Collegiate Research Journals

OPEN ACCESS

Global Research Journal of Social Sciences
Vol 1(3) pp. 001-09 September, 2022.
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Full Length Manuscript

Gender-Affirming Care and Gender Reassignment in Thailand: Healthcare Access, Surgical Outcomes, Social Inclusion and Policy Challenges

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Accepted 10th July 2022

Abstract

Thailand is internationally recognized for the development of gender-affirming healthcare, including hormone therapy and gender-affirming surgery. However, access to care, medical supervision, affordability, social acceptance, legal recognition and continuity of postoperative services remain important areas for research and policy. This narrative review examines gender reassignment in Thailand using the contemporary terminology of gender-affirming care and gender-affirming surgery. It synthesizes peer-reviewed evidence on healthcare access, hormone use, surgical outcomes, quality of life, mental health, discrimination and service delivery. Studies from Thailand indicate that gender-affirming surgery can be associated with improvements in quality of life and self-esteem, while postoperative psychosocial difficulties and concerns about social acceptance can persist. Research on hormone use also demonstrates substantial use outside recommended clinical regimens, highlighting the importance of accessible, medically supervised care. A 2022 Thai real-world clinic study of 1,534 transgender women found that only 34.2% had at least one measured hormone concentration within the study's target ranges at baseline, although follow-up in a subset showed improvement with integrated care. Evidence also indicates that discrimination and limited awareness of gender-affirming services can discourage healthcare utilization. The review argues that Thailand's future policy agenda should emphasize patient-centered care, affordable and geographically accessible services, clinical safety, postoperative follow-up, mental-health and psychosocial support, professional education, data systems, and protection against discrimination. The manuscript is a secondary-source review and does not report original patient-level research.

Keywords: transgender health; gender-affirming care; gender-affirming surgery; gender reassignment; hormone therapy; healthcare access; quality of life; social inclusion; health policy

1. Introduction

The term “gender reassignment” has historically been used to describe medical and social processes through which transgender people may align aspects of their bodies and social lives with their gender identity. Contemporary healthcare literature increasingly uses terms such as gender-affirming care, gender-affirming hormone therapy (GAHT), and gender-affirming surgery (GAS). This manuscript uses “gender reassignment” where it reflects the user's requested topic or historical literature, while using contemporary terminology when describing healthcare.

Thailand has a long history of clinical experience in gender-affirming surgery. A historical review documented the development of sex-reassignment surgery in Thailand from 1975 to 2012 and described the emergence of specialized surgical groups and international patients seeking procedures in the country (Wittayapipop et al., 2014). Contemporary Thai research has expanded beyond surgery to include hormone therapy, mental health, quality of life, healthcare discrimination and integrated transgender health services.

The importance of this topic is both clinical and social. Gender-affirming treatment can involve hormones, surgery, mental-health support, primary care and long-term monitoring. At the same time, outcomes are influenced by affordability, social support, stigma, access to competent providers and the ability to obtain continuing care. Research from Thailand therefore provides an important case for examining how a country with substantial clinical experience can continue to strengthen comprehensive and equitable transgender healthcare.

2. Conceptual Framework

2.1 Gender-affirming care as a continuum

Gender-affirming care should be understood as a continuum rather than a single surgical intervention. Depending on individual goals and clinical circumstances, care may include social support, counseling, hormone therapy, voice-related interventions, hair-related treatments, chest or breast surgery, genital surgery and other procedures. Not every transgender person seeks medical intervention, and treatment goals differ among individuals.

2.2 Patient-centered and informed care

A patient-centered approach recognizes autonomy, informed consent, individualized goals and continuity of care. Surgical or hormonal intervention should not be reduced to a single measure of successful transition. Outcomes can include physical health, psychological well-being, sexual health, social functioning, satisfaction, safety and the ability to participate fully in family, education and employment.

2.3 Social determinants of health

Access to gender-affirming healthcare is shaped by economic resources, geography, health literacy, discrimination and availability of trained providers. Thai evidence indicates that some transgender people use non-traditional healthcare services or obtain hormones without physician supervision, illustrating how access barriers can affect clinical safety (Nontchev et al., 2023; Ittiphisit et al., 2022).

