MARKETING COMMUNICATION PROCESSES AND PSYCHOLOGICAL CLASSIFICATION FOR THE GENDER REASSIGNMENT HEALTH SERVICE INDUSTRY IN THAILAND THROUGH THE SIX BUDDHIST TEMPERAMENTS

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ABSTRACT

Title of Dissertation  Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments

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The objectives of this research are 1) to explore the different types of sanatoriums, formats, methods, messages/content and channels of innovative Integrated Marketing Communication (IMC) in accordance with the Medical Code of Ethics of the gender reassignment health service industry in Thailand and 2) to examine how the Six Buddhist Temperaments can replace or enhance demographics of service users in the gender reassignment health service industry to benefit marketing communications. The study is therefore divided into two parts. The first part explored the qualitative data collected from 15 in-depth interviews with gender reassignment health service providers. The second part examined the quantitative data collected from 530 closed-end questionnaires together with the qualitative data collected from 20 existing service users through in-depth interviews.

The first objective of the study found that the service providers want clear requirements and approval to disseminate marketing communication in regard to medical service information in line with the standards for all sectors of the industry, not without any control. In fact, the important variable that can affect the integrated marketing communication is type of sanatorium: 1) government sanatoriums and 2) private sanatoriums that provide gender reassignment surgical service as well as 3) stakeholder
sanatoriums that provide related services to the industry such as cosmetic surgery clinics and community health centers.

The formats of the integrated marketing communication depend on the management policy of a sanatorium, which consists of three forms: 1) to disseminate knowledge to support decision making for surgery according to Thai law and regulations of the Thai Medical Council, 2) to encourage a decision to have surgery and 3) to create an image specifically for transgender communities.

The methods of the integrated marketing communication are divided into two forms: 1) public relations departments of government sanatoriums responsible for collecting and disseminating the findings of medical professors as well as information on medical services offered by their sanatorium to inform the public and 2) management and marketing teams of each private sanatorium that set policy and then either hire or assign persons to be responsible for the implementation.

The message/content of the integrated marketing communication for all sanatoriums has three types governed by legislation and the Thai Medical Council: 1) medical information and facts to inform and educate service users in their decision making to undergo surgery, 2) information concerning sanatoriums to create trust in the sanatorium and 3) information about physicians and surgeons to create trust in the physicians and surgeons.

The channels of the integrated marketing communication employed by the government sanatoriums include: 1) advertising, 2) personal communication, 3) public relations and 4) special events, without hiring an influencer for personal communication, while, the integrated marketing communication channels of the private sanatoriums and stakeholder sanatoriums include: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, and 5) sales promotion and special events. They also employ influencers to provide specific individuals who provide high impact communication, such as 1) well-known persons, or influencers, who are related to gender reassignment surgery and health services, 2) persons with direct surgery experience and 3) agents or agencies. It should be noted that these persons with direct surgery experience are the most influential medium and are out of the control of any of these sanatoriums and thus Thai laws and Thai Medical Council regulations.
The second objective of the study found that the service users of the gender reassignment health service industry first have devout temperament, followed by intellectual temperament and lustful temperament respectively. For the service buying decision process, problem recognition is the first stage when service users realize they have suffered from Gender Dysphoria (GD) since as early as childhood, which leads to 90.4 percent of those persons having a strong intention to undergo gender reassignment surgery.

The next stage is their information search, which can be described as linear in the information seeking process and consists of: 1) exposure, 2) satisfaction and 3) interaction with the integrated marketing communication content: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians and surgeons respectively, acquired via the integrated marketing communication channels. In particular, the integrated marketing communication channels include: 1) personal communication, 2) public relations, 3) advertising, 4) sales promotion and special events, and 5) direct marketing communication. It should be noted that the content information seeking process has a direct connection with the content that the service providers provide in accordance with Thai laws and Thai Medical Council regulations. For the channels, the service users’ temperaments do have a different effect on their media exposure to: 1) direct marketing communication and 2) sales promotion and special events, and media interaction with: 1) advertising and 2) sales promotion and special events. In fact, the devout temperament is the most important temperament affecting service users’ media exposure, satisfaction and interaction because they believe and follow transgender persons they feel similar and close to, making these persons the most influential. Furthermore, the relationship between the variables in the information seeking processes are closely associated, direct variation, but if they have too much interaction, the relationship may be reversed, inverse variation, due to information overload and the character of discursive temperament.

The third stage is their evaluation of alternatives in which the service users will apply the following factors: 1) the skills of physicians, 2) service fees and 3) supplement services quality to consider respectively. This shows that although the service users can search but only access the least amount of information about physicians and surgeons, this content is the most important in their evaluation and decision.
The fourth stage is decision making to undergo gender reassignment surgery. The first reason the service users would decide to have surgery in Thailand is that Thailand has expert physicians and surgeons as well as modern medical equipment and instruments, followed by economical prices and convenient location to visit, while, the reasons some are still uncertain or have decided not to undergo surgery in Thailand are insufficient capital and information as well as health limitations respectively. It should be noted that the devout temperament is the most important in decision making as the service users base their decision on faith in the surgeon who they learn about through content that they can search for via their influential transgender networks, which can be quite limited. In addition, for the final decision making, other opinions considered by the service users come from physicians, family members, partners and close friends, with physicians being the most influential. The viewpoints of the service users show they do undergo surgery because they want to begin a new life; they want to experience the joy of being the gender they feel they are, and the surgeon is the only person who can do this for them.

The final stage is their post service behavior. Their satisfaction after surgery will be dependent on the surgical results and supplement services they received when compared to costs. It is important that surgery and post-surgical services will have an increasing impact and can reduce or erase the devout temperament that the service users applied in their decision making. Those who are satisfied with both surgical results and supplement services will retain the physicians and sanatoriums in their evoked set, or alternative group, if they want additional surgery, while those satisfied with just one or not satisfied at all will consider finding a new sanatorium or physician or both for their further surgery. Moreover, their satisfaction will affect the service users’ recommendations to interested service users provided through word-of-mouth communication in their social networks both in real life and online as 1) persons with direct surgery experience, the most influential medium, or 2) well-known persons, or influencers, related to surgery, which can be classified into three forms: 1) supporter or influencer, 2) sharing direct experience and 3) offering alternatives.

In conclusion, the Six Buddhist Temperaments can still be used to complete demographic traits and better understand target audiences. For the gender reassignment health service industry, the service users’ main temperaments are 1) devout temperament and 2) intelligent temperament. Therefore, the reliability of 1) the skills of a surgeon, 2) a
sanatorium and 3) quality of supplement services are the most important factors the services providers should respectively emphasize to create effective content for dissemination through all integrated marketing communication channels, particularly through personal communication focusing on transgender persons with direct experience and physicians. In fact, the physicians and surgeons are the best personal communicator who can precisely answer questions and rationally build service user trust.
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<td>(sic)</td>
<td>how it appears in the original</td>
</tr>
<tr>
<td>*</td>
<td>noted or multiply</td>
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<tr>
<td>&amp;</td>
<td>and</td>
</tr>
<tr>
<td>#</td>
<td>number or hashtag used to identify messages on a specific topic</td>
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<td>%</td>
<td>Percentage</td>
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<td>&lt;</td>
<td>less than</td>
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<td>is, are</td>
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<td>&gt;</td>
<td>more than</td>
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<td>~</td>
<td>about</td>
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<td>$</td>
<td>United States Dollar</td>
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<td>Thai Baht</td>
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<td>4As</td>
<td>American Association of Advertising Agencies</td>
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<tr>
<td>4Ps</td>
<td>Product, Price, Place, and Promotion</td>
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<td>AAU</td>
<td>Academy of Art University</td>
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<tr>
<td>AI</td>
<td>Artificial Intelligence</td>
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<td>ANOVA</td>
<td>Analysis of Variance</td>
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<td>APTN</td>
<td>Asia Pacific Transgender Network</td>
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<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
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<td>Assist. Prof.</td>
<td>Assistant professor</td>
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<td>Assoc. Prof.</td>
<td>Associate Professor</td>
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<td>BC</td>
<td>Before Christ</td>
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<td>BPK9</td>
<td>Bangpakok 9</td>
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<td>California</td>
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<td>CAIS</td>
<td>Complete Androgen Insensitivity Syndrome</td>
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<td>cc</td>
<td>Cubic Centimeter</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CNN</td>
<td>Cable News Network</td>
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<td>Co., Ltd.</td>
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<td>DC</td>
<td>District of Columbia</td>
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<td>Dr.</td>
<td>Doctor</td>
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<td>DSM</td>
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<td>e</td>
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<td>et al (et alibi)</td>
<td>and others</td>
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<tr>
<td>etc. (et cetera)</td>
<td>and other things</td>
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<td>FFS</td>
<td>Facial Feminization Surgery</td>
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<td>FIRO</td>
<td>Fundamental Interpersonal Relations Orientation</td>
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<td>FRCS</td>
<td>Fellowship of the Royal Colleges of Surgeons</td>
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<td>Female to Male</td>
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<td>Gender Dysphoria</td>
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<td>Gen V Clinic</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>GSCM</td>
<td>Graduate School of Communication Arts and Management Innovation</td>
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i.e. (id est) | in other words, that is, that is to say  
---|---  
ICD | International Statistical Classification of Diseases and Related Health Problems  
IDAHOT | International Day Against Homophobia, Transphobia and Biphobia  
IG | Instagram  
IL | Illinois  
ILGA | International Lesbian, Gay, Bisexual, Trans and Intersex Association  
IMC | Integrated Marketing Communication  
LGBT, LGBTIQ | Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer  
LSD | Least Significant Difference  
Lt. Cdr. | Lieutenant Commander  
Ltd. | Limited  
M | Message  
MA | Massachusetts  
MBA | Master of Business Administration  
MC | Master of Ceremony  
MD | Doctor of Medicine  
Mr. | Mister  
Mrs. | Mistress  
Ms. | a neutral alternative to Mrs. or Miss  
MtF, MTF | Male to female  
N | Population  
n | Sampling  
n.d. | no date  
n.p. | no place of publication  
NGO | Non-Government Organization  
NHSO | National Health Security Office  
NIDA | National Institute of Development Administration
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>NIN</td>
<td>Netherlands Institute for Neuroscience</td>
</tr>
<tr>
<td>NJ</td>
<td>New Jersey</td>
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<tr>
<td>No.</td>
<td>Number</td>
</tr>
<tr>
<td>NY</td>
<td>New York</td>
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<tr>
<td>OH</td>
<td>Ohio</td>
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<tr>
<td>p., pp.</td>
<td>page, pages</td>
</tr>
<tr>
<td>PAI</td>
<td>Preecha Aesthetic Institute</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>Doctor of Philosophy</td>
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<tr>
<td>Pol. Lt. Col.</td>
<td>Police Lieutenant Colonel</td>
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<tr>
<td>Prof.</td>
<td>Professor</td>
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<tr>
<td>Pt.</td>
<td>Part</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>Questions and Answers</td>
</tr>
<tr>
<td>r</td>
<td>Correlation Coefficient</td>
</tr>
<tr>
<td>R</td>
<td>Receiver</td>
</tr>
<tr>
<td>R^2 (R-squared)</td>
<td>Coefficient of Determination</td>
</tr>
<tr>
<td>RID</td>
<td>Royal Institute Dictionary</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>Ror. Sor.</td>
<td>Rattanakosin era (In Thai)</td>
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<tr>
<td>S</td>
<td>Sender (source)</td>
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<td>S.D.</td>
<td>Standard Deviation</td>
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<tr>
<td>Sig.</td>
<td>Significant</td>
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<tr>
<td>SJC</td>
<td>Saint Joseph Convent School</td>
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<tr>
<td>SLC</td>
<td>Siam Laser Clinic</td>
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<tr>
<td>SMCR</td>
<td>Source, Message, Channel, and Receiver</td>
</tr>
<tr>
<td>SMS</td>
<td>Short Message Service</td>
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<tr>
<td>SOC</td>
<td>Standards of Care</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<tr>
<td>SRS</td>
<td>Sex Reassignment Surgery</td>
</tr>
<tr>
<td>STOU</td>
<td>Sukhothai Thammathirat Open University</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, and Threats</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>TAT</td>
<td>Tourism Authority of Thailand</td>
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<tr>
<td>TMAT</td>
<td>Transmen Alliance of Thailand</td>
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<tr>
<td>TX</td>
<td>Texas</td>
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<tr>
<td>U.S.A., U.S.</td>
<td>United States of America, United States</td>
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<tr>
<td>UNT</td>
<td>University of North Texas</td>
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<tr>
<td>URL</td>
<td>Uniform Resource Locator</td>
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<tr>
<td>USD</td>
<td>United States Dollar</td>
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<tr>
<td>VALS</td>
<td>Values, Attitudes, and Lifestyles</td>
</tr>
<tr>
<td>VIP</td>
<td>Very Important Person</td>
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<tr>
<td>Vol.</td>
<td>Volumes</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WPATH</td>
<td>World Professional Association for Transgender Health</td>
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<tr>
<td>$\bar{x}$ (X bar)</td>
<td>Arithmetic Mean</td>
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CHAPTER 1

INTRODUCTION

1.1 Background and Importance of the Problem

Appreciation

Modern sex reassignment surgery (SRS) in Thailand started in 1978 at the Plastic and Reconstructive Surgery Unit of the King Chulalongkorn Memorial Hospital, Bangkok. The service was offered to treat Thai transsexuals who had suffering from Gender Dysphoria. Since then, the reputation of Thai SRS for its high quality and affordable price has spread by Thai trans who have relocated overseas.

Foreign who cannot afford SRS or wait up to five years in their home country have been coming to Thailand in increasing numbers. SRS for foreigners has been performed by private hospitals in strict accordance of the Standard of Care (SOC) of the WPATH (World Professional Association of Transgender health). After more than 40 years, Thailand is now recognized as the “Sex Change Capital” for medical tourism.

There are about 100,000 to 500,000 trans in Asia waiting for SRS, with more than half residents of ASEAN countries, and because of the high quality and affordable price, they will come to Thailand to undergo SRS.

This research is very comprehensive with excellent references for 4.0 telemarketing. It clarifies patients’ questions and provides guidelines for clinics and hospitals to pursue. It should also be essential reading for every person who provides care or is concerned about trans patients receiving the best possible care.

Associate Professor Dr. Preecha Tiewtranon, MD
Former, Chief of the Plastic and Reconstructive Surgery Unit
Department of Surgery
King Chulalongkorn Memorial Hospital, Bangkok, Thailand

Figure 1.1 Appreciation for this Dissertation from Associate Professor Dr. Preecha Tiewtranon, MD, the First Plastic Surgeon Offering Sex Reassignment Surgery in Thailand
This research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments, is a study of integrated marketing communication (IMC) for the gender reassignment surgery in Thailand that examines these from two perspectives, that is the providers and the communication models they employ and the prospective customers, i.e., individuals interested in undergoing the procedures for gender reassignment, which include analysis based on the six Buddhist temperaments to determine if this will be beneficial to their needs and desires. This communication content can be produced and communication channels selected to achieve the most effective comprehensive communication model for this industry. The objectives of this study are to support the development of Thailand to become a world center for gender reassignment as well as related or similar businesses.

“Gender”, according to the Royal Institute Dictionary (RID) of 2011 (Office of the Royal Society, 2013), is defined as how a person appears or behaves as a man or a woman. Thus, a person can be identified according to their body type, which can serve as one tangible criteria, but, when it comes to the subconscious and gender identity, it can be much more abstract, particularly, when a person considers their gender and their sexual preference. This, then, should not interfere or lead to limitations. Still, the majority of people in this modern era will take one viewpoint when it comes to gender; both the physical and mental gender identity should be either male or female, their gender at birth and not be changed. In this new era of postmodernity, this attitude towards gender and behavior has changed. The physical body and gender identity, roles or relations may differ, and some may see this as abnormal. This can cause mental conflict for those who have a different mental gender identity than their physical body as well as sexual discrimination in school, work, use of public spaces and services, for example toilets. This can then lead to exclusion of homosexuals or those called third gender.

However, transgender is a new term for Thai society, which Khun Yollada Suenyod, who announced that she was not a Kathoey, or hermaphrodite, but a transwoman. She then established the Transsexual Association of Thailand to promote changes in the laws to give equal rights when it comes to changing the gender term or prefix of one’s name from Mister to Miss, Ms. or Mrs. (Superjeew, 2017). According
to the viewpoints of transgenders, they are not homosexuals, but rather either a man or a woman born with the wrong sexual organs, i.e., they are a woman in a man’s body or vice versa, and to correct this, they need to have sex reassignment surgery to fit their psychological orientation.

1.1.1 Humans and Genders Outside the Norm in History

From a study of Western history, evidence has been found on homosexual behavior from long ago, and it wasn’t considered abnormal like it is today, for example, the inscription on the ancient silver Warren Cup. Dating back to the first century during the Greek-Roman era, it is now on display in the London Museum. The image on this cup is of two male couples having sexual relations. The first couple is composed of one youth with an older man, which was a normal behavior for the ancient Greeks, which was called paederasty, in which a young man would learn about sexual relations from an older mentor who is already married (Lattipongpun, 2010). The second couple on the cup is composed of two young men, which was an accepted behavior during the Greek-Roman era depicted in their art. These behaviors can be seen carved or inscribed on tools, ornaments and decorations as well as in mural paintings, which provide us with an idea about their attitudes and culture. During that era, sexual relations between men and women, women and women and particularly men and men were accepted as the norm. Thus, it appears that the artists were free to depict any sexual orientation or relations they wanted (British Museum, 2017). In a biography of the Emperor Hadrian, who was one of five emperors who compose the Nerva-Antonine dynasty and throughout these reigns, this type of sexual behavior was accepted. Hadrian, in fact, kept a harem of men within his palace. He would give titles to these men considered his concubines and they would be trained in different arts, including marshal arts so they could protect their lord, with Antonius his favorite. The emperor even directed his artisans to produce marble sculptures and coins in Antonius’ likeness, and when he prematurely died, Hadrian ordered construction of the city Antonopoulos (today known as Sheik Ibadan). He also named a constellation after him and named him a deity in the Roman pantheon (Laokhwan-muk, 2012).
Over time, it can be seen that homosexuality was later considered a vile sin, particularly when Christianity grew in influence in the late years of the Roman empire. In the first book of the bible, Genesis, as well as in historical treatises, god had the cities of Sodom and Gomorrah destroyed because of the people’s sinful behavior. As explained by Kitisuk Prokti (1984) based on chapter 18, page 19 of Genesis, this was because of their homosexual sexual relations. This story from the bible is believed by those of the Christian faith, and this sacred book than has influence on morality, laws and the longstanding European rule of law. This led to criminal punishments for homosexual sexual relations, but today, these laws have been discarded by the governments of the United Kingdom and United States. Still, there are many countries that continue to have laws against homosexuality. Currently, Pope Francis, the leader of the Roman Catholic Church, has been attempting to soften and change this attitude. He, in fact, spoke with one homosexual, explaining that god created him and loves him like all other men. This could change the attitude of the Church and Catholics in the future.

He [Pope Francis] told me, Juan Carlos, that you are gay does not matter. God made you like this and loves you like this and I don’t care. The Pope loves you like this. You have to be happy with who you are, Cruz told Spanish newspaper El País. (Kirchgaessner, 2018)

Turning to the East, in the Buddhist Tripitiika, it is written that a Kathoey, or Bundo: hermaphrodite, is a highly sensual male who becomes involved in unconventional sexual behavior and will attempt to seduce other men. In Buddhism, having such feelings is wrong, and a man who does should not ordain as a monk. Homosexuality behavior is against monastic vows and, thus, improper. In the Vipassana mediation tradition, it is prohibited for monks as it causes them to ignore ecclesiastical affairs (History of Homosexuality in Thailand, 2010). Furthermore, illustrations and text about the Sudo Ceremony dating back to the Kamakua period of Japan and up through the times of the Samurai show that Samurai would have a young squire to carry his weapons. They would also serve as more than a guard when evening came. As they would accompany them into battle, they would sleep with the
lord as well. The Samurai’s Sudo Ceremony was thus a tradition that would include a gesture of love as the young man would be expected to have sexual relations with his older lord and master. The squire would be a boy the samurai could trust and rely on. They could die for their master as well as help him plan for battle. However, this does not mean that the samurai were uninterested in women. In fact, while the squire would pamper his master when they were away at war, once home, the samurai would return to the bed of his wife. The Sudo Ceremony was practiced until the end of the period of the Samurai when the reform period began (S. tonsakul, 2018).

With the influence of Buddhism on Thai society, the first Thai laws were enacted during the reign of Ayutthaya and continued up to the founding of Bangkok, or Ratthanakosin. One stated that a Kathoey, or Bundo: hermaphrodite, was a person that did not belong to either the male or female gender, and therefore could not serve as a witness in court. Thus, this attitude and behavior was recognized by Thai society as early as the Ayutthaya period but not accepted (History of Homosexuality in Thailand, 2010).

During the reign of King Borommatrailokanat at the start of the reign of Ayutthaya, Leyn Peuan, or lesbian relations, were against the law as stated in the first law book, which described a concubine of the king having relations with another woman in which they played the roles of a man and a woman. They were punished by whipping of 50 lashes with a leather thong, after which she was left to wander around the palace to be reviled and downgraded to be a servant of royal children and grandchildren. (Prokti, 1984).

At the start of the Ratthanakosin, Bangkok era, Leyn Peuan behavior was quite widespread, and it was difficult to dissuade women from this lesbian behavior. This can be seen in the mural paintings at Wat Khongkharam, Ratchaburi province, dating back more than 217 years. The images are quite passionate as they depict the lifestyle of Thais during earlier times as well as images of Leyn Peuan, i.e., lesbian behavior of village women. This was still considered unacceptable as can be interpreted by the pictures depicting women being punished, and while lesbian relations would be against the law, there were no cases ever recorded. Thus, these behaviors depicted must have come from rumors, including the public punishments. King Pin Klao wrote a love poem to his concubines and letter to his royal children against lesbian behavior
in which he said this behavior was wrong and a serious matter for the upper echelons to consider.

There is no evidence or writings found that blatantly discuss gay behavior in Thai historical treatise (Prokti, 1984), but in a search, there is the case of Joost Schouten, a Dutch trader who lived during the reign of Ayutthaya and was executed by the Dutch government in 1634 in the city of Batavia of the Dutch West Indies, or central Jakarta, Indonesia, today. As this shows, homosexuality was considered a sinful behavior and harshly punished by Western nations. Still, from his confession, it can be presumed that such behavior was practiced by the Thai aristocracy of that era (History of Homosexuality in Thailand, 2010) This relates well to the writing of Arch Bishop De Beaz, who wrote about the uncertain relations of King Narai of Ayutthaya and Constantine Phaulkon from Greece, who was given the royal title Chaophraya Wichayen. As he played an important role as the king’s advisor for trade and foreign relations, he often spent the night with the king in the king’s bedchambers supposedly discussing state matters. However, there was never any actual proof of a homosexual relationship between the two men (Phanuphong, 2002).

In another case, Leyn Sawat, or gay behavior, concerning Mom, or Prince, Kraisorn and an actors troupe that he supported, was discussed in an article published in the Thai newspaper, Jotmaihet Siam Phaphet, stating the Mom Kraisorn favored Mr. Khunthong and Mr. Yaem. In another act of intimacy with the actors, they supposedly shared the same home and the prince would not return to his ladies at the palace. This was interpreted as homosexual behavior, leading to public embarrassment for the prince and royal family. However, the prince did not conceal this sexual orientation, and King Nang Klao, Rama III, never formally punished the prince. In the Rattanakosin Chronicles of the Third Reign, Chao Phraya Thiphakorawon (Khum Bunnag) provided an explanation of this homosexual incident saying, the actors were separated and questioned, stating that although there was no sexual intercourse, they did masturbate to each other (Tawun, 2013).

Later, during the reign of King Chulalongkorn, Rama V, a law was added to the criminal code, Ror. Sor. (Rattanakosin era) 127, Article 242 stating that if any person who commits an unnatural sexual act with another man, another woman or an animal, it will be considered a criminal act and will lead to imprisonment for a period
of three months to three years and fine from 50 to 500 baht (Prokti, 1984). This crime, which was new for Thai society, can be considered as indirect proof that homosexual behavior was on the rise in the kingdom and possibly becoming a problem, or possibly the king wanted to follow the laws and customs of other countries where homosexuality was considered wrong. Then, in 1956, during the revision and enactment of a new criminal code, the drafting committee decided to revise the code, and homosexuality was no longer considered a crime which they felt defamed the country (Prokti, 1984).

Then, during the reign of King Vajiravudh, Rama VI, something occurred in the Thai royal court that had never happened before, a male royal page became quite close to the Thai monarch. Previously, all royal household duties in the palace had been performed by women, and the position of Mahakek at that time was considered quite important as they could be as much a companion, or king’s friend. They could even have influence in decisions concerning the administration of the kingdom. The factors for the selection of those serving as a Mahalek at that time included being a well-mannered, handsome, young man who was strong, loved companions and was willing to make sacrifices and be patriotic. Those selected could then serve with distinction and receive many awards and gifts, thus, opening great opportunities to underlings of low status such as the children of merchants or teachers from upcountry, who would then quickly rise in the ranks of civil servants. Furthermore, King Vajiravudh had a great interest in the arts and sciences, especially literature and the traditional Thai Khon drama and music. He established a Department of Entertainment, and the monarch had his male pages dress as women and act as females in dance and drama (Yodhong, 2013). The position of these men in the royal court during the reign of King Vajiravudh could be described as the equivalent of a eunuch that served in the palace of Ayutthaya, beginning when King Narai ruled and the Indo-Iran region was influential. At that time, to hold such a position, a man must choose to be castrated first to prevent any adulterous activities between them and the king’s concubines.

Khunthi is the Thai term for Eunuch, which comes from Latin and is derived from the Greek word eunochus, which can be translated as the guardian of the bed. Eunuchs first appeared well over 2000 years ago, before the start of the Christian era
in the Sumerian city of Lagash in the area of Mesopotamia. They were selected from prisoners of war and slaves who were still young. They played important roles in the royal courts of Mesopotamia, Egypt, Persia and Byzantium and later in the Muslim empires, like the Ottoman-Turk, as well as the Safavids of Iran and Mughal of India (Chularat, n.d.)

In addition, the ancient Chinese royal courts had eunuchs, Thaijien, as well. During those times the Chinese believed that a man who could not have a wife or children would serve as the most loyal and faithful slaves. They served in the palace beginning in the Yin dynasty, or from 1,324-1,066 BC. First by command of Emperor Udingwan, young Quiang men captured in battle were castrated to serve as eunuchs for certain rituals held in the palace. Later, during the Zhou and Ming dynasties, not only prisoners of war, but also civil servants and common men would be castrated as punishment and then put into service in the palace. As they would not be able to have sons, i.e., future descendants, this was considered a grave punishment. Then, in the latter Ming followed by Qing dynasty, young men would apply to become eunuchs and fill these positions as they wanted to escape poverty or be promoted in rank as a civil servant. Therefore, the royal court established a unit to handle the applications for those applying to become eunuchs (“Khunthi: The men the world forgot”, 2004). A high-ranking eunuch would have the opportunity to work closely with the emperor and royal family and control the ladies-in-waiting. In the historical annals, it is said some of these persons became trusted advisors of the emperor. Thus, they had much influence and played important roles in the Chinese royal court.

The Thaijien, or eunuchs, were divided into two classifications according to their penis condition: 1) only circumcision: these men still had very strong male hormones, and their voice would remain deep like an adult male. Thus, they would be assigned to only work in the outer royal court. 2) full castration: they would have no Adam’s apple and their voice would remain high. These eunuchs would be the most trusted aides and could serve in the inner royal court. These eunuchs could experience a severe amount of pain and face difficulties in their daily life and bodily requirements. They would be affected both physically and mentally for the remainder of their life. For example, they could feel the knife as it castrated them and experience a painful period to heal of three to four months. It would also be very difficult for
them to urinate (Pinkate, 1998). Furthermore, they would face hormonal imbalances. Castrated at a young age, the boy might not ever fully develop physically. Their chin would develop to have a triangular shape. They would have overly long arms and a weaker constitution, which would lead to a shorter life. Emotionally, they would be distrustful, overly sensitive and easily offended. They suffered from an inferiority complex as they felt they were not completely male and did not belong to the human population. In addition, when it came to sex, eunuchs still felt sexual impulses and would have both homosexual and heterosexual relations (“Khunthi: The men the world forgot”, 2004).

When castration was first performed on unwilling males to make them a eunuch, a surgery had to be developed. Surgeons were required to help in the operation, but this was also at a time when the sexual organ was not considered a requirement to determine a sexual preference. This was also because a eunuch was considered a person without a gender. Still, they would each have different preferences for sexual relations.

1.1.2 Medical Response to the Question of Physical Gender and the Subconscious

A question that arises is if it is not the sexual organ or physical body that is the factor that determines male or female gender, what is? Dr. John Money, a New Zealand sexologist, believed that the environment and nourishment were factors that would influence gender knowledge and behavior more than psychological factors. He studied the two Reimer male twins. One he watched as he was brought up normally as a boy. The other, though, suffered from an electric shock at seven months of age and had to have his penis removed and replaced by what appeared as a vagina. The child’s name was also changed to a female name, Brenda. Still, the child liked to act and play the same as a boy and would not join in playing with girls. Brenda then was quite confused as she grew up, until the age of 14. At that point, the parents told Brenda he had been born as a boy. He then changed his name to David and had sex reassignment surgery to become male once more. In another case, a child named Paula was actually born as a boy but had a damaged penis, like David. Her family was advised by Dr. Money to raise her as a girl, the same as he had advised the parents of Brenda.
However, when Paula grew older, she chose to drive a truck for her work and had lesbian relationships (Sittinew, n.d.). Thus, these studies refute the hypothesis that gender can be determined or is highly influenced by the factors of environment and nurturing and not by the gender a child is born with.

As medical science has evolved, other factors have been recognized as influencing gender, and answers found as to why some persons will feel they are different than the gender they were born with. This can be influenced by the X and Y chromosomes as they act to determine a child’s gender. If a woman’s egg and man’s sperm combine to form an XX cell bond, a child will be born as a female. If these form an XY bond, the embryo will develop to be a male child. It’s all up to the formation of these cells. Possibly then, there could be a problem that affects the gender chromosomes and, for example, a female child could have a single X chromosome. The child could then become a dwarf and not have breasts. Their vagina and uterus could be abnormally small. There can also be cases where a male child has the XXY chromosome and so will be born with a women’s breasts. His testicles could be abnormally small and they are unable to produce sperm. Chromosomes can thus affect gender and the sexual organs. These abnormalities can then produce hermaphrodites, i.e., a person with abnormal sexual organs who it is not possible to determine whether they are male or female. In addition, there are those persons who as they developed psychologically can suffer from transsexualism (Sittinew, n.d.).

The World Health Organization (WHO) is responsible for the International Statistical Classification of Diseases and Related Health Problems (ICD), and there is the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by The American Psychiatric Association. In the past, both the ICD and DSM No.10 were used worldwide, providing physicians with information about transgender treading. First known as gender identity disorder, in 2014, the terminology was changed to gender dysphoria, or the condition of dissatisfaction with the gender a person is born with. This was a very important step as a condition is not considered an abnormality, like a “Disorder”, which is viewed negatively. The condition gender dysphoria can be rectified through hormone treatment or sex reassignment surgery (Asia Pacific Transgender Network, 2015). Now, the WHO has finally announced a new classification of this condition, ICD-11, and the World Health Assembly is planning
to approve this in May 2019 and implement it in January 2022. At this point, the cross-gender condition will no longer be considered a mental abnormality. However, the ICD-11 classification still needs to assign codes for cross gender conditions as Gender Incongruence of Adolescence and Adulthood and Gender Incongruence of Childhood, which should be included in the grouping of Conditions Related to Sexual Health and not psychological abnormalities (Foundation for Social Orientation and Gender Identity Rights and Justice, 2018).

The behavior of those who suffer from gender dysphoria is caused because a person is born with a healthy body of one gender, but psychologically, they feel they belong to the opposite gender. They want to cross dress and behave like the opposite gender. Furthermore, they are dissatisfied and are always concerned or worried about this difference in their thinking to their body. They feel their sexual organs are unusual and strange, and their dissatisfaction and unhappiness can compound over time, probably leading to their wanting to cut off their sexual organs or commit suicide. Today, the most accepted treatment for those suffering from this condition is sex reassignment surgery. Dr. Henry Benjamin, a pioneer in sex reassignment surgery stated that if we cannot change the thinking and feelings of a patient, we then need to change their body so it matches the gender they feel they are psychologically (Sittinew, n.d.).

The first recorded efforts to change gender date back more than 2,000 years, since the reign of the last Roman Emperor Nero who had a slave named Sporus. After changing his gender from male to female by the same method employed to make a eunuch, Sporus became known as Sabina and was elevated to be the emperor’s consort (Chuangsuwanich, 2010). Two millennium later, the first modern sex reassignment surgery took place in Germany in 1917, when an American female, Lucille Hart, became a man known as Alan L. Hart (Sitpahul, 2015). Then, in 1930, Einar Mogens Wegener, a Dutch male, became the first to have sex reassignment surgery to become a female known as Lili Elbe. It took a total of five operations to complete the procedure, and she died during surgery to implant a uterus. These forms of surgery continued to be advanced. In 1945, an English woman, Laura Maud Dillon, had sex reassignment surgery and became a man known as Laurence Michael Dillon. Dr. Harold Gillis was the surgeon who developed innovative transsexual surgery for a
woman to man (Transgender Zone Team, 2013). However, it wasn’t until 1952, when George William Jorgensen, Jr., an American male, underwent reassignment by Dr. Christian Hamberger in Denmark, which was then reported in the New York Times, that the media became interested. She then became an actress, dancer and MC as well as an inspiration for others because of her knowledge and understanding about gender change. After this, sex reassignment surgery was developed further in Europe and the U.S.A. (Sittinew, n.d.).

In Thailand, in 1978, Assoc. Prof. Dr. Preecha Tiewtranon, a plastic surgeon, became the first physician to offer sex reassignment surgery. He also further developed the surgical technique and technology as well as taught his methods to a new generation of surgeons so that more of those suffering from gender dysphoria could change their gender and find greater happiness in life. Today, Thai surgeons conducting sex reassignment surgery are some of the most respected among physicians worldwide (Sittinew, n.d.). In Assoc. Prof. Dr. Preecha Tiewtranon’s view, Thailand is today the best place in the world to have sex reassignment surgery because the surgery here gives customers the most natural body that acts the most normal of the new gender. Furthermore, the costs are much less when compared to the service in other countries (“Thai doctors don’t daydream”, 2013). In Western countries, sex reassignment for a man to become a woman costs about 1.5-2 million Thai baht (USD 46,361-USD 62,827) and 4-5 million Thai baht (USD 123,676-USD 154,578) for a man to become a woman. Meanwhile, in Thailand, the costs average around 120,000-150,000 Thai baht (USD 3,710-USD 4,636) to change from a man to a woman and 400,000-500,000 Thai baht (USD 12,368-USD 15,459) for female to male sex reassignment (“Thailand: the land of sex reassignment”, 2012). With these costs along with the government’s policy of promoting medical tourism, sex reassignment surgery in Thailand is attracting persons of many nationalities, particularly, European, American, Australian, Japanese, Chinese and Middle Eastern. This is in addition to ASEAN neighbors, Myanmar and Cambodia. Thailand is more popular than competing countries including India, Singapore and South Korea (“Thailand, sex reassignment surgery center”, 2011).

From a literature review of The Development of Sex Reassignment Surgery in Thailand: Social Perspective written by Prayuth Chokrungvaranont, Gennaro Selvaggi,
Sirachai Jindarak, Apichai Angspatt, Pornthep Pungrasmi, Poonpismai Suwajo and Preecha Tiewtranon (2014), this research was able to learn about the development of sex reassignment, or sex change to become a female conducted during the years 1965 to 2012 as Thai physicians were considered to develop an expertise in sex reassignment surgery as well as a reputation among foreigners who had or were seeking these procedures. However, Thai law still did give the right to change gender nor provide health coverage for sex reassignment. In research entitled Beauty management of sexual variant adolescences: case study of transsexual and transvestite male adolescences in a School of Kuchiarai conducted by Pravit Onpana (2008), he found that Thai transwomen expect to undergo plastic and sex reassignment surgeries to become a woman anatomically to fit with their psychological disposition since adolescence, while, for the most part, the quality of the lives of these individuals when it comes to anatomy, disposition, society and environment is unfavorable, which is in accordance with research conducted by Nuntaya Kongpraphun (2016), A Development of Quality of Life of Male to Female transgender by Acceptance and Commitment Group Therapy. There appears to be a trend towards problems arising from the classification of those who undergo gender reassignment and who have not had the opportunity to do so as shown in the study, Social Movement of the Transgender by Piyaluk Potiwan (2011).

Overall, there has been very little research conducted on transsexuals in Thailand. In a search for data conducted for this research, no studies were found dealing with transmen nor studies on any link between transgender persons and the Gender Reassignment Health Services Industry, creating a large gap in this field of knowledge. A survey conducted in 2015 showed that only 116 health studies of transsexuals had been conducted worldwide (Asia Pacific Transgender Network, 2015) as displayed in figure 1.2, which is a map showing the distribution of research on the health of transsexuals worldwide.
1.1.3 The Current Situation of the Gender Reassignment Health Service Industry and its Marketing Communications in Thailand

The Thai Chamber of Commerce released the results of their seventh survey, The Rising Stars and Falling Stars in Business for 2018, which showed that the Medical and Beauty businesses placed second behind Communication Technology and Equipment Services, just 0.9 points lower (“Ten rising stars-fall”, 2017). This was determined by calculating points based on sales, investment, net profits, compatibility of business with current trends, risk factors and competition (“Rise and fall of businesses”, 2017).
Table 1.1 Star Businesses Ranking for 2018

<table>
<thead>
<tr>
<th>Rank</th>
<th>Business</th>
<th>Point</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Communication Technology and Equipment Services</td>
<td>94.5</td>
</tr>
<tr>
<td>2</td>
<td>Medical and Beauty</td>
<td>93.6</td>
</tr>
<tr>
<td>3</td>
<td>e-Commerce</td>
<td>92.1</td>
</tr>
<tr>
<td>4</td>
<td>Cosmetics</td>
<td>91.6</td>
</tr>
<tr>
<td>5</td>
<td>Petrochemicals and Plastics/Logistics</td>
<td>91.1</td>
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Dr. Greechart Pornsinsirisak, the head of the Cosmetic Surgery Center, Yanhee Hospital, has stated that gender reassignment surgery services in Thailand have been developing steadily at a rate of 10 percent annually. In one week, there are on average three to five customers having operations to change their sexual organs (“Thailand becoming world-class medical center”, 2016). It appears society has also become more accepting (“Cosmetic surgery grows”, 2012), for example, the Imam Khomini, the Rahfidoh leader of the Islamic Republic of Iran, stated that sex reassignment surgery could be done, so many transgender Muslims, both transwomen and transmen, have decided to undergo the services. (Amili, 2011). In addition, the Miss Universe Pageant changed their rules to allow transwomen to enter the competition, with Miss Angela Ponce, the contestant representing Spain, the first to compete in Thailand in 2018 (Poonpiriya, 2018). This resulted in more persons deciding to have gender reassignment procedures conducted in Thailand, not just Thais, but also Westerners from the U.S.A, Australia and Europe as well as Asians from China, South Korea and Japan. Since the ASEAN free trade agreement for this was enacted, even more citizens of member states have been coming to Thailand for these services, thus, providing even more opportunities for the gender reassignment health service industry in Thailand. The Thai Medical Council enacted regulations and a code of conduct for such professional transgender medical treatment in 2009 to prepare for future expansion (“Cosmetic surgery grows”, 2012). This was done in collaboration with the National Human Rights Commission of Thailand to also
protect the rights of those facing intersexuality and ensure that once they undergo sex reassignment procedures, they can use the prefix, or title, that reflects their current gender. This would also cover their right to receive medical treatment and required medication without having to incur costs. In the case of transgenders, the National Health Security Office (NHSO) is collecting data to present to the National Health Security Commission to determine which categories and scopes for public health services these individuals should be entitled to under the Health Security Act of 2002 in the following years (“Good news for sex reassignment surgery”, 2018). This also has contributed to the gender reassignment sector expanding further. According to statistics provided by Yanhee Hospital, during the past three to four years, over 600 men underwent sex reassignment surgery to become women while over 400 women underwent the procedures to become men. Of these individuals, approximately fifty percent were Thai and fifty percent foreigners. Usually when one person undergoes gender reassignment surgery, they have two to three family members or close friends who come along to help care for them. This then contributes to related sectors developing in parallel. Dr. Supot Sumritvanitcha, the director of Yanhee Hospital, stated that Thailand is superior to other countries, particularly in sex reassignment surgery. He goes on to say that Thailand is the only country in Asia where sex reassignment surgery can be performed for both men and women who want to change their gender in one hospital (“Cosmetic surgery grows”, 2012).

Furthermore, there are more procedures offered than just gender reassignment. Persons also come for cosmetic surgery. Currently, both men and women have become quite concerned with their appearance, which has led to competition among private hospitals offering cosmetic surgery services becoming fiercer as it grows in popularity. A result of this is that the private hospitals are producing more advertising and marketing communications for different mediums and channels, particularly on social media, like Facebook and LINE (chat application) as well as websites.

Advertising can actually be quite precarious as it can infringe upon medical ethics as advertising exaggerate the truth. To protect the public and ensure they receive quality healthcare that is safe and meets standards, most recently, the current Thai government led by Prime Minister General Prayut Chan-Ocha, made amendments to the Hospital Act (No. 4) of 2016 while the Department of Health
Service Support, Ministry of Public Health announced new rules, procedures, terms and conditions and costs for advertising and communications of hospitals, which were instituted on 31 January 2018. This has meant that private hospitals have needed to have their advertising or communications approved before they can be released, published or broadcast. The standards for these materials were also raised as were fines and punishments (“Thai medical business suffers”, 2018). Physicians, especially those with clinics, complained profusely about the amended act and the Ministry of Public Health’s memorandum, asking how much did the persons who issued these edicts know about advertising and public relations. They question whether these persons had researched the laws and regulations of other countries first to determine what would be correct for Thai hospitals and healthcare. It seemed to them that the writers had neglected to regulate those involved in advertising and promotion, including celebrities and agencies. Furthermore, the laws do not control foreign hospitals that can come and advertise freely in Thailand (“Thai medical business suffers”, 2018).

Figure 1.3 Criticism of the Public Health Act and Ministry of Public Health Memorandum by Thai Physicians

The article, Integrated Marketing Communication Strategies of Surgical Clinic “Meko Clinic” by Sompradtana Promchuew (2009), states that the obstacles facing the IMC of cosmetic surgery clinics in Thailand is that they cannot include in communications captivating messages due to the laws and regulations that have been enacted. This is in agreement with the research, A Study of the Image of Plastic Surgical Services in Thailand: A Case Study of Foreign Tourists in Bangkok, conducted by Jitlada Maneerat (2010), which showed that a majority of foreigners have little knowledge that Thailand has an expertise in cosmetic surgery. A reason for this, she says, is the strict laws and regulations governing advertising and public relations of the cosmetic surgery industry. Both of these studies identify the problem the cosmetic surgery industry in Thailand is facing with their promotional material not reaching their target consumers effectively. The challenge then becomes how to make it interesting and effective while still meeting the Thai Medical Code of Ethics. Yaowapa Pathomsirikul (2012), who wrote, Marketing Communication and Consumer Behavior in Health Care Market, proposed that hospitals select a strategy that offers healthcare recommendations and information provided by hospital personnel through social media and hospital websites as well as public relations activities.

Currently, in the gender reassignment health services industry, those private institutes providing these services are searching for the best marketing communication channels to reach their target consumers directly and indirectly to support the industry. To reach Thai consumers, some sponsor transgender beauty pageants, like Miss Tiffany’s Universe, as well as support various transgender networks such as the Sister’s Hand project. Previously, the Transsexual Association of Thailand organized a project in cooperation with the Preecha Aesthetic Institute (PAI) and Yanhee Hospital (“Thailand, sex reassignment surgery center”, 2011). Ekaphol Thansiriroj, managing director of Phuket International Hospital, which offers sex reassignment surgery for transwomen, explained that his hospital focuses on roadshows, like seminars, aimed at target consumers (“Thailand: the land of sex reassignment”, 2012).

Furthermore, if target consumers are interested in gender reassignment surgery, they will ask others who have undergone the procedure. The internet can serve as an important channel for searching and acquiring information such as through
social media, blogs or web boards, where information can be exchanged without restrictions caused by location. This makes it possible to advertise through the internet and the websites of transgender service providers to reach foreign consumers. The internet serves as a communication tool that breaks down walls separating people. It makes it possible for those persons with internet access anywhere in the world to access the same news and information quickly. This is how barriers have been removed and the world has become a global village (Nedpogaeo, 2018). Still, there are countries where internet freedom is limited, for example, by blocking access to certain news stories and censuring the Google search engine in China.

1.1.4 Integrated Marketing Communication (IMC); Demographics and the Six Buddhist Temperaments

Marketing communications today can be observed according to its classifications and the demographics of target consumers, genders, age, education, salary, domicile and interests, but the problem still faced is the demographics of specific receivers are not always correct because these persons give false information, which cannot be verified. They do this to create an image and protect their privacy. Thus, much of this data cannot be trusted. A case in point is with Facebook, which is now trying to correct this problem by establishing rules for users beginning with telling users they must give their lawful name.

