

SOCIAL STIGMATIZATION ACCESS TO SERVICES AND SERVICE SATISFACTION AMONG TRANSGENDER PERSONS AT THAI RED CROSS AIDS RESEARCH CENTER - TANGERINE PROJECT: A QUALITATIVE STUDY

Chanathip Laphon, Montakarn Chuemchit*

College of Public Health Sciences, Chulalongkorn University, Bangkok, 10330, Thailand

ABSTRACT:

Background: Transgender has become an umbrella term to mean all those who are cross sex. There has been much progress in women's rights. The gay rights movement has come much more recently, and in many environments. Transsexuals, crossdressers, intersexual, and visibly "gay" men and women often suffer gender discrimination because they don't meet society's expectations for people to conform their identity with their anatomy at birth. Thailand has the highest incidence of transgender persons worldwide. Transgender persons are sometimes receiving different standard of service than ordinary people. The access to healthcare services is a basic need and right for every persons in the community. The stigmatization against transgender persons is still a barrier to access health care service.

Method: A cross-sectional descriptive and analytic design using qualitative method. Interviewed subjects were transgender persons who used hormonal replacement therapy (HRT) at the Tangerine Center of The Thai Red Cross AIDS Research Center (TC-TRCAC). Questionnaires were given to participants to fill in socio-demographic information and services satisfaction. Face-to-face in-depth interviews were conducted using a structured life-grid table to fill information of life experiences.

Results: Eighteen transgender clients, 11 transgender men (TM), and 7 transgender women (TW). Transgender persons faced stigmatization from their families, friends, the workplace, government departments and healthcare centers. The stigmatization from family was because of their uncertain future such as hardship in finding jobs. Stigmatization at their living community lead the transgender persons to avoid communication or interact with the community. Stigmatization in the workplace, caused by both supervisors and sub-coordinates, manifested by not trusting them to handle the job. Main reason of preventing transgender to access healthcare services was stigmatization inside the healthcare center. Searching for a new services provider was the only result of solving problem. Services utilization and satisfaction of using services at Tangerine Center Thai Red Cross AIDS Research Center (TC-TRCAC) was investigated under 4 factors: accessibility, acceptability, availability and affordability. The highest satisfaction was for cost of services and the lowest satisfaction was period for waiting time.

Conclusion: Further research would be recommended to expand the sample size and study area to make this results generalizable. The population of this study should be separate into TM and TW due to the different type of hormones used.

Keywords: Transgender; Stigmatization; Services satisfaction; Transgender women (TW); Transgender men (TM); Life-grid; Thailand; Thai Red Cross AIDS Research Center (TRCAC)

DOI:

Received: June 2017; Accepted: February 2018

INTRODUCTION

Transgender is not a well-known term, and it is not standardized. According to Gender Equity

* Correspondence to: Montakarn Chuemchit
E-mail: Montakarn.Ch@Chula.ac.th

Cite this article as:

Laphon C, Chuemchit M. Social stigmatization access to services and service satisfaction among transgender persons at Thai Red Cross AIDS Research Center - Tangerine project: a qualitative study. J Health Res. 2017; 31(Suppl.2): S195-201. DOI:

Resource Center in 2014 transgender are “those whose psychological self (“gender identity”) differ from the social expectation for the physical sex they were born with”[1]. This word will cover the people who are cross dresser, transman, transwoman, bisexual, heterosexual etc. Although, Thailand is the place of highest incidence of transgender world-wide, but there are not so many places provides special services to transgender persons. Those transgender were chosen to provide the service by those who provide services. The stigmatization among transgender still a barrier for transgender to access the health care service. The transgender will received the different level of right in the society.

In the US and Asia, proposed estimates of transgender TG individuals range from 0.3 to 0.5% of the total population [2] . In Thailand the estimated total TG population of Thailand is 314,340 [3]. Finally, unpublished studies are calculating a prevalence of 0.3 to 0.6% MTF persons in Thailand [4]. There are several studies focusing on the problematic with negative impact interaction between transgender patients and health providers. The stigma they experience heightens their risk for mental health problems [5].

