLUSION

**A national survey on experiences of discrimination
and social attitudes towards LGBT people in Thailand**

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TERMINOLOGY

English

Bisexual man: A man who is sexually or romantically attracted to or has sex with both men and women. For the purpose of this study, only cisgender bisexual people are classified as bisexual to avoid conflation in the sampling.

Bisexual woman: A woman who is sexually or romantically attracted to or has sex with both men and women. For the purpose of this study, only cisgender bisexual people are classified as bisexual to avoid conflation in the sampling.

Cisgender: A term used to describe a person whose gender identity aligns with the sex assigned to them at birth.

Discrimination: Discrimination is the selection for unfavourable treatment of an individual or individuals on the basis of characteristics such as sexual orientation, gender identity and sex characteristics. It occurs when stigma is acted upon (see “stigma”).

Gay man: A man who is primarily sexually or romantically attracted to or has sex with other men. For the purpose of this study, only cisgender gay men are classified as gay to avoid conflation in sampling.

Gender: Gender refers to the attitudes, feelings and behaviours that a given culture associates with a person’s biological sex. Behaviours that are compatible with cultural expectations are referred to as gender-normative; behaviours that are viewed as incompatible with these expectations constitute gender non-conformity.

Gender-affirming health services: An umbrella term used to include any of the biomedical, surgical or health interventions a transgender person may undertake to align their physical body and their gender identity. This may include, for example, access to counselling, hormone therapy, hair removal and a range of surgeries. The term ‘gender-affirming surgeries’ is preferred in this report rather than the older term ‘sex-reassignment surgery’ (SRS).

Gender expression: A person’s way of communicating gender externally, for example, androgyny, masculinity and/or femininity. This is done through physical appearance (including clothing, hairstyle and the use of cosmetics), mannerisms, ways of speaking, and behavioural patterns when interacting with others. A person who does not confirm to societal expectations of gender expression may not necessarily identify as a trans person.

Gender identity: A person's internal sense of being a man, a woman, a third or some alternative gender, a combination of genders or no gender. A person's gender identity may not correspond with their sex assigned at birth. People employ different terms to describe their gender identity or expression. In Asia, there is a long history of culturally specific terms for diverse gender identities or expressions. These include kathoey in Thailand and mak nyah in Malaysia. Typically, these terms describe people who were assigned a male sex at birth but whose gender identity or expression does not match the assigned sex.

Intersex, sex characteristics: Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. Being intersex relates to biological sex characteristics, and is distinct from a person's sexual orientation or gender identity. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither.

Lesbian: A woman who is sexually or romantically attracted to or has sex with other women. For the purpose of this study, only cisgender lesbian women are classified as lesbian to avoid conflation in the sampling.

LGBTI: Lesbian, gay, bisexual, transgender and intersex. The terms 'LGBT' and 'LGBTI' are increasingly used by community-based advocacy organizations in Asia and the Pacific. While different sexual orientations, gender identities and intersex variations should not necessarily be grouped together at all times, it can be helpful to group issues affecting LGBTI populations together for the purposes of advocacy and solidarity, while acknowledging that there are significant differences between the issues and priorities of each of these populations. However, it is equally important that when referring to the specific needs of one group that you mention the group explicitly.

Policymakers sometimes prefer other umbrella terms such as 'gender and sexual minorities', 'SOGIE minorities', 'SOGIESC minorities' or 'SOGIE-diverse communities' (see below). However, the terms 'LGBT people' or 'LGBTI people' are commonly used. Because awareness of intersex issues and people has been relatively low until recently, and remains low, it is not always accurate to use the term 'LGBTI'. For example, if LGBT advocacy in a country does not yet include intersex issues, it would be inaccurate to add the 'I' to describe it.

In this report, the term 'LGBT people' is intended to be inclusive of gender and sexual minorities (including non-binary people), regardless of whether they identify as lesbian, gay, bisexual, transgender or as another culturally specific identity. However, this report does not use LGBT to include intersex people, because the research and results cannot accurately be said to reflect intersex people and issues.

Men who have sex with men: This term, sometimes used as the acronym, MSM, is an umbrella term used to categorize men who engage in sexual behaviours with other men. The term is most often used in public health. Some men who have sex with men may also have sex with females and women, so the term does not indicate sexual orientation.

Although the term 'men who have sex with men' is used to denote behaviour, in some countries in Asia, the acronym 'MSM' has increasingly been used to denote a sexual identity. For example, sometimes men use the term 'MSM' interchangeably with 'gay' to describe their sexual identity.

Men who have sex with men include a heterogeneous group of males that have varied gender expressions ranging from masculine-presenting to feminine-presenting males. In this report, the term 'men who have sex with men' excludes trans men who have sex with men, not because of a belief that trans men are not men but because not enough information is available about this subgroup.

Non-binary: An umbrella term for a person who does not identify as male or female, and who may identify as non-binary, off the binary, bigender (both male and female), gender fluid or agender (without gender).

'Other': This report uses the term 'other' to refer to persons who do not fit into the other categories used to group the data, such as cisgender individuals who are pansexual, only attracted to transgender people of the opposite sex, not sure who they are attracted to, or are not attracted to anyone.

Pansexual: 'Pan', meaning 'all-inclusive', is an expression for a person's attraction to multiple genders. Some pansexual people describe their attraction as being based on chemistry rather than gender, but everyone is different.

Queer: A concept used by some people in North America, particularly younger people, whose sexual orientation is fluid and not exclusively heterosexual. The term has been adopted at times in other countries and cultures in the world. People who identify as queer often feel the terms lesbian, gay, bisexual and transgender are too limiting and not applicable to them.

Sex (biological sex): Biological sex refers to the objectively measurable organs, hormones, and chromosomes that distinguish males, females and intersex persons.

Sexual orientation: A term referring to a person's emotional, affectional and sexual attraction to, and intimate and sexual relations with, other individuals. A person may be attracted to people of the same gender (homosexual/gay/ lesbian), to people of a different gender (heterosexual) or more than one gender (bisexual or pansexual).

SOGI (sexual orientation and gender identity), SOGIE (sexual orientation, gender identity and expression) and SOGIESC (sexual orientation, gender identity or expression, and sex characteristics): This report predominantly uses the term SOGI. SOGIESC is used when intersex/sex characteristics are included. While the use of 'LGBT' has a stronger emphasis on communities and individuals, these terms refer more strongly to the broader concepts of how individuals identify themselves, are attracted to others and biological diversity.

The concepts of sexual orientation and gender identity vary across Asia, with a long history of culturally specific indigenous gender identities in different countries. There are many local terms used to describe SOGIESC subcultures in contemporary societies across the region. Terms typically have meanings that combine aspects of both sexual orientation and gender identity or gender expression. Alongside local identities, there are communities concentrated mainly in urban areas whose identities correspond more closely with Western subcultures of lesbians, gay men, bisexuals and transgender people.

Stigma: Opinions or judgements held by individuals or society that negatively reflect on a person or group. Discrimination occurs when stigma is acted upon.

Transgender: An umbrella term for people whose gender identity or expression differs from the sex assigned at birth. Transgender identity does not depend on medical procedures.

Transgender men (or ‘trans men’): People who are assigned female at birth but who identify as a man (also referred to as female-to-male, FtM, transgender men)

Transgender women (or ‘trans women’): People who are assigned male at birth but who identify as a woman (also referred to as male-to-female, MtF, transgender women).

Thai

A note on Thai language in relation to sexual orientation, gender identity, gender expression and sex characteristics.

In Thailand, sexual orientation, gender identity, gender expression and having an intersex variation are widely conflated with each other. There is a general presumption that if you are a transgender woman, you are attracted to men, with the overall assumption that you are the same as a gay man. This holds true for transgender men, with the assumption that they are simply masculine lesbians. For instance, the Thai culturally specific term *kathoey* can refer to either a transgender woman or gay man while the term *tom* can refer to either a transgender man or lesbian woman.

Thai society strictly adheres to gender stereotypes that categorize people into either male or female with specific expectations of how a man or woman should behave. Those whose gender identity lies beyond the binary of male and female are thus rendered invisible. Intersex people are rendered invisible and their naturally occurring biological variations are seen as something to be ‘fixed’. Intersex people may commonly be subsumed under the transgender category by the general public and policymakers who are not sensitized to intersex issues.

The social recognition of someone as transgender often depends on whether they have undergone medical transition (gender-affirming hormonal treatments and surgical interventions). It is common for transgender men and women to be seen as lesbians and gay men respectively, prior to physically transitioning, even though their internal sense of gender has remained consistent and often regardless of their sexual orientation.

Chai kham phet: Literal translation of the English term ‘transgender men’.

Chai rak chai: Literally “men who love men,” a collective and preferred term for gay men.

Di: From the English word ‘lady’, a woman with a feminine gender identity/expression who is emotionally, sexually and/or physically attracted to women who are often but not always a tom.

Kathoey: A transgender woman; a male-to-female (MtF) transgender person. A person who was born male but has a feminine appearance, expression and behaviour more consistent with that of a female person. The term is used in a derogatory way in some contexts. Some MtF transgender persons, in particular those aiming towards a final transition to the female sex, do not favour this term, while other MtF transgender persons, in particular those who take pride in the unique, in-between gender identity of *kathoey*, embrace the term.

Les: From the English word ‘lesbian’, a woman whose outward gender expression is indistinguishable from that of heterosexual women but who is emotionally, sexually and/or physically attracted to women.

Phet thi sam: Literally “the third gender,” referring to individuals who are not heterosexual, including lesbian, gay, bisexual and transgender persons. This term is not favoured by many Thai LGBT people as it reinforces a gender hierarchy.

Sao praphet song: Literally “second category of women,” referring to *kathoey* and MtF transgender persons whose gender identity and expression are similar to that of females.

Tom: An adaptation of the English word ‘tomboy’ used in the Thai language to describe a female who may feel masculine or that they are men. *Toms* may appear masculine in appearance.

Tut: Thai slang taken from the American film “Tootsie” (1982) in which the leading male character cross-dressed as a woman. *Tut* is widely considered to be a slur against transgender women or effeminate gay men.

Ying kham phet: Literal translation of the English term ‘transgender women’.

Ying rak ying: Literally “women who love women,” a collective and preferred term for lesbian women, *toms* and *dis*.

ABBREVIATIONS AND ACRONYMS

| | |
|----------|---|
| AIT | Asian Institute of Technology |
| BRO | Bangkok Rainbow Organization |
| HIV | Human Immunodeficiency Virus |
| LGBT | Lesbian, gay, bisexual and transgender |
| LGBTI | Lesbian, gay, bisexual, transgender and intersex |
| MOJ | Ministry of Justice |
| MSDHS | Ministry of Social Development and Human Security |
| NGO | Non-governmental organization |
| NHRCT | National Human Rights Commission of Thailand |
| RSAT | Rainbow Sky Association of Thailand |
| SEM | Socio-Ecological Model |
| SOGI | Sexual orientation and gender identity |
| SOGIE | Sexual orientation, gender identity and gender expression |
| STI | Sexually Transmitted Infection |
| TEA | Togetherness for Equity and Action |
| Thai TGA | Thai Transgender Alliance |
| THB | Thai Baht |
| UNDP | United Nations Development Programme |
| We Peace | Association of Women for Peace |

FOREWORD



Lesbian, gay, bisexual, transgender and intersex people (LGBTI) are some of the most marginalized groups in societies around the world. They are more likely to experience discrimination based on sexual orientation and gender identity compared to cisgender, heterosexual people. In Thailand, even though there is an increasing acceptance of LGBTI people in society and greater visibility in the media and public life, many LGBTI people still experience discrimination, harassment and violence at home, school, work and in the community. Mistreatment comes in many forms, from seemingly benign jokes, to verbal insults, unequal treatment and in the most extreme cases, physical violence. For too many LGBTI people, the bias is everywhere and lasts their lifetime.

Undoubtedly, the existence of this stigma and discrimination has consequences. People often feel pressured to fit in with society's conventional ideas of being male or female. Those who do not fit the mould can be subjected to ridicule, intimidation and even physical abuse. As a result, LGBT people try to fit in by hiding their identity, pretending to be someone they are not, or choosing to withdraw from social support networks.

However, this study revealed some positive and encouraging findings. It found that non-LGBT people in Thailand have, in a general sense, favourable attitudes towards LGBT people, and the majority supports equal rights and equal access to services for LGBT people. Nevertheless, this support drops off when it comes to accepting LGBT people as family members, fellow workers, students and community members. So, the importance of support to LGBTI people cannot be overstated if Thailand wants to move from tolerance to acceptance of LGBTI people.

Tolerance but not inclusion: A national survey on experiences of discrimination and social attitudes towards LGBT people in Thailand is the most comprehensive study conducted in Thailand that investigates the experiences of discrimination and social attitudes towards LGBT

people in the country. Covering each region of Thailand, over two thousand participants from each region took part in the online survey and nearly one hundred participated in the focus group discussions of the study.

Globally and in Thailand, the United Nations Development Programme (UNDP) supports the implementation of the 2030 Agenda for Sustainable Development and the achievement of its 17 Sustainable Development Goals. It envisages a world of social well-being, fulfillment of human rights, universal access to education and health, and equal opportunity, permitting the full realization of human potential. What UNDP strives to achieve through its work to eliminate stigma and discrimination, and promote the rights of LGBTI people, is to have a more just, equitable and tolerant world in which dignity is promoted for all people – a world where no one, not even those who are most marginalized, is left behind.

The findings in this study point to the need for programmes and interventions that decrease stigma, eliminate stereotypes about LGBT people, and increase knowledge of the consequences of stigma and discrimination towards LGBT people. Key recommendations include actions that can contribute to the legal and social recognition of diverse sexualities and genders, establish equal rights for LGBT people, and support social and legal inclusion of LGBT people in schools, workplaces, health care settings and society at large. UNDP is committed to work with its partners, including government agencies, educational institutions, employers, health care providers, media outlets and civil society, to realize these recommendations and further ensure no one is left behind in the achievement of the Sustainable Development Goals.



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- Sang San
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Northeast consultation

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Southern consultation

- Association of Women for Peace (We Peace)
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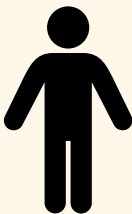
Being LGBTI in Asia and the Pacific is a regional programme aimed at addressing inequality, violence and discrimination on the basis of sexual orientation, gender identity or intersex status, and promotes universal access to health and social services. The programme is supported by UNDP, the Embassy of Sweden in Bangkok, the U.S. Agency for International Development, the Australian Department of Foreign Affairs and Trade, the Ministry for European Affairs and Equality (Malta), the Government of Canada, the Government of Canada and Faith in Love Foundation (Hong Kong).

EXECUTIVE SUMMARY

Though Thailand has a history and a global reputation for tolerance, this study reveals evidence that the lives of lesbian, gay, bisexual and transgender (LGBT) people in Thailand are negatively affected by stigma and discrimination. Negative beliefs and attitudes about LGBT people prevent them from reaching their full potential as workers, students and community members.



LGBT
1,349



NON-LGBT
861



This report is based on the 2018 UNDP Being LGBT in Thailand Survey, one of the largest national surveys to examine the experiences of and social attitudes towards LGBT people. The survey was conducted with both LGBT and non-LGBT respondents. Overall, 2,210 participants took part in the study with 1,349 respondents in the LGBT survey and 861 respondents in the non-LGBT survey. Respondents in this study ranged in age from 18 to 57 with the average age of 28.6. The study also includes qualitative data from 12 focus group discussions with 93 LGBT participants in Bangkok, Chiang Mai, Phitsanulok and Pattani.

The survey revealed that non-LGBT people have favourable attitudes towards LGBT people in a general sense, and the majority supports equal rights and equal access to services for LGBT people. However, this support drops off when it comes to accepting LGBT people as family members, fellow workers, students and community members. People who live in urban areas,

women and non-LGBT respondents who had interactions with LGBT people in their non-family social network were found to be more supportive while those who only knew LGBT members in their family were significantly more likely to be against LGBT-inclusive policies.

69 %

have generally positive attitudes towards LGBT people.

51 %

disagree with the statement “LGBT is not a natural expression of sexuality”; however, 61 percent feel being LGBT is “a problem” and 63 percent would feel uncomfortable if a family member were to fall in love with an LGBT person.

77 %

Support for equal rights and access to services is generally high, ranging from 77 percent agreeing with “landlords cannot refuse LGBT from renting or buying property” to 53 percent support for LGBT couples having a right to file a joint mortgage application

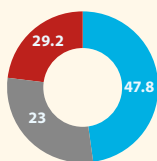
44 %

However, 44 percent believe that LGBT people should not be permitted to set up organizations to “promote gender issues”

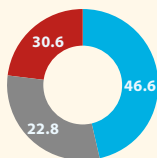
88 %

of respondents said they would accept LGBT people outside the family; this figure drops to 75 percent for LGBT people within the family.

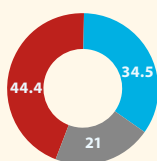
There is significant support for inclusive laws and policies among non-LGBT Thais. Although some high-profile issues elicited lower levels of support than less contentious topics related to equal rights to services and equal treatment, more people support than object to same-sex unions, the adoption rights of LGBT people, more than two options for sex in all official public documents, and lifting the ban on blood donations from men who have sex with men. Moreover, a significant share of the population (between 20.5 and 23.3 percent) does not feel strongly either way on these issues, which may reflect a lack of knowledge on these issues and points to opportunities to impact on public opinion with advocacy campaigns.



Almost half, 48 percent, of non-LGBT respondents believe **LGBT people should be allowed to adopt children** while 30 percent disagree.



47 percent think **same-sex marriage should be legal**, while 31 percent do not.



Public support for legal recognition of gender, particularly without requiring surgery, was the lowest among issues explored. Even then, the majority of non-LGBT respondents either agreed, 35 percent), or were neutral, 21 percent), towards the prospect of people being allowed to change their gender markers on identity documents post-operation.

■ Strongly Disagree/ Disagree ■ Neutral ■ Strongly Agree/ Agree

Significant proportions of LGBT people reported discrimination.

21 %

For transgender women, 21 percent reported often being verbally attacked, 9 percent reported that they were often sexually harassed, and 8 percent reported often being subjected to physical violence.

41 %

of LGBT people and 61 percent of transgender women, reported discrimination as students.

64 %

of LGBT people said that their school curriculum did not include topics relevant to their gender or sexuality.

10 %

of LGBT people and 32 percent of transgender women reported discrimination in their current or most recent job.

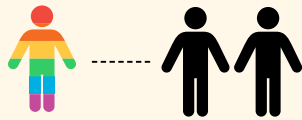
Family life is particularly complicated for some LGBT people.

50 %

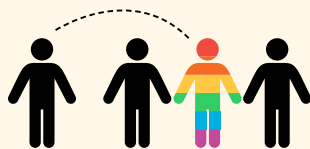
Half of all LGBT people have experienced some form of discrimination in the family.

37 %

of non-LGBT people had negative feelings about having an LGBT family member.



For non-LGBT people, having an LGBT person in the family did not increase the likelihood of increased positive attitudes towards LGBT people. In fact, more non-LGBT people would accept an LGBT person outside their family than one in the family.



LGBT people feel more acceptance from people outside their family. Unsurprisingly, LGBT people were more inclined to be more open about their sexuality to their social networks than to their family.

The existence of this stigma, or negative beliefs about LGBT people, has consequences. Stigma creates a set of restrictions that require LGBT people to hide their identity, pretend to be someone they are not and withdraw from social support networks.

32 %

of all LGBT people were told to watch their appearance or the way they spoke or acted when they were students. This number increases to 35 percent for transgender women.

> 50 %

More than half of LGBT participants experienced being made fun of or called names.

42 %

of LGBT people say they have pretended to be straight to be accepted, and 32 percent say they do this often

This stigma can also contribute to mental health problems. Additionally, negative attitudes of health care workers, and a lack of legal protections, can result in discrimination and exclusion.



Nearly half of LGBT people have contemplated suicide, and nearly one-sixth have attempted suicide.

49 %

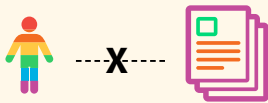
Mental health services were reported as a high priority by 49 percent of respondents, while one in five people reported having difficulty accessing mental health services.

53 %

Over half, 53 percent, of transgender women reported using hormones without medical supervision while a significant minority, 41.4 percent, of them reported injecting hormones without medical supervision. Some subgroups reported significant use of other substances in the last 30 days, such as sedatives/sleeping pills and alkyl nitrites/poppers and to a lesser extent methamphetamines and amphetamines, indicating the need for further research and analysis to understand patterns of substance use among the LGBT population in Thailand.

36 %

of transgender women and 32 percent of bisexual men, report having encountered discrimination in health care settings



LGBT people also encounter challenges accessing social security, particularly regarding eligibility for insurance and other programmes.

This report recommends that the government begin to track health, educational and labour outcomes of LGBT people as part of national data collection efforts in these areas. In addition, the report includes a number of recommendations for legal and policy reform and strengthening the implementation of LGBT-inclusive laws, policies and programmes.

INTRODUCTION

Research objectives

Increasing the knowledge base for inclusive development

Governments, the United Nations and civil society are working together to make real the vision of a world where every person can live in dignity, contribute fully to the growth of their country and shape sustainable communities. In Thailand, these efforts build on a rich history of diverse communities, families and individuals seeking to improve their lives.

A small but growing body of research has revealed that stigma and discrimination block LGBT people and their families from reaching their full potential as workers, students and community members. Weak legal frameworks and inadequate efforts to support LGBT people in schools, workplaces and civil society have prevented LGBT people from accessing various types of markets and services.¹ Increasingly, evidence shows that LGBT people experience lower employment, education, health and socio-economic outcomes compared to the rest of the population.

A response to discrimination and stigma is needed. This study focuses on developing new information with which stakeholders can formulate policy, establish priorities and seek improvements in the lives of LGBT people. The UNDP Being LGBTI in Asia and the Pacific programme initiated this study to explore areas of life – employment, education, health and the family – which are closely related to the factors that will determine the success of development efforts in Thailand. It is our hope that the findings and recommendations of this study will lead to positive change across all sectors of Thai society to improve the social environments for LGBT people to lead healthy and productive lives.

Responding to a lack of data about LGBT people

Questions about the development outcomes of various populations in Thailand can often be answered by looking to household, demographic and health data collected by the Thai government and multilateral agencies. However, almost none of these data collection efforts include measures to understand the LGBT population.² For example, the National Statistics

1 UNDP & MSDHS (2018). Legal Gender Recognition in Thailand: A Legal and Policy Review. Available at: <http://www.th.undp.org/content/dam/thailand/docs/legal-gender-recognition-in-thailand-2018.pdf>

2 Mulé, N.J., Ross, L.E., Deeprose, B., Jackson, B.E., Daley, A., Travers, A. & Moore, D. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health*, 8(1), 18.

Office under the Ministry of Information and Communication Technology only disaggregates its health and welfare data of the population in Thailand by region, sex and age groups, but not by sexual orientation and gender identity.³ Though there is limited research about public attitudes towards LGBT people, these studies are often limited to small samples of undergraduate students or focused on LGBT people's perception of what the general public's attitude is towards LGBT people.⁴

Findings in this study should provide evidence for government agencies, international organizations, community-based organizations, media, academia and the private sector to better understand the challenges that LGBT people face in Thailand. However, in order to formulate, implement and monitor the effectiveness of development programmes targeted towards LGBT people, national research programmes will need to incorporate efforts to regularly and comprehensively gather data about LGBT populations.

Research model and methods

Understanding multiple factors influencing development outcomes

The literature review on the situation of LGBT issues in Thailand reveals contrasting circumstances of high visibility and positive legal developments, on the one hand, and low social acceptance and denial of basic rights on the other. In order to study these complex dynamics, researchers chose a model that would enable an examination of the multiple factors that impact development outcomes for LGBT people. This project adapted the Socio-Ecological Model^{5,6} (SEM, see Figure 1) as a theoretical framework to develop research questions.

At the core of this widely used model is the individual, surrounded by five bands of influence representing the interpersonal, organizational, community, societal and policy levels. Human beings, according to this model, develop according to their environment, which includes a number of systems, each one influencing the individual. Based on the five bands of influence depicted in Figure 1, a series of research questions was developed (see Appendix A). The questions guided the design of the research instruments used in this study.

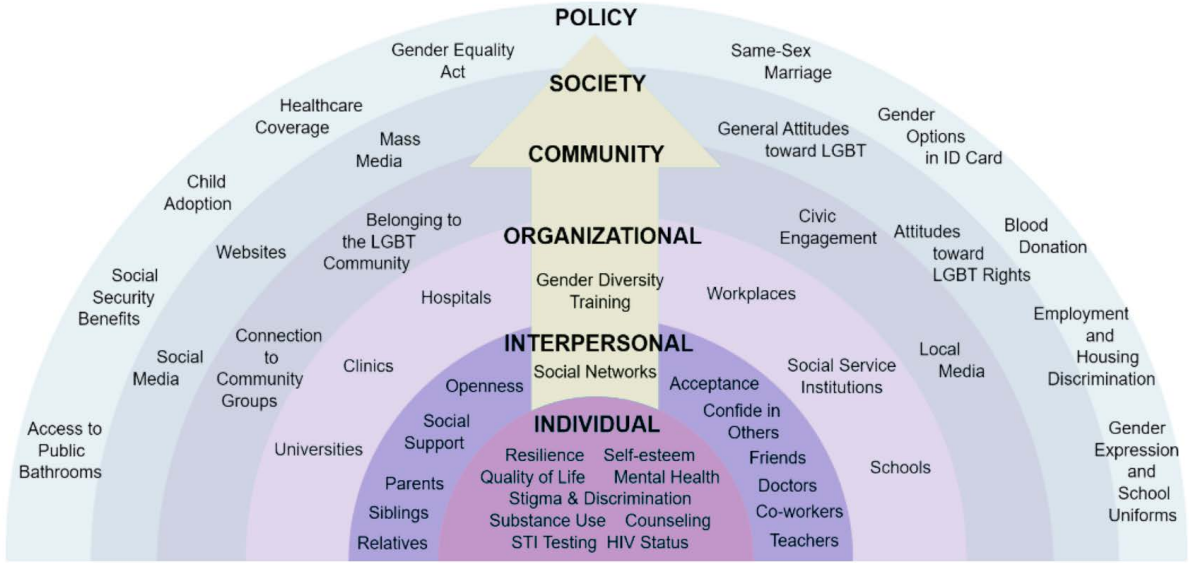
3 National Statistics Office (2015). The 2015 survey on health and welfare. Available at: [http://web.nso.go.th/en/survey/hw/data/2015_Fullpercent 20Report.pdf](http://web.nso.go.th/en/survey/hw/data/2015_Fullpercent%20Report.pdf)

4 Winter, S. (2006). Thai transgenders in focus: Their beliefs about attitudes towards and origins of transgender. *International Journal of Transgenderism*, 9(2), 47–62.

5 McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz K. (1988). An ecological perspective on health promotion programs. *Health Educ. Q*, 15(4), 351–377.

6 Reifsnider, E., Gallagher, M. & Forgione, B. (2005). Using ecological models in research on health disparities. *J Prof Nurs*, 21(4), 216–222.

Figure 1: Socio-ecological model



Community consultation and research design

After receiving confirmation of the initiation of a study, the National Survey Reference Group was established to formulate the research agenda, as well as to review and approve research instruments for this study. It met in January 2018 to begin a consultative design process. This group included representatives from the Ministry of Social Development and Human Security, the Ministry of Justice, the National Human Rights Commission of Thailand, the World Bank, and civil society organizations such as Rainbow Sky Association of Thailand, Togetherness for Equity and Action, the Thai Transgender Alliance; and the Asian Institute of Technology (AIT), Love Frankie and UNDP.

The research team from Love Frankie and AIT spent the following five months developing two survey instruments (one for LGBT people and another for non-LGBT people) and a guide for focus group moderators. Consultations were held with LGBT organizations, government agencies, international organizations and academic institutions to pre-test the research tools for comprehension, appropriate localization to fit regional cultures and accuracy of translation. The research instruments were submitted to the AIT Research Ethics Review Committee for approval before data collection began. (See Appendix A for a more detailed timeline). The final survey included measurement of a number of characteristics which are detailed in Appendix A, Table A.3.

Surveys and focus groups

Data were gathered from LGBT and non-LGBT people in Thailand using three methods:

1. A national online survey of LGBT people was launched in January 2018, using a chain-referral sampling method, where LGBT organizations were approached to help recruit participants. Participants were asked to identify their own sexual orientation and gender identity during the recruitment process. Due to the sampling method used, and the online nature of the survey, the sample does not allow for generalizability to the broader LGBT population throughout Thailand. A total of 1,349 people were included in this sample (see Appendix A, Table A.4).

2. A national online survey of non-LGBT people was launched in February 2018, using a quota and incentive-based dynamic sampling approach to recruit non-LGBT respondents from the general population in Thailand. This sampling approach used online banner ads to recruit participants from popular websites accessed by mobile devices and computers. Though this sampling has a higher generalizability than chain-referral sampling, it still cannot be generalized to the entire population. 861 non-LGBT respondents were included in the sample (see Appendix A, Table A.4).
3. In the format of community dialogues, LGBT focus group discussions (FGDs) were conducted in three regions of Thailand: the North (Chiang Mai and Phitsanulok), Central (Bangkok), and South (Pattani). In each region, 4 FGDs were held, making a total of 12. Each group consisted of 7 or 8 participants who were lesbians, gay men, bisexual men, bisexual women, transgender men or transgender women. A breakdown of focus group discussion participants as well as a description of the moderation process can be found in Appendix A.

After the close of the surveys, data were weighted for sex at a 50:50 ratio for male to female, though the weighting did not significantly affect the average scores. Statistical tests were run on survey items to assess validity and reliability (see Appendix A for discussion).

Overview of survey sample population

Sample size

Overall, 2,210 participants took part in the study with 1,349 respondents in the LGBT survey and 861 respondents in the non-LGBT survey. A full breakdown of the sample can be found in Appendix A, Table A.4.

Subgroups

In addition to sexual orientation and gender identity, the participants in the national survey were diverse in many important ways, including age, education, income, employment, relationship status and geographic location (see Table A.4 for the socio-demographic and background characteristics of the LGBT and the non-LGBT samples). The original data set included 43 percent male and 57 percent female respondents from the non-LGBT sample, and they were weighted to a 50:50 ratio of male to female.

Nine LGBT subgroups were created for this study: (1) lesbians, (2) gay men, (3) bisexual men, (4) bisexual women, (5) transgender men, (6) transgender women, (7) non-binary persons, (8) intersex persons and (9) 'other'. To avoid double counting and the conflation of figures, cisgender LGB are classified as LGB, and trans and non-binary LGB are classified as trans and non-binary with no subdivision by sexual orientation. Among the 1,349 LGBT participants, 15.3 percent were lesbian (cisgender women who were attracted to other women or self-identified as lesbian); 18.7 percent were gay men (cisgender men who were attracted to other men or identified as gay); 8.3 percent were bisexuals (cisgender individuals who were attracted to both men and women: 1.9 percent were bisexual men and 6.4 percent were bisexual women); 32.6 percent were transgender of which 14.4 percent were transgender men (assigned as female at birth: 3.2 percent now identified themselves as male and 11.2 percent identified as tom)⁷ and 18.2 percent were transgender

⁷ It should be noted that a transgender man is a new concept in Thailand and not every tom may identify themselves as a man. Nevertheless, this study categorizes tom as transgender men due to their masculine appearance and gender expression that share similar characteristics with transgender men.

women (assigned male at birth: 5.3 percent now identified as female, 7.7 percent as *sao prapet song*, 5.1 percent as *kathoey* and 0.1 percent as *tut*); and 5.5 percent as intersex.⁸ In addition to these LGBT subgroups, almost 12.8 percent of the participants identified themselves as non-binary (neither male or female), and 6.9 percent were categorized as 'other', comprising cisgender individuals who were pansexual, 3.9 percent, only attracted to tom, 1.5 percent, only attracted to transgender women, 0.2 percent, not sure who they were attracted to, 1 percent, or not attracted to anyone, 0.3 percent.

Sample characteristics

LGBT adults in this study ranged in age from 18 to 57 with the average age of 28.6. The majority of the participants were in the category of 25 to 34 years old, 50.5 percent, followed by 18 to 24 years old, 31.9 percent, 35 to 44 years old, 15.4 percent, and 45 years old and above, 2.2 percent. The majority of LGBT participants lived in Greater Bangkok, 56.7 percent, while 12.3 percent lived in the Central region, 12.3 percent in the North region, 11.7 percent in the Northeast region, and 6.9 percent in the South region. No one currently lived in rural areas. A majority practised Buddhism, 80.2 percent, and 13.5 percent indicated that they had no religion or practised a religion other than Buddhism, Islam and Christianity. For the non-LGBT sample, the average age was 28.9 with the age range from 18 to 62. Most were 18 to 24 years old, 39.9 percent, while 6.7 percent were over 45 years old. Due to the quota sampling method, there was more representative distribution of non-LGBT participants across different regions in Thailand: 27.2 percent were from Bangkok, 20.5 percent from the Central region, 18.9 percent from the North, 19.9 percent from the Northeast, and 13.5 percent from the South. One-third, 33.4 percent, of the online non-LGBT participants live in a rural area.