Furthermore, demographics cannot convey the character of users, but only presumptions of how they would behave. Thus, they provide only a superficial picture for marketing communication practitioners. Marketers may miss a key indicator to truly understanding their receivers, or target audience, and how they think. Now, while technology continues to advance, particularly the internet, digital communication is providing more opportunities to collect and store data of receivers, which are more difficult to distort. To divide receivers according to their instinctual behavior, psychological theories must be employed. Kotler and Keller (2007) classified receivers based on psychological criteria, for example, character, lifestyle and personal values. Then, there is the possibility those in the same demographic groups could still have distinct differences in their thinking.
The oldest psychological concept written about is the “Six Temperaments”, which is based on the Buddhist dharma and classifies people according to concepts taught by the Lord Buddha. In addition to a teacher, the Lord Buddha was much like an Eastern philosopher. He taught truth through the dharma that has been accepted for over 2,500 years. Following the Lord Buddha’s enlightenment, he devoted the remainder of his life teaching his disciples, monks and laypersons. The Six Buddhist Temperaments classifies people into six groups according to their character and behavior, their strengths and weaknesses. He would instruct and attempt to persuade his followers to give up their desires through different methods. In Book 21 of the Buddhist Sutras, or scriptures, the Lord Buddha knew persons who were Lustful, Hateful, Unintelligent, Discursive, Devout, and Intellectual. So, he could teach them the dharma in a way to match their temperament (Thai Tripitaka, p. 545, 191).

The connection between religion and marketing communications is inducement, or persuasion, with a key aim being to achieve understanding by the receiver that will lead to trust, faith and belief in the sender or message. In religion, understanding is required so that the receiver will believe in what they are taught. In advertising, understanding is required so that the receiver will learn to believe in the product or service being promoted (Phra Manas Dhammarato (Meemanee), 2011). In Buddhism, people are taught to give up their worldly desires. Opposite to this, advertising emphasizes benefits to stimulate desire and passion.

When these two approaches are examined together with the gender reassignment health services industry, interest becomes stronger, particularly due to the current transgender social movements in countries around the world. In addition to their having a strong desire to undergo transgender procedures, these potential customers still need to acquire information before making a final decision, which is not the same as purchasing a product. If they are dissatisfied, they don’t have to make the purchase, but gender transition, the changing of one’s anatomy, or sexual organs, is not something that can be restored or returned like a product. Furthermore, what the individual is putting on the line is their life and, thus, requires an enormous commitment. They need to consider available information, advertising and promotion and the viewpoints of those who have undergone sex reassignment as well as those around them. There are many dimensions to look at, including emotions and reasons,
for and against. However, there has been little research on the marketing communications and medical profession concerning gender reassignment, partially because of limitations stipulated in laws and medical codes of ethics. Still, Thailand has been developing into a global hub for sex reassignment surgery. Therefore, marketing communications is vital for the medical profession if it is to advance this industry, particularly when it comes to integrated marketing communication (IMC) to communicate with both the Thai and foreign target audiences comprehensively and effectively.

This research aims to study IMC of the gender reassignment health services industry to determine the most effective means to communicate with target consumers. It will examine service providers’ types, their formats, methods, messages/content and channels. This study will also look at the understanding and behavior of the receivers as related to the Six Buddhist Temperaments. It will study how this ancient knowledge combined with advanced technology creates a universal appeal of the teachings of the Lord Buddha, how truth according to the rules of nature has evolved to fit with each era, society, race, social status, age and genders. Can this psychological concept be used to replace or fulfill demography and how? The greatest challenge of this research will be determining how the fusing of gender reassignment surgery, medical marketing communication and the Six Buddhist Temperaments related to a basic context of sexual diversity, laws and religion, which are totally contradictory but unite through a powerful link: human desire. The service provider can feel in their desire for income, and the consumer in their yearning for a certain gender, as presented in figure 1.4.
Figure 1.4 The Research Concept of Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments (Original)

1.2 Research Problems

1) How should the different types of sanatoriums, their formats, methods, messages/content and channels of the IMC in accordance with the Medical Code of Ethics of the gender reassignment health service industry in Thailand be?

2) How do the Six Buddhist Temperaments of service users relate to undergoing gender reassignment surgical service in Thailand?
1.3 Research Objectives

1) To study the different types of sanatoriums, their formats, methods, messages/content and channels of the IMC in accordance with the Medical Code of Ethics of the gender reassignment health service industry in Thailand

2) To study how the Six Buddhist Temperaments can replace or enhance demographics of service users in the gender reassignment health service industry to benefit marketing communications

1.4 Scope of Research

The scope of this research focuses on the IMC of the gender reassignment health service industry in Thailand which serves both Thai and foreign consumers interested in undergoing these procedures with data collected only between November 2015 and November 2017.

1.4.1 Sample

1) Government and private sanatoriums that provide gender reassignment surgical service, including sexual organ reassignment surgery for transwomen and transmen, as well as stakeholders that provide related services in the gender reassignment health services industry

2) Thai and foreign transgender persons, transwomen and transmen, interested in the gender reassignment health service industry in Thailand.

1.4.2 Research Variables

1) Sanatoriums in the gender reassignment health service industry in Thailand

2) IMC formats in the gender reassignment health service industry in Thailand

3) IMC methods in the gender reassignment health service industry in Thailand
4) IMC messages/content in the gender reassignment health service industry in Thailand

5) IMC channels in the gender reassignment health service industry in Thailand

6) The service buying decision process of service users for the gender reassignment health service industry in Thailand

7) The information seeking process of the service users for the gender reassignment health service industry

8) The Six Buddhist Temperaments of service users in the gender reassignment health service industry in Thailand

1.5 Research Benefits

1) Knowledge of the types of IMC formats, methods, messages/content and channels used by the gender reassignment health service industry in accordance with the Medical Code of Ethics and can be applied to fit strategies for this and other related industries

2) Knowledge on how the Six Buddhist Temperaments can be applied to develop IMC messages/content and channels to promote the gender reassignment health service industry and can be applied to fit strategies for this and other related industries

3) Knowledge on the possibility of using the data on the Six Buddhist Temperaments to benefit marketing communications

1.6 Operational Definitions

1) “Gender reassignment surgery” means all forms of reconstructive and cosmetic surgery to change the anatomy of a body to the opposite gender. For transwoman, this surgery includes male to female sex reassignment surgery, breast augmentation, facial feminization surgery, reduction thyroid chondroplasty, vocal voice surgery and buttocks augmentation. For transmen, the surgery includes breast reduction, hysterectomy, female to male sex reassignment surgery and facial
masculinization surgery. Eyelid surgery, hair transplant, and liposuction to change the facial and body appearance could be included.

2) “Service providers” mean government and private sanatoriums providing gender reassignment surgical service, including sexual organ reassignment for transwomen and transmen, as well as stakeholders that provide related services in the gender reassignment health service industry in Thailand.

3) “Agent or agency” means an individual or company that acts as a representative to acquire consumers for the private sanatoriums. Similar to a customer service employee, they coordinate services and serve consumers as a consultant. Their service fees are paid according to what has been agreed upon.

4) “Types of sanatoriums” mean establishments in the gender reassignment health service industry in Thailand classified as follows: 1) government sanatoriums that provide gender reassignment surgical service, 2) private sanatoriums that provide gender reassignment surgical service and 3) stakeholder sanatoriums that provide related services. Their objectives, services and policies to have Thailand as a global center for gender reassignment are different.

5) “Formats of IMC” mean the types of IMC of those offering services in the gender reassignment health service industry in Thailand. These will differ according to the management types and policies of the different establishments which consist of: 1) to provide information to help service users decide to have gender reassignment surgical and health services 2) to encourage service users to choose to have gender reassignment surgical and health services and 3) to design communications specifically for transgender communities.

6) “Methods of IMC” mean the methods employed by the service providers belonging to the gender reassignment health service industry in Thailand based on their differing management types and policies.

7) “Messages/content of IMC” mean communication content developed by the service providers belonging to the gender reassignment health service industry in Thailand which is disseminated to conduct marketing according to the laws and Medical Code of Ethics. These include 1) medical information and facts, 2) information concerning sanatoriums, and 3) information about physicians and surgeons.
8) “Channels of IMC” mean all the channels for IMC employed by the service providers belonging to the gender reassignment health service industry in Thailand to market their services. These include: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events.

9) “IMC of the gender reassignment health service industry” means comprehensive marketing communication planning that can include the following forms of communication with a common objective: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events in the gender reassignment health service industry in Thailand.

10) “Service users” mean those transwomen and transmen interested in undergoing gender reassignment surgical procedures in Thailand, both Thai and foreign.

11) “The service buying decision process” of service users of the gender reassignment health service industry means the procedure to receive services offered by the gender reassignment health service industry in Thailand, which includes: 1) problem recognition, 2) information search, 3) evaluation of alternatives, 4) decision to undergo the service and 5) post service behavior.

12) “The information seeking process” of the service users for the gender reassignment health service industry means the procedure for consumers to find information provided by IMC channels to assist them in deciding whether to undergo gender reassignment surgery, which includes: 1) exposure, 2) satisfaction, 3) interaction with content via IMC channels to choose which is most interesting and offers benefits to assist in deciding whether to undergo gender reassignment surgical procedures.

13) “Content exposure” means what IMC content the service users will choose to be exposed to, find interesting and feel provides information to help them make an informed decision on whether to undergo gender reassignment surgical procedures.

14) “Content satisfaction” means the satisfaction with IMC content that the service users will determine based on satisfying their demand for information to make an informed decision on whether to undergo gender reassignment surgical procedures.
15) “Content interaction” means the interaction with the IMC content service users must will have to determine whether they like, want to share or comment on through the internet as well as discuss face-to-face. They must participate in different activities they are persuaded to join through content, telephone, texting or asking for further information personally to help them make an informed decision on whether to undergo gender reassignment surgical procedures.

16) “Media exposure” means the channels of IMC service users will choose because they find them interesting and provide content that tells benefits that will help them make an informed decision on whether to undergo gender reassignment surgical procedures.

17) “Media satisfaction” means how satisfied service users are with the IMC channels by determining how well they answer their questions in order to make an informed decision on whether to undergo gender reassignment surgical procedures.

18) “Media interaction” means the interaction service users must have with the IMC channels to determine whether they like, want to share or comment on the channels through the internet as well as face-to-face discussion. They must participate in different activities they are persuaded to join through content, telephone, texting or asking for further information personally to help them make an informed decision on whether to undergo gender reassignment surgical procedures.

19) “Six Buddhist Temperaments” means classification of service user groups according to the ancient psychological characteristics, or psychographics, based on the teachings of the Lord Buddha, which cover behavior and character and are divided into six behavioral character groups, as follows: 1) Lustful, 2) Hateful, 3) Unintelligent, 4) Discursive, 5) Devout and 6) Intellectual.
CHAPTER 2

LITERATURE REVIEW, CONCEPTUAL FRAMEWORK, AND VARIABLE RELATIONSHIP FRAMEWORK

This chapter for the research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through The Six Temperaments, includes a review of concepts, theories and related studies to support the analysis, synthesis and discussion, as follows:

2.1 Concepts Related to the Gender Reassignment Health Service Industry
   2.1.1 Concepts Concerning Gender and Gender Diversity
   2.1.2 Gender Dysphoria (GD)
      2.1.2.1 Reasons for Gender Dysphoria
      2.1.2.2 Behaviors of Gender Dysphoria
      2.1.2.3 Complications Caused by Gender Dysphoria
      2.1.2.4 Diagnostic Criteria for Gender Dysphoria
      2.1.2.5 Care for those with Gender Dysphoria
   2.1.3 Gender Reassignment Surgery
      2.1.3.1 Gender Reassignment Surgery for Transwomen
      2.1.3.2 Gender Reassignment Surgery for Transmen

2.2 Integrated Marketing Communication Concepts Concerning Medical Services
   2.2.1 Concept of Medical Services
   2.2.2 Advertising Concepts of Sanatoriums that do not Contradict the Profession Medical Code of Ethics
   2.2.3 Concepts and Theories on Marketing Communication
      2.2.3.1 Communication Model Theories
      2.2.3.2 Integrated Marketing Communication (IMC)
      2.2.3.3 Digital Marketing
2.2.3.4 Word-of-mouth Marketing

2.3 Consumer Analysis Concepts and Theories
   2.3.1 Consumer Decision Making Process Theory
   2.3.2 Communication Process Theories
      2.3.2.1 Media Exposure Theory
      2.3.2.2 Uses and Gratification Theory
      2.3.2.3 Interactive Media Theory
   2.3.3 Consumer Analysis Based on Psychographics and Buddhism
      2.3.3.1 Consumer Analysis Based on Psychographics
      2.3.3.2 Personality Development
      2.3.4.3 The Six Buddhist Temperaments

2.4 Related Research
   2.4.1 Research Related to the Gender Reassignment Health Service Industry in Thailand
      2.4.1.1 Research Related to Service Providers Associated with the Gender Reassignment Health Service Industry in Thailand
      2.4.1.2 Research Concerning Service Users of the Gender Reassignment Surgery Health Service Industry in Thailand
      2.4.2 Research Related to Integrated Marketing Communication for Medical Services in Thailand
      2.4.3 Research Related to the Six Buddhist Temperaments

2.5 Conceptual Framework and Variable Relationship Framework

2.1 Concepts Related to the Gender Reassignment Health Service Industry

2.1.1 Concepts Concerning Gender and Gender Diversity

The terms sex, male, female, hermaphrodite and sex reassignment as defined in the Royal Institute’s 2011 dictionary first define gender as the sex an individual is born with (Office of the Royal Society, 2011), which can be divided into two groupings, gender binary, male and female (Green & Maurer, 2015). Definitions are as follows:

“Sex”, the appearance showing that a woman or man, in Pali and Sanskrit it is defined as penis, dress and behavior.
“Female” is a woman, one born with a vagina.

“Male” is one who is born with a penis.

“Hermaphrodite” is a person born with both male and female sexual organs, a person who is mentally and behavioral opposed to their gender.

“Sex reassignment” is to change, or transition, from one sex to the other, a man becoming a woman or a woman becoming a man.

In 2013, the dictionary revision committee added the term gender condition, which they defined as being male or female, which can be different than the gender a person was born with.

However, the Royal Institute’s dictionary of Thai terms did not retain other terminology used here translated from Thai that relates to gender such as sexuality, gender identity, gender preference, gay, lesbian, bisexual, transgender, transwoman, transman, intersex and queer. The Royal Institute Dictionary goes on to say that when physicians and Thai laws accept changing the gender of a person from that at birth according to their changing sex, the committee will consider redefining the word (Office of the Royal Society, 2011).

This research further explored gender terminology to enhance the analysis, synthesis and discussion, including the nonbinary concept (Green & Maurer, 2015), which does not conclude that gender can be only female or male as there can be others.

“Sex” is defined the condition of a person being born with either male or female sexual organs or those of both.

“Biological Sex” is defined as sex classified by the anatomical or biological system, including changed sex in transgender persons (Piphitkul & Gunpai, 2003).

“Sexual Characteristics” is defined as gender anatomy, which can be classified as: 1) primary sexual characteristics, for example, testicles on a man and vagina on a woman and 2) secondary sexual characteristics, for example, developed breasts on a female (Wuttisan & Saeng-anan, 2017).

“Gender” is defined as being either male or female at the time of birth according to cultural, social and other factors, which cause members of society to have expectations of the person being either male or female. They will then judge this person according to specific elements, including belief, attitude, myth and traditions, based on social norms to determine if they are male or female (Piphitkul & Gunpai, 2003).
“Sexuality” is defined as thoughts and beliefs about sex based on social and cultural processes, how they are determined, regulated and controlled when it comes to gender behavior, dress, sexual goals and sexual imagination that will affect rules, regulations and legislation concerning gender (Piphitkul & Gunpai, 2003).

“Gender Expression” is defined as how a person presents themselves and expresses who they are in social situations as either a man, a woman or both genders when it comes to style, dress, hairstyle, cosmetics, accessories, high or deep voice tone and body language, which will fit or not fit with their gender identity or sexual orientation (Green & Maurer, 2015). This can be further divided into two classifications, as follows:

1) “Gender conforming” behavior, which means either a girl or a woman should display female behaviors or a boy or man should display male behaviors. Some cisgender may not display exact social norms while some transgender persons may behave exactly according to social norms.

2) “Gender nonconforming” behavior, which means that a girl or women does not appear to be a female and may actually appear as a male while a boy or man will not appear as a male and may actually appear to be a female. Some transgender may appear to be a specific gender according to social norms. Furthermore, those who don’t act or appear as the gender they were born with do not necessarily have to be transgender.

“Gender Identity” is defined as the gender associated mentally, and the definition they set upon themselves (Green & Maurer, 2015). Gender identity can then be described as a spectrum. Some persons may also feel they are outside this framework or classify themselves within the spectrum (Henig, 2017).

“Sexual Orientation” is defined as the gender a person feels drawn to, according to their emotions, who they are attracted to sexually as well as who they associate with, feel close to and have sexual relations with (Likhitpreechakul, 2009). Sexual orientation can be divided into three classifications: 1) heterosexual, 2) homosexual and 3) bisexual (Khruataeng, Sawanglap, & Kamphiirathasana, 2011).

“Cisgender” is defined as a person whose gender identity is the same as that at their birth.
“Agender” is defined as someone who does not identify with any gender (Green & Maurer, 2015).

“LGBTIQ” is defined as a group that includes persons of gender diversity (Khruataeng et al., 2011). It is the abbreviation of terms that label persons of different sexual orientation other than heterosexuals classified into six groups:

1) “Lesbian” which means a woman who is sexually attracted to other women (Khruataeng et al., 2011).

2) “Gay” which means a man who is sexually attracted to other men (Khruataeng et al., 2011).

3) “Bisexual” which means a person who is attracted to persons of both the male and female gender (Khruataeng et al., 2011).

4) “Transgender or Trans” which means a person who identifies with the opposite gender to which they were born (Green & Maurer, 2015).

1) “Transwoman” which means a person who was born as a man but her gender identity is that of a woman (Green & Maurer, 2015). “Male to female transgender” (MtF), which means a woman who underwent gender reassignment from a male (Wuttisan & Saeng-anan, 2017).

2) “Transman” which means a person who was born as a woman but his gender identity is that of a man (Green & Maurer, 2015). “Female to male transgender” (FtM), which means a man who underwent gender reassignment from a female (Wuttisan & Saeng-anan, 2017).

5) “Intersex or intersexual” which means a person who has abnormal sexual organ development and could have both male and female reproductive organs or hormonal imbalance and thus a body that cannot be distinguished as male or female (Green & Maurer, 2015). The term to describe such a person is hermaphrodite (Khruataeng et al., 2011).

6) “Queer or Genderqueer” which means a person who has characteristics that are not totally male or female and could actually be classified outside the normal frame or a combination of all genders (Green & Maurer, 2015).

In today’s society, which is predominantly heterosexual, there is still some confusion or misunderstanding about expressions of sexuality, i.e., gender at birth, gender characteristics, gender condition, gender expression, gender identity and sexual 

orientation. While they should be integrated, they are actually being independent (Khruataeng, Unsathit, Srimueang, Kamphiirathasana, Sukwajanee, & Butsri, 2017). For example, the sexuality of transwomen who were born as a man. Their biological sex is that of a man or a woman, if undergoing gender reassignment surgery. Their gender expression is that of a woman, their gender identity as a woman and their gender expression as a woman in her dress and body language. For their sexual orientation, they could also be attracted to men. Some transwomen though will be attracted to other women or may be bisexual. On the other hand, the sexuality of transmen was born as a woman and have biological sex as a woman or a man, if undergoing gender reassignment surgery, will have gender expression of a man, gender identity as a man, gender expression as a man in his dress and body language. For their sexual orientation, they could also be attracted to women. Some transmen though will be attracted to other men or may be bisexual.

Thus, these persons would then be grouped under the umbrella, or broad classification of gender diversity, LGBTIQ, according to the American Psychiatric Association, who has defined those persons who are dissatisfied with their gender at birth of suffering from gender dysphoria (GD) (Green & Maurer, 2015). The World Health Organization (WHO) has classified this under the International Statistical Classification of Diseases and Related Health Problems (ICD) in its latest edition, ICD-11, which will become valid in 2022 and will mean that transsexualism will no longer be considered a mental disorder (Foundation for Social Orientation and Gender Identity Rights and Justice, 2018). Thus, gender identity disorder will no longer be a correct term for this condition (Kamudhamas, 2012).

When studying gender and gender diversity, this research was able to come to a better understanding of what individuals in this group experience as in many countries their human rights are compromised, particularly those who receive service from the gender reassignment health service industry, as discussed below.
2.1.2 Gender Dysphoria (GD)

2.1.2.1 Reasons for Gender Dysphoria

Gender development can be divided into four classifications (Ruangtrakun, 2007):

1) Sexual Identity – Factors that affect this include chromosomes, internal and external sexual organs and hormones. Normally, the mixture will be good and will influence gender development in a normal progression.

2) Gender Identity – Most individuals will know that they are male or female when they are two to three years of age. They will learn this through their family, friends, teachers and culture. This will be taught in their upbringing; in the activities that interest them, for example, games and sports; in their physical anatomy, physique and facial characteristics, which are the results of their biological sex, all of which are affected by awards and punishments as well as the names they are given by their parents so that the child learns their gender.

3) Sexual Orientation – This could be considered as an impulse or instinct as to an individual’s sexual interest, which can differ for each person, if they are heterosexual, interested in someone of the opposite sex; homosexual, interested in someone of the same sex; or bisexual, interested in persons of either sex.

4) Sexual Behavior – This will include an individual’s desire; imagination; search for a partner, or spouse; search for individual sexual pleasure and sexual activity with persons of any gender. This will help determine a person’s sexual expression and sexual satisfaction, both emotionally and physically, internally and externally.

A person’s gender can be affected by a number of factors, for example, chromosomes X and Y, anatomy (internal and external sexual organs), hormones (amounts of testosterone and estrogen), psychology (influence of gender identity) and culture (acceptable social sexual behavior) (Henig, 2017). Gender development will help an individual know or identify as either male or female and know whether it is the same as the gender they were born with or not. Some individuals behave like someone of the opposite gender, some, most or all of the time (Ruangtrakun, 2007). This can be divided into two conditions as follows:
1) Transgenderism – This means the condition of individuals who change gender, sexuality, gender identity, and gender expression. Thus, this is a wider grouping of transgender persons, including cross-gender individuals, or transvestites (Kamudhamas, 2012).

2) Transsexualism – This means the condition of individuals who change their gender by taking hormones and having gender reassignment surgery as their gender identity is not the same as that at birth or their physical anatomy. These changes are based on the gender binary principal in which an individual must choose to be either a man or a woman (Kamudhamas, 2012).

Currently, there is no specific reason why an individual has transgenderism and transsexualism. In this research, the term gender dysphoria is used to describe this condition of dissatisfaction with one’s birth gender. There are now and have been researchers examining gender from a biological perspective, and the factors they have identified as two of the major reasons for this are: 1) genetic cause and 2) prenatal cause. Other factors include psychological, which will not be considered further as there are no psychological factors that have been accepted, or social and environmental factors, which could only possibly be supplemental and not main factors. In addition, gender dysphoria is not caused by imitation and contagion (Kamudhamas, 2012).

1) Genetic Cause, according to Henig (2017), is based on the chromosomes that determine gender at birth, XX for a female and XY for a male. However, in some cases, the chromosomes will not determine the gender. An individual with the female XX chromosome does not necessarily have to have a vagina, uterus, estrogen hormone or female characteristics and behavior while the same is true of an individual with the male XY chromosome not necessarily having a penis, testicles, testosterone hormone or male characteristics and behavior. Thus, an individual with the XX chromosome could also have male characteristics just like an individual with the XY chromosome could have female characteristics anatomically, physiologically and psychologically.

Normally, an embryo begins development of twin organs, proto-gonad, which during the first six to eight weeks will develop to be either the sexual organ of a male or female. SRY is required to have the proto-gonad develop the male
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sexual organs of a prostrate, testicles and scrotum. Without SRY, the sexual organs will become female, a vagina, uterus and clitoris. In certain cases, the gene SRY could be missing or not act normally, which could lead to the XY chromosome not developing anatomically into a normal male with the embryo remaining female. Furthermore, in the case the X is abnormal, the XX embryo could develop to be male rather than female. Then, there are the cases in which they have insufficient androgen, or Complete Androgen Insensitivity Syndrome (CAIS) in which an XY embryo has insufficient androgen and thus, the embryo’s proto-gonad might not be able to make the necessary transformation to be male with the embryo and then infant displaying a vagina, uterus and clitoris. This can possibly lead to gender dysphoria (GD), or an individual’s dissatisfaction with their birth gender.

2) Prenatal Cause is when an individual is born with the chromosomes and sexual organs of one gender but realize they are transgender. Another scenario is when the individual has the opposite gender identity. One researcher, Dick Frans Swaab of the Netherlands Institute for Neuroscience, Amsterdam (NIN), has stated that he believes that an embryo while developing during its first two months in the womb will undergo sexual organ changes while sexual development of the brain will take place during the second half of a pregnancy, or many weeks later. Therefore, the sexual organs and brain development will be affected by different environmental factors such as hormones, food, medicine and chemicals, which can affect the gender of the embryo (Henig, 2017).

Transgenders have neurological similarities of the gender that identify with more than their birth gender (Henig, 2017). Research has shown differences in the development of the brain in the part called the Bed Nucleus of the Stria Terminalis (BTS), particularly in the central part of the BTSc of transwomen, which will be in the same amount as a majority of individuals born as a woman. At the same time, there is a difference in the amount for those born as men. It has also been found that the somatostatin neuron of transgender women is about the same as naturally born women while the somatostatin neuron of transmen is about the same as naturally born men. Therefore, it is believed that the development of the brain of an embryo is influenced by the sex chromosome, which can be a cause of gender dysphoria (GD) (Kamudhamas, 2012).
2.1.2.2 Behaviors of Gender Dysphoria

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association provides a definition according to a medical assessment for gender dysphoria (GD) (Green & Maurer, 2015), which is the condition in which the gender at birth anatomically does not conform with the gender identity of an individual causing them to feel uncomfortable with their gender and body from birth. Some individuals will express themselves and behave with a sense of dissatisfaction beginning as early as four years of age or even earlier. A child may display behavior conveying a desire to be of the opposite gender and will maintain this until adulthood. They will want to cross dress and wear hairstyles that represent the cross gender as well as choose a name that reflects this. Many individuals may not express these feelings outwardly, though, until they are teenagers or older.

During adolescence, or teenage development, these individuals will not feel that they are themselves in the body they were born into. This causes them to be uncomfortable when they are bathing or wearing a bathing suit. They could feel unhappy or ill at ease in their gender role if expressing themselves as the gender they were born with. They could also suffer because of these difference in their feelings and identity being different to their anatomy and their experiences expressing themselves according to the gender they identify with rather than the one they were born with. This gender nonconformity can make them decide to change how they dress, behave, express themselves and identify with. Some individuals will express themselves honestly and openly. They may cross dress and wear their hair in a style that reflects that gender they identify with. They may make social changes, for instance, change their name, the pronouns they use to refer to themselves and the public toilet they choose to use. Some may choose to undergo gender reassignment through hormone treatment or surgery.

Gender dysphoria is not the same as gender nonconformity, for example, in the case a young girl behaves and dresses like a boy, but only occasionally. This is not the same as gay homosexuality or lesbianism (Parekh, 2016).

2.1.2.3 Complications Caused by Gender Dysphoria

Gender dysphoria can be caused by discrimination, abuse, branding and a negative attitude of society. Some transgender individuals could then put themselves at risk or in danger because of the hatred felt by others which can lead to physical attacks and even
murder at a much higher rate than heterosexuals. This can cause mental anguish and lead to suicide.

This condition can encroach on the lives and thinking of transgender persons and cause problems in relations with others in their work and education. Transgender children may be mocked or bullied in school. They may be made fun of because of the way they dress. If they are forced to dress like the gender they were born with, they may face emotional or behavioral problems. They may suffer from depression or anxiety disorders.

Furthermore, transgender persons also can face obstacles when requiring specific public health services and insurance coverage (Parekh, 2016).

2.1.2.4 Diagnostic Criteria for Gender Dysphoria

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) published by the American Psychiatric Association has set diagnostic criteria for gender dysphoria, which have been divided into two groups according to age: 1) Gender dysphoria among children and 2) Gender dysphoria among adolescents, or teenagers, and adults.

1) The diagnostic criteria for gender dysphoria for children includes eight criteria of which they must display at least six and feel a sense of anguish for a period no less than six months:

(1) Strong desire to be the opposite gender or declaration they are of the opposite gender,

(2) Strong pleasure in dressing like the opposite gender

(3) Strong pleasure in playing the role or imagining being of the opposite gender

(4) Strong pleasure in playing games or participating in activities associated with the opposite gender

(5) Strong pleasure in having friends of the opposite gender

(6) Strong denial in playing games or participating in activities associated with the gender at birth

(7) Strong displeasure with the anatomy of their gender

(8) Strong desire to have the sexual characteristics of the opposite gender
Children between the ages of two to four years will display transgender behavior as this is an age when they begin to develop their behavior, their interests and differences in gender. This is considered normal. Children that display the characteristics of gender dysphoria may or may not continue to display these symptoms when they reach adolescence and adulthood. Some research has shown that they suffer more and more from gender dysphoria as they mature. Their behavior and insistence that they are of the opposite gender will at least remain constant until they come out, stating, “I am a boy (or I am a girl)” more than, “I want to be a boy (or I want to be a girl.” There will then be a tendency to become a transgender once they are an adult.

2) The diagnostic criteria for gender dysphoria for adolescents (teenagers) and adults include: six designations of which they should display a minimum of two. They will also feel a strong sense of anguish for a period of no less than six months.

(1) Difference, or inconsistency, between gender experience and expression and the primary sexual characteristics, for example, male testicles, female vagina and/or secondary sexual characteristics such as the enlargement of a female’s breasts.

(2) Strong desire to eradicate primary and/or secondary sexual characteristics

(3) Strong desire to have primary and/or secondary sexual characteristics of the opposite gender

(4) Strong desire to be of the opposite gender

(5) Strong desire to be treated as the opposite gender

(6) Strong belief that they feel and react as a person of the opposite gender (Parekh, 2016)

2.1.2.5 Care for those with Gender Dysphoria

The care for children will focus on psychological treatment, or psychotherapy, to help them understand how they feel and provide support for anguish they are experiencing. It also includes providing a safe environment where they can talk about their feelings. Usually this treatment will be provided by a team of healthcare experts, a pediatrician, psychiatrist or other psychological professional and an endocrine and hormone expert for children.
The care for adults can be dependent on choice of physician. Some individuals may want a physician who is not involved in gender reassignment. They may just want psychological therapy in order to feel content with their gender identity as well as gain understanding with family members and those they love or care about to create a comfortable environment. Others may want to undergo hormone treatment and still others gender reassignment surgery (Parekh, 2016).

When a transgender seeks advice from an expert in treating gender dysphoria, there are three basic methods: 1) psychotherapy, 2) hormone treatment, and 3) gender reassignment surgery.

1) Psychotherapy in which the therapist has the most important role to provide different services can include:

   (1) Psychoeducation – Individuals and their family will be told about the conditions, procedures, and results during and after transgender treatment

   (2) Family Therapy – Consultation will be provided for parents, siblings and close relatives to develop understanding and acceptance of the changes the transgender individual has chosen to undergo.

   (3) Real Life Experience – The individual who wants to undergo gender change must live as the opposite gender to the birth gender for a period of no less than 12 months during which time they must: 1) dress like the opposite gender at all times, 2) join in activities, sports, hobbies with friends, 3) participate in social activities that use public spaces that are assigned by gender such as toilets, 4) participate in school or work while developing and continuing relations with colleagues or classmates, and 5) face obstacles or problems that may occur such as military conscription, use of prefixes, or titles. A psychiatrist will assess the individual under many different criteria, for example, the transgender individual themselves, their parents, relatives, teachers, friends and acquaintances to determine after a period of no less than 12 months whether they can live a normal life as a transgender (Wuttisan & Saeng-anan, 2017).

2) Hormone treatment, following the psychological assessment. If the individual wants to undergo treatment for gender reassignment, they will be referred to a pediatrician or endocrine specialist to receive hormone treatment or pre-gender reassignment surgery.
Before beginning hormone treatment, a physician must be certain that the individual undergoing the treatment will have no adverse effects or has no chronic diseases that could lead to complications. In addition, the doctor must evaluate the service user before starting and be sure of their age. If the service user is an adult, treatment can start immediately. If an adolescent of 16 years of age or older, they must also receive the approval of a parent or guardian.

For transwomen, the hormone treatment has as its objective the reduction in hair growth and stimulation of breast enlargement as well as increase body fat in certain areas of the body. The hormones that will be prescribed will include Estrogen, Progesterone, Anti-androgen and GnRH agonist (Wuttisan & Saeng-anan, 2017).

For transmen, the hormone treatment will have as its objectives to stimulate hair growth, alter the facial appearance and body to appear more male such as increasing musculature and the size of the Adam’s apple and deepening the tone of voice as well as increasing the size of the clitoris and terminating menstruation (Khruataeng et al., 2017). The most popular hormones for this include Testosterone Enanthate, Testosterone Undecanoate and Progesterone (Yanhee Hospital, 2016).

As hormone treatment affects the body, it can be dangerous, even life threatening, and must, thus, be closely monitored by the treating physician. The amounts administered can be quite high, and treatment can be over an extended period. The person must be watched closely for any adverse symptoms or conditions that may occur while undergoing the treatment (Wuttisan & Saeng-anan, 2017).

3) Gender reassignment surgery, if an individual wishes to undergo gender reassignment surgery, the primary characteristics, which include changing of the sexual organs from male to female or vice versa as well as secondary characteristics like breast reduction for a transman, the individual must consult with a psychiatrist who will send him to see a surgeon specializing in cosmetic surgery, after which the psychiatrist must provide a letter of recommendation to the surgeon, which should include a final assessment of the service user’s mental condition as well as a treatment plan and expected outcomes.

The surgeon will provide required information so the service user understands the surgical procedures and the expected results as well as any
complications or problems that might occur during or following surgery. The service user must also understand that once they have decided to undergo gender reassignment, they will not be able to undergo further surgery to completely revert to their previous gender. Then, after the service user has made their decision, the surgeon will once again refer the service user for a second psychological evaluation after which the psychiatrist will issue a letter of guarantee stating that the service user is suffering from gender dysphoria or that they agree with the assessment of the first psychiatrist who issued the initial guarantee (Wuttisan & Saeng-anan, 2017). After this, the individual seeking gender reassignment surgery will have met the standards of care as stipulated by the World Professional Association for Transgender Health, The Standards of Care 7 (WPATH SOC7) and other required assessment (Asia Pacific Transgender Network, 2015). The surgeon should be qualified to perform gender reassignment surgery for both genders while different countries have different laws governing this type of healthcare services.

In Thailand, this study found that there are laws and regulations issued by the Thai medical council that govern gender reassignment surgery. These include: 1) the rights and freedoms of an individual as stipulated in the Thai Constitution of 2007 and 2) Code of Ethical Conduct issued by the Thai Medical Council concerning healthcare, specifically for transgender persons that meets the Thai Medical Code of Ethics of 2009.

(1) The rights and freedoms of an individual as stipulated in the Thai Constitution of 2007 states in the third section on the human rights of Thai citizens in Part 3, the individual rights and freedom, Clause 32, and Part 9, ensure the right to government healthcare and social welfare, while Clause 51, ensures the rights of Thai citizens concerning their life and their body, including receiving equal standard healthcare.

According to the law, it states that transgenders have equal rights over life and body and access to public healthcare, which includes gender reassignment surgery as stipulated by the following:

Part 3, individual rights and freedom, Clause 32: An individual has rights and freedom over their life and body.
Part 9, right to government healthcare and social welfare, Clause 51: An individual has the right to receive the correct and equal standard healthcare, including those who are impoverished, from a government hospital or healthcare facility free of charge.

An individual has the right to receive effective government healthcare wherever it is offered (Rights and freedoms of an individual as stipulated in the Thai Constitution of 2007, 2007).

(2) Code of Ethics issued by the Thai Medical Council concerning healthcare, specifically transgender that meets the Thai Medical Code of Ethics of 2009, covers physicians and related regulations for gender reassignment surgery healthcare, which service providers and service users must follow. Here, it should be noted that this concerns an abnormal mental condition or illness and therefore must be changed to meet the new definition stipulated by the World Health Organization, which states:

The care for gender reassignment means care for an illness or a mental abnormality through surgical procedures so a man can transition to be female and a woman can transition to be male. This includes not only surgery but other forms of treatment that will lead to changes in the anatomy and hormones such as changing the sexual organs.

A psychiatrist means a physician who has received the required degrees and licensing as a psychiatric specialist or pediatric or adolescent psychiatrist by the Thai Medical Council.

Those physicians approved to perform gender reassignment surgery must have successfully completed and graduated from an approved curriculum or can demonstrate they have sufficient knowledge, skill and experience in gender reassignment surgery to be approved by the Thai Medical Council.

A physician who is considered an endocrine specialist must have successfully completed and graduated from an approved curriculum or can demonstrate sufficient knowledge, skill and experience in endocrine treatment to be approved by the Thai Medical Council.
Article 5, Sex reassignment surgery can be provided for 1) a patient aged between 18 and 20 years of age who has received permission, or approval, of their legal guardian and 2) a patient of 20 years or older.

Article 6, in the case a surgeon is to perform sex reassignment surgery on a patient who displays confusion as to their gender at birth and desire for sex reassignment, the surgeon must follow the stipulated regulations as announced by the Thai Medical Council. Before conducting surgery, their patient must be evaluated and receive a letter of guarantee written by two different psychiatrists stating that their approval for sex reassignment (Thai Medical Council, 2009).

The study of gender dysphoria has contributed to a better understanding of this condition to assist in this research as well as the rights and freedoms in deciding to undertake this transgender health service performed by an approved physician and/or surgeon by the Thai Medical Council.

2.1.3 Gender Reassignment Surgery

Plastic surgery has its roots in the Latin word, plasticus, and Greek word, plasticos, which can be translated as a mold or form (Charoonsmith, Sathienchok, & Tiewtranon, 1985). Thus, plastic surgery is an operation, or surgical procedures designed to alter a human body part or organ. It can be divided into eight classifications: 1) facial, 2) eyelid, 3) nose, 4) lip augmentation, 5) liposuction, 6) breast, 7) sexual organ, and 8) sex reassignment surgery. These surgeries fall under two types depending on their objectives: 1) reconstructive surgery which is required because of a congenital anomaly, such as from an accident, trauma, a tumor or aging, and 2) aesthetic or cosmetic surgery conducted to make changes, or alternations, to the face or body to improve appearance, often according to popular trends (Charoonsmith et al., 1985).

Sex reassignment surgery refers to changing the sexual organs of a woman who wants to become a man or those of a man who wants to become a woman and, thus, is included under aesthetic or cosmetic surgery. There are also other procedures an individual undergoing sex reassignment might want or require such as breast augmentation for a transwoman, breast reduction for a transman as well as facial reconstruction or surgery on other organs of the face and/or body to make the body and
face appear more like the transitioned gender (Asia Pacific Transgender Network, 2015).

For this research, the term gender reassignment surgery has been selected for use to include all types of cosmetic or reconstructive surgeries intended for transgender and divided into two sub classifications: 1) gender reassignment surgery for transwomen and 2) gender reassignment for transmen.

2.1.3.1 Gender Reassignment Surgery for Transwomen

Gender reassignment surgery for transwomen can be divided into two parts, 1) surgery on primary characteristics, which includes removal of the male organs, and then surgery to change the sexual organs from male to female, and 2) surgery on secondary characteristics such as breast augmentation. In addition, other cosmetic surgical procedures will be conducted as follows:

1) Orchiectomy: Some transwomen who undergo gender reassignment choose only to have their testicle removed and not have vaginal reconstruction. If the service user has the organs removed and has estrogen hormone treatment, they might need to reduce the dosage following surgery and stop testosterone treatment all together (Asia Pacific Transgender Network, 2015).

2) Vaginoplasty: This surgery is performed on transwomen who want vaginal reconstruction so they can have sexual relations as a woman. This requires removing genital skin to form the vagina as it will have a very similar sensitivity, or feel, through the neurological system, during sexual relations. For the vaginal channel, both labia majora and labia minora will be built and a clitoris will be constructed from the male genital skin so transwomen will experience sexual stimulation (Asia Pacific Transgender Network, 2015). Before this surgery is performed, the individual must consult with their physician to choose between two surgical methods to determine which is the most applicable and safest for them:

(1) Penile skin inversion and/or scrotum skin graft (self lubricate with organism) are the normal procedure for sex reassignment, which comes from two procedures:

a) Penis skin inversion, which can be performed on transwomen with a penis at least six inches in length to create a vaginal channel. Following the surgery, they will have a vaginal channel or cavity of over six inches.
b) Penile skin inversion and scrotal skin graft, during which the vaginal channel is constructed with genital skin together with skin from the scrotum. This is best for transwomen with a penis of a length two to six inches. Following surgery, they will have a vaginal channel or cavity of between four to six inches.

Following the construction of the vagina and vaginal channel from genital skin, transwomen will need to have the channel expanded three to four times a day according to their surgeon’s recommendation. The service user will use an expansion instrument that can be enlarged repeatedly. After the first six to 12 months, if the service user has regular sexual relations, they can stop the procedure. If, however, they do not, they will need to continue the expansion treatment with the instrument once or twice a week. If they have sexual relations, they will also need to use a lubricant each time.

(2) Sigmoid colon and penile skin inversion (SRS) (Lubricate with Organism) in which the vaginal channel is produced using part of the large colon together with genital skin. This procedure is recommended for individuals with a penis shorter than two inches. Following surgery, they will have a vaginal channel of over six inches. After constructing the cavity with a part of the large colon, there is no need to expand the channel or require the use of a lubricant when having sexual relations as the skin of the colon will self lubricate at all times (Preecha Aesthetic Institute, 2011c).

After this, the transwomen will go through a recovery period. They might not have any problems or they might have some bleeding, infection or complications in the healing, which could be in their urethra, or urinary tract. If there are indications of a sexually transmitted disease, a specialist should be consulted immediately, but the specialist will not be able to conduct an examination similar to one conducted on a natural female (Asia Pacific Transgender Network, 2015).

3) Breast Augmentation: Estrogen treatment can help enlarge the breast of transwomen similar to the early stage of a female going through puberty. If a service user wants larger breasts than these, they will need to undergo breast augmentation if they feel this will help them live and be accepted in society even more as a woman. The procedures comprise a surgeon cutting an opening to insert a silicon bag. This can be done at three places: 1) by the nipple, 2) under the armpit or 3) sub
mammary, at the side of the breast. The silicon bag can then be inserted above or below the breast muscle (Preecha Aesthetic Institute, 2011a). There are also many different sizes of silicon bags to select from as well as types: saline silicon bag, silicon gel bag, smooth silicon bag, sandy surface silicon bag, round silicon bag, and tear drop shaped silicon bag. The selection will be made by a joint decision between the surgeons and their service user.

4) Facial Feminization Surgery (FFS): This can include cosmetic procedures to make an individual’s face appear more feminine to better integrate as a woman in society (Asia Pacific Transgender Network, 2015). Normally, there are differences in the facial structure between a woman and a man. Therefore, transwomen will undergo procedures to soften their appearance to appear more feminine. These characteristics can include:

1. The forehead of a woman has a slight protuberance and slight hairline. Transwomen might have surgery to augment their forehead.

2. The eyebrows of a woman will curve and be at least slightly below the forehead. Transwomen could have surgery to thin and lower their eyebrows on the forehead or possibly remove them.

3. The nose of a woman will have a softer curve than a man. Transwomen may have cosmetic surgery on the nose to make it thinner and/or lengthen it.

4. The cheeks of a woman are slightly round, which make her face appear fuller. Transwomen may augment their cheeks or remove some of the jaw bone.

5. The lips of a woman will appear full and be slightly open to see some of their teeth. Transwomen may have surgery to augment their lips to make them more feminine as well as have injections to make them appear fuller.

6. The chin of a woman will appear rounder and softer, not long. Transwomen will have surgery to soften and widen the chin.

7. The jaw of a woman will be softer and smaller. It might not even be noticed. Transwomen will then have surgery to soften their jaw or possibly augment it to make it appear softer (Kamol Hospital, 2016a).
5) Thyroid Chondroplasty Reduction: Cartilage in the thyroid gland area, or the Adam’s apple appears quite pronounced in a man, especially over the age of 30. This is because calcium becomes attached to it so that it can become similar in texture to a bone. A surgeon will then reduce its size as much as possible (Kamol Hospital, 2016a).

6) Vocal Voice Surgery: This surgery will cause the voice to rise in tone to that similar to a female. It is recommended though that an individual try speech therapy before surgery (Kamol Hospital, 2016c).

Other surgery may include procedures to the eyelid above or below, hair transplant and liposuction to adjust the appearance of the face and/or body as well as hip augmentation.