The society has marked them as the other lower status or no right to reveal their identity in the community [6]. Stigma is a bias judging on individual consider with labeling those separately from other people in the society and chose to treat as less privilege than other [7]. To provide healthcare services for people, there needs to be adequate supply of services. There are four aspects to measure the accessibilities to healthcare: affordability, physical or geographical accessibility, cultural or acceptability of services and functional of adequacy of supply[8, 9]. Satisfaction is about factors and aspects to determine the clients opinion regarding to their expectation for services rendered. The satisfaction of clients would be varying due to socioeconomic standing, age, health status [10]. However in Thailand there are few studies about stigmatization among transgender persons in Thailand. Information about transgender person has only been shared among the transgender persons. The objective of this study is to describe social stigmatization, access to hormone uses and the satisfaction of transgender persons in Tangerine center at anonymous clinic.

METHOD

Participants

This study focus on population at the Tangerine

Center under Thai Red Cross Anonymous clinic with 212 clients, 172 TW and 40 TM (2016). The total number of received services is 326 for TW and 119 for TM because each client can have more than one service at the clinic.

Research design

A cross-sectional descriptive using qualitative method. The location for interviews was a private area at the meeting room at College of Public Health Sciences (CPHS). The interview took around 30-45 minutes for each participant.

Sample technique and sample size

The inclusion criterion was all transgender clients who received hormonal replacement therapy (HRT) at TRCAC who were 19 TW cases and 31 TM cases. Sample size of the study will be 18 samples (MTF 7, FTM 11). Exclusion criteria counted participant who were not willing to participate in this study.

Measurement tools

In-depth-interview used open ended question. The satisfaction of services questionnaires were given to the participants to fill in. Life narrative, explanatory model and personal questionnaire were applied during interview sessions.

Internal and content validity of services satisfaction questionnaire were assessed and adjusted by three experts in qualitative research. The guideline questions of in depth interview and life grid consulted and edited by professional expert in.

Data collection

The researcher standing by at TC-TRCAC while Tangerine Center staff asks permission to interview clients' life experiences. Before interview an interviewee was inform about their right. Interviewee were given consent form, services satisfaction questionnaires and socio-demographic information to fill in. Researcher ask permission from interviewee to make sound record during interview. Interview took 30-45 minutes each cases. There were no identified research assistants in this study. The researcher is expected to develop the research tools, implement, recorded and analyze data gathered.

Life-grid preparation

Life-grid preparation arranged into groups and each group composed of: one interviewer and one Interviewee. The researcher has relatively extensive work in research and doing in-depth interview sessions.

Table 1 Data analysis

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

Data analysis

Data analysis was exploratory, confirmatory and iterative process. Matrix of expected results by study objectives, Table 1.

Ethical consideration

This study was ethically approved (COA No.212/2559) by the Chulalongkorn University Ethics Review Committee.

RESULTS

Total of 15 participants were interviewed (healthcare utilization, satisfaction of services, stigmatization) in this study.

Socio-demographic of the transgender who have taken HRT at the Tangerine Center.

From eighteen transgender interviewed at TC-TRCAC 72.2% of the participants are in age group of 20-30, 16.67% are below 20 and 11.12% are above 30. The participants are 61.11% assigned females at birth and 38.99% are assigned male at birth. Marital status 94.44% are single and 3.66% are married. Educational level 66.67% are bachelor degree or above. Full-time employment are 55.56%, 16.67% are part-time and 27.78% are unemployment. Income per month 27.78% are 20,000 or above.

Between 6 and 11 years, all TM started to feel opposite of their assigned sex at birth (ASB). TW: Three out of four started to feel opposite of their ASB and to dress and play as girls. Between 12 and 14 years, one out of four TW started to feel opposite of their ASB.