Regarding marital status, 97.4 percent of the LGBT sample indicated that they were single and 1.9 percent were legally married. In contrast, 20.4 percent of the non-LGBT sample were married. 63.6 percent of the LGBT sample were in a monogamous relationship compared to 78.8 percent of the non-LGBT sample. About 3 percent of both LGBT and non-LGBT samples were in a relationship with more than one person. More LGBT persons, 33.5 percent, were not in a relationship in comparison with non-LGBT persons, 18.3 percent.

Over 50 percent of the respondents in both samples stated that their parents were heads of the household. More LGBT participants, 10.6 percent, claimed to be joint heads of the household with their partner than non-LGBT participants, 5.4 percent. Twenty-nine percent of the non-LGBT respondents had children compared to only 1.7 percent of the LGBT sample. About 1 percent of both samples had disabilities.

Regarding education, the LGBT sample was skewed towards people with a Bachelor's degree or higher, 76.8 percent, when compared to the non-LGBT sample, 47.4 percent. LGBT participants also had lower unemployment at 6.6 percent in comparison with the non-LGBT sample, 10.6 percent. 19.6 percent of the LGBT participants had a monthly income of over 30,000 Thai baht (THB, or 'baht') when compared to 15.3 percent of the non-LGBT participants. More non-LGBT participants, 40.7 percent, had an income lower than 10,000 baht per month than LGBT participants, 29.9 percent.

⁸ Participants in the LGBT survey were asked if they were born with a variation of sex characteristics, often known as an intersex person. A definition of intersex was subsequently provided as "a person who was born with biological characteristics (e.g. sex organs, hormones and chromosomes) that cannot be determined as male or female. It should be noted that the Thai translation of intersex is *Phet Gum Guam* (ambiguous sex) which may also be interpreted as fluid sex or non-binary. Since intersex is still a novel subject in Thailand, it is possible that respondents who answered yes to this question may not actually be intersex. Data associated with the intersex group from this study should be used with extreme caution and may not be representative of the actual intersex population in Thailand.

Scope of study in relation to intersex people

The scope of the study, as determined by the National Survey Reference Group, includes a number of subgroups with diverse sexuality and gender. Intersex people, that is people with diverse sexual characteristics, are included in the sample group and included in the analysis. However, gaps in prior research about intersex people means that caution should be exercised when interpreting findings related to intersex people and issues. In Thailand and globally, peer-reviewed research about the relationship of variations in sex characteristics with stigma and discrimination and health and other outcomes is largely lacking.

Additionally, given that one of the surveys sought to measure the attitudes and beliefs of non-LGBT people regarding LGBT people, the National Survey Reference Group focused on terms that would be understandable to non-LGBT people. The term 'LGBT' and other Thai language terms used in the survey were all recognizable to non-LGBT respondents. In comparison, earlier research has shown that attempts to measure public attitudes and beliefs regarding intersex issues have not fully succeeded because valid survey measures have not been developed and the terminology is not familiar to the general population. Thus, the survey administered to non-LGBT respondents only made reference to LGBT people in order to safeguard the validity of the survey and no questions specifically referencing intersex status were included in the survey.

Respondents were given the option to disclose whether they were born with a variation of sex characteristics. 5.5 percent of respondents who took the LGBT survey answered yes to this question (see Table A.4). This result is significant on its own, and points to the need to conduct further research regarding the experiences of intersex people (see Recommendations).

These respondents are included in the survey data and analysis as a subgroup labelled 'intersex'. However, the ability to interpret the data related to intersex respondents, and related to non-LGBT attitudes about intersex people, is relatively limited given the concerns highlighted above. For all these reasons, this survey is described as relating to LGBT rather than LGBTI ("I" indicating intersex) people. Nonetheless, it is hoped that the preliminary data regarding intersex respondents in this survey will contribute to the growing awareness of issues related to intersex people and sex characteristics and point to potential areas for further research.

CULTURAL AND LEGAL CONTEXT IN THAILAND

History of LGBT people in Thailand

Because Thailand has a rich and distinct history regarding gender and sexuality, any discussion of LGBT people in Thailand would be incomplete without understanding the background and context of LGBT communities. Though LGBT issues have gained worldwide prominence in recent years, relying on international concepts and assumptions would not necessarily help increase our knowledge of LGBT people in Thailand. Indeed, because of the visibility that LGBT people have in Thailand, the cultural experiences of the Thai LGBT community may serve to help inform those seeking to address LGBT issues in other parts of the world.

Thailand has a long history of non-heteronormative behaviours since the 14th century during which there were oral accounts of homosexuality among male and female members of the Thai court. Records of homosexual behaviours in both men and women can be found on wall murals in temples from before the Rattanakosin era (1782 to present).⁹ A stricter concept of gender binary identities – i.e. recognition of only men and women – became more prevalent during the Western colonization era of the late 19th and early 20th centuries when Thailand adopted a national project of Westernization as a survival strategy. This was to present itself to the colonial powers as a civilized nation where colonization was not necessary.¹⁰ For instance, part of the Westernization process was eliminating the unisex characteristics of Thai hairstyles, clothing and names. By the 1940s, laws were introduced for men and women to only use pre-approved names for their respective gender, and women were required to wear skirts and hats while men had to wear trousers and kiss their wives goodbye before going to work.

In the meantime, LGBT communities increased in size and diversity and began attracting Western expatriates who relocated to Thailand after World War II.¹¹ From the 1950s, the proliferation of mass media contributed to increasing the available information on gender and sexuality. However, this period also saw the rise of mass media, especially the news media, featuring mostly negative portrayals of LGBT people. Public 'outing' of LGBT individuals through sensationalistic

9 Hauser, S. (2000). Transsexuality in Northern Thailand – historical notes. Sjon Hauser de Thailandspecialist RSS. Available at: <http://www.sjonhauser.nl/transsexuality-in-northern-thailand-historical-notes.html>

10 Jackson, P.A. (2003). Performative genders, perverse desires: A bio-history of Thailand's same sex and transgender cultures. *Intersections: Gender, History and Culture in the Asian Context*, 9. Available at: http://intersections.anu.edu.au/issue9_contents.html

11 History of Thai LGBTs (2009). Origins of Homosexuality in Thailand. 8 Sept 2009. Available at: <http://www.dek-d.com/board/view/1410188>

headlines to humiliate them were common in the press of the 1960s.¹² During the liberalization of sexual norms in the West in the latter part of the 20th century, Thailand gained a global reputation for tolerance, even as conservative elements of Thai society continued to resist the inclusion of LGBT people. As the prominent scholar, Professor Douglas Sanders describes, “There is a tolerance for sex/gender diversity in Thailand that is unique in Asia”.¹³ And yet, as will be expanded on in the next sections, he notes this tolerance coexists with a lack of acceptance in Thai families, social stigma and discrimination, legal discrimination and some incidents of violence against LGBT people that Thai authorities are accused of downplaying. Indeed, he summarizes the situation by commenting that reform efforts for LGBT rights in Thailand “have been limited or long stalled ... A Thai norm continues – hands off gay venues, a warm welcome to gay tourists and limited legal reforms.”¹⁴

Thai ‘tolerance’ and the pressure to hide and pretend

The concept of tolerance in the Thai context is dependent on ‘time and place’ (ka-la-the-sa), and ‘appropriateness’ (mo-som) in a given situation.⁵ A central dynamic in the Thai tolerance of LGBT people is the struggle over when and where LGBT people can live their lives openly and honestly. On one hand, given the visibility of non-heteronormative identities in Thailand, the country has enjoyed a reputation of inclusiveness. On the other, in the workplace, the family and the school, LGBT people in Thailand have faced harsh restrictions. In these environments, LGBT people are told to hide who they are and pretend that they are not LGBT. A lesser form of this demand occurs when LGBT people are told to downplay their identity enough so that others can disregard it.

Many LGBT people in Thailand are offered a bargain by their families, employers and teachers: you can have a role, a job or an education, as long as you hide or downplay the fact that you are LGBT. For many LGBT people, this means living a double life, never having intimate relationships, withdrawing from support networks, and living inside a body that doesn’t match their identity. A prominent scholar on Thai culture has proclaimed Thailand as “tolerant but unaccepting” of LGBT.¹⁵

In recent decades, there has been a tremendous growth of LGBT visibility in Thai society as evidenced by the number of gay venues in Bangkok, LGBT-themed publications, top-grossing films and popular TV series with leading gay and transgender characters, the emergence of Thailand as a prominent centre for gender-affirming surgery, a growing number of academic researchers, and the establishment of LGBT community groups and NGOs. Seeking to capitalize on this visibility, the Tourism Authority of Thailand actively promotes the country as an LGBT-friendly destination with “Go Thai. Be Free.” as the main slogan on its website.¹⁶

Nonetheless, recent research indicates persistent hostility and prejudice, as well as institutionalized discrimination towards LGBT people. LGBT visibility is often concentrated in

12 Jackson, P.A. (2011). Queer Bangkok after the millennium: Beyond twentieth-century paradigms. In P.A. Jackson (ed.), *Queer Bangkok: 21st century markets, media, and rights*, 8–9. Hong Kong: Hong Kong University Press.

13 Sanders, D. (Forthcoming). Thailand: Sex and Gender Diversity. In Chachavalpongun, P. *Routledge Handbook of Contemporary Thailand*.

14 Ibid.

15 Jackson, P.A. (1999). Tolerant but unaccepting: The myth of a Thai ‘gay paradise.’ In P.A. Jackson & N.M. Cook (eds.), *Genders and sexualities in modern Thailand*, 226–242. Chiang Mai, Thailand: Silkworm Books.

16 Tourism Authority of Thailand (2018). *Gay life in Thailand*. Available at: <http://gothaibefree.com/LGBT-thailand/>

urban areas and not extended to the rural parts of Thailand. Discussions of sexuality in society are still taboo and there is limited sexuality education in schools and colleges.¹⁷ In contemporary Thai media, LGBT people are often described as jokers, clowns, obsessed with sex and beauty, and associated with HIV transmission and crimes.^{18, 19}

LGBT people who do not conform to the social demands to hide their identity face particular hostility in everyday life.²⁰ Effeminate gay men have been depicted in the new media as failing to hide their femininity ('saaw tak'), having an uncontrollable appetite for heterosexual men ('kathoei rong seed' and 'greed sai phuchai') and being a violent threat against heterosexual women ('kerd ma peur kha cha nee'). To some extent, the behaviour of masculine lesbians has faced less intense judgement from the media, though toms have been singled out by how their appearance conforms to a desirable male masculinity such as being a handsome lady ('saaw lor'). This complexity leads to further social condemnation against feminine gender expression, even within the gay community.

Demographic and socio-economic factors such as ethnicity, income, biological sex and religion also influence the level of stigma and discrimination against LGBT people in Thailand.²¹ Thai-Chinese populations are less accepting of LGBT people than Thai populations with no Chinese ancestry.^{22, 23} Middle-class and upper-class families place more value towards 'saving face' and protecting family reputations than low-income families. On the other hand, LGBT people from wealthier families may have more life options because of their financial status. Same-sex relationships between women are often perceived as friendships. Hence, lesbians, tom and dee may face less discrimination than male-to-male relationships. Nevertheless, they are also unlikely to be viewed as real partnerships, so women in such relationships may still face pressure to marry a man or to live with and take care of their parents. In relation to religion, many Thai Buddhists believe that being born LGBT is a result of bad karma from a person's past life. Transgender women are not allowed to be ordained as monks. Thai Muslims and Christians who are LGBT may experience particular religion-based problems from their respective communities.

In the 2018 report on social acceptance of LGBT people in 141 countries by the Williams Institute at the University of California – Los Angeles, Thailand was ranked 73rd in the world, and 9th in Asia after countries or territories such as Hong Kong SAR, Japan, the Philippines, Taiwan and Viet Nam.²⁴ In another study that tracks longitudinal data from the World Values Survey, Thailand is one of the 11 countries that has become less tolerant of homosexuality over time.²⁵

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- 17 Thaweessit, S. & Boonmongkon, P. (2011). Pushing the boundaries: The challenge of sexuality education in Thailand. In S. Thanenthiran, *Reclaiming & redefining rights. Thematic studies series 1: Sexuality & Rights in Asia*, 44–53. Kuala Lumpur, Malaysia: Asian-Pacific Resource & Research Center for Women (ARROW).
 - 18 Burapha University & UNDP (2017). A tool for change: Working with the media on issues relating to sexual orientation, gender identity, expression and sex characteristics in Thailand. Available at: http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/a-tool-for-change--working-with-the-media-on-issues-relating-to-.html
 - 19 Ojanen, T.T. (2014). The Thai Delphi Panel: Impact of structural factors on gender and sexuality in Thailand in 1980–2010. In P. Boonmongkon & T.T. Ojanen (Eds), *Mobile sexualities: Transformations of gender and sexuality in South-east Asia*, 51–166. Nakhon Pathom: The Southeast Asian Consortium on Gender, Sexuality, and Health.
 - 20 Suriyasarn, B. (2014). *Gender identity and sexual orientation in Thailand*. Bangkok, Thailand: International Labour Organization.
 - 21 Ojanen, T.T., Ratanashevorn, R. & Boonkerd, S. (2016). Gaps in responses to LGBT issues in Thailand: Mental health research, services, and policies. *The British Psychological Society Psychology of Sexualities Review*, 7(1), 41–59.
 - 22 Jackson, P.A. (2014). Cultural pluralism and sex/gender diversity in Thailand: Introduction. In N. Duangwiset & P.A. Jackson (eds), *Cultural pluralism and sex/gender diversity in Thailand*, 14–27. Bangkok, Thailand: Princess Maha Chakri Sirindhorn Anthropology Centre.
 - 23 Sinnott, M. (2004). *Toms and dees: Transgender identity and female same-sex relationships in Thailand*. Honolulu, HI: University of Hawaii Press.
 - 24 Flores, A.R. & Park, A. (2018). Polarized progress: Social acceptance of LGBT people in 141 countries, 1981 to 2014. Available at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Polarized-Progress-April-2018.pdf>
 - 25 McGee, R.W. (2016). Has homosexuality become more accepted over time? A longitudinal study of 98 countries. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2799843

Terms and language

Researchers in this study have chosen the term 'LGBT' as the primary reference for the population group participating in this study. As described earlier, intersex people are not included within this term because the results of the research do not describe them. Respondents were categorized into subgroups of LGBT based on sex assigned at birth, gender identity and sexual orientation. The subgroups are lesbians, gay men, bisexual men, bisexual women, transgender men, transgender women, non-binary, intersex and other. It is important to note that these terms used to designate subgroups do not necessarily reflect the terms used by individual participants to identify themselves or each other. The term LGBT is an increasingly well-recognized term to refer, collectively, to those individuals whose sexual orientation and gender identity (SOGI) do not conform to prevailing norms. Using these terms as a research framework increases the ability of research results to be applied cross-culturally.

Thai language does not distinguish between biological sex and gender and the word *phet* is generally used to refer to both concepts. While new Thai terms (*phet saphap*, *phet pawah* and *stanah phet*) have been created to refer to gender, these terms are used mainly by academics and have not been widely adopted by the general population. Thai terms that are used to categorize different LGBT subgroups include *kathoey*, used starting in the 1950s to refer to transgender women, *gay*, used since the 1960s to refer to masculine homosexual men, and *tom* and *dee*, used since the late 1970s to refer to women.

LGBT people in Thailand are continuing to create and evolve terms to more accurately and positively represent their identity.²⁶ For example, some transgender women feel that the word *kathoey* is derogatory and does not represent those who are in the final phase of transition from male to female and prefer *sao praphet song* or *phu ying kham phet* as more polite terms. On the other hand, some transgender women embrace *kathoey* to uniquely represent their in-between gender identity. Transgender women who have gone through gender-affirming surgery may also want to be identified simply as *phu ying* or women.²⁷ A 2018 study by the World Bank on economic inclusion of LGBT groups in Thailand provided 12 response options (not counting heterosexual men, heterosexual women and 'other' options), for recording genders: *kathoey*, *sao praphet song* and *phu ying kham phet* for transgender women; *gay* and *chai rak chai* for gay men; *tom* and *phu chai kham phet* for transgender men; *dee*, *les* and *ying rak ying* for lesbians; *bi* for bisexual; and *phet gum guam* for intersex.

Worldwide, some individuals identify as queer because they may feel that the terms currently in use are too limiting and not applicable to them.²⁸ For the Thai context, there is no direct translation of the term queer and it has not been widely used among the LGBT community. Nevertheless, this study recognizes a segment of the LGBT community in Thailand that do not identify themselves in any of the terms currently in use. A term *mai chai phu ying hree phu chai* (neither a man nor a woman) or non-binary was thus created to accommodate this subgroup. While a similar term *phet thi sam* (the third gender) has been used widely in Thailand as an umbrella term for LGBT, this study does not use this term as it is not favoured by many Thai LGBT individuals due to the reinforcement of gender hierarchy that LGBT people are the third gender after male and female.²⁹

26 Winter, S. (2011). Transpeople (Khon kham-phet) in Thailand: Transprejudice, exclusion and the presumption of mental illness. In P.A. Jackson (ed.), *Queer Bangkok: 21st century markets, media and rights*, 251–267. Hong Kong: Hong Kong University Press.

27 Chonwilai, S. (2012). *Kathoey* (กะเทย) Male-to-female transgenders or transsexuals. In Boonmongkon, P. & Jackson, P.A. (eds.), *Thai sex talk: The language of sex and sexuality in Thailand*, 109–117. Chiang Mai, Thailand: Mekong Press.

28 GLAAD. (2018). Glossary of Terms – Lesbian/Gay/Bisexual/Queer. Available at: <https://www.glaad.org/reference/LGBTq>

29 Suriyasarn, B. (2014). Gender identity and sexual orientation in Thailand: Promoting Rights, Diversity and Equality in the World of Work (PRIDE) Project. Available at: http://www.ilo.org/asia/publications/WCMS_356950/lang--en/index.htm

Legal context

Although Thailand's Constitution and numerous ratified human rights conventions prohibit discrimination, specific laws that refer to sexual orientation do not exist. Thailand enacted the Gender Equality Act, B.E. 2558 in 2015 to protect people from unjust discrimination based on their gender.³⁰ However, the implementation of the law is still in its initial stages and its legal application to transgender rights remains to be seen. Whether the law covers sexual orientation is still under dispute, and the law also permits discrimination if done "in order to provide welfare and safety protection, in accordance with religious principles, or for national security reasons".³¹ Thailand has no law enabling transgender people to change their title, sex or gender on official documentation.

The Thai Labour Standard includes clauses prohibiting discrimination, but they have not been interpreted to include LGBT people. In addition, there are restrictive provisions limiting gender expression, such as dress codes in the Civil Service Uniform Regulations. The National Human Rights Commission (NHRC) is empowered to accept and investigate claims of discrimination that violate human rights standards. Though the NHRC can make policy recommendations, it does not have the power to order remedial measures, such as job reinstatement, enforcement of tenant/ landlord leases, or compensation for discriminatory acts.

LGBT people continue to be denied access to the rights associated with marriage such as making health care decisions for partners, receiving spousal benefits from employers and health insurance policies, filing joint financial loans, assessing inheritance, adoption or other parental rights. All biological males in Thailand are required to serve in the military. Transgender women, including any biological males who have undergone gender-affirming surgery or any form of surgery to physically appear more feminine, were dismissed from military service based on a 'permanent mental disorder', but a successful 2006 court challenge led to a new regulation in 2012 that changes the reason for dismissal to 'gender does not match sex at birth'.³² There are no clear guidelines on uniform policies for transgender students nor anti-bullying policies in schools and universities that protect the welfare of LGBT people.

30 Department of Women's Affairs and Family Development, Ministry of Social Development and Human Security (2016). Gender Equality Act B.E. 2558 (Public Edition), 27. Bangkok: Department of Women's Affairs and Family Development.

31 Gender Equality Act, B.E. 2558 (2015), Article 17.

32 For more, read UNDP & MSDHS (2018). Legal Gender Recognition in Thailand: A Legal and Policy Review, 47–50. Available at: <http://www.th.undp.org/content/dam/thailand/docs/legal-gender-recognition-in-thailand-2018.pdf>

MAJOR FINDINGS

GENERAL ATTITUDES TOWARDS
LGBT PEOPLE

LGBT HEALTH AND HEALTH
CARE ACCESS

FAMILY AND FRIENDS

SCHOOL

WORK

COMMUNITY AND
MEDIA ENVIRONMENT

GENERAL ATTITUDES TOWARDS LGBT PEOPLE

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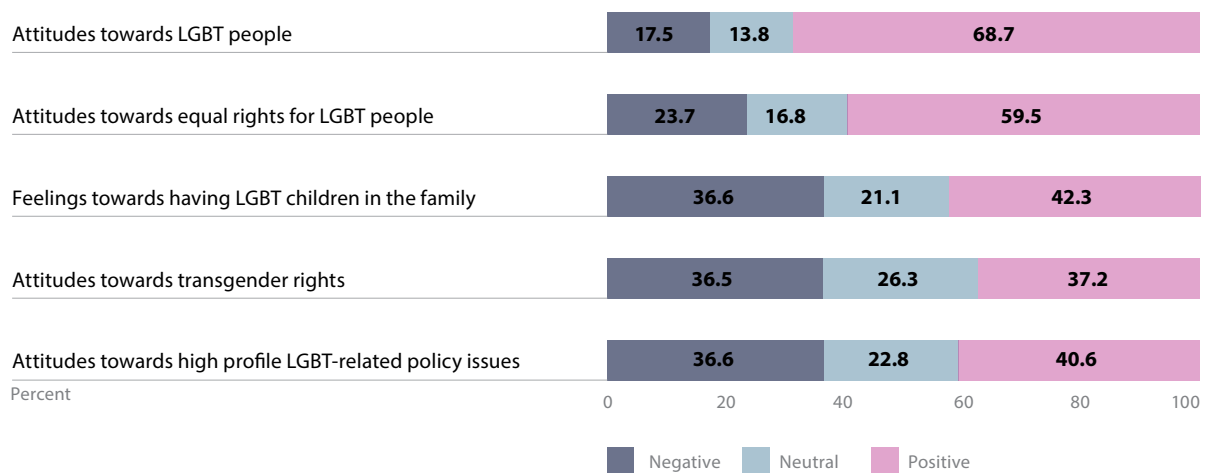
General Attitudes Towards LGBT People

Stigma is a negative attitude or belief that is put upon a person or group.³³ It is often expressed as a stereotype, or a false assumption. In this research, the belief is examined that because a person is LGBT, that person is a bad worker, student, family member or community member. When employers, teachers and health professionals share negative beliefs and attitudes about LGBT people, such stigma can impact the ability of LGBT people to get jobs, to get an education, and to access health care.

The survey revealed that while non-LGBT respondents have favourable attitudes towards LGBT people, they have less favourable attitudes towards LGBT people as workers, students, family members and social acquaintances. This may reflect the particular dynamic of Thai tolerance which tolerates LGBT people but does not accommodate their LGBT characteristics. In this cultural circumstance, attitudes towards LGBT individuals would be more positive than attitudes towards LGBT policies or issues. While 69 percent of the non-LGBT population had positive attitudes towards LGBT people, the proportion of respondents expressing support for equal rights dropped to 40 percent or below. Thus, roughly 30 percent of respondents felt positively towards LGBT people but did not feel positively towards equal rights or specific inclusive policies (see Figure 2).

In many areas, neither supporters nor opponents are in the majority, and a significant proportion of respondents do not have a strong opinion on high-profile policy issues relating to LGBT issues. These findings indicate continued opportunities for advocacy.

Figure 2: Social attitudes towards the five measures of LGBT acceptance



33 Herek, G.M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, 63(4), 905–925.

LGBT people want equal job opportunities

“I want equal and open access to jobs such as air stewards and hostesses, government jobs, and teachers.”

- Transgender woman student

“Now I have to cut out the government jobs from my life because they don’t accept us. They don’t allow women’s dresses. Our appearances and figures are like these. It will be strange for us to wear men’s uniforms.”

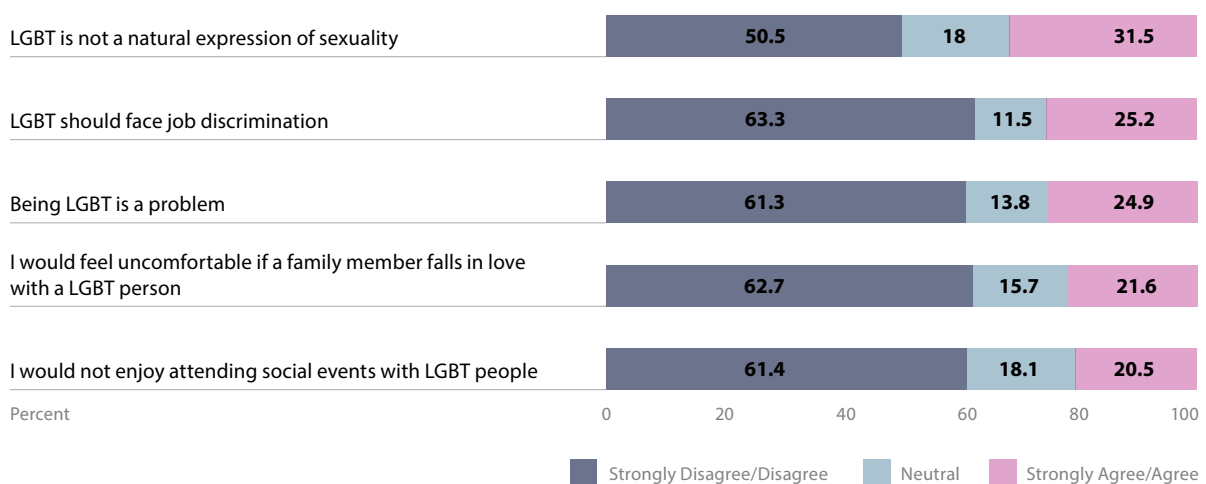
- Transgender woman student

Attitudes and beliefs of non-LGBT people

Attitudes about LGBT people of non-LGBT people

Most non-LGBT people disagree with stigmatizing beliefs. Figure 3 lists the top five negative statements that received agreement from non-LGBT respondents. While most respondents disagreed with these stigmatizing beliefs, between 40 percent and 50 percent of respondents did not disagree with them.

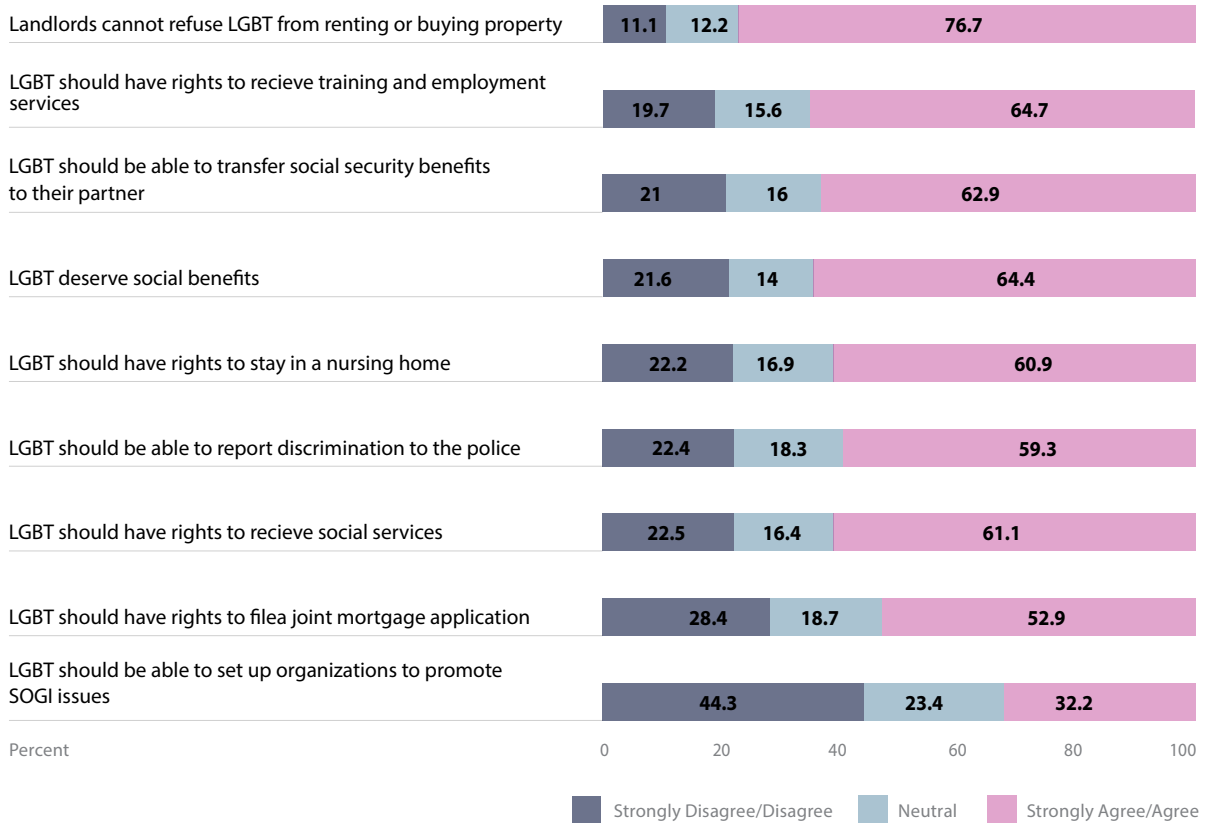
Figure 3: Top five general negative attitudes towards LGBT people



Attitudes towards LGBT equality rights

Most non-LGBT respondents supported LGBT equality rights. The most significant exception was attitudes towards the right to set up an organization to promote gender issues. This difference is a possible reflection of conservative aspects of Thai culture.

Figure 4: Attitudes towards LGBT equality rights



These results are consistent with past public opinion polls that have shown that the general population in Thailand favour pro-LGBT policies. For example, Nida Polls found that public support for same-sex marriage increased from 53 percent in 2013 to 59 percent in 2015.³⁴

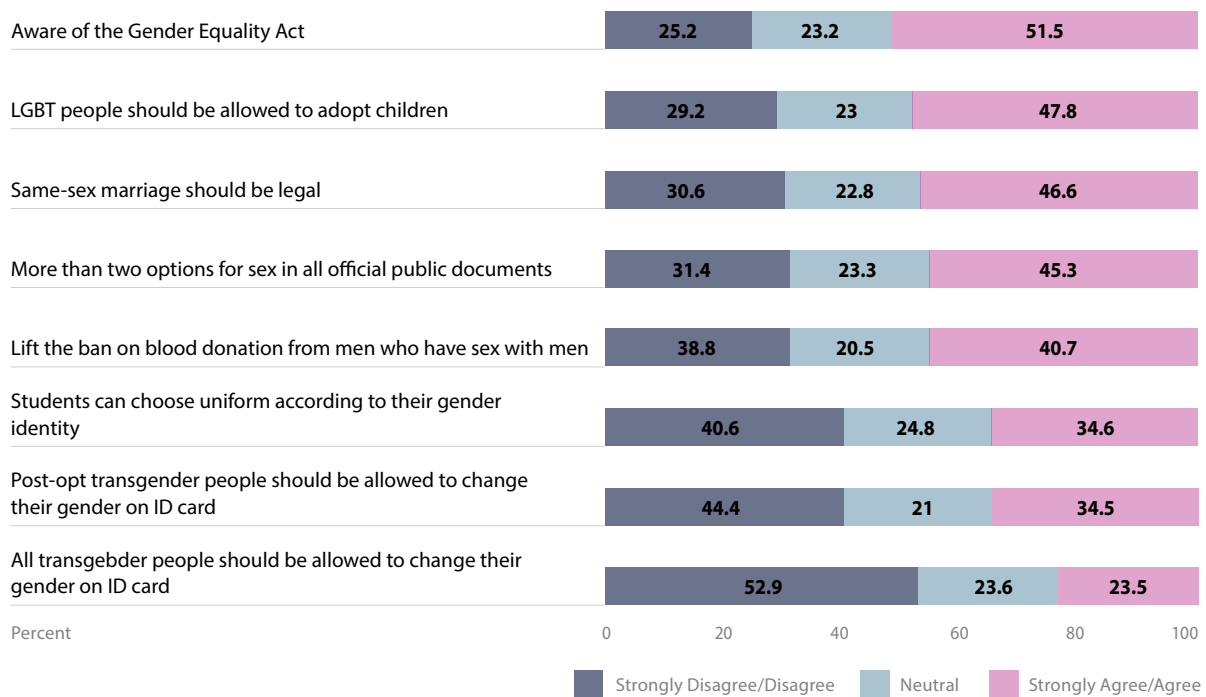
Attitudes towards high-profile issues

Non-LGBT respondents were less supportive of high-profile issues. The survey included statements about issues that have recently received media attention. These statements elicited a lower level of support than statements about equality rights. The difference may reflect the level of anti-LGBT media messages surrounding these issues, or it may reflect the distaste of some respondents to public discussion of sexuality and gender issues.