2.1.3.2 Gender Reassignment Surgery for Transmen

Gender Reassignment Surgery for transmen can be divided into: 1) Top Surgery, which deals with secondary characteristics, like the breasts, and 2) Bottom, or Lower Surgery, that involves the primary sexual characteristics, removing the vagina and conducting a hysterectomy and then changing the sexual organs to be male (Preecha Aesthetic Institute, 2011b). Other surgical procedures could include the following:

1) Chest Reconstruction/Mastectomy: Most transmen undergoing gender reassignment will undergo a mastectomy. There are a number of methods, which depend on the size of the breasts. Following surgery, there will be a wound that must heal and the nipple could have enlarged or shrunk following the procedure. Some service users may even undergo a transplant. This depends on the surgeon. Results can be dependent on the procedure selected as well as cell death or abscesses in the vicinity of the surgery (Asia Pacific Transgender Network, 2015).

2) Hysterectomy/Oophorectomy: This is the removal of a woman’s reproductive organs, uterus and ovaries, and thus, ends menstruation. The surgery could include saving part of the vagina, clitoris and vaginal channel to construct a urethra and penis (Asia Pacific Transgender Network, 2015).

3) Metoidioplasty/Small Penis: Metoidioplasty is surgery to change the female sex organs to be male, which means constructing a penis using the clitoris and enlarging it through testosterone hormonal treatment. It will grow a little but remain small and look similar to a young boy’s. Still, there is erectile tissue, which
allows the individual to experience sexual feelings. The surgeon will remove the lobe of the clitoris and then stretch the tendon to increase its length as part of the penis. They may also raise the position of the sexual organ approximately one centimeter to put it more in front of the body. The surgeon may also conduct scrotoplasty to construct a scrotum and urethroplasty to construct a urethra. The surgeon will then close the vaginal channel completely, partially or not at all. It all depends on the procedure that has been selected. What is most important is to give the transmen stimulating feelings during sexual relations as well as a penis they can use to urinate with like a man standing (Asia Pacific Transgender Network, 2015).

4) Phalloplasty/Big Penis: The phalloplasty procedure applied in gender reassignment surgery for transmen involves constructing a new penis, the same size as a normal male’s and can become erect. Tissue will be taken from other parts of the body, which could include skin from the stomach (which cannot give sexual feelings) or the upper arm, close to the deltoid muscle and calf. (There are three locations that have nerves that can be attached to the pudendal nerve, which is located in the deltoid muscle and can provide sexual feelings.) For a transman’s penis to become erect, a penile prosthesis will be inserted during surgery. A scrotoplasty and urethroplasty will also be performed. The phalloplasty procedure gives more importance to the size and characteristics of the penis than to erection and physical feelings during sexual relations (Asia Pacific Transgender Network, 2015). The procedure involves four steps: 1) Preparing the urethra for an abdominal tube, 2) Penile reconstruction from abdominal skin, 3) Connecting the urethra and retouching penis, and 4) Inserting testicle implants (Preecha Aesthetic Institute, 2011b).

The results of a phalloplasty is partially dependent on the implants, the thickness of the urethra, sexual feelings and the tissue of the newly constructed penis (Asia Pacific Transgender Network, 2015).

5) Facial Masculinization Surgery: Testosterone hormone treatment should help a transman’s face appear more masculine. If that isn’t enough, transmen will choose to undergo facial cosmetic surgery in order to appear more like a man when in public. This could include facial reconstruction to make the face appear stronger and more sculpted, nose enhancement as well as the following:
(1) The forehead of a man is wide, free of hair as the hairline is higher on a man compared to a woman. Transmen could have cosmetic surgery on their forehead to expand it and raise the hairline.

(2) The eyebrows of a man will be lower than those of a woman and protrude slightly. Transmen will have cosmetic surgery to remove or lower their eyebrows as well as construct a protrusion above the eyes.

(3) The bridge of a man’s nose will be straight and look strong. Transmen will have a nose cosmetic surgery to make it thinner and larger.

(4) The cheeks of a man are low, flat and appear sculpted. Transmen may have surgery to cut away some of the cheek bone or augment the cheek structure.

(5) The chin of a man will appear wide and extended so it can be clearly seen. Transmen have surgery to cut back the chin or augment it to make it appear more masculine.

(6) The jaw of a man is also wide. It has more tissue as well as salivary glands than a female. Transmen may have surgery to augment their jaw or reduce it size (Kamol Hospital, 2016b).

Cosmetic surgery may also include augmentation above the eyelid, hair transplant and liposuction to alter the face and body to appear more masculine.

The study of gender reassignment surgery has contributed to this research providing greater insight into the transgender healthcare services industry. Thus, in this research, gender reassignment surgery does not just mean changing the sexual organs, but it includes all types of plastic surgery intended to change a transgender person to become the opposite gender as desired.
2.2 Integrated Marketing Communication Concepts Concerning Medical Services

2.2.1 Concept of Medical Services

Medical services have earned a reputation for businesses in Thailand that play an important role in the development of a sustainable, stable economy with the potential to expand over time. The medical services industry can earn profits and provide employment for a large portion of the country’s workforce. In 2002, the Government introduced a policy to develop and promote Thailand as a healthcare center for Asia and, therefore, provide the products and services that will achieve earnings in three business categories: 1) hospital services, 2) supplementary health services and 3) health and homeopathic health products (Bureau of Sanatorium and Art of Healing, 2009).

Kotler and Keller (2007) defined services as actions or activities that one party offers to a second party. It is something that cannot be physically held or offer ownership rights. The results of these activities could be connected, but not necessarily linked to a product. There are many service industries included in the government sector such as hospitals, police stations and schools, as well as in the private sector such as airlines, banks, hotels and different foundations. The employees of factories and stores are people who provide services that can be classified according to four important characteristics:

1) Intangibility: The service does not have a tangible product so that the service consumer cannot hold the product before deciding whether to purchase it, for example, a consumer, or service user of gender reassignment surgery cannot see the final results before undergoing the procedures, therefore, increasing uncertainties. These service users will look at the guarantees that convey the quality of the service and then determine what they feel about the outlet, personnel, equipment, etc. Therefore, the responsibility of a service provider is to provide truthful information that can be relied upon.

2) Inseparability: Services are often produced and consumed simultaneously. A service provider is just one part of the services they provide. Service means a link between a provider and receiver as they both have an effect on the service, for
example, the success of gender reassignment surgery is dependent on the expertise of the surgeon and how well the service user's body responds to the surgery.

3) Variability: The quality of services is difficult to be fixed, for example, each surgeon has their own skills set and, therefore, the servicer user or consumer must be aware of this and the problems that may arise. For this reason, the service user should search for a lot of in depth information to make the best, most informed choice for their service provider, and the service provider must ensure they meet the highest service standards. This means the service provider must adopt a strict recruitment system and provide advanced training to raise the quality of their services. They must also have a detailed post-operative quality assurance system to ensure the satisfaction of their service users.

4) Perishability: Services cannot be stored like products on a shelf. If the demand for services is continuous, there will be no problems, but if the number of requests for services is reduced, this will hurt the service provider, for example, one service provider did not receive sufficient service users for their gender reassignment surgery on a regular basis and, therefore, needed to find a way to balance demand and supply.

To summarize, the meaning of services refers to activities that do not have a physical shape and cannot be held by ownership, but can provide consumer satisfaction. Services are different from products as services involve simultaneous production and consumption through a relation between the service provider and consumer. The results, therefore, cannot be fixed and are dependent on the expertise of the service providers. Services also cannot be maintained as an inventory. Both the government and private sector are involved in healthcare, like hospitals, institutes and clinics that provide medical and related services to consumers. Physicians must earn the trust of service users and act as independent professionals who can make their own decisions on the procedures they will follow. Meanwhile, the service users have mechanisms to demonstrate their trust as well as the responsibility to investigate their service providers. A physician’s products can be divided into different medical classifications depending on the services provided such as a health examination, disease diagnosis, obstetrics, cosmetic surgery, etc.
In addition, Katanyu Hiransomboon (2014) divided services according to product classifications:

1) Core Products: These are designed to satisfy consumer demands primarily with services that are the primary source of income, thus, requiring a focus on quality and speed as well as production that is good enough to support the provided services. In this research, medical services are considered professional services aimed at satisfying consumer demands by human resources. The quality of the service is then directly related to the skills of service providers, specialist physicians.

2) Supplement Services: These are services that add value to the core products and contribute to establishing a differentiation with competitors. The supplement services will be less important than the core products in the view of consumers, but if a competitor sells products without services, consumers will be more attracted to a service provider with supplementary services, for example, post-operative service.

3) Supporting Services/Internal Services: These include internal departments that provide support to the more important, or core departments or product, for example, customer reception.

The study of the concept of medical services provides added understanding of the conditions that the different types of medical services must face in the Thai context for use in reporting, analyzing, synthesizing and discussing service providers in the gender reassignment health service industry.

2.2.2 Advertising Concepts of Sanatoriums that do not Contradict the Thai Medical Code of Ethics

Due to the development policy to promote Thailand as the Asian healthcare center and to upgrade the country’s competitiveness and investment potential, marketing is vital, particularly marketing communications to promote medical services at clinics in Thailand to make them better known. Currently, advertising for hospitals in Thailand is governed by certain laws and regulations to ensure it meets the Thai Medical Code of Ethics. The Division of Medical Practice has been given the responsibility to enforce this as the “Bureau of Sanatorium and Art of Healing”, with three powers: 1) the enforcement of laws on medical practice and institutions providing
medical services according to related legislation, 2) promote, develop and establish healthcare institution standards and a code of ethics, 3) develop a system to control and protect the rights of consumers of healthcare services, 4) develop a system and promote relations between the service provider and consumer of healthcare services, 5) coordinate cooperation, support and negotiations in the healthcare business between countries, 6) promote Thailand as an international healthcare center to support Thailand’s economy, and 7) cooperate and/or support the work of other related or approved agencies (Bureau of Sanatorium and Art of Healing, 2009).

The Medical Council is a second organization with jurisdiction to supervise physicians and their professional ethics while it also works to develop professional standards and public health standards: 1) registers and issues licenses for all those who work in the medical profession, 2) issues and revokes professional medical licenses, 3) guarantees medical degrees and diplomas in medical sciences of different institutions, 4) guarantees curriculums designed for training in the medical profession by medical schools, 5) guarantees the academic standing of medical schools referred to in clause 4, and 6) issues certificates and diplomas for professional medical specialties in different branches of medicine as well as for different medical treatments (Thai Medical Council, 2017).

Studying the legislation that governs the advertising of medical institutions that meets the medical Code of Ethics, the Sanatorium Act (4th Edition) of 2016 defines sanatorium as place that provides medical service in accordance to the laws for medical practice and therapy. This includes professional medical services by physicians and dentists and medical personnel such as nurses, technologists and technicians, physical therapists and medical service planners, and all those involved in medical services and public health governed according to the law (The Sanatorium Act (4th Edition) of 2016, 2016).

In addition, this research investigated the laws governing advertising of service providers involved in the gender reassignment health service industry and found seven related to this: 1) Sanatorium Act (4th Edition) of 2016, 2) Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising, 3) Department of Health Services Support Memorandum (2018) concerning regulations on the methods, terms and
conditions, and costs for advertising or promotion of sanatoriums, 4) Regulations of the Thai medical Council under the medical code of ethics of 2006, 5) Thai Medical Council Memorandum 50/2549 concerning language banned from advertising, 6) Regulations of the Thai Medical Council concerning advertising offering discounts and/or special compensation by sanatoriums, and 7) Consumer Protection Act of 1979.

Details of each follow.


While studying the act, it was found that two sections, 38 and 68, affect the marketing communications of the gender reassignment health service industry as follows:

Section 38: Any person who advertises or makes an announcement concerning sanatorium services in addition to its name and location stipulated in its license must receive approval for its text, audio, pictures and/or video used in an advertisement or announcement in accordance to the regulations for methods, terms and conditions, and costs that the recognized authority has stipulated.

An advertisement or announcement, whatever it may be, name, location, healthcare services or qualifications or abilities of the professions at the sanatorium used to attract consumers to use the sanatorium’s services, whether it be text, audio, pictures and/or video that exaggerates the truth or creates misunderstanding healthcare services provided in the main points of the communication will not be allowed.

The costs must be in accordance with what is written in the first paragraph submitted to the Finance Department as government revenue.

Section 68: Those persons who do not act in accordance with Section 38, paragraph one and two can be incarcerated for a period up to one year or liable or a fine not to exceed 20,000 baht or both and a second fine not to exceed 10,000 baht per day calculated from the day the ruling was issued to suspend the advertising or announcement (Sanatorium Act (4th Edition) of 2016, 2016).

2) Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising

While studying the memorandum, it was found that it did affect the marketing communications of the gender reassignment health service industry as follows:
Clause 2: In this memorandum, the term sanatorium advertising means the dissemination of information related to the sanatorium by radio, television, electronic communication, cable TV, radio broadcast, loud speakers, projecting a picture or movie, any type of printed material such as brochure, flyer, book, magazine or journal as well as a posters and other materials that have advertising content that can be seen by the public as well as an action or activity, whatever the method so that the public will be made aware and know the content, text, image, logo or any action that will inform the public in a way that will benefit the sanatorium.

Clause 3: Approved Advertising

(1) Advertising the name and location along with a picture is allowed to show the location and sanatorium itself. The advertising of qualifications or skills of the professional service provider must be in accordance to the law.

(2) Advertising of medical services are restricted to the services provided, the days and times they are offered according to the licensed services.

(3) Advertising to tell the price of healthcare services or other services the sanatorium provides.

(4) Advertising to tell the price of healthcare services or other services the sanatorium provides along with their terms and conditions must be included in the advertising. A consumer must also be informed of all terms and conditions before providing any service. The advertising must tell the costs in the first paragraph. It must stipulate the day all will begin as well as the final day, thus, providing the exact period for the service for the cost of the medical or other services clearly and concisely.

(5) Dissemination, of medical academic publications, articles and research.

(6) Advertising disseminating news such as deleting medical records, announcing the move of a sanatorium to a different location, announcing activities on special days and giving details of an activity, including the day and time.

Advertising according to 3.5 above must include a warning that there are risks of not achieving the desired results, dangers or side effects that a consumer could experience. The size of the writing must be the same as other text in the advertisement or at the same speed in an audio communication according to what is normal (Office of the Council of State, 2003).
3) Department of Health Services Support Memorandum (2018) concerning regulations on the methods, terms and conditions and costs for advertising or promotion of sanatoriums

While studying the memorandum, it was found that it gave authority over the advertising or announcements to promote healthcare services according to different legislation. It stated that this covered the granting of approval, supervision of consumer complaints and enforcement of punishments for those sanatoriums that issue advertising that violates the law (Department of Health Services Support Memorandum (2018) concerning regulations on the methods, terms and conditions and costs for advertising or promotion of sanatoriums, 2018).

4) Regulations of the Thai Medical Council under the Medical Code of Ethics of 2006

While studying the Medical Council’s regulations, it was found the Clauses 8-14 were concerned with the marketing communications of the gender reassignment health service industry as follows:

Clause 8: Physicians cannot advertise, use, employ or agree with others in order to advertise physicians’ professional medical services.

Clause 9: Physicians cannot advertise, use, employ, or agree with others in order to advertise other physicians’ professional medical services.

Clause 10: The advertising stipulated in Clauses 8 and 9 will be permitted in the following cases:

(1) Presenting results in a professional medical or public health journal or at a medical or public health conference.

(2) Presenting results as part of the responsibilities of a position or in an action that can benefit public health.

(3) Presenting academic results or advancements or the discovery of a new method or technique in healthcare which will be accepted by the medical community and applied in education.

(4) Announcement of honors presented by an academic institution, association, or foundation.

Clause 11: Physicians can only present information concerning professional medical services as follows:
(1) Name and surname and possibly a prefix or title such as doctor or an academic title, royal title or military rank

(2) Title of academic degrees, diplomas, licenses or related certificates and must be stated in accordance to the regulations of the Medical Council or related institution

(3) Branch, or specialty, in medicine

(4) Working hours

Clause 12: Physicians can present only the location, or address, of their offices, telephone numbers or information as allowed under Category 3 of Clause 11.

Clause 13: Physicians, disseminators of information or persons who answer questions of the media, as a healthcare provider can tell the location where they provide its healthcare services, but not through an advertisement that exaggerates the truth, deceives or convinces a patient to sign an agreement for services. Furthermore, physicians cannot disseminate their personal phone number in the same material.

Clause 14: Physicians must be careful of presenting information in a way that overstates their healthcare knowledge and skills through advertising in the media (Thai Medical Council, 2006a).

5) Thai Medical Council Memorandum 50/2549 concerning language banned from advertising

From the study of this memorandum, it was found that this concerns the language banned in marketing communications of the gender reassignment health service industry, stating that the words special, state-of-the-art, comprehensive, free, beautiful like natural, etc. (Thai Medical Council, 2006b).

6) Regulations of the Thai Medical Council concerning advertising offering discounts and/or special compensation by sanatoriums

From the study of the Medical Council’s regulations, it was found that there are those concerned with sales promotion in marketing communications of the gender reassignment health service industry that determine the rules for discounts or special compensations offered by sanatoriums (Thai Medical Council, 2008).

7) Consumer Protection Act of 1979

From the study of this act, it was found the Sections 3-4 and 22-23 affect the marketing communications of the gender reassignment health services industry
which govern consumer rights and the content and the use of advertising that should not be allowed. (Office of the Council of State, 2019)

The laws and Thai Medical Council regulations concerning the medical Code of Ethics are good, but they also have a negative impact on all sanatoriums, or service providers in Thailand because of the limitations set on marketing communications, particularly for content. For this research, the content for integrated marketing communications has been divided into three classifications: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians as referred to in the laws and regulations of the Medical Council.

2.2.3 Concepts and Theories on Marketing Communication

2.2.3.1 Communication Model Theories

Berlo (1960) explained that the communication process comprises four elements, as follows:

1) Source: This is the one responsible for encoding the message content who has sufficient knowledge of the subject. They can also adjust the content to be applicable for and understood by the receiver.

2) Message: This comprises the content, symbols and method for delivery.

3) Channel: This is the means with which the receiver can obtain the message through their five senses: seeing, hearing, touching, smelling, and tasting.

4) Receiver: This is the individual who can decode the message to understand it correctly.
William Schramm and Charles Egerton Osgood (Schramm, 1954) introduced the theory of Two-way Communication. They explained that the natural representation for communication is circular. There is no start or end to communication like in a horizontal line.

In addition, Lazarsfeld, Berelson and Gaudet (1944) introduced their Two-step Flow communication theory, explaining that the distribution of news follows two steps: from the media to influencers and 2) from influencers to the general public.
News, therefore, does not go directly to the public and, thus, does not have a direct influencer on the public as receivers. The important factor is the influence of the influencer or opinion leader.

![Two-Step Flow Model](image)

**Figure 2.3** The Two-step Flow Model of Paul F. Lazarsfeld et al. (1944)

Tatri Taiphapoon (2016) expanded on the factor influencing communication success, stating that the sender must know who the receiver is, their attitudes, beliefs and their behavior in accepting the communication message. What are their interests? Who are their opinion leaders? Therefore, the sender can gain benefit through dissemination of the message. A good message is one that provides information the receiver wants to know. It must be concise, complete and immediately understood and appear believable. This also means choosing the right channel, or medium, vehicle, i.e., communication tools, or tactics, that best fit with the receiver’s communication behavior.

In this research, all three theories are applied to explain the integrated marketing communications for the gender reassignment health service industry. The service providers as communicators will employ a wide range of communication tactics to reach their target consumer, particularly those who also serve as influencers. So, they need to have a clear and sufficient understanding of the skills, attitudes, knowledge, social systems and cultures of both the senders and receivers. If the communicator has experience and knows how to meet their objectives, they will achieve success with their
communications. In this digital age, the two-way communication must be fast, correct and easily rechecked.

2.2.3.2 Integrated Marketing Communication (IMC)

Integrated Marketing Communication (IMC) has been defined by the American Association of Advertising Agencies (4As) as an added value communication planning concept that employs a comprehensive communication plan that comprises different strategies, including advertising, direct marketing, sales promotion and public relations. The combination of these can achieve a clear, balanced and impactful communication message in an integrated communication package.

Shrimp (as cited in Teepaparn & Teepapal, 2010) defined IMC as a communication process for any brand product that comprises: 1) planning, 2) creating, 3) integrating and 4) executing through the development of different communication materials, for example, advertising, sales promotion, public relations, special events, etc. to communicate with the selected target group and potential customers.

Seri Wongmontha (1997) has defined IMC as a marketing communication planning and development process that applies many forms of motivation continually for specific target audiences. The IMC objective is to achieve a consumer behavior among the target group to meet marketing goals. The communication method employs brand contracts so their target audience will know, become familiar with and trust the brand and product. The IMC planning comprises five stages:

1) IMC applies and coordinates multiple customer communications that are included in a single plan with a single goal. This is based on the thinking that a consumer will collect information which will then influence the consumer’s purchasing behavior. Therefore, multiple methods will be employed to provide consumers with information:

1) Advertising: The objective is to provide information and make consumers familiar with and remember a brand’s goods, services or ideas of the sponsor (manufacturer or distributor) who will pay for the cost of the advertising that can include: 1) print media such as newspapers, magazines, brochures and posters, 2) broadcasting media, television and radio, 3) outdoor media, like billboards, 4) mobile media, including transit using buses, vans and taxis, 5) electronic media, like websites,
6) local media, like motorcades and loudspeakers, and 7) interpersonal communications, like sales personnel.

(2) In sales, sales personnel acting as a channel between the sender and receiver, are often called interpersonal communication. In this case, the sender can evaluate the response of the receiver immediately. This can be very important as it can help in planning as well as ensure that the target receivers acquire product knowledge. It is also important to achieve good sales services and good customer relations between the buyer and seller.

(3) Sales Promotion is a short-term tool employed by the product distributor to stimulate sales as it provides the sales force with an incentive to push the product as well as an incentive for the ultimate consumer to purchase it. Its aim is to motivate interest, encourage product trial and achieve immediate purchase through advertising and direct personal selling.

(4) Public Relations includes different forms of communications with different stakeholders that will contribute to the success of an organization, including suppliers, shareholders and customers. The objectives are to develop positive attitudes, belief and a good image in the organization of their product as well as provide information and correct mistakes that have been made.

(5) Direct Marketing/Direct Response Marketing: This means making business contacts through communications to satisfy the demands or establish a buying-selling relationship (Kotler, 2003). Direct marketing is a form of communication that allows the sender to communicate directly with the target consumer to achieve an immediate response, control information and make necessary corrections or improvements conveniently. It allows for direct contact applying database marketing to develop a long-term relationship between the sender and their target consumer.

(6) Event Marketing: This includes contests, competitions, celebrations and launchings, and it is becoming more and more popular as it helps to attract consumers to join in the activity. It also allows for easy assessment as the number of participants can be easily calculated. Furthermore, if the event is creative, it can gain added value as the media will report on it. There could be a live broadcast on television or radio, which is considered free media coverage. This can also lead to a spin-off effect, meaning other media also cover the story.
2) IMC starts with the customers, not the product. Product communication starts with consumer feelings. Therefore, they must be studied to know what they value. After this, the product attributes are examined. Then, a message can be structured that promotes what the target consumer values.

3) IMC uses non-media and media: Each consumer can be classified into one of three groups according to their identity traits: 1) Loyal Brand User, 2) Competitive User and 3) Swing User. This can help determine what a consumer thinks about a brand and its brand network. It can help determine a consumer’s brand contacts, and then, based on the communication objectives, choosing the right media and tools for the communication.

4) IMC creates two-way communication with customers. The brand can satisfy their consumers by listening to what a customer thinks and wants.

5) IMC and the 4 Ps: The IMC plan and Marketing Plan, which comprises 1) Product, 2) Price, 3) Place and 4) Promotion, can be developed simultaneously for a common goal.

To summarize, integrated marketing communication (IMC) can be defined as the process of developing a marketing communication plan that employs a range of communication strategies, tactics and tools that together meet a single objective, which is to stimulate a target consumer behavior based on the marketing plan that fits the target receiver.

For this research, integrated marketing communication has been divided into five classifications: 1) advertising, 2) interpersonal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events. This includes promotion through broadcast media, television and radio; print media and advertising boards; and new, or digital media, which is so important at this time. In this study, interpersonal communication is not limited to just direct sales by sales personnel, but also includes communication between all types of persons who have influence over the consumer by providing them with information on the service provider. They include: 1) family members and friends, 2) celebrities and influencers concerning gender reassignment surgery, 3) persons who have had direct experience with gender reassignment surgery, 4) physicians and medical personnel, and 5) service staff at a sanatorium that provides gender reassignment surgery.
2.2.3.3 Digital Marketing

Due to development of web technology, two-way communication has advanced along with ‘Big Data’ collection. This has helped the advertising industry to learn the personal information of target consumers, which has contributed to communicators’ greater success. Web technology can be classified into four eras, beginning with WEB 1.0, when the sender had full control over content and required a basic knowledge in website programming and the difficulties faced in dividing content. Receivers could only read the content and could not respond, making this one-way communication much like other media, for example, newspapers, radio and television. The next era was WEB 2.0, which now stressed the collaboration between the sender and receiver of the website. The receiver could also create content and could establish content tags to point out key words or concepts, for example, by writing a blog, uploading pictures and making comments. This could then be classified as two-way communication. The next era was WEB 3.0, which was an extension of WEB 2.0, now offering the ability to predict behavior and analyze human desires when given access to data. The system could evaluate results and the reasons for these in order to get closer to the receivers, or consumers, of the content, which they could then develop to better answer demands based on data collected around the globe. They could then address and solve problems and improve content quality. This now brings us to the WEB 4.0 era, or symbiotic web, which employs artificial intelligence (AI). This allows the system to satisfy demands and make decisions, like downloading different data, to achieve maximum operating efficiency when it comes to content, imagery and video. It can also quickly provide results and operate through all types of devices as well as identify those of each user (Chantrawong, 2013).

It has become evident that the development of web technology has contributed to having the internet play an ever more important role in people’s lives today. It also has a growing influence over the consumption behavior of consumers, or receivers. Yann Truong, Rod McColl, and Philip Kitchen (2010) found that the advertising industry has been changing very quickly in its use of different media, making digital advertising a much more important tool and thus, adjusting their use of television, radio and print media. This research has employed in-depth interviews with
experts of the advertising industry in Europe to learn the five important attributes of digital advertising, which are as follows:

1) Permission-based Advertising Strategies: The important aspect of these strategies is that the receiver has the ability to accept or reject advertising as they can choose what to be exposed to and thus reduce the overall number. The advertising they do then accept can have a stronger influence on the receiver as they can also choose to save the information for later use. Those interviewed stressed that there has to be a limited number of advertising per day, and the receiver can select which advertising interests them.

2) Higher Levels of Personalized Advertisements: The advertising is more suitable for the receiver and their demands or desires. The advertising considered of good quality will have content aimed directly at the receiver’s interest and a frequency the receiver wants, which helps to create a positive image for the brand and product or services. In addition, the design of the advertising should fit the tastes of the targeted individuals or groups, which is then dependent on the collection of detailed data through advanced technology.

3) Three Screen Advertising Campaigns: This refers to creating advertising that is shown on three screens or more, i.e., television, computer and smartphone. With these three types of devices, the advertiser, must adapt the material to best tell their story, or convey the message, on each one. These channels should not be considered as competitors, but more as collaborators that together increase opportunities for the receiver to be exposed to the message.

4) Increasing Levels of Interactivities: This involves increasing the number of activities to interact with targeted receivers by moving from traditional media to digital, for example, game applications that can be downloaded. If the individual wins, they are entitled to a discount for a product or services, or the receiver could actually join in an advertisement by giving a comment or expressing “Like” or sharing it with friends.

5) Moving Towards Performance-based Metrics: This involves the development of metrics that can measure an advertisement’s performance to then improve its effectiveness. Through digital technology, advertisers can collect data on their receivers concerning the products and services through the internet. They can also employ population-based data in place of panel-based data to calculate the number of persons who view an advertisement or enter an activity.
Nathakrit Wantame (2012) divided digital marketing into three classifications which follow the concept of Three Screen Advertising as explained below:

1) Internet Marketing: Today, this is very popular among market communication practitioners, which they also call “Online Advertising”. It can be divided into 17 sub-formats as follows:

   (1) Banners: This is an advertisement placed on a website that can also be displayed on alternating websites.

   (2) Pop-ups: This is an advertisement on a website that appears in a different window on top of the website.

   (3) Advertorial: This is an article written that gives information that discusses a product or service but with the brand, product or service name placed at the end of the piece.

   (4) Content Sponsorship: This is an advertisement placed on a website which tells clearly who is the sponsor of the advertisement.

   (5) Search Engine: This is the purchase of keywords as a tool when purchasing Google AdWords or Google AdSense services so that the purchaser’s website will be listed at the top of the list in a user’s search.

   (6) Online Games or Advergames: This is when an online game is produced to intervene or link with a website’s product or service content.

   (7) Email Marketing: This is the same as direct marketing with content sent directly to the target via an Email.

   (8) Viral or Word-of-Mouth Marketing: This is a method to disseminate content quickly in a short period of time.

   (9) Affiliate Marketing: This is establishing a website to increase sales through links to other websites.

   (10) Blog Marketing: This is providing information through a web blog.

   (11) Really Simple Syndication: RSS. This is applying XLX language in formatting which allows for the creation of website headings and content by drawing information from other websites.

   (12) Web Board
(13) Online Social Networking Sites: This includes sites like Facebook, Instagram and Twitter.

(14) Online Classified Advertisements

(15) Online Virtual Communities: This is creating a website for people who are interested in the same subject to share information and activities on the website.

(16) YouTube Marketing: This includes placing films, advertising, music videos or video clips related to a product or service on YouTube to attract viewers.

(17) Websites

2) Mobile Marketing: This involves sending short content, pictures, video and audio, and applying application programs to mobile devices. The application can also become more popular for marketing as mobile devices gain in popularity.

3) Interactive Television: Internet television is the use of a television to develop relations between the viewer and the product or service.

In addition, digital communication is becoming more popular as it can enhance one-on-one Marketing through communication with individuals with low investment. Individuals can remain and feel independent and avoid being classified with a group. The marketer must understand that each receiver has their own desires and demands. Thus, the one-on-one marketing strategy can lead to minor adjustments to a product or service as well as methods of persuasion to meet each receiver’s, or targeted consumer’s requirements.

To ensure clear understanding, one-on-one marketing strategies need to be adjusted to fit with mass marketing strategies as follows:

1) Mass marketing uses only one proposal to all markets ignoring any differences. For one-on-one marketing, a relationship must be developed between the sender and receiver. This also requires the sender remembering, or recording, each receiver’s details. This information can then be applied to improve a product or service to better attract the receiver.
2) A product manager using mass marketing should focus on an individual product, which they can communicate with the widest group of receivers in a single message. The customer relations manager in one-on-one marketing will also focus on selling the greatest number of products or services to a receiver in one session.

3) A company involved in mass marketing must ensure they have a variety of products while a one-to-one marketing company will focus on a diverse group of customers. (Peppers & Rogers, 1994).

A marketer employing one-on-one marketing will apply all methods to get to know their receivers. This will contribute to establishing a ‘Big Data’ base from which the marketer can gain a correct understanding. Accurate and adequate information will help the marketer to select the best techniques to communicate with each receiver. This vital factor for one-on-one marketing to succeed is a database that can be continuously adjusted as more data is collected from receivers, including their name, address, contact numbers, product and service history, special interests, and products and services they favor (Building One-to-One Relationships, 2007).

From the study of digital marketing, analysis was conducted on digital communication between the service provider and service user that is very adaptable for the gender reassignment health service industry that focuses on both Thai and foreign consumers. It also looks at the recommended benefits of two-way, or interactive, communication along with the effective collection of consumers’ data using the internet.

2.2.3.4 Word-of-mouth Marketing

Emanuel Rosen (2002) explained that word-of-mouth marketing refers to person-to-person communication, or a person speaking truthfully about a product or service that leads to the exchange of information between two members of a target group at one time, which prompts further dissemination of information. Today, the business sector is giving more importance to word-of-mouth communication as they have seen the influence it can have on gaining the interest of target consumers in their products or services. It has been divided into the following two classifications:

1) Word-of-Mouth Marketing: This begins by one person talking to another person or group of persons. Through this behavior, a story can become the ‘Talk of the Town’.
2) Viral Marketing: With the advancements of the internet, the exchange of information has become much easier (Rosen, 2002) through websites, Email, Facebook, Instagram, Twitter, YouTube, Blogs, and LINE (chat application), due to forming social networks that are becoming more and more popular. This can assist in introducing and promoting a product or service among target consumers, who will then know it much more. It can also develop belief and confidence in the brand as the information is provided by a friend as well as increase the speed in the distribution of information (Warotwatthananont, 2015), especially if the message is sent by an influential person.

Geoff Livingston (2011, as cited in Suriwan, Prongsuwan & Julimasart, 2015) explained the different elements of The State of Influencer Theory which says that persons gain influence through certain social talents, which are not found in most persons, for example, they can interact easily with others, they know many persons, they have knowledge they can impart on others and have strong persuasive power over others. Influencers can be divided into three groups: 1) Connectors: persons who can easily connect with persons of other social groups and subculture networks, 2) Mavens: persons who know a lot about things others might not, and they like to share this information with others to help them make decisions, and 3) Salesman: a person who can be compared to someone who is good at selling products or services. They are good at persuasion. Outwardly, they have a good appearance and character, can be charming and very believable.

Duncan Watts (2003, as cited in Suriwan et al., 2015) tells how two persons that know each other can link up with as many as six persons. An influencer will then decide the best way to communicate to reach their goal, which is focusing on the person in the middle. It could be through a person or medium they are familiar with. The message will then be distributed to persons they don’t know. This can be compared to a chain reaction with no end. Jackie Huba and Ben McConnel (2006, as cited in Suriwan et al., 2015) expanded on this by saying that an influencer may be a creator of communication or a message shared through a social network which they can control, for example, a celebrity, actor or singer. Seri Wongmontha (1999, as cited in Auimanachai, 2013) also described that influential celebrities have charisma, the power to attract others’ interest to imitate their behavior. If they have themselves experienced
directly, they will become even more influential. In addition, the owner or manager of the product or service who is well known can also have an impact (Warotwatthananont, 2015).

Today, though, it doesn’t just have to be a celebrity that will influence people’s thinking, but it can also be a normal, everyday person not known to many others. They can tell what they feel and believe, thus influencing others’ purchase decision. These persons can be classified as: 1) Amateur Reviewer: Any person who has an interest and writes a review for others to read. Even if they don’t have an expertise, they can write in a manner that attracts others. 2) User Group: These include consumers with a common interest and use a website to communicate, make recommendations and exchange information, which can all have a strong influence on other members of the group. 3) Complaining Customer: This includes customers who become dissatisfied with a product or service and express their feelings on social media so that others will know. They can have a profound effect on social groups (Roeksirinukun & Roeksirinukun, 2009, as cited in Auimanachai, 2013).

Marketers do accept that marketing communication now includes the messages of consumers, which are more believed, though they can be both good and bad. These will be good when a consumer is satisfied with a product or service, and, thus, the consumer serves as a public relations representative in the distribution of news and information that can have direct positive implications. The opposite can also be true if they feel dissatisfied and express this (Warotwatthananont, 2015).

Nielsen, a global marketing research firm, shared their Global Trust in Advertising 2015, which examined advertising that consumers trust the most, looking at earned and owned media, both traditional and digital advertising through a survey of 30,000 respondents in 60 countries worldwide (Nielsen Company, 2015). A summary of the results is presented in the figure 2.4.
Figure 2.4 The Most Trusted Advertising Formats


As can be seen, “Recommendations from people I know” was the most trusted in this survey, scoring 83 percent. In addition, Nielsen conducted a survey to determine which type of advertising most influenced action. Recommendations from people the respondents know again scored highest, which is consistent with trust at 83 percent (Nielsen Company, 2015), as presented in the figure 2.5.
Figure 2.5 Action and Trust for many Advertising Formats

**Source:** Nielsen Company, 2015.

In addition, Chathatai Meepradit (2008) expanded on this notion, saying that word-of-mouth communication plays three roles in Thai advertising: 1) helps reduce advertising and public relations, 2) increases brand awareness and 3) helps in the dissemination of information that is restricted under laws governing advertising.

Through the study of word-of-mouth marketing communication, this research was able to analyze, synthesize and discuss research results of this form of communication between service users to provide information concerning gender
reassignment health service industry, which can have a high impact, or influence on these persons.

2.3 Consumer Analysis Concepts and Theories

2.3.1 Consumer Decision Making Process Theory

Consumer purchase behavior can be different depending on the product and service category. This will be affected by a consumer’s level of determination as well as the level of differences between products or services. Usually a purchase decision can become more complicated as more persons become involved, which can make the decision maker more cautious as explained by Kotler (2003) with his division of consumer behavior into four types:

1) Complex Buying Behavior: This occurs when a consumer faces the most complicated decision making as they know the different products they are considering are quite different, for example, a product could be quite expensive, the purchase could be quite risky, the product is something that is not purchased often and the product could affect the image of the user. Marketers must therefore work hard to differentiate their brand and product, focusing on the attributes and benefits that competitors cannot provide. They must develop a familiarity with their consumers that will influence their decision making, which follows three stages as follows: 1) the consumer develops trust in the product, 2) the consumer develops a positive attitude for the product and 3) the consumer cautiously makes their purchase decision.

2) Dissonance-reducing Buying Behavior: This also occurs when a consumer faces a complicated decision when brands and products are not very different. Their decision may therefore depend on convenience or a lower price. If a consumer can see a clear difference between brands, they may purchase the more expensive product. Later, though, they may feel a sense of uncertainty or concern, dissonance, if they find they are not totally satisfied with their purchase or hear from others that another brand or product has performed better and been more satisfying for the purchaser. Therefore, marketers need to build trust and value in their brand to help a consumer feel they made the right choice.
3) Habitual Buying Behavior: This occurs when a consumer has a close relationship with a brand and so, their decision making is not complicated or difficult. This could be with a product that is purchased often and does not have a high price. The consumer will not feel the need to search for much more information on the brand or product or feel the brand itself is not important in their decision making. They might just not have a strong opinion towards any one brand. They may then make their purchase decision on their familiarity of the brand which has developed through advertising. Marketers, in this case, should create advertising that focuses on a unique selling point (USP) along with a symbol or catch phrase that is easily remembered. This could also mean a repeated frequency in its dissemination or broadcasting to keep the brand in the customer’s and stimulate their product trial.

4) Variety-seeking Buying Behavior: This occurs when a consumer’s purchasing decision seems easy and not complicated even though they know each brand is quite different. In such a case, the consumer will often change the brand they purchase, whenever they feel bored with one or just want to make a change.

Lamb, Hair, and McDaniel (1992) pointed out that marketers perceive consumer purchasing behavior much like making a decision to solve a problem, thus, making their behavior an action to attain their goal. This consumer behavior they have classified into two types:

1) Low-involvement Purchases: In this case, the consumer gives low importance to a product; it is something they purchase often and the price is not high. They will also feel there is little risk and their purchase is often dependent on their experience. They do not feel the need to search for new information. The decision can be made fast without the need to go through detailed steps in the decision-making process.

2) High-involvement Purchases: This involves a very detailed decision-making process to purchase a product the consumer is not familiar with. They may never have bought it previously; it could have a high price as well as high risk. Therefore, before making a purchase, the consumer will search for additional information and spend more time as they examine more attributes and elements before making their purchase decision.
Kotler (2003) also explained that consumer behavior can be divided into five stages:

1) Need Arousal or Problem Recognition: The first stage in this consumer behavior model focuses on recognizing a problem or stimulating a desire for something. It may be a consumer’s personal feeling or a desire activated by a marketer. In the latter case, the marketer must know what can excite this desire. At times, this might be encouraged over the long term, but the action might not come until this is a discount sale or promotion.

2) Information Search: Once the consumer feels a desire, they will search for information about important attributes, types and prices as well as the sales outlet and special offers the product or service can provide. The marketer should consider the sources where the consumer can find the information they want and their levels of influence in the consumer’s purchase decision. They should know what is important about each source, or touch point, which can be divided into four types: 1) Personal Sources such as family, close friends, neighbors and acquaintances, all of which can have a strong influence on the consumer, 2) Commercial Sources, including advertising and company employees, 3) Public Sources, primarily the media, and 4) Experimental Sources, or those persons who have tried the product.
3) Evaluation of Alternatives: Once the consumer has acquired sufficient information about the product or service, they will begin to make an evaluation based in what they personally want. They will then examine the attributes and benefits offered by specific brands, products or services, determine what is good or bad that will then affect their attitude towards a purchase decision.

4) Purchase Decision: Once the evaluation of alternatives is over, the consumer will come up with their purchase intention for a brand, product or service. There can then be other factors that could affect their purchase such as social factors. For example, they may feel concerned that others in their social group will not accept their decision. There could also be anticipated social factors, for example, an economic downturn, the consumer loses their job or a user they know tells them the product or service is not that good. Any of these could affect the final purchase decision. Finally, there is the risk perception. To reduce this, the consumer needs to talk to others who have used the product or service. They may choose to buy a product or service that is popular in the market of offers a warranty. The marketer must then provide recommendations or some form of guarantee to help reduce consumer dissonance and motivate their purchase decision in favor of the marketer’s product or service.

5) Post Purchase Behavior: Once the consumer has made their purchase, they will compare the product’s or service’s performance to determine their level of satisfaction. Post purchase assessment is very important in a consumer’s future purchase decision. If they are satisfied, the brand will be included in their evoked set. If they aren’t, it will either be removed or never added, which means they won’t consider the brand in future purchases (Belch & Belch, 2004).

When it comes to service, Kapil Jekishan (2017) introduced his concept, Good, Cheap, Fast, but You Can Pick Only Two, which focuses on three criteria: service quality, cheap service price, and fast service, from which consumers will choose two:

1) Good and Cheap, Won’t be Fast: If the service is good and the price cheap, but the service is slow, the consumer will be satisfied if the service provider satisfies all their demands at a lower price even if they don’t do this in the allocated time.
2) Fast and Good, Won’t be Cheap: If the service is good and they finish quickly, and the consumer chooses them even if the service is expensive, the provider must focus on their service quality and completing their work in the allotted time.

3) Fast and Cheap, Won’t be Good: If the service is fast and cheap, but the quality is not up to par, the service provider must make sure they complete their work in the allotted time and not guarantee the quality of the service.

Whatever the case, consumers usually give the greatest importance to quality, followed by speed and then price, respectively, with the latter based on the popular current average. However, if service providers say that quality will suffer when a consumer chooses speed and price as their decision-making criteria, they will therefore focus on quality first.

![Figure 2.7 The Concept of Good, Cheap, Fast, but You Can Pick Only Two of Kapil Jekishan (2017)](image)

**Source:** Jekishan, 2017.
For this research, both the 5-stage consumer behavior model and Good, Cheap, Fast, but You Can Pick Only Two concept have been applied in the assessment and analysis of the service buying decision process of service users of the gender reassignment health service industry.

2.3.2 Communication Process Theories

2.3.2.1 Media Exposure Theory

News is a very important factor in a consumer’s decision making. Therefore, people will want more news and information before making a decision or they will feel a sense of uncertainty, or dissonance. Still, it is not possible for a person to see all the news, and so they will choose the media they feel will benefit them the most. Therefore, the media must be captivating and provide benefits if it is to succeed. It also has to be in line with the consumer’s attitudes (Surasondhi, 1990).

Klapper (1960) presented a selective media exposure model that includes four stages as follows:

1) Selective Exposure: Consumers will be open to exposure from many different media sources and will choose from those the ones they are most interested in. The attitudes affecting their choice can be quite different for each person, for example, those who like to listen will select radio or television while those who like to read will choose newspapers or magazines.

2) Selective Attention: Consumers will choose media that have similar attitudes or interests to their own, which will then support rather than counter their ways of thinking. This will then reduce any cognitive dissonance.

3) Selective Perception and Interpretation: Consumers do not select news according to the aim of the provider, but will choose to know what interests them and possibly an alternative interpretation, attitude, viewpoint, experience, belief, demand, desire, expectation, motivation, or physical or emotional condition. This can lead to selective censorship or overlooking certain news for an individual to feel satisfied with what they have heard or read.

4) Selective Retention: Selective perception and interpretation than leads to selective retention as the consumer chooses to remember just what interests them, answers their demands and attitudes. They will not choose to retain what does not interest
them or disputes what they think or believe. The news they will retain has information that supports their thinking, attitudes or beliefs. This makes it difficult to change their line of thought as they feel even more confident in what they believe and will use this information to benefit themselves in the future.

Hunt and Ruben (1993, p. 65, as cited in Satawatin, 1998), when discussing factors affecting media selection, listed the following:

1) Need: This is the most important factor in the selection process and includes both physical and emotional needs. The level of desire, from high to low, will also affect what media an individual will select. The person could be in search of news that focuses in popularity or value to be socially accepted or feel satisfied.

2) Attitude and Values: This can include both positive attitudes, something a person likes, or negative, something that bores the individual. Attitudes and values can then affect the behavior of an individual. It can be the basis for what a person holds to in their thinking. Value will also have an impact on the choice of media, vehicle, specific news and what they choose to remember.

3) Goal: Every media consumer has a goal in their life when it comes to career, social interaction, relaxation and interaction in activities. These goals will affect one’s selection of media, news, its interpretation and retention.