3. Methodology

This manuscript uses a narrative review of secondary evidence, emphasizing peer-reviewed research concerning transgender healthcare and gender-affirming treatment in Thailand. PubMed-indexed studies were used to

identify evidence concerning surgery, hormone therapy, quality of life, mental health and healthcare access. The review synthesizes findings rather than conducting a new statistical meta-analysis. Because individual studies use different samples, recruitment methods and outcome measures, their numerical results should not be interpreted as national prevalence estimates.

The review also distinguishes between historical terminology and contemporary terminology. Older publications frequently use “sex reassignment surgery” or “gender confirmation surgery,” whereas current clinical literature more commonly uses “gender-affirming surgery.”

4. Historical Development of Gender-Affirming Surgery in Thailand

Thailand developed specialized expertise in gender-affirming surgery over several decades. Historical literature describes the development of surgery from the 1970s onward and the emergence of private surgical groups that treated both Thai and international patients (Wittayapipop et al., 2014). A 2004 surgical review similarly documented the established role of Thailand in sex-reassignment surgery (Chokrungvaranont & Tiewtranon, 2004).

The historical development of specialized services contributed to Thailand's international reputation for gender-affirming surgery. However, surgical availability should not be equated with universal access. The broader healthcare system must address preoperative assessment, informed decision-making, hormone management, surgical safety, postoperative follow-up, complications, sexual health and psychosocial support.

5. Gender-Affirming Hormone Therapy

Hormone therapy is an important component of gender affirmation for many transgender people. Thai research demonstrates both substantial demand for GAHT and challenges in ensuring medically supervised use. Ittiphisit et al. (2022) studied 401 transgender people living in Thailand and found that most participants reported using GAHT. Among 297 participants with complete hormone-regimen information, 75% were using regimens outside the study's reference regimen. The study concluded that health literacy in GAHT was particularly important for transgender people living outside Bangkok.

Another Thai study examined 527 transgender women who self-prescribed GAHT in a community setting between 2018 and 2020 and documented multiple hormone regimens (Salakphet et al., 2022). These findings indicate the importance of accessible clinical services that can provide appropriate prescribing, laboratory monitoring, counseling and risk management.

A real-world analysis from a transgender-led integrated clinic in Bangkok included 1,534 transgender women using feminizing hormone therapy. Only 34.2% had at least one hormone concentration within the study's target ranges at baseline; among 302 who attended follow-up, 54.6% achieved or maintained at least one target concentration (Hiransuthikul et al., 2022). These results illustrate both the challenges of hormone management and the potential value of ongoing integrated care.

Evidence area	Key finding	Management implication
GAHT use	Most participants in a 401-person Thai survey reported GAHT use; 75% of those with complete regimens used regimens outside the study reference regimen (Ittiphisit et al., 2022).	Improve access to supervised prescribing and hormone-related health literacy.

Real-world hormone levels	In a 1,534-person Thai clinic study, 34.2% had at least one hormone concentration within study target ranges at baseline (Hiransuthikul et al., 2022).	Use monitoring and follow-up rather than assuming prescribed or self-reported regimens are optimal.
Follow-up	Among 302 participants with follow-up in the same study, 54.6% achieved or maintained at least one target concentration.	Continuity of care can support treatment optimization.
Geographic access	Living outside the capital was associated with use outside the reference regimen in the Ittiphisit et al. study.	Expand competent services and referral pathways beyond Bangkok.

6. Healthcare Access and Discrimination

Healthcare access is affected not only by service availability but also by whether patients feel respected and safe when seeking care. A Thai cross-sectional study of 186 transgender adults found differences between transgender women and transgender men in patterns of healthcare utilization. The study reported that transgender women were more likely to obtain general healthcare, hormone treatment and counseling through non-traditional services. It also found that participants who did not know gender-affirming healthcare services existed in Thailand were more unwilling to receive counseling from gender-affirming providers (Nontchev et al., 2023).

These findings suggest that information and trust are components of healthcare access. Public information about legitimate clinical services, provider training, confidentiality and respectful communication may reduce the need for patients to rely on informal sources for treatment information.

7. Gender-Affirming Surgery and Quality of Life

Evidence from Thailand indicates that gender-affirming surgery can be associated with improvements in quality of life. A prospective observational study at Lerdsin Hospital followed 41 transgender women undergoing gender confirmation surgery; 37 completed all assessment sets. The study reported significant improvements in quality of life and self-esteem and a reduction in depression scores six months after surgery (Chaovanalikit et al., 2022).