Most non-LGBT respondents were aware of gender equality laws, but opposed to gender equality. Though more than half of non-LGBT respondents were aware of gender equality laws, only 23.5 percent supported policies to provide transgender people with accurate sex designations on ID cards. Recognition of gender identity received lower levels of support than marriage equality and parental rights.

34 Poll (2015). What do Thai society think of the Third Gender? Available at: http://nidapoll.nida.ac.th/file_upload/poll/document/20160608033752.pdf

Figure 5: Public support towards LGBT policies



LGBT people want family equality

“I want to marry just like others. I want to know what it feels like. However, I am not too sure if the marriage will survive. Also, I want someone to turn to after retirement and maybe have an adopted child.”

- Gay student in the North

Factors associated with supportive attitudes

Geography, parental status, family and social networks impact attitudes. Additional analysis of the survey data revealed that certain non-LGBT groups were more likely to be supportive of LGBT policies (see Appendix B, Table B.1 and Table B.2).

- People who live in urban areas were found to be significantly more supportive than those in rural areas.
- People with children were less supportive than those who did not have children.
- People who lived in the South were significantly less supportive than those in the Northeast.
- Non-LGBT respondents who had higher interaction with LGBT people in their non-family social network were significantly more supportive, as were those who had a high level of acceptance of LGBT people both inside and outside their family.
- Participants who only knew LGBT members in their family were significantly more likely to be against LGBT policies.
- Women had significantly more positive attitudes than men across all measures. This confirms findings from previous studies that found men across cultures to be less accepting of LGBT people.³⁵

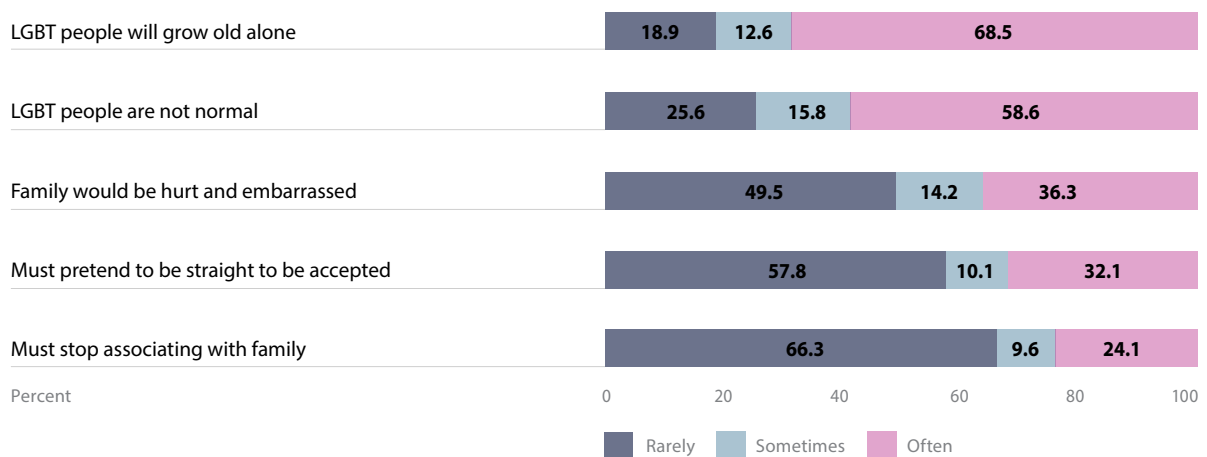
³⁵ Monto, M.A. & Supinski, J. (2014). Discomfort with homosexuality: A new measure captures differences in attitudes towards gay men and lesbians. *Journal of Homosexuality*, 61(6), 899–916.

LGBT People’s experience of stigma and discrimination

LGBT people perceive stigma when they become aware that people around them have negative attitudes and beliefs about their sexuality, gender and sex characteristics. This may result from hearing negative statements about LGBT people. Additionally, they become aware of stigma when they experience discrimination or actions are taken towards them based on these negative beliefs and attitudes. Discrimination can include physical, verbal and sexual violence, being excluded from opportunities, and being expected to fulfil false stereotypes. This study looked at both perceived stigma as well as discrimination experienced by LGBT people.

Most LGBT respondents perceived stigma. A substantial percentage of LGBT respondents, 68.5 percent, have often heard that LGBT people would grow old alone; 58.6 percent that LGBT people were not normal; and 36.3 percent that their family would be hurt and embarrassed.

Figure 6: Perceived stigma among LGBT respondents



Bisexual men perceived more forms of stigma than any other LGBT subgroup. Looking at both the number of ways that stigma is perceived, and at the frequency of these perceptions, bisexual men scored higher than other subgroups (see Appendix B, Figure B.1). Fifty-four percent said they have often heard that families would be hurt and embarrassed, 59 percent were often told that they would have to pretend to be straight to be accepted, and 32 percent have been often told that they should stop associating with the family (see Appendix B, Table B.3).

Transgender men and women perceived high rates of stigma. Sixty-six percent of transgender men have often heard that LGBT people are not normal, and 84 percent of transgender women have often heard that LGBT people will grow old alone (see Appendix B, Table B.3).

A majority of LGBT people are unaware of the Gender Equality Act, B.E. 2558. Part of one’s perception of stigma is based on the perception of the laws and policies relevant to one’s identity. Only 44 percent of LGBT respondents knew about the Gender Equality Act, B.E. 2558. This finding is even more significant given that half of non-LGBT people were aware of the law.

Discrimination experienced by LGBT people

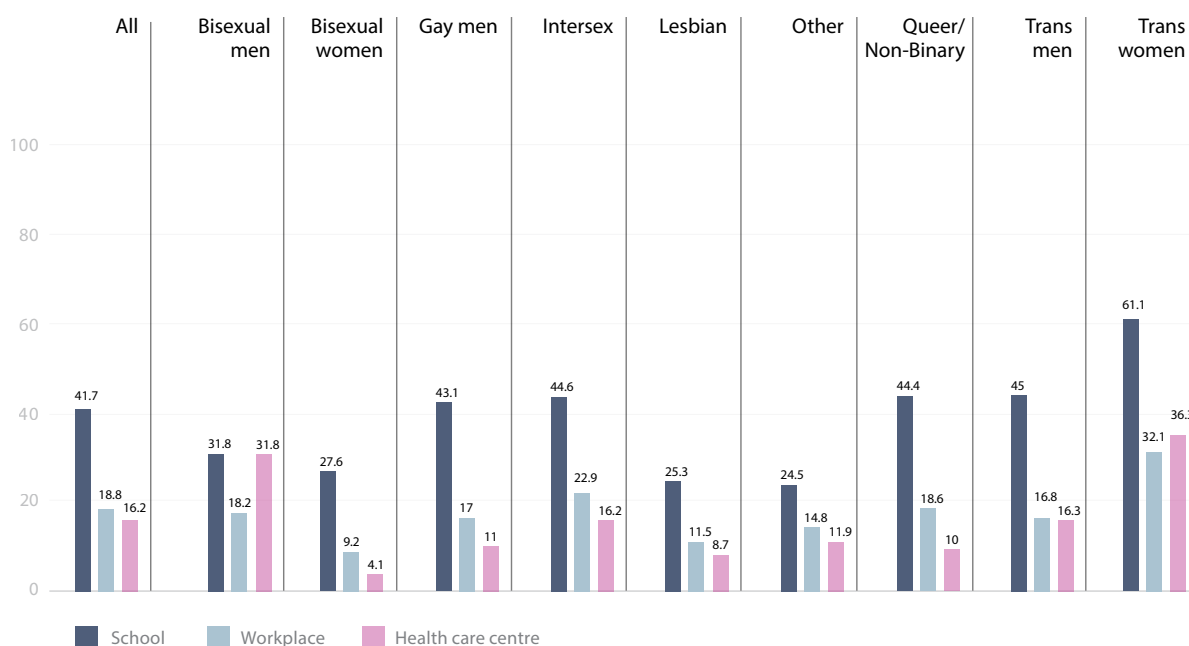
While stigma is a negative belief shared by society, discrimination is what happens when individuals act on this belief.

Most LGBT people reported at least one form of discrimination. Over half, 53 percent, have been called names and made fun of and 39 percent of all LGBT people have experienced this often. Sixteen percent have been sexually assaulted; 10 percent experience sexual assault often. Other forms of discrimination are less frequent for LGBT people (see Appendix B, Figure B.2).

Transgender women and bisexual men report higher rates of discrimination than other LGBT subgroups. Sixty-one percent of transgender women have been made fun of or called names, 22 percent have been sexually assaulted, 11 percent have been hit or beaten up, and 8 percent have been harassed by the police. Fourteen percent of bisexual men have lost friends because of their sexuality, and just over 9 percent have lost a place to live. These rates are higher than the rates of discrimination reported by other LGBT subgroups in respect to these forms of discrimination (see Appendix B, Table B.4).

LGBT people report discrimination in school, the workplace and health care settings. Figure 7 shows the percentage of LGBT people who have experienced at least one form of discrimination in organizations.

Figure 7: Percentage of LGBT respondents who experienced at least one form of discrimination in different organizations



LGBT people told to hide their SOGIE

Stigma can create a set of social expectations that LGBT people should hide their identity, pretend not to be LGBT, or downplay their SOGIE so that others may disregard it. LGBT people may perceive pressure to hide and pretend and may seek to hide their identity out of fear of reprisal. Often, the expectation to hide and pretend will come in the form of an explicit request. For example, an employer may hire a transgender person but ask them to dress according to another gender. A family member may pressure an LGBT person to marry someone of a different sex as a way of hiding the LGBT person's sexuality, or even in the hope that the marriage will eliminate

same-sex desires and behaviour altogether. The consequences of not conforming to these demands is potential discrimination, harassment and violence.

LGBT people are told to hide and pretend at school, at work and at home. The report explores each of these settings in subsequent sections. Here are some of the highlights:

- 32 percent of all LGBT people were told to watch their appearance or the way they speak or act when they were students. This number increases to 35 percent for transgender women students (Table E.1). An earlier study found that 82 percent of transgender students were asked to dress, speak or behave according to their birth sex.³⁶
- 10 percent of LGBT people overall said they were told to watch their appearance or the way they act at their current or most recent job (Table E.1). An earlier study by the World Bank found that 24.5 percent of LGBT people, and 26 percent of transgender people, have been told not to show or mention they were LGBT at some point in their career. That study found that being asked to hide identity is one of the top three forms of workplace discrimination.³⁷
- More than half of LGBT participants experienced being made fun of or called names (Figure 5).
- 32 percent of all LGBT people say they often pretend to be straight to be accepted, and 10 percent say they sometimes pretend to be straight (Table B.3).

36 World Bank (2018). Economic inclusion of LGBT groups in Thailand (Vol. 2): main report (English). Washington, D.C.: World Bank Group, 42.

37 Ibid., 36.

LGBT HEALTH AND HEALTH CARE ACCESS

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LGBT Health and Health Care Access

Previous research has shown that LGBT people around the world struggle for better health and well-being.³⁸ Poor health can impact development by decreasing worker productivity and imposing cost burdens on employers, governments and national economies. Understanding how stigma, discrimination and barriers to access health care can impact health is the first step towards developing appropriate strategies to reduce health disparities between LGBT people and the general population.

Stigma causes poor health

Empirical studies have shown that when LGBT people face stigma and acts of prejudice, they experience a type of stress and trauma that is not experienced by heterosexual, cisgender people. This effect on LGBT people, referred to as 'minority stress', results in poor mental and physical health outcomes.³⁹ This phenomenon has been well-recognized and well-documented in studies throughout the world. Minority stress encompasses four processes through which stigma and prejudice are manifested in the lives of LGBT people.⁴⁰

The process begins when an LGBT person perceives conditions of stigma around them, such as in hearing statements by friends, family and in the media, and experiences acts of prejudice and discrimination, such as harassment and rejection by family, employers or other students. These conditions and acts symbolize the deep cultural meaning of worthlessness and disgust assigned to LGBT people.

Second, after repeatedly experiencing conditions and acts of prejudice, the LGBT person forms an expectation that these conditions and acts will continue. The LGBT person begins to exercise a constant vigilance in an attempt to protect themselves. The stress caused by this vigilance may exist even in situations where those around the person do not hold negative stereotypes.⁴¹

Third, the LGBT person may try to conceal their identity in response to the stigma and prejudice. They may become less open, or they may seek to hide their identity and try to convince others that they are someone who they are not, such as entering into marriages or dressing according to a gender other than their own. Identity concealment can require significant psychological resources, particularly if the individual develops a preoccupying fear of discovery. By withdrawing from potentially supportive relationships, and decreasing the intensity and diversity of their networks, the individual is denied the psychological and health benefits that come from honest, close relationships with others. Additionally, the LGBT person's ability to receive support and coping assistance is decreased.⁴²

38 Rodríguez-Díaz, C.E., Martínez-Vélez, J.J., Jovet-Toledo, G.G., Vélez-Vega, C.M., Hernández-Otero, N., Escotto-Morales, B. & Mulinelli-Rodríguez, J.J. (2016). Challenges for the well-being of and health equity for lesbian, gay, and bisexual people in Puerto Rico. *International Journal of Sexual Health*, 28(4), 286–295.

39 Manalastas, E.J. (2013). Sexual Orientation and Suicide Risk in the Philippines: Evidence from a Nationally Representative Sample of Young Filipino Men. *Philippine Journal of Psychology* 46, no. 1: 1–13.

40 Frost, D.M. & Meyer, I.H. (2009). Internationalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals. *Journal of Counseling Psychology* 56, no. 1: 97.

41 Crocker, J. (1999). Social stigma and self-esteem: Situational construction of self-worth. *Journal of experimental social psychology*, 35(1), 89–107, cited in Meyer, I.H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 681.

42 Meyer, I.H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674–697; Pachankis, P. (2007). The Psychological Implications of Concealing a Stigma: A Cognitive-Affective-Behavioral Model. *Psychological Bulletin* 133, no. 2 (2007), 328–345.

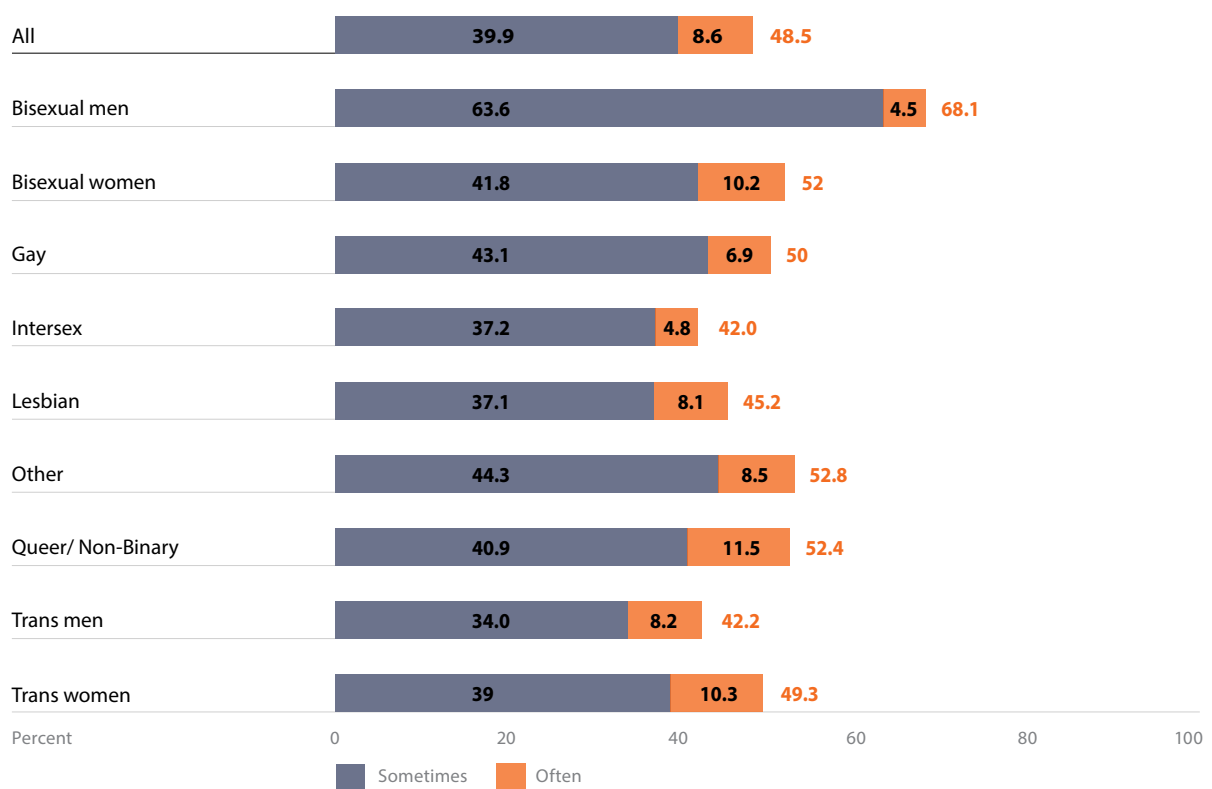
Lastly, the LGBT person can begin internalizing negative messages and stereotypes about LGBT people. Such internalized stigma can affect self-esteem and the capacity for intimacy, as well as constrain the ability of an individual to envision a life which incorporates sexual orientation and gender identity. Such an ability is necessary for the healthy development of people over the course of their life.⁴³

Frequency of suicide contemplation and attempts are important indicators of mental health. Rates of suicide contemplation and attempts, though unable to capture many physical and mental symptoms of poor health, can indicate the prevalence of mental health problems.

Nearly half of LGBT respondents have contemplated committing suicide. Nearly half, 48.5 per cent, have contemplated committing suicide with 8.6 percent who often thought about it and 39.9 percent who sometimes thought about it. The rate is alarming when compared to data from another study that show lifetime suicide contemplation among reproductive-age Thai women in Nakhonsawan and Bangkok to be 22.1 percent and 21.8 percent respectively⁴⁴

Bisexual men were the most vulnerable with 68.1 percent having contemplated suicide. This result is consistent with a meta-analysis research of 46 studies around the world on lifetime suicide ideation among the lesbian, gay and bisexual population⁴⁵ that put the bisexual group at the most risk with an average prevalence of 38 percent compared to lesbian and gay groups, 34 percent.⁴⁶

Figure 8: Percent of LGBT subgroups who have contemplated suicide



43 Herdt, G.H. (1996). *Children of Horizons: How Gay and Lesbian Teens Are Leading a New Way Out of the Closet*. Boston: Beacon Press, 205.

44 Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., ... & Berhane, Y. (2011). Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women's health and domestic violence against women. *Social science & medicine*, 73(1), 79–86.

45 The meta-analysis did not include transgender people.

46 Salway, T., Ross, L. E., Fehr, C. P., Burley, J., Asadi, S., Hawkins, B. & Tarasoff, L. A. (2018). A systematic review and meta-analysis of disparities in the prevalence of suicide ideation and attempt among bisexual populations. *Archives of Sexual Behaviour*, 1–23.

Nearly one-sixth, 16.2 percent, of the LGBT sample have attempted suicide. This is more than three times the prevalence of suicide attempts among 15 to 49-year-old Thai women in Nakhonsawan and Bangkok in 2000–2003. The data from this study are comparable to the average prevalence of lifetime suicide attempts among lesbian women and gay men, 15 percent, as well as bisexual individuals, 18 percent, from 46 other international studies.

While bisexual men in Thailand reported considering suicide the most often, they attempted suicide the least often. Over 20 percent of transgender women have made a suicide attempt, followed by non-binary, 19.6 percent, and ‘other’ people, 18.9 percent. While it is worrisome to see a high rate of suicide attempts among transgender women in Thailand, this prevalence is much lower than transgender women in the United States where 42 percent have attempted suicide.⁴⁷

Figure 9: Percent of LGBT subgroups who have attempted suicide



Suicide contemplation is more likely for those that are younger, urban, have higher perceived stigma, have a lower income and have faced discrimination in their family. Compared to people aged 45 years and above, 18 to 24-year olds were 2.5 times more likely to think about committing suicide. Other vulnerable groups included LGBT people who had an income of less than 10,000 baht per month, as they were 1.6 times more likely than people with an income over 30,000 baht per month to think about suicide. LGBT people in Southern Thailand were less likely to think about suicide when compared to those in Bangkok (see Appendix G, Table G.2). Those with higher perceived stigma, and those facing discrimination from their family were more at risk of suicidal ideation. LGBT respondents who thought more about suicide also indicated it was a high priority for them to access health care services (also see Table G.2).

47 Haas, A.P., Rodgers, P.L. & Herman, J. (2014). Suicide attempts among transgender and gender non-conforming adults: findings of the national transgender discrimination survey. American Foundation for Suicide Prevention.

Struggling with suicide

“Back then, I could not see it [gender-affirming surgery] happening ... I wanted to die before I turned 30 because I didn’t want to get stuck in this body. I didn’t want to be this person, didn’t want to spend my life like this so I did whatever to make me unhealthy. I took medicine and went to the hospital all the time and I was happy to have operations ... tumour or bone operations. I felt happy that I was closer to my death and that I didn’t have to be in this world for a long time.”

– Transgender man, student in a master’s programme, Bangkok

Stigma causes barriers to accessing priority health care

Access to health care and social services is an important factor in assessing a community’s health. LGBT people may be denied medical services and treatment, or they may face more subtle discrimination when health care providers do not take time to understand the unique needs of their LGBT patients,⁴⁸ disallow them to use facilities appropriate for their gender, or subject them to verbal admonishments. In addition, health care providers who do not take patients’ confidentiality seriously have been known to out LGBT patients (reveal their SOGI) to their family members or local communities; this can inflict emotional and physical harm on them.

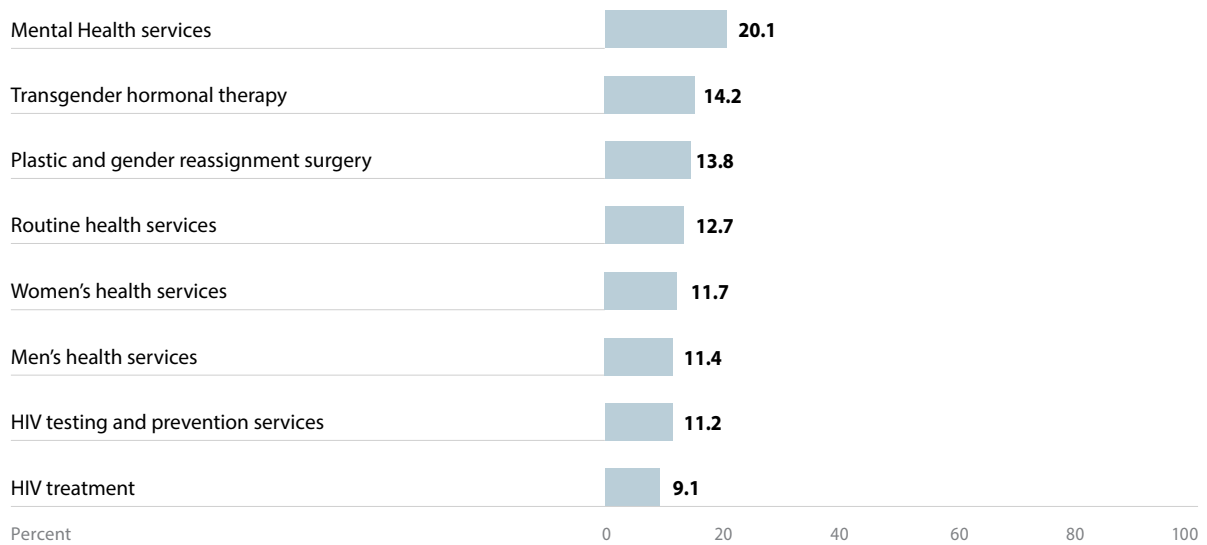
LGBT people prioritize routine health services, mental health, and HIV testing and prevention. Most LGBT respondents, 65.2 percent, felt that access to routine health services was their highest health care priority, followed by mental health, 48.7 percent, and HIV testing and prevention services, 48.5 percent, (see Appendix C for details).

Transgender people prioritize trans-specific services. Transgender men and transgender women listed hormonal therapy and plastic and gender-affirming surgery as high priorities. Forty seven percent of transgender men and 57 percent of transgender women also needed to access mental health services. About half of transgender men and transgender women respondents indicated the need for women’s health services. Almost 70 percent of transgender women listed HIV prevention and testing as a high priority. Finally, of transgender respondents, 21.7 percent transgender women and 14.7 percent transgender men, mentioned the lack of medical providers with specialization in trans health as a barrier.

One in five LGBT respondents had difficulty accessing mental health services. Other desired services that were difficult to access include hormone therapy and gender-affirming surgery.

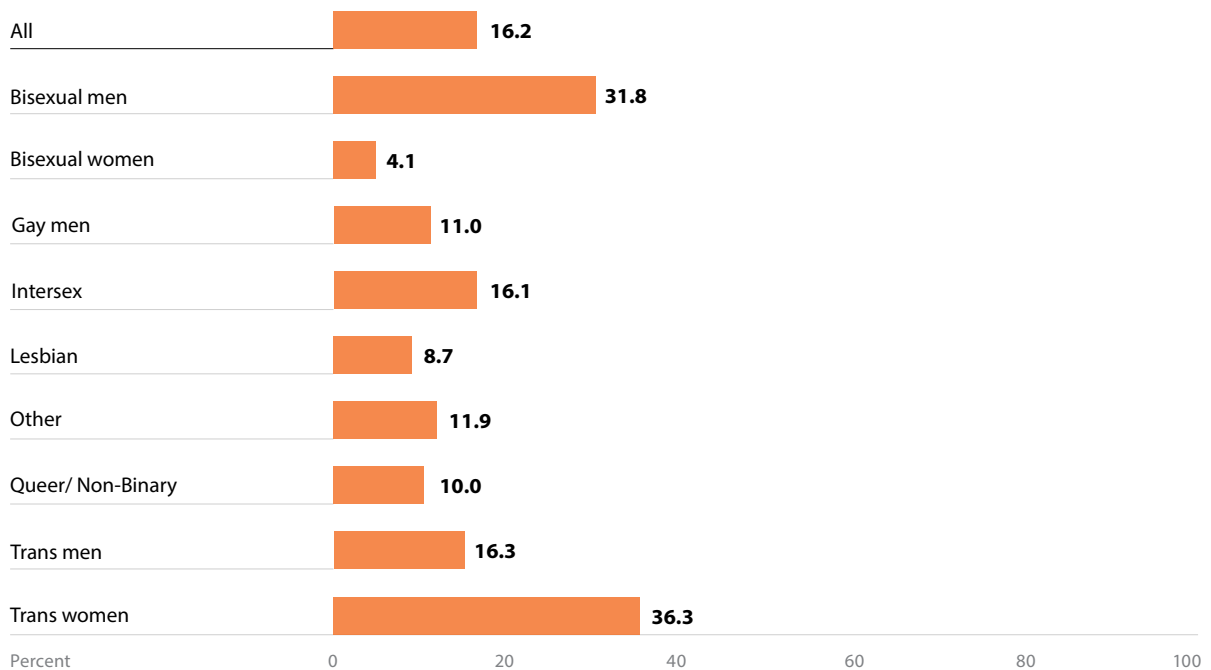
48 Daulaire, N. (2014). The importance of LGBT health on a global scale. *LGBT health*, 1(1), 8–9.

Figure 10: Percent of LGBT respondents who had difficulty in accessing health services



LGBT people, especially transgender women and bisexual men encountered discrimination in the health care setting. Figure 11 shows that overall, 16.2 percent of LGBT people have experienced one or more forms of discrimination such as those listed above, though discrimination was reported most frequently by transgender women, 36.3 percent, and bisexual men, 31.8 percent.

Figure 11: Percent of LGBT respondents who experienced at least one form of discrimination in a health care centre



Almost 20 percent of transgender women report having been denied in-patient accommodation in the women's ward of the hospital, 13.6 percent of bisexual men report not receiving the same quality of medical care as other patients, and 7.5 percent of transgender women reported that their doctor lacked sufficient knowledge. See Appendix C, Figure C.1 for a breakdown of the barriers to access to health care for LGBT people.

Humiliation at the Hospital

“I went to have a cyst taken out at a hospital and I thought the medical personnel would somehow understand about this, but not at all. The nurse went to tell an officer off: ‘Did you do the wrong card. Why did you use the title Miss?’ ... I had to take my shirt off to show the cyst which was fine by me because I think of myself as a man ... The doctor asked me what happened to my breast and I told him I had an operation. The doctor said ‘Oh, hey, you are a woman. Close the curtain! Close the curtain!’ It was in the ER room and all the nurses rushed to watch me as if I am a weirdo ... then there were three or four nurses who kept taking turns and coming around my bed to ask me how I am as if they wanted to hear my voice ... I felt uncomfortable.”

– Transgender man, hairdresser

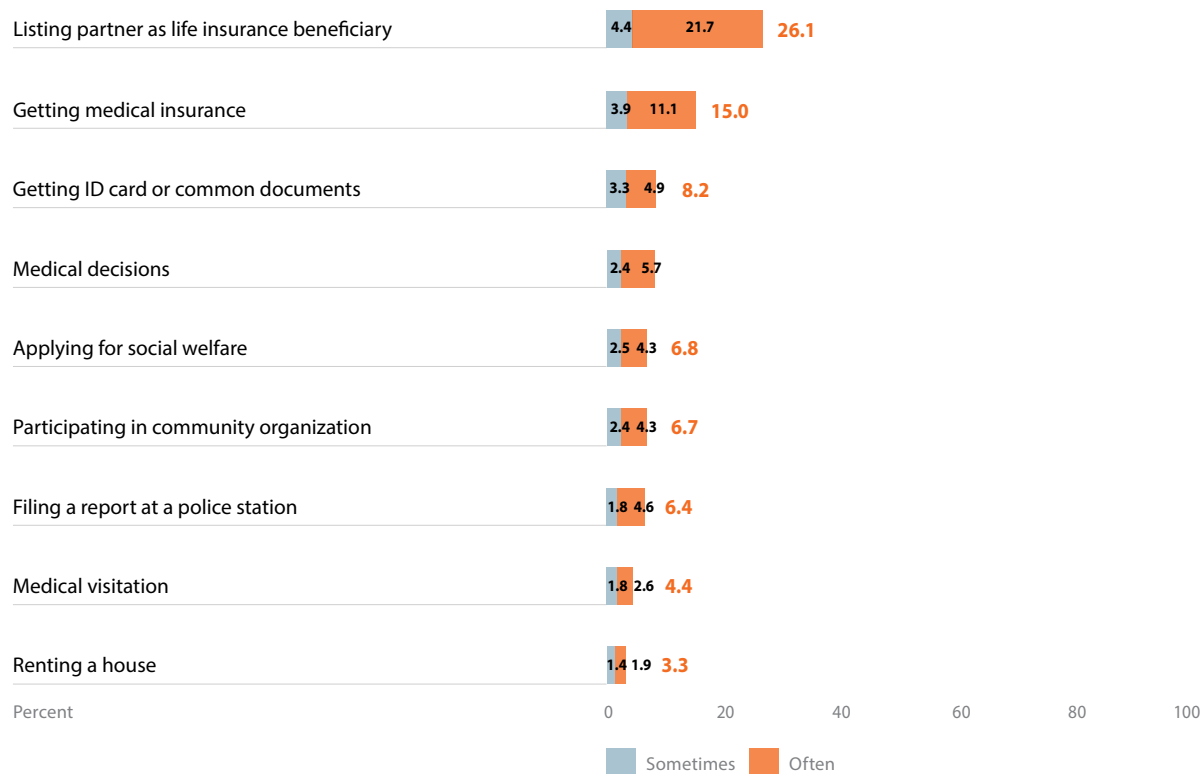
“A Muslim is a tut* and found out that he is living with HIV ... the hospital staff said that he had to bring his parents to sign off and acknowledge this condition ... I told the hospital he is 25 years old and could take care of himself so they let it pass ... They told me his family would be shocked about his HIV status and that he is a tut. He should be ashamed of himself.”

– Gay man, worker in an LGBT-related NGO in the South

*Tut is a derogatory term for transgender women and effeminate gay men.

Accessing social services is not difficult for many, but for some, problems are still evident.