4) Capability: This will affect what media and news an individual selects, how they will interpret it and what they will retain.

5) Utility: An individual will be interested in acquiring and understanding news that can benefit them in the future.

6) Communication Style: This covers which media an individual likes and dislikes such as certain persons like to listen to the radio, others watch television while still others like to read a newspaper or magazine.

7) Context: This covers the place, persons and times that affect a person’s choice of media, while others are influenced directly by their choice, interpretation and what they choose to remember.

8) Experience and Habit: A consumer’s behavior, or habits, are influenced through their experience in being exposed to news. They will then select the specific vehicle that satisfies their interests and which they feel they can interpret and finally remember, if they feel it is important to them.
Schramm (1973) developed a communication model that includes the influential factors in a person’s choice of exposure to certain news that include:

1) Experience: The consumer looks for news that is different based on their experience.
2) Assessment: The consumer will assess the benefits offered by news stories. They will look for news that can best satisfy their demands.
3) Background: Consumers with different backgrounds will have different interests.
4) Education and Environment: These will influence a consumer’s choice of media and content.
5) Capability: A consumer’s physical and mental conditions can influence their behavior to receive different media and content.
6) Character: This can cause changes in a consumer’s viewpoints, inducements and behavior.
7) Mood: This can affect a consumer’s understanding of news.
8) Attitude: This can affect a consumer’s acceptance of a news story.

Meanwhile, Kwanruen Kittiwatan (1988) explained that there are three factors that influence the selection of a news or information:

1) Character and an Individual’s Psychology: Each person, or consumer, is different, dependent on their upbringing and the environment within which they live. These can affect a person’s intelligence, thinking, attitudes and, together, what they will accept and be attracted to.
2) Social Relations: People will connect to a group they feel close to, a reference group and abide by their thinking, attitudes and behavior in order to feel accepted by the group.
3) Environment Outside of Communications: This includes demographics: gender, profession, education and salary that can influence similarities in the acceptance of news and satisfaction with content.

2.3.2.2 Uses and Gratification Theory

This theory is based on the notion that a consumer, or receiver, will determine what they want from a media, vehicle and content. They will then make selections based on what best satisfies their demands (Benjarongkij, 1991). The theory
will then place the receiver at the starting point to follow what process they will follow in their selection of news, which can be defined as communication behavior. This is dependent on the receiver’s background, particularly direct experience with the media they have previously tried and their gratification provided by this material, following three stages as follows:

1) The receiver takes an active role and is goal directed in their selection.

2) The receiver chooses to use or expose themselves to news that satisfies their demands; thus, they will not limit their selection or choose to focus on one persuasive factor offered by the sender.

3) The receiver will gain a sense of gratification from the continuous reception or use of a media. Providers, or senders, must then focus on differentiation from their competitors to ensure they provide satisfactory media for their receivers. This gratification cannot be achieved by only the receiver (Sothanasathien, 1990).

Katz, Blumler, and Gurevitch (1974) presented a research model that focuses on communication benefits and gratification for the receiver, which they divided into six stages as follows: 1) Social and mental conditions, which will lead to 2) an individual’s desires and demands, followed by 3) an individual’s expectations of a media or news source that lead to 4) their exposure to different media, followed by 5) their amount of gratification and 6) other results which may be different from their expectations.

In short, media selection is dependent on each receiver’s demands or inducements based on their own objectives, what they hope to gain from media to satisfy their own gratification for different reasons.

McCombs and Becker (1979) analyzed the elements of consumer gratification, which they classified as:

1) Surveillance/Guidance, which reflects what media an individual will select to gain news and information that will benefit them in their decision making and be kept informed.

2) Community Utility/Excitement/Reinforcement, which refers to an individual looking for ways to escape their everyday life and acquire information they
can share in conversations, i.e. the exchange of ideas with others, as well as enhance their normal life.

3) Media Avoidance, which reflects an individual’s tendency to avoid a certain media.

From the study of McCombs and Becker’s theory, it was found that time and condition changes can affect media surveillance, which can have a strong effect on measuring sought gratification.

Wenner (1985) conducted a study of News Gratifications, which were divided into four groups:

1) Orientational Gratifications: This focuses on the selection of media that benefits the receiver the most when it comes to the information that is provided and can be referred to and contribute to an individual’s social relations. Thus, the individual will conduct media surveillance for decisional utility.

2) Social Gratifications: An individual will use media to acquire social information they can employ in their personal social networks, for example, they will use the information in conversations with others or to persuade others’ thinking.

3) Para-social Gratifications: An individual will use news and information to develop or improve their personal image or refer to it in their behavior.

4) Para-orientational Gratifications: An individual will use media to relax or protect themselves, for example, to afford time to enjoy themselves and escape from a dissatisfying situation.

This is much in line with the thinking of Blumler (1985) who divided gratification into four groups:

1) Diversion, which means using media to escape from a problem or everyday life or just to relax.

2) Personal Relationships, which mean looking for news to share in conversation with friends or family.

3) Personal Identity, which means using media for personal reference, reality exploration or confidence building

4) Surveillance
2.3.2.3 Interactive Media Theory

Rafaeli, in his Interactive Media Theory (1988), stated that this presents the communication exchange process in reverse. There is a relationship with previous communication and then back to the first communication between two parties found in face-to-face communication.

Schutz (1966) in his communication theory, Fundamental Interpersonal Relations Orientation (FIRO), felt that basic interaction was dependent on at least one of three elements as follows:

1) A common demand or interest is one group characteristic that will lead to an interpersonal relationship between two or more persons. This will be the result of an individual wanting to demonstrate their differences from others in their social group. People have a tendency to converse face-to-face, discussing content that relates to each individual. They want to present who they are and what they think, particularly those with a high status as they feel confident to expose themselves.

2) Love or concern for another are forms of desire that require protection to maintain a satisfying, or gratifying, relationship. This will develop a closeness, sense of warmth and other emotional bonds, which will then stimulate a tendency for an individual to send information to demonstrate their feelings.

3) The desire to be a social leader requires a feeling of success in one’s endeavors along with the influence of others. This will encourage the acquisition and creation of news that can be presented as a story.

The internet now allows for a change in the traditional conditions of a sender and receiver in the communication process through interactive exchanges that can now occur even when the two parties do not occupy the same space. Furthermore, the internet allows any sender to easily send an almost unlimited number stories at a single time, making the sender using the internet synonymous with the mass media and their receivers, their audience, who can also be content creators as the internet is an interactive medium.

When it comes to IMC, a sender is a marketer who develops and then sends content to a network through the internet. The receiver, or audience, with the internet is giving the ability to respond by either clicking on ‘Like’, sharing the content with others or leaving a comment. They can also choose to join activities being
advertised. Thus, the communication model now puts the receiver in the middle as they can alter between being a member of the audience and a sender, even content creator.

Shrimp (2010) explained how communication on the internet can develop relationships between the sender and receiver in his Two i’s of the Internet:

1) Individualization, which is when an internet user controls the information they expose themselves to.

2) Interactivity, which is when a user creates content to share with other internet users to develop interactive relations while they can still be selective in what they choose to receive.

However, information that can be searched through the internet, which is a big data source, has direct and indirect, accurate and distorted, and reliable and unreliable information. Therefore, when receivers are exposed to information that is too much like this, it causes Information Overload, which Toffler (1984) explained as the condition in which a recipient is confused and has difficulty in making a decision because of too much information.

For this research, the communication theories, Media Exposure, Uses and Gratification, and Interactive Media, will be applied for the analysis, synthesis and discussion of research results for the information seeking process of service users of gender reassignment health service industry.

2.3.3 Consumer Analysis Based on Psychographics and Buddhism

2.3.3.1 Consumer Analysis Based on Psychographics

Kanjana Kaewthep (1998) presented three criteria for consumer analysis:

1) Demographic Aspect, which includes population variables such as gender, age, domicile, education socio-economic status.

2) Psychological Aspect, which includes variables such as personality, behavior, attitudes, emotions and lifestyle.

3) Information Acquisition, which looks at how a person searches for information, information patterns and usage patterns.

The psychological variable, psychographics, of a communication receiver, or consumer, such as personality, behavior, thinking and emotions will be affected by economic and social variable limitations, which can be quite fixed, such as
education or income, which cannot clearly explain behaviors of an individual. Arnold Mitchell, a Stanford University professor (1993, as cited in Kanjana Kaewthep, 1998), introduced a new psychographic variable, Values, Attitudes and Lifestyles (VALS), which he explained by saying that lifestyle is at the center of an individual’s development. If lifestyle can be understood, then researchers can better understand the reason for certain behaviors. Mitchell developed a formula to study this phenomenon, which states that we have beliefs, dreams and values that we incorporate into our lives to make these beliefs and dreams a reality.

2.3.3.2 Personality Development

Sigmund Freud, a renowned psychoanalyst, in his Psychoanalytic Theories, proposed that the personality consists of the human mind causes people to behave differently and develop a personality. He structured the mind into three levels:

1) Id: This comprises all the natural aspects of a person from birth, particularly their desires. It provides the power and energy behind a person’s personality based on heredity and includes instinct, physical and sexual desires as well as aggressive behavior.

2) Ego: This manages one’s personality based on conscious psychological elements determined by one’s reality principle, which is vital to personality. An Ego can be used in decision making, forming principles, rationality, and memories.

3) Superego: This covers how a person acts socially and can be described as personality management, part of which is controlled by the conscious mind. It can control the search for happiness based on a moral conscience and will determine what is proper and improper behavior, what is right or wrong. It develops through experience and learned from parents, school and social norms (Gunpai, 2008).

These three elements that form the personality cannot be separated. If one element is very influential, a personality will be inclined to move in that direction. For example, with a strong Id, a person’s action will be swayed by their emotions and desire. They will show a lack of inhibition. With a high Ego, a person will have a much more rational nature and act in accordance with the reality principle. If, however, the Superego is strong, a person will adhere strictly to customs and traditions as well as hold to high social norms. Normally, no one person can perceive the mind of another
completely, but when the mind makes each person’s personality different, observing the personality of a person can make prediction possible.

2.3.4.3 The Six Buddhist Temperaments

The Six Buddhist Temperaments are based on an ancient psychological theory, possibly the world’s oldest which has been applied for over 2,500 years. It was first discussed in the Tripitka, the Buddhist scriptures, and the stories of the Lord Buddha. The word “Chariya” is defined as behavior, the basic nature of the temperaments or habits that are the personalities of each person. while “Carita” can be defined as the person with that kind of the chariya. (Somdej Phra Buddha Kosa Chan (P.A. Payutto), 1999). The study then of Carita is based on the teachings of the Lord Buddha to classify people to find the best direction to teach and select activities for the development of their knowledge and intellect more quickly and effectively.

In the book, Charita 6 Sattra Nai Kan An Chai Khon (The Six Temperaments – The Science of Reading a Persons’ Mind), Anusorn Chanthapan and Boonchai Kosolthanakul (2003) explained that this is a concept of categorizing the human psyche based on Buddhist teachings presented in the scripture, Khamphi Wi Sutthi Mak. The text explains that humans can be classified according to their temperaments. In fact, every human has more than one temperament, but there is only one that has distinctive characteristics. People can know their temperament and others’ temperament by observing their personalities and lifestyle. Through this understanding, a person can better make choices for their life, and they can also better know how to persuade and interact with others depending on their outstanding temperament. This book describes the temperaments of the six groups that are associated with the motivation to advertise products and services as follows:

1) Lustful Temperament – “Ragacarita”: These are persons with an active mind that bounces between emotions based on their lust for beauty. They like niceness and cleanliness, can be meticulous, speak sweetly, are attached to pictures and concerned about taste, scent, sound and touch. They are interested in fashion and accessories. They want to appear attractive in dress and general appearance. They also want to use quality goods that can be quite expensive. They will be concerned about their image and want others to think they have a good character, or personality, and are cheerful. They lust to be seen as someone who owns beautiful things. They want to eat delicious food and
speak sweetly with a soft voice, which is also melodious. They will listen well and would like what they hear to also be sweet and melodious as well as complimentary. They like to avoid hearing harsh words that are spoken loud. When it comes to lust, they are a dreamer. They will imagine different scenarios. Overall, they lust to be attractive and own attractive things.

Marketers who distinguish a target group with lustful temperament should attach an importance to beautiful things and avoid direct personal selling. Advertising directed at this group should have content that is pretty and graceful. The text should focus on beauty as well as promoting the social position of the receiving audience. The use of a celebrity such as a star actor or singer, can attract those with lustful temperament because of a concern for image. As these persons can be quite meticulous, the marketer would be smart to provide sufficient information and details to encourage the target’s purchase decision. Therefore, the marketer must have strong assertion support using substantial reasons in the advertising. It must also be remembered to use beautiful and polite language in every element.

2) Hateful Temperament – “Dosacarita”: This group of persons is angry and stricter than persons of the other temperaments when it comes to regulations. They care about being on time and keeping a promise or commitment. In addition, they expect the world to be as they see it, and everyone must act accordingly. They are always looking for flaws and watch for the mistakes of others. In reality, they can be quite strict when it comes to rules and regulations and become extremely angry when someone else breaks one of these. They will also express their anger if they are upset enough. A mistake will never usually bring a smile to their face. They will dress in dark colors, speak loud and fast and use quite harsh language. They never worry about how others feel.

For this group, marketers should focus on product or service quality and attributes in their advertising. They also shouldn’t set restrictions on their sale. They must provide sufficient information about their product or service and make those with a hateful temperament believe in their quality. If marketers cannot convince the hateful group to trust them, they could feel insulted, rejected or blamed. It would be best not to use a celebrity in the advertising as it could turn out to be a waste of expenditure. It would be better to use advertising that provides detailed information through informative messages. It can focus on a product’s or service’s outstanding attribute or unique selling point (USP).
3) Unintelligent Temperament – “Mohacarita”: This group includes people who do not act energetic or enthusiastic. When reading or studying in a classroom, they can easily fall asleep. They do not feel like doing anything as they bore easily as well. They find most things in their life difficult and do not seem to manage to complete any task. Normally, they evaluate themselves low, are sensitive and credulous. They will speak sweetly and almost never become angry with others. Those with an unintelligent temperament will also be courteous. They are shy and can feel awkward in social situations. They don’t want to stand out in a crowd.

For the unintelligent temperament target group, marketers should convince them to become their customers because if they feel satisfied with the product or service, they won’t switch to a different brand as they like to keep things in their life constant. The marketers should not provide in-depth explanations as these persons can become confused. Promotional budget should be spent on building trust in the brand’s quality and attributes in a truthful manner. Taking advantage or attempting to trick members of this target group is definitely the wrong approach. These persons will not complain or criticize, but they would rather change to a competing brand’s product or service with no thought about using the original once more. The marketers should remember to focus on maintaining consumer loyalty, which also requires less budget than persuading a prospective target consumer. Therefore, they should concentrate on after sale service to keep them loyal.

4) Discursive Temperament – “Witakkacarita”: A Pali word, it is pronounced wí d̀ák-gà jà-rìt, and those persons with discursive temperament are worriers who suffer from anxiety. Still, they like to talk and present their opinions. They also can have many questions for others. They can be self-centered, comparative and like to find faults in others. They can be easily distracted and become confused. They can be pessimistic and hold on to negative thoughts. They worry about how others will take advantage of them and look for ways they can benefit from these persons. Thus, they will not trust others easily nor act with sincerity. This means they find it hard to find joy. They appear as if they feel stressed out, won’t smile or act cheerful. They always seem like they are in a bad mood. They will then use harsh language with others to release their anger or tension to protect themselves from deceitful people.
When producing advertising or promotion aimed at those with a discursive temperament, marketers should use a very straightforward approach. If the target audience has a question, they should be answered quickly and concisely. Therefore, the marketers need to be ready by preparing information and data so they can answer them immediately. By reducing their anxiety, the marketers can build brand trust which will lead to their purchase of the marketer’s product or service. This target group can also assist in the distribution of an advertising or promotional message through word-of-mouth communication as they are persons who like to share their experiences and recommend a product or service to friends.

5) Devout Temperament – “Saddhacarita”: This group of persons believe they live according to an ideology. They are basically good, devout in their beliefs and feel they are superior to others because their speech and thinking is based upon principles. Still, the Lord Buddha said that these people can hold too much to their beliefs so that they will not listen to others, consider their reasoning or be willing to compromise. They believe there is only one truth. If someone does not agree with them, then that other person is wrong. Thus, those who are devout lack compassion as they think anyone who does not agree with them is bad.

For these reasons, the marketers must study members of this group to learn what they truly believe. They need to learn what kind of activities will attract them. They must also focus on developing a close relationship to persuade or convince them. This is because those with devout temperament will only choose to purchase a product or service from an entity they feel is similar to themselves. If a close relationship can be established, they can be more easily induced to purchase the marketer’s product or service.

6) Intellectual Temperament – “Buddhicarita”: In some writings, this temperament is referred to as “Yanacarita” and includes those persons with intellect and knowledge. This group will always consider reasons which they will look for, and under the reality principle, these people are better at solving problems than others. Furthermore, because of their intellect, they are open to new ideas. They are willing to learn and share their ideas with others. If one idea differs from an older idea of their own, if there is a good reason for a new thought, they are more than willing to accept it as they know nothing in this world is a certainty. They very much live in the moment and do not hold to the past nor worry about the future. They always seem to have clear goals in mind.
Marketers, when communicating with this temperament group, will focus on product or service details because this group will always research and analyze products or brands before making their purchase. The advertising aimed at this group will tell both the benefits and faults of a product or service as well as make comparisons with those of their competitors. Those belonging to the intellectual temperament group look for quality at a reasonable price.

Phra Pramote Pamojjo (Satayakorn) (2017), a highly respected monk, who teaches Dharma and Vipassna meditation, further explained that Unintelligent Temperament can lead to misunderstanding and then be the cause for other temperaments, lustful, hateful, discursive or devout to be displayed. In fact, lack of consciousness can cause delusion, the unintelligent temperament, expressed through eyes, ears, nose, tongue, body, and mind. When they have a positive impact, or what can be considered satisfaction, the lustful temperament, will be stimulated as the individual attempts to retain this pleasant feeling. This can lead to deep thought discursive temperament to fulfill the desire. If the desire is satisfied, people will have faith, the devout temperament. On the other hand, if they experience a negative impact, they will not be satisfied, the hateful temperament, and greed, the lustful temperament, which they would want to disappear quickly. They will think, the discursive temperament, and try to escape from this condition. The intellectual temperament will emerge when an individual maintains a centered consciousness. They can see the world without bias, the reasons for something and the results. They understand that everything must have a reason, and when the reason is over, what it caused will be over as well. Every temperament, except the intellectual temperament, has its root in delusion. If people have the unintelligent temperament as the foundation of all their other temperaments, they will stray according to their desires. Nevertheless, if they can acquire the intellectual temperament as the foundation for their other temperaments, they will be able to develop their consciousness.

Why do we need to know desires first? Because they arise more often. The mind can continue to have evil thoughts indefinitely. The mind with good thoughts is rare. When we try to train our mind, it will still be influenced by the temperaments of lust, hate and ignorance. When we achieve consciousness, we
do not feel lust, hate or ignorance. It is good for achieving awareness, but we cannot control ourselves to have this all the time. We can be affected by greed while trying to control ourselves. When we are greedy, we do not have a consciousness. As we learn of desires, for example, some persons may like a certain picture, sound or scent, they will then want to experience what is good, which can cause a greedy heart, so they should know themselves. Some persons are always angry, but if they can see their anger, they will no longer feel it. Some persons remain unintelligent, they should know themselves. They must learn to watch their mind. We must concentrate to separate our desires to recognize them, lust, hate, or ignorance. The unintelligent temperament is difficult to point out, but it happens most often in all of us. Some persons will experience anger often, but it cannot happen by itself. Because of ignorance, anger can then happen. If we are not unintelligent, we are not angry. Some persons will experience lust often; because of ignorance, lust can then happen, too. Ignorance is the cause of lust and anger. While consciousness is the cause of merit, ignorance is the cause of evil. If we cannot know our ignorance, we should observe our lust and anger, and we will see that both lust and anger happen without our control. (sic) (Phra Pramote Pamojjo (Satayakorn), 2017)

Phra Manas Dhammarato (Meemanee) (2011) further explained that religion emphasizes understanding an audience to select a pathway to make them more confident in trusting the teaching. Advertising itself is directed towards persuasion so an audience will accept a product or service. The connection between religion and marketing communication that this research focuses on is what could be termed as inducement, achieving an understanding in the audience that can lead to trust, faith and confidence in the promotional message or the sender. In religion, knowledge is applied to abandon desires, which is actually the opposite of the objective in marketing communications. Still, there are benefits to be gained from this knowledge which can then be applied in creating or stimulating desires.

Thus, this research applies the above concepts and theories to consumer analysis based on psychographics and the Six Buddhist Temperaments to better understand, analyze, synthesize and discuss the research findings on the temperaments
of consumers in the gender reassignment health service industry to find methods of persuasion that will have the greatest impact on the human mind.

2.4 Related Research

2.4.1 Research Related to the Gender Reassignment Health Service Industry in Thailand

2.4.1.1 Research Related to Service Providers Associated with the Gender Reassignment Health Service Industry in Thailand

In addition to medical research, there is actually very little research that has been conducted directly concerning the gender reassignment health service industry in Thailand. There was actually just one study that could assist in this research, The Development of Sex Reassignment Surgery in Thailand: A Social Perspective by Prayuth Chokrungvaranont, Gennaro Selvaggi, Sirachai Jindarak, Apichai Angspatt, Pornthep Pungrasmi, Poonpismai Suwajo and Preecha Tiewtranon (2014), which was published in the Scientific World Journal 2014. The study reviewed the development of sex reassignment surgery for male to female in Thailand between 1975 and 2012, examining social attitudes, epidemiology, surgical patients’ profiles, laws and regulations, religion and patients’ path from psychiatric assessment to surgery. Standards had been set for healthcare of patients who underwent sex reassignment surgery in Thailand as more programs have been established during the past thirty years. Still, Thai legislation lagged behind and did not cover transgender rights or their healthcare as these were not covered under the government’s universal healthcare program. However, the Medical Council of Thailand did establish a policy to establish the Criteria for the Treatment of Sex Change (Census, 2009) in accordance with the Standards of Care of the World Professional Association of Transgender Health. The objective behind this was to improve the healthcare of those who undergo sex reassignment surgery in Thailand. At this time, there are six major groups of private service providers providing surgical services primarily to foreign patients. The largest of these provided sex reassignment surgical services to nearly 3,000 persons (data collected in 2014).
This research supports the fact that Thailand can be considered an expert in sex reassignment surgery and can develop to become an international center for transgender health services with expert, experienced surgeons and healthcare services that meet international standards.

2.4.1.2 Research Concerning Service Users of the Gender Reassignment Surgery Health Service Industry in Thailand

This research found that there is very little research that has been conducted directly concerning transgenders in Thailand, and this has only focused on transwomen. There have been no studies concerning transmen nor any that has examined the link between transgenders and the gender reassignment health service industry. However, three studies were found that could provide additional understanding on gender reassignment.

1) Beauty management of sexual variant adolescences: case study of transsexual and transvestite male adolescences in a School of Kuchiarai by Prawit Onpana (2008)

This research, a thesis for the Master of Science at Khon Kaen University, employed in-depth interviews of a total of 31 teenage males who display transwoman behavior. Results showed that the participants wanted to manage their beauty according to four desires: 1) to have a pretty face, 2) to have beautiful skin, 3) to have a beautiful body that matches their desires, i.e., to undergo sex reassignment surgery, and 4) to have gestures and speech like a woman. They also explained there were four methods to manage their beauty: 1) beauty management through facial skin treatment, wearing makeup, treating acne, and orthodontics, 2) beauty management of body skin, for example, by applying creams and lotions, 3) beauty management to attain a female body by female hormone treatment, beauty augmentation services and ingesting health food supplements, and 4) beauty management through appearance including dressing in female clothing and accessories.

This research provides greater understanding of the development of transwoman methods of beauty management from those that can be easily performed by oneself such as facial skin care and applying makeup, to more complicated methods and those that could achieve permanent results such as female hormone treatment and up to
cosmetic surgery and finally, gender reassignment surgery to change from a man to be a woman in the future.

2) Social Movement of the Transgender by Piyaluk Potiwan (2011)

This research was a thesis to meet the requirements for the Doctor of Philosophy in Sociology awarded by Khon Kaen University. It employed a qualitative method with a sampling of 23 persons. Research results showed the driving forces behind transgender persons in forming a group were: 1) the power of social relations, be they family, school, place of employment, friends or lovers, 2) influencers who have different characteristics as homosexuals, 3) socio-economic status among transgender persons, what they can contribute to the struggle, their ability to bargain and creating a social place for transgenders with the goal to destroy social barriers and achieve equal rights for all, particularly in laws and regulations that govern freedoms of choice and the rights as a women (Researcher: Change of title or prefix of a person’s name under Gender Certification). This then led to a dispute which has not yet been resolved and causes discriminant problems for transgenders who have undergone gender reassignment surgery or have not yet had the opportunity to do so.

This research contributed to better understanding of how social contexts influence and affect transgender persons and drive them toward certain actions. This research provides a basis for analyzing the links between the social contexts and gender reassignment surgery, particularly socio-economic status (from a demographic perspective), which can be a major factor that can affect transgenders and their selection of gender reassignment surgery.

3) A Development of Quality of Life of Male to Female transgender by Acceptance and Commitment Group Therapy by Nuntaya Kongprapun (2016)

This research was a thesis to meet the requirements for the Doctor in Philosophy in Counseling Psychology awarded by the Faculty of Education, Burapha University. This research employed quantitative and qualitative methodologies with a sampling of 18 persons. The qualitative research results showed that transwomen focused on four areas of quality of life: 1) Physical Conditions: They would be physically weak. They would suffer from chronic illnesses, possibly from a lack of exercise. They would undergo long-term hormone treatment and they would not get enough rest, often because they would work at night. 2) Mental Conditions: They would feel disappointed and
depressed as they would not be accepted by society. They would feel stressed and worry about family problems. They would not feel confident in their profession and face both health and personal problems. 3) Social Relationships: The would not receive, or be accorded, the same rights as a natural female. They would not be accepted or given the same opportunities by society. They could not be themselves, and it would be difficult to make true friendships. 4) Environment: They would face economic hardship. They would live in poor conditions. Their family would not accept them as a transgender. Most employment that is available to them involves nighttime entertainment establishments.

This research provides an understanding the social contexts that influence and affect transgender persons, the problems or factors that affect their quality of life. The research results can be applied in the analysis of the links between these social contexts and gender reassignment surgery, particularly the physical and mental health issues transgender persons face and their inability to receive public healthcare, including sex reassignment surgery. Furthermore, it is evident that the participants of this research have a negative attitude towards their own lives.

2.4.2 Research Related to Integrated Marketing Communication for Medical Services in Thailand

This research also found that there has been little research on marketing communication for medical services in Thailand. Still, there are three studies of interest presented here.

1) Integrated Marketing Communication Strategies of Surgical Clinic “Meko Clinic” by Sompradtana Promchuew (2009)

This research employed in-depth interviews of four persons who work in integrated marketing communication for the Meko Clinic to gather information. Results showed that Meko Clinic provides cosmetic surgery services promoted through an integrated marketing communication strategy. Their objective is to increase their number of consumers, or service users, and build in them a sense of loyalty. The advertising and promotional content stresses problem solving for service users. This is promoted through many different channels, including 1) advertising through printed materials, the internet, interpersonal communication and word-of-mouth communication, 2) sales promotion using both discounts and premiums, 3) public relations through television, magazines and
websites, 4) direct marketing through the distribution of news about activities, products and services on different websites as well as SMS, direct mail and E-mail. The researcher explained that the most effective channel was word-of-mouth. The marketing communication activity employed the most was through sales by clinic employees at the different branches. Their biggest obstacle affecting their integrated marketing communication was their inability to present a comprehensive range of interesting content because of the restrictions stated in the Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising. Therefore, Meko Clinic chose to increase its use it Meko Beauty website and word-of-mouth through social media for their marketing communication.

This research contributed to a better understanding of the integrated marketing communication of cosmetic surgery clinics, particularly the content and media selected. In addition, it showed the restrictions imposed on communications and courses of actions that can be taken to find solutions to current problems. This then helped to see how Internet communication is gaining in importance and becoming a principal channel along with interpersonal and mouth-to-mouth communication.


This research collected data from a sampling of 400 persons, Asian, European, American and Australian. Results from a questionnaire showed that respondents felt that Thailand was an expert in cosmetic surgery, with 38% stating they ‘know a little bit’, followed by 28.5% saying, ‘only heard’; 19.75% saying, ‘never heard’; 9% saying, ‘know a fair amount’ and 4.75% saying, ‘know very well’. These responses thus showed that Thailand must focus on getting foreigners to know quickly that Thailand is an expert in cosmetic surgery. In addition, the key factor is the image assessment of Thailand showed that Thailand has a high potential for medical tourism as the cost for cosmetic surgery is much more economical compared to Western countries. Those interested in these services can travel to Thailand easily. The country has advanced medical equipment and a wide selection of tourist destinations. From a SWOT analysis, this research showed that advertising is still a weak point, thus, an obstacle for the country’s cosmetic surgery services industry for such reasons as its advertising and promotion are inferior to those of South Korea (Weakness), the Thai
Medical Council’s code of ethics sets restrictions of advertising as physicians are not allowed to produce advertising similar to that for other products as in other countries which do not set restrictions on advertising of cosmetic surgery service providers (Threat).

This research thus contributes to demonstrating what is required in the development of marketing communication management for the cosmetic surgery service industry, which has great potential in medical services, technology, service fees and related service industries, like tourism, which is fully prepared to serve the requirements of consumers of cosmetic surgery. The only weak point is the marketing communication which does have the potential to attract and persuade target consumers.

This research will focus on gender reassignment surgery as Thailand already has a respected reputation in this field and currently there is growing interest in transgenders.

3) Marketing Communication and Consumer Behavior in Health Care Market by Yaowapa Pathomsirikul (2012)

This academic article was published in the EAU Heritage Journal 2012. Results showed that the marketing communication strategies employed in the healthcare services business of hospitals contributed to consumers having a positive impression of the hospitals and the healthcare they provided. Hospitals would choose to employ an integrated marketing communication strategy that comprised: 1) recommendations and data on health by hospital personnel, 2) social media, 3) hospital websites and 4) public relations such as organizing community activities. The marketing communication strategies employed by government hospitals would focus on building relations between medical personnel and consumers to provide them with additional information on health as well as reduce the gap between the services the consumers, or patients, want and what the hospitals know and provide to achieve greater patient satisfaction. The healthcare service marketing that has succeeded needs to be customer driven and therefore, the service provider must know and understand their needs and desires. Thus, it is important that the marketing communication develops a long term relationship between the service provider and their consumers.
This research provides greater understanding of the integrated marketing communication strategies employed by healthcare service providers, particularly the media. In addition, it helps to show the importance of understanding and satisfying the demands of consumers to achieve consumer satisfaction and a long-term relationship.

2.4.3 Research Related to the Six Buddhist Temperaments

All five research studies related to consumer analysis based on the Six Buddhist Temperaments were examined for this research. While none have a direct correlation or show a connection to consumer persuasion through marketing communication or advertising, they can still provide some insight that can contribute to this study.


This research makes a comparison of personalities based on the Six Buddhist Temperaments of mid-level management who have different backgrounds. It was conducted with a sampling taken from private enterprises located in Bangkok. The research method employed was quantitative using a questionnaire to measure personality based on the Six Buddhist Temperaments. To do this, the researcher produced 341 questions that could be answered with number 1 for ‘Yes’ and 0 for ‘No’. The classification of personalities according to the Six Buddhist Temperaments and the points answered revealed the six personalities as follows: 1) Lustful Temperament: 68 points, 2) Hateful Temperament: 52 points, 3) Unintelligent Temperament: 50 points, 4) Discursive Temperament: 50 points, 5) Devout Temperament: 56 points and 6) Intellectual Temperament: 65 points. 75 percent or higher of the points were then considered to have a high level of a temperament. The next level, 60-74 percent, placed a person in the middle of a temperament and below 59 percent meant their personality fell into the low level. The results showed that the sampling of mid-level management of private enterprises in Bangkok had personalities based on the Six Buddhist Temperaments that fell in the high range of intellectual temperament; mid-level range was devout, and lustful, hateful, unintelligent and discursive ranked in the lowest level. Furthermore, it was found that demography had no effect on the Six Buddhist Temperaments.
This research provided direction for the development of questions for a questionnaire and analysis of results using the SPSS for Windows program to classify the sampling according to the Six Buddhist Temperaments as well as contribute to supporting these concepts as factors in demography and not as a variable that would affect the Six Buddhist Temperaments.

2) A Study of Education Administrator’s Personality Reference to the Six Type of Temperament in Buddhism Nonthaburi Educational Service Area Office by Kanok-karn Sinpibarn (2007)

This study examines the personalities according to the Six Buddhist Temperaments of school administrators working in the Nonthaburi school district office based on the hypothesis that the status of the administrators affects their personalities based on the Six Buddhist Temperaments. A questionnaire with 341 questions developed by Surirat Fonarun was employed as the research tool to measure personalities according to the Six Buddhist Temperaments. The results of interest showed that the administrators had personalities with high Intellectual and Devout temperaments, which seems to be right for school administrators. The female sampling had higher Intellectual and Devout temperaments than their male counterparts. Furthermore, those with higher age and experience scored higher than their younger, less experienced counterparts.

This research provided direction for the development of questions for a questionnaire and analysis of results using the SPSS for Windows program to classify the sampling according to the Six Buddhist Temperaments as well as identify factors that can affect temperaments. However, the determination of demographic characteristics is an independent variable, and the Six Buddhist Temperaments is a dependent variable conflicting with the concept that the researcher studied.

3) Creation of Art works to reflect the characters of women in literature through the meanings of the six temperaments by Sitarup Rattanakorn (2008)

This research studied the Six Buddhist Temperaments personality concept of six female characteristics in literature: 1) Nang Matana who exemplifies the Lustful Temperament, 2) Nang Soi Fa who exemplifies the Hateful Temperament, 3) Nang Mora who exemplifies the Unintelligent Temperament, 4) Nang Thommayunti who exemplifies the Discursive Temperament, 5) Nang Muntri who exemplifies the Devout
Temperament and 6) Nang Savitri who exemplifies the Intellectual Temperament. The temperaments are then examined through analysis of the literature to determine each feminine character’s personality traits. From this, their pictures were produced in costumes that would reflect, i.e., communicate, their temperaments and the opposite. The objective was to demonstrate the beauty to be found in each temperament through art.

This helped to determine the differences in each of the Six Buddhist Temperaments to better separate them and apply this as a tool in a qualitative content analysis.

4) Organizational Culture, Leadership Effectiveness Follow GLOBE, Personality Types on Caritas 6 and Spiritual Intelligence Focusing on S. P. Suzuki Public Company Limited’s Executives by Thananya Kiatisuranont (2011)

This research studied personality according to the Six Buddhist Temperaments of management of S.P. Suzuki Plc. together with their relationship with organizational culture, the character of effective leaders and intellect. To study the Six Buddhist Temperaments, the researcher designed a questionnaire to measure personality according to the temperaments based on the concepts discussed in the Khamphi Wi Sutthi Mak by Phra Phuttakhosajarn and manual for the study of the Phra Aphitham Mattha Sangkhha. 11 experts were then asked to review the research tool until the questionnaire comprised 94 questions. It was then found that the management sampling had personalities that could be classified under the intellectual, lustful and hateful temperaments.

This research contributed to an understanding of the concepts required to design a questionnaire to classify personalities according to the Six Buddhist Temperaments and analyze data using the SPSS for Windows program. However, the inability to access the questionnaire applied in this study is a limitation.

5) The Six Buddhist Temperaments in Managing Nursing Education: A Pilot Study by Yaovadee Suwannaka, Boonsurb Sosome, and Nongluk Sriboonma (2012)

This research examined a comparison of the personalities based on the Six Buddhist Temperaments of faculty members of the Boromarajonani College of Nursing, Praputthhabbat, Promratchchanok Institute, Ministry of Public Health
employing a questionnaire to measure personality based on the Six Buddhist Temperaments with 341 questions designed by Surirat Fonarun. The results of this study showed that the majority of faculty members had personalities that reflected the intellectual and devout temperaments at the high level. These were followed by the discursive temperament in the mid level and lustful, hateful, and unintelligent temperaments at the low level. Different levels of education, experience and positions did not affect or demonstrate differences for temperaments. This was then used to develop a policy to focus on the intellectual and devout temperaments for nursing faculty members.

This research contributed to an understanding of the concepts required to design a questionnaire to classify personalities according to the Six Buddhist Temperaments and analyze data using the SPSS for Windows program. It also helped to understand that age and status are not variables that affect temperaments.

When considering the three studies that employed the questionnaire on personality based on the Six Buddhist Temperaments designed by Surirat Fonarun (2003), their results provide a direct impression that the participants of all three have intellectual and devout temperaments that rank in the high level; however, there are doubts about the accuracy of the test. For this research, a questionnaire had to be designed that could measure personality based on the Six Buddhist Temperaments so a comparison could be made between the old and the new and whether the new form better met conditions. Another questionnaire was also of interest, Questionnaire on Basic Personality: 6 Buddhist Temperaments, that was designed by the Jirung Health Village (2011), which is a training center for body and mind rejuvenation and life enrichment that incorporates Buddhist traditions in a modern form to disseminate knowledge on holistic physical and mental healthcare.

The questionnaire on Basic Personality: 6 Buddhist Temperaments can be applied to collect certain data that can contribute to personality analysis as follows: 1) judgment on the perception of enlightenment, 2) living close to others who have an expertise in the temperaments and can use these to help in their thinking and 3) personal study and analysis. Using three methods can be difficult because of their restrictions. Based on these, the Jirung Health Village designed a questionnaire to determine basic personality based on the Six Buddhist Temperaments so that the results could be applied
in human resources development and the design of effective activities that could increase knowledge and help to select a dharma pathway and meditation practice that best fits a person’s temperament. This questionnaire, which is divided into two parts, can help to determine the temperament of each person that completes it as follows: 1) Its 90 questions focus on the thinking with questions that require a single word answer. The questions cover personality, behavior and personal likes/dislikes. Answers are given using a Likert Scale with four levels, most, a lot, a little and least. 2) The respondent reads six texts on six different types of basic personalities, compares themselves with each and responds by selecting a number on a scale from 1 to 6 with 1 being least and 6 being most similar to one’s own personality. An analysis of the results will then show that the respondent has a personality that matches two temperaments in descending order along with a bar chart that divides the analysis of the six personalities through formal behavior, speech and thinking, general personality and the personality assessment given in percentages. The questionnaire, assessment and data collection are all conducted online.

By employing a Likert Scale that provides a more detailed assessment and numbered scale for the personality temperaments, this research tool appears to be more reliable that the questionnaire for studying personality based on the Six Buddhist Temperaments designed by Surirat Fonarun (2003). Therefore, the Questionnaire on Basic Personality: 6 Buddhist Temperaments”, that was designed by the Jirung Health Village (2011) was applied in this research to design a new questionnaire as the research tool to test for the different temperaments.

Following the study and assessment of all twelve studies, this research discovered three major gaps which are summarized below:

1) The rights movement of gender diversity groups (LGBTIQ) around the world are important to observe. The research dealing with these groups, particularly transgenders, is quite limited in Thailand, making it more difficult for society to understand them. This research, realizing the importance, aims to provide a platform for transgender persons to speak out and express their desires and demands so they can achieve social equality.

2) Advertising is a weak point and obstacle for the plastic surgery service industry in Thailand as there are restrictions on medical advertising and promotion
according to the laws and Thai Medical Council’s regulations, which limit opportunities to promote the expertise of Thai physicians and quality of Thai medical services among target consumers. Therefore, this researcher sees that this issue should be studied to find the most suitable marketing communication point to create opportunities for competition in the world market and maintain the professional ethics.

3) While the use of the Six Buddhist Temperaments to determine personality to management human resources can be effective, there has been no research conducted to see how they can be linked to marketing. Realizing the potential, this research aims to find and demonstrate how the Six Buddhist Temperaments can be applied in marketing communication to improve its effectiveness in meeting the demands of target consumers.

Furthermore, as this researcher realizes the ability to link existing knowledge together as this can contribute to expanding the body of knowledge of integrated marketing communication using the Six Buddhist Temperaments to make the communication more persuasive, or compelling, particularly for the gender reassignment health service industry in Thailand by all of the concepts and theories mentioned above.

2.5 Conceptual Framework and Variable Relationship Framework

The conceptual framework for this research was adopted from “A Systems Model of Creativity” (Csikszentmihalyi, 1999, as cited in Lattipongpun, 2017), which explains that creativity has three elements: 1) Person, 2) Domains, or knowledge that is practical, cultural, and has related value, and 3) Fields, or the persons with authority to determine if something is correct or not. When a person creates a new piece of knowledge, product or service, if it is approved by authorities in the field, the creation is considered to have a value, and the initial party, or first creator, will be accepted as an expert in the field. Therefore, they must wait for this approval, which will mean acceptance into the field as their creation advances the body of knowledge or introduces a new concept. This first person will then be accepted as an authority to judge other’s creativity. All three elements will be communicated all the time. New persons continually joining and enlarging the field and the field’s body of knowledge will be
continually advancing and expanding this knowledge. On the other hand, if there are no new persons to enter the field or pass the scrutiny of those in authority, the field will shrink and decline as it has no new knowledge.

The gender reassignment health service industry can be divided into two groups: 1) service providers and 2) service users. These groups concern the same knowledge as do those in related fields, who will examine new findings and accept new members.

Service providers in this case include surgeons and cosmetic surgery specialists who join the gender reassignment health service industry. They study relevant knowledge and introduce new knowledge which will be examined by others of authority. If this new knowledge is accepted, the surgeon will be permitted to perform this surgery, and once they have been a member of this field for a substantial time, that will become one of those with authority to judge others.

Service users mean those persons interested in undergoing gender reassignment surgery. They will search for information about these services, and if they are accepted or approved by those in authority, they can undergo gender reassignment. They will also change their position or role to be one with authority as well as serve as a consultant and answer questions of others interested in gender reassignment surgery.

For this research, the two groups studied are presented in figure 2.8, which includes content and integrated marketing communication channels that can link the two groups as presented in figure 2.9.
Figure 2.8 Conceptual Framework of Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments

Source: Adapted from Csikszentmihalyi, 1999, p. 4, as cited in Lattipongpun, 2017.
Figure 2.9 Variable Relationship Framework of Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Methods

This research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry through The Six Buddhist Temperaments in Thailand, has employed a mixed research method that combines both qualitative and quantitative study organized into two steps as follows:

Step 1: Study the different types of sanatoriums, their formats, methods, messages/content and channels of the IMC in accordance with the Medical Code of Ethics of the gender reassignment health service industry in Thailand

Step 2: To study how the Six Buddhist Temperaments can replace or enhance demographics of the service users in the gender reassignment health service industry for marketing communication benefits

3.2 Step 1: Study the Different Types of Sanatoriums, Their Formats, Methods, Messages/Content and Channels of the IMC in Accordance with the Medical Code of Ethics of the Gender Reassignment Health Service Industry in Thailand

3.2.1 Research Methods

For this step, qualitative research was conducted in the form of in-depth interviews with service providers including plastic and reconstructive surgeons, administrators, marketing practitioners and customer relations personnel of the gender reassignment health service industry in Thailand.

From this study, the sanatoriums, providing gender reassignment health services could be divided into four types: 1) 4 government sanatoriums that provide
gender reassignment surgical service, 2) 28 private sanatoriums that provide gender reassignment surgical service that employ medical personnel, which currently include a total of 34 surgeons and physicians qualified to perform sex reassignment surgery. Some of these surgeons are performing sex reassignment surgery at more than one institution. Of these, some are performing these operations as a member of the full-time staff at a government hospital and are then performing the surgery at private hospitals or clinics outside of their regular working hours. The surgeons working at a number of different private sanatoriums will have regularly scheduled days and times for each of the venues where they are working or they will be at these hospitals or clinics when an appointment has been scheduled, as presented in table 3.1.