A separate study in Chiang Mai compared transgender women who had undergone gender-affirming surgery with transfeminine people who had not undergone surgery but were seeking it. The surgical group had a slightly higher median overall quality-of-life score, while financial preparedness was identified as an important reason for delaying surgery among participants seeking it (Kummaraka et al., 2023).

The Chiang Mai study also reported that more than half of participants who had undergone surgery expressed regret about not being socially accepted after surgery (Kummaraka et al., 2023). This finding is important because it demonstrates that surgical outcomes cannot be understood solely in anatomical terms. Social inclusion and acceptance remain relevant to long-term well-being.

8. Mental Health and Psychosocial Outcomes

Gender-affirming care may interact with mental health through multiple pathways. Relief from gender incongruence, improved body congruence and improved sexual or social functioning may contribute positively to well-being, while discrimination, limited social support and surgical complications can remain sources of distress.

In a Thai study of 97 transgender women attending postoperative clinics, 22.7% met the study's threshold for major depression based on PHQ-9 scores after gender-affirming surgery. The authors identified poor social support and understanding, postoperative complications and preoperative male characteristics among factors considered important contributors to depressive symptoms (Nimitpanya et al., 2022).

Research among transmasculine adults receiving GAHT in Thailand further illustrates the importance of studying transgender men as well as transgender women. Pliensak et al. (2023) examined depression among Thai transmasculine adults receiving GAHT, contributing to a literature that has historically focused more heavily on transgender women.

9. Surgical Care, Safety and Continuity

Gender-affirming surgery is major medical care and requires appropriate patient selection, informed consent, perioperative management and postoperative follow-up. The clinical pathway should include assessment of individual goals, medical risks, expectations, fertility considerations where relevant, sexual health, wound care and management of possible complications.

Thailand's established surgical experience provides an important foundation, but international reputation should be accompanied by transparent quality systems. Hospitals and clinics can strengthen care through standardized outcome measurement, complication reporting, patient-reported outcome measures and structured postoperative follow-up.

Care stage	Core needs	Quality indicators
Preoperative	Informed consent, individualized goals, medical assessment, expectations and psychosocial support	Documented consent; risk assessment; patient-reported expectations.
Hormonal care	Appropriate prescribing, laboratory monitoring and counseling	Regular monitoring; treatment adherence; adverse-event assessment.
Perioperative	Qualified surgical team, anesthesia, infection prevention and safety systems	Complication rates; safety protocols; clinical audit.
Postoperative	Wound care, sexual health, rehabilitation and complication management	Follow-up attendance; complication management; patient-reported outcomes.
Long-term	Primary care, mental health, sexual health and social support	Continuity of care; preventive health; satisfaction and quality of life.

10. Affordability and Geographic Inequality

Financial capacity is an important determinant of access to gender-affirming procedures. The Chiang Mai study identified lack of financial preparedness as a relevant reason for delaying surgery among transfeminine participants seeking gender-affirming surgery (Kummaraka et al., 2023).

Geographic inequality is another concern. The hormone-use study by Ittiphisit et al. (2022) found that living outside the capital was independently associated with use outside the reference regimen. This suggests that specialized services and clinical expertise may be more difficult to access outside Bangkok.

Policy responses can include regional referral networks, telehealth where clinically appropriate, training of local clinicians, shared-care models and clear pathways between primary care and specialist services.

11. Thailand as an International Gender-Affirming Surgery Destination

Thailand's long history of specialized surgery has contributed to international demand. Historical research documented that private surgical groups treated substantial numbers of international patients (Wittayapipop et al., 2014). International patients can contribute to healthcare-sector activity, but medical travel also creates requirements for robust standards, transparent pricing, informed consent, communication across languages, postoperative coordination and continuity after patients return home.

For international patients, postoperative complications may become difficult to manage after returning to another country. Providers therefore need clear discharge documentation, complication-management plans and mechanisms for communication with receiving clinicians.

12. Social Inclusion and Legal/Administrative Context

Healthcare outcomes are influenced by the broader social environment. Surgical or hormonal changes do not automatically eliminate discrimination in employment, education, family relationships or public services. The Thai literature reviewed here repeatedly indicates that social support and acceptance remain relevant to mental health and quality of life.

Administrative recognition is also important because identity documents, employment records, insurance systems and clinical records can affect everyday access to services. A comprehensive policy approach should therefore connect healthcare policy with anti-discrimination measures, privacy protection and practical administrative procedures.