Figure 12: Percent of LGBT respondents who had difficulty in accessing social services



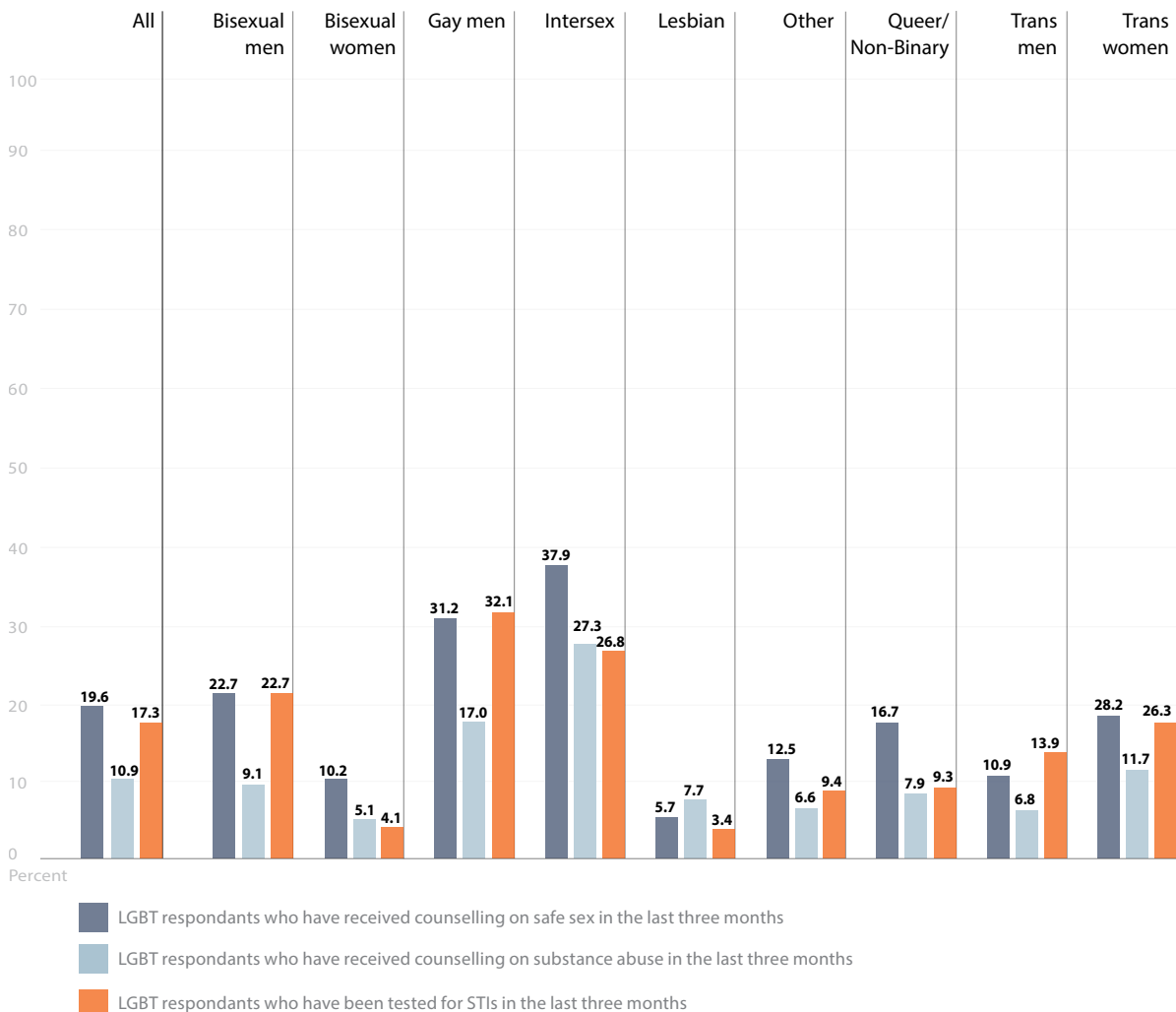
Health behaviours and HIV status

Lesbian and bisexual women scored lowest in health prevention activities. With regard to safe sex counselling, substance abuse counselling and testing for sexually transmitted infections (STIs), lesbians and bisexual women showed the lowest rates of participation. This may be a reflection of the “lesbian immunity myth”, which arises from the notion that women who have sex with other women are not at risk for STIs. This myth may be based on the assumption that women have sex infrequently, always with the same partner of the same gender, and that sex between women is not “real” sex as it does not involve a man. As a result, lesbians and bisexual women are often ignored in the formulation, recruitment and implementation of public health programmes dealing with sexuality.

The most used substances in the past 30 days were alcohol, 54.1 percent, and tobacco, 16.6 percent. Worryingly, and possibly owing to difficulties in accessing health services, over half, 52.7 percent, of transgender women reported using hormones without medical supervision while a significant minority, 41.4 percent, of them reported injecting hormones without medical supervision. Some subgroups reported significant use of other substances in the last 30 days, such as sedatives/sleeping pills and alkyl nitrites/poppers and to a lesser extent methamphetamines and amphetamines (see Appendix C, Table C.3), indicating need for further research and analysis to understand patterns of substance use among the LGBT population in Thailand.

Additional results regarding health and access to health services can be found in Appendix C.

Figure 13: Percent of LGBT respondents who received counselling on safe sex and substance abuse and who have been tested for STIs in the last three months



Knowledge of HIV status

More than half of LGBT people do not know their HIV status. Despite identifying access to HIV testing and prevention services as a high priority, the majority of LGBT respondents, 54.6 percent, had never been tested and did not know their HIV status. This result is even more extreme among LGBT youth (18 to 24 years old), 70 percent of whom had never been tested, and especially among bisexual women, 84.4 percent, and lesbians, 90.3 percent, in this age group. A large majority of lesbian and bisexual women, transgender men, non-binary people, and 'other' groups had never been tested for HIV and did not know their status (see Appendix C, Table C.5).

Overall, 3 percent of LGBT respondents knew that they were living with HIV, significantly higher than the 1.1 percent national HIV prevalence.⁴⁹ Among those who knew their status, bisexual men and gay men reported the highest HIV positive rates, 7.7 percent and 8.7 percent respectively. This is comparable to the HIV prevalence data of men who have sex with men in Thailand, 9.15 percent, from the 2017 UNAIDS report

The breakdown by LGBT subgroups is below.

Figure 14: Knowledge of HIV status among LGBT respondents by LGBT sub-group

| | N | Have been tested | | Never been tested/ Do not know status | Did not answer |
|-------------------|-------|------------------|---------|---------------------------------------|----------------|
| | | HIV+ | HIV- | | |
| | | Percent | Percent | Percent | Percent |
| All LGBT persons | 1,349 | 3.0 | 39.0 | 54.6 | 3.5 |
| Bisexual men | 26 | 7.7 | 50.0 | 38.5 | 3.8 |
| Bisexual women | 86 | 0.0 | 18.6 | 80.2 | 1.2 |
| Gay men | 253 | 8.7 | 56.9 | 26.1 | 8.3 |
| Intersex | 74 | 4.1 | 33.8 | 56.8 | 5.4 |
| Lesbian | 206 | 0.0 | 20.4 | 78.2 | 1.5 |
| Other | 93 | 2.2 | 30.1 | 65.6 | 2.2 |
| Queer/ Non-binary | 173 | 2.3 | 29.5 | 64.2 | 4.0 |
| Transgender men | 194 | 0.5 | 35.1 | 62.4 | 2.1 |
| Transgender women | 246 | 2.0 | 56.9 | 38.6 | 2.4 |

Low-income and single people, and people with higher interaction with LGBT networks are less likely to know their HIV status. A number of factors impact the likelihood that an individual will know their HIV status (see Appendix G, Table G.2).

- Low-income respondents were least likely to get tested and know their HIV status. For example, people from the upper-middle-income group (30,001 to 60,000 THB) were four times more likely than those with an income lower than 10,000 THB to know their HIV status.

⁴⁹ UNAIDS. (2017). UNAIDS Data 2017. Available at: http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

- People who were not in a relationship were less likely to know their status compared to those in a monogamous relationship or who were in more than one relationship. It was possible that they were not sexually active and did not consider it necessary to get tested. However, if they were sexually active, this result highlights the need for an HIV prevention intervention among individuals who are currently single.
- Having higher interaction with people in an LGBT social network actually decreased knowledge of HIV status. This result shows that having a stronger and more interactive social network does not necessarily promote healthy behaviour, but could also discourage HIV testing, potentially due to the stigma associated with discussion of HIV and social norms of avoiding talking about sexual health, or alternatively due to 'message fatigue'.
- Other significant factors are discrimination in health care institutions and having a priority to access health care services. This finding indicated that LGBT people who sought out HIV testing have also experienced more discrimination and insensitive comments from health care workers. Given the heterogeneity within LGBT subgroups on HIV testing behaviours, more training programmes should be developed for health care workers to implement HIV testing procedures with more sensitivity, less judgement, and tailored to the specific needs of each LGBT subgroup.

FAMILY AND FRIENDS

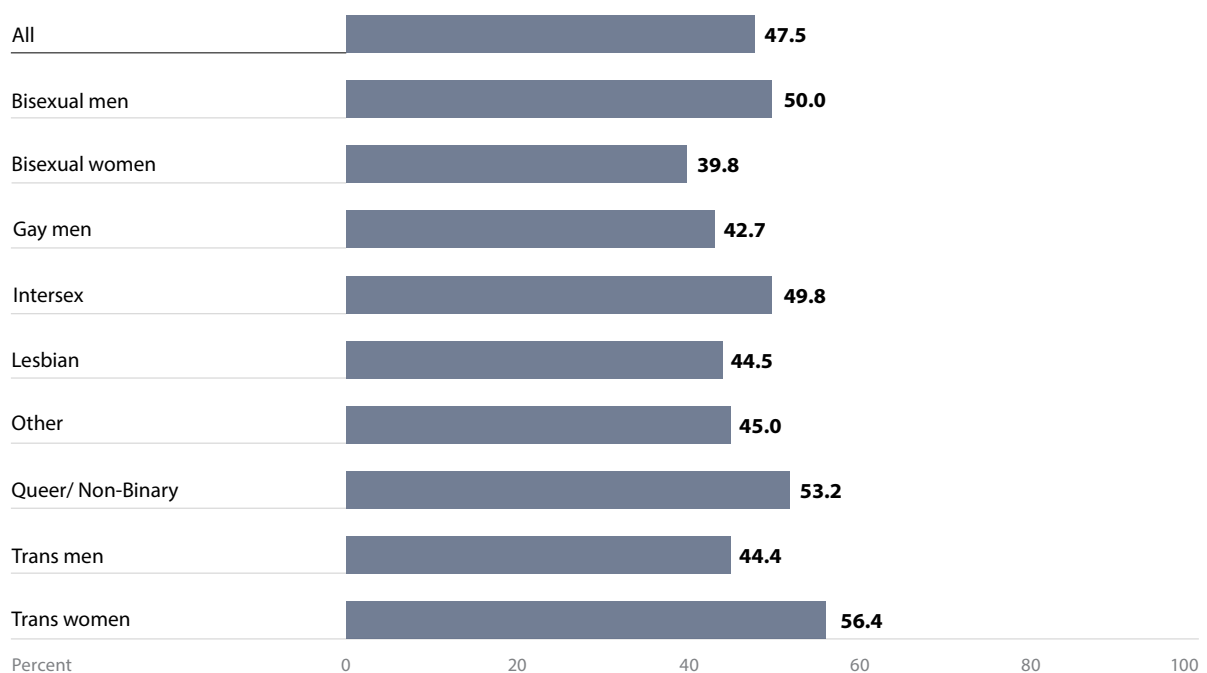
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Family and friends

Discrimination in the family

Nearly half, 47.5 percent, of LGBT respondents have experienced at least one form of discrimination from within their family. Transgender women reported at least one form of discrimination at a higher rate than any other group. Bisexual men reported more forms of discrimination than any other group. This included pressure to end relationships, verbal attacks, pressure to enter heterosexual relationships, and being subjected to economic control (see Appendix B, Table B.4).

Figure 15: Percent of LGBT persons who experienced at least one form of discrimination within their family



The most common experience of discrimination within a family was being told to “watch your appearance or the way you speak or act.” Of the 47.5 percent who reported at least one form of discrimination, 84 percent of those reported that the discrimination they faced took the form of being told by their family members not to dress, speak or behave freely according to their desired gender expression. Transgender women and non-binary people experienced this act of discrimination from their family more often than other LGBT subgroups.

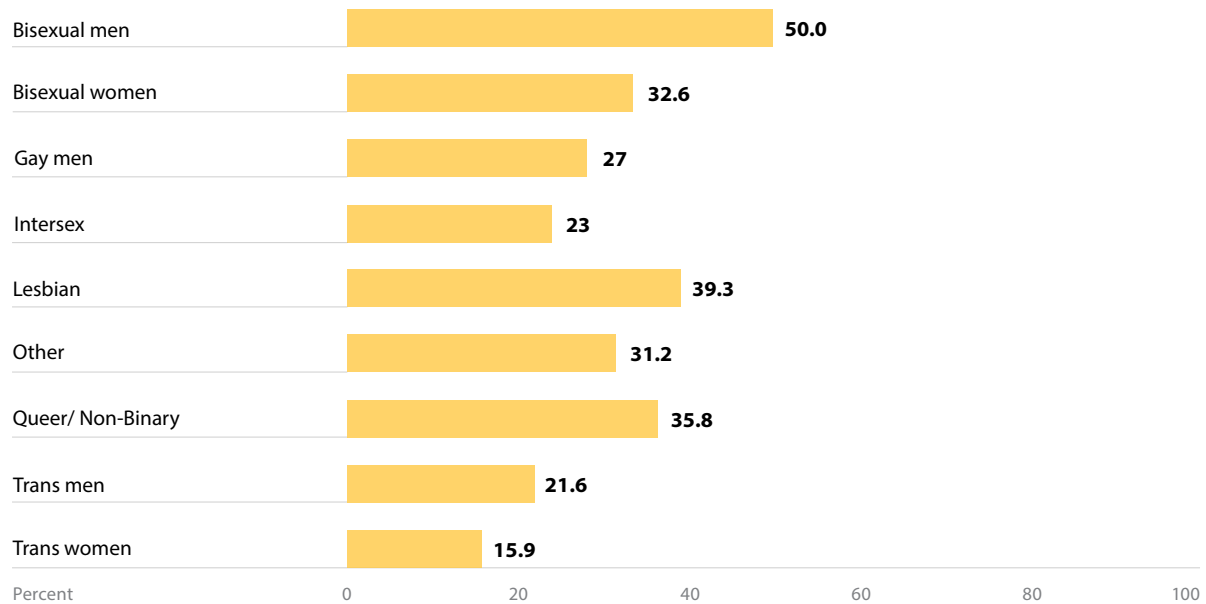
The experience of these LGBT survey respondents reflects a two-part dynamic of Thai tolerance. While LGBT people are tolerated insofar as they are members of a family (keeping in mind that half of all LGBT and non-LGBT survey respondents were still living in their parents’ household), they are at the same time asked to alter their identity and act differently than how they would choose to act without pressure and discrimination.

Family pressure to get married

LGBT people are pressured by their families to marry someone of the opposite sex. Opposite sex marriages are a cornerstone of heteronormative cultural standards, as they signal cultural and legal approval. Overall, 28.1 percent of LGBT respondents reported experiencing pressure

from family to get married to someone of the opposite sex. Bisexual men, 50 percent, faced the most pressure, followed by lesbians, 39.3 percent, non-binary people, 35.8 percent, and bisexual women, 32.6 percent.

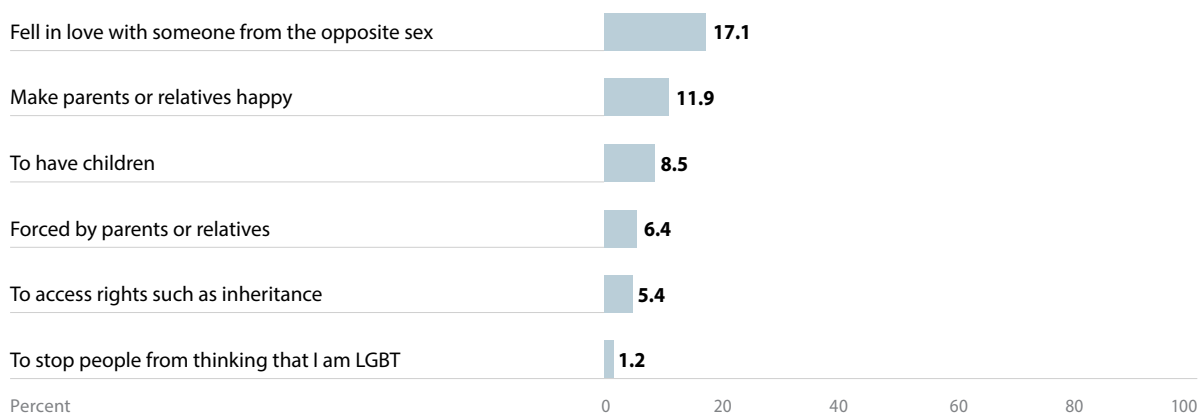
Figure 16: Percent of LGBT subgroups who feel pressured to get married to the opposite sex



However, those LGBT respondents who had married a person of the opposite sex primarily reported doing so because of love: 77 percent of married bisexual men cited this reason, as well as 53.1 percent of married bisexual women, 23 percent of married non-binary individuals, and 38 percent of those who were married and whose sexual orientation and gender identity were categorized as “other.” These patterns seem consistent with current knowledge about sexual and gender fluidity.

Some LGBT people reported marrying a person of the opposite sex to please their family. Making parents and older relatives happy was the second most common reason cited for entering into a marriage with someone from the opposite sex. Overall, 11.9 percent of LGBT people cited this reason, as well as 41 percent of bisexual men and 25 percent of bisexual women (see Appendix D, Table D.1). These results do not include the other 6.4 percent of married LGBT people who were forced by parents or relatives into such marriages. A further 8.5 percent of respondents stated the desire to have children as the reason to enter into a relationship or marriage with a person of the opposite sex.

Figure 17: Reason for entering into opposite-sex relationships or marriage



Seeking parental approval

"That day, I came back from my secondary school and had some make-up on ... it was my friend who did it on my face ... my mom grabbed a broom and chased me to hit me ... she said she raised me well ... why did I become a woman? ... she could accept it when she has my brother ... her hope was placed on my little brother instead."

- Gay student and part-time worker

"My sister could not accept me... I told her I am a man and she said she does not care. She will call me using a female pronoun because she has been calling me like this for 20 years: 'How could I change that when you told me just ten minutes ago?'"

- Transgender man, student in a Master's programme

"Last year, I told my mom that your daughter is becoming a man. She didn't want to listen and blocked her ears ... she scolded me 'Why? Why don't you go back to be tom like before? Being tom is still ok for me. You are going against nature. You are a psycho!' I was very sad because she was the person I love the most and was the first person I wanted to tell. I was sad, but I could not change a thing. I left home for a week ... I did not want to wake up. It was like I didn't know why I would do it, for what and how ... When she saw me carry it [the drain tube after the breast operation], she must be shocked, and I cried, saying that I could not change and I'm very sorry that I could not be her daughter for her. She was shocked but the next morning, she still brought me chicken soup. She did the job of being a mother just like what she did before. My dad acts like he doesn't know, and nothing happened."

- Transgender man, a hairdresser

Social networks

Social networks are relationships with family, friends, co-workers, neighbours, members of a community and even people who use social media websites. Social networks become the means for people to access social, emotional and practical support.⁵⁰ Empirical research has shown that LGBT individuals with smaller social networks are more likely to experience depression, risky health behaviours and poor health.⁵¹ A larger social network is found to decrease perceived stigma and increase general health among LGBT populations.⁵²

This study looked at the level of interaction and diversity of a respondent's LGBT social networks. Interaction refers to how often an individual interacts with their LGBT network. Diversity refers to whether an individual's network includes people from a variety of LGBT subgroups, possibly including people from other networks as well.

50 Gray, A. (2009). The social capital of older people. *Ageing and Society*, 29, 5–31. doi:10.1017/S0144686X08007617

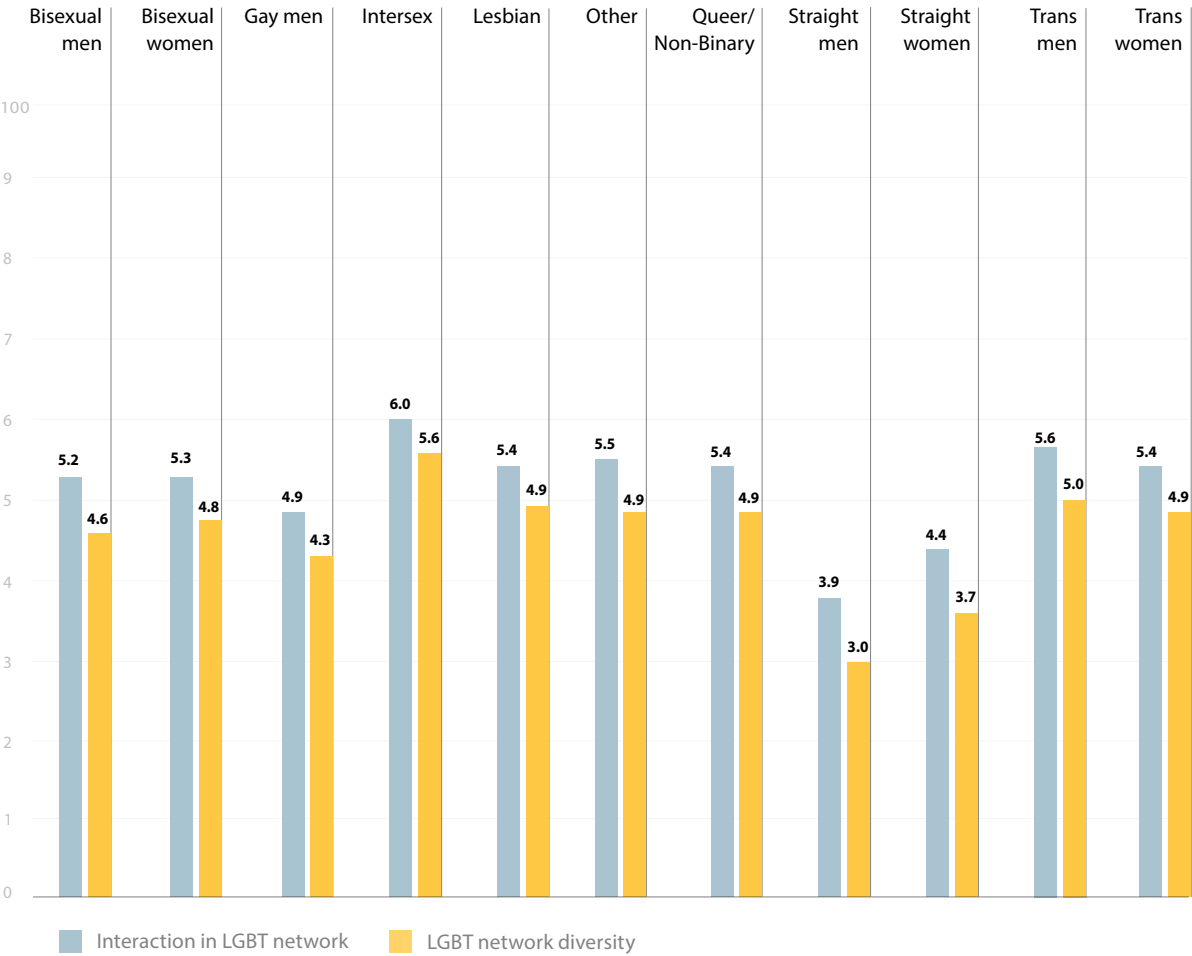
51 Fredriksen-Goldsen, K.I., Emler, C.A., Kim, H.J., Muraco, A., Erosheva, E.A., Goldsen, J. & Hoy-Ellis, C.P. (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, 53, 664–675. doi:10.1093/geront/gns123

52 Shankar, A., McMunn, A., Banks, J. & Steptoe, A. (2011). Loneliness, social isolation, and behavioural and biological health indicators in older adults. *Health Psychology*, 30, 377–385. doi:10.1037/a0022826

Unsurprisingly, non-LGBT respondents did not have high interaction with LGBT people. On a scale of 1, the lowest, to 7, the highest, non-LGBT respondents scored 4.3 for interaction with LGBT people, and LGBT respondents scored 5.4 for interaction with non-LGBT people. Following the same pattern, the networks for non-LGBT respondents were less diverse than those of LGBT respondents. Non-LGBT respondents scored 3.3 for diversity, and LGBT respondents scored 4.8.

Intersex individuals score highest for interacting more frequently with diverse LGBT networks. Intersex individuals had the highest mean level of interaction (6) and diversity (5.6) with their social networks, followed by transgender men (5.6 interaction and 5 diversity). Among the LGBT community, gay men had the least interaction (4.9) and the least social ties with other social minority groups (4.3).

Figure 18: Average scores of interaction by and diversity within LGBT and non-LGBT subgroups



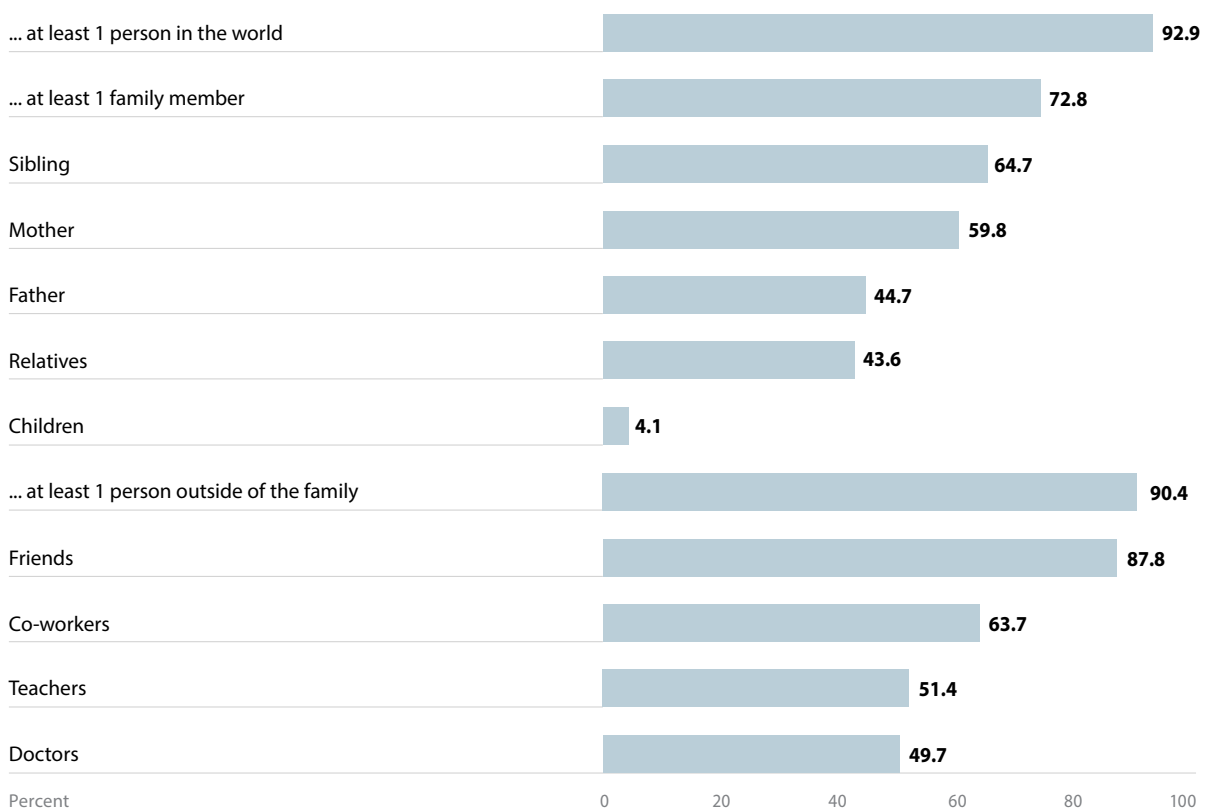
Gay men and transgender women interacted the most within their own subgroup. When looking at interactions by each LGBT subgroup, the study finds that transgender women, 88.4 percent, and gay men, 83 percent, interacted the most with their own sexual orientation and gender identity group while intersex, 17.4 percent, and 'other', 10 percent, interacted the least with their own subgroups. Interestingly, transgender women, 56.1 percent, and gay men, 50.7 percent, also interacted the most with other subgroups. This means, on average, other LGBT groups claimed to have the highest ties with gay men and transgender women.

Openness

As mentioned in the prior section, a smaller and less diverse network often leads to poor physical and mental health. An additional characteristic of a supportive social network is the ability to be open to those in one's network. To be open about who they are, LGBT individuals need to feel accepted from people in their networks. With a high level of acceptance, LGBT people can further develop meaningful ties, gain more social support, and confide relationship problems with individuals within their friend and family networks.⁵³ On the other hand, if LGBT people feel rejected from these networks, they might internalize the problems, begin to accept as true the negative beliefs that they hear around them, and may experience depression, thoughts of suicide and a greater tendency to engage in risky behaviours such as binge drinking, drug abuse and unsafe sex.^{54 55}

LGBT people are less inclined to be open towards family members, teachers and doctors. Most respondents were open to at least one family member, though the vast majority, 92.9 percent, were open to non-family members. Only 49.7 percent felt they could be open with their doctor. Given that LGBT people face a unique set of health concerns, the reluctance to be open to a doctor about their SOGI could result in inappropriate health care.

Figure 19: Percent of LGBT people who were open to someone in their social network

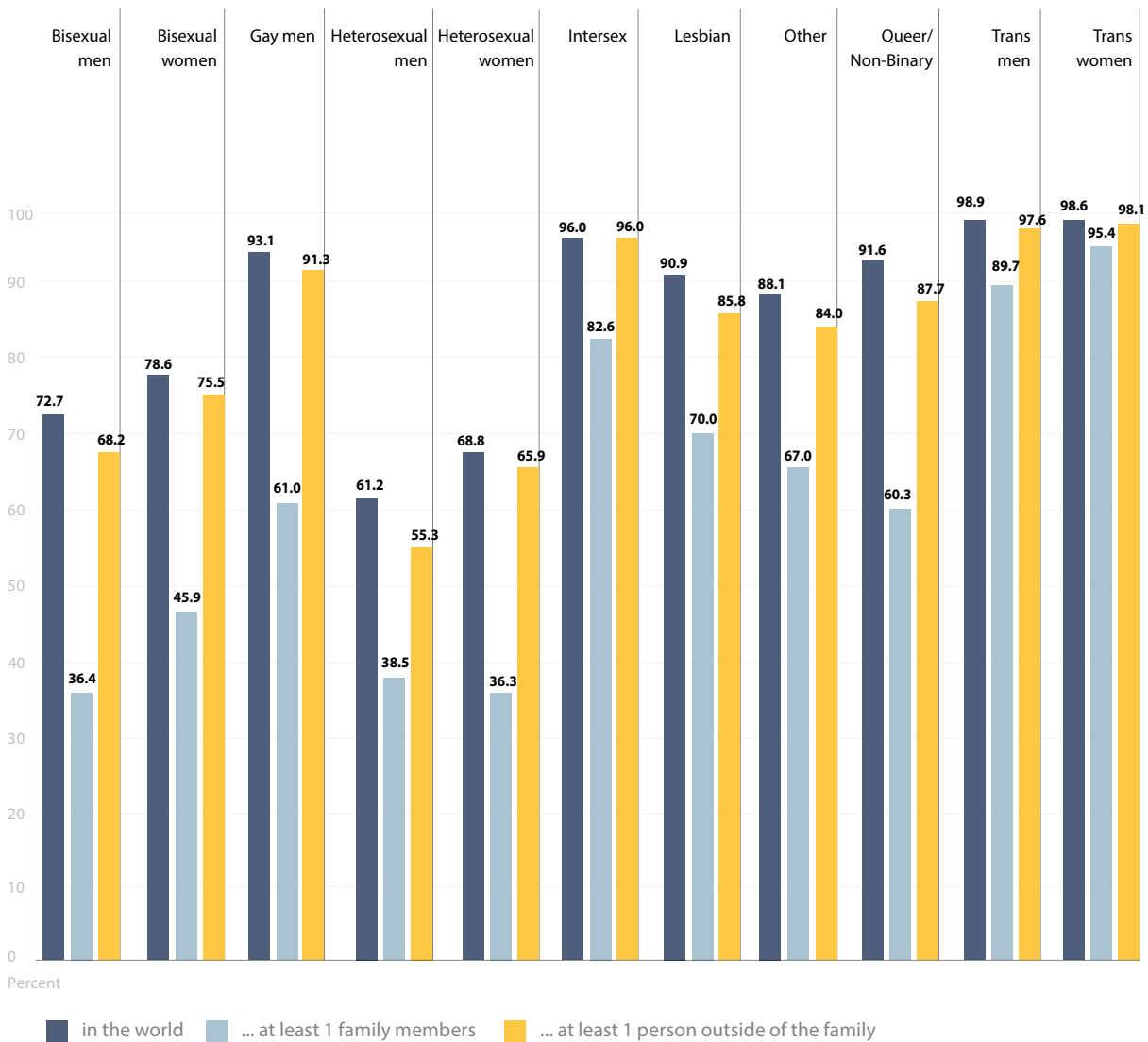


53 Kosciw, J.G., Palmer, N.A. & Kull, R.M. (2015). Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *American Journal of Community Psychology*, 55(1-2), 167-178.

54 Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

55 Klein, A. & Golub, S.A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT health*, 3(3), 193-199.

Figure 20: Percent of people who are open about their SOGI to at least one other person



Transgender and intersex people are most frequently open to people in their networks, compared to other LGBT subgroups. In particular, 95.4 percent of transgender women were open about their gender identity with at least one member of their family, followed by 89.7 percent for transgender men, and 82.6 percent for intersex people (see Appendix D, Figure D.2).