Table 3.1 Types of Sanatoriums Offering Sex Reassignment Surgery Classified According to Sanatoriums and Surgeons Offering Services in the Gender Reassignment Health Service Industry in Thailand

| Types of Sanatoriums Offering Sex Reassignment Surgery Classified According to Sanatoriums and Surgeons Offering Services in the Gender Reassignment Health Service Industry in Thailand |
|---------------------------------|---------------------------------|---------------------------------|
| **Government Hospitals Under the Ministry of Education or Thai Red Cross** | **Plastic and Reconstructive Surgeon or Physician** | **Sex Reassignment Surgery for Male to Female** | **Sex Reassignment Surgery for Male to Female** | **Meet the Criteria** |
| King Chulalongkorn Memorial Hospital, Bangkok | Assoc. Prof. Dr. Apichai Angspatt, MD* | ✓ | ✓ | ✓ |
| Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok | Assoc. Prof. Dr. Sirichai Jindarak, MD* Dr. Poonpismai Suwajo, MD | ✓ | ✓ | ✓ |
| Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok | Dr. Ngamcherd Sitpahul, MD* | ✓ | ✓ | ✓ |
| Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok | Dr. Kitakorn | ✓ | ✓ | ✓ |
| Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok | Kiranantawat, MD* | ✓ | ✓ | ✓ |
### Table 3.1 (Continued)

#### Types of Sanatoriums Offering Sex Reassignment Surgery

<table>
<thead>
<tr>
<th>Government Hospitals Under the Ministry of Education or Thai Red Cross</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok</td>
<td>Assoc. Prof. Dr. Chongdee Aojanepong, MD*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Government Hospitals under the Ministry of Health</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lerdsin Hospital, Bangkok</td>
<td>Dr. Thiti Chaovanalikit, MD*</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Hospitals</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamol Hospital, Cosmetic and Plastic Surgery, Bangkok</td>
<td>Dr. Kamol Pansritum, MD*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CH 9 Airport Hospital, Samut Prakan</td>
<td>(Inaccessible information)</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chiangmai Klaimor Hospital, Chiangmai</td>
<td>Dr. Chatree Prahomchote, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BPK9 International Hospital, Bangkok (Bangpakok 9)</td>
<td>Dr. Thiti Chaovanalikit, MD</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Asoke Skin Hospital, Bangkok</td>
<td>Dr. Thiti Chaovanalikit, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
Table 3.1 (Continued)

<table>
<thead>
<tr>
<th>Private Hospitals</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yanhee Hospital, Bangkok</td>
<td>Dr. Greechart, Ponsinsirarack, MD Dr. Sukit Warathamrong, MD*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Phuket International Hospital, Phuket</td>
<td>Dr. Sanguan Kunaporn, MD Dr. Narupon Rojanapithayakorn, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Asia Cosmetic Hospital, Nonthaburi</td>
<td>Dr. Tanongsak Panyawirunroj, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cosmetic Surgery Centers (Private)</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preecha Aesthetic Institute (PAI), Bangkok</td>
<td>Assoc. Prof. Dr. Preecha Tiewtranon, MD* Dr. Burin Wangjiraniran, MD FRCS* Dr. Sutin Khobunsongserm, MD*</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Phuket Plastic Surgery Institute, Phuket</td>
<td>Dr. Sanguan Kunaporn, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Table 3.1  (Continued)

**Types of Sanatoriums Offering Sex Reassignment Surgery**

<table>
<thead>
<tr>
<th>Polyclinics (Private)</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pratunam Polyclinic, Bangkok</td>
<td>Dr. Thep Vejvisith, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinics (Private)</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nida Skin &amp; Cosmetic Surgery Centre, Bangkok</td>
<td>Pol. Lt. Col. Dr. Piya Rungruxsiri, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Chettawut Plastic Surgery Center, Bangkok</td>
<td>Dr. Chettawut Tulatapanich, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Dr. Suporn’s Clinic, Chonburi</td>
<td>Dr. Suporn Watanyusakul, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Kunladet Clinic, Songkhla</td>
<td>Dr. Kunladet Techanaparukse, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Wimon Clinic, Chiangmai</td>
<td>Assist. Prof. Dr. Wimon Sirimahara, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Cosmetic Surgery Clinic, Bangkok</td>
<td>Dr. Somsak Kunachakr, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Jungceylon Plastic Surgery Clinic, Phuket</td>
<td>Lt. Cdr. Dr. Piyapas Pichaicharanong, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Celeb Clinic, Bangkok</td>
<td>Dr. Anuchit Kitsombud, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Nirunda Clinic, Bangkok</td>
<td>Dr. Tawisuk Labchitkuson, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Dr. Poonpismai Suwajo, MD</td>
<td>Dr. Poonpismai Suwajo, MD</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>
Table 3.1 (Continued)

<table>
<thead>
<tr>
<th>Clinics (Private)</th>
<th>Plastic and Reconstructive Surgeon or Physician</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Sex Reassignment Surgery for Male to Female</th>
<th>Meet the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangkok Cosmetic Surgery, Bangkok</td>
<td>Dr. Theerapong</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Boonyakariyakorn, MD*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangkok Plastic Surgery Clinic,</td>
<td>Dr. Pichet Rodchareon, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(BSC), Bangkok</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poonpissamai Plastic Surgery Clinic, Bangkok</td>
<td>Dr. Poonpismai Suwajo, MD</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rama 9 Plastic Surgery Clinic,</td>
<td>Dr. Pran Khukhanthin, MD (formerly known as Dr. Juta Chansri)</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bangkok</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phitsanulok Surgery Clinic,</td>
<td>Dr. Chatree</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Phitsanulok</td>
<td>Prahomchote, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saran Clinic, Bangkok</td>
<td>Dr. Saran</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Wannachamras, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaset Nawamin Plastic Surgery Clinic, Bangkok</td>
<td>Dr. Sutin</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Khobunsongserm, MD*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siamese Clinic, Nonthaburi</td>
<td>Dr. Ngamcherd</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Sitpahul, MD *</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: * Surgeons who perform sex reassignment surgery for Male to Female and Female to Male

Sex reassignment surgery is quite complex, particularly for Female to Male, as it requires organ reconstruction. Thus, those surgeons who are qualified to conduct this surgery would also be qualified to conduct other gender reassignment surgical procedures. For this research, purposive sampling (Podhisita, 2011) was applied to
select participants as this would best satisfy the research objectives to reflect realistic conditions without holding to the importance of the representative. The sample was selected from sanatoriums providing sex reassignment surgery for Male to Female and Female to Male. Nine sanatoriums were selected for this study:

1) King Chulalongkorn Memorial Hospital
2) Faculty of Medicine, Siriraj Hospital, Mahidol University
3) Faculty of Medicine, Ramathibodi Hospital, Mahidol University
4) Kamol Hospital
5) BPK9 International Hospital
6) Yanhee Hospital
7) Preecha Aesthetic Institute, PAI
8) Bangkok Cosmetic Surgery Clinic, BSC
9) Siamese Clinic

In addition, certain sanatoriums were selected for having partial impact on the gender reassignment health service industry in Thailand as part of the purposive sampling process (Podhisita, 2011). These include: Siam Laser Clinic (SLC), which provides gender reassignment cosmetic surgical procedures except for the changing of sexual organs, 2) Tangerine Community Health Center, a community healthcare center that provides only transgender services.

When letters were posted to the nine sanatoriums, hospitals and clinics that offer cosmetic and gender reassignment surgery to request interviews and the opportunity to collect data, Kamol Hospital, BPK9 International Hospital and Yanhee Hospital chose not to participate in the study as it was inconvenient for their management to be interviewed. Siamese Clinic was also unable to participate because they could not schedule an interview in the allocated time period. Thus, only Preecha Aesthetic Institute (PAI) and Bangkok Cosmetic Surgery Clinic (BSC) joined this study, representing the private sanatoriums that provide gender reassignment surgical service, which is one of the limitations of this research.

An in-depth interview, according to Chai Podhisita (2011), allows for the collection of sensitive and personal information and accounts through questions to gather knowledge and a deeper understanding of a topic. Questions can be posed with virtually no restrictions, thus, providing deep and detailed answers with a high degree
of reliability. The researcher must interview a large number of respondents to be sure they collect a comprehensive range of information and data. As it can be quite subjective, strict attention must be given to the analysis after the interviews have been conducted. There are two forms:

1) Semi-structured Interview: According to Chai Podhisita (2011), the interviewer will compose a number of questions to give the interview a direction. They will be open-ended in design and follow the preplanned order, but with some flexibility. Still, the interview must remain focused on its topic.

2) Unstructured Interview: According to Chai Podhisita (2011), the interviewer can ask questions to collect the information they are seeking. They may choose to follow a narrative interview format in which they might have charted a path they want to follow, or they do not even have to do that. The interview will be conducted more like a conversation. Both the interviewer and interviewee have the freedom to take the conversation where they want. Still, the interviewer will often have a plan so they can collect the data they are after. They might also rehearse their questions before conducting the interview.

For this interview, the semi-structured in-depth interview was selected with questions composed based on the research objectives, which aim at solving the research problems that have been identified. The questions are then composed as open-ended in order to gain knowledge and understanding through the respondents’ explanations and clarification. One issue might require a number of questions to achieve the desired results.

3.2.2 Data Sources

The interview sampling of the service providers included plastic and reconstructive surgeons, nurse, administrators, marketing practitioners and customer relations personnel of the sanatoriums associated with the gender reassignment health service industry in Thailand chosen according to the above mentioned criteria with a total of seven institutes participating. These include 1) three government sanatoriums that provide gender reassignment surgical service, 2) two private sanatoriums that provide gender reassignment surgical service and 3) two stakeholder sanatoriums that provide related services, all of which is presented in table 3.2.
Table 3.2  Interview Sampling: the Service Providers in the Gender Reassignment Health Service Industry in Thailand

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Interviewee</th>
<th>Position</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assoc. Prof. Dr. Apichai Angspatt, MD</td>
<td>Head of the plastic and reconstructive surgery unit</td>
<td>King Chulalongkorn Memorial Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Assoc. Prof. Dr. Chongdee Aojanepong, MD</td>
<td>Professor of plastic and reconstructive surgery</td>
<td>Faculty of Medicine, Siriraj Hospital, Mahidol University</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Ngamcherd Sitpahul, MD</td>
<td>Professor of plastic and reconstructive surgery</td>
<td>Faculty of Medicine, Ramathibodi Hospital, Mahidol University</td>
</tr>
<tr>
<td>4</td>
<td>Niwat Kaewpeer</td>
<td>Official Manager</td>
<td>Preecha Aesthetic Institute (PAI)</td>
</tr>
<tr>
<td>5</td>
<td>Nuttapong Laosuttipong</td>
<td>International Coordinator</td>
<td>Preecha Aesthetic Institute (PAI)</td>
</tr>
<tr>
<td>6</td>
<td>Tawiphong Bubpharat</td>
<td>Admin</td>
<td>Preecha Aesthetic Institute (PAI)</td>
</tr>
<tr>
<td>7</td>
<td>Phatchara Eamsaard</td>
<td>Admin</td>
<td>Preecha Aesthetic Institute (PAI)</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Theerapong Boonyakariyakorn, MD</td>
<td>Director and plastic and reconstructive surgery surgeon</td>
<td>Bangkok Cosmetic Surgery Clinic (BSC)</td>
</tr>
<tr>
<td>9</td>
<td>Patcharin Reowai</td>
<td>Clinic Staff</td>
<td>Bangkok Cosmetic Surgery Clinic (BSC)</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Jakkapart Manonukul, MD</td>
<td>Plastic and reconstructive surgery surgeon</td>
<td>Siam Laser Clinic (SLC)</td>
</tr>
<tr>
<td>11</td>
<td>Siriporn Nonenoy</td>
<td>Program Coordinator</td>
<td>Tangerine Community Health Center</td>
</tr>
</tbody>
</table>
Table 3.2 (Continued)

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Interviewee</th>
<th>Position</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Kritima Samitpol</td>
<td>Clinic Supervisor</td>
<td>Tangerine Community Health Center</td>
</tr>
<tr>
<td>13</td>
<td>Pintusorn Getwongsa, RN</td>
<td>Research Nurse</td>
<td>Tangerine Community Health Center</td>
</tr>
<tr>
<td>14</td>
<td>Artsanee Chancham</td>
<td>Care &amp; Counseling Officer</td>
<td>Tangerine Community Health Center</td>
</tr>
<tr>
<td>15</td>
<td>Anat Kumjul</td>
<td>Care &amp; Counseling Officer</td>
<td>Tangerine Community Health Center</td>
</tr>
</tbody>
</table>

3.2.3 Research Tools

3.2.3.1 Certificate for Ethical Research

A certificate for ethical research was granted by the Ethics Committee of the Graduate School of Communication Arts and Management Innovation, National Institute of Development Administration (GSCM, NIDA). Moreover, the researcher also attended two academic seminars on the Human Subject Protection in Social Science Research (See Appendix A).

3.2.3.2 Sample Consent Form

This form is to protect the confidentiality rights of the sampling who participate in the interviews for this research. These respondents are provided with an explanation so they will understand the data collection process that includes photographs, audio and video recording as well as how the data will be applied. This also grants permission to conduct the interview and use an interviewee’s written name while ensuring their confidentiality. If any of the sampling wants to conceal their name to maintain their privacy, a code is then used in place of the actual name of the interviewee (See Appendix B).

The consent form includes the following information listed below. (Note: The title of this research has been changed during the research process to make it as clear as possible.)
Subject: Interview to collect data and information for a research dissertation

I, (Name-Last name), (Position) (Department) has been informed about the contents of the dissertation on Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments conducted by Ms. Puntarika Rawikul, a candidate for a Doctor of Philosophy (Communication Arts and Innovation), the Graduate School of Communication Arts and Management Innovation of National Institute of Development Administration, including the details and the purposes of the research, processes to be followed and the effects and benefits from participating in this research by reading the clarification document and receiving a clear explanation by the researcher.

I volunteer to participate in this research project. However, I do retain the right to withdraw from this research at any time without providing any reason, and the withdrawal will not affect me in any way.

( ) I consent to disclose my name in this research study.

( ) I consent to disclose my information for the researcher to reveal in this research study.

( ) I consent to disclose my voice recording and associated documents to the researcher for this research study ONLY, and not of it should be disclosed elsewhere without my permission.

( ) I consent to reveal the data used in this research study ONLY.

( ) Other, please explain ____________________________

( ) I DO NOT consent to disclose my information in this research study.

Best regards,

Name ________________________
(Puntarika Rawikul)
Interviewer
Name ________________________
(____________)
Interviewee

mm dd, yyyy
mm dd, yyyy
3.2.3.3 The In-depth Interview Questions for the Service Providers

The questions for the in-depth interview of the service providers are written in Thai with details as follows in table 3.3:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
</table>
| Formats and methods of integrated marketing communication for the gender reassignment health service industry | - What current medical services for transgender customers do you now provide?  
- When a transgender customer contacts you for service, what is the procedure you follow?  
- What do you think about promoting Thailand as a global center for sex reassignment?  
- How have you prepared if Thailand is to be a global sex reassignment center?  
- What are some of the marketing restrictions you are now facing?  
- In your marketing, do you employ an internally or externally developed marketing plan and what is the process? |
| Messages/content for integrated marketing communication for the gender reassignment health service industry | - What data do you employ in your advertising and promotional materials?  
- What is your key message?  
- Do you have a method to speak to each transgender person? (This question relates to the Six Buddhist Temperaments)  
- What information is transgender persons interested in and ask before making their decision to have your services?  
- What information must be provided to transgender persons so they can make their decision on whether to have your services (which they might not have asked for)? |
Table 3.3 (Continued)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
</table>
| Channels for integrated marketing communication for the gender reassignment health service industry | - What method do you employ to distribute news and information to transgender persons to persuade them to use your service: 1) advertising, 2) direct selling by sales or communication staff, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events?  
- What methods do you use most to distribute news and information to transgender that will make them interested to use your service?  
- How do you employ the internet in your integrated marketing communication? |
| Advertising direction for the medical profession                     | - What do you think about the Thai Medical Council’s restrictions on advertising of medical services?  
- What do you think the ideal advertising should be for medical services? |

3.2.4 Data Analysis

The data analysis process began with a transcription of the in-depth interview contents and then checking these. The data results were then arranged according to topics as prescribed for in-depth qualitative research procedures. The data was then summarized along with samples of communication content distributed through different channels according to related theories and concepts: Concept of gender dysphoria (GD), Concept of gender reassignment surgery, Concept of medical services, Advertising concepts of sanatoriums that do not contradict the profession medical code of ethics, and Concepts and theories on marketing communication.
3.3 Step 2: To Study How the Six Buddhist Temperaments Can Replace or Enhance Demographics of the Service Users in the Gender Reassignment Health Service Industry for Marketing Communication Benefits

This second step has been divided into two parts: 1) Quantitative research of the service users and 2) Qualitative research of the service users. The methods are each explained in detail as follows:

3.3.1 Quantitative Research of the Service Users

3.3.1.1 Research Method

This quantitative approach employs a survey research method (Cheyjunya, 2015), a one-shot description study and a close-ended questionnaire (Cheyjunya, 2015) that is distributed through the newly created website, http://www.cmcgrst.com (See Appendix E) so data can be collected online. The questionnaire was also distributed as a hard copy among transgender persons interested in gender reassignment surgery for transwomen and transmen, both Thai and foreign, in order to collect data from a sampling of 400 participants. The data collection period was set at six months, a period in which a sufficient number of questionnaires was submitted. Finally, a total of 530 respondents submitted questionnaires.

3.3.1.2 Data Sources

1) Population: The population studied in this research comprises transgender persons, transwomen and transmen, both Thai and foreign from around the world who are interested in undergoing gender reassignment surgery. A survey of The Williams Institute conducted by Gates (2011) showed that transgenders make up 0.3 percent of the U.S. adult population. This figure was then used to calculate the global transgender population based on a 2015 census, or approximately 22,000,000 persons (0.003*7379 = 22.047 million persons).
2) Sampling: According to the world transgender population, an acceptable sampling can be calculated for this research by applying the Yamane formula (1973) to achieve a reliability of 95 percent and deviation of no more than 5 percent when \( n = \text{sampling}, N = \text{population}, e = \text{random sampling error} \).

\[
n = \frac{N}{1 + Ne^2}
\]

\[
n = \frac{22,000,000}{1 + (22,000,000)(0.05)^2}
\]

\[
n = 399.99 
\sim 400
\]

The minimum sampling was then set at 400 respondents using a multi-state sampling that comprises: 1) purposive sampling explained by Patchanee Cheyjunya (2015) and 2) accidental sampling as explained by Patchanee Cheyjunya (2015) for transwomen and transmen, both Thai and foreigners from around the world who are interested in gender reassignment surgery. The foreign sampling must thus include persons from Asia, Africa, America, Europe and Australia or Oceania at a minimum of 10 percent. A total of 530 respondents participated in this quantitative study.

3) Random Sampling: A random sampling was applied for both Thai and foreign participants to comprehensively cover such demographics as age, education and socio-economic status that can affect internet access. The distribution of questionnaires comprised those 1) online and 2) the hard copy document, according to the following details of the sampling:

(1) The online questionnaire sampling was determined by two steps as follows:

Step 1: Purposive sampling explained by Patchanee Cheyjunya (2015) during which data could be collected through a specially constructed website, and online questionnaire with the selection of the sampling based
on who entered the website, http://www.cmcgrst.com, which was promoted through public relations for this website and through the assistance of the following 14 organizations (See Appendix F):

a) Transsexual Association of Thailand,
b) Rainbow Sky Association of Thailand,
c) Asia Pacific Transgender Network (APTN),
d) Sisters Foundation,
e) Transmen Alliance of Thailand (TMAT),
f) Thai Transgender Alliance,
g) Susan’s Place Transgender Resources (susans.org),
h) The Plastic and Reconstructive Surgery Unit, Department of Surgery, King Chulalongkorn Memorial Hospital,
i) Gender Variation Clinic (Gen V Clinic), Faculty of Medicine, Ramathibodi Hospital, Mahidol University,
j) Preecha Aesthetic Institute (PAI),
k) Siamese Clinic,
l) Tangerine Community Health Center,
m) Corporate Communication and Social Responsibility Section, National Institute of Development Administration (NIDA), and
n) The Graduate School of Communication Arts and Management Innovation, National Institute of Development Administration (GSCM, NIDA).

Step 2: Accidental sampling as explained by Patchanee Cheyjunya (2015) was selected from persons who entered the website, http://www.cmcgrst.com and agreed to answer the questionnaire.

(2) The hard copy questionnaire was distributed through two steps as follows:

Step 1: Purposive sampling explained by Patchanee Cheyjunya (2015) during which the hard copy questionnaire was distributed to prospective respondents at the following 12 venues, which granted their permission to do so (See Appendix F):
a) Alcazar Cabaret Pattaya,
b) Tiffany’s Show Pattaya,
c) Coliseum Show Pattaya,
d) Mimosa Pattaya,
e) Calypso Cabaret,
f) Mambo Cabaret Show,
g) Golden Dome Cabaret Show,
h) Phuket Simon Cabaret,
i) ILGA World Conference 2016, Bangkok [Researcher: International Lesbian, Gay, Bisexual, Trans and Intersex Association, ILGA],
j) Asia Pacific Transgender Network 7th Anniversary; Regional Strategic Planning Meeting, Bangkok,
k) Preecha Aesthetic Institute (PAI), and
l) Tangerine Community Health Center.

Step 2: An accidental sampling as explained by Patchanee Cheyjunya (2015) was selected from transgender persons who agreed to answer the questionnaire.

3.3.1.3 Research Tools

The research tool employed is a close-ended questionnaire as explained by Patchanee Cheyjunya (2015) which was approved by the Ethics Committee of the Graduate School of Communication Arts and Management Innovation, National Institute of Development Administration (GSCM, NIDA). Moreover, the researcher also attended two academic seminars on the Human Subject Protection in Social Science Research (See Appendix A).

The approved questionnaire has a total of 43 questions with the original written in Thai and then translated into English, Mandarin Chinese and Japanese to provide foreign respondents with a choice depending on their language proficiency (See Appendix D). The question structure is as follows:

1) Screening questions: 2 sections
2) Demographic questions: 7 sections
3) Psychographic and attitude questions based on the Six Buddhist Temperaments: Main Questions: 2 sections; Sub-questions: 19 sections
4) Questions on the content found through the data search process on gender reassignment surgery: Main Questions: 10 sections; Sub-questions: 48 sections

5) Questions on the communication channels employed for data search on gender reassignment surgery: Main Questions: 16 sections; Sub-questions: 94 sections

6) Questions on interest and decision making for gender reassignment surgery: 4 sections

7) Questions on data on contact in the case the respondent is interested in participating in the qualitative research phase or research results at the completion of this study: 2 sections

3.3.1.4 Criteria for Calculating Scores

The questions dealing with attitude, personalities, and psychographic factors based on the Six Buddhist Temperaments were divided into two main questions and 19 sub-questions with answers given by a Likert’s scale with a range of 1 to 5 points with:

5  meaning the highest,
4  meaning high,
3  meaning medium,
2  meaning low,
1  meaning the least.

Interpretation of an average score:

4.21 - 5.00 representing the highest level of a temperament,
3.41 - 4.20 representing high level of a temperament,
2.61 - 3.40 representing medium level of a temperament,
1.81 - 2.60 representing low level of a temperament,
1.00 - 1.80 representing the least level of a temperament.
Questions concerning the information seeking process for content about
the gender reassignment health service industry comprised 9 major questions with 40
sub-questions with answers given by a Likert’s scale with a range of 1 to 5 points
with:

5  meaning the highest,
4  meaning high,
3  meaning medium,
2  meaning low,
1  meaning the least.

Interpretation of An average score:

4.21 - 5.00  representing the highest level of exposure, satisfaction and interaction,
3.41 - 4.20  representing high level of exposure, satisfaction and interaction,
2.61 - 3.40  representing medium level of exposure, satisfaction and interaction,
1.81 - 2.60  representing low level of exposure, satisfaction and interaction,
1.00-1.80  representing the least level of exposure, satisfaction and interaction.

Questions concerning the information seeking process via channels for
searching about the gender reassignment health service comprised 15 major questions
with 94 sub-questions with answers given by a Likert’ Scale with a range of 1 to 5
points with:

5  meaning the highest,
4  meaning high,
3  meaning medium,
2  meaning low,
1  meaning the least.
Interpretation of An average score:

4.21 - 5.00 representing the highest level of exposure, satisfaction and interaction,
3.41 - 4.20 representing high level of exposure, satisfaction and interaction,
2.61 - 3.40 representing medium level of exposure, satisfaction and interaction,
1.81 - 2.60 representing low level of exposure, satisfaction and interaction,
1.00-1.80 representing the least level of exposure, satisfaction and interaction.

3.3.1.5 Test for Reliability of Research Tools

Once the questionnaire had been compiled, it was tested for validity and reliability. It was checked for validity by the research advisor who examined the content for validity, language suitability, questions clarity and for its comprehensive completeness after which corrections and revisions were made to ensure it was suitable, covered all topics and would answer all objectives.

In addition, the questionnaire was tested for reliability through a pre-test of the revised questionnaire with a sampling of 30 respondents to ensure that all questions of each part were clear and communicated the correct meaning according to the research criteria as well as were easily understood by the respondents. This was determined by applying the Cronback’s Alpha coefficient for reliability test. If the Cronback’s Alpha coefficient of each variable has a score of 0.7 or higher, then the questionnaire is considered reliable and can be distributed to test the research hypotheses as presented in table 3.4.
Table 3.4 Reliability of Questionnaire’s Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Lustful Temperament</td>
<td>.767</td>
</tr>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Hateful Temperament</td>
<td>.709</td>
</tr>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Unintelligent Temperament</td>
<td>.735</td>
</tr>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Discursive Temperament</td>
<td>.750</td>
</tr>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Devout Temperament</td>
<td>.740</td>
</tr>
<tr>
<td>Reliability of the variable of attitude and personalities based psychographics according to the Six Buddhist Temperaments variable: Intellectual Temperament</td>
<td>.836</td>
</tr>
<tr>
<td>Reliability of the variable of messages/content exposure concerning gender reassignment surgery health services in Thailand</td>
<td>.947</td>
</tr>
<tr>
<td>Reliability of the variable of messages/content satisfaction concerning gender reassignment surgery health services in Thailand</td>
<td>.958</td>
</tr>
<tr>
<td>Reliability of the variable of messages/content interaction concerning gender reassignment surgery health services in Thailand</td>
<td>.974</td>
</tr>
</tbody>
</table>
Table 3.4 (Continued)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability of the variable of media exposure concerning gender reassignment surgery health services in Thailand accessed through different communication channels</td>
<td>.919</td>
</tr>
<tr>
<td>Reliability of the variable of satisfaction concerning gender reassignment surgery health services in Thailand accessed through different communication channels</td>
<td>.947</td>
</tr>
<tr>
<td>Reliability of the variable of interaction concerning gender reassignment surgery health services in Thailand accessed through different communication channels</td>
<td>.960</td>
</tr>
</tbody>
</table>

3.3.1.6 Data Processing

1) Checking to ascertain if the data is complete and can be used
2) Coding of the sampling
3) Uploading the data through the coding in the Statistical Package for Social Science (SPSS) program to acquire statistical results for analysis

3.3.1.7 Data Analysis

The descriptive statistics are then entered into a table that presents frequency distribution, percentage and mean to explain the data collected through the different parts of questionnaire as follows:

1) Demographics
2) Psychographics according to the Six Buddhist Temperaments
3) Interest in gender reassignment surgery health service
4) Messages/content of IMC acquired through information search, including exposure, satisfaction and interaction with communication for gender reassignment surgery health services
5) Channels of IMC accessed for the search of information, including exposure, satisfaction and interaction with communication for gender reassignment surgery health services interest and decision making concerning gender reassignment health services
For inferential statistics, hypotheses were developed based on analysis of results, determining independent and dependent variables and establishing test statistics as presented in table 3.5.

Table 3.5 Hypotheses, Independent and Dependent Variables and Test Statistics for

<p>| Research Framework 1 Content Exposure and Service User Temperaments |
|---------------------------------------------------------|-----------------|-------------------|---------------------|
| <strong>Hypothesis</strong>                                           | <strong>Independent Variable</strong> | <strong>Dependent Variable</strong> | <strong>Test Statistic</strong> |
| 1) Service users with different temperaments have different content exposure concerning medical information and facts. | Psychographics based on service users’ Six Buddhist Temperaments | Content exposure concerning medical information and facts | The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method. |
| 2) Service users with different temperaments have different content exposure to information concerning sanatoriums. | Psychographics based on service users’ Six Buddhist Temperaments | Content exposure to information concerning sanatoriums | The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method. |</p>
<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Framework 1 Content Exposure and Service User Temperaments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Service users with different temperaments have different content exposure to information about physicians and surgeons.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content exposure to information about physicians and surgeons</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>Research Framework 2 Satisfaction of Content and Service User Temperaments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Service users with different temperaments have different levels of satisfaction with medical information and facts.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content satisfaction concerning medical information and facts</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Independent Variable</td>
<td>Dependent Variable</td>
<td>Test Statistic</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>5) Service users with different temperaments have different levels of satisfaction with information concerning sanatoriums.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content satisfaction of information concerning sanatoriums</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>6) Service users with different temperaments have different levels of satisfaction with information about physicians and surgeons.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content satisfaction concerning information about physicians and surgeons</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Independent Variable</td>
<td>Dependent Variable</td>
<td>Test Statistic</td>
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</tr>
<tr>
<td>7) Service users with different temperaments interact differently with medical information and facts.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content interaction concerning medical information and facts</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>8) Service users with different temperaments interact differently with information concerning sanatoriums.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content interaction with information concerning sanatoriums</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>9) Service users with different temperaments interact differently with information about physicians and surgeons.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Content interaction with information about physicians and surgeons</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Independent Variable</td>
<td>Dependent Variable</td>
<td>Test Statistic</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10) Service users with different temperaments have different exposure to advertising.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Advertising exposure</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>11) Service users with different temperaments have different exposure to personal communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Interpersonal communication exposure</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>12) Service users with different temperaments have different exposure to direct marketing communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Direct marketing communication exposure</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>13) Service users with different temperaments have different exposure to public relations.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Public relations exposure</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>14) Service users with different temperaments have different exposure to sales promotion and special events.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Sales promotion and special events exposure</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>15) Service users with different temperaments have different levels of satisfaction with advertising.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Advertising satisfaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>16) Service users with different temperaments have different levels of satisfaction with personal communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Interpersonal communication satisfaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>17) Service users with different temperaments have different levels of satisfaction with direct marketing communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Direct marketing communication satisfaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>
### Table 3.5 (Continued)

#### Research Framework 5 Media Satisfaction and Service User Temperaments

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>18) Service users with different temperaments have different levels of satisfaction with public relations.</td>
<td>Psychographics based on service users’ Six Temperaments</td>
<td>Public relations satisfaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>19) Service users with different temperaments have different levels of satisfaction with different sales promotion and special events.</td>
<td>Psychographics based on service users’ Six Temperaments</td>
<td>Sales promotion and special events satisfaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>

#### Research Framework 6 Media Interaction and Service User Temperaments

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>20) Service users with different temperaments interact differently with advertising.</td>
<td>Psychographics based on service users’ Six Temperaments</td>
<td>Advertising interaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

**Research Framework 6 Media Interaction and Service User Temperaments**

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>21) Service users with different temperaments interact differently with personal communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Interpersonal communication interaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>22) Service users with different temperaments interact differently with direct marketing communication.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Direct marketing communication interaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>23) Service users with different temperaments interact differently with public relations.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Public relations interaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>24) Service users with different temperaments interact differently with sales promotion and special events.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
<td>Sales promotion and special events interaction</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

<table>
<thead>
<tr>
<th>Research Framework 6</th>
<th>Media Interaction and Service User Temperaments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypothesis</strong></td>
<td><strong>Independent Variable</strong></td>
</tr>
<tr>
<td>and special events.</td>
<td>conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Framework 7</th>
<th>Decision Making for Gender Reassignment Surgery Health Services in Thailand and Service User Temperaments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypothesis</strong></td>
<td><strong>Independent Variable</strong></td>
</tr>
<tr>
<td>25) Service users with different temperaments have different decision making to undergo gender reassignment surgery health services.</td>
<td>Psychographics based on service users’ Six Buddhist Temperaments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Framework 8</th>
<th>Relationship between Messages/Content of IMC and Information Seeking Process of the Service Users for the Gender Reassignment Health Service Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypothesis</strong></td>
<td><strong>Independent Variable</strong></td>
</tr>
<tr>
<td>26) Content exposure is related to satisfaction of content concerning gender reassignment surgery health services.</td>
<td>Content exposure</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

Research Framework 8 Relationship between Messages/Content of IMC and Information Seeking Process of the Service Users for the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>27) Content exposure is related to interaction with content concerning gender reassignment surgery health services.</td>
<td>Content exposure</td>
<td>Content interaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
<tr>
<td>28) Content satisfaction is related to satisfaction of content concerning gender reassignment surgery health services.</td>
<td>Content satisfaction</td>
<td>Content interaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
<tr>
<td>29) Service users with different decision making to undergo gender reassignment surgery health services have different media exposure.</td>
<td>Content exposure</td>
<td>Decision gender reassignment surgery making</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>30) Service users with different decision making to undergo gender reassignment surgery</td>
<td>Content satisfaction</td>
<td>Decision gender reassignment surgery making</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be</td>
</tr>
</tbody>
</table>
### Table 3.5 (Continued)

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>health services have different content satisfaction.</td>
<td></td>
<td></td>
<td>conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>31) Service users with different decision making to undergo gender</td>
<td>Content interaction</td>
<td>Decision gender</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>reassignment surgery health services have different content interaction.</td>
<td></td>
<td>surgery making</td>
<td></td>
</tr>
<tr>
<td>32) Content interaction is the most effective variable to explain the decision to undergo gender reassignment surgery health services in Thailand.</td>
<td>Content interaction</td>
<td>Decision gender</td>
<td>Analysis of the Multiple Regression and variable selection applying the Stepwise equation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reassignment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>surgery making</td>
<td></td>
</tr>
</tbody>
</table>

### Research Framework 8 Relationship between Messages/Content of IMC and Information Seeking Process of the Service Users for the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>33) Media exposure is related to satisfaction of media concerning gender reassignment surgery</td>
<td>Media Exposure</td>
<td>Media satisfaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>health services.</td>
<td>Media Exposure</td>
<td>Media interaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
<tr>
<td>34) Media exposure is related to interaction with media concerning gender reassignment surgery health services.</td>
<td>Media Exposure</td>
<td>Media interaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
<tr>
<td>35) Media satisfaction is related to interaction with media concerning gender reassignment surgery health services.</td>
<td>Media satisfaction</td>
<td>Media interaction</td>
<td>Analysis of the Pearson Correlation</td>
</tr>
<tr>
<td>36) Service users with different decision making to undergo gender reassignment surgery health services have different media exposure.</td>
<td>Media Exposure</td>
<td>Decision gender reassignment surgery making</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>37) Service users with different decision making to undergo gender reassignment surgery health services have different content satisfaction.</td>
<td>Media satisfaction</td>
<td>Decision gender reassignment surgery making</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
</tbody>
</table>
Table 3.5 (Continued)

Research Framework 9 Relationship between Channels of IMC and Information Seeking Process of the Service Users for The Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>38) Service users with different decision making to undergo gender reassignment surgery health services have different media interaction.</td>
<td>Media interaction</td>
<td>Decision gender reassignment surgery making</td>
<td>The analysis of variance (ANOVA) is conducted using the F-test. If a variance is found, a test of two means will be conducted following the Least Significant Difference (LSD) method.</td>
</tr>
<tr>
<td>39) Media interaction is the most effective variable to explain the decision to undergo gender reassignment surgery health services in Thailand.</td>
<td>Media interaction</td>
<td>Decision gender reassignment surgery making</td>
<td>Analysis of the Multiple Regression and variable selection applying the Stepwise equation.</td>
</tr>
</tbody>
</table>

3.3.1.8 Data Presentation

Data are presented using a descriptive data table with headings consistent with the research objectives. The quantitative results act as an axis and are inserted with the qualitative results under the same topics. The material is summarized, analyzed and discussed based on related theories and concepts concerning gender and gender diversity, gender dysphoria (GD), gender reassignment surgery, communication model theories, integrated marketing communication (IMC), digital marketing, word-of-mouth marketing, consumer decision making process theory, media exposure theory, uses and gratification theory and Interactive Media
Theory, consumer analysis based on psychographics, personality development and the Six Buddhist Temperaments.

3.3.2 Qualitative Research of the Service Users

3.3.2.1 Research Method

The qualitative research contributes to answering the research questions in greater detail with the qualitative research findings helping to understand the personalities of consumers of gender reassignment health service. These findings also help to understand the reasons for such behaviors. Thus, the research employed a semi-structured in-depth interview format as a research tool to collect data with the design of questions based on the research objectives. The research questions must be designed open-ended to provide the best answers that can also clarify all points. Thus, one issue might require a number of questions. The sampling includes 20 transgender persons interested in gender reassignment surgery for transwomen and transmen, both Thai and foreign. The data collection period was set at six months or less if all interviews could be completed.

3.3.2.2 Data Sources

Snowball sampling as explained by Chai Podhisita (2011) was employed with the sampling for the in-depth interviews of 20 transgender persons interested in gender reassignment health service. The sampling was divided into 16 transwomen and four transmen, or at a ratio of 4:1, which Somphop Ruangtrakun (2007) discussed in his book, Homosexual Behavior and Mental Health.

This also required a minimum of five foreign transwomen and transmen representing the different continents, Asia, America and Europe, or 25 percent of the total sampling. To ensure the accuracy of the data, the foreign sampling was required to speak Thai and/or English. An appointment was scheduled for the in-depth interview of each individual which was recorded throughout as presented in table 3.6.
### Table 3.6 In-depth Interview Participants: Services Users of Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Gender Identity</th>
<th>Race</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transman</td>
<td>Japanese-Thai</td>
<td>Japanese</td>
</tr>
<tr>
<td>2</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>3</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>4</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>5</td>
<td>Transwoman</td>
<td>Thai</td>
<td>American</td>
</tr>
<tr>
<td>6</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>7</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>8</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>9</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>10</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>11</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>12</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>13</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>14</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>15</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>16</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
</tr>
<tr>
<td>17</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
</tr>
<tr>
<td>18</td>
<td>Transwoman</td>
<td>Spanish</td>
<td>Spanish</td>
</tr>
<tr>
<td>19</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
</tr>
<tr>
<td>20</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
</tr>
</tbody>
</table>

### 3.3.2.3 Research Tools

1) Certificate for Ethical Research

A certificate for ethical research was granted by the Ethics Committee of the Graduate School of Communication Arts and Management Innovation, National Institute of Development Administration (GSCM, NIDA). Moreover, the researcher also attended two academic seminars on the Human Subject Protection in Social Science Research (See Appendix A).
2) Sample Consent Form

This form is to protect the confidentiality rights of those sampling who participate in the interviews for this research. These respondents are provided with an explanation so they will understand the data collection process that includes photographs, audio and video recording as well as how the data will be applied. This also grants permission to conduct the interview and use the interviewee’s written name while ensuring their confidentiality (See Appendix G).

To protect the transgender interviewees’ privacy, their names were replaced by codes. Transwomen were designed as MTF while transmen were designed as FTM. They were then designed by the order they were interviewed such as MTF01, FTM02.

The consent form to participate in this research project was issued in 1) Thai and 2) English, and included the following information listed below. (NOTE: The title of this research has been changed during the research process to make it as clear as possible.)

Subject: Interview to collect data and information for a research dissertation

I, (Name-Last name), has been informed about the contents of the dissertation on Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments conducted by Ms. Puntarika Rawikul, a candidate for a Doctor of Philosophy (Communication Arts and Innovation), the Graduate School of Communication Arts and Management Innovation of National Institute of Development Administration, including the details and the purposes of the research, processes to be followed and the effects and benefits from participating in this research by reading the clarification document and receiving a clear explanation by the researcher.

I volunteer to participate in this research project. However, I do retain the right to withdraw from this research at any time without proving any reason, and the withdrawal will not affect me in any way.

( ) I consent to disclose my name in this research study.

( ) I consent to disclose my information for the researcher to reveal in this
research study.

( ) I consent to disclose my voice recording and associated documents to the researcher for this research study ONLY, and not of it should be disclosed elsewhere without my permission.

( ) I consent to reveal the data used in this research study ONLY.

( ) Other, please explain ____________________________________________________________

( ) I DO NOT consent to disclose my information in this research study.

Best regards,

Name ________________________  Name ________________________

(Puntarika Rawikul)  (____________)

Interviewer  Interviewee

mm dd, yyyy  mm dd, yyyy

3) The in-depth interview questions for the service users

The questions for the in-depth interview of the service users are written in 1) Thai and 2) English with details as follows:

Table 3.7  The In-depth Interview Questions for Service Users in English

<table>
<thead>
<tr>
<th>Topic</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in and desire for gender reassignment surgery health services</td>
<td>- Please introduce yourself</td>
</tr>
<tr>
<td></td>
<td>- When did you realize you are transgender? and</td>
</tr>
<tr>
<td></td>
<td>How?</td>
</tr>
<tr>
<td></td>
<td>- In your opinion, why are you transgender?</td>
</tr>
<tr>
<td></td>
<td>- Why did you undergo gender reassignment surgery?</td>
</tr>
<tr>
<td></td>
<td>- What did you expect from gender reassignment surgery health services?</td>
</tr>
</tbody>
</table>
## Table 3.7 (Continued)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Context</strong></td>
<td>- How did your family, couples, friends and colleagues think about you as a transgender and your transition?</td>
</tr>
<tr>
<td></td>
<td>- Besides yourself, who or what motivated you to undergo gender reassignment surgery?</td>
</tr>
<tr>
<td></td>
<td>- What do people in your society think about transgenders who underwent gender reassignment surgery?</td>
</tr>
<tr>
<td></td>
<td>- As a person underwent gender reassignment surgery, what do you expect from your society?</td>
</tr>
<tr>
<td><strong>Communication Channels</strong></td>
<td>- Where and how did you get information about gender assignment surgery?</td>
</tr>
<tr>
<td>employed in data search</td>
<td>- What is the reason that you chose to get the information from those sources?</td>
</tr>
<tr>
<td></td>
<td>- Which media provided the most information and why?</td>
</tr>
<tr>
<td></td>
<td>- Which media did you like the most and rely on? How? Why?</td>
</tr>
<tr>
<td></td>
<td>- While searching for information, which media did you interact with the most? How?</td>
</tr>
<tr>
<td></td>
<td>- What motivated you to have interaction with that media?</td>
</tr>
<tr>
<td></td>
<td>- How did you feel after the interaction?</td>
</tr>
<tr>
<td></td>
<td>- Did the interaction through that kind of media affect your decision to choose a gender reassignment surgery service? How?</td>
</tr>
</tbody>
</table>
**Table 3.7** (Continued)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication content accessed for data search</td>
<td>- What makes you interested in each type of information about gender reassignment surgery? (medical information and facts, information concerning sanatoriums and about physicians and surgeons)</td>
</tr>
<tr>
<td></td>
<td>- Why are you interest in that information?</td>
</tr>
<tr>
<td></td>
<td>- What type of information did you most receive? Why?</td>
</tr>
<tr>
<td></td>
<td>- Which information did you like the most and rely on? How? Why?</td>
</tr>
<tr>
<td></td>
<td>- While searching for information, what type of information did you interact with most? How?</td>
</tr>
<tr>
<td></td>
<td>- What motivated you to interact with that type of information?</td>
</tr>
<tr>
<td></td>
<td>- How did you feel after the interaction?</td>
</tr>
<tr>
<td></td>
<td>- Did the interaction through that type of information affect your decision to choose a gender reassignment surgery service? How?</td>
</tr>
<tr>
<td>Desired additional news and information</td>
<td>- Do you think that there is enough information from all kinds of media? How?</td>
</tr>
<tr>
<td></td>
<td>- To feel more confident to undergo gender reassignment surgery, what additional information would you want? What kind of platform?</td>
</tr>
<tr>
<td>Role of internet in gender reassignment surgery health services</td>
<td>- How do you use the internet daily?</td>
</tr>
<tr>
<td></td>
<td>- How does the internet function for you to search for information about gender reassignment surgery?</td>
</tr>
</tbody>
</table>
Table 3.7  (Continued)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Questions</th>
</tr>
</thead>
</table>
| Decision making for gender reassignment surgery health services | - What type of information from the internet source can affect your decision to undergo gender reassignment surgery? Why?  
- What kind of surgery did you choose to become transgender? What are your reasons for the decision?  
- How long did you take to make the decision?  
- What is the first reason to choose the sanatorium for gender reassignment surgery? Why?  
- How did you feel when you entered the sanatorium for gender reassignment surgery?  
- Please tell about the moment and your feelings on the surgery day.  
- Please tell about the time and feelings during recovery.  
- How did your life change after surgery?  
- Did gender reassignment surgery make your life happier? How?  
- Would you recommend the sanatorium where you had surgery to your friends? How? Why?  
- If you want to undergo more surgery in the future, will you choose the same sanatorium? Why?  
- What do you think about Thailand becoming a center for gender reassignment surgery? |

3.3.2.4 Data Analysis

For this data analysis, the recordings of the in-depth interviews were first transcribed and then checked. The qualitative research findings were then inserted with the quantitative research findings under the same topic headings. The results were next
written as a descriptive report after which they were summarized, analyzed and discussed based on related theories and concepts concerning gender and gender diversity, gender dysphoria (GD), gender reassignment surgery, communication model theories, integrated marketing communication (IMC), digital marketing, word-of-mouth marketing, consumer decision making process theory, media exposure theory, uses and gratification theory and Interactive Media Theory, consumer analysis based on psychographics, personality development and the Six Buddhist Temperaments.
CHAPTER 4

FINDING AND RESULT: TYPES OF SANATORIUMS AND INTEGRATED MARKETING COMMUNICATION FORMATS, METHODS, MESSAGES/CONTENT AND CHANNELS IN ACCORDANCE WITH THE MEDICAL CODE OF ETHICS OF THE GENDER REASSIGNMENT HEALTH SERVICE INDUSTRY IN THAILAND

In the research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments, chapter 4 presents the viewpoints of service providers based on research objective 1: to study the different types of sanatoriums, their formats, methods, messages and media of the integrated marketing communication that does not break the Medical Code of Ethics of the gender reassignment health service industry in Thailand. The information is collected employing the qualitative research method of the in-depth interviews of a purposive sampling (Podhisita, 2011) of service providers according to the criteria for selection and acceptance stipulated for this research. The sampling came from seven sanatoriums: 1) King Chulalongkorn Memorial Hospital, 2) Faculty of Medicine, Siriraj Hospital, Mahidol University and 3) Faculty of Medicine, Ramathibodi Hospital, Mahidol University, which are all government sanatoriums that provide gender reassignment surgical service, 4) Preecha Aesthetic Institute (PAI) and 5) Bangkok Cosmetic Surgery Clinic (BSC), which are private sanatoriums that provide gender reassignment surgical service, and 6) Siam Laser Clinic (SLC) and 7) Tangerine Community Health Center, which are stakeholder sanatoriums that provide related services to the gender reassignment health service industry. The interviewees include 15 participants, plastic surgeons, one nurse, administrators, marketing practitioners and customer service personnel. The results are analyzed under five main topics with details as follows.
4.1 Viewpoints of Service Providers Concerning the Current Conditions and Integrated Marketing Communication (IMC) of the Gender Reassignment Health Service Industry in Thailand

4.2 Government Sanatoriums that Provide Gender Reassignment Surgical Service

4.2.1 Formats of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

4.2.2 Methods of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

4.2.3 Content/Message of Integrated Marketing Communication Employed by Government sanatoriums that Provide Gender Reassignment Surgical Services

4.2.4 Channels of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

4.3 Private Sanatoriums that Provide Gender Reassignment Surgical Services

1) Private Sanatoriums that Provide Gender Reassignment Surgical Services that Focus on the Thai Market

2) Private Sanatoriums that Provide Gender Reassignment Surgical Services that Focus on the Foreign Market

4.3.1 Formats of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

4.3.2 Methods of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

4.3.3 Content/Message of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

4.2.4 Channels of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

4.4 Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Service Industry

4.4.1 Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs
4.4.1 Formats of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

4.4.2 Method of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

4.4.3 Message/Content of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

4.4.4 Channels of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

4.4.2 Community Health Centers that Specifically Service Transgender Persons

4.4.2.1 Formats of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

4.4.2.2 Methods of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

4.4.2.3 Content/Message of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

4.4.2.4 Channels of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

4.5 Summary of Types of Sanatoriums, Formats, Methods, Messages/content and Channels of Integrated Marketing Communication Behaved the Medical Code of Ethics of the Gender Reassignment Health Service Industry in Thailand
4.1 Viewpoints of Service Providers Concerning the Current Conditions and Integrated Marketing Communication (IMC) of the Gender Reassignment Health Service Industry in Thailand

Plastic surgery, according to Charoonsmith et al. (1985), is surgery to alter the physical appearance of a person. It is classified into two types according to the surgical objectives: 1) reconstructive surgery to correct a congenital anomaly or one the result of some occurrence such as an accident and 2) aesthetic or cosmetic surgery to alter the face or body of an individual to improve their appearance. Thus, gender reassignment surgery will fall under the latter classification as it is performed to change the gender of a person suffering from gender dysphoria, or dissatisfaction, of the gender a person is born with as stipulated in The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) published by the American Psychiatric Association. In Thailand, sex reassignment surgery can be performed according to the rules and regulations, which include the Medical Code of Ethics, set by the Thai Medical Council in 2009.