Stigmatization among transgender patients in healthcare center

Transgender faced stigma from their families first before experiencing stigma from anywhere else.

Parents could not accept their transgender children. The behaviors or attitudes of the parents could be one of the causes that lead to stigmatization.

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

Stigmatization from the friends

Transgender experienced stigma from their friends in their communities and in school. Even though a transgender did not cause any problem to others. One way to solve the problem for transgender was to avoid communication with those people.

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

Girl; why are you a tomboy?

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

In my mind, what was wrong being a tomboy? I answered "No, I do not feel like it". Then the guy said "I will change you to be a girl". That was not right. It was like a

guy to rape a guy. Even though, I am a girl according to my biological sex. [2 FTM]

Stigmatization from workplace

Transgender women and transgender men, have experienced stigma at their workplaces: job application rejected or non-cooperation from workplace colleagues. The firm was worried that transgender employees could not undertake their jobs effectively.

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

Stigmatization from government departments

Transgender sometime have had the hard time working or with the government department due to their lack of understanding with regard to transgenders.

In Thailand, all the men must be soldier. Either choose to study territory defence studies in high school or assigned to conscripts/not conscripts in lottery system by drawing coloured cards at age of 20. One of the transgender participants who chose territory defend studies faced verbal abuse from the commander . the way to solve problem was to ignore him and try to finish studies.

At the territory study, my commander was doing daily check and then he stopped in front of me and start saying something about transgender. Then he said transgender are those who drag the society down. [8 TW]

Stigmatization in healthcare center

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

When I went to health promoting center to inject hormone the healthcare worker called my name out loudly. She just focused at me because she was the same person at the reception. After the first time using this service, I did not visit the health promoting

center to avoid stigmatization. I did gave feedback to the head of department there. [4 TM]

Services utilization and satisfaction of transgender

From the interview with Tangerine Center's staff, the flow of services is shared with TRCAC at first step of the visit: sharing the client's database and self-registration without using real names. The client then proceed to Tangerine Center interviews to record previous health condition and received health suggestions by a nurse. Next step is counselling by a medical doctor. Finally, clients receive HRT injection by a nurse.

Life-grid analysis

Transmen and transwomen both since primary school. Some TW faced stigmatization from their families and got punished by her father. Some TW got support from her mother as she developed her identities during the primary school. At the some of secondary school some TW and TM start to developed their identities opposite of their sex assigned at birth. Some TW started search information about HRT and used contraceptive pill as HRT and noticed effect on body skin. While TW already used HRT, TM started to search for information about HRT for safer outcome. At the time of high school TW reported overdose and negative side effect. One TM reported stigmatization from military.

Most of TW continue HRT but with the safer procedure. TW started to search for the further information about HRT and place to receive HRT. TM started to receive HRT from the specialist services provider.

Service utilization

Service utilization focused on willingness and intention to seek HRT. One of transwomen started taking over-the-counter contraceptive pills around twelve years old while most of them between fifteen to twenty-one before knowing Tangerine center and receiving HRT injection at TC-TRCAC.

One TW started taking over the counter contraceptive pills around 12 y but most of them between 15-21 years before knowing of the Tangerine ad receiving HRT injections there.

Satisfaction with HRT results

One of participants purchased HRT over the counter at the age of twelve reported positive satisfaction on body effect. Most TW of every age were satisfied with effect of HRT on body

appearance but reported negative side effect from overdose. TM felt satisfied with body effect from 18 years old onwards.

Accessibility

Most TW and TM knew about Tangerine Center and its services online from transgender clients of rine Center Services. Most of TM searched information on internet after they have known about HRT for TM. Many TM shared information together among their TM friends.

Most of TW received information about HRT from their friends, relatives and internet before purchasing hormones. The TW just received information on hormones to use to increase the female hormones without any prescription from a doctor.

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

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

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

Availability

Availability is where TW and TM find HRT.

One of the clients received therapy in other province aside from Bangkok, however, the therapy did not included blood check and other services.