Bisexuals hid their sexual orientation from their family and outside of their family the most. One-third, 36.4 percent, of bisexual men were open to at least one family member while nearly two-thirds were not open to anyone in their family. Sixty-eight percent of bisexuals were open to at least one person outside of their family.

Openness is tied to more support, but also more discrimination. LGBT individuals who are open about their sexual orientation or gender identity also have more interaction with LGBT social networks, more sense of belonging to the LGBT community, higher rates of civic engagement and more social support from different groups of people in their lives. However, a higher level of openness was also related to a higher rate of experiencing discrimination from people in their social networks. Such a finding is consistent with an atmosphere of limited tolerance. LGBT people who reveal and express their identity will face more demands to hide and pretend not to be LGBT. These demands may be expressed in the form of negative statements as well as outright exclusion. LGBT individuals may choose to limit their openness and conceal their sexual

orientation and gender identity as a protective strategy to reduce the number of discrimination events over their lifetime. Nevertheless, this strategy leads to limitation of social relationships, resulting in smaller and less diverse networks.

Seeking a social network

In the university setting, students are more integrated between subgroups and open about their SOGI. LGBT people in the same subgroups socialize. Being in a group empowers individuals.

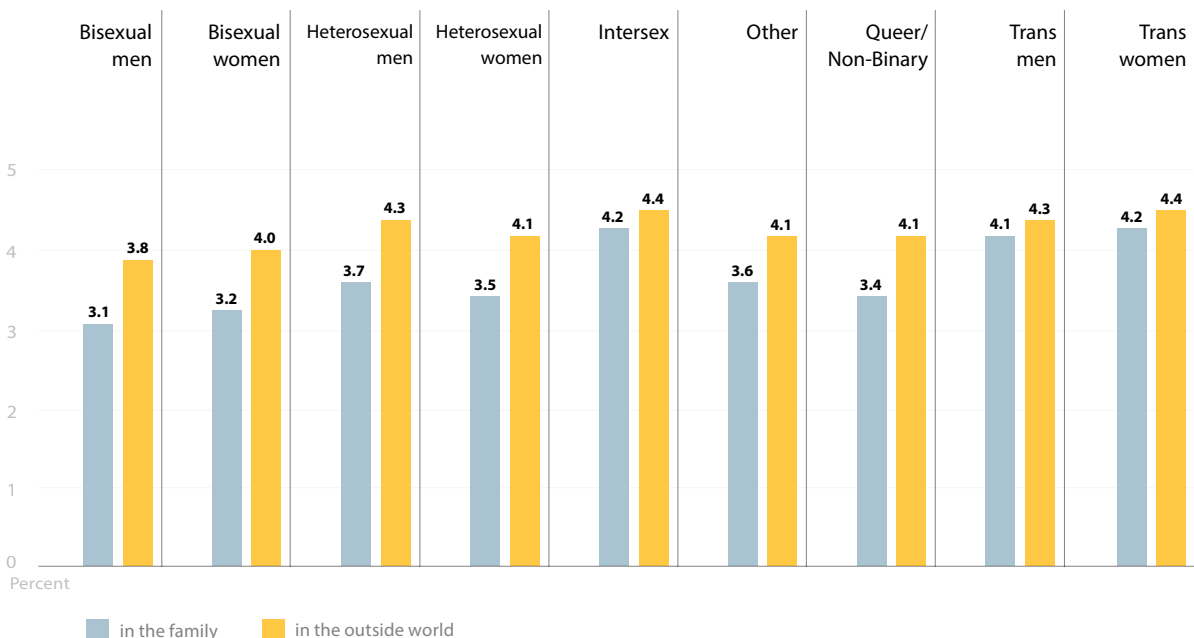
“My friends were ok [about my SOGI] and there was no problem as I was with friends who were girls during my elementary school ... When I was in secondary school, I started having friends who were also kathoey. There were three of them in my class and most of us would hang out at a volleyball field. Kathoey from different years would join together and I felt that I became more open [and] accepted myself more but I didn't feel ready to dress as a woman. When I started my university in 2010, it was more open.”

- Transgender woman, worker at an anonymous clinic

Acceptance

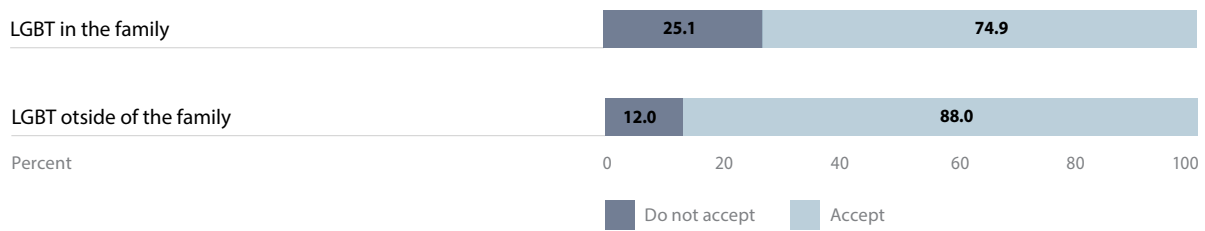
LGBT people feel more acceptance from people outside the family than from family members. On a scale of 1 (lowest) to 5 (highest), LGBT participants felt moderate levels of acceptance from their family (3.8) and a higher level of acceptance from the outside world (4.2). Figure A.6 shows levels of acceptance perceived by each LGBT subgroup. Transgender women perceived the highest levels of acceptance from their social networks. Bisexual men perceived the lowest.

Figure 21: Scores of acceptance in the family and outside world by LGBT subgroups



Non-LGBT people are less likely to accept an LGBT family member than an LGBT person outside the family. The majority of non-LGBT people in Thailand are accepting of LGBT people, yet some are still hesitant when the LGBT person is a member of their family. While 88 percent would accept LGBT people outside of their family, three-quarters, 74.9 percent, of non-LGBT participants stated that they would accept LGBT people in their family.

Figure 22: Percent of non-LGBT respondents who would accept LGBT individuals



A mother's love for her transgender child



There was an interesting pattern of responses from mothers and fathers about having transgender children. Mothers tended to be more understanding and supportive while fathers were against it or stayed silent.

"My father did not really accept me, but my mother knew since I was a kid and supported me, so I tried not to engage my father because he does not speak much. He is conservative and stubborn. He used to be a boxer and a soldier, so he has this deeply rooted belief that a son has to be 100 percent man."

- Transgender woman, Freelancer

"My father still does not know. My mother and sister told me to hide it from my father. I am staying with my family now and when I go out, my mother and sister would help checking the situation at home. She would tell me 'Your dad is in his working room. You could go now.' And before I return home, I would call my mom to check, 'Mom, is my dad in his room or has he slept already?' If he were in his room, I would enter the house quietly."

- Transgender woman, Civil servant

"My parents are very conservative because my dad is a policeman and my mother is a teacher ... My brother acts girly. My dad was very against that and he would hit, kick or throw a chair at him. He scolded ... said 'You are prohibited!' ... My dad does not speak much and when he speaks, he scolds. There is no such a thing as sitting down and talking ... He has never scolded me, so I don't know what he is thinking. But with my mom, I could talk to her."

- Transgender man, Swimming teacher

Social support

LGBT respondents do not feel comfortable confiding about personal issues to their family. One measure of social support is the level of comfort in confiding personal problems to those in a social network. The survey collected data on how often the respondent talked to people in their network about their problems associated with being LGBT (from 1 (never confide) to 7 (always confide)). With the exception of their friends (3.4), LGBT participants do not feel comfortable in confiding about relationship problems to anyone in their family (1.5) or to anyone outside their family (1). The results confirm existing research that the friendship network remains the most vital source of emotional support for the LGBT population.

Bisexual men report lower levels of support from families and friends. The study also sought to measure the support (from 1 (lowest) to 7 (highest)) received from others in social networks. Bisexual men consistently scored lowest for social support from their partner (4.6), family members (4.4), and friends (3.9). On the other hand, lesbians had the strongest support from their partner (5.2). Transgender women (5) and intersex (4.9) also enjoyed the highest level of family support while gay men had the highest support from friends (4.9). The results indicate that transgender individuals with a visible gender identity are able to gain more support from their family than gay men, bisexual men and non-binary individuals who may have to hide their sexual orientation from their family members (see Appendix D, Table D.8).

SCHOOL

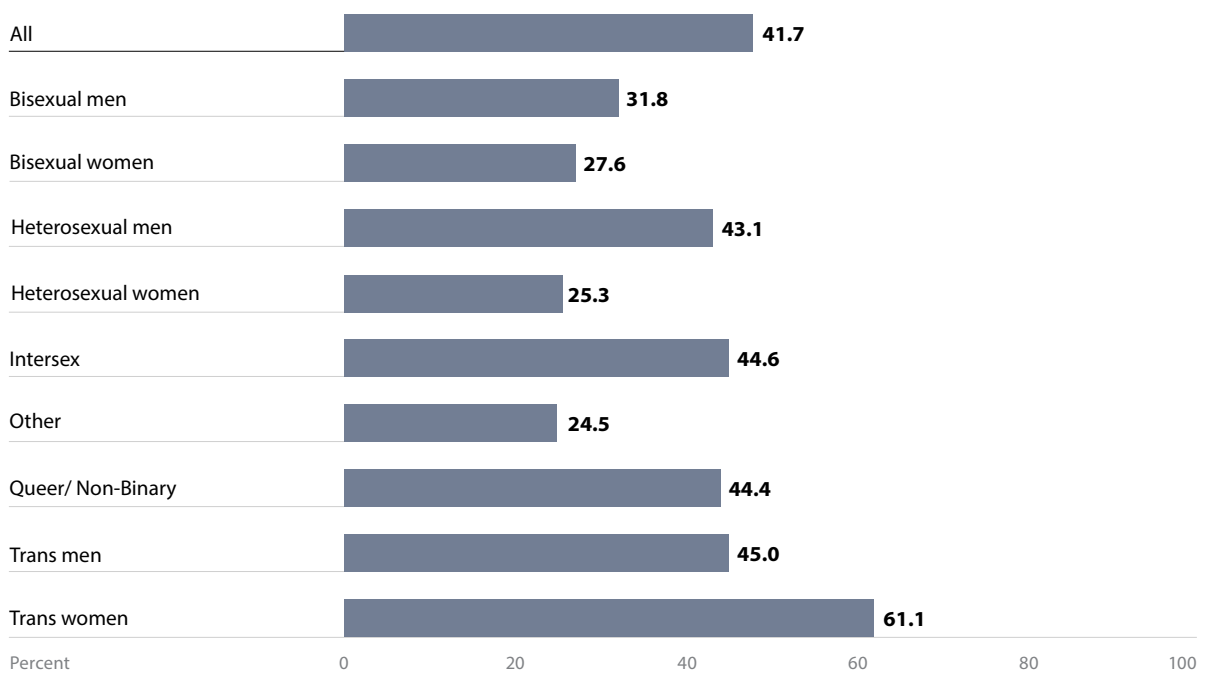
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School

Discrimination and violence

41 percent of LGBT people and 61 percent of transgender women report discrimination as students. Thirty five percent of transgender women also reported that they were often told to watch their appearance or the ways in which they spoke or behaved, 21.2 percent reported being verbally attacked often, 9.4 percent reported that they were often sexually harassed, and 8 percent reported often being subjected to physical violence (see Appendix E, Table E.1).

Figure 23: Percent of LGBT people who have experienced at least one form of discrimination in school



Students

pressured about their appearance and subject to discrimination

"I studied in the military service. Some male friends would throw small stones at me. I didn't fight back, so they continued on and did more. The teacher reprimanded one person, but he still continued. Then, I hit that person back. From then, no one hit me anymore."

- Transgender woman student in the North

"At my all-girl school, the annual meeting of all the parents in the hall heard a teacher reprimanding me for being in a relationship and holding hands with another girl in the school. I got very embarrassed and frustrated. I don't know why the teacher had to do that."

- Lesbian student in the North

Students

pressured about their appearance and subject to discrimination

"The principal spoke in front of everyone during the annual parent meeting, saying there is a female student in a relationship with another female student. My relative was there and brought the issue back to gossip. It was me. Many people knew it. My grandmother said she felt numb-faced after being told about the rumour. I had to calm her down."

-Tom student in the North

These findings are consistent with previous research showing pervasive demands to conform to social expectations. In an earlier study, referred to by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as the first "systematic study" on the issue of bullying in Thailand, a team from Mahidol University looked at patterns of school violence and harassment as well as educational outcomes. More than half of self-identified LGBT students in the study reported having been bullied, and 70 percent of male students who considered themselves less masculine than other boys, including those who did not identify as LGBT, reported bullying.

Students who had experienced bullying had four times the rate of depression of other students. One-third of those bullied reported unauthorized absences from school, compared to only 15 percent who had not been bullied. Seven percent of those who were bullied because of perceived sexual orientation or gender identity attempted suicide in the past year, compared to 1.2 percent of those who had not been bullied, and 3.6 percent of those who had been bullied for a different reason. Because some of the bullying happened in or near the male toilets, some students reported that they would not use the toilets during the school day.⁵⁶

Inclusion in curriculum

Thailand created the first national policy on sex education in 1938, but it was not until 1978 that the topic was taught in public schools. Since then, sex education has become part of the school curriculum in 60 percent of upper secondary schools. Nevertheless, many schools still focus on sex and physical anatomy and sex education programmes do not include topics related to sexual orientation, gender identity and sex characteristics.

When asked whether they had had received sex education in school, roughly the same percent of LGBT respondents, 88 percent, and non-LGBT respondents, 89 percent, said they had. However, only 35.7 percent of LGBT respondents perceived that the sex education they received was inclusive of sexual orientation, gender identity and gender expression; Seventy seven percent of non-LGBT people felt that the sex education they received was inclusive. This difference indicates that LGBT people did not see sex education as being inclusive of their lived experience, a result consistent with prior studies that show the lack of LGBT-related content in sex education curricula (see Table A.17).

⁵⁶ Mahidol University, Plan International Thailand & UNESCO Bangkok Office (2014). Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: Types, prevalence, impact, motivation and preventive measures in 5 provinces of Thailand. Bangkok: United Nations Educational, Scientific and Cultural Organization (UNESCO).

Educational attainment

Bisexual men, transgender women and intersex people are less likely to have completed bachelor's degrees than gay men. However, having an undergraduate degree strongly correlated with earning higher income.

It should be noted that LGBT respondents who were open to their family and had more sense of belonging to the LGBT community were less likely to have graduated with a Bachelor's degree. They were likely younger participants who were still students on their way to completing an undergraduate degree, and had more friends for social support at school, and therefore a higher sense of community belonging. More educated participants also had more connection to media for LGBT news and information (see Appendix G, Table G.1).

WORK

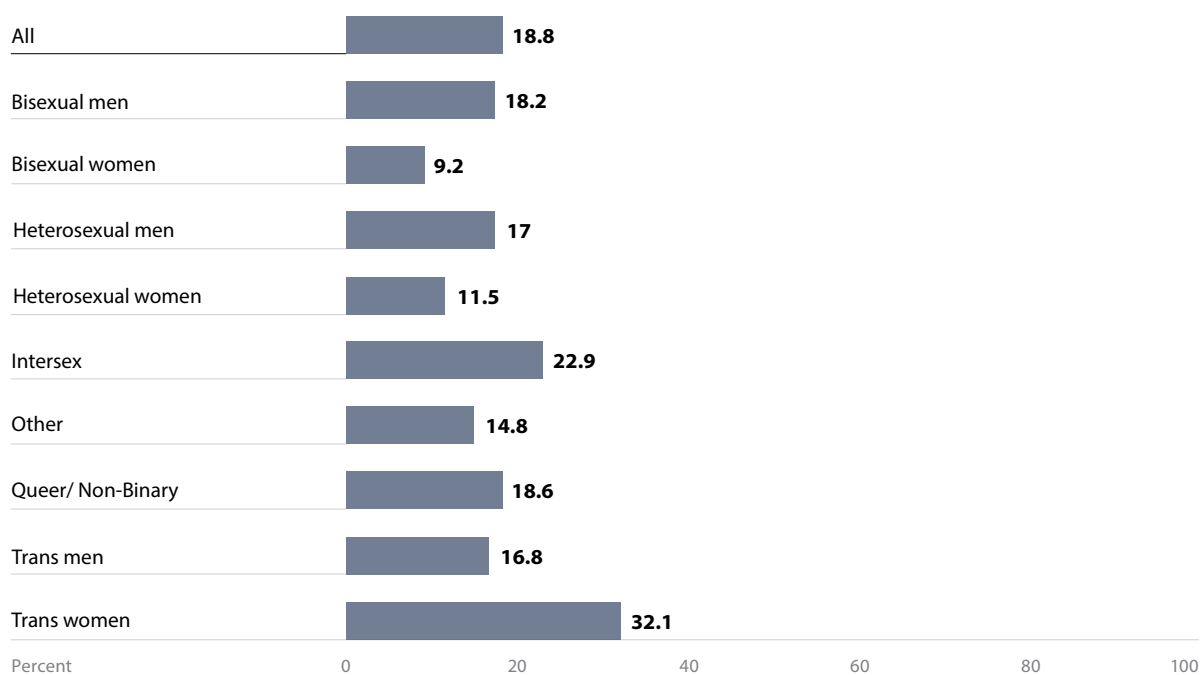
Work

Discrimination

The ability for members of society to earn a sustainable living as well as be fully productive workers is central to the successful economic development of a nation. This study reveals that employment opportunities for LGBT people may be limited by stigma, discrimination and health disparities. As referenced above, one-quarter of non-LGBT respondents felt that being LGBT was reasonable grounds for discrimination in work settings, and another 11.5 percent were undecided. The belief that LGBT people should not be allowed in the workplace results in decreased employment opportunities for LGBT people.

People from all LGBT subgroups have experienced discrimination in their current or most recent job. More transgender women report discrimination than any other LGBT subgroup.

Figure 24: Percent of LGBT people who have experienced at least one form of discrimination in the workplace



Previous research indicates that LGBT people face two types of discrimination in the workplace, each of which is related to the stigmatizing belief that a person cannot be a good worker if they are LGBT. First, LGBT workers face 'formal' discrimination related to the terms of their employment, such as unequal wages, not being hired, being fired and being denied promotions. Such discrimination has been documented by an international review of scholarly studies,⁵⁷ as well as a 2018 World Bank study in Thailand showing that more than half of LGBT job seekers felt their applications were denied because of their sexual orientation, gender identity and gender expression.

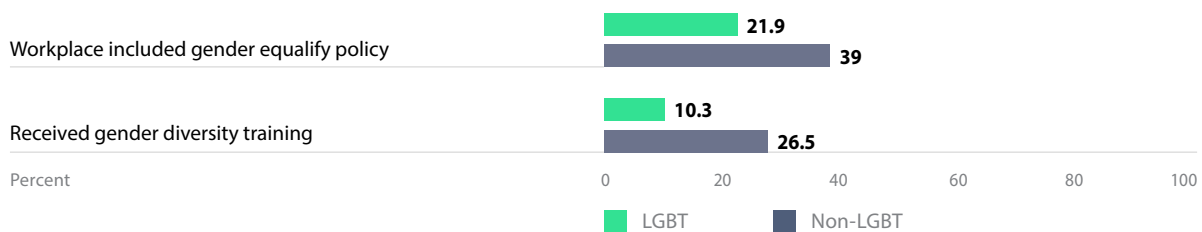
57 Human Rights Council. United Nations General Assembly. (2018). Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. Available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/132/12/PDF/G1813212.pdf?OpenElement>

'Informal' discrimination is related to the conditions of employment, such as harassment and negative treatment by bosses and co-workers. An international review of studies,⁵⁸ as well as a report by the UN expert on LGBT issues,⁵⁹ documented that LGBT people face patterns of verbal harassment, loss of credibility, and lack of acceptance and respect by colleagues.

Workplace policies

In order to combat the effects of stigma, some employers conduct diversity training and implement workplace equality policies. Diversity training that includes accurate information about LGBT people can help reduce or eliminate negative stereotypes and decrease workplace behaviour that interferes with productivity and workplace goals. Research indicates that a diverse workforce, where individuals feel accepted and supported in their workforce, is more productive and innovative, and has lower costs related to workplace conflict.

Figure 25: Percent of respondents whose workplace included a gender equality policy and who received diversity training



Workplace equality policies are not inclusive of LGBT issues. Figure 27 shows that a moderate proportion of LGBT respondents, 21.9 percent, and non-LGBT respondents, 39 percent, reported that their workplace had a gender equality policy. However, in both groups, the proportion of employers with this policy was still well below half. Interestingly, a significantly lower share of LGBT respondents reported having received gender diversity training, 10.3 percent, than non-LGBT respondents, 26.5 percent. The findings indicated that, compared to the rest of the population, if LGBT respondents received training on diversity, they may not have perceived that the training provided was inclusive of SOGI issues.

Earnings

People with high levels of interaction with their social network and higher acceptance outside the family earn more. In addition, higher earnings is associated with a lower likelihood of having experienced discrimination in the workplace. It is important to note that the statistical relationship between earnings and other factors does not indicate whether one caused or resulted from the other. Nonetheless, these relationships can help inform an understanding of the role of stigma. In addition to the above, a statistical analysis reveals a number of related factors:

- Those who earned more perceived stigma more frequently, and received less acceptance from their families.
- Lesbian women, bisexual men, and non-binary individuals earned less income than gay men. People in the middle age group (35–44) were most likely to have an income over 20,000 THB. LGBT people in Bangkok made the most money, especially when compared to people living in the Central area.

58 Ozeren, E. (2014). Sexual Orientation Discrimination in the Workplace: A Systematic Review of Literature. *Procedia – Social and Behavioral Sciences*, 109, 1203–1215.

59 Human Rights Council. United Nations General Assembly. (2018). Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.

- LGBT people who had less sense of community belonging were associated with having more income, indicating it was possible to be financially successful yet feel alienated from the LGBT community. Nevertheless, being more engaged with the community also correlated with higher income.

Thieves and uncontrollably angry: Stereotypes of transgender workers

“The manager accepted me but the owner who is a foreigner did not accept me and said that kathoeyes like to steal ... I have never made a complaint. I just felt sad and noi jai [hurt and offended].”

- Transgender woman, analyst in Bangkok

“I submitted my resume with a photo for a front-desk receptionist internship application. They recruited me. Then, I called to confirm the position on the phone. Human Resources asked if I dressed girly a lot. Then, the HR said they the company have had a lot of issues with transgender women working as front-desk receptionists in the past because they couldn't control their anger towards the customers. Then, I didn't get recruited for that position.”

- Transgender woman, university student in the North

COMMUNITY AND MEDIA ENVIRONMENTS

—

Community and Media Environments

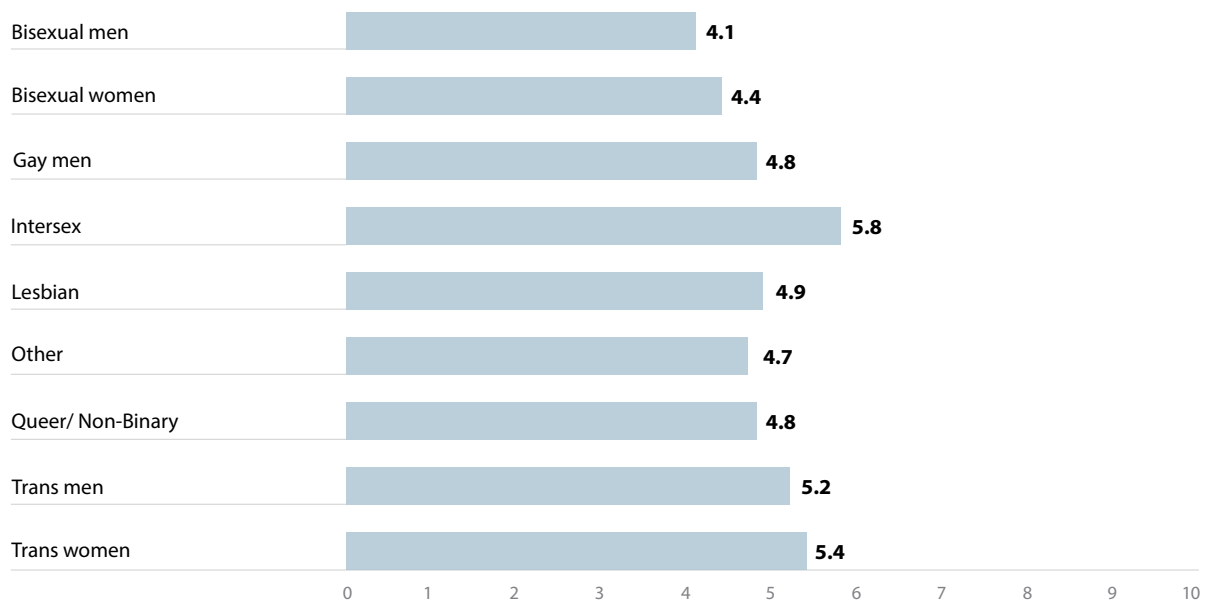
A growing body of research has made the connection between community and media environments as a determinant of health and well-being.^{60,61} In particular, each community has a distinctive communication network which consists of people, media and community-based organizations. Individuals' problem-solving capacities may be facilitated or hindered because of their sense of belonging and civic engagement with their community, as well as their connection to media. Their ability to acquire information and support from their community can be critical to the development of the community as a whole.⁶²

Community belonging and civic engagement

This study looked at community belonging, defined as the degree to which an individual perceives they are connected to their community.⁶³ For example, an individual with a strong sense of belonging stays up-to-date with LGBT news through a variety of media channels, and interacts more frequently with other LGBT individuals. The study also looked at civic engagement, or active participation in the community, based on the belief that one can and should make a difference in improving one's community.

LGBT people displayed moderate to high levels of belonging, yet low levels of engagement. Overall, LGBT respondents had a score of five out of seven for belonging. Figure 28 breaks down the scores by LGBT subgroup, with intersex and transgender women scoring the highest, and bisexual women and men scoring the lowest.

Figure 26: Scores of belonging to the LGBT community among LGBT subgroups



60 Wilkin, H.A. (2013). Exploring the potential of communication infrastructure theory for informing efforts to reduce health disparities. *Journal of Communication*, 63(1), 181–200.

61 Matsaganis, M.D. & Wilkin, H.A. (2015). Communicative social capital and collective efficacy as determinants of access to health-enhancing resources in residential communities. *Journal of health communication*, 20(4), 377–386.

62 Kim, Y.C. & Ball-Rokeach, S.J. (2006). Civic engagement from a communication infrastructure perspective. *Communication Theory*, 16(2), 173–197.

63 Hystad, P. & Carpiano, R.M. (2010). Sense of community-belonging and health-behaviour change in Canada. *Journal of Epidemiology & Community Health*, jech-2009.

The scores for civic engagement are shown in the following figure for LGBT subgroups. The average score for LGBT respondents for civic engagement was 2.9.

Figure 27: Scores of civic engagement among LGBT subgroups

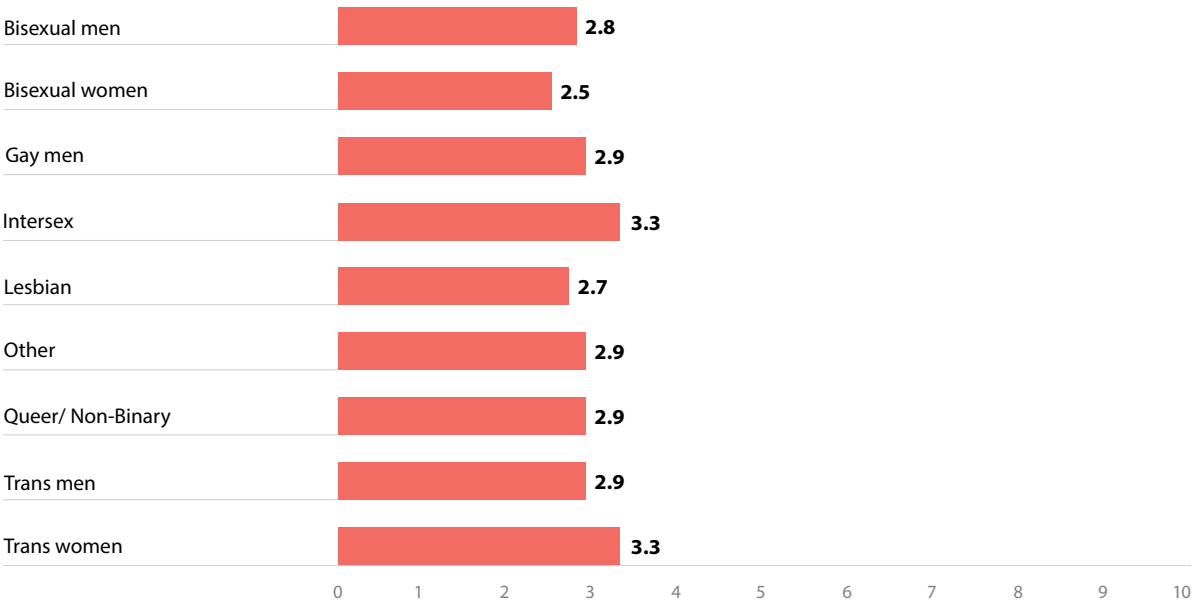
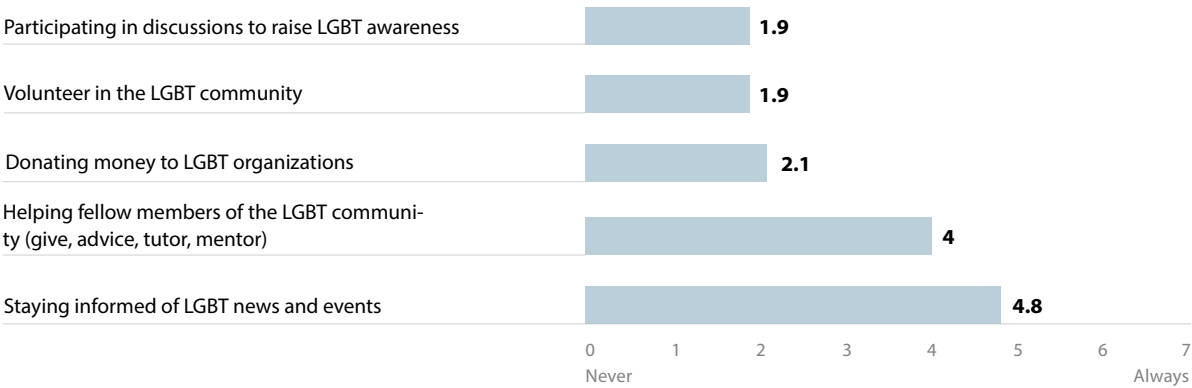


Figure 28 shows the scores for different kinds of civic engagement activities.

Figure 28: How often do you engage in the following activities?



Across LGBT subgroups, the average civic engagement scores were lower than the mid-point of the one to seven point scale (see Appendix F, Table F.1). This discrepancy warrants further research, as higher rates of civic engagement have, in other groups, been associated with improved individual outcomes. The difference between community belonging and civic engagement for LGBT people may indicate a gap in skills as well as levels of resilience and self-esteem, although it may also indicate a lack of social infrastructure with which people can be engaged with.

Mixed interest in engaging with LGBT organizations

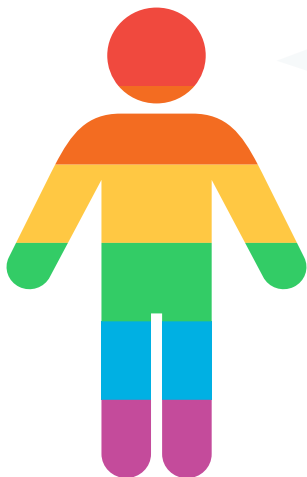
"I'm not Di 100 percent. If I'm Di 100 percent maybe ... I have not been attacked by other people to make me have to stand up and move things forward. I feel that it is a tough job."

– Lesbian, student

"I'm not interested that much ... I do not give importance to what defines me. I'm just spending my life my way. I am not attached to certain media or think that, because I'm similar to a group, I have to be interested in that group. It is not something that I have to pay lots of attention to. It is not like I am going to be affected by it."

– Lesbian, university student

A few gay focus group participants attended and joined activities of LGBT-related organizations. One person felt that joining activities did not damage him and he could gain benefits and share information with other people. It was considered a merit-making activity (doing good deeds for others). Another thought that some people did not want to reveal their identity or they had other duties which prevented them from making the time for these activities. Another person thought it depended on the benefits of such activity that he would get.



"If you want to make a big campaign, you have to advertise. If there are only us or young people, it is not enough. It has to become a big project that everyone comes together to make change."

– Gay man, employee in an LGBT organization

"I feel that if LGBT people or just transgender men want something, we have to come out more to express our intentions and present problems that need to be changed or fixed. Right now, people are passive, adopting the Thai style: 'if they come, they come or if there is nothing, that is fine.'"