Our law has been amended from laws used globally stating that service users, patients, those suffering from the condition, must first be approved by a psychiatrist … They must be at least 20 years of age. If they are 18 to 20, they must also receive permission of the parents and the approval of two psychiatrists. They must have a history of this condition. They must have already undergone hormone therapy for no less than one to two years. Their exterior appearance, face, dress, behavior should be according to their transgender. If they meet all the criteria, the gender reassignment surgery can be performed. (sic) (Apichai Angspatt, personal communication, 2016)

Gender reassignment surgery for transgender females can be divided into two classifications: 1) secondary gender reassignment surgery such as breast augmentation and 2) primary gender reassignment surgery that includes the removal of the male sexual organs and altering of sexual organs from male to be female as well as other cosmetic procedures such as facial changes to appear more feminine, procedures to
reduce cartilage in the area around the thyroid gland, surgery on the vocal cord. Gender reassignment surgery for a transgender man is also divided into two types: 1) secondary gender reassignment surgery such as breast reduction and 2) primary gender reassignment surgery that includes the removal of the uterus and ovaries, or a hysterectomy, and changing the female sexual organs to appear male as well as other cosmetic surgical procedures such as changing the facial features to appear male.

Those surgeons who chose to study and specialize cosmetic surgery require a very long-term investment, which can take a minimum of 14 years.

Beginning in the first year of medical studies, we will study science associated with medicine in our second and third years, which means the core courses. We not yet encounter any patients. We’ll learn about diseases … We will learn how to treat diseases in our fourth and fifth years. In our fifth year, we will also learn about plastic surgery, but very briefly. If I remember correctly, just two weeks. Medical students learn the basic treatment for injuries, wounds, tumors or growth that require surgical removal, like for skin cancer … We learn simple surgical techniques…Then, in the sixth year, we will become externs medical student practicing physician. We won’t study all branches or specialties of medicine. Some students will choose to study neuro surgery … some like cosmetic surgery … In truth, it is at this time that medical students who choose cosmetic surgery will study it for no more than two months. Then, they graduate. [After graduation], we become interns when we will have a physician instruct us directly, or one-on-one. There will also be assisting physicians. There’ll be a head surgeon with a first second and third assisting surgeon. Our supervising surgeon will first assign us as a third assistant and over time, we will be promoted. [Surgical Training] First, we need to study texts. After that, we will begin assisting the surgeon. Our supervisor will ask us questions and if we can’t answer them, they will tell us to go back and reread the books as we don’t yet know enough. Once we do know enough and can answer our supervisor’s questions, we will then be allowed to watch after which we will be asked about each step of the procedure to see if we remember. When we can answer all the questions, we will be allowed to
handle the instruments and perform each step under their supervision being
told exactly what to do. They will then critique our work, saying what we did
good and bad … The patient will be told that the surgery was performed by a
surgeon undergoing training … The supervising surgeon is the person
responsible for the patient, but they will introduce the patient to the training
surgeon who will conduct the procedures [selection of residency in plastic
surgery]. … Currently, residents are given two choices to study general
surgery and then cosmetic surgery or to study cosmetic surgery directly, which
will mean a slightly shorter period. It will usually take about six years to
complete the program at medical school and three additional years for an
internship and residency. Then, add to this another five years of learning to
specialize in cosmetic surgery. Therefore, the total is 14 years. (sic) (Jakkapart
Manonukul, personal communication, 2017)

There are also those physicians who specialize in other branches of medicine
and not cosmetic surgery, but then choose to undergo short-term training in different
cosmetic surgical procedures, or they may just have the required knowledge, skills,
and experience to receive certification of the Thai Medical Council to perform gender
reassignment surgical procedures.

Some cosmetic surgery clinics may offer medical services provided by
physicians who are not plastic surgeons, like general practitioners (GP) …
They can give [cosmetic] surgery according to the law. (sic) (Theerapong
Boonyakariyakorn, personal communication, 2017)

The Society of Plastic and Reconstructive Surgeons of Thailand have
stated that the names of cosmetic surgery surgeons can be found on the
Physicians Association website [plasticsurgery.or.th] which lists all, whether
they are part of the Society or not. Those in the society will include with their
name their specialty in plastic surgery … If someone wants to know who has
graduated in plastic surgery and considered specialists in the field, the Society
has a listing that can be checked … but this will not reflect whether the
physicians who have not graduated [in plastic surgery] are competent or not in
these forms of surgery … When the Society distributes media they will not state whether physicians [who graduated in a different field] are not specialists. (sic) (Jakkapart Manonukul, personal communication, 2017)

Currently, specialists in gender reassignment surgery will provide their services at both government and private sanatoriums.

There are two systems in Thailand. One is the Government’s Public Health system that includes state hospitals, hospital centers and other hospitals that treat general illnesses and then private hospitals, which are independently strong. (sic) (Apichai Angspatt, personal communication, 2016)

Thai physician’s expertise in gender reassignment surgery, particular in changing the sexual organs of a man to be that of a woman is accepted worldwide. The cost of such procedures are much more affordable compared to those of services providers in the West. This then offers the opportunity for Thailand to become a global hub for gender reassignment health services. Still, though, the Thai government has not formally promoted, this often released news about the development to make Thailand a center for gender reassignment health services in different media. In the in-depth interviews, the service providers do see that Thailand can be developed as a center for gender reassignment surgery health services.

[For Thailand to be an international center for gender reassignment surgery], I do see this as something good because Thailand will be known for this branch of surgery as well as the assistance they can provide to transgender persons, including cosmetic surgery. (sic) (Chongdee Aojanepong, personal communication, 2017)

I believe [Thailand could be a center for gender reassignment] because Thailand is already famous for this. There are many top professors who are conducting gender reassignment surgery and have earned a worldwide reputation. I think Thailand can do it. (sic) (Ngamcherd Sitpahul, personal communication, 2016)
I think [Thailand] is very suitable. I know many physicians is very suitable … that are experts with long experience. They have a worldwide reputation. So, it wouldn’t surprise me if [Thailand] was a center in this field … I’m proud that they would think of making this a center. (sic) (Siriporn Nonenoy, personal communication, 2016)

In my view, I think [Thailand] is already [a world center for gender reassignment]. It doesn’t have to be a national policy. There might not be anyone who could forget about this because there are already people coming. I think it already is. (sic) (Kritima Samitpol, personal communication, 2016)

During the in-depth interviews, certain recommendations were made for the development of Thailand as a world center for gender reassignment health. One of these was that a meeting should be organized with representatives of the different parties involved in the gender reassignment industry to see goals and direction for this endeavor that could then benefit the various institutions, or sanatoriums, which could be quite difficult.

For Thailand to become a global center for gender reassignment, I believe we need the cooperation of many different agencies. I can say we are ready. We are ready when it comes to the required surgical services, but we still need the cooperation of other entities. Therefore, we need some kind of forum where members of all sectors come to discuss an issue and come to some decision. I, myself, believe we are almost ready. We lack just one thing, the forum I’ve just described … We need to come to a common direction from our discussions. (sic) (Niwat Kaewpeer, personal communication, 2016)

World medicine must continue to develop. It is all possible. It’s just that it isn’t too convenient, [not] 100 percent as far as the system … We don’t yet have one center … [The institutes] are all developing, but they aren’t doing this as a group. There are some that have been involved for five years, but they have been affected by conflicting interests. Still, if you ask me, I think it is possible. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)
Then, there is the allocation of medical resources to ensure services offered to transgender Thais and others with illnesses who require cosmetic surgery are not affected.

Basically, in Thailand, the Ministry of Public Health feels there are not yet enough physicians to care for all the ill. Some patients [service users] feel they are not yet receiving quality service like we believe. Then, our policy for foreign patients cannot really be discussed, though the care of foreign patients can earn foreign capital … The Government should already have thoughts on the matter [opportunity]. They should have some good ideas. They should have and implement standards, but not disturb the services we need to provide our own people … Our doctors are skilled and talented and meet high standards. The costs, while not cheap are not expensive either. In [Thailand], many people from neighboring countries or those close by are flying here for surgery and not just cosmetic procedures … We are already close to being a medical hub, but if our doctors focus only on foreign patients [service users], who will take care of the Thais? (sic) (Apichai Angspatt, personal communication, 2016)

The thinking about amending legislation related to gender reassignment surgery such as the Gender Certification Act and Marriage Act is that the Government should consider amendments if Thailand is to become an international transgender medical center.

As far as surgery, physicians feel they are already qualified, but that we [should not] be considering foreign patients alone, but also Thais … To be a center, the first thing is that people around the globe have to think when they want this form of surgery, they need to come to Thailand. So, they ask if the surgeons are qualified, do they have a lot of experience and are there enough doctors. If you ask, though, if we are ready to be a center or if this will really work, you need to see if all sides involved are ready to cooperate and if the patients [service users] will come. If they come as a man and leave close to
being a woman, how else can we help? If their appearance before [gender reassignment surgery] does not match that after it, will we issue a certificate through an embassy that they can present at the airport stating they came here for surgery, or will the hospital do this? Another thing, if we are going to do this for Thai persons, we have to accept a person as transgender. We have to understand that their transition is according to how they feel, who they think they are. Therefore, they should also be permitted to marry. They have to be able to have a spouse, or partner [Researcher: information concerning the Civil Partnership Bill], and they should have equal rights to assets … which Thailand does yet recognize. If you want really want to talk about rights and freedom. Gender is according to one’s body. Therefore, we should not be concerned with the gender a person was born with … When a person has changed their body to fit their mind, then the [prefix before their name] should be changed, and it should be [recorded] that this individual required [gender reassignment surgery]. The document should be able to state which sexual organs they must alter to change the gender. This should not cause confusion [Researcher: information concerning the Gender Certificate]. (sic) (Jakkapart Manonukul, personal communication, 2017)

In addition, Thailand must be concerned with the management and allocation of medical resources as well as legislation to prepare to become a world center for gender reassignment health services which industry service providers have already proposed. Marketing communications is another important concern as medical advertising is virtually banned under the supervision of the Bureau of Sanatorium and Art of Healing and the Thai Medical Council under seven laws and regulations that include: 1) Sanatorium Act (4th Edition) of 2016, 2) Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising, 3) Department of Health Services Support Memorandum (2018) concerning regulations on the methods, terms and conditions, and costs for advertising or promotion of sanatoriums, 4) Regulations of the Thai medical Council under the medical code of ethics of 2006 2007, 5) Thai Medical Council Memorandum 50/2549 concerning language banned from advertising, 6) Regulations
of the Thai Medical Council concerning advertising offering discounts and/or special compensation by sanatoriums, and 7) Consumer Protection Act of 1979. These then have affected the advertising that is being distributed. However, in practice, medical advertisements, in general, are accessible and has become familiar. Such communication, if used in an appropriate manner, will be of great benefit to both service providers and users.

Transgender [service receivers] are suffering from their condition and can be compared to other plastic surgery patients. There are lots of reasons for this because they have a specific goal. They know what they want. They are just thinking about it (plastic surgery). Some do see this as an illness. They have a clear objective. They know who or what they want to be because they have been thinking about it for maybe 10 years already. They have researched this, and this is what they want to do (plastic surgery). This group of persons have conducted research. They have found [information], and usually they will come to [meet with physicians]. They will know what they want and need to know. Their society is already open to this. We impart what we know and we then look at these persons the same as anyone else, even more so. They then become more trusting. In the past, they felt ignored by society. They thought that other people didn't care about them. So, they listened only to their group. Now, this situation has changed for the better. We want transgender persons to be well educated. Transgender persons in foreign countries are very highly educated. They know what is good and bad for themselves. I want the same for our transgender persons. I don’t want those here to be misguided or persuaded to accept bad ideas or the wrong reasons to have it [gender reassignment surgery]. I want them to think well, think what is best and worst for themselves. I want them to study this and when they understand the results, they can make an informed decision with confidence. I believe this is quite important. If these sufferers [service receivers] are informed and if they decide to undergo the procedures, they can find happiness in the future. (sic) (Apichai Angspatt, personal communication, 2016)
According to legislation and the regulations of the Thai Medical Council, gender reassignment surgery and service providers can apply marketing communication for medical services only to distribute the following information: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians. This can be a major obstacle to develop and expand the Thai industry to become a world gender reassignment center. In this research, service providers were asked about their attitudes concerning this. Their answers were then divided into two classifications: 1) Agreement with the legislation and the regulations of the Thai Medical Council and 2) Disagreement with the legislation and the regulations of the Thai Medical Council. Details follow.

1) Agreement with the legislation and the regulations of the Thai Medical Council

Those who agree with the Thai Medical Council see that integrated marketing communications of the gender reassignment surgery health service industry, when it comes to advertising, see it as building a positive image for gender reassignment surgery which just is not true and that these procedures are only for those persons who require them. It should not be promoted to influence prospective consumers. Therefore, service providers should only distribute actual details about the services and information that can help persons make a decision. Therefore, the legislation is sufficient.

I agree with the [legislation and the regulations of the Thai Medical Council]. I don’t think there should be [advertising] because it can act like a sharp two-bladed sword. One American [TV program], The Swan, promotes an extreme makeover. This can lead to false expectations. This follows a marketing strategy that involves a lot not really seen or understood. Viewers don’t know all the good and bad points. As a plastic surgeon, I see these countries or most people become too engrossed in these stories. I don’t really think this is good … The current trend, especially among the younger generation, are just too interested in this because they are reading [websites], not Thai [websites] but American and other countries’ websites [which are allowed to advertise], like the freedom to do this in [South]Korea. Some of
their advertising is truthful. Some is not. But those who read it are impressed. Their laws are not strict like ours...If this is allowed in Thailand, then, there won’t be any controls. We won’t be able to control it. I feel bad about this. I feel for the consumers [service users]. Finally, no one will be responsible. … I believe the Thai Medical Council regulations are correct. I think they are good not to allow advertising … We don't have to advertise. We still have standards. (sic) (Apichai Angspatt, personal communication, 2016)

I personally agree with [legislation and the regulations of the Thai Medical Council]. It must be remembered that we have to tell the truth about [the service we provide] because in medicine everything must follow procedures from the first examination and verification to the service [gender reassignment surgery]. This is not an abrupt decision [to have gender reassignment surgery]. You don’t want to make a mistake. Therefore, finding the right information is vital. (sic) (Niwat Kaewpeer, personal communication, 2016)

Personally, I agree with [legislation and the regulations of the Thai Medical Council] because medicine is not something that needs public relations. This is something in which information needs to be shared so they will know more. It shouldn’t be provided to consumers [service users] by way of [advertising] that invites a person to undergo surgery. This I don’t agree with, but to provide information without promoting the surgery but [giving information on] technology, the evolution of Thai medicine that’s okay. I don’t agree with promotion though. (sic) (Nuttapon Laosuttersong, personal communication, 2016)

By advertising, I think it means we are inviting, or encouraging, people to come, for example, to have [gender reassignment] surgery, it’s beautiful here. It will cost this much. This price is cheap. Compare us to other places. We have high grade [medical equipment]. Ultimately, this can lead to more problems. But if we provide the facts clearly, for example, the patients [service users] will come for [cosmetic surgery], they will know how many days they need to recover and during the recovery, how should they feel. So, if we give them the facts, this will benefit. But to promote such or persons to
come for [cosmetic surgery], this just isn’t right. (sic) (Jakkapart Manonukul, personal communication, 2017)

Advertising about the quality of the surgery, that will never be 100 percent complete. If 10 persons come for [gender reassignment surgery], it doesn’t mean it will be good for all 10. This is why I think if we have public relations that tells what services are offered, promotional advertising is not necessary. This is why I agree with [legislation and the regulations of the Thai Medical Council] not to allow medical advertising. (sic) (Pintusorn Getwongsa, personal communication, 2016)

2) Disagreement with the legislation and the regulations of the Thai Medical Council

The service providers who disagree with the legislation and the regulations of the Thai Medical Council feel that through integrated marketing communication for gender reassignment surgery and health services, particularly advertising, lets people around the globe know about Thailand’s potential and can support Thailand competing with other countries. It can draw foreign currency and advanced medical technology to the country to help develop Thailand as a world transgender center.

I believe a little advertising can be good … There is public relations saying what [gender reassignment services we can provide]. It has both good and bad points. For example, while Siriraj Hospital [Faculty of Medicine, Siriraj Hospital, Mahidol University] offers [transgender] surgery, no one knows about this. Maybe this is because sometimes the treatment, gender reassignment surgery, will compared with cosmetic surgery. If it is advertised, it's not suitable. Right now, we don’t have any advertising talking about cosmetic [surgery]. Nothing tells that we provide a range of breast augmentation procedures … With no advertising, there are good points and bad. One bad point is we cannot promote our profession, and if we compare ourselves with [South] Korea, they can promote everything, while we cannot. This is why patients [service users] don’t come to Thailand. On the other
hand, a good point is advertising can exaggerate, over claim the truth. There needs to be someone to protect consumers [service users]. (sic) (Chongdee Aojanepong, personal communication, 2017)

This is difficult to comment on as it relates to the Thai Medical Council. It’s an important system and involves its operation. Still, I believe Thai doctors are very capable. When it comes to transgender [surgery], [South Korea] can no longer compare to us. We are now much better than [South Korea] in performing [gender reassignment surgery]. We have a better reputation. Our professors [physicians] perform a lot of [gender reassignment surgery], but we cannot advertise. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

I think we should be allowed [to advertise] completely. It isn’t just about money. It’s also about technology, people who come, innovation [and] new inventions. If we cannot tell about this [through advertising], there doesn’t seem to be any motivation to come. We can’t encourage people to feel they should do something new. This is why [advertising] should be permitted. I feel it should all be allowed. For me, I don’t know if it's propaganda or not. Who knows? Everyone has to know the same things. While that’s the best, mistakes can be made and we have to accept this. Anyone who undergoes surgery has to know this already. It’s inevitable. If there is [advertising], doctors will be encouraged to develop new medical advances. Right now, without [advertising] they use old [techniques], but if there is [advertising] immediately, everyone will be competing, they’ll be looking to develop new techniques which will lead to continual advancement … If we are to become a world center for gender reassignment and we don’t permit [advertising], it will be difficult to access information. The development won’t be able to take place. They won’t listen if we say this is a world transgender center if the information cannot be accessed. But if they can find the [information] they are looking for, that should be enough … We should allow advertising now. (sic) (Kritima Samitpol, personal communication, 2016)
In addition, for the business to survive, sanatoriums that provide gender reassignment surgical service and sanatoriums that provide gender reassignment cosmetic surgical procedures except for the changing of sexual organs advertise as part of their marketing communication, but the content is limited by laws and the Thai Medical Council’s regulations. However, this is particularly difficult to control on the internet where much more advertising is now found. In actual practice, it is difficult to enforce the laws and regulations, which can be vague. A responsible agency needs to be established to monitor those acting illegally, but there needs to be clear standards for them to follow. Right now, the authority of the Bureau of Sanatorium and Art of Healing and Thai Medical Council is not clear. Those interviewed felt there should be medical advertising under the control of a specific appointed committee which would have clear standards to resolve this problem.

In truth, the laws prohibiting [medical] advertising have been enacted, but right now, there is no compliance because, without advertising, we cannot exist … So, they may do advertise while it is contrary to the law. There isn’t anyone who can enforce them. It’s business … [South] Korean [physicians] advertise [in Thailand] while Thai [physicians] cannot. That’s just not fair … [The one responsible for medical advertising] should not be the Thai Medical Council. It’s the job of the Bureau of Sanatoriums. It’s not what the Thai Medical Council does, but people may think [that] it’s their job. According to the law, it isn’t so. It is not their responsibility … [The Thai Medical Council] is just concerned with setting the rules for certain things. When it is said something comes from the department, [the Bureau of Sanatoriums], that is not under the Thai Medical Council. The Thai Medical Council supervises physicians, not clinics. They only deal actions of physicians, right and wrong. [The Thai Medical Council] cannot close a clinic according to the law, but actually I don’t know if this has changed. [The Thai Medical Council] can provide information and be concerned with the wording. When it comes to the truth, right now, there is no one responsible for this day to day. Everyone is working to survive. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)
About this, I have not really agreed with the Thai Medical Council. I have my personal ideas because the [information] that is released seems ambiguous according to the regulations [issued by the Thai Medical Council]. To me, they aren’t really clear. They may need to provide different interpretations because when I’m told something is prohibited and then I see it [advertising for gender reassignment surgery] on the internet, I won’t be sure what is correct or incorrect. It can seem quite surprising to see what is supposed to be prohibited. This is how it is. Possibly the advertising we see, we think shouldn’t be distributed at all. If we allow advertising that can be checked, I think it will probably be good. Those countries that have succeeded in this have their techniques. What doesn’t seem clear, we can clarify. This is a basic. I believe persuasive advertising can be found in all sectors. Whether it be about food or beauty, the Thai Medical Council should review and issue new regulations. All told, this is a gray area because we can’t always be sure what is right or not. If we permit [advertising] then we need standards to determine if our material is correct or not. I believe this is more important than just allowing or prohibiting advertising. Having clear measurements is what’s important. (Siriporn Nonenoy, personal communication, 2016)

[If medical advertising is permitted], there will have to be some committee to monitor and check [the content] as well. (sic) (Kritima Samitpol, personal communication, 2016)

However, there are some service providers who have expressed a different view of the laws and regulations expressed above, but when interviewed, their opinions on integrated marketing communication for the gender reassignment industry were actually quite similar as they stated that IMC for gender reassignment surgery should provide the correct information in content, or message. It should also provide comprehensive information on the sanatoriums and physicians. The advertising should not create an exaggerated picture or have content that over claims. It should not focus on persuading a potential consumer to choose to use their service. The messages, or content, can be divided into three types: 1) messages with medical
There should be something that presents both the positive and negative facts as well as the limitations of gender reassignment such as the [surgery] to form a vagina, which can be quite narrow or constricted. Therefore, they should not expect 100 percent perfection. They may need another operation to enlarge the canal. Thus, this procedure does not just have good points to consider. And if a person has a number of [transgender reassignment surgical] procedures performed, the negative aspect is there can just be more and more because some patients [service users] think after surgery one time, they will be a complete woman, and this just isn’t the case. (sic) (Chongdee Aojanepong, personal communication, 2017)

The message should provide correct information and recommendations. It should all be the truth. A person should not decide to have gender reassignment surgery just because we say they need it. Therefore, service providers must give truthful information, actual academic and technical content. The material should not be scary. Blood should not fill the screen. Information should be provided. For safety, there could be [a checklist] with steps explained one by one. This system, explaining each step from the first to completion is safer, and I think this is the procedure to follow. (sic) (Niwat Kaewpeer, personal communication, 2016)

Sales persons should not [cheer] or make the message sound too serious. They should consider their audience’s [service users’] education, provide them with the facts and let the prospective consumer [service user] decide. They shouldn’t sound like a vender or hawker. This isn’t the way to promote gender reassignment. That’s too hard sell. This isn’t right for surgery. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

Both positive and negative points must be presented together. The advertising has to tell what are the negative aspects … One more thing, which I want to say deals with self-extreme. Our personal satisfaction is most
important. We can all look pretty. We’re all like a flower that can have many colors. We will be pretty in the way we want to be and the changes we want to make are up to us. We have to decide ourselves whether to undergo [gender reassignment surgery]. We’re the one taking the risk. (sic) (Siriporn Nonenoy, personal communication, 2016)

2) Messages about Information Concerning Sanatoriums

Following the Thai Medical Council regulations, that is providing the name of sanatoriums, list of the services and prices, I think that’s enough. But hospitals cannot be advertised, so they cannot provide much information … They should give all the information to let service users make the decision themselves. (sic) (Pintusorn Getwongsa, personal communication, 2016)

3) Messages about Information about Physicians

Ideally, the information should be provided as an actual case. It shouldn’t have exaggerated pictures. It should be presented as a case study or provide information to the patients [service users] so they can access certain real cases so they can see which doctors are the experts. They can go [for the service]. Therefore, I would want to see a lot of information. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

My view is that information should be provided, and it shouldn’t be persuasive … Telling a doctor's name is a problem with advertising. [Even though the Thai Medical Council regulations allow it to be specified], sometimes, there are problems with some advertising … [In the field of medicine], there are constant updates each year. All the doctors have [academic] papers coming out, but these are not be promoted through public relations [for the service receivers] … They should be informed about which doctors are experts. (sic) (Jakkapart Manonukul, personal communication, 2017)
One of my cases in point is when I performed surgery, but not here in Thailand. I went to give a talk and they presented a file with their resume, telling from where they had graduated and all their relevant information. This was advertising. Before someone makes a decision, they need to access all the information they can. (sic) (Kritima Samitpol, personal communication, 2016)

It can be seen that service providers think about an ideal integrated marketing communication for gender reassignment follow the laws and Thai Medical Council’s regulations. Currently, service providers can provide the information to service users. The research shows that service providers do not require free medical advertising, but they feel that the standards for advertising must be much clearer than they are today, and there should be a committee to monitor and approve the advertising before it is broadcast or disseminated. It should be systematic and a body that can be trusted for service providers to feel confident in that all in the sectors are providing correct content that meets the same standards.

In order for the Medical Code of Ethics to be maintained and service users to gain maximum benefit, in addition to maintaining the standard of integrated marketing communications, the most important thing is to maintain the standard of surgical treatment. This is the only way that Thailand can be recognized and sustain this reputation as a global center for gender reassignment health services. Therefore, service providers must protect the two standards as follows:

The thing that we [service providers] must do is maintain our standards. We need to make sure our advertising remains at the standards they are at currently, and we need to control the standards [of gender reassignment surgery] to be sure it is safe. This should be done [through advertising] that this is where we are now. This is the truth and this can be checked. This will lead to success forever. There will never be a drop or loss … Any surgery has its dangers. So, there should never be any exaggeration of the truth … [Service providers] need to maintain surgical standards. There need to be specifications, punishments as well as regulations that can be trusted. Too
tight regulations are not good ... but too lax is also bad. (sic) (Apichai Angspatt, personal communication, 2016)

From the collection of data through in-depth interviews with service providers, the research shows that each different type of sanatorium would affect the communication format, method, message/content and channel of the integrated marketing communication for the gender reassignment health service industry. Therefore, to gain a basic understanding, details of each type of sanatorium and service provider institute were determined first. After this, the information on the communication format, methods, message and channels were listed in order. For this study, the sanatoriums were divided into three classifications: 1) government sanatoriums that provide gender reassignment surgical service, 2) private sanatoriums that provide gender reassignment surgical service and 3) stakeholder sanatoriums that provide related services to the gender reassignment health service industry with details as follows.

4.2 Government Sanatoriums that Provide Gender Reassignment Surgical Service

The details on government sanatoriums that provide gender reassignment surgical service have been into three classifications: 1) objectives of sanatoriums, 2) services and 3) policies to support Thailand being a global center for gender reassignment.

1) Objectives of government sanatoriums that provide gender reassignment surgery

Under objectives of government sanatoriums that offer gender reassignment surgical health services, three sanatoriums were identified with the objective of serving as a school to train surgeons in plastic surgery and increase knowledge in gender reassignment surgery, not as a commercial enterprise. These curriculums include many different surgical procedures and use these operations conducted by professors to train surgeons. Thus, they provide these surgical services
for a limited number of service users each month as they must divide their time and resources to care for service users requiring other types of care as well.

Chulalongkorn Hospital [King Chulalongkorn Memorial Hospital] is a primary starting point for those who need surgery, patients [service users] we call sufferers of gender dysphoria or transgender identity. Professor Preecha [Assoc. Prof. Dr. Preecha Tiewtranon] was the first Thai surgeon to perform this operation for gender reassignment from a man to be a woman successfully, and he now has vast experience in successfully conducting these procedures. Because of this, he is well-known worldwide. [If] asked if he is a professional in gender reassignment surgery for a man to become a woman, I can honestly say that almost everyone knows who Professor Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD] is. As a medical school and training center, not a private [institution], we cannot stress the number of [service users] we treat. We stress that we are producing physicians, surgeons, cosmetic surgery specialists. They are then alumni of Chula [Chulalongkorn University] with the ability to conduct gender reassignment surgery accepted around the globe. I can count up to seven or eight as the number of [world-famous plastic surgeons who can conduct gender reassignment surgery who have graduated from Chulalongkorn University], which is the largest number in Thailand. Many of these surgeons have a respected reputation worldwide today … At the same time, every day, we are producing, or that is teaching and training … We are teaching a whole new generation of plastic surgeons. As a case in point, while there are those studying surgery, plastic, or cosmetic surgery at Chula [King Chulalongkorn Memorial Hospital] has a wide range of requirements, not just [gender reassignment surgery]. This is just one of the procedures. So, we don’t stress numbers … In this, we are just average, just one or two cases a month. (sic) (Apichai Angspatt, personal communication, 2016)

At Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University], if we are talking about only sex reassignment, we do not have a clinic that specializes in just this because we don’t treat a lot of these patients [service
We develop medical students, doctors and specialists … So, [sex reassignment] is taught … and offered as post graduate specialization. It is not part of the curriculum for undergraduate medical students. They can study this as recent graduates, that is new doctors, and [sex reassignment surgery] is learned by post graduates or those trying to become board certified … At Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University], it requires a lot of study … We also do not stress sex reassignment because we treat patients [service users] requiring a full range of plastic surgery procedures, for example, cleft lips and palates. So, we do not stress this. We are not the same as a private hospital that operates like a business. Annually, we will conduct sex reassignment from a man to become a woman for about 10 to 20 patients [service users], and only one to two women to become a man as the cost is quite high. For a man to become a woman, the cost is one to two hundred thousand baht while for a woman to become a man the cost is five hundred thousand baht and up as constructing a male sex organ is much more difficult. (sic) (Chongdee Aojanepong, personal communication, 2017)

All three of the institutions have as their objective to serve as a medical school. The Faculty of Medicine, Ramathibodi Hospital, Mahidol University is the only government hospital that has a gender clinic to provide public health services to those suffering from all gender identity afflictions. Transgenders are just one among this group.

Now, [the Faculty of Medicine, Ramathibodi Hospital, Mahidol University] has opened this center [that has the name] Gender Variation Clinic (Gen V Clinic). [It was established by] the pediatrician, [Dr. Jiraporn Arunakul, MD] to treat those suffering from [gender identity]. The objective is that today Thailand has many suffering from gender identity afflictions like gender dysphoria who need proper care. This way they don’t have to treat themselves with hormones. As this is a medical school, we should also provide [gender reassignment surgery]. After treating them with hormones, they may feel this is not enough. For this reason, we entered into discussion with the plastic
surgery department to refer patients [service users] who want to undergo [gender reassignment] surgery so they could have it performed here, at our hospital, where we have the capabilities … It’s true that we treat [both transwomen and transmen who are patients [service users] at [the Faculty of Medicine, Ramathibodi Hospital, Mahidol University], but at first, we treated many more men who transitioned to be women, but now there are many women choosing to become men as well. There are many who undergo the secondary procedures on breast reduction, but before undergoing the primary procedures to change the sex organs, they must live as a transman for at least a year along with hormone treatment for the same period as transmen will wait to start their hormone treatment before they undergo [sex reassignment] surgery. On the other hand, transwomen will begin hormone treatment while they are in high school. They will have older persons or friends to teach them over a long period of time. Therefore, [transwomen] do not need to wait for a long time. They can have the surgery performed almost immediately. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

2) Services of government sanatoriums that provide gender reassignment surgery

This research found three establishments offering government standard hospital standard services. Service users must make an appointment during normal government business hours or times. This also usually requires a long period of waiting for appointments, especially for scheduling sex reassignment surgery focusing on the sexual organs. This could take several months as there are also many patients requiring other procedures. These could be patients suffering from a severe disease or injuries from an accident, which need much more immediate attention. For this research, the services for the gender reassignment health service industry have been classified into three types: (1) pre-surgical services, (2) surgery and (3) post operative services.

(1) Pre Gender Reassignment Surgical Services

This study found that in addition to the inexpensive cost for service, another positive factor is that the government hospitals that offer this surgery provide
the full complement of gender reassignment procedures as a large medical facility, that has specialists in all fields, or departments, related to gender reassignment, including psychiatry, endocrine, or hormone, medicine and obstetrics, which are all required before surgery, particularly the reassignment of sexual organs.

When a patient [service user] comes, they have to be examined, which will take place in the outpatient department for plastic surgery. Patients [service users] are seen every Monday and Wednesday, 8.00 am to 12.00 pm. They are checked to determine if they really are transgender. When considering a prospective [service users], we will assign them to a psychiatrist who will follow a process, which includes tests. The patient [service user] must be examined by two psychiatrists who will then sign the required document stating that there should not be any future problems and that they truly are transgender, or a sufferer of gender dysphoria. To conduct this surgery, in addition to the psychiatrists, the patient [service user] will undergo other examinations, but it should be understood that the psychiatric segment can take some time, about a month before they are put on the list for surgery and this list can take some time as well. (sic) (Apichai Angspatt, personal communication, 2016)

After a patient has filled in their history at the registrar department, they will be sent to the plastic surgery department where we will follow the Thai Medical Council’s regulations, which requires the patient to consult with two psychiatrists as well as an endocrine specialist and obstetrician … Here we have a hormone and endocrine department, which a patient must consult under the Thai Medical Council’s regulations. This is also required by law, that is sending the patient for consultation with the endocrine department before surgery. So, there will be an endocrine specialist, psychiatrists and obstetrician who must all be involved as we want to follow the requirements stipulated by the Thai Medical Council … These steps, as a government institution, can take several months. Once all steps have been completed, the patient will be reassigned to us. We will then evaluate them to see if they are ready, make sure they are not suffering from any illness, they are strong and
healthy and then will enter their name onto the queue after which they will need to wait three to six months. (sic) (Chongdee Aojanepong, personal communication, 2017)

There are three institutions that provide the same comprehensive services. The Faculty of Medicine, Ramathibodi Hospital, Mahidol University is the only one that has physicians in every department related to gender reassignment on staff in a specially established clinic to help facilitate the service provided to service users more than any other sanatorium.

At Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University], they can call the clinic to make an appointment with different physicians on any Friday. On Fridays, we will conduct [examinations]. At the same time, there are hormone specialists who can examine the patient to prescribe a treatment. There are surgeons who will [examine] the patient to determine if they are ready for surgery, obstetricians who conduct examinations as well as psychiatrists conducting [examinations]. The patients [service users] will need to follow the correct steps. They can call to make an appointment on any Friday. When they do this, it will be determined where they are in the process and who they need to see. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

(2) Gender Reassignment Surgical Service

The research found that professors who are surgeons of the plastic surgery department at government sanatoriums that provide gender reassignment surgery can perform procedures to change the sexual organs of a man to be a woman and of a woman to be a man as well as all other gender reassignment surgical procedures.

Today, at [King Chulalongkorn Memorial Hospital], we perform gender reassignment surgery for men who want to be a woman, and we have a surgical program for female patients [service users] who want to be men. It
should be understood they have already undergone an assessment process, which has found they are definitely [transgender]. They have passed all the requirements according to Thai law. Thus, we can state that we are a medical school that offers the full range of services for those suffering from this condition … For men who want to be a woman, we have a number of different [surgical procedures]. For women who want to be a man, we more often offer breast reduction to change to chest to appear masculine. There are not actually many of these persons who want to change their sexual organ to be that of a man. Usually, they just want to have a masculine appearing body. They just want the breast reduction. (sic) (Apichai Angspatt, personal communication, 2016)

Currently, [gender reassignment surgery at the Faculty of Medicine, Siriraj Hospital, Mahidol University] can be divided into two types, for men who want to be a woman and for women who want to be a man. For men who want to be a woman, there is sex reassignment surgery. The surgical procedures, we also perform are breast augmentation, nose augmentation and jaw reduction, which all fall under plastic surgery. For women who want to be a man, we will work with the obstetrics department. We will begin with breast reduction, or mammoplasty. The removal of the uterus and ovaries, hysterectomy, will be conducted by the department of obstetrics. We will construct the penis and testicles. (sic) (Chongdee Aojanepong, personal communication, 2017)

We offer all forms of [gender reassignment surgery], whether it be for a woman to be a man or a man to be a woman. For a man to be a woman, we move from the head to the feet. For the head and face, we will augment the forehead and adjust its shape, raise the eyebrows, operate on the eyes, nose and mouth. We’ll operate to adjust the cheekbones and jaw and then the throat and Adam’s apple. After this, it is the breast and possibly injecting fat and or liposuction around the face as well as hair transplant, removing the testicles and changing the sexual organs. We do everything. We also perform all surgical procedures for a woman to be a man, facial cosmetic surgery, breast
augmentation and performing a hysterectomy as well as reconstructing the sexual organs. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

(3) Post Gender Reassignment Surgical Service

By studying the government sanatoriums that provide gender reassignment surgical services performed by physicians from all related departments, it can be seen they provide a comprehensive range of post operative services, particularly for the change of sexual organs, which requires long term supervision.

Following surgery, the patients [service users] still need treatment. These patients [service users] once surgery has been completed, those who are now like a woman, they need supervision by an obstetrician just like any woman … They need to be checked for disease … receive hormone treatment. This is all part of the comprehensive service. (sic) (Apichai Angspatt, personal communication, 2016)

3) Policies to support Thailand being a global center for gender reassignment of government sanatoriums that provide gender reassignment surgery

This research found the government sanatoriums has different supporting policies to have Thailand as a global center for gender reassignment: (1) No policy to have Thailand as a global center for gender reassignment and (2) Policies to have Thailand as a global center for gender reassignment.

(1) No policy to have Thailand as a global center for gender reassignment

It was found the King Chulalongkorn Memorial Hospital has not yet prepared any policy to provide gender reassignment surgical and health services to foreign service users. The hospital has limited resources and has a respected reputation as an institution that develops specialist surgeons in plastic surgery in gender reassignment. If foreigners do contact them, they will recommend a private sanatorium for gender reassignment who have on staff plastic surgeons who studied at the Chulalongkorn University, Faculty of Medicine, and are considered experts.
Foreign [service users] do not usually come to Chulalongkorn [King Chulalongkorn Memorial Hospital] for treatment. They come to Thailand, but they go to private [hospitals] because our services are not convenient. We have very long queues. One person might have to wait up to three or four months. We need to treat [Thai] patients [service users] first. I would say that it is inappropriate [to treat foreigners]. Private hospitals and clinics have the resources and the space so they can look for patients [service users]. This should all be up to the discretion of each hospital … For the most part, Chula [King Chulalongkorn Memorial Hospital] do not stress this service and we do not accept foreign patients [service users] because we already have too much work. For transgender service, our criteria states this is for Thai persons. So, for foreigners, we will recommend that they consult one of our former students who can be found throughout the country. This way, wherever they are, they can find a doctor. (sic) (Apichai Angspatt, personal communication, 2016)

The Faculty of Medicine, Siriraj Hospital, Mahidol University also has not prepared any policy to support Thailand becoming a global center for gender reassignment as they also do not focus on gender reassignment health services, but they do have a policy to accept foreign patients for gender reassignment surgery as they accept them for all medical services. There are many steps to follow and it can take a lot of waiting. So, it isn’t at all popular among foreign service users.

We have not [prepared to become a global center for gender reassignment] because here we treat all cases, all diseases and disabilities that require plastic surgery so we do not stress [gender reassignment surgery]. At the core, when people think of Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University], they think of surgery to correct a cleft lip or palate and facial bone adjustments … Foreign consumers [service users] have come here [for gender reassignment surgery to be performed at the Faculty of Medicine, Siriraj Hospital, Mahidol University]. Some see it, though, as not convenient as the process is very long and complicated. Here, we don’t accept just Thai patients [service users]; we also treat foreigners, but usually it just isn’t convenient for
them. We don’t advertise and the queue can be quite long. It is just too difficult for foreigners. Our procedures follow government regulations. After we accept a patient [service user], we have to assign them for consultation with psychiatrists, an endocrine specialist, and this takes a long time, many months, which just isn’t convenient. But if they come, we will accept them. (sic) (Chongdee Aojanepong, personal communication, 2017)

(2) Policies to have Thailand as a global center for gender reassignment

In this study, it was found that the Faculty of Medicine of Ramathibodi Hospital, Mahidol University is the only government hospital offering gender reassignment surgical health services that has a policy to develop Thailand to become a global center for gender reassignment. They see the importance of developing medical personnel, treatment standards and more knowledge in the field of gender reassignment surgery to be able to serve both Thai and foreign service users with the assumption that they will charge higher prices to foreigners.

Our [preparation to become a global transgender center] has started by preparing a team that represents are fields, whether it be medical and support personnel, a special ward and different specialists. We then hold conferences to develop guidelines and then present these to the management. We hold regular meetings to develop standards. We all got to observe the different surgical procedures of each specialty and need regular updates on developments in the field so we can handle any problem or case that may arise. Some cases can be quite difficult and we learn how others handled it or the cases that introduce new procedures. We need to develop our potential … [The Faculty of Medicine of Ramathibodi Hospital, Mahidol University] accepts foreign patients [service users], but we will charge these foreign patients [service users] higher than we charge Thai patients [service users]. (sic) (Ngamcherd Sitpahul, personal communication, 2016)
4.2.1 Formats of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that the formats of integrated marketing communication employed by government sanatoriums that provide gender reassignment surgical services were disseminating knowledge to support decision making for gender reassignment surgery. They were designed to provide information to help an individual decide whether to have gender reassignment and reach the general public. However, the information on gender reassignment surgery that is disseminated is not that much when compared to that for other medical services as gender reassignment is not a major focus. Still, medical lecturers will teach these procedures so that their students can become specialists with the knowledge and skills to perform surgery according to national standards.