13. Proposed Policy and Healthcare Framework

Policy domain	Priority action	Expected outcome
Clinical access	Expand competent gender-affirming services beyond Bangkok	Reduced geographic barriers.
Hormone safety	Provide affordable medically supervised GAHT and monitoring	Lower reliance on unsupervised regimens.
Surgery	Standardize informed consent, safety monitoring and postoperative follow-up	Improved patient safety and continuity.

Mental health	Integrate psychosocial assessment and support	Better management of persistent distress and social stressors.
Social inclusion	Strengthen anti-discrimination and respectful-service practices	Improved healthcare experience and social participation.
Health literacy	Publish accessible information about legitimate services	Better treatment decisions.
Data	Develop standardized patient-reported and clinical outcomes	Improved quality improvement and research.
International patients	Provide transparent information and cross-border follow-up pathways	Safer medical travel and continuity of care.

14. Discussion

The evidence supports viewing gender reassignment in Thailand as a health-system issue rather than solely a surgical specialty. Thailand has substantial clinical experience in gender-affirming surgery, yet studies identify continuing challenges in hormone supervision, access, affordability, mental health and social acceptance.

The hormone literature is particularly informative. Large clinic and community studies demonstrate that many transgender people obtain or use hormones in ways that do not consistently correspond with clinical reference regimens (Ittiphisit et al., 2022; Hiransuthikul et al., 2022; Salakphet et al., 2022). This does not necessarily indicate a lack of interest in safe care; rather, it can reflect accessibility, affordability, health literacy and availability of specialized providers.

Surgical research similarly suggests that physical intervention can be associated with positive outcomes while not eliminating social or psychological challenges. Studies reporting improvements in quality of life and self-esteem should therefore be interpreted alongside evidence about social acceptance, postoperative complications and continuing mental-health needs (Chaovanalikit et al., 2022; Kummaraka et al., 2023; Nimitpanya et al., 2022).

A comprehensive Thai model should consequently integrate surgical expertise with primary care, endocrinology, mental health, sexual health, pharmacy, nursing, social support and long-term follow-up. Such integration can shift the focus from a one-time procedure toward sustained patient-centered healthcare.

15. Recommendations

1. Expand access to gender-affirming healthcare outside Bangkok through regional services, referral systems and professional training.

2. Increase availability of medically supervised GAHT and accessible laboratory monitoring.

3. Develop standardized national or professional outcome measures for gender-affirming surgery and hormone therapy.

4. Strengthen postoperative follow-up, including sexual health, mental health and management of complications.

5. Provide clear, culturally appropriate and multilingual health information about gender-affirming care.

6. Improve affordability and financial transparency for patients considering gender-affirming procedures.

7. Strengthen respectful and nondiscriminatory healthcare practices across primary and specialist services.

8. Develop coordinated care pathways for international patients that include postoperative continuity after return to their home countries.

9. Expand research involving transgender men and other underrepresented groups, because the existing literature has historically focused heavily on transgender women.

10. Build longitudinal Thai datasets that examine patient-reported outcomes, quality of life, complications, mental health and social participation.

16. Limitations

This manuscript is a narrative review and does not constitute a systematic review or meta-analysis. The included studies differ in sample size, recruitment strategy, clinical setting and outcome measurement. Several studies are clinic-based or online surveys and therefore cannot be interpreted as nationally representative estimates. The article also focuses primarily on healthcare and social dimensions and does not provide a comprehensive legal analysis of every aspect of gender recognition in Thailand.

17. Conclusion

Thailand has developed substantial expertise in gender-affirming healthcare and surgery, but the country's experience also demonstrates that access to safe and effective care extends well beyond the operating room. Evidence from Thai studies indicates that gender-affirming surgery can be associated with improvements in quality of life and self-esteem, while hormone management, affordability, geographic access, social acceptance and mental-health support remain important challenges.

The future development of gender-affirming care in Thailand should therefore emphasize integrated, patient-centered and evidence-informed services. Expanding supervised hormone care, strengthening postoperative systems, improving regional access, supporting mental health, protecting patients from discrimination and developing standardized outcomes can help ensure that clinical expertise translates into sustained health and social benefits.

The manuscript also highlights the importance of terminology. “Gender reassignment” remains recognizable in historical and public discourse, but contemporary clinical scholarship increasingly uses gender-affirming care and gender-affirming surgery. Using respectful, current terminology alongside careful attention to patient autonomy can contribute to a more inclusive healthcare environment.

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