– Transgender man, employee in a private company

Connection to LGBT media channels

Media consumption habits reveal how community members stay informed of issues that might affect them. Out of a list of 15 media channels, LGBT respondents to the survey were connected to an average of 3.9 channels. Websites were accessed by 81 percent and social media apps by 77 percent as the most common sources of LGBT information. For national mass media, 42 percent of LGBT respondents mentioned free television channels (i.e. Channels 3, 5, 7 and 9).

Bisexual men had the most connection with different media channels (4.4) to seek LGBT information. Given their low level of interaction and diversity within the LGBT social network, as well as weak community belonging and civic engagement, bisexual men relied more on media channels to obtain LGBT information that was relevant to them. Interestingly, lesbian (3.3) and bisexual women (3.4) had the least connection to media channels to seek information about LGBT issues.

Seeking an identity, inspiration from Jimmy

While lesbian, tom, gay and kathoey are visible identities in Thai society, there is limited information about transgender men in Thailand. Some transgender men found it difficult to self-identify. Some thought that they were tom, the Thai term used for masculine women or lesbians. Some felt they were not tom but had not found a comfortable way to self-identify. While transgender men disagree, the general public in Thailand often consider transgender men and tom as the same. The limited public information about transgender men in Thailand could contribute to transgender men suffering psychological and physical harm such as mental health issues, stress and taking hormones with unsafe procedures.

Many transgender male survey participants described becoming aware of transgender men from hearing about or reading public interviews in the media about Jimmy, a transgender man.

"My sister told other people that her brother is a tom ... I did not feel like this. I felt inside that I am not a tom ... When I knew about Jimmy, I tried to search for information. It was a crisis since I had to ask myself if I am a tom or a man."

- Transgender man, student in a Master's programme

"I was open about the fact that I like women but I did not identify myself as tom since I felt that I am not tom. But it was a conflict within myself as to who I am. Since Jimmy's debut, I searched for information on how to be like him and started changing myself six months ago ... Now, I identify myself as a transgender man but not a man because I feel that I still don't have male genitals."

- Transgender man, medical laboratory scientist

"When I was in a technical school, I became aware of the term 'tom' for the first time... I then thought I must be like that so I identified myself as tom ... but I still like women ... most of them are not 'dee' ... Then there was this hype about Jimmy that enlightened me ... I was eager to know how to become a man and 'dee' would not like that. My girlfriend said, 'Why? Do you want to have a dick? If you have one, we will break up'. After that, my girlfriends are women only."

- Transgender man, worker in a private company



RECOMMENDATIONS

The findings in this study support recommendations for government agencies, educational institutions, employers, health care providers, media outlets and civil society. The need to understand LGBT populations more deeply must be met by government efforts to increase knowledge about the lived experience of LGBT people, as well as efforts to track health, labour and educational outcomes. These recommendations include actions that can contribute to the legal and social recognition of diverse sexualities and genders, establish equal rights for LGBT people, and support social and legal inclusion of LGBT people in schools, workplaces, health care settings and civil society. The findings point to the need for programmes to decrease stigma, eliminate stereotypes about LGBT people, and increase knowledge of the consequences of stigma and discrimination towards LGBT people.

The Government of Thailand should take all necessary legislative, administrative and other measures related to the following:

- Ensure that same-sex couples have equal access to the same institutions, benefits and duties as opposite-sex couples.
- Ensure that LGBT people have the right to form a family, including parenting, adoption, surrogacy and access to reproductive technologies.
- Ensure that all people have the right to self-determination and recognition of their gender.
- Prohibit discrimination on the basis of sexual orientation and gender identity in the workplace, educational institutions, health care settings, and consumer and banking institutions; and establish the means to investigate, adjudicate, prosecute and remedy instances of discrimination.
- Ensure that laws against rape, sexual assault and sexual harassment protect all persons regardless of their sexual orientation, gender identity or gender expression or sex characteristics.
- Include sexual orientation, gender identity, gender expression and sex characteristics in national data gathering and research, including research into the causes and effects of stigma and discrimination faced by LGBT people.
- Educate the public about the high prevalence of discrimination against LGBT people in the public and private spheres.
- Promote LGBT acceptance in the family and provide parents with resources on how to support and communicate with their LGBT children at home.
- Increase awareness of the complaint mechanism under the 2015 Gender Equality Act for LGBT persons to protect themselves or seek retributive justice against discrimination based on sex or gender expression.

The Ministry of Education should take all necessary administrative and other measures related to the following:

- Establish policies against bullying and sexual harassment policies to create safe environments for LGBT students to attend and participate fully in elementary, secondary and vocational schools, colleges and universities across Thailand.
- Issue and implement a dress code policy that allows students and teachers to be able to dress in accordance to their gender identity.
- Organize teacher trainings on gender diversity and LGBT issues to equip teachers with the skills to treat LGBT students with dignity and understanding.
- Provide a sex education curriculum that includes topics on sexual orientation, gender identity and gender expression.
- Implement the means to track the school climate and the educational outcomes of LGBT students.

The Ministry of Labour should take all necessary administrative and other measures related to the following:

- Establish guidelines to ensure fair recruitment processes and prohibit discrimination on the basis of sexual orientation and gender identity. This shall include recognizing and protecting the ability of job seekers to dress according to their gender identity.
- Require employers to include human resources policies that are compliant with the Gender Equality Act and ensure equal treatment of LGBT workers, and prevent verbal and sexual harassment, as well as gender-based violence at the workplace.
- Establish the means to disaggregate labour force statistics by sexual orientation, gender identity and expression, and sex characteristics.

The Ministry of Information and Communication Technology, Thailand National Statistical Office should establish the means to gather data about, and disaggregate national statistics, such as the census, by sexual orientation, gender identity and expression, and sex characteristics.

The Ministry of Public Health should take all necessary administrative and other measures related to the following:

- Through the Department of Mental Health and in collaboration with civil society and media, promote the use of the suicide prevention hotline to at-risk LGBT targets and ensure hotline staff are trained to handle callers who have issues related to being LGBT.
- In cooperation with the Thai Health Promotion Foundation and related health organizations, create awareness via media campaigns, online platforms and information at health centres on the importance of regular STI and HIV testing among sexually active LGBT people, including lesbians, bisexual women, transgender men, non-binary people and 'other' youths who have never been tested.
- Allocate resources for clinics, hospitals and health centres to provide free or low-cost STI and HIV testing and sexual health counselling services to LGBT people.
- Include hormone therapy and gender-affirming surgery for transgender people in universal health care coverage.
- Adapt national clinical guidelines on transgender health services, building on international guidance from previous reports such as *the Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*.⁶⁴

64 Health Policy Project, Asia Pacific Transgender Network and United Nations Development Programme (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project.

- Establish and promote education and training programmes in academic and medical institutions that incorporate transgender health as part of their multidisciplinary health curriculum.
- Support the addition of health care personnel (e.g. doctors, nurses and therapists) who specialize in transgender health, or the establishment of a referral system for such personnel, in each hospital, local clinic or health centre to provide guidance and care for transgender patients.
- Establish and promote policies in health care settings that permit transgender patients to be treated in wards corresponding to their gender.
- Train health care personnel to have cultural competency and sensitivity with LGBT patients.

Researchers and the research community should engage in activities to increase the knowledge about the issues raised in this report. The needs and experiences of intersex people, as well as the role of sex characteristics in stigma and discrimination, require more research.

Media institutions, the entertainment industry and news outlets should establish guidelines on the representation of LGBT people and issues to minimize derogatory and defamatory images and messages, and encourage accurate reflection of the lived experience of LGBT people in Thailand.

LGBT community organizations should make their best efforts to do the following:

- Conduct outreach activities with the goal of increasing the number of LGBT people to join and participate in community groups and organizations.
- Gay, lesbian and transgender communities should ensure the inclusion of bisexual, non-binary, and 'other' (pansexual, asexual, cisgender heterosexuals who are only attracted to trans people, and questioning) individuals, as well as to make available information and community opportunities relevant to all LGBT subgroups.
- Advocate for increased data collection regarding LGBT people and collaborate with government agencies to ensure data collection is conducted in accordance with community needs and professional ethics.

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APPENDICES

APPENDIX A. METHODOLOGY

Research questions

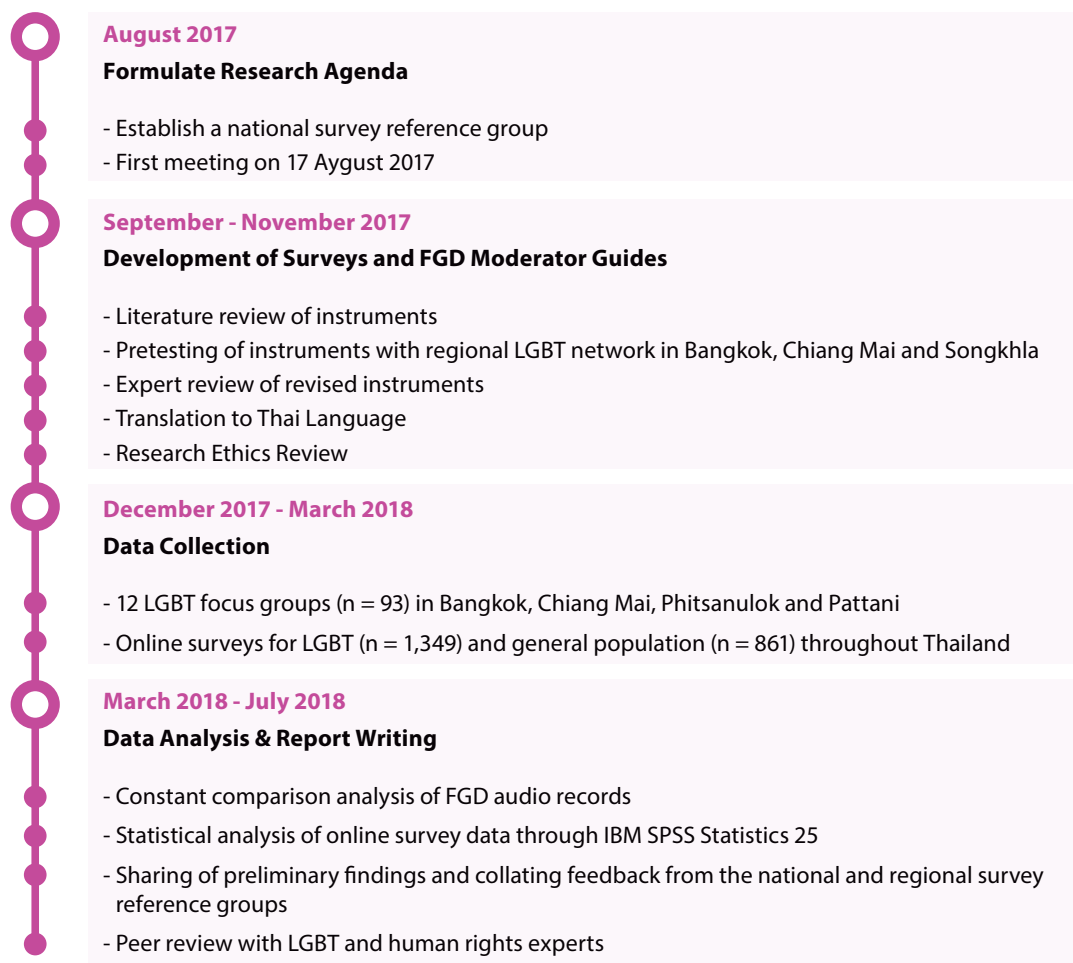
Research questions were formulated based on the application of the Socio-Ecological Model (SEM), locating the individual in the centre and examining five bands of influence: interpersonal, organizational, community, societal and policy levels. At the individual level, the SEM guides us to understand individual perceptions of stigma and discrimination, indicators of mental health such as resilience, self-esteem, quality of life, and status of health and well-being. At the interpersonal level, this study looks at openness, acceptance and social support that LGBT people have experienced within their family and social networks. At the organizational level, discriminatory or positive experiences in schools and universities, workplaces, hospitals and social service institutions are explored. At the community level, civic engagement and a sense of belonging to the LGBT community are studied. For the societal level, this study surveys LGBT individuals on the media sources they consume to obtain relevant information. Additionally, a corresponding survey among the general population (cisgender, heterosexual) gauges public attitudes towards the LGBT population. At the policy level, public attitudes towards LGBT policies are measured. The SEM also allows us to understand how factors across different levels influence economic, education and health outcomes for LGBT people. The research questions are summarized in Table A.1 below.

Table A.1: Research Question

| I. Perceived stigma and discrimination, and health and well-being of the LGBT population | |
|---|---|
| 1.1 | What is the self-perception of stigma and discrimination among the LGBT population in Thailand? |
| 1.2 | Which health care issues are most important for LGBT to access? What are the barriers to access these health care services? |
| 1.3 | What is the status of the LGBT community in terms of resilience, self-esteem, quality of life, mental health, preventive and risky health behaviours such as substance use, STIs and HIV testing? |
| II. Interpersonal relationships and social networks of the LGBT population | |
| 2.1 | What is the frequency of interaction and diversity within LGBT social networks? |
| 2.2 | What percent of LGBT people are open to their social networks? |
| 2.3 | What are the levels of acceptance, social support, and comfortability in confiding relationship problems with people in their social networks? |
| 2.4 | What kind of discrimination and supportive behaviours do LGBT people experience from their family members? How do they cope with discrimination in the family? |
| III. Discrimination against LGBT in organizational settings | |
| 3.1 | What kind of discrimination do LGBT people experience in schools, workplaces, health care and social service institutions? How do they cope with discrimination in different institutions? |
| 3.2 | What percent of the population have attended gender diversity training in schools and workplaces? |
| IV. Community and media environments of the LGBT population | |
| 4.1 | What is the sense of belonging among LGBT people to their own community? How civically engaged are LGBT people with their community? |
| 4.2 | What is the level of connection to media environments for LGBT news and information? |
| V. Factors associated with health, education, and income in the LGBT population | |
| 5.1 | What are the factors associated with quality of life, suicide contemplation, knowing HIV status, higher level of education and socio-economic status? |
| VI. Social attitudes and public policy towards the LGBT population | |
| 6.1 | What are the social attitudes towards LGBT people and public support for LGBT policies? |
| 6.2 | What are the factors associated with public support for LGBT policies? |

Timeline

Figure A.1: Timeline and research procedures



Survey measures

Table A.2 summarizes all survey measures which were developed to answer each research question (RQ). While a majority of the survey measures were collected from both LGBT and non-LGBT samples, some measures were created uniquely for each survey. Measures that were collected in the LGBT or non-LGBT surveys are marked with “√” while measures that were not collected are marked with “X”.

Table A.2: Summary of survey measures

| RQ | Measure | No. of Items | Scale adapted from/ created by | Collected in | |
|---|-------------------------------------|--------------|--------------------------------|--------------|-----------------|
| | | | | LGBT Survey | Non-LGBT Survey |
| Perceived stigma and discrimination, health and well-being | | | | | |
| 1.1 | Perceived stigma and discrimination | 12 | Logie & Earnshaw ⁶⁵ | √ | X |

⁶⁵ Logie, C.H. & Earnshaw, V. (2015). Adapting and validating a scale to measure sexual stigma among lesbian, bisexual and queer women. PloS one, 10(2), e0116198.

| RQ | Measure | No. of Items | Scale adapted from/ created by | Collected in | |
|--|---|--------------|--------------------------------|--------------|-----------------|
| | | | | LGBT Survey | Non-LGBT Survey |
| 1.2 | Access to health care | 18 | UNDP ⁶⁶ | √ | X |
| | Barrier to access health care | 11 | | √ | X |
| 1.3 | Resilience | 6 | Smith et al. ⁶⁷ | √ | √ |
| | Self-esteem | 7 | Rosenberg ⁶⁸ | √ | √ |
| | Quality of life | 1 | UNDP ⁶⁶ | √ | X |
| | Mental health | 2 | | | |
| | Risky behaviours | 29 | | | |
| | Prevention behaviours | 3 | | | |
| | HIV status | 6 | | | |
| Interpersonal and social networks | | | | | |
| 2.1 | Network diversity Frequency of interaction within the network | 11 | Erosheva et al. ⁶⁹ | √ | √ |
| 2.2 | Openess to social network | 12 | MOHR & Fassinger ⁷⁰ | √ | X |
| | Disclosure from LGBT members | 12 | | X | √ |
| 2.3 | LGBT acceptance from social network | 12 | Ross ⁷¹ | √ | X |
| | Acceptance of LGBT members in the social network | 11 | Ross ⁷¹ | X | √ |
| | Social support | 12 | Zimet et al. ⁷² | √ | √ |
| | Discussion about relationship problems | 13 | UNDP ⁶⁶ | √ | √ |
| 2.4 | Discrimination from family members | 15 | UNDP ⁶⁶ | √ | √ |
| | Coping mechanism against family members | 19 | | √ | X |
| | Supportive actions by family members | 9 | | X | √ |

- 66 Survey items were developed through consultation with national and regional survey reference groups and adapted from a previous UNDP study in China.
- 67 Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioural medicine*, 15(3), 194–200.
- 68 Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, 61, 52.
- 69 Erosheva, E.A., Kim, H.J., Emler, C. & Fredriksen-Goldsen, K.I. (2016). Social networks of lesbian, gay, bisexual, and transgender older adults. *Research on aging*, 38(1), 98–123.
- 70 Mohr, J.J. & Fassinger, R.E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33, 66–90.
- 71 Ross, M.W. (1985). Actual and anticipated societal reaction to homosexuality and adjustment in two societies. *The Journal of Sex Research*, 21, 40–55.
- 72 Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30–41.

| RQ | Measure | No. of Items | Scale adapted from/ created by | Collected in | |
|--|---|--------------|---|--------------|-----------------|
| | | | | LGBT Survey | Non-LGBT Survey |
| Discrimination in organizational settings | | | | | |
| 3.1 | Discrimination at school | 12 | UNDP ⁶⁶ | √ | √ |
| | Coping mechanisms at school | 18 | | √ | √ |
| | Discrimination in the workplace | 13 | | √ | √ |
| | Coping mechanisms in the workplace | 19 | | √ | √ |
| | Discrimination in health care and social service institutions | 21 | | √ | X |
| | Coping mechanisms in health care institutions | 18 | UNDP ⁶⁶ | √ | X |
| 3.2 | Gender diversity and training | 4 | | | |
| Community and media environments | | | | | |
| 4.1 | Belonging to the LGBT community | 5 | Luthanen & Crocker ⁷³ | √ | X |
| | Civic engagement | 5 | Doolittle & Faul ⁷⁴ | √ | X |
| 4.2 | Connection to media and community organizations | 22 | Kim et al. ⁷⁵ | √ | √ |
| Social attitudes and public policy | | | | | |
| 5.1 | General attitudes towards LGBT people | 21 | Helms & Waters ⁷⁶ Ngamake, Walch & Raveepatarakul ⁷⁷ | X | √ |
| | Feelings towards LGBT people having children | 5 | Helms & Waters ⁷⁶ | X | √ |
| | Attitudes towards LGBT rights | 9 | UNDP ⁶⁶ | X | √ |
| | Attitudes towards transgender rights | 3 | | X | √ |
| | Public support for LGBT policies | 8 | | √ | √ |

73 Luhtanen, R. & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and social psychology bulletin*, 18(3), 302–318.

74 Doolittle, A. & Faul, A.C. (2013). Civic engagement scale: A validation study. *Sage Open*, 3(3), 215824405542.

75 Kim, Y.C., Moran, M.B., Wilkin, H. A. & Ball-Rokeach, S.J. (2011). Integrated connection to neighborhood storytelling network, education, and chronic disease knowledge among African Americans and Latinos in Los Angeles. *Journal of health communication*, 16(4), 393–415.

76 Helms, J.L. & Waters, A.M. (2016). Attitudes towards bisexual men and women. *Journal of Bisexuality*, 16(4), 454–467.

77 Ngamake, S.T., Walch, S.E. & Raveepatarakul, J. (2013). Validation of the attitudes towards transgendered individuals scale in Thailand. *International Journal of Transgenderism*, 14(4), 158–170.

Survey sampling

Two online surveys were created. Each survey targeted a unique group with its own sampling strategy.

A. LGBT respondents

The online survey for the LGBT sample was launched from January to March 2018 via a chain-referral sampling method.⁷⁸ The chain-referral technique is an improvement from the more traditional snowball sampling method. Like snowball sampling, chain-referral sampling relies on an initial group of individuals, or 'seeds', who will help recruit others like them to participate in the study. However, chain-referral sampling relies on strategic selection of initial seeds from multiple networks to form a more representative sample of the target population.⁷⁹ In this case, local, regional, and national LGBT organizations were approached as initial seeds to recruit participants to attain a more representative sample of the national LGBT population. Moreover, efforts were made to ensure initial seeds represented all subgroups of the LGBT population to achieve variability within the LGBT sample. However, although the final chain-referral sample represented four regions in Thailand, it still did not allow for generalizability to the broader LGBT population throughout Thailand since the initial seeds were not randomly selected and all seeds were located in the urban centres of their province. Therefore, the LGBT sample is skewed towards people with internet access and living in urban areas.

To recruit LGBT respondents, 10 survey promotional images (see example below in Figure A.2) were created and disseminated to seeds (members from the regional and national survey reference groups) which consisted of over 24 LGBT-related organizations. These members subsequently shared promotional images with LGBT people in their online and social media communities. To be eligible to participate, participants had to self-identify as LGBT, be at least 18 years old, currently reside in Thailand, and be able to read and speak Thai. To encourage survey completion, participants could provide their email address to enter into a lucky draw. The prizes were redeemable gift cards in shops at Central Group shopping malls across Thailand. In total, 10 survey respondents were randomly selected and a gift card worth 1,000 to 5,000 baht was sent to each of them.

B. Non-LGBT respondents from the general population

An online survey with quota and incentive-based dynamic sampling was launched from February to March 2018 to recruit non-LGBT respondents from the general population in Thailand. This sampling approach used a technique called Programmatic Media Buying to recruit relevant targets to answer surveys via online banner campaigns. Programmatic Media Buying is the automated purchase of data-driven, targeted and relevant ads using real-time systems, which was used to spread the survey across different websites. The survey was placed through the most popular websites accessed through mobile devices and computers in Thailand. Respondents were given incentives such as mobile credit, online gaming tokens and loyalty points, equating to approximately 35 baht which varied depending on the platform and respondent.

To be eligible to participate, respondents had to be at least 18 years old, currently live in Thailand, and be able to read and understand the Thai language. In the end, 1,200 respondents completed the general population survey. Three hundred and thirty nine respondents who identified as LGBT

78 Platt, L., Wall, M., Rhodes, T., Judd, A., Hickman, M., Johnson, L. G., ... Sarang, A. (2006). Methods to recruit hard-to-reach groups: Comparing two chain referral sampling methods of recruiting injecting drug users across nine studies in Russia and Estonia. *Journal of Urban Health*, 83(6), 39–53. doi:10.1007/s11524-006-9101-2

79 Penrod, J., Preston, D. B., Cain, R.E. & Starks, M.T. (2003). A discussion of chain referral as a method of sampling hard-to-reach populations. *Journal of Transcultural Nursing*, 14(2), 100–107. doi:10.1177/104365960225061

were removed from this sample, resulting in the non-LGBT (cisgender heterosexual men and women) sample size of 861. The data were further weighted to a 50:50 ratio of males to females to be more representative of the population. While quota sampling has higher generalizability than chain-referral sampling, it is still not a random sampling. Therefore, findings from the non-LGBT sample in this study should also be inferred to the general population with caution. In addition, only 67 percent of the population in Thailand have access to the internet.⁸⁰ Thus, online surveys cannot reach populations who are not online, especially those with no access to mobile, wifi or landline internet, and who have low digital literacy (who are often from rural areas and older demographics).

Figure A.2: Examples of survey promotional images



Focus group discussions

Table A.3 displays the breakdown of focus group discussion (FGD) participants by LGBT groups from each province. Overall, 93 LGBT participants (19 lesbians, 20 gay men, 6 bisexual men and women, 25 transgender men, and 23 transgender women) took part in the 12 FGDs across the 4 provinces in December 2017 and January 2018. Local LGBT organizations from the survey reference groups supported this study by recruiting participants and organizing the venue for each FGD session.

To be eligible for the FGD study, participants were required to live in the province where the FGD was held, be 18 years old and above, have graduated at least from elementary school, have Thai literacy, give consent to audio recording of the session, and be self-identified as lesbian, gay, bisexual or transgender. Each FGD lasted about 1.5 hours. After completing the FGD, each participant received 500 baht to thank them for their time and participation.

80 Kemp S. (2017). The full guide to Southeast Asia's digital landscape in 2017, slide 141. Available at <https://www.techinasia.com/talk/full-guide-southeast-asia-digital-landscape-2017>

Table A.3: Number of FGD participants by LGBT group in each province

| Location | Bisexual men | Bisexual women | Gay | Lesbian | Transgender men | Transgender women | Total |
|------------------------|--------------|----------------|----------|----------|-----------------|-------------------|-----------|
| Chiang Mai (2 groups) | 7 | - | - | - | 7 | - | 14 |
| Phitsanulok (2 groups) | - | 6 | - | - | 2 | 8 | 16 |
| Bangkok (4 groups) | 8 | 8 | - | - | 8 | 8 | 32 |
| Pattani (4 groups) | 4 | 6 | 2 | 4 | 8 | 7 | 31 |
| Total | 19 | 20 | 2 | 4 | 25 | 23 | 93 |

The lead researcher from Love Frankie prepared the FGD Moderator Guide for three moderators to implement FGDs in each region of Thailand. FGD moderators were trained to adhere to the recruitment criteria and research protocols. The FGD Moderator Guide was reviewed and approved by survey reference groups and the Research Ethics Review Committee at AIT. The FGD questions followed the theoretical framework of the Socio-Ecological Model and covered five main themes addressing experiences of LGBT people during their lifespan at the level of the individual (self-acceptance and feelings towards oneself), interpersonal (openness and acceptance from family and social networks), organizational (experience of discrimination and coping mechanism at school and workplace), community and societal (public attitudes towards LGBT people, pride and belonging, civic engagement, and media consumption), and policy (government policies on LGBT issues). Each FGD session was audio-recorded and the moderators from each region prepared a summary report for the lead researcher to include in this study.

Data analysis

For survey data analysis, the data set was weighted for gender at a 50:50 ratio of male to female so as to be more representative of the general population for both the LGBT and non-LGBT surveys. The weighting did not significantly affect the average scores and results of the variables of interest among LGBT subgroups in the LGBT survey. Reliability analysis was run on the survey items in each measure to test their validity and reliability. These items were subsequently computed into a variable for statistical analysis. Descriptive statistics were run on the variables to report their means or frequencies. Independent sample t-tests were conducted on relevant continuous variables to compare the mean differences between LGBT and non-LGBT samples whenever applicable. One-Way Analysis of Variance tests were also run on relevant continuous variables to compare the mean differences within LGBT subgroups. To answer RQ5.1, multivariate logistic regression analyses were conducted to examine the associations of health (quality of life, suicide contemplation and awareness of HIV status), socio-economic status (monthly income over 20,000 baht a month) and education (Bachelor's degree or higher) with demographics and other variables of interest. For RQ6.2, multiple linear regression was run to identify factors associated with public support for LGBT policies. All statistical analyses were run through IBM SPSS Statistics 25. For focus groups, each moderator received a report template with FGD questions as initial coding categories. The moderator classified the raw data by reviewing FGD audio records and writing down interesting participant quotes under each FGD question. Constant comparisons were

carried out with the data to detect similar and divergent views among the participants from different LGBT subgroups. Quotations from different participants were included throughout the results section to provide a more in-depth context for their experience. These quotations also helped to better interpret the survey results.

Survey sample population

Table A.4: Socio-demographic and background characteristics of the samples

| | LGBT (n=1,349) Percent | Non-LGBT (n=861) Percent |
|-------------------------------------|---|---|
| Set | | |
| Male | 49.9 | 50.0 |
| Female | 50.1 | 50.0 |
| Non-LGBT subgroups | | |
| Cisgender heterosexual men | - | 50.0 |
| Cisgender heterosexual women | - | 50.0 |
| LGBT subgroups | | |
| Lesbian | 15.3 | - |
| Gay man | 18.7 | - |
| Bisexual man | 1.9 | - |
| Bisexual woman | 6.4 | - |
| Transgender man | 14.4 | - |
| Transgender woman | 18.2 | - |
| Non-binary | 12.8 | - |
| Intersex | 5.5 | - |
| Other | 6.9 | - |
| Age | | |
| 18-24 | 31.9 | 39.9 |
| 25-34 | 50.5 | 31.8 |
| 35-44 | 15.4 | 21.6 |
| 45 and above | 2.2 | 6.7 |
| Region | | |
| Greater Bangkok | 56.7 | 27.2 |
| Central (excluding Greater Bangkok) | 12.3 | 20.5 |
| North | 12.3 | 18.9 |

| | LGBT (n=1,349) Percent | Non-LGBT (n=861) Percent |
|---|---|---|
| Northeast | 11.7 | 19.9 |
| South | 6.9 | 13.5 |
| Rural | 0.0 | 33.4 |
| Urban | 100.0 | 66.6 |
| Religion | | |
| Buddhism | 80.2 | 90.9 |
| Islam | 1.4 | 4.2 |
| Christianity | 4.9 | 2.8 |
| No religion/ Other | 13.5 | 2.1 |
| Marital Status | | |
| Single | 97.4 | 73.8 |
| Legally married in Thailand | 1.0 | 19.5 |
| Married outside of Thailand | 0.9 | 0.9 |
| Divorced | 0.3 | 4.0 |
| Seperated | 0.3 | 1.0 |
| Widow | 0.1 | 0.8 |
| Relationship Status | | |
| Monogamous, do not live together | 39.5 | 47.2 |
| Monogamous, live together | 24.1 | 31.6 |
| In a relationship with more than one person | 2.9 | 2.9 |
| Not in a relationship/ Other | 33.5 | 18.3 |
| Head of household | | |
| Self | 19.0 | 27.5 |
| Parent | 55.8 | 51.2 |
| Partner | 2.1 | 7.6 |
| Jointly with partner | 10.6 | 5.4 |
| Other | 12.5 | 8.4 |
| Disabilities | | |
| Respondents living with disability | 1.3 | 1.2 |
| Have children | | |
| Respondents with children | 1.7 | 29 |
| Education | | |
| Elementary 6 or less | 0.4 | 1.8 |

| | LGBT (n=1,349) Percent | Non-LGBT (n=861) Percent |
|--------------------------------------|---|---|
| Lower secondary school | 2.8 | 11.5 |
| Upper secondary school/ Por Wor Chor | 16.3 | 29.5 |
| Por Wor Sor/ Por Wor Tor/ Diploma | 3.7 | 9.8 |
| Beachelor's degree | 60.4 | 41.3 |
| Postgraduate degree | 16.4 | 6.1 |
| Employment | | |
| Public/ Government employee | 16.0 | 12.4 |
| Private employee | 32.4 | 26.3 |
| Business owner | 10.7 | 11.7 |
| Farmer | 0.2 | 1.9 |
| Freelance | 5.7 | 9.5 |
| Student | 26.3 | 25.5 |
| Intern | 1.0 | 1.4 |
| Unemployed | 6.6 | 10.6 |
| Other | 1.1 | 0.6 |
| Monthly income | | |
| <10,000 baht | 29.9 | 40.7 |
| 10,000-20,000 | 32.6 | 31.5 |
| 20,001-30,000 | 18.0 | 12.6 |
| 30,001-60,000 | 14.2 | 11.6 |

APPENDIX B. STIGMA

Table B.1: Results of T-Tests between non-LGBT men and women and their attitudes towards LGBT people

| | Both (N = 861) | | Men (n = 430) | | Women (n = 431) | | p | η^2 |
|---|-------------------|------|------------------|------|--------------------|------|------|----------|
| | M | SD | M | SD | M | SD | | |
| General attitudes towards LGBT people (range 1–100) ^{***,ii} | 76.6 | 16.3 | 72.6 | 15.8 | 80.5 | 15.8 | .000 | .50 |
| Feelings towards having LGBT children in the family (range 1–100) ^{***,i} | 61.1 | 26.5 | 57.1 | 26.1 | 65.1 | 26.4 | .000 | .33 |
| Attitudes towards LGBT rights (range 1–100) ^{***,i} | 72.1 | 20.3 | 69.2 | 21.3 | 74.9 | 18.9 | .000 | .21 |
| Attitudes towards transgender rights (range 1–100) ^{***} | 58.3 | 23.1 | 56.2 | 23.9 | 60.4 | 22.1 | .008 | .19 |
| Public support towards LGBT policies ^{***,i} | 59.8 | 19.8 | 57.8 | 20.0 | 61.9 | 19.5 | .003 | .21 |