[Chulalongkorn University] is much the same as an NGO [non-government organization]. We do not focus on profits. We are like a charity organization that cares for the ill [service users]. Therefore, we don't see gender reassignment as part of cosmetic surgery. We look at it as a cure. We think of it the same as cosmetic surgery for the eyes, which also is a cure. We see that we need to teach it to ensure our students become competent physicians and surgeons. We believe our surgeons are good in performing cosmetic surgery, and we have to be sure this is true so that our patients [service users] won’t worry. And they come for surgery, they should know that we use their case to teach our students under the supervision of their professors to ensure that the results are successful and that in the near future, they will be a competent physician … We don’t focus on rich patients [service users] and their money but focus on teaching physicians. We already have a large number of patients [service users]. Our role here is to maintain the King Chulalongkorn Memorial Hospital standards which are regulated by an auditor. We are not the ones who can judge or punish because we don’t have that kind of authority according to the law. But we can provide the knowledge and training in [plastic surgery]. Those physicians who graduate from here believe when they leave they leave
with quality. They are not going to over indulge or become worse. We are here to help, and we have not advertised to attract more patients [service users]. We are not looking to earn higher profits. This is not our job description. (sic) (Apichai Angspatt, personal communication, 2016)

In addition, there is the case that was found for a government sanatorium offering transgender surgery that does not promote is gender reassignment surgical services as the administration feels this is cosmetic surgery performed to enhance appearance. Therefore, this should not be promoted by a government hospital. They feel they are a teaching hospital for doctors and are not looking to gain profits, but they will act only if there is a government policy to promote gender reassignment surgery through integrated marketing communication.

In truth, there has never really been any public relations [for gender reassignment surgery offered by the Faculty of Medicine, Siriraj Hospital, Mahidol University] as this can be inappropriate as some administrators see this as too much cosmetic surgery. To augment breasts or inject fat are informed through public relations, but these are not really key words for gender reassignment. I believe that most medical schools are like this. Suppose the government is okay in promoting this and they establish a new agency to manage the marketing policy, we can then join. Still, I think this collaboration is hard for government and private hospitals as it is really about business. (sic) (Chongdee Aojanepong, personal communication, 2017)

Currently, many service users keep up with the news about the government sanatoriums that offer gender reassignment surgery through word-of-mouth on transgender networks.

Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University] does not contact directly prospective patients [service users] [through marketing communication], but we do see patients [service users] that come and then tell others … this is a [government] hospital, which does
not need public relations. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

4.2.2 Methods of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that the first method for disseminating medical information by government sanatoriums offering gender reassignment health services was through the communication of physician lecturers to share this information with other members of the profession.

There are faculty meetings and conferences as well as the discussion of cases. In addition, there are other forms of communication with those who are on staff of clinics at Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University], which have chat applications, like LINE. This makes it easy for them to talk without the need for a meeting. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

After this, if this medical information is of social interest, physician lecturers from the different related departments will share and promote this information through public relations to inform the general public. This, though, can be limited by the amount of time these individuals have as they are quite busy and it can be difficult to disseminate the information. Currently, the public relations output of government sanatoriums offering gender reassignment health services is thus limited as there is often not much news that the public would find interesting.

There are between seven to eight physician lecturers in the [plastic surgery department. Most of the information sent will be about something that is interesting at the moment, like liposuction, which can be a problem. We will share information on a safe procedure, but as far as gender reassignment, nothing much is ever shared. Possibly, this will change in the future … but my group [of lecturer physicians] we are not really prepared. We are quite busy
with surgery and teaching new doctors and medical students. Plus, we have a lot of meetings. (sic) (Chongdee Aojanepong, personal communication, 2017)

The government sanatoriums offering gender reassignment health services do not have marketing communication departments, but there is a central public relations department which is responsible for all the communication and will then select what medical news to distribute as well as advertising of medical services to inform the general public.

There is no [marketing communications department] … at [King Chulalongkorn Memorial Hospital]. We only have a public relations department to keep the public informed. (sic) (Apichai Angspatt, personal communication, 2016)

At Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University], we have an administrative board. They will examine the advertising to be sure it doesn’t exaggerate [over]. It will provide exact facts. If there are exact facts, the piece is okay. At Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University], any advertising has to pass the public relations communication board, which comprises many members, which can take some time for them all to consider the information. (sic) (Chongdee Aojanepong, personal communication, 2017)

4.2.3 Content/Message of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

The content, or message of the integrated marketing communication employed by government sanatoriums that provide gender reassignment surgical services comprises: 1) medical information and facts, 2) information concerning sanatoriums, and 3) information about physicians and surgeons.

1) Medical Information and Facts

This research found that the content concerning medical information and facts is the most important for service providers that are government sanatoriums that
provide gender reassignment surgical services so they can educate the service users to make the informed decision. The messages will be disseminated multiple times through multiple channels.

Usually we will provide information that Chulalongkorn [King Chulalongkorn Memorial Hospital] is the same as an association. We will provide information the prospective patient [service user] must consider such as facial or breast surgical procedures, the positive and negative aspects, what and how they need to prepare. If you are having nasal surgery, how to prepare, what do you have to do. Which surgical specialist the patient [service user] needs to contact. It is the same for eye surgery … We will provide general information … We will point out with different surgery what a patient [service user] should know, the good points and the bad, how to prepare. We’ll tell which patients [service users] should consider which procedures and which patients [service users] should not consider which procedures. We tell them if they have read that they should not undergo a procedure, then they shouldn’t do it. (sic) (Apichai Angspatt, personal communication, 2016)

We provide information, like on hormone treatment or sex reassignment. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

When a service user makes an appoint with a physician to consult on gender reassignment surgery, the physician must provide information that includes medical facts so the prospective service user will understand and accept the results of such surgery once more.

[On the day of an appoint to consult a doctor], the doctor will provide [information]. The doctor must take a long time to explain the good points and bad, to explain the surgical procedures to do different things and how they will be performed. They have to explain the positive and negative aspects of what is going to be done, any complications that could arise and what the results will be like. (sic) (Apichai Angspatt, personal communication, 2016)
This can then be subdivided under the following five headings: (1) general surgical information, (2) preparation before surgery, (3) surgical procedures, (4) post operative recovery and (5) photographic examples of those who have undergone surgery.

(1) General Surgical Information

[The physician] must inform the patient [service user] about negative aspects and possible complications so they will understand that results may not be 100 percent successful, for example, in some cases, [the sexual organ that is constructed] does not grow [new tissue], in fact, it dies and therefore needs correction or there could be complications. They have to know and be willing to accept this as no one can guarantee 100 percent success. (sic) (Chongdee Aojanepong, personal communication, 2017)

We have to explain what risks are involved in surgery and what could happen. We have to indicate what is required in the procedures and what must be avoided as well the time for recovery and recuperation, particularly for any complications. They also must be told what they need to do to prepare for surgery and what to expect during recovery. This is all important. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

(2) Preparation Before Surgery

a) Physical Preparation

When a patient [service user] comes for a consultation, first we need to provide them with information about what we will do, for example, if they want to change from a woman to be a man, some persons will have already started taking hormones, some will have already undergone breast reduction while others have not yet done anything. We will need to examine them closely before to determine if they have any problems. We will tell them about the procedures in detail, like when operating on the breasts or uterus, how we will construct a penis. We also have to refer them to psychiatrists, an
obstetrician and endocrine specialist. They need to undergo a lot [of examinations]. (sic) (Chongdee Aojanepong, personal communication, 2017)

b) Psychological Preparation

They may already have authorization by a psychiatrist, but they still need the approval of [the Faculty of Medicine, Siriraj Hospital, Mahidol University] psychiatrists after consultation. If the patient [service user] has a number of psychological problems, I might refuse to treat them because the patient’s [service user’s] expectations are too high or they have strange symptoms. They must first talk with a psychiatrist because if after surgery there is a problem, it can become a major dilemma. Then I will have to refuse treating them. I need to talk to the patient [service user] for half an hour to be able to know them. This has to be straightforward. I need to talk them to come to an understanding. They have to accept if the surgery does not go smoothly. Also, usually, I will listen to what the psychiatrists think. (sic) (Chongdee Aojanepong, personal communication, 2017)

c) Surgical Procedures

This research found that the surgical procedures for gender reassignment is content the physicians must provide in detail when they meet their service user for consultation. They need to plan the different surgical procedures and the steps they involve as well as choice of medical instruments together according to each individual’s conditions and limitations.

[For men wanting to become a woman], I explain that it is not a major concern whether the outside of [the vagina that will be constructed in surgery] is like [real] or not. The inside of [the channel constructed in surgery] is more important. On the outside, it will be much the same, but [the channel that is constructed] is important. It shouldn’t be too narrow or constricted. This is a problem that will have to be rectified. It could require more surgery. This must be explained to the patient [service user] … [For] a woman that wants to be a
man, it must be explained that a penis that is constructed in surgery will not be 100 percent the same as that of a man’s. A core bone must be selected such as silicon or whatever the patient selects. This will affect the cost of the operation as the price can be affected by the pump chosen [in the constructive surgery of a penis] to make the penis erect. This can be expensive. It can add up to three to four hundred thousand baht. They need to make their own decision … Then there the question of a nerve being attached to the constructed penis. If this isn’t done, they will have no feeling. This involves the surgical technique, or procedure, that is selected. (sic) (Chongdee Aojanepong, personal communication, 2017)

[The physician for each service user] will not give the same explanation though the basics are the same. Suppose with a transman, we have three phases in the treatment. We will then need to ask them, how far they want to proceed as each person has different desires, for example, some only want breast surgery, some don’t want to take hormones while others do. Thus, we need to talk to each patient and ask what they want. We need to ask exactly [what they want]. They cannot just follow what some else has done as some feel breast surgery is enough as they don’t want to have breasts. Still, they don’t want a full sex change. We need to sit down and talk about this to know what they actually want. If they want just this phase, we need to plan accordingly as to what surgical procedures will be performed. We tell them to go talk to a surgeon. Talking about the surgical procedures is a must to determine the phases and timing. If need be, the [surgical] plan can be adjusted. No two persons are alike, like some choose to have surgery every three months, others six months. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

d) Post Operative Recovery

Following surgery, the recovery period for, for example, once the surgery [for sex reassignment for a man to become a woman] is completed, the patient [service user] must be examined annually [like any woman] for any diseases.
This is the responsibility of [the clinic] the Thai Red Cross Society has established, Tangerine [Community Health Center]. (sic) (Apichai Angspatt, personal communication, 2016)

e) Photographic Examples of those who have Undergone Surgery

The photographic examples of those who have undergone gender reassignment surgery serve as a good form of communication for prospective service users. It lets them see, for example, what a constructed sexual organ will look like as it offers true examples of the results of the surgery as each individual is different.

There are pictures from different cases which we can show prospective patients [service users] so they know what [the sexual organs that are constructed in surgery] will look like. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

In addition, it was found that the content, or message, that was most popular and prospective service users were most interested in would cover the questions they would pose with factual medical answers, including: 1) the correct surgery based on physical characteristics, 2) the appearance and similarity of a constructed sexual organ, 3) the use of the constructed sexual organ and 4) complications that could arise.

Sometimes, they will ask about the details of [surgical procedures], [for example, if one procedure] is right for them, or if they are of this physique, is the [surgery] the right one. (sic) (Apichai Angspatt, personal communication, 2016)

Usually, they will ask if the sexual organs will be similar to those of a natural woman. They will not often ask about feelings felt [in the channel constructed during surgery] nor will they will ask whether [the channel constructed during surgery] will be narrow. (sic) (Chongdee Aojanepong, personal communication, 2017)
[In the case] of breast surgery [breast reduction], the [service users] [will have questions about] the external appearance, whether the breasts will be similar to natural ones. If there are undergoing sex reassignment surgery, [a transman service user will ask] is they will be able to sexually perform and what kind of feeling they will experience … Most are concerned with being attractive and performance as well as what complications may arise. For the most part, these are the three questions. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

2) Information Concerning Sanatoriums

This research found that service providers belonging to government sanatoriums offering gender reassignment health services would not provide much content on details about their facility. Through the in-depth interviews, it was discovered that they would inform: (1) medical and service fees so the service providers could decide on what medical instruments and equipment they would want used during their surgery, which would have different costs. The physicians are the one who provide the content information to the service providers during the consultation concerning surgery.

[For gender reassignment surgery to change sexual organs from female to male] the patient [service user] will chose what to use for the core bone … as this will affect the cost. It doesn’t have to be costly, but if they choose to have a pump [in the construction of the penis] so it will become erect, this can be expensive. It can cost up to three to four thousand baht. (sic) (Chongdee Aojanepong, personal communication, 2017)

The following was acquired through data collection: (2) name, address or pictures of the building and location and (3) days/times when open for service which would be provided on the website and Facebook Fanpage of the government sanatoriums that provide gender reassignment surgery Therefore, it can be determined that the government sanatoriums do not focus on providing information concerning sanatoriums to the service users.
3) Information about Physicians and Surgeons

This research found that through the in-depth interviews service providers belonging to government sanatoriums offering gender reassignment health services would not provide content on details about their surgeons. The following was acquired through data collection: (1) first name and surname, degrees and specialties which would be provided on the website of the government sanatoriums that provide gender reassignment surgery. Therefore, it can be analyzed that the government sanatoriums do not focus on providing information about physicians and surgeons to the service users.

Example of the content/message disseminated by the government sanatoriums that provide gender reassignment surgery can be found in Appendix C.

4.2.4 Channels of Integrated Marketing Communication Employed by Government Sanatoriums that Provide Gender Reassignment Surgical Services

The results from the investigation into the channels of integrated marketing communication employed by government sanatoriums that provide gender reassignment surgical services can be divided into: 1) advertising, 2) personal communication, 3) public relations and 4) special events. No direct marketing communication or sales promotion were found.

1) Advertising

   (1) Television Advertising

   It was found there were television programs to provide medical information about government sanatoriums that provide gender reassignment surgical services, for example, Pop Mor Siriraj which was broadcast on Channel 7 and Rama Channel that is broadcast over True Visions Channel 42, which can also be accessed following the broadcast via the internet. This program is not produced to only introduce medical technology concerning gender reassignment, but rather to introduce healthcare and the care, or treatment, of different illnesses.

   For Siriraj Hospital [Faculty of Medicine, Siriraj Hospital, Mahidol University], it is rather convenient because we already have a public relations board, which lets us communicate through television and radio and all other
channels. We can disseminate information on a regular basis...sometimes we’ll be interviewed on TV. This will be on our Siriraj channel [Pop Mor Siriraj broadcast on Channel 7 every Sunday at 1.50 pm.]. (sic) (Chongdee Aojanepong, personal communication, 2017)

For Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University], on the Rama Channel on TV, not only the internet, [which is broadcast on True Visions Channel 42] they will talk about things like hormone treatment or gender reassignment, which will be broadcast on Rama Channel itself. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

**Figure 4.1** Examples of the Pop Mor Siriraj TV Program of the Faculty of Medicine, Siriraj Hospital, Mahidol University

*Source:* Faculty of Medicine, Siriraj Hospital, Mahidol University, 2018.
Figure 4.2 Examples of the Rama Channel TV Program of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Source: Department of Corporate Communication, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, 2018.

(2) Website Advertising

It was found that currently the three government sanatoriums that provide gender reassignment surgical services have websites, but very little information was found concerning gender reassignment surgery.

The [Faculty of Medicine, Ramathibodi Hospital, Mahidol University] website provides information. (sic) (Ngamcherd Sitpahul, personal communication, 2016)
Figure 4.3 Example of the website of the Department of Surgery, Faculty of Medicine, Chulalongkorn University

Source: Department of Surgery, Faculty of Medicine, Chulalongkorn University, 2011.

Figure 4.4 Example of the Website of the Surgical Center, Siriraj Piyamaharajkarun Hospital

Source: Siriraj Piyamaharajkarun Hospital, 2013.
Figure 4.5 Example of the Website of the Faculty of Medicine, Siriraj Hospital, Mahidol University

Source: Chuangsuwannich, 2010.

Figure 4.6 Example of the Website of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Source: Faculty of Medicine, Ramathibodi Hospital, Mahidol University, 2018.
However, no advertising for gender reassignment health services of government sanatoriums that provide gender reassignment surgical services were found to be disseminated through radio, newspaper, magazine, billboards, outdoor media or social media.

2) Personal Communication

(1) Physicians and Medical Personnel

The research found that if physicians that staff different departments, pediatrics, psychiatry or endocrine of government sanatoriums that provide gender reassignment surgical services find a service user who may require gender reassignment surgery, they will refer them to the plastic surgery department for examination and diagnosis by a plastic surgeon specialist.

It will be a consultation referred by another department, like pediatrics if the patient [service user] may have hormone or chromosomal abnormalities or sexual organ abnormalities … Pediatrics will refer one or two patients [service users] a year. Sometimes, it can be a foreign patient [service user] who went to the pediatric department for treatment. (sic) (Chongdee Aojanepong, personal communication, 2017)

(2) Persons with Direct Experience of Gender Reassignment Surgery

This research did not find that well-known persons who know about gender reassignment surgery nor were persons with direct experience of gender reassignment surgery were employed to produce marketing communication of government sanatoriums that provide gender reassignment surgical services. However, persons with direct experience of gender reassignment surgery performed at government sanatoriums that provide gender reassignment surgical services would discuss their experience ‘word-of-mouth’ through transgender networks, which is a form of communication with the highest level of influence.

Through ‘word-of-mouth’ communication … [the Faculty of Medicine, Siriraj Hospital, Mahidol University] organized an academic conference to impart knowledge], the results of which led to a number of patients [service
users] coming for treatment. Even after the ‘word-of-mouth’ communication, if a patient [service users] had problems, they would seem to disappear for a period of time. Still, through ‘word-of-mouth’ communication, the patients [service users] would form groups, possibly with four or five persons coming together … without [an agent] as there were no payments required as there were no public relations costs. They would come with friends. (sic) (Chongdee Aojanepong, personal communication, 2017)

I think it was ‘word-of-mouth’. It would be groups where senior members impart knowledge to their juniors. If they had a good experience, they would tell the others because, currently, patients [transgender service users] who come to Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University] are usually friends of someone who has talked with them directly. I do believe that ‘word-of-mouth’ communication is the best form of marketing. (sic) (Ngamcherd Sitpahul, personal communication, 2016)

Through the data collection, another factor was found: 2.3) Service personnel of government sanatoriums that provide gender reassignment surgical services. One of their tasks is to provide basic information in the case a service user calls the department themselves without employing an agency.

3) Public Relations

(1) Interviews or News Presented on a Television Program

It was found that interviews with plastic surgeons associated with government sanatoriums that provide gender reassignment surgical services would impart information about gender reassignment surgery as well as news about their surgical services on a television program.

If there is someone interested in speaking [about gender reassignment surgery], we’ll be happy to go. (sic) (Chongdee Aojanepong, personal communication, 2017)
Figure 4.7 Examples of an Interview with the Surgeon and News of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University Published in Television Programs

**Source:** Ch3Thailand, 2016; Thaich2, 2015.

(2) News, Articles and Pictures Published in Newspapers

During the interviews concerning gender reassignment surgery with plastic surgeons associated with government sanatoriums that provide gender
reassignment surgical services, it was found that news would be released on gender reassignment surgery offered by government sanatoriums that provide gender reassignment surgical services in newspapers.

**Figure 4.8** Example of News of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University Published in a Newspaper

**Source:** Faculty of Medicine, Ramathibodi Hospital, Mahidol University, 2015.

(3) News, Articles and Pictures Published in Magazines

During the interviews concerning gender reassignment surgery with plastic surgeons associated with government sanatoriums that provide gender reassignment surgical services, it was found that news would be released on gender
reassignment surgery offered by government sanatoriums that provide gender reassignment surgical services in magazines.

Figure 4.9 Examples of Interviews about Sex Reassignment Surgery with the Surgeon of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University Published in Magazines

Source: Siamese Clinic, n.d.a.
(4) News, Articles and Pictures Posted on Websites

During the interviews concerning gender reassignment surgery with plastic surgeons associated with government sanatoriums that provide gender reassignment surgical services, it was found that news would be released on gender reassignment surgery offered by government sanatoriums that provide gender reassignment surgical services would be published on the websites of different news services.

[King Chulalongkorn Memorial Hospital] distributes [information] via the website of the Society of Plastic and Reconstructive Surgeons of Thailand. (sic) (Apichai Angspatt, personal communication, 2016)

If we publish academic information via the internet, it will be about liposuction or injection of fat. For the most, we’ll do this when we have news we want to share, for example, if there is news about gender reassignment, we’ll do this. (sic) (Chongdee Aojanepong, personal communication, 2017)

Figure 4.10 Example of an Article about Sex Reassignment Surgery Posted on the Website of the Society of Plastic and Reconstructive Surgeons of Thailand

Source: Society of Plastic and Reconstructive Surgeons of Thailand, n.d.
Figure 4.11  Example of an Article about Sex Reassignment Surgery of the Faculty of Medicine, Siriraj Hospital, Mahidol University Published on an Online News Website

Source: Chuangsuwannich, 2009.
Figure 4.12  Example of an Interview with the Surgeon of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University Published on an Online News Website

Source: “Sex reassignment surgery to complete sex”, 2015.

(5) News, Articles and Pictures Posted on Social Media

The research found that, currently, the three government sanatoriums that provide gender reassignment surgical services post a substantial amount of news and information on the social media network, Facebook Fanpage, to share information concerning gender reassignment surgery.
Figure 4.13 Example of the King Chulalongkorn Memorial Hospital Facebook Fanpage

Source: King Chulalongkorn Memorial Hospital, n.d.

Figure 4.14 Example of the Siriraj Piyamaharajkarun Hospital Facebook Fanpage

Source: Siriraj Piyamaharajkarun Hospital, n.d.
Figure 4.15  Example of the Teen Rama Clinic Facebook Fanpage, Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Source: Teen Rama Clinic, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, 2014.

Figure 4.16  Example of the Rama Channel Facebook Fanpage, Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Source: Rama Channel, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, n.d.
4) Special Events

The research found that government sanatoriums that provide gender reassignment surgical services will organize academic activities as well as send physicians of departments related to gender reassignment health services to attend and speak at academic conferences. In addition to exchanges of knowledge between physicians, this is done to provide interested transgender persons to join the events to gather information and ask questions directly to specialists in the field.

[King Chulalongkorn Memorial Hospital] is a training center which holds conferences for physicians. We focus on conferences of different associations. Sometimes, we organize an open house for members of the public who would be interested. (sic) (Apichai Angspatt, personal communication, 2016)

[The Faculty of Medicine, Siriraj Hospital, Mahidol University] will organize special events, like conferences, or special meetings, like we recently organized an event to celebrate the 100th anniversary for surgery this past June. We invited the public to join and listen. We included this topic so they could learn about our cosmetic services. We did this one time so we could impart a lot of information to those who were interested … We also organize an annual conference. This has involved the collaboration of three institutions, Chulalongkorn [King Chulalongkorn Memorial Hospital], Ramathibodi [Faculty of Medicine, Ramathibodi Hospital, Mahidol University] and Siriraj [Faculty of Medicine, Siriraj Hospital, Mahidol University] for five years. This year, the joint conference, like those of the past will have gender reassignment as a highlight. This most recent focused on how Thailand could compete with [South] Korea. (sic) (Chongdee Aojanepong, personal communication, 2017)

[The Faculty of Medicine, Ramathibodi Hospital, Mahidol University] will organize academic meetings. Many different groups of gender diversity will come and listen and then ask questions. There was the public relations when we held the grand opening for the center [Gen-V Clinic]. Members of the LGBT (Lesbian, Gay, Bisexual, Transgender) community and other organization will come to listen. (sic) (Ngamcherd Sitpahul, personal communication, 2016)
Figure 4.17 Example of an Academic Conference Concerning Gender Reassignment Surgery Organized by the Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Source: Sitpahul, 2015.

Figure 4.18 Example of Joining an Academic Conference Concerning Gender Reassignment Surgery of the Surgeon of the Faculty of Medicine, King Chulalongkorn Memorial Hospital

Source: Tangerine Community Health Center, 2016a.
Figure 4.19  Example of Joining an Academic Conference Concerning Gender Reassignment Surgery of the Physician who established the Gender Variation Clinic, Faculty of Medicine, Ramathibodi Hospital, Mahidol University.

Source: Tangerine Community Health Center, 2016b.

4.3 Private Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that private sanatoriums that provide gender reassignment surgical services for transwomen and transmen, both foreign and Thai persons, the same as government sanatoriums can be classified into two categories based on different requirement, as follows: 1) Private sanatoriums that provide gender reassignment surgical services that focus on the Thai market and 2) Private sanatoriums that provide gender reassignment surgical services that focus on the foreign market

1) Private Sanatoriums that Provide Gender Reassignment Surgical Services that Focus on the Thai Market

The data has been divided into three parts: (1) the objectives of the sanatoriums, (2) services and (3) policies to support Thailand being a global center for gender reassignment. Details are as follows:
(1) Objectives of private sanatoriums that provide gender reassignment surgical services that focus on the Thai market

The research found that private sanatoriums that provide gender reassignment surgical services that focus on the Thai market have commercial objectives that focus primarily on the Thai consumer market with prospective foreign service users as their secondary focus.

[Bangkok Cosmetic Surgery Clinic has] almost all Thai persons] like our service users. We have few foreigners. We do have Filipinos, but not many. We don’t focus on these. [We serve Thais.] We do want to have foreign [service users], but they don’t come to us … the prices for [Thai and foreign service users] are a little different. [Researcher: The prices for foreigner service users are higher than those for Thais.] … We have more [service users] who are transwomen - about 80 percent, while transmen account for about 20 percent. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

(2) Services of private sanatoriums that provide gender reassignment surgical services that focus on the Thai market

For this research, the services have been divided into three types: a) Pre-surgical, b) Surgery and c) Post surgical services.

a) Pre-surgical Service

The research found that the private sanatoriums that provide gender reassignment surgical services that focus on the Thai market will have service staff assigned to greet prospective service users who would provide basic information and assist in setting appointments with surgeons who they can consult before undergoing surgery. They will offer different procedures before sex reassignment surgery, for example, laser hair removal and HIV blood test.

Foreign service users will receive the same standard of service as Thais. Every service user must prepare all the required documents, including approval by psychiatrists and health certificate before sex reassignment surgery. They will also be responsible for their travel costs from a province or foreign country as well as their local accommodation.
First, [service users] will call and ask for detailed information about price, gender reassignment procedures and when the surgery can be performed. They will learn what they have to prepare for a consultation. They will be recommended to consult and receive the approval of two psychiatrists and to obtain the two required certificates. After this, an appointment will be scheduled with a physician. The person will also need to bring a health certificate … Once they have made their decision, the clinic will conduct laser hair removal two or three times [in the case there will be surgery on the sexual organs]. We also conduct HIV blood tests before they have to pay a deposit [for the service costs]. If the customer is HIV infected, further discussion is required [to ensure safety during surgery]. (sic) (Patcharin Reowai, personal communication, 2017)

b) Surgery

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the Thai market do not all provide the full range of surgeries. This depends of the abilities of the surgeons they employ at each of the establishments as well as their management.

[For male to female gender reassignment], we offer such services as sexual organ change, breast augmentation and [reduction of the] Adam’s apple. [For female to male gender assignment], we offer Metoid [Researcher: metoidioplasty, which is changing the sexual organ from female to male by constructing a small penis], mastectomy, hysterectomy and the removal of the uterus and ovaries, but we will have an obstetrician perform these procedures … we do not perform facial [feminization and masculinization surgery], surgery on the larynx, or voice box… or hair transplant. We do what [we think] is necessary. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)
c) Post Surgical Services

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the Thai market provide consultation services during recovery following surgery and will schedule appointments with physicians to conduct follow up examinations to check the progress of the service user’s recovery.

[Post surgery services] will include regular follow up examinations. The customer [service user] will come for assigned appointments following surgery. Usually, [service users] will ask questions via [the chat application] LINE … We will explain how much time they will need to recover, or if [the service user] is afraid about something, we will recommend that they come in to consult [with a doctor]. They will often come immediately. (sic) (Patcharín Reowai, personal communication, 2017)

(3) Policies to support Thailand being a global center for gender reassignment by private sanatoriums that provide gender reassignment surgical services that focus on the Thai market

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the Thai market will have foreign service users as a smaller, secondary customer group, but they are not yet ready for Thailand to be a global center for gender reassignment. The problems identified include: 1) inability to find the physicians who can support increasing demands of foreign patients, 2) inability to provide the full range of gender reassignment services and 3) inability to reach the foreign prospective service user market.

We aren’t at all ready [to support Thailand becoming a global center for gender reassignment … If there were many cases, we just couldn’t handle them in time because we don’t have more physicians. We are unable to train more doctors … All the physicians working in private hospitals have been taken … We can only offer surgery … provide [service] that’s offered by a hospital … We just cannot provide all [gender reassignment services]. We can
only offer some. We stress [cosmetic surgery]. As far as other services, we can offer hormone treatment [to transgenders]. We can’t offer everything. It just isn’t possible. To be a center, I don’t think we aren’t ready. It isn’t possible. The percent of transgender persons is small. [To be a center], we need the full range of specialists. We need psychiatrists and hormone specialists on staff. But then some days, they might not have any work to do. We just cannot do this … I think it is difficult as there are not many patients [service users] … Sometimes, they don’t need gender reassignment. They don’t need any [surgery]. They just want to get by … Thus, the percentage of patients [service users] is very low. To establish a center, we have to be prepared to offer the full range of services … We have our level of patients [service users]. We cannot directly focus on this [market]. Other groups [foreign service users], we are unable to reach them. [Foreign service users] are hard to connect with [as] in Europe, the surgery is free, like it is in some U.S. states. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

2) Private Sanatoriums that Provide Gender Reassignment Surgical Services that Focus on the Foreign Market

The data has been divided into three parts: (1) the objectives of the sanatoriums, (2) services and (3) policies to support Thailand being a global center for gender reassignment. Details are as follows:

(1) Objectives of Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market

The research found that private sanatoriums that provide gender reassignment surgical services that focus on the foreign market have commercial objectives that focus primarily on the foreign consumer market with prospective Thai service users as their secondary focus.

[Theerapong Boonyakariyakorn serves] 30 percent Thai and 70 percent foreign [service users], respectively, Thus, the majority of our patients [service users] are foreign … [The rate of charges] for foreign [services users] is slightly more expensive than for Thai [service users]. Statistically, the ratio is 10 to 1,
if we compare our patients [service users], approximately 10 transwomen compared to one transman. (sic) (Niwat Kaewpeer, personal communication, 2016)

(2) Services of Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market

For this research, the services have been divided into three types: a) Pre-surgical, b) Surgery and c) Post surgical services.

a) Pre-surgical Service

This research found that the Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market will begin their service by accepting inquiries that come by telephone, email or posted letter. A member of the staff assigned to the foreign service will be responsible for answering these and will help them to prepare in certain ways, for example, the required documents to be eligible for surgery, travel documents and booking air tickets and accommodation.

[As far as service, we consider the convenience of the patient [service user], coordination is very important, coordinating the primary preparation. If we are talking about foreigners who are about the travel to Thailand for surgery, they need to have a checklist, which include their travel documents, air tickets and hotel accommodation. We have to be sure this has all been taken care of. One other thing that’s important is the evaluation by psychiatrists and surgeons. This all has to be responded to by the coordinator. Therefore, we need to have a coordination department to handle all responses, possibly through email. We’ve also done this through letters or by telephone as different places have different communication conditions. Once all this preparation is complete, we have to respond with our evaluation that all is okay. They can now come for their surgery. This has to be confirmed after which they will come. (sic) (Niwat Kaewpeer, personal communication, 2016)
Once the foreign service user travels to Thailand, they are provided transit service to and from the airport to a hotel as well as the sanatorium. A complete schedule will have been prepared for their consultations with different physicians. If the foreign service user wants an interpreter, wants to travel for a holiday or wants communication devices and services so they can communicate while here, these requirements will be taken care of. If the foreign service user who comes for surgery is traveling alone, the sanatorium will assign staff to provide the necessary assistance to ensure the individual’s convenience. If they have someone who is coming after, the sanatorium will also provide the necessary assistance as well.

Once they arrive, to ensure the [foreign service user’s] convenience, their service will begin at the airport. They will be greeted upon arrival. A full schedule will have been prepared for their consultations with all the involved physicians. Some patients [service users] who come will have a chronic illness that must be treated first. We can provide service using both Thai and English languages … On the day of their surgery, if the patient [service user] has come alone, we will need to manage, that is take care of all their concerns. We will try to find anything they want. If we cannot find it, we will need to explain this first, but in cases when there is a relative or someone that has come with the patient [service users], things will be a little easier. Still, we will have to take care of these persons as well. Thus, everyone who comes, it is vital that we make sure that they are all as happy and satisfied as is possible … It’s added service so we can impress the customer [foreign service user]. If it is their first time visiting Thailand, we will want to create an even better impression for them. Possibly, we will organize a tour. We want to provide them with the best service. So, if they want something, like a SIM card or a smartphone, internet, whatever it is, we’ll try to provide it. (sic) (Niwat Kaewpeer, personal communication, 2016)

We will book a hotel as there are many in our network. We provide transit between the airport and between the hotel and our clinic … [As far as tourism], we don’t do any tours, but if they want to, we will arrange a taxi …
to take them on a tour of Rattanakosin Island (Old Bangkok) or a one-day tour to a floating market. Sometime, our clients [service users] make come early, maybe three to five day before their surgery, and they don’t know what to do. So, they go to tourist destinations while they wait … Surely, we will always know when our clients [service users] arrive. We will definitely arrange to meet them. We will know what flight they are on and when it will land at Suwannabhumi [Airport]. We will have a car and driver waiting. We will always talk with them. The driver will call and then we will say, “Hello,” to the client [service user]. We will greet them and chat, introduce ourselves and explain that we have arranged consultations with their doctors. Once they have completed these appointments and everything is clear and prepared, we will begin our attentive service. We’ll talk and then make all final plans so everything is satisfactory for our client [service user]. We explain what we will do each day, when there will be the physical examination, when they will meet with the psychiatrists, take [blood] to send the sample to the lab for testing. Everything will be well planned and all the bookings confirmed … When the client [service user] wants to exchange money, we’ll take them to the bank. To explain it easy, everywhere they go, the driver is in control, including taking them to their hotel, helping them check in and then picking them up to take them for their surgery. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

b) Surgery

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the foreign market provide the full range of surgeries. Each different surgical specialist will work with their colleagues, but it is important to understand that this depends on the management of each establishment.

When we talk about transgenders, there are those who transition from men to become women and women who transition to become men. First, for men who want gender reassignment to be a woman, we will change their sexual organs.
After this, there is the plastic surgery to change the body to become more female such as breast and buttocks augmentation to give them a more shapely appearance. This might require some reduction and removal as well as augmentation. Then, there is the facial work. There could be enhancement of the nose and chin as well as reduction of the Adam’s apple, enhancement of the eyes and hair transplant is the patient [service user] wants this. For the woman who wants gender reassignment to become a man, the procedures can be more complex and they have to go through a lot of preparation. We will have a patient [service user] begin by undergoing hormone treatment so the body can begin to transform to be that of a man. What we mean by this is that their body will appear masculine. This will need to be done first. They will then have a mastectomy and have to undergo a hysterectomy, that is the removal of their uterus and ovaries as well as the closure of the vagina and construction of the male organs. (sic) (Niwat Kaewpeer, personal communication, 2016)

c) Post Surgical Services

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the foreign market provide consultation services during recovery following surgery and will schedule appointments with physicians to conduct follow up examinations to check the progress of the services user’s recovery. They have to be sure the foreign service user has recovered enough to return home safely. In the case of surgery to change the sexual organs, the sanatorium will prepare all medical documents to ensure all is does according to the law to guarantee the surgery.

Here, we have to talk with the patient, or client [service user] before they come to Thailand. Once the surgery has been completed, they must stay to be examined, determine if they need more surgery, check to determine their condition, see if everything back to normal. We have to be sure it is safe for them to travel home. Our coordination and customer service departments must remain in close contact with the patient [service user]. We provide 24-hour
care to ensure their safety. We give them an emergency number they can call directly if there is something important. Finally, before we will send the patient [service user] home, we have to follow a checklist to be sure everything has been covered. Still, that isn’t enough. We will also check with them once they have returned home to be sure no complications have arisen. We want to be sure that everything is normal, and if they have any medical questions, we will try to support them. We want them to be happy in every respect. We want the whole experience to be as smooth as possible … We are in contact with them all the way to their home. We will have prepared all the documents the patient [service user] might need. Possibly they will want to formally change their name or the prefix to it. (sic) (Niwat Kaewpeer, personal communication, 2016)

In addition, once a service user has returned to the home country, the Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market will continue to stay in contact to be sure there have not been any complications and provide advice on how to care for themselves following surgery, particularly when the service user resides in a place where the physicians might not have sufficient knowledge about sex reassignment.

Clients [service users] will tell us that the country they come from does not have physicians with sufficient expertise in sex reassignment or the doctors might not know anything about this. Therefore, they won’t be able to find a doctor to conduct follow-up examinations. They will tell us that once they return home and visit a doctor, the doctor will seem confused during their examination … So, usually, we will have two physicians who will stay in contact with the patient [service user]. That will be the hormone specialist who needs to check hormone levels, which has nothing to do with the sexual organs. For sexual organs, these will be the responsibility of an obstetrician and a doctor familiar with the urinary track. If the doctor or client [service user] are not familiar with these, they can send an email and we will advise the doctor. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
The private sanatoriums that provide gender reassignment surgical services that focus on the foreign market will provide the same standard of service to Thai service users as Foreign service users except for those services which are not required or can be reduced.

Now, when it comes to Thai persons, it can be a little easier to be in contact because they are living in Thailand. We will do all the same things, all the pre-surgery preparations, consultations with physicians up to their decision to have the surgery and the day of the surgery. We follow the same procedures as we do for our foreign [service users]. We just eliminate some of the support services we provide foreigners. (sic) (Niwat Kaewpeer, personal communication, 2016)

(3) Policies to support Thailand being a global center for gender reassignment by Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market

This research found that private sanatoriums that provide gender reassignment surgical services that focus on the foreign market are prepared to support Thailand becoming a global center for gender reassignment. This includes a plan to manage a sufficient number of specialist physicians to meet the increasing demand of foreign service users if Thailand is to be a global center for gender reassignment.

Our policy is to hold meetings which will include high level persons, including knowledgeable physicians. When we have a lot of [service users], there will have to be a schedule for the surgeons which tells when, on which days, they are available to conduct surgery. If there are not enough, they must be informed because the physicians will want to know. Sometimes, we have the problem of too many clients [service users] who want surgery, and we cannot operate on all of them. The clients [service users] will then have to wait. We will have to [make a surgical schedule] with operations overlapped. We will have operations in the morning, afternoon and at night. We have a number [of
surgeons]. This is a situation I want to explain as we need to review and possible change the schedule. This can happen frequently. We have to see how many surgeons are available. Sometimes, like during this time, we have a lot of clients [service users], and we need to make it okay for all. Some clients [service users] just come. They don’t want to wait in the queue … During the high season, everyone at PAI [Preecha Aesthetic Institute] knows this will be the case each year that during October, November and December, there will be many clients [service users] coming. We have asked our clients [service users] why this time before the New Year is good, and they say because they have long holidays. During December, we will be very busy. It is so hectic. we have to cater more to our surgeons. We tell them, they don’t have to come to the clinic, just conduct the operations. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

The research also found that the private sanatoriums that provide gender reassignment surgical services that focus on the foreign market will employ staff who can converse in English to serve the foreign service users. They will also contract interpreters if the case a foreign service user cannot speak English. Problems encountered concerning language are, for example: 1) the service user expects everyone at their sanatorium can converse in English and 2) the sanatorium cannot find an interpreter in some required languages.

If we think we will be international, we need to really be international. I have already encountered clients [service users] who have asked how we can say we are international because when they have called the person who answers the phone cannot speak English. This is something I encounter often. We have so many different concerns such as providing service to foreign clients [service users], providing service to Thai clients [service users]. Some staff only have contact with Thai clients [service users]. So, when they encounter a foreign client [service user], they cannot speak English … Then, they’ll ask why we use the word international. They’ll say they don’t think we are ready as language is so important … We have interpreters, but not for all countries,
like for Israel where they speak Hebrew, we just can’t find an interpreter ... [Israeli service users] can’t speak English at all. They will write to us in Hebrew and we will have to copy the correspondence and translate it using Google [Translate]. This is quite difficult. It can cause quite a headache. The doctor will have to sit with a computer which will translate their conversation, but they will not understand anything. This will give them a headache, but if there is an interpreter, we won’t have this problem … Sometimes, they [service user] arrives and they don’t have an interpreter with them. They want to hire one. Then, the client [service user] will then pay them themselves. If they want us to find one, then, we will charge them [for the service]. But if they come with an interpreter, we won’t have this problem. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

4.3.1 Formats of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that currently competition is very fierce in the gender reassignment health service industry, particularly among private sanatoriums that provide gender reassignment surgical health services. The integrated marketing communication employed by the private sanatoriums that provide gender reassignment surgical services have formats designed to meet each sanatorium’s administrative policies. Some provide information strictly adhering the Thai Medical Council’s regulations. Some focus on persuading prospective service users to have gender reassignment surgery, thus, avoiding the laws and Medical Council regulations, which make it difficult to control and can strongly influence prospective service users.

The formats of integrated marketing communication employed by the private sanatoriums that provide gender reassignment surgical health services can be divided into two types: 1) integrated marketing communication disseminating knowledge to support decision making for gender reassignment surgery and 2) integrated marketing communication to persuade the decision to have gender reassignment surgery.
1) Integrated marketing communication disseminating knowledge to support decision making for gender reassignment surgery

The research found that all private sanatoriums that provide gender reassignment surgical health services have integrated marketing communication that provides information to help prospective service users to decide whether to have gender reassignment surgery, just the same as that provided by government sanatoriums that provide gender reassignment surgical health services. They will strictly adhere to the laws and regulations of the Thai Medical Council governing gender reassignment health services to care for transgender persons and for those transgender persons considering whether to have gender reassignment surgery. They will then decide themselves whether they need it or not, without being persuaded by advertising.

I don’t like, I really don’t like those who focus their business on those who want gender reassignment. [I] don’t like this [because gender reassignment surgery] is a form of care … Usually, [I] provide the basic information. It is difficult to be a business. There aren’t many advertisements. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

We can’t do upselling or over selling the truth. We sell only to a specific target group and provide them with advice … There won’t be any persuasive tactics. We won’t offer any proposals or exchanges to influence them. We won’t say if they come in, they can expect these benefits more than just a sex change. There is nothing like this. (sic) (Niwat Kaewpeer, personal communication, 2016)

There is no need to do much public relations, but if you ask do we do public relations, yes, we do. However, it isn’t the type that focuses on persuading the customer [service user] to have it done … The limitation is we can’t do a lot of advertising. The doctor has a basic saying. If he sees a lot [of advertising], he will say this is against the law. The doctor doesn’t like to see persuasive advertising to influence a decision to have gender reassignment surgery. If there is a video designed to be persuasive, he will be quite unhappy … However, [it will be okay] if it provides information or is of an interview
... and not persuasive ... Ours are not promotional...not even 10 percent [discount]. We only provide information. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

2) Integrated marketing communication to persuade the decision to have gender reassignment surgery

The research found that there are private sanatoriums that provide gender reassignment surgical health services that have integrated marketing communication that aims to persuade, or influence, service users to decide to have gender reassignment surgery using advertising that will exaggerate the level of beauty that can be achieved. This will be disseminated through such communication channels as radio and billboards.

Some sanatoriums run the same business and have the same marketing position. In fact, we are still considered as a general alliance. However, in the marketing that I view applies exaggeration, I sometimes feel they have broken the rules established by the Thai Medical Council as they apply persuasive tactics. They have advertising and communication that exaggerates the truth. They do it in a way that gender reassignment surgery is not a form of treatment, but it is a trend and a form of business. They will have radio [advertising] spoken by a disc jokey (DJ) as well as big banners, for example, banners hanging along the expressway. Thus, when discussing gender reassignment like I have explained, they are trying to induce a decision. Ethically, the institutes doing this are wrong to exaggerate and there is too much of this. (sic) (Niwat Kaewpeer, personal communication, 2016)

In addition, the advertising that is on the internet, which has become quite popular today, will have pictures that exaggerate the beauty to attract service users and persuade them to choose to undergo gender reassignment surgery. The Thai Medical Council, Society of Plastic and Reconstructive Surgeons of Thailand and faculties of medicine of different institutions have not ignored this issue. They are
trying to promote the professional medical ethics to halt this exaggerated form of advertising.

Currently, most patients [service users] … the new generation youth, I think will use the internet to search for [information]. This can be quite influential. With all the true advertising and exaggerated advertising on the internet, the competition is huge, which has its results. I, myself, as a member of the Thai Medical Council, as well as the association of training institutes [faculties of medicine] of Chulalongkorn [University], Siriraj [Mahidol University] and Ramathibodi [Mahidol University], we try to tell our doctors to avoid communication that exaggerates the truth. If they do use this tactic, they are the type of person that exaggerates. This will not be good for society or future generations. They can have a lot of influence. (sic) (Apichai Angspatt, personal communication, 2016)

Thai service users show a lot of interest in integrated marketing communication that focuses on persuading them to decide to have gender reassignment surgery. If the sanatorium does not have this format, it might not attract, i.e., reach, some prospective Thai target groups while it won’t interest the foreign target consumers very much.

PAI [Preecha Aesthetic Institute] does not focus on this. A lot of advertising agents will contact us to promote promotions, but our doctor, [Assoc. Prof. Dr. Preecha Tiewtranon, MD], has no policy about this … Thais will say that we don’t have any advertising while for others, there is a lot. Our Thai customers [service users] may then have problems when they don’t know PAI [Preecha Aesthetic Institute]. Our Thai target group [service users] might like the advertising, but our foreign customers [service users] don’t won’t consider it when making their decision. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
4.3.2 Methods of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that the policies for integrated marketing communication employed by the private sanatoriums that provide gender reassignment surgical services formats would be set by each administration and marketing department, which could possibly be a special marketing team or employees who are solely responsible for their integrated marketing communication.