There is a place for hormone replacement therapy in Phuket. I had found it when I was doing internship at a hotel in Phuket. The clinic did provide the HRT but not cover all the services for HRT as we have here at Tangerine Center. Compared to Tangerine Center, that clinic only provided injected HRT for the transgender but did not have blood check and any other services. [8 TW]

Affordability

Some clients got hormones through their parents' support, some TW got HRT from government support and some purchased with their own money.

I started working in my family business since I was 16 years old and did some part-time job. I saved the salary to purchase the hormone and the services. I also told my parents that I would like to receive hormone. My parents told me to use the money I had from work. [1 TM]

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

Service satisfaction

Most of the transgender clients were satisfied with the services provided by Tangerine Center in the following descending order.

Cost of services

The clients mentioned that the cost of the Tangerine Center services was cheaper comparing to other healthcare centers

Employees

The employees at Tangerine Center were service minded and friendly. The way of talking from employees at Tangerine Center made transgender clients feel at home or talking to one of their family members.

Services accessibility

Location of Tangerine Center is accessible with variety transportations such as BTS, taxi, Bangkok public bus, and motorbike service.

Services availment (advantages)

The services provided at Tangerine Center did answer the need of the transgender with the medical consultation and follow up.

Facilities

Limited parking spaces for clients.

Period of waiting time

Least satisfactory because some Tangerine Center services needed to be shared with the Anonymous clinic.

DISCUSSION

This study conduct in TC-TRCAC to find the socio-demographic, access to healthcare services and services satisfaction of transgender persons. The information of transgender persons only shared among transgender persons. In US, compare to Thailand there are more precise information of transgender study[11]. The information about transgender persons in Thailand has not been disclosure in public. The study of friendly access to healthcare services for transgender persons has a few in Thailand. Eventhough, there transgender persons in thailand has developed gender identity or transition in early age a few study were found [12].

The study found stigmatization is a major factor to block access to services of transgender persons. Stigmatization not only from there friends and families. The fear of stigmatization was the main reason that transgender persons faded themselves from received from regular healthcare services. The stigmatization transgender persons received was from nurses or healthcare center employees. Situation of stigmatization happen from the HIV risk behavior as TW work as sex worker some nurses view TW as risk group [1]. Stigmatization and discrimination was not only reported in healthcare center but also in workplace. There were 57% of transgender employment stigmatization and discrimination in US. One of participants reported discrimination and stigmatization from workplace [5]. Stigmatization block transgender persons from access to healthcare services as reported in US, transgender persons who seek healthcare services were denied by doctor and/or healthcare officer [13].

Transmen and transwomen access information from internet about HRT and location to purchased. Most of TM received information from friends before continued to search for further information while TW started to search information of HRT on internet. TM concerned more about the side effect than TW, TM tend to received from specialist than

using by their own. Transgender persons who received HRT at TC-TRCAC satisfied with the services provided.

CONCLUSION

From the interview of this study, the transgender who have visited Tangerine Center faced stigmatization from other places included the healthcare area, but not from staffs at Tangerine Center. Transgender persons utilized the services by starting from peers or persons who are close to them.

Tangerine Center is the only place where transgender persons trust to share information and could get the detail about HRT in the way they could easily understand. Tangerine Center did not only provided the services for transgender persons, but also try to provide transgender persons by making the process shorter in times. This made transgender more satisfied compare to other place of getting HRT. There was stigmatization among the transgender in Thailand and other countries but less so in Thailand. Families did not really band them as transgender persons but worried about their future life. The study answered the objective by showing that transgender persons faced stigmatization not in the healthcare centers family, workplace, in community

Limitation

1. Since the participants were conveniently selected and very few transgender clients who have been using HRT in TC-TRCAC, the results cannot be generalized for this group in other parts of Thailand .

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

3. The experienced stigma situations from families, friends, or workplaces couldn't be verified by interviewing the mentioned parites.