M = mean, SD = standard deviation, *p < .10, **p < .05, ***p < .01, ****p < .001

ⁱ $\eta^2 \geq 0.20$, ⁱⁱ $\eta^2 \geq 0.50$, ⁱⁱⁱ $\eta^2 \geq 0.80$

Table B.2: Results of multiple regression analysis predicting public support towards LGBT policies

| | Model 1 | | | | Model 2 | | | |
|-------------------------------|---------|------|-------|-------|---------|------|---------|------|
| | B | SE | B | p | B | SE | β | p |
| (constant) | 60.90 | 2.82 | - | .000 | 32.23 | 2.14 | - | .000 |
| Control | | | | | | | | |
| Sex (Male = 1) ^{***} | -4.50 | 1.39 | -0.11 | .001 | -1.57 | 1.15 | -0.04 | .171 |
| Age | 0.02 | 0.09 | 0.01 | .847 | | | | |
| Income | 0.22 | 0.39 | 0.02 | .573 | | | | |
| Urban ^{**} | 2.76 | 1.47 | 0.07 | 0.060 | 2.03 | 1.23 | 0.05 | .081 |
| Central | -2.14 | 2 | -0.04 | .284 | | | | |
| North | -1.14 | 2.06 | -0.02 | .580 | | | | |
| Northeast | 3.11 | 2.03 | 0.06 | .125 | | | | |
| South ^{**} | -3.96 | 2.28 | -0.07 | .083 | -2.83 | 1.67 | -0.05 | .090 |
| Bachelor's degree or higher | -0.24 | 1.45 | -0.01 | .866 | | | | |
| Married | -0.23 | 2.05 | -0.01 | .912 | | | | |
| Have children ^{****} | -3.23 | 1.92 | -0.07 | .94 | -3.09 | 1.26 | -0.07 | .014 |

| | Model 1 | | | | Model 2 | | | |
|--|---------------------|----|---|------|---------------------|------|---------|------|
| | B | SE | B | p | B | SE | β | p |
| Main effect | | | | | | | | |
| Interaction with the LGBT network**** | | | | | 3.29 | 0.29 | 0.36 | .000 |
| Acceptance in the family**** | | | | | 2.78 | 0.56 | 0.19 | .000 |
| Acceptance outside of the family*** | | | | | 1.74 | 0.61 | 0.12 | .005 |
| Know LGBT people in the family* | | | | | -0.97 | 0.49 | -0.07 | .050 |
| Know LGBT people outside of the family | | | | | 0.13 | 0.37 | 0.01 | .737 |
| Observations | 861 | | | | 861 | | | |
| R ² | 0.03 | | | | 0.31 | | | |
| Adjust R ² | 0.02 | | | | 0.30 | | | |
| F statistic**** | 2.68 (df = 11; 849) | | | .002 | 41.74 (df = 9; 851) | | | .000 |

*p < .10, **p < .05, ***p < .01, ****p < .001

Figure B.1: Average scores of perceived stigma among LGBT subgroups

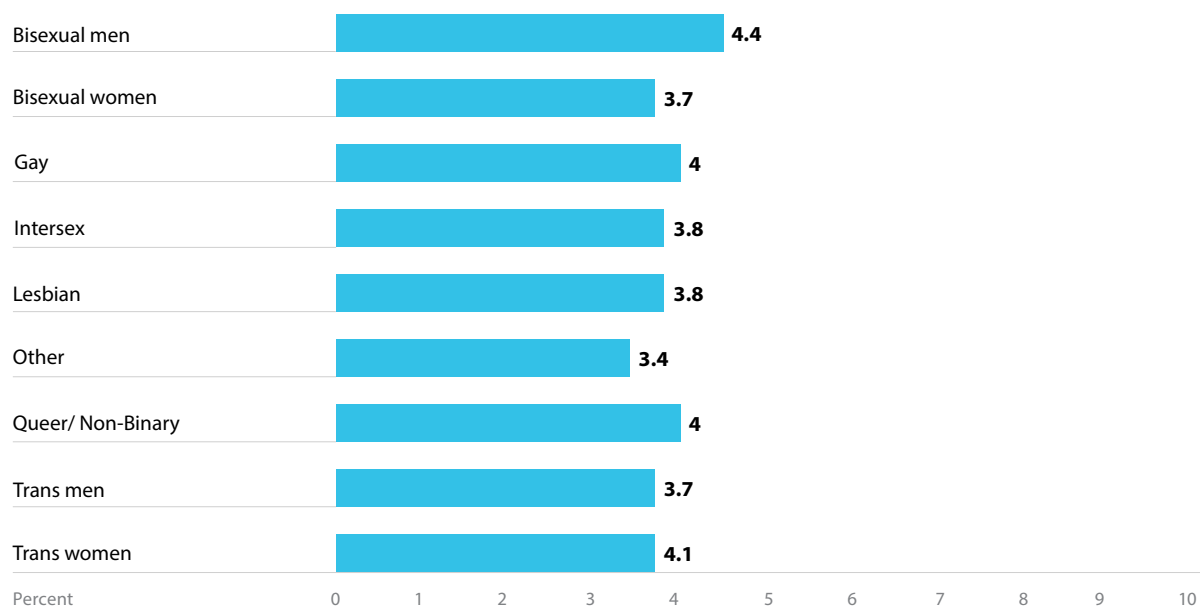


Table B.3: Average scores of perceived stigma among LGBT subgroups

| | Least | Percent | Most | Percent |
|---------------------------------------|-----------------|---------|-------------------|---------|
| Perceived stigma | | | | |
| LGBT people will grow old alone | Other | 51.5 | Transgender women | 83.8 |
| LGBT people are not normal | Bisexual women | 50.0 | Transgender men | 65.9 |
| Family is hurt and embarrassed | Other | 30.8 | Bisexual men | 54.5 |
| Pretend to be straight to be accepted | Transgender men | 18.7 | Bisexual men | 59.1 |
| Stop associating with family | Bisexual women | 18.4 | Bisexual men | 31.8 |

Figure B.2: Discrimination experienced from being LGBT

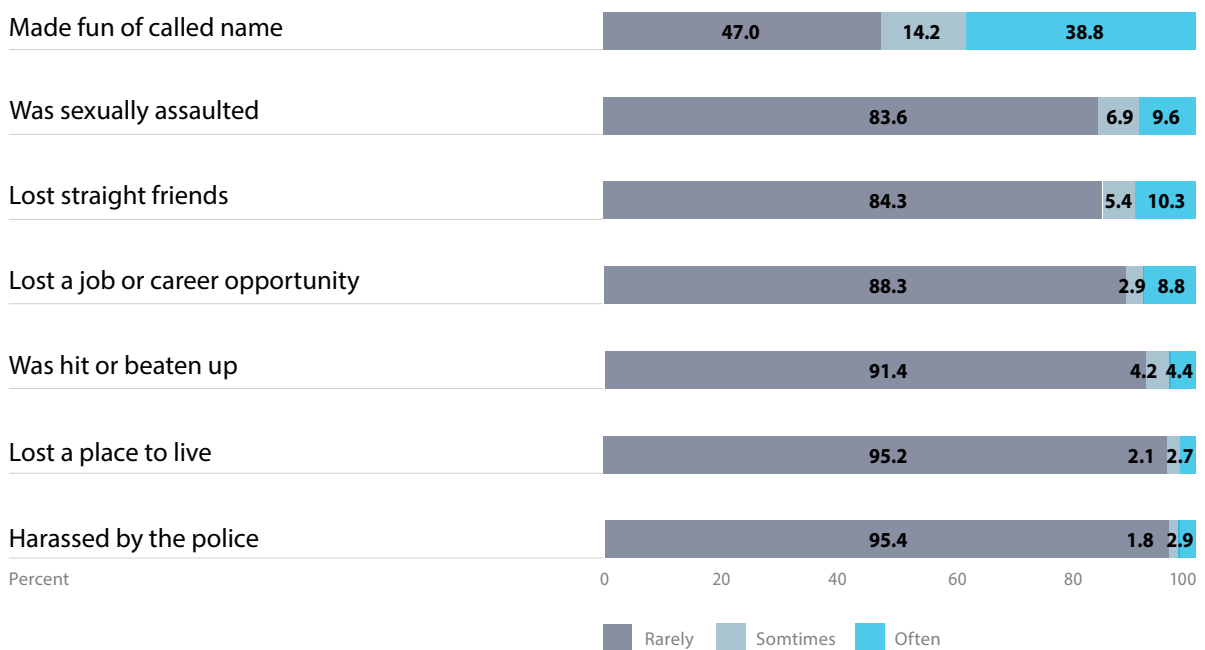
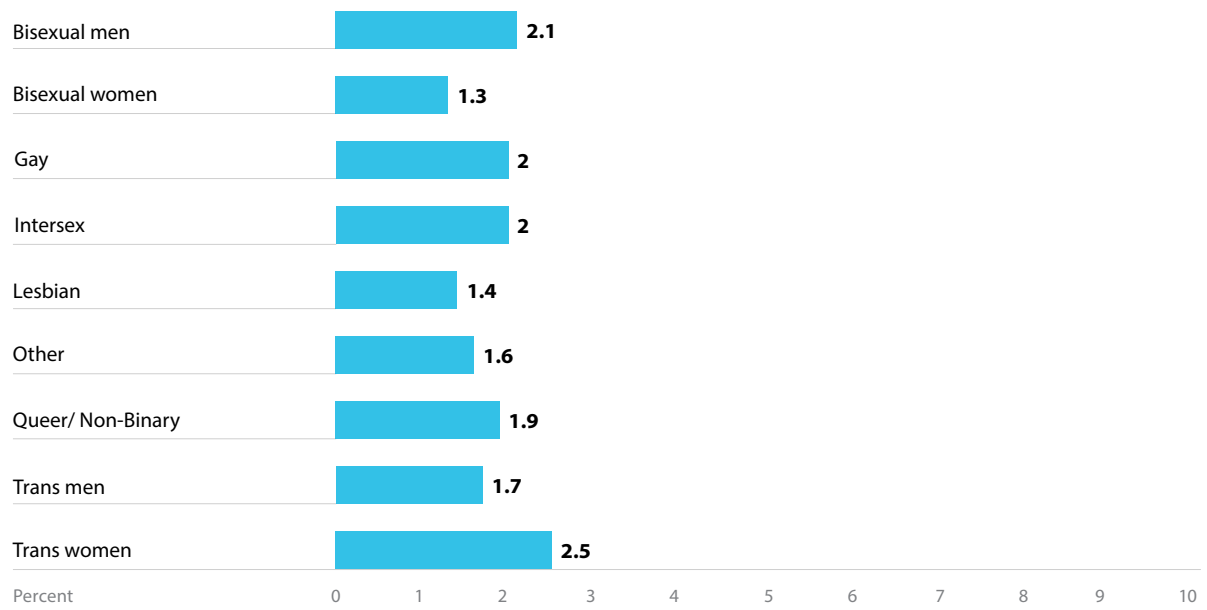


Table B.4: Percent of LGBT subgroups experienced discrimination the least and most often

| | Least | percent | Most | percent |
|----------------------------------|---------------------------|---------|-------------------|---------|
| Discrimination | | | | |
| Made fun of or called names | Lesbian | 16.2 | Transgender women | 60.8 |
| Was sexually assaulted | Bisexual women | 0.0 | Transgender women | 21.7 |
| Lost straight friends | Other | 6.6 | Bisexual men | 13.6 |
| Lost a job or career opportunity | Bisexual women | 0.0 | Transgender women | 27.4 |
| Was hit or beaten up | Bisexual women | 0.0 | Transgender women | 11.3 |
| Lost a place to live | Bisexual women | 0.0 | Bisexual men | 9.1 |
| Harassed by the police | Lesbian Bisexual women | 0.0 | Transgender women | 8.0 |

Figure B.3: Average scores of discrimination among LGBT subgroups



APPENDIX C.

HEALTH AND HEALTH CARE ACCESS

Table C.1: Top three most important health care services for each LGBT subgroup

| | | High priority Percent | Difficult to access Percent |
|-------------------------------|---|--------------------------|--------------------------------|
| Lesbian women | | (n = 206) | |
| 1 | Women’s health services | 62.4 | 9.8 |
| 2 | Routine health services | 60.7 | 8.5 |
| 3 | Mental health services | 39.8 | 14.2 |
| Gay men | | (n = 253) | |
| 1 | HIV testing and prevention services | 64.7 | 17.0 |
| 2 | Men’s health services | 63.3 | 19.7 |
| 3 | Routine health services | 61.9 | 18.3 |
| Bisexual men | | (n = 26) | |
| 1 | HIV testing and prevention services | 81.8 | 13.6 |
| 2 | Men’s health services | 72.7 | 18.2 |
| 3 | Mental health services | 63.6 | 13.6 |
| Bisexual women | | (n = 86) | |
| 1 | Women’s health services | 64.3 | 14.3 |
| 2 | Routine health services | 59.2 | 10.2 |
| 3 | Mental health services | 45.9 | 19.4 |
| Transgender men | | (n = 194) | |
| 1 | Routine health services | 67.7 | 8.2 |
| 2 | Transgender hormonal therapy | 53.3 | 17.7 |
| 3 | Plastic and gender reassignment surgery | 49.1 | 19.9 |
| Transgender women | | (n = 246) | |
| 1 | Routine health services | 77.5 | 11.3 |
| 2 | Transgender hormonal therapy | 75.8 | 28.3 |
| 3 | Plastic and gender reassignment surgery | 74.4 | 32.5 |
| Intersex individuals | | (n = 74) | |
| 1 | Routine health services | 73.5 | 19.8 |
| 2 | HIV testing and prevention services | 66.7 | 20.1 |
| 3 | Mental health services | 55.7 | 19.4 |
| Non-binary individuals | | (n = 173) | |
| 1 | Routine health services | 59.1 | 13.9 |
| 2 | Mental health services | 52.2 | 21.5 |
| 3 | HIV testing and prevention services | 39.1 | 9.3 |

| | | High priority Percent | Difficult to access Percent |
|--------------|-------------------------|--------------------------|--------------------------------|
| Other | | (n = 93) | |
| 1 | Routine health services | 61.9 | 16.0 |
| 2 | Mental health services | 45.0 | 24.5 |
| 3 | Women's health services | 44.5 | 13.5 |

Figure C.1: Barrier to access health care services

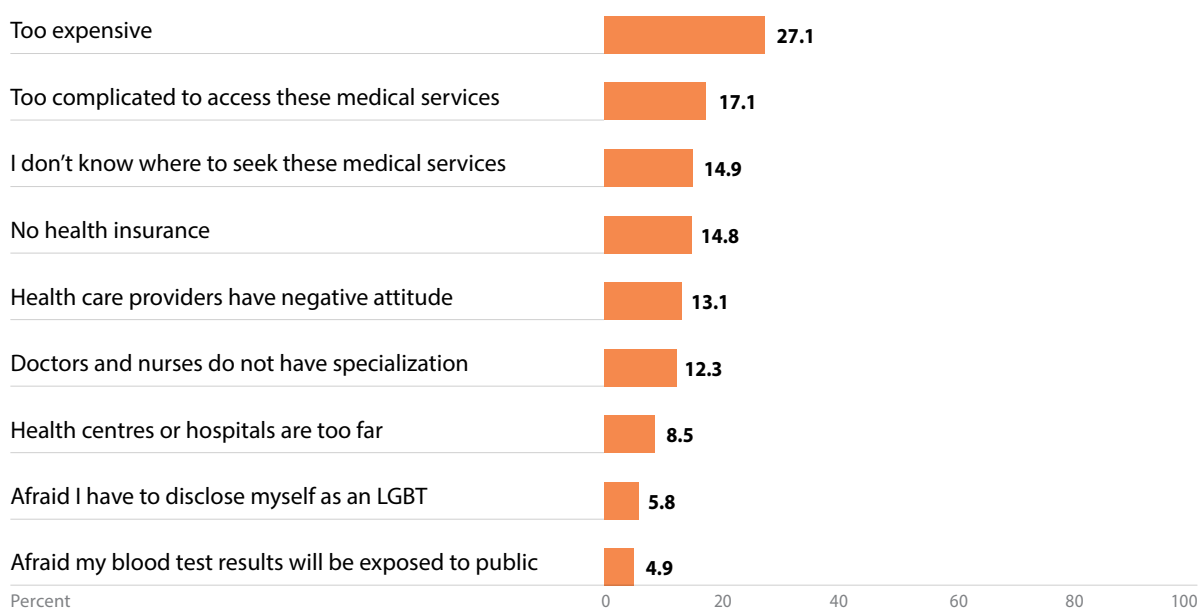


Table C.2: Percent of LGBT subgroups who report the least and most difficulty in accessing social services

| | Least | Percent | Most | Percent |
|---|--------------------------------|---------|-------------------|---------|
| Listing partner as life insurance beneficiary | Bisexual men | 0 | Transgender men | 36.3 |
| Getting medical insurance | Bisexual men | 0 | Transgender men | 17.7 |
| Getting ID or common documents | Bisexual men | 0 | Transgender women | 14.1 |
| Medical decisions | Bisexual men | 0 | Lesbian women | 9.8 |
| Applying for social welfare | Bisexual men | 0 | Transgender women | 13.2 |
| Participating in a community organization | Bisexual men Bisexual women | 0 | Transgender women | 9.4 |
| File a report at a police station | Bisexual men Bisexual women | 0 | Transgender women | 12.3 |
| Medical visitation rights | Bisexual men | 0 | Other | 4.1 |
| Renting a house | Bisexual men | 0 | Transgender women | 4.7 |

Figure C.2: Percent of LGBT people who have consumed alcohol, tobacco and other substances in the last 30 days

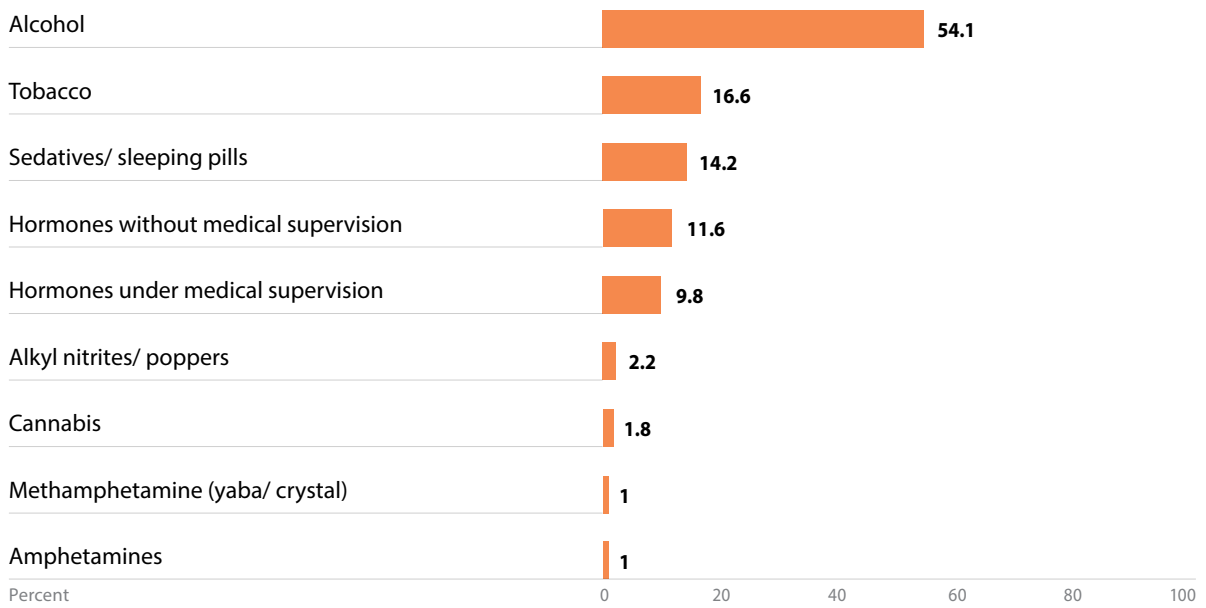


Table C.3: Percent of LGBT subgroups who have consumed the most alcohol, tobacco and drug substances in the last 30 days

| Substance | Group | Percent |
|--------------------------------------|-------------------|---------|
| Alcohol | Transgender men | 61.9 |
| | Other | 56.6 |
| | Bisexual men | 54.6 |
| Tobacco | Transgender men | 24.3 |
| | Intersex | 22.9 |
| | Bisexual men | 18.2 |
| Sedatives/ Sleeping pills | Bisexual men | 22.7 |
| | Other | 20.1 |
| | Non-binary | 17.6 |
| Hormones without medical supervision | Transgender women | 52.7 |
| | Intersex | 18.5 |
| | Non-binary | 3.5 |
| Hormones under medical supervision | Transgender women | 28.7 |
| | Transgender men | 19.5 |
| | Intersex | 13.0 |
| Alkyl nitrites/ poppers | Bisexual men | 13.6 |
| | Gay men | 7.8 |
| | Non-binary | 2.0 |
| Cannabis | Other | 3.1 |
| | Gay | 2.8 |
| | Bisexual women | 2.0 |

| Substance | Group | Percent |
|---------------------------------|-------------------|---------|
| Amphetamines | Intersex | 2.8 |
| | Gay men | 1.4 |
| | Transgender women | 1.4 |
| Methamphetamine (yaba/ crystal) | Gay men | 2.3 |
| | Intersex | 1.6 |
| | Non-binary | 1.0 |

Table C.4: LGBT subgroups who have injected substances the most often

| | All percent | Top 3 subgroups | Percent |
|--------------------------------------|-------------|-------------------|---------|
| Hormones without medical supervision | 9.6 | Transgender women | 41.4 |
| | | Intersex | 21.7 |
| | | Non-binary | 2.7 |
| Hormones under medical supervision | 7.3 | Transgender women | 20.2 |
| | | Transgender men | 17.2 |
| | | Intersex | 10.3 |
| Sedatives/ sleeping pills | 2.2 | Bisexual men | 13.6 |
| | | Other | 2.8 |
| | | Non-binary | 2.5 |
| Methamphetamine (yaba/ crystal) | 1.3 | Bisexual men | 4.5 |
| | | Gay men | 4.1 |
| | | Intersex | 1.6 |

Table C.5: Knowledge of HIV status by age and LGBT subgroup

| | N | Have been tested | | Never got tested/ Do not know status | Refuse to answer |
|-------------------------|-------|------------------|---------|---|------------------|
| | | HIV+ | HIV- | | |
| | | Percent | Percent | Percent | Percent |
| All LGBT persons | 1,349 | 3 | 39 | 54.6 | 3.5 |
| 18-24 years old | 430 | 1.6 | 26.7 | 69.8 | 1.9 |
| 25 years old and over | 919 | 3.5 | 44.8 | 47.4 | 4.2 |
| Gay men | 253 | 8.7 | 56.9 | 26.1 | 8.3 |
| 18-24 years old | 64 | 7.8 | 48.4 | 43.8 | 0 |
| 25 years old and over | 189 | 9.0 | 59.8 | 20.1 | 11.1 |
| Bisexual men | 26 | 7.7 | 50 | 38.5 | 3.8 |
| 18-24 years old | 12 | 0 | 50 | 50 | 0 |
| 25 years old and over | 14 | 14.3 | 50 | 35.7 | 0 |
| Intersex | 74 | 4.1 | 33.8 | 56.8 | 5.4 |
| 18-24 years old | 35 | 2.9 | 20 | 71.4 | 5.7 |

| | N | Have been tested | | Never got tested/ Do not know status | Refuse to answer |
|-----------------------------|-----|------------------|---------|---|---------------------|
| | | HIV+ | HIV- | | |
| | | Percent | Percent | Percent | Percent |
| 25 years old and over | 38 | 5.3 | 47.4 | 44.7 | 2.6 |
| Non-binary | 173 | 2.3 | 29.5 | 64.2 | 4 |
| 18-24 years old | 59 | 1.7 | 13.6 | 83.1 | 1.7 |
| 25 years old and over | 113 | 2.7 | 38.1 | 54.9 | 4.4 |
| Others | 93 | 2.2 | 30.1 | 65.6 | 2.2 |
| 18-24 years old | 30 | 0 | 20 | 80 | 0 |
| 25 years old and over | 63 | 3.2 | 34.9 | 58.7 | 3.2 |
| Transgender women | 246 | 2 | 56.9 | 38.6 | 2.4 |
| 18-24 years old | 82 | 0 | 45.1 | 51.2 | 3.7 |
| 25 years old and over | 163 | 3.1 | 63.2 | 32.5 | 1.2 |
| Tom/ Transgender men | 194 | 0.5 | 35.1 | 62.4 | 2.1 |
| 18-24 years old | 44 | 0 | 22.7 | 75 | 2.3 |
| 25 years old and over | 149 | 0.7 | 39.6 | 58.4 | 1.3 |
| Bisexual women | 86 | 0 | 18.6 | 80.2 | 1.2 |
| 18-24 years old | 32 | 0 | 12.5 | 84.4 | 3.1 |
| 25 years old and over | 54 | 0 | 22.2 | 75.9 | 1.9 |
| Lesbian | 206 | 0 | 20.4 | 78.2 | 1.5 |
| 18-24 years old | 72 | 0 | 8.3 | 90.3 | 1.4 |
| 25 years old and over | 134 | 0 | 26.1 | 71.6 | 2.2 |

Table C.6: Results of T-Tests on resilience and self-esteem compared between LGBT And non-LGBT persons

| | LGBT (n = 1,349) | | Non-LGBT (n = 861) | | P | η ² |
|--|---------------------|-----|-----------------------|-----|------|----------------|
| | M | SD | M | SD | | |
| Self-perception variables | | | | | | |
| Resilience (range 1–7) | 4.4 | 1.1 | 4.4 | 1.0 | .067 | - |
| Self-esteem (range 1–7) ^{***} | 5.3 | 1.4 | 5.1 | 1.1 | .005 | .16 |

M = mean, SD = standard deviation, *p < .10, **p < .05, ***p < .01, ****p < .001

ⁱ η² ≥ 0.20, ⁱⁱ η² ≥ 0.50, ⁱⁱⁱ η² ≥ 0.80

Figure C.3: Resiliences scores among LGBT and Non-LGBT subgroups

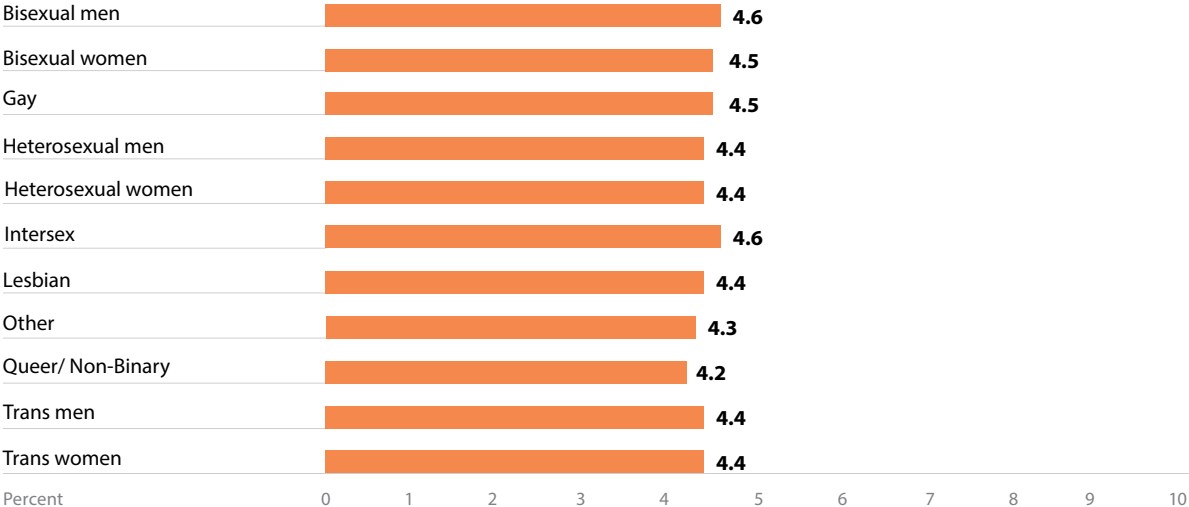
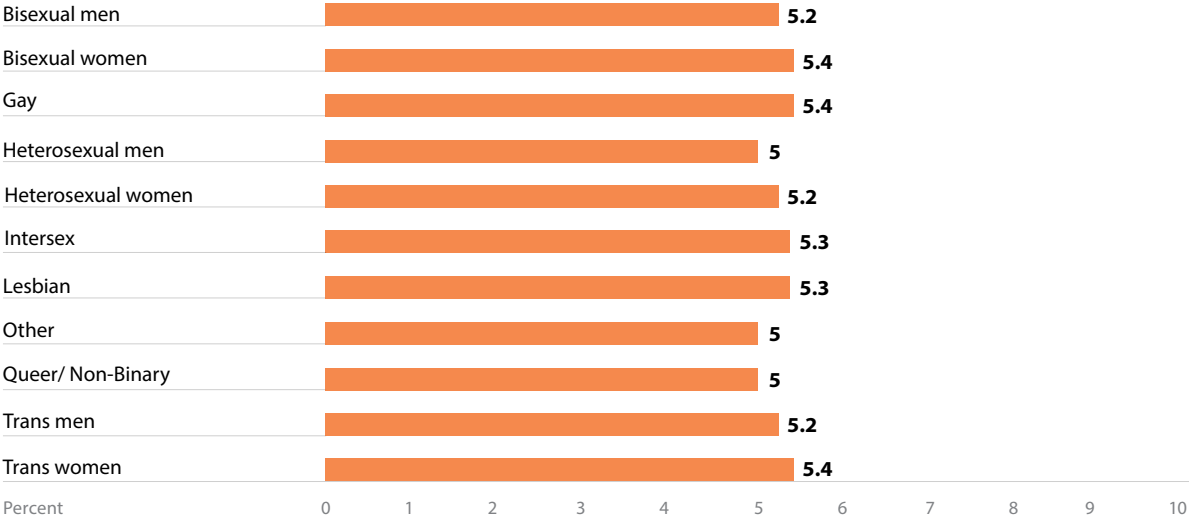


Figure C.4: Self-esteem scores among LGBT and Non-LGBT subgroups



APPENDIX D.