4. The interviews were done at Tangerine Center. This location could have biased the satisfaction level reported by participants.

5. Although most TW and some TM undergo surgery (from simple silicone injection to face and body to complex sex reassignment surgery), the study

investigated service utilisation of HRT only.

Strengths

1. This is one of the first studies in services satisfaction in TC.

2. The employees at TC-TRCAC are transgender where they could easily understand the feeling of transgender persons.

3. This is first time of using life-grid method to conduct a qualitative research about stigmatization among transgender persons in Thailand.

RECOMMENDATIONS

For policy

Policy makers in Thailand should support and provide more accessibilities, acceptabilities, and available to special healthcare services for TW and TM staffed with friendly specialists providing proper information and care consult and give them the proper information and services. Services for TW and TM should be covered under universal care schemes.

For future studies

For greater understanding of stigmatization against TW and TM, the study should be conducted in the other area of Thailand where transgender persons do not have a healthcare center transgender staff to see how transgender persons face stigmatizations.

This study interviewed both TW and TM. The study should focus separately on TW or TM to identify stigmatizations that are specific either TW or TM.

ACKNOWLEDGEMENT

Sincere thank to the committee members (Chulalongkorn University), research assistants, all the organizations and participants in TC-TRCAC who directly or indirectly supported data collection.

REFERENCES

- Roche K, Keith C. How stigma affects healthcare access for transgender sex workers. *Br J Nurs*. 2014 Nov-Dec; 23(21): 1147-52. doi: 10.12968/bjon.2014.23.21.1147
- Wansom T, Guadamuz TE, Vasani S. Transgender populations and HIV: unique risks, challenges and opportunities. *J Virus Erad*. 2016 Apr; 2(2): 87-93.
- Ministry of Public Health, Department of Disease Control. Estimation of population; difficult to access. Nonthaburi: Ministry; 2016.
- Chokrungravanont P, Selvaggi G, Jindarak S, Angspatt A, Pungrasmi P, Suwajo P, et al. The development of sex reassignment surgery in Thailand: a social perspective. *ScientificWorldJournal*. 2014; 2014: 182981. doi: 10.1155/2014/182981
- Kosenko K, Rintamaki L, Raney S, Maness K. Transgender patient perceptions of stigma in health care contexts. *Med Care*. 2013 Sep; 51(9): 819-22. doi: 10.1097/MLR.0b013e31829fa90d
- Tompkins TL, Shields CN, Hillman KM, White K. Reducing stigma toward the transgender community: An evaluation of a humanizing and perspective-taking intervention. *Psychol Sex Orientat Gend Divers*. 2005; 2(1): 34-42 doi: 10.1037/sgd0000088
- Link BG, Yang LH, Phelan JC, Collins PY. Measuring mental illness stigma. *Schizophr Bull*. 2004; 30(3): 511-41.
- Gulliford M, Figueroa-Munoz J, Morgan M, Hughes D, Gibson B, Beech R, et al. What does 'access to health care' mean? *J Health Serv Res Policy*. 2002; 7(3): 186-8.
- Aung T, Pongpanich S, Robson MG. Health seeking behaviours among Myanmar migrant workers in Ranong province, Thailand. *J Health Res*. 2009; 23(suppl): 5-9.
- Agosta LJ. Patient satisfaction with nurse practitioner-delivered primary healthcare services. *J Am Acad Nurse Pract*. 2009 Nov; 21(11): 610-7. doi: 10.1111/j.1745-7599.2009.00449.x
- Sanchez NF, Sanchez JP, Danoff A. Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *Am J Public Health*. 2009 Apr; 99(4): 713-9. doi: 10.2105/ajph.2007.132035
- Gates GJ. How many people are lesbian, gay, bisexual and transgender?. US: The Williams Institute; 2011. [cited 2017 June]. Available from: <https://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>
- Grant JM, Mottet LA, Tanis J, Herman JL, Harrison J, Keisling M. National transgender discrimination survey report on health and health care. Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force; 2010.