FAMILY AND FRIENDS

Figure D.1: Top five forms of discrimination in the family

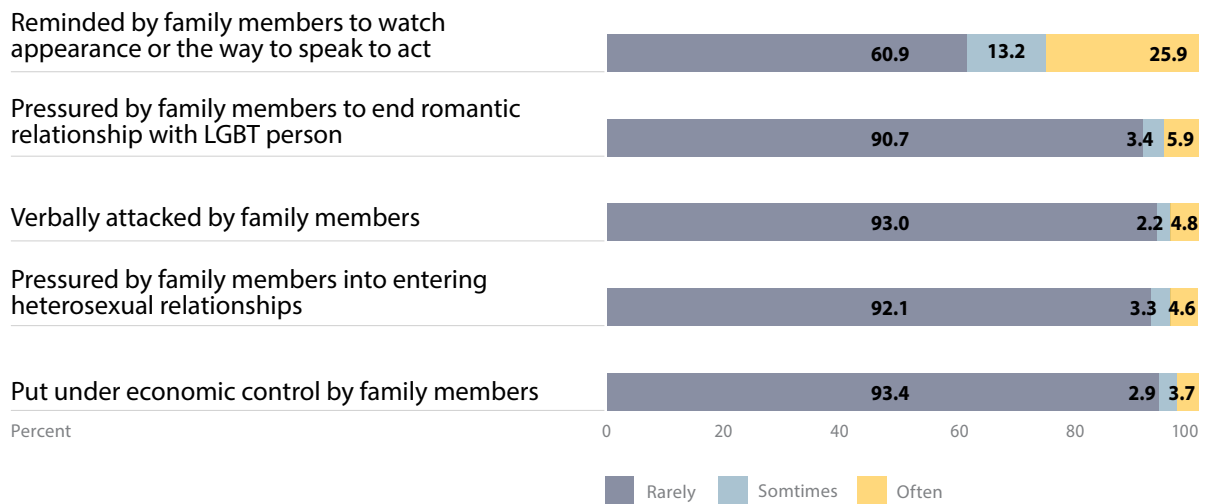


Table D.1: Top three reasons for entering into opposite sex relationships or marriage for each LGBT subgroup

| | | Percent |
|------------------------|--|------------------|
| Lesbian woman | | (n = 206) |
| 1 | To make my parents and older relatives happy | 15.4 |
| 2 | Attracted to and fell in love with someone of the opposite sex | 9.4 |
| 3 | To have children | 6.8 |
| Gay men | | (n = 253) |
| 1 | To have children | 13.3 |
| 2 | To make my parents and older relatives happy | 12.8 |
| 3 | Attracted to and fell in love with someone of the opposite sex Forced by parents or older relatives | 8.7 each |
| Bisexual men | | (n = 26) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 77.3 |
| 2 | To make my parents and older relatives happy | 40.9 |
| 3 | To have children | 40.9 |
| Bisexual women | | (n = 86) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 53.1 |
| 2 | To make my parents and older relatives happy | 25.5 |
| 3 | To have children | 14.3 |
| Transgender men | | (n = 194) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 7.7 |

| | | Percent |
|-------------------------------|--|------------------|
| 2 | To make my parents and older relatives happy | 5.9 |
| 3 | Forced by parents or older relatives | 4.2 |
| Transgender women | | (n = 246) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 9.2 |
| 2 | To have children | 5.1 |
| 3 | Forced by parents or older relatives | 4.1 |
| Intersex individuals | | (n = 74) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 15.4 |
| 2 | To make my parents and older relatives happy | 15.0 |
| 3 | Forced by parents or older relatives | 8.3 |
| Non-binary individuals | | (n = 173) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 22.9 |
| 2 | To make my parents and older relatives happy | 13.4 |
| 3 | To access rights such as inheritance, mortgage applications, etc. | 9.5 |
| Other | | (n = 93) |
| 1 | Attracted to and fell in love with someone of the opposite sex | 37.7 |
| 2 | To make my parents and older relatives happy | 12.6 |
| 3 | To have children To access rights such as inheritance, mortgage applications, etc | 7.8 each |

Table D.2: Behaviours of non-LGBT people towards LGBT family members

| | | Non-LGBT (n = 232) Percent |
|--|--|----------------------------------|
| Top 5 negative behaviours against LGBT family members | | |
| 1 | Prevent them from disclosing that they are LGBT to family members, relatives and neighbours | 4.4 |
| 2 | Verbally assault them (abuse, shame, insult, name calling etc.) | 3.8 |
| 3 | Forced them into being a monk or nun, or checked into a religious institution to cure them from being LGBT | 3.1 |
| 4 | Disown them | 2.9 |
| 5 | Distance from them | 2.6 |
| Top 5 positive behaviours towards LGBT family members | | |
| 1 | Provide moral support openly in front of others | 11.7 |
| 2 | Provide moral support privately with the individual | 10.5 |
| 3 | Help them to disclose to other family members | 10.0 |
| 4 | Encourage them to express and/or explore their identity | 8.8 |
| 5 | Seek advice from friends or relatives who are LGBT so I can understand and support them better | 7.2 |

Table D.3: Percent of LGBT subgroups that had faced discrimination the least and most often in the family

| | Least | Percent | Most | Percent |
|---|--------------------------------|----------------|-----------------------------------|----------------|
| Reminded by family members to watch your appearance or the ways in which you spoke or acted | Bisexual men Bisexual women | 13.6 16.3 | Trans women Non-binary | 35.1 33.3 |
| Pressured by family members to end romantic relationships with an LGBT person | Gay men Bisexual women | 3.7 4.1 | Bisexual men Other | 13.6 12.0 |
| Verbally attacked by family members | Lesbian Non-binary | 2.1 2.9 | Bisexual men Transgender women | 9.1 7.9 |
| Pressured by family members into entering heterosexual relationships | Gay men Transgender men | 3.2 3.2 | Bisexual men Other | 13.6 7.6 |
| Put under economic control by family members | Bisexual women Intersex | 1.0 1.6 | Bisexual men Transgender women | 9.1 6.5 |

Table D.4: Results of T-Tests of social network variables between LGBT and non-LGBT samples

| | LGBT (n = 1,349) | | Non-LGBT (n = 861) | | P | η² |
|--|-----------------------------|-----------|-------------------------------|-----------|----------|----------------------|
| | M | SD | M | SD | | |
| Social network variables | | | | | | |
| Interaction in the network (range 0–10) ^{****,ii} | 5.4 | 1.7 | 4.2 | 2.2 | .000 | 0.61 |
| LGBT network diversity (range 0–10) ^{****,ii} | 4.8 | 2.0 | 3.3 | 2.6 | .000 | 0.65 |

M = mean, SD = standard deviation, *p < .10, **p < .05, ***p < .01, ****p < .001

ⁱ η² ≥ 0.20, ⁱⁱ η² ≥ 0.50, ⁱⁱⁱ η² ≥ 0.80

Table D.5: Percent of respondents who reported social ties across LGBT and non-LGBT groups

| Respondent | Social ties to ... | | | | | | | | | |
|--------------------------------------|--------------------|-------------|--------------|----------------|-----------------|-------------------|------------|-------------|------------|-------------------------|
| | Lesbian | Gay men | Bisexual men | Bisexual women | Transgender men | Transgender women | Intersex | Non-binary | Other | Average ties to others* |
| | percent | percent | percent | percent | percent | percent | percent | percent | percent | percent |
| Intersex, n = 74 | 60.2 | 70.7 | 27.5 | 36.0 | 66.4 | 82.5 | 17.4 | 22.1 | 14.2 | 44.1 |
| Transgender men n = 194 | 57.7 | 60.4 | 15.6 | 36.0 | 64.1 | 58.9 | 7.9 | 15.7 | 10.6 | 36.3 |
| Other n = 93 | 60.5 | 62.3 | 18.5 | 32.7 | 62.0 | 53.1 | 3.4 | 17.6 | 10.0 | 35.6 |
| Lesbian n = 206 | 73.1 | 47.9 | 12.8 | 35.0 | 62.9 | 56.0 | 6.0 | 13.7 | 8.1 | 35.1 |
| Non-binary n = 173 | 51.4 | 65.8 | 20.9 | 30.1 | 46.8 | 57.9 | 5.9 | 24.2 | 10.7 | 34.9 |
| Transgender women n = 246 | 37.9 | 74.8 | 23.5 | 11.7 | 44.1 | 88.4 | 7.1 | 14.1 | 10.3 | 34.7 |
| Bisexual women n = 86 | 63.3 | 55.1 | 13.3 | 38.8 | 54.1 | 54.1 | 4.1 | 10.2 | 3.0 | 32.9 |
| Bisexual men n = 26 | 27.3 | 81.8 | 50.0 | 22.7 | 31.8 | 45.5 | 9.1 | 9.1 | 9.0 | 31.8 |
| Gay men n = 253 | 31.2 | 83.0 | 19.7 | 9.2 | 35.3 | 53.7 | 2.8 | 9.2 | 6.0 | 27.8 |
| Cisgender heterosexual women n = 431 | 29.8 | 31.6 | 14.3 | 17.8 | 47.6 | 52.9 | 8.2 | 16.3 | - | 27.3 |
| Cisgender heterosexual men n = 430 | 20.2 | 19.4 | 10.8 | 12.7 | 32.3 | 37.5 | 11.6 | 18.3 | - | 20.4 |
| Social ties from others** | 40.7 | 50.7 | 16.8 | 21.4 | 46.9 | 56.1 | 7.7 | 15.9 | 5.5 | - |

Notes

*Data are taken from both LGBT and non-LGBT samples. Average ties to others is calculated by adding all the percentages of each subgroup in the row and dividing by 9. For example, to calculate average ties to others for Intersex people, it is $(60.2 + 70.7 + 27.6 + 36.0 + 66.4 + 82.5 + 17.4 + 22.1 + 14.2)/9 = 44.1$ percent.

**Social ties from others is calculated by a two-step process.

1. Calculate the total number of respondents who knew the subgroup
2. Find the percent of the number of respondents who knew the subgroup by the total survey sample size.

For example, to calculate social ties from others for lesbians:

1. Total number of respondents who knew lesbians $(60.2\% \times 74) + (57.7\% \times 194) + (60.5\% \times 93) + (73.1\% \times 206) + (51.4\% \times 173) + (37.9\% \times 246) + (63.3\% \times 86) + (27.3\% \times 26) + (31.2\% \times 253) + (29.8\% \times 431) + (20.2\% \times 430) = 901$
2. Percent of the respondents who knew lesbians $= 901/2212 \times 100 = 40.7$ percent.

Figure D.2: Percent of LGBT people who were open to at least one person by subgroup

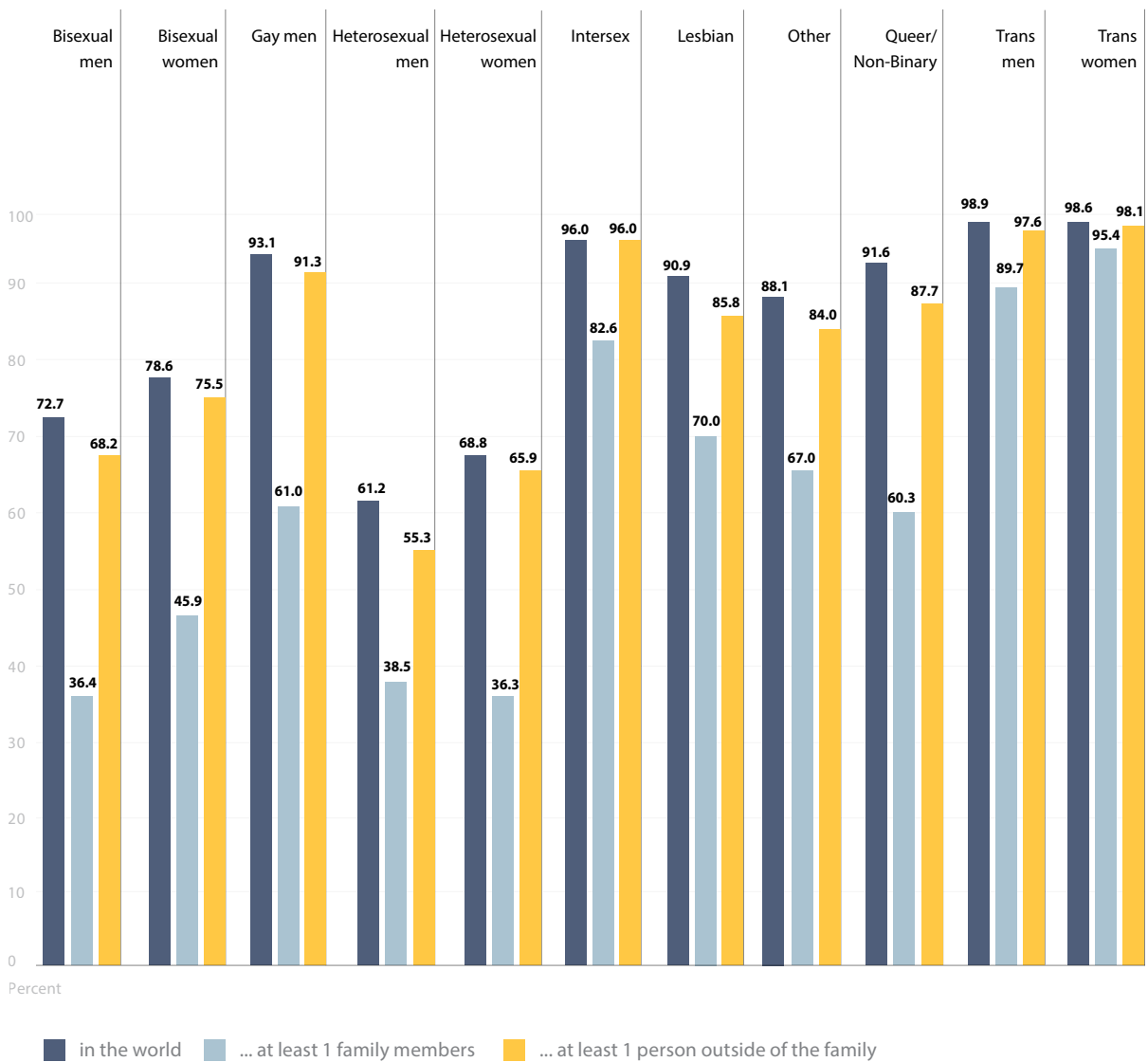


Figure D.3: Percent of non-LGBT men and women who knew at least one LGBT person



Table D.6: Bivariate correlations between being open and seven other variables

| | Open to the family (n = 1,349) | Open to the outside world (n = 1,349) |
|---|--|---|
| Interaction in the network | .14**** | .225**** |
| Belonging to the LGBT community | .28**** | .285**** |
| Civic engagement | .23**** | .248**** |
| Partner support | .14**** | .151**** |
| Family support | .29**** | .184**** |
| Friend support | .11**** | .227**** |
| Pressure to get married to the opposite sex | -.28**** | -.18**** |
| Discrimination | .143**** | .167**** |

****p < .001

Figure D.4: Level of acceptance among LGBT subgroups

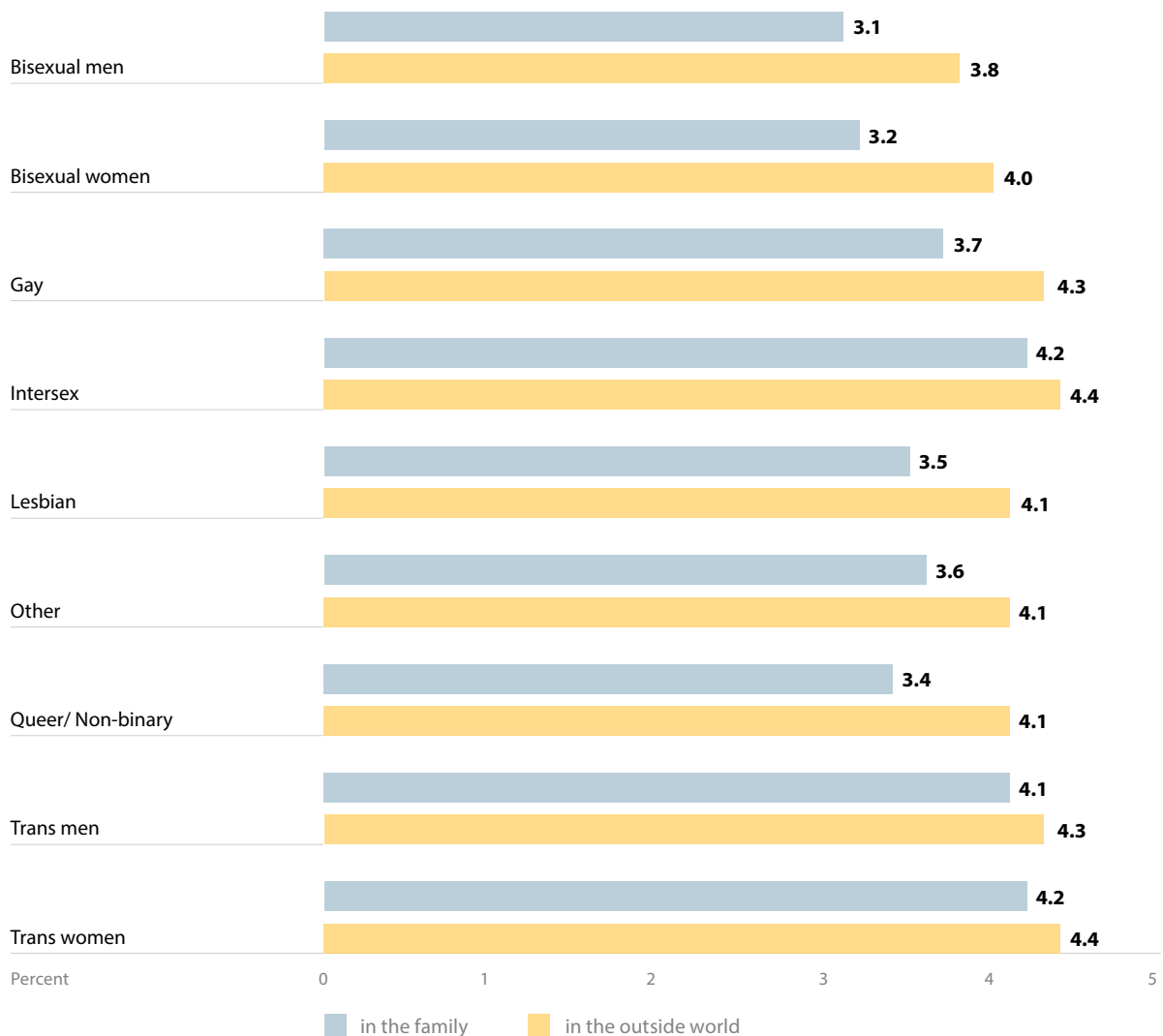


Table D.7: Results of T-Tests of social support and confide in variables between LGBT and Non-LGBT samples

| Variables | LGBT (n = 1,349) | | Non-LGBT (n = 861) | | P | η^2 |
|---|---------------------|-----|-----------------------|-----|------|----------|
| | M | SD | M | SD | | |
| Social support from ... (range 1–7) | | | | | | |
| partner | 4.8 | 1.7 | 5.0 | 1.5 | .135 | - |
| family****,i | 4.6 | 1.8 | 5.1 | 1.6 | .000 | .29 |
| friend**** | 4.7 | 1.6 | 4.4 | 1.6 | .000 | .19 |
| Confide in ... about relationship problems ... (range 1–5) | | | | | | |
| the family****,iii | 1.5 | 0.9 | 3.0 | 1.2 | .000 | 1.41 |
| non-family****,iii | 1.0 | 0.7 | 2.8 | 1.2 | .000 | 1.83 |
| friends* | 3.4 | 1.4 | 3.3 | 1.3 | .059 | 0.07 |

M = mean, SD = standard deviation, *p < .10, **p < .05, ***p < .01, ****p < .001

i $\eta^2 \geq 0.20$, ii $\eta^2 \geq 0.50$, iii $\eta^2 \geq 0.80$

Table D.8: Lowest and highest social support and confide in scores among LGBT subgroups

| | Lowest | M | Highest | M |
|-------------------------------|-------------------|-----|-------------------|-----|
| Partner support | Bisexual men | 4.6 | Lesbian | 5.2 |
| | Transgender women | 4.6 | | |
| Family support | Non-binary | 4.2 | Trans women | 5.0 |
| | Bisexual men | 4.4 | Intersex | 4.9 |
| | Gay men | 4.4 | | |
| Friend support | Bisexual men | 3.9 | Gay men | 4.9 |
| Confide to the family | Bisexual women | 1.2 | Intersex | 2.0 |
| Confide outside of the family | Bisexual women | 0.5 | Transgender woman | 1.3 |
| Confide to friends | Bisexual men | 2.5 | Transgender woman | 3.8 |

APPENDIX E.

DISCRIMINATION IN ORGANIZATIONAL SETTING

Table E.1: Five most common discriminatory acts in different organizational settings

| | | LGBT (n = 1,349) Percent | | | LGBT subgroup that often experiences discrimination | |
|--------------------|---|--------------------------------|-----------|-------|---|-----------------------------|
| | | Rarely | Sometimes | Often | The least (Percent) | The most (Percent) |
| School | | | | | | |
| 1 | Reminded to watch appearance or the ways to speak or act | 68.4 | 11.6 | 20.0 | Bisexual men (4.5) | Transgender women (35.3) |
| 2 | Verbally attacked | 82.6 | 7.0 | 10.4 | Lesbians (3.4) | Transgender women (21.2) |
| 3 | Sexual harassment | 92.6 | 3.1 | 4.3 | Transgender men (0.9) | Transgender women (9.4) |
| 4 | Physical violence | 93.9 | 2.5 | 3.6 | Bisexual women (0.0) | Transgender women (8.0) |
| 5 | Shunned by teachers/classmates | 94.2 | 2.5 | 3.3 | Non-binary (2.2) | Bisexual men (4.5) |
| Workplace | | | | | | |
| 1 | Reminded by to watch appearance or the ways to speak or act | 90.0 | 3.3 | 6.7 | Bisexual women (3.1) | Transgender women (12.7) |
| 2 | Verbally attacked | 93.6 | 2.8 | 3.6 | Bisexual men (0.0) | Transgender women (8.5) |
| 3 | Work made difficult deliberately by supervisors/co-workers | 94.6 | 2.2 | 3.2 | Bisexual women (0.0) | Intersex (7.5) |
| 4 | Denied company benefits | 95.4 | 1.5 | 3.1 | Bisexual men & women (0.0) | Transgender women (8.5) |
| 5 | Not considered for promotion | 95.5 | 2.2 | 2.3 | Bisexual men & women (0.0) | Transgender women (8.0) |
| Health care | | | | | | |
| 1 | Doctor/counsellor lacked knowledge about how to help me | 93.1 | 3.6 | 3.3 | Lesbians (0.4) | Transgender women (7.5) |

| | | LGBT (n = 1,349) Percent | | | LGBT subgroup that often experiences discrimination | |
|---|---|--------------------------------|-----------|-------|--|--------------------------------|
| | | Rarely | Sometimes | Often | The least (Percent) | The most (Percent) |
| 2 | Unable to receive the same quality medical treatment as other patients | 94.2 | 1.4 | 4.4 | Lesbians (1.7) | Bisexual men (13.6) |
| 3 | Denied accommodation in the in-patient room according to the gender that I want | 94.6 | 0.9 | 4.5 | Bisexual men & women (0.0) | Transgender women (19.3) |
| 4 | Advised to change sexual orientation, gender identity or gender expression | 96.7 | 1.6 | 1.7 | Bisexual men & women (0.0) | Transgender men (2.7) |
| 5 | Avoided contact by medical staff | 98.2 | 0.9 | 0.9 | Lesbians, transgender men, non- binary, bisexual men & women (0.0) | Other (2.5) |

Table E.2: Results of crosstabs between LGBT and non-LGBT samples on gender diversity education and training

| | LGBT (n = 1,349) percent | Non-LGBT (n = 861) percent | <i>p</i> | η^2 |
|--|--------------------------------|----------------------------------|----------|----------|
| In school | | | | |
| Received sex education | 87.6 | 89.5 | .170 | - |
| Sex education included gender diversity training | 35.7 | 77.1 | .000 | .45 |
| In the workplace | | | | |
| Received gender diversity training | 10.3 | 26.5 | .000 | .25 |
| Workplace included gender equality policy | 21.9 | 39.0 | .000 | .20 |

APPENDIX F.

COMMUNITY AND MEDIA ENVIRONMENT

Table F.1: Descriptive statistics of community and media factors

| | LGBT (n = 1,349) | |
|--|---------------------|-----|
| | M | SD |
| Belonging to the LGBT community (range 1–7) | 5.0 | 1.4 |
| Civic engagement with the LGBT community (range 1–7) | 2.9 | 1.3 |
| Connection to media channels for LGBT information* | | |
| Local media | 0.4 | 0.7 |
| Mass media | 1.5 | 1.6 |
| New media | 2.0 | 0.8 |
| All | 3.9 | 2.5 |

M = mean, SD = standard deviation

*average number of media channels

Table F.2: Bivariate correlations among community belonging, civic engagement, connection to media, resilience, self-esteem, interaction in the network and quality of life

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------------------------|--------|--------|--------|--------|--------|--------|---|
| 1. Belonging to the LGBT community | - | | | | | | |
| 2. Civic engagement | .44*** | - | | | | | |
| 3. Connection to media | .18*** | .20*** | - | | | | |
| 4. Resilience | .11*** | .07* | .01 | - | | | |
| 5. Self-esteem | .21*** | .15*** | .07** | .60*** | - | | |
| 6. Interaction in the network | .29*** | .34*** | .20*** | .08** | .13*** | - | |
| 7. Quality of life | .15*** | .07* | .05* | .27*** | .32*** | .12*** | - |

*p < .05, **p < .01, ***p < .001

APPENDIX G.

REGRESSION ANALYSIS.

Table G.1: Odds Ratios (OR) for factors associated with a Bachelor’s degree or higher and a monthly income over 20,000 THB

| | Bachelor’s degree or higher (n = 1,348) | | Monthly income over 20,000 THB (n = 1,348) | |
|--|--|------|---|------|
| | OR | P | OR | p |
| Socio-demographics | | | | |
| Male (on ID card) | 0.74 | .312 | 0.71 | .274 |
| LGBT Subgroups | | | | |
| Gay men (Ref.) | - | .068 | - | .241 |
| Lesbian [§] | 0.92 | .827 | 0.40 | .018 |
| Bisexual men* [§] | 0.37 | .067 | 0.27 | .039 |
| Bisexual women | 0.52 | .164 | 0.59 | .242 |
| Transgender men | 0.51 | .100 | 0.60 | .176 |
| Transgender women | 0.51 | .020 | 0.93 | .771 |
| Non-binary [§] | 0.62 | .152 | 0.55 | .053 |
| Other | 0.55 | .138 | 0.54 | .115 |
| Intersex [§] | 0.38 | .010 | 0.66 | .325 |
| Age | | | | |
| 18-24 (Ref.) | - | .001 | - | .000 |
| 25-34* [§] | 2.16 | .000 | 14.96 | .000 |
| 35-44* [§] | 1.63 | .098 | 60.30 | .000 |
| 45 and above [§] | 0.83 | .741 | 29.91 | .000 |
| Region | | | | |
| Greater Bangkok (Ref.) | - | .148 | - | .000 |
| Central [§] | .87 | .541 | 0.34 | .000 |
| North ^{†§} | .90 | .674 | 0.46 | .001 |
| Northeast* [§] | .61 | .029 | 0.42 | .001 |
| South* [§] | .60 | .077 | 0.49 | .016 |
| Monthly income | | | | |
| Less than 10,000 baht (Ref.) | - | .000 | - | - |
| 10,001–20,000* | 2.95 | .000 | - | - |
| 20,001–30,000* | 5.42 | .000 | - | - |
| 30,001–60,000* | 12.48 | .000 | - | - |
| 60,001 and above [§] | 39.79 | .000 | - | - |
| Bachelor’s degree or higher [§] | - | - | 3.86 | .000 |

| | Bachelor's degree or higher (n = 1,348) | | Monthly income over 20,000 THB (n = 1,348) | |
|--|---|------|--|------|
| | OR | P | OR | p |
| Relationship status | | | | |
| Not in a relationship (Ref.) | - | .041 | - | .927 |
| In a monogamous relationship | 1.15 | .404 | 1.07 | .697 |
| In more than one relationship* | 0.42 | .038 | 1.06 | .899 |
| Individual level | | | | |
| Resilience [§] | 1.07 | .461 | 1.18 | .047 |
| Self-esteem [§] | 1.05 | .478 | 1.29 | .001 |
| Perceived stigma* [§] | 1.14 | .054 | 1.19 | .013 |
| Discrimination | 0.84 | .138 | 0.82 | .122 |
| Interpersonal level | | | | |
| Interaction in the social network [§] | 0.96 | .408 | 1.15 | .009 |
| Open to the family* | 0.79 | .002 | 0.96 | .557 |
| Open to the outside world | 0.98 | .825 | 0.95 | .534 |
| Acceptance in the family [§] | 1.03 | .790 | 0.83 | .061 |
| Acceptance in the outside world [§] | 1.08 | .443 | 1.24 | .037 |
| Family support | 1.00 | .984 | 1.05 | .341 |
| Friend support* | 1.25 | .000 | 1.04 | .474 |
| Discrimination in the family* | 0.96 | .164 | 0.96 | .171 |
| Organizational level | | | | |
| Discrimination in health care | - | - | - | - |
| Priority in accessing health care | - | - | - | - |
| Difficulty in accessing health care | - | - | - | - |
| Discrimination in school [§] | 1.07 | 0.51 | 1.07 | .098 |
| Discrimination in workplace [§] | - | - | 0.93 | .040 |
| Community level | | | | |
| Belonging to the LGBT community* [§] | 0.84 | .014 | 0.77 | .000 |
| Civic engagement [§] | 1.00 | .941 | 1.13 | .068 |
| Societal level | | | | |
| Connection to LGBT media* | 1.07 | .035 | 0.95 | .119 |
| Policy level | | | | |
| Support for LGBT policies | 1.00 | .914 | 1.00 | .524 |

*p < .10 for factors associated with having a Bachelor's degree or higher

§p < .10 for factors associated with having a monthly income over 20,000 THB

Table G.2: Odds Ratios (OR) for factors associated with quality of life, suicide contemplation, or knowing HIV status

| | Quality of life (n = 1,346) | | Contemplated suicide (n = 1,346) | | Knew HIV status (n = 1,348) | |
|---------------------------------|--------------------------------|------|--|------|--------------------------------|------|
| | OR | p | OR | p | OR | p |
| Male (on ID card) **¥ | 0.56 | .026 | 0.65 | .108 | 5.68 | .000 |
| LGBT Subgroups | | | | | | |
| Gay men (Ref.) | - | .635 | - | .005 | - | .004 |
| Lesbian | 0.74 | .340 | 0.62 | .157 | 0.68 | .280 |
| Bisexual men | 0.60 | .107 | 2.08 | .161 | 0.69 | .443 |
| Bisexual women | 1.07 | .767 | 0.90 | .775 | 0.68 | .380 |
| Transgender men † | 0.67 | .133 | 0.36 | .003 | 0.89 | .750 |
| Transgender women †¥ | 0.87 | .756 | 0.55 | .015 | 0.38 | .000 |
| Non-binary ¥ | 0.78 | .505 | 0.64 | .117 | 0.56 | .035 |
| Other | 0.84 | .591 | 0.75 | .393 | 0.69 | .313 |
| Intersex †¥ | 1.10 | .763 | 0.33 | .002 | 0.41 | .011 |
| Age | | | | | | |
| 18-24 (Ref.) | - | .807 | - | .252 | - | .028 |
| 25-34 †¥ | 1.01 | .962 | 0.98 | .889 | 1.64 | .007 |
| 35-44 †¥ | 1.02 | .946 | 0.79 | .329 | 1.84 | .014 |
| 45 and above †¥ | 0.66 | .355 | 0.40 | .079 | 2.39 | .078 |
| Region | | | | | | |
| Greater Bangkok (Ref.) | - | .743 | - | .309 | - | .141 |
| Central [§] | 1.29 | .197 | 0.99 | .945 | 1.02 | .918 |
| North†¥ | 1.16 | .431 | 0.97 | .884 | 1.62 | .022 |
| Northeast | 1.07 | .740 | 1.00 | .991 | 1.00 | .985 |
| South † | 1.07 | .786 | 0.55 | .031 | 0.78 | .372 |
| Monthly income | | | | | | |
| Less than 10,000 baht (Ref.) | - | .396 | - | .372 | - | .000 |
| 10,001–20,000 ¥ | 1.29 | .137 | 0.78 | .184 | 1.65 | .010 |
| 20,001–30,000 ¥ | 1.39 | .141 | 0.87 | .547 | 1.52 | .087 |
| 30,001–60,000 †¥ | 1.45 | .127 | 0.63 | .082 | 4.01 | .000 |
| 60,001 and above **¥ | 1.79 | .084 | 0.62 | .180 | 2.12 | .033 |
| Bachelor's degree or higher | 1.01 | .947 | 0.79 | .178 | 0.99 | .933 |
| Relationship status | | | | | | |
| Not in a relationship (Ref.) | - | .613 | - | .826 | - | .001 |
| In a monogamous relationship ¥ | 1.12 | .383 | 0.92 | .559 | 1.58 | .003 |
| In more than one relationship ¥ | 1.28 | .510 | 1.02 | .953 | 3.60 | .002 |

| | Quality of life (n = 1,346) | | Contemplated suicide (n = 1,346) | | Knew HIV status (n = 1,348) | |
|--|--------------------------------|------|--|------|--------------------------------|------|
| | OR | p | OR | p | OR | p |
| Individual level | | | | | | |
| Resilience ^{**‡} | 1.24 | .002 | 0.84 | .017 | 1.17 | .038 |
| Self-esteem ^{**†} | 1.18 | .009 | 0.51 | .000 | 1.00 | .985 |
| Perceived stigma [†] | 0.93 | .202 | 1.12 | .056 | 1.07 | .268 |
| Discrimination [*] | 0.82 | .049 | 1.18 | .153 | 1.07 | .537 |
| Interpersonal level | | | | | | |
| Interaction in the social network [‡] | 1.01 | .834 | 1.03 | .592 | 0.86 | .002 |
| Open to the family | 1.05 | .389 | 1.00 | .962 | 1.10 | .168 |
| Open to the outside world | 0.90 | .143 | 0.95 | .558 | 1.00 | .998 |
| Acceptance in the family | 0.99 | .887 | 1.03 | .733 | 1.06 | .554 |
| Acceptance in the outside world ^{**‡} | 1.21 | .020 | 1.20 | .042 | 1.21 | .042 |
| Family support [*] | 1.18 | .000 | 1.03 | .514 | 1.01 | .769 |
| Friend support [*] | 1.09 | .067 | 0.98 | .655 | 0.97 | .589 |
| Discrimination in the family ^{**†} | 1.07 | .010 | 1.12 | .000 | 1.02 | .392 |
| Organizational level | | | | | | |
| Discrimination in health care [‡] | 0.95 | .275 | 1.04 | .479 | 1.10 | .089 |
| Priority in accessing health care ^{**‡} | 1.09 | .006 | 1.12 | .000 | 1.12 | .000 |
| Difficulty in accessing health care [*] | 0.92 | .046 | 0.98 | .607 | 0.94 | .121 |
| Discrimination in school [*] | 0.95 | .092 | 1.01 | .666 | 1.00 | .944 |
| Discrimination in workplace ^{**‡} | 1.06 | .077 | 1.00 | .989 | 0.94 | .069 |
| Community level | | | | | | |
| Belonging to the LGBT community | 1.01 | .838 | 0.92 | .171 | 0.96 | .524 |
| Civic engagement [‡] | 1.07 | .250 | 1.05 | .490 | 1.30 | .000 |
| Societal level | | | | | | |
| Connection to LGBT media | 1.00 | .955 | 0.99 | .592 | 0.98 | .451 |
| Policy level | | | | | | |
| Support for LGBT policies | 1.00 | .764 | 1.00 | .746 | 1.00 | .713 |

*p < .10 for factors associated with quality of life

†p < .10 for factors associated with suicide contemplation

‡p < .10 for factors associated with knowing HIV status

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