[I] have a general policy that is not very [detailed], just telling basically what we do … We don’t yet have a clear concept, which should cover all forms of cosmetic surgery. It doesn’t have to be [exclusively] gender reassignment surgery. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

We work as a team, our own marketing team. The captain is our doctor, our Chief Executive Officer (CEO) [Assoc. Prof. Dr. Preecha Tiewtranon, MD], with team members, Pheera Tiewtranon, the managing director, and Niwat Kaewpeer, the office manager. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

To set the policy for integrated marketing communication employed by the private sanatoriums that provide gender reassignment surgical services begins with preparation and coordination between the physicians, the marketing department and associated businesses in order to summarize and conclude their potential to provide service to how many service users. After this, they will set their integrated marketing communication policy while adhering to the laws and Medical Council regulations, which can be a limit in marketing to expand the market.

We have to be internally prepared first because we are an establishment that requires coordination between our team of physicians, coordinating team and hospital that we have a contract with to perform gender reassignment surgery. Thus, as part of our preparation, we will need to talk with our partners. This
group comprises related businesses and can tell us of any problems or obstacles and whether they can expand. Then we need to speak at the macro level and if there are other partners who should join to determine if we can expand our services. At the moment, this expansion is at the project stage. We are still focusing internally, and we must remember to consider our principles, which means we are not going to violate any laws or regulations of the Thai Medical Council. We remain within this framework and our marketing team works within this … The first limitation is set by the Thai Medical Council, which does set restrictions on expanding our service. Still, we adhere to these principles and we have prepared the required data and information. (sic) (Niwat Kaewpeer, personal communication, 2016)

4.3.3 Content/Message of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

This research found that the content for integrated marketing communication employed by the private sanatoriums that provide gender reassignment surgical services could be classified into three types: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians and surgeons.

1) Medical Information and Facts

This research found that the content concerning medical information and facts is important for service providers that are private sanatoriums that provide gender reassignment surgical services. They send the messages to service users frequently so they can make an informed decision. The messages will be disseminated multiple times through multiple channels including the appointment to consult a physician about gender reassignment surgery, all the just the same as government sanatoriums providing gender reassignment health services.

This can then be subdivided into classifications as follows: (1) general surgical information, (2) preparation before surgery, (3) surgical procedures, (4) post operative recovery and (5) photographic examples of those who have undergone surgery.
(1) General Surgical Information

During the time a [service user] accesses the PAI website, they will find public relations news [on surgery]. Now, let me explain, [for example], what the gender reassignment procedures are along with the good points and bad. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

We have a website … most persons will enter the site to access information about the surgery. We don’t have any advertising … [I] write [about sex reassignment surgery] about this, but not much. I’ll write just enough of what [service users] would want to know [to make their decision] … [During their consultation with a doctor], there are two things that we have to make very clear, first, that once they have undergone sex reassignment, they cannot change back and, second, that they will not be able to have children. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

(2) Preparation Before Surgery

a) Physical Preparation

Our service includes providing information on different topics along with guidelines for the steps they should follow, first, second and third before they come for their surgery. (sic) (Niwat Kaewpeer, personal communication, 2016)

b) Psychological Preparation

[The way we speak to the service provider] is not that different as we follow a format … We talk about hormones. We talk about study and about daily life. We talk about all sorts of things, even some that may seem inconsequential. We are watching [their attitude to see] how they think [what to consider] to determine if they really are transsexual. They may think they are just confirming who they are, but in all honesty, that might not be the case.
We’ll look at the [way] they are dressed when they come. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

We are going to ask about their decision. There is only one time to discuss this as they will not be able to return. So, the persons who will decide will be the psychiatrists. Thus, if there appears to be any sense of indecision, they will be required to return for further consultation. Our team is composed of surgeons, and they must feel confident in us if they are going to have us operate. Furthermore, when it comes to their mental state, they have to understand that this transition cannot be reversed. (sic) (Niwat Kaewpeer, personal communication, 2016)

c) Required Medical Document Preparation

I will recommend to [service users] that before they come [to consult our doctor about sex reassignment surgery] they must have the two approval certificates signed by two different psychiatrists. They must schedule an appointment with psychiatrists first. They also need to have a medical certificate ensuring their good health. (sic) (Patcharin Reowai, personal communication, 2017)

(3) Surgical Procedures

[Service users] already know most of the general surgical techniques. So, we don’t usually discuss these. We will focus on the techniques that concern them [and from which they must choose, for example,] [during surgery use] of the large colon [to construct a vagina] for a transwoman. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

(4) Post Operative Recovery

[When the service user is a foreigner,] we have to tell them the time that will be needed for surgery and time required to be in Thailand because
they need to plan. Our doctors will require that they stay two weeks after their surgery. If they cannot stay that long, the surgeon will not operate. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

Following surgery, there is concern about the condition of [the wound] … We will explain how much time they will need to recover, or if [the service user] is afraid about something, we will recommend that they come in to consult [with a doctor]. They will often come immediately. (sic) (Patcharin Reowai, personal communication, 2017)

The following was acquired through data collection: (5) Photographic examples of those who have undergone surgery which would be provided on the websites and Facebook Fanpages of private sanatoriums that provide gender reassignment surgical services.

Furthermore, it was noted that the content, or message, that was most popular and the prospective service users were most interested in would include the answers to their questions provided by the physicians of service providers giving actual information and facts that cover the following four concerns: 1) the appearance and similarity of a constructed sexual organ, 2) safety of anesthetics and surgery, 3) the use of the constructed sexual organ and 4) personal care following surgery.

Will it be attractive? Is it dangerous? Will it heal? Will there be a lot of bleeding? The [service users] will be concerned about the results following surgery and the safety. (sic) (Niwat Kaewpeer, personal communication, 2016)

Will the results be the same? Will it be like I want? Our transwoman patients [service users] don’t usually ask these questions, will it be as deep as I want? Only a few will be quite serious when saying their husband’s penis is longer than [the constructed vagina] is deep. First, they will stress its appearance, then its use … the goal of a woman transitioning to be a man [transman] definitely will be the ability to stand and urinate. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
What they ask is after surgery, what will they have to do, which means how they have to care for themselves. They will not be skillful or be able to perform. (sic) (Tawiphong Bubpharat, personal communication, 2016)

What will it be like after surgery. Usually, service users will ask via [chat application] LINE. (sic) (Patcharin Reowai, personal communication, 2017)

2) Information Concerning Sanatoriums

This research found that service providers belonging to private sanatoriums offering gender reassignment health services would provide content to create trust and help them decide to undergo surgery. The information provided would include: (1) name, address or pictures of the building and location, (2) days/times open for service, (3) services, (4) medical and service fees and (5) days/times and special activities on special days. Through the in-depth interviews, it was discovered that the content about medical and service fees is quite important and must be provided for service users.

First, [the service users] will call and ask for all details concerning price for gender reassignment and the day of surgery. (sic) (Patcharin Reowai, personal communication, 2017)

As far as money [service fees], we have to tell the [service users]. Even if they don’t ask, we need to tell them. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

3) Information about Physicians and Surgeons

This research found that service providers belonging to private sanatoriums offering gender reassignment health services would provide content to create trust and help them decide to undergo surgery. The information provided would include: (1) first and surname, degrees and specialties, (2) journal publications or conference proceedings, (3) experience and public benefits, (4) experience or contributed advancements or new methods in care, (5) honors granted by academic
institutions, associations or foundations and (6) disseminating information or answering questions of the media.

This research found two differences in the integrated marketing communication concerning content about physicians and surgeons. For instance, in the case of well-known surgeons opening up their own private gender reassignment surgical and health care sanatoriums, they would stress content that talks about the physicians to create trust by investing in their reputation.

When considering the profile of our clinic, we know that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD], who is our founder, was the Thai first plastic surgeon to conduct sex reassignment surgery. This is then the keyword in our public relations we will promote, Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD] and his surgical team. (sic) (Niwat Kaewpeer, personal communication, 2016)

In the case the service provider does not promote information about their physicians and surgeons in their communication, it will be because they do not want their sanatorium to be associated with a specific physician or surgeon.

I have given my [clinic] a name that is different from my own, I don’t want my name to that of the clinic as I could have other [doctors] who come to work here … I would rather develop a brand. Then, in the future, if I die, there will be a new [generation of doctors] who take over. I don’t want the clinic to end with me. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

Examples of content disseminated by private sanatoriums that provide gender reassignment surgical services can be viewed in Appendix C.
4.3.4 Channels of Integrated Marketing Communication Employed by Private Sanatoriums that Provide Gender Reassignment Surgical Services

The results from the investigation into the channels of integrated marketing communication employed by private sanatoriums that provide gender reassignment surgical services can be divided into: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, 5) sales promotion and 6) special events.

1) Advertising
   (1) Print Advertising

The research found that after advertising in newspapers and magazines declined, the next most popular printed advertising employed by private sanatoriums that provide gender reassignment surgical services would currently be brochures that provide information concerning different gender reassignment surgical procedures. These would be distributed at sanatoriums or at special events to provide service users with useful information before deciding whether to have gender reassignment services.

   The brochures concerning sex reassignment will not have because … it must information that say they must consult [physicians individually] to be prepared. We won’t produce a brochure that follows, one pattern because there are many different techniques for sex reassignment … For [surgical] breast augmentation, the [brochure] is based on a broad concept to prepare oneself for [surgery]. (sic) (Niwat Kaewpeer, personal communication, 2016)
Figure 4.20  Examples of Brochure Advertising of BPK 9 International Hospital

Figure 4.21  Examples of Brochure Advertising of Yanhee Hospital
Figure 4.22 Examples of Brochure Advertising of Preecha Aesthetic Institute (PAI)

The print advertising in the form of a book will provide information concerning breast augmentation that a physician will write to sell and to give as a gift to the service users who have breast augmentation surgery at that establishment.

I wrote one book for sell, … but I wrote one with a more academic orientation that did not sell well [so I then gave it to service users who came to the clinic for breast augmentation. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)
Figure 4.23 Example of the Book on Breast Augmentation of Bangkok Cosmetic Surgery Clinic (BSC)

Source: Bangkok Cosmetic Surgery Clinic, 2016.

In addition, the sanatoriums will print name cards for the physicians and medical staff with their positions to be given to service users.
Figure 4.24 Examples of Name Cards of the Plastic Surgeons of Preecha Aesthetic Institute (PAI)
(2) Advertising Signage

The research found that private sanatoriums that provide gender reassignment surgical services would erect advertising signage at the front of or inside their establishment. The data collected for this part also show that some sanatoriums would purchase advertising signage located in crowded communities.

![Example of the Advertising Signage in Front of Kamol Hospital](image)

**Figure 4.25** Example of the Advertising Signage in Front of Kamol Hospital
Figure 4.26 Example of the Advertising Signage Inside Yanhee Hospital
Figure 4.27  Examples of the Advertising Signage Inside Preecha Aesthetic Institute (PAI)

(3) Website Advertising

The research found that private sanatoriums that provide gender reassignment surgical services have websites where they provide detailed information on gender reassignment as well as websites in foreign language to attract foreign service users such as in English, Spanish, Mandarin and Japanese.

Our website serves to provide different information and data. (sic) (Niwat Kaewpeer, personal communication, 2016)

We have had a website for many years now. Most persons access it to get basic information about surgery. It won’t have advertising … [I] write [about sex reassignment surgery], not a lot; I write just enough that the [service users] would need. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

Most of the information on our website will be about the different surgery that our clinic provides. There will be details about each type and cover from preparation through care as well as prices … The doctors will write [the] medical [information] on the website, [bscclinic.com]. It will cover nearly everything that our customers [service users] would ask. If they don’t
understand something, we’ll send the link to our website so they can read the
details themselves that they want [to have surgery]. (sic) (Patcharin Reowai,
personal communication, 2017)

Figure 4.28 Example of the Website of Kamol Hospital
Source: Kamol Hospital, 2016f.
Figure 4.29 Example of the Website of BPK9 International Hospital

Source: BPK9 International Hospital, 2015.
Figure 4.30  Example of the Website of Yanhee Hospital

Source: Yanhee Hospital, 2016b.
Figure 4.31 Example of the Website of Preecha Aesthetic Institute (PAI)

Source: Preecha Aesthetic Institute, 2011j.
Figure 4.32 Example of the Website of Bangkok Cosmetic Surgery Clinic (BSC)
Source: Bangkok Cosmetic Surgery Clinic, n.d.a.

(4) Social Media Advertising

The research found that the social media advertising that private sanatoriums that provide gender reassignment surgical services have will be in the form of banners and URL links that are placed on websites and different social media
platforms, for example, social media for transgender networks and social media websites concerned with cosmetic surgery.

We don’t focus on advertising … [but] we do purchase media in many forms … banners on websites or web boards that belong to transgender networks … The purpose is to distribute news and reminders concerning the clinic … As far as support or sponsorship, this will focus on our target group, such as the Transgender Association or web boards that relate to transgender groups. This is because sometimes they will converse about gender reassignment with each other within the transgender community. So, we will place a banner, which could be in the form of sponsorship. We will then try to observe what will be the trend of their communication. If what we are doing is okay and if it isn’t okay, we will tell the webmaster to make adjustments. We will also try to follow exchanges to provide the correct information. (sic) (Niwat Kaewpeer, personal communication, 2016)

Mostly, other [clinics] will have advertising, which means other clinics can communicate easily, let’s say like dungdong.com, which is an online marketing site for surgery, but we do not use promotion like that … We don’t run campaigns like a hot promotion, like a summer discount. We just don’t join anything like this. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
Figure 4.33 Example of a Social Media Website on Cosmetic Surgery

Source: Comsenz Inc., 2013.
The data collection also showed that while there is radio advertising for private sanatoriums that provide gender reassignment surgical services, they do not have television advertising as this can be quite costly and does not fit with this transgender target group.

2) Personal Communication

The research found that personal communication of private sanatoriums that provide gender reassignment surgical services can be classified into four types: (1) well-known persons, or influencers, and relate to gender reassignment surgery, (2) persons with direct gender reassignment surgery experience, (3) physicians and medical personnel and (4) service personnel of private sanatoriums that provide gender reassignment surgical services. Details are as follows:

(1) Well-known Persons, or Influencers, and Relate to Gender Reassignment Surgery

The research found that well-known persons or influencers who are related to gender reassignment surgery such as transgender actors or stars, transgender activists and those persons who have come out as transgender and attract the interest of the public will provide information about sanatoriums, for example, the results of surgery or their personal experience of surgery to interested persons. Some persons will receive an offer for gender reassignment surgery provided by certain private clinics that can be used for promotion. These persons can have a very strong influence on service users when they tell where they have had surgery performed.

Susan Larson [who established susans.org] had gender reassignment surgery at our clinic as well as facial procedures. If our American or European customers [service users] read and like her reviews and then they will choose our clinic. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
**Figure 4.34** Examples of Personal Communication: Content and Videos that Tell of Well-known Persons or Influencers Related to Gender Reassignment Surgery of Kamol Hospital

**Source:** Kamol Hospital, 2017, 2016g.
Figure 4.35 Examples of Personal Communication: Videos that Tell of Well-known Persons or Influencers Related to Gender Reassignment Surgery of Yanhee Hospital

Source: Yanhee Hospital, 2016e; Yanheechannel, 2015.
**Figure 4.36** Example of Personal Communication: Photographs and Contents that Tell of a Well-known Person or Influencer Related to Gender Reassignment Surgery of Preecha Aesthetic Institute (PAI)

**Source:** “Local LGBT Activist”, 2017; Larson, 2017.
(2) Persons with Direct Gender Reassignment Surgery Experience

The research found that persons with direct gender reassignment surgery experience who are normal transgender persons who have undergone the surgical procedures will discuss their experience in the form of word-of-mouth communication. If their gender reassignment surgery was successful, they can advise other service users to come and use the same services, which today has a great amount of influence.

Today, direct, or word-of-mouth communication, whether face-to-face or via a web board or community of the target group [service users] has the greatest influence. (sic) (Niwat Kaewpeer, personal communication, 2016)

Word-of-mouth, speaking directly … or posting so that customers [service users] can talk together like at Susan’s Place (susans.org), a place for gender reassignment. It is the same as posting on pantip.com [a popular Thai-language website and discussion forum]. Customers [service users] can exchange information and thoughts, but this site is particularly for transgenders. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

Moreover, if the service user knows the individual who has direct experience with gender reassignment surgery personally, the experienced person will have much greater impact, or influence, on the service user.

It is often the case that there will be one individual, a friend, who can provide advice on how to search for our institute on the internet. They will find information on the website and then call us or walk in. (sic) (Tawiphong Bubpharat, personal communication, 2016)

For the most part, they will just walk in after a friend has recommended us. For instance, the friend has come to us for service and then recommends Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS]. They will also call and ask if Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS] is in, and if so, they will come in to meet with him. (sic) (Phatchara Eamsaard, personal communication, 2016)
Whatever the case, word-of-mouth communication does not allow the service provider to control the message. This can lead to negative content and distortion of the truth. This is especially true when it comes to the internet, which plays a very important role. News can be quickly distributed, and it can be quite difficult to find the source. Thus, it is vital the service providers maintain the highest standards to protect themselves and be prepared to correct any negative news immediately.

We have an employee that monitors social networks as content can be quite sensitive and be disseminated rapidly. Then, if there is any serve content that could be false, distorted or unbeneficial, we can gather to talk about this, and if it concerns our medical team, we can prepare content to dispute this. So, right now, we are monitoring … This is why the source is important because some web boards don’t ask for any information. There will just be there user name, and they can just voice their opinions. They also might not be the best sources that can be relied upon, and this can be dangerous as the reader already remembers what has been said and could then share this with others. (sic) (Niwat Kaewpeer, personal communication, 2016)

To control content and reach all prospective service users, word-to-mouth communication with an experienced individual, the sanatorium that provides gender reassignment surgery will need to ask for permission to post pictures and content on different media or in proposals such as discounts for surgical services.

Usually, service users come to the Bangkok Surgery Clinic because of being] the most recommendations. Patients [service users] will talk about us to each other, but this isn’t the best channel … It’s the same as the advertising that can’t reach everyone and has declined. … We can’t hire someone to write a review and show the reassigned sexual organs. Reviews won’t cover this, but they will show breast augmentation. The market is small for surgery on the reproductive organs. Usually, there is posting of sex reassignment reviews on Youtube [youtube.com], but we don’t hire reviewers to show surgically constructed sexual organs as that is

Figure 4.37  Examples of Personal Communication: Videos that Tell of Persons with Direct Gender Reassignment Surgery Experience of Kamol Hospital

Source: Kamol Hospital, 2016a; 2016b.
Figure 4.38  Examples of Personal Communication: Videos that Tell of Persons with Direct Gender Reassignment Surgery Experience of Yanhee Hospital

Source: Yanhee Hospital, 2016a; Yanheechoannel, 2017.
Figure 4.39  Examples of Personal Communication: Contents that Tell of Persons with Direct Gender Reassignment Surgery Experience of Preecha Aesthetic Institute (PAI)

Source: Preecha Aesthetic Institute, 2011e.
Figure 4.40  Examples of Personal Communication: Photographs and Contents that Tells of Persons with Direct Gender Reassignment Surgery Experience of Bangkok Cosmetic Surgery Clinic (BSC)

**Figure 4.41** Examples of Personal Communication: Photographs, Contents and Videos that Tell of Persons with Direct Gender Reassignment Surgery Experience of Siamese Clinic

**Source:** Siamese Clinic, n.d.b.
(3) Physicians and Medical Personnel

The research found that surgeons that provide gender reassignment surgery who are well known and their work is well respected among the service users can be a quite important presenter to a private sanatorium that provides gender reassignment surgical health services.

Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD] has established PAI [Preecha Aesthetic Institute] so that customers [service users] will request the doctor by name. They will know that Dr. Preecha no longer conducts surgery as he is the director and is often out giving lectures. So, they will know they probably won’t meet the doctor, but members of Dr. Preecha’s [Assoc. Prof. Dr. Preecha Tiewtranon, MD] team. Our service users often say that they know the doctor is not available, that he has gone to Europe or is lecturing, but his team is here with a number of surgeons they can trust … Still, the first thing or name I will hear the customers [service users] say will be Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD] … You can be certain that the customers [service users] that come to PAI [Preecha Aesthetic Institute] come because of Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD]. (sic) (Nuttapong Laosuttipong, personal communication, 2016)
Figure 4.42 Example of Personal Communication: CNN News which Praised Assoc. Prof. Dr. Preecha Tiewtranon, MD, of Preecha Aesthetic Institute (PAI) as Thailand’s Most Famous Transgender Surgeon

Source: Preecha Aesthetic Institute, 2011d.
(4) Service personnel at the sanatoriums that provide gender reassignment surgical services

This research found that the service personnel at private sanatoriums that provide gender reassignment surgical services comprise: a) customer service officers and coordinators and b) agencies.

a) Customer service officers and coordinators

Customer service officers and coordinators are permanent staff who serve as the face at the front when service users contact a private sanatorium. They will greet them and provide basic information concerning gender reassignment surgery and health care services as well as work to ensure their convenience.

They do the same work as someone working in reception, but do not do any upselling or exaggeration of what we offer. We focus only on the direct prospective target service users and act as consultants. (sic) (Niwat Kaewpeer, personal communication, 2016)

[Customer service officers and coordinators] act to serve customers [service users] who come to us. We have to be there for them [service users] so they will be satisfied … Of course, it is medical service, which is the same as that provided at a hospital as well as hotel. While a hotel sells rooms, we sell doctors and surgery. Still, it’s the same. We all sell service. We have to do all we can to achieve maximum customer satisfaction … [When it comes to foreign service users], our basic communication channel is email as everything they need to know is provided at our website. If they want to converse, they will send an email. All communication is easy. They can ask anything right from the start. They can say what procedures they want and which doctor they want to perform these. We can provide advice and recommendations. What information they need to provide, like the physician’s name. Those that do specify information show that they have researched about this, often with their friends who have given them recommendations, usually persons who have had the surgery here with good results. Other times, we will be the one to recommend the surgeon … Facebook Fanpage and the [chat application] Line,
which is social media, is another channel customers [service users] will use to contact us. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

Usually, we will be contact first by telephone or the [chat application] Line as well as our Facebook Fanpage before a customer [service user] will come in. Everyone will already know the prices and all they should know. When they come, it will be to consult a doctor. They won’t usually ask our counter staff any questions as they have already asked via the chat application Line or Facebook Fanpage before they come … We will have three to four staff on duty at the counter doing different things … [The staff] can speak English. They will be trained to welcome the customers [service users] and then ask for their history on their first visit. The history will cover everything. They will also give the medicine that the doctor has prescribed at the end of their treatment. (sic) (Patcharin Reowai, personal communication, 2017)

b) Agencies

The agency are persons or a company that are there to serve in place of receptionists at a private sanatorium that provides gender reassignment surgical services. They do all the same things as a customer service officer or coordinator, acting as the face at the front. They can provide basic information about the gender reassignment surgical and health services as well as work to ensure the service users’ convenience. Still, their payment by the sanatorium will be separated from the surgical costs of the service user. Currently, agencies will have both Thai and foreign staff, particularly agencies from countries that do not use English as their principal language, which therefore need foreign personnel as their content for integrated marketing communication of the sanatorium will not reach these foreign service users which can become an obstacle when it comes to language.

When selecting an agency that acts as a sales agent for PAI [Preecha Aesthetic Institute], anyone, no matter the language they speak can apply and contact us. We have a procedure for selection and for providing information because we believe that an agency is just the same as our own employees. They have the role of finding patients [service users] or providing service and
information to patients [service users], especially for those we cannot reach because we don’t know the languages required to communicate with them such as Italian, Chinese and Japanese … This is a new trend, which means there are patient groups [service users] who contact us and we need an agency that can serve these target groups [service users]. Communication is vital. If they can’t communicate or be understood by the doctors, we won’t be able to serve them, particularly during post operative recovery. They might also misunderstand. This is especially true as we now have patients [service users] from the Middle East, Iran and Turkey … We thus have to be careful as to which agency we select to be sure we provide the correct information. Any agency must first come and meet with us, learn about our policies and the information that must be provided to our customers [service users], just the same as we provide to walk ins. The agency must follow the right steps … for instance, the time the agency tells the patients [service users] to come see us, we have to check if they have been given the correct information as required by regulations. If they give more, that’s okay, but the information has to be correct. They cannot miss anything. We will set standards that they must meet for the information given to patients [service users]. (sic) (Niwat Kaewpeer, personal communication, 2016)

The percentage of customers [service users] who come in on their own is much higher than [those who come through an agency], most definitely, but an agency will have a consumer profile, or qualifications, that shows that the customers [service users] are ready and that they are ready to serve them and communicate in the required language. Some agencies will stand out in their service. Some will serve the same as a tour guide before bringing the patient [service users] for their surgery. This will all depend on the patient [service user]. There are American and Arab agents, Turkish, Israeli, Australian, English, Vietnamese, Chinese and Japanese … All these, and then there are Thai agencies and Italian … Some agents are individuals who not involved in medical tourism. They won’t be involved with this at all. They might just be someone who knows a lot of other people, travels a lot, knows a lot of people and has a lot of connections. They can therefore provide a lot of customers
[service users]. They can promote and talk about us, and then they need to be compensated. Another type of agency is involved in medical tourism. Their customers come looking for a deal, including hotel accommodation. They will handle everything, including transportation. After the customer [service user] flies home, they will stay in contact with them. They will have their own website … [For Thai service users], we will have a plan. The agent will have a blog. For our Thai customers [service users], someone will write reviews specifically for this target group. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

[Currently, the Bangkok Cosmetic Surgery clinic] does not have an agent. We would like to have one, but for Thais, they won’t use an agency. If we did it, we would have agents to target foreigners. If we have any agents, we would like them to be foreign as we, ourselves, don’t have a channel to reach foreigners. We cannot communicate with some because of language… Truthfully, an agency is best. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

3) Direct Marketing Communication

This research found that there is no method of purchasing data in order to present gender reassignment surgical health services to transgender persons. However, it would be through email to former service users who have already received service to ask about any symptoms and to keep in touch as well as to collect data and maintain good relations through Facebook Fanpage of the private sanatoriums that provide gender reassignment health services.

When talking about direct marketing to contact customers [service users], we will not use such tactics as text messages sent directly to the prospective customers [service users] nor send a letter without first asking permission. With former customers [service users], we would contact them to find out how they are recovering. For this though, we would need to speak to them first before they return home. We would ask them if we can contact them to check how they are recovering. But we will not try to search for or purchase
customer [service user] data to contact them because we respect their privacy. This is because some of these persons want their lifestyle to remain private; it might be because of their work, their appearance, the conditions of the society of which they belong. So, a letter from a gender reassignment clinic might not be appropriate. (sic) (Niwat Kaewpeer, I personal communication, 2016)

There are workers [who collect the data of service users] and we will use this [service user databank] in the future, but at this time, we don’t use it … We don’t keep any contact, but we might through Facebook [Fanpage]. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

4) Public Relations

This research found that public relations is a form of communication that does not require payment for media by private sanatoriums that provide gender reassignment surgical services. It can be classified into five types: (1) interviews or news broadcast on television, (2) news, articles and pictures published in newspapers, (3) news, articles and pictures published in magazines, (4) news, articles and pictures distributed through websites and (5) news, articles and pictures distributed through social media.

(1) Interviews or News Broadcast on Television

The research found that in the case of interviews of service providers and surgeons arranged by private sanatoriums that provide gender reassignment surgical services, they will focus on the important points of such services while the news will concern these services as well through television programming both in Thailand and abroad.
**Figure 4.43** Example of an Interview of the Chief Surgeon or News through a Thai Television Program of Kamol Hospital

*Source:* Kamol Cosmetic Hospital, 2012.

**Figure 4.44** Example of an Interview with a Chief Physician or News through a Thai Television Program of Yanhee Hospital

*Source:* INTV Thai, 2015.
Figure 4.45  Examples of Interviews with the Surgeons or News through International Television Programs of Preecha Aesthetic Institute (PAI)

Source: Preecha Aesthetic Institute, 2011f.
(2) News, Articles and Pictures Published in Newspapers

The research found that interviews of service providers and surgeons arranged by private sanatoriums that provide gender reassignment surgical services were published in both Thai and foreign newspapers.

Figure 4.46 Example of News Published in Foreign Newspapers of Preecha Aesthetic Institute (PAI)

Source: Preecha Aesthetic Institute, 2011g.
(3) News, Articles and Pictures Published in Magazines

The research found that interviews of service providers and surgeons arranged by private sanatoriums that provide gender reassignment surgical services were published in both Thai and foreign magazines.

Figure 4.47 Example of an Interview with the Chief Surgeon Published in a Thai Magazine of Preecha Aesthetic Institute (PAI)

Source: Preechasurgery, n.d.a.
Figure 4.48  Example of an Interview with the Chief Surgeon Published in a Foreign Magazine of Preecha Aesthetic Institute (PAI)

Source: Preechasurgery, n.d.b.
(4) News, Articles and Pictures Distributed through Websites

The research found that information and interviews of service providers and surgeons arranged by private sanatoriums that provide gender reassignment surgical services were distributed through both Thai and foreign websites of transgender networks, news sites and online magazines.

**Figure 4.49** Example of an Interview with the Chief Surgeon Posted on a Thai Transgender Network Website of Preecha Aesthetic Institute (PAI)

**Source:** IforTGWomen, 2017b.
Figure 4.50 Examples of Interviews or News Posted on Thai News Sites of Yanhee Hospital

(5) News, Articles and Pictures Distributed through Social Media

The research found that currently all private sanatoriums that provide gender reassignment surgical services have a Facebook Fanpage to distribute public relations concerning their different medical services and benefits, including discounts and special events. In addition, they conduct public relations via Youtube.com, Instagram, Websta and LINE official account.

We have Facebook ... and can post physicians’ team conferences attended because we do stress academics. We will post what conferences we attend and will post academic information that is released by PAI [Preecha Aesthetic Institute] that we think could be useful on our Facebook Fanpage ... In addition to our Facebook Fanpage, we have a webmaster to monitor and filter information as we work to use this to build out image, but we do not
exaggerate. We exchange information with those that visit the sites, but don’t invite people to join as this serves as an academic center, not as a commercial enterprise or form of sales promotion. (sic) (Niwat Kaewpeer, personal communication, 2016)

On our Facebook Fanpage we will post information mostly about breast surgery as most of our customers are interested in this. It will usually be to advertise promotions and content concerning breast augmentation. However, there are some cases concerning eyes and nose procedures. (sic) (Patcharin Reowai, personal communication, 2017)
Figure 4.52 Examples of the Facebook Fanpage, Youtube Channel and Instagram of Kamol Hospital

Source: Kamol Hospital, 2016d.
**Figure 4.53** Example of the BPK9 International Hospital Facebook Fanpage

**Source:** BPK9 International Hospital, n.d.
Figure 4.54  Examples of the Facebook Fanpage, LINE Official Account, Youtube Channel, Twitter and Websta of Yanhee Hospital

Source: Yanhee Hospital, 2016d.
Figure 4.55  Example of the Preecha Aesthetic Institute (PAI) Facebook Fanpage
Source: Preechasurgery, n.d.c.

Figure 4.56  Example of the Bangkok Cosmetic Surgery Clinic (BSC) Facebook Fanpage
Source: Bangkok Cosmetic Surgery Clinic, n.d.d.
5) Sales Promotion

This research found that the private sanatoriums that provide gender reassignment surgical services will offer discounts and promotions for services to service users to encourage their decision to obtain gender reassignment services. These do achieve positive results as seen in the feedback from service users. The private sanatoriums will use promotional materials when the number of service users is less than the capacity of their doctors and stop using it when the number of service users is equal to the capacity.

In the past, I didn’t see the value in promotions, but it seems that today, people are much more interested in these. When it comes to [prices], they haven’t changed much, but they do attract more persons … [Sales promotion] does have the result [of increasing the number of service users] … It’s a generational thing. The [price] might not be [much lower], but could motivate them to purchase the service. I might be of an older generation, I do not agree, but I must adjust to the current trends … [sales promotion] that do attract Thai [service users]. Foreigners think much the same. I really don’t
know as we can’t seem to reach them [the foreign service user market]. (sic) (Theerapong Boonyakariyakorn, personal communication, 2017)

Today, there are many cases at the clinic so we don’t offer many promotions because we don’t have the capacity. We have only one doctor and cannot serve more service users. They will complain to us if we launch too many promotions but cannot service them. (sic) (Patcharin Reowai, personal communication, 2017)

In addition, some private sanatoriums that provide gender reassignment surgical services do not offer sales promotion discounts to influence service users’ decision making, but the research found that many service users would try to bargain down prices as prices for these surgical services can be flexible, for example reducing the price for a service when provided with another.

The sales promotion that we’ve spoken of, we do not stress. We offer the services to service users who are ready when considering medical, social and economic conditions. When it comes to [bargaining], we have to look at how everything fits together. Possible, we can adjust [the price] to better fit the market. It all depends. (sic) (Niwat Kaewpeer, personal communication, 2016)

We have a basic price displayed by the clinic. It’s our standard price, and this is fixed. Still, there is some flexibility. We’ll need to first talk to the service user. If they seem to have the intention and really want the service, but they have a limited budget and ask if we can help them a little, we will need to speak with the [plastic surgeon]. But this must all be decided on first and [the price] has to be clear. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

There are some [service users] who will try to bargain on the price, but not many. It can also depend on how many surgeries they want performed. If they want two or three, then we can possibly give them a discount. (sic) (Patcharin Reowai, personal communication, 2017)
Figure 4.58 Examples of Sales Promotions of Kamol Hospital

Source: Kamol Hospital, n.d.
Figure 4.59 Examples of Sales Promotions of Yanhee Hospital

Source: Yanhee Hospital, n.d.
Figure 4.60  Examples of Sales Promotions of Bangkok Cosmetic Surgery Clinic (BSC)

Source: Bangkok Cosmetic Surgery Clinic, n.d.c.
6) Special Events

This research found that special events include: (1) Competitions to offer gifts related to gender reassignment surgical health services or transgender beauty contests, (2) Sister’s Hand project to provide free sex reassignment surgery or other activities of transgender associations and (3) Academic activities such as exhibitions, training, seminars and conferences. Details as follows:

(1) Competitions to offer gifts related to gender reassignment surgical health services or transgender beauty contests
This research found that some private sanatoriums that provide gender reassignment surgical services sponsor different competitions for transgender persons.

![Example of the Sponsorship of Kamol Hospital on a Transgender Beauty Contest](image)

**Figure 4.62** Example of the Sponsorship of Kamol Hospital on a Transgender Beauty Contest

**Source:** Kamol Hospital, 2018.
(2) Sister’s Hand project to provide free sex reassignment surgery or other activities of transgender associations

This research found that some private sanatoriums that provide gender reassignment surgical services sponsor charity activities organized by a transgender association.

**Figure 4.63** Example of the Sponsorship of Preecha Aesthetic Institute (PAI) for the 1st Sister’s Hand Charity Organized by the Transsexual Association of Thailand

*Source: “5 out of 200 transwomen”, 2010.*
Figure 4.64 Example of the Sponsorship of Yanhee Hospital for the 2nd Sister’s Hand Charity Organized by the Transsexual Association of Thailand


(3) Academic Activities

This research found that surgeons of private sanatoriums that provide gender reassignment surgical services do join and share their research at both domestic and international conferences.

There are conferences for our team of expert surgeons in all specialties associated with gender reassignment, including sex change doctors [plastic surgeons], psychiatrists, sociologists and those who conduct surgery for the transgender community. There will be the annual conference organized by the World Professional Association for Transgender Health (WPATH) [Researcher: This is an international non-profit organization and was established through the collaboration of specialist in all related fields from around the world, including psychiatry, plastic surgery, internal medicine, obstetrics and others such as psychology and law to study, conduct research and development, and exchange knowledge in health care of transgender
This year, the conference was held in Amsterdam, the capital of the Netherlands, that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD] just attended where he was asked to be an expert presenter to talk about the new era in sex reassignment … This was included in a journal covering the exchange of academic knowledge between countries. He will also give a similar lecture elsewhere. Transgender community members who are able to attend will talk about this to their network. (sic) (Niwat Kaewpeer, personal communication, 2016)

Figure 4.65 Examples of Attending International Training, Seminars and Conferences Concerning Gender Reassignment Surgery of the Management and Surgeons of Preecha Aesthetic Institute (PAI)

Source: Preecha Aesthetic Institute, 2011h.
In addition, there are booths designed for special communication activities outside of the private sanatoriums that provide gender reassignment surgical health services held in Thailand and abroad, such as booths jointly designed and manned by the sanatoriums and the Tourism Authority of Thailand.

We have good connections with the TAT (Tourism Authority of Thailand) when it comes to medical tourism. And you can be sure this won’t be promotion, not even 10 percent. We just provide information … You can be sure it won’t too persuasive. (sic) (Nuttapong Laosuttipong, personal communication, 2016)

Figure 4.66  Example of a Booth Designed for a Foreign External Event of Kamol Hospital

Source: Kamol Hospital, 2016e.
4.4 Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Service Industry

The research found that stakeholder sanatoriums that provide related services on the gender reassignment health services industry and offer gender reassignment services for transwomen and transmen, both Thai and foreign, can be divided into two types: 4.4.1) cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs and 4.4.2) community health centers that specifically service transgender persons. Details are as follows:

4.4.1 Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

The details on cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs can be divided into three classifications of information: 1) objectives of sanatoriums, 2) service and 3) policies to support Thailand being a global center for gender reassignment.
1) Objectives of cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs

The research found that cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs refer to those that do not provide primary or secondary sex reassignment surgical procedures. They have commercial objectives to provide general services to those interested in cosmetic surgery to improve their appearance. They will serve a sufficient number of transwomen and transmen who chose to undergo other gender reassignment surgical procedures at the clinic.

I would say there will be at least one [transgender service user] each week who will come for breast augmentation or facial work. (sic) (Jakkapart Manonukul, personal communication, 2017)

2) Services of cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs

From the data collected, the research shows cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs provides pre and post-surgical services the same as private sanatoriums that provide gender reassignment surgical services including sexual organ change. This begins with staff, customer relations officers and service coordinators, who will greet the service users and answer their basic questions. They will schedule an appointment to consult with physicians and undergo an examination prior to surgery. They will explain about the recovery and schedule a post operative examination in order for their doctor to closely check the recovery.

As far as surgical services, the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs will provide only cosmetic surgery procedures to improve appearance such as facial and body physique procedures. As these will not affect sexual organ changes, the service users will not require approval by psychiatrists, i.e., there will be no change of sexual organs for the transformation of a man to become a woman or for a woman to become a man.
As far as surgery, … I will perform any procedure other than changing sexual organs … which means any procedure that does not require a psychiatrist’s approval. For transwomen, I will perform facial procedures we call feminization to make the face appear more feminine, which means making a person appear more female, augmenting the eyebrows and raising the cheekbones, or if there is a hump in the nose, which is a bone, we will reduce it a little so the person appears more like a woman. I will raise the eyebrows so they will be further from the edge of the eye socket and appear more feminine. For a protruding forehead, I will thin the eyebrows. I will also make injections to fill out the space and soften the lines. I will work to create a feminine shape. As far as hair, I will remove any that appears too masculine to make the person look more like a woman. I will perform breast augmentation. I will also perform liposuction and then inject this in the hips to adjust the person’s figure. If the person is overweight, I will work to adjust their figure as well … [For transmen], I will conduct surgical procedures to make the person appear more like a man, I work to make their nose appear straight and slightly wider. I do not perform chest reconstruction or a mastectomy as this is considered a sexual organ because as a woman, if they were to become pregnant, they would need to provide breast milk to their child … For breast removal [chest reconstruction/mastectomy], the patient [service user] must have consulted and received the approval of psychiatrists. (sic) (Jakkapart Manonukul, personal communication, 2017)

Cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs offer the same surgical services for transgenders as for other persons. There is no separation, but in the case of Siam Laser Clinic (SLC), they do give great importance to not infringing on their service users’ sexuality. A transwoman will receive the same service as a normal woman, and in the case of serving a transman, they do not yet offer full sex reassignment surgery to transition from a woman to be a man. However, they will provide these persons with the same service they will afford to a woman.
Normally, [transgender persons] do not want to be treated any differently as they feel this is a form of discrimination, which is not good. The service will be the same for each person, but we have to be serious about treating all as patients [service users] with conditions who are admitted to a hospital. If a patient [service user] is a woman, we will not assign a male nurse to ensure their privacy. We act according to the gender the person is. So, for example, if the patient [service user] is a man that is not transgender, we can assign a female nurse to care for them, but if the patient [service user] is a female and the nurse is male, we have to be careful to prevent infringement on their privacy. This is a Thai hospital concept, and so, patients [service users], if they are transwoman, we will not assign a male nurse because we must treat them as a woman, but if the patient [service user] is a transman, there is the chance that a male nurse could infringe on their privacy, we will care for them as a woman as well, with female nurses. This is my own belief of how to act. Some persons don’t like to be treated any differently than others. If they are a woman who was previously a man [transwoman], we like to care for them as a woman. (sic) (Jakkapart Manonukul, personal communication, 2017)

3) Policies to support Thailand being a global center for gender reassignment by cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs

The research found that cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs have policies to support Thailand as a global center for gender reassignment. In the case of the Siam Laser Clinic (SLC), they have transgender customer service and coordinator staff as well as a nurse to specifically serve transgender service users. These persons can speak a foreign language. Meanwhile, they are expanding by opening branches in Vietnam and China. The problem they face is there are no interpreters who can speak languages other than English and Chinese.

We have sales persons who focus specifically on foreigners. We also have a transgender nurse … as well as four to five transgender sales person who can
speak English. Most of our nurses can speak English … We also have a branch in Vietnam and China. When they want to have a consultation, we would need to find interpreters, but that isn’t hard. If we have a Chinese customer, they will usually have an agency and they will provide the interpreter. We also have one nurse who can speak and read Chinese. So, language is not an obstacle, but for other languages, we don’t have anyone. (sic) (Jakkapart Manonukul, personal communication, 2017)

4.4.1.1 Formats of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

The research found that in addition to employing customer service and coordination staff as well as nurses who are transgender, the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs do not employ other forms of integrated marketing communication to specifically target transgender service users. However, they do employ integrated marketing communication that targets general service users to give them the necessary information to help them decide and encourage them to have surgery the same as private sanatoriums that provide gender reassignment surgical services. In the case of Siam Laser Clinic (SLC), they will provide attractive example pictures of cosmetic surgery results of procedures performed by the clinic’s surgeons.

We have transgender sales persons … [In the marketing department], they will communicate with the [Bureau of Sanatoriums and Art of Healing] … They said we can provide information in a knowledgeable way. Showing the results of the surgery, … before and after pictures is not allowed, but we can show pictures after the surgery that [service users] are in a good condition which means that the surgery is already completed … Our clinic has our own picture file for marketing. (sic) (Jakkapart Manonukul, personal communication, 2017)
4.4.1.2 Method of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

This research found that integrated marketing communication policies of cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs will be set by the administrators and members of the marketing department. They will employ a working group or staff who will be responsible for the clinics’ integrated marketing communication just the same as private sanatoriums that provide gender reassignment surgical services. The staff surgeons of the clinic will be responsible for medical policies. They will not be involved in marketing but will be kept informed about the integrated marketing communication policies.

The clinic does have a marketing department that operates in two forms. There is the in-house marketing team for sure, but I not sure about our hiring an [advertising] agency because this is organized by the marketing department. I join the meetings for the administrators to discuss medical policies. I don’t myself like marketing, so while I will know the policies, I will not get involved in setting them. (sic) (Jakkapart Manonukul, personal communication, 2017)

4.4.1.3 Message/Content of Integrated Marketing Communication Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

The research found that cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs stress sending medical information and facts to general potential service users. They do not separate the transgender service users.
[We provide information] on side effects to anyone undergoing procedures not specifically according to gender. We provide information to protect everyone just alike without giving specific details. (sic) (Jakkapart Manonukul, personal communication, 2017)

However, differences were found as far as the content concerning medical information and facts for general and transgender service users. When it comes to the consultations with physicians, if a transgender service user clearly shows gender identity, the doctor will discuss the counseling according to that gender. For example, the physicians will speak about cosmetic surgery for transwomen the same as they would talk to a natural woman, and this would be the same for transmen and natural men. If gender identity of the service user is unclear, the physician will have to ask them to clearly explain what cosmetic surgery they want.

If a person clearly has the characteristics of a gender, I will talk with them the same as a woman or a man. So, if she is a transwoman, I will talk to her like any other woman. But some persons will be in a state that is not yet clear, so, I will ask them directly. Some persons will hesitate to say what gender they are, but I will ask as I want to speak to them correctly. If I see they are quite serious about our talk, I will apologize first. Then, I’ll ask if they want to be handsome or pretty as I would then perform different techniques. This I need to explain, what the procedures are, what type of wounds will have to heal. It is sometimes quite difficult to determine what gender a person is. He comes as a man, and I then make him more handsome. Then, he’s dissatisfied because, in fact, he wanted to be made prettier. He wants to present himself as a different gender than what he is. If, for example, they are a butch lesbian, transman, they need to say they want to become more handsome. If it is a man who wants to be a woman, transwoman, I will plan to make him to appear prettier. (sic) (Jakkapart Manonukul, personal communication, 2017)

From the data collected, the research found that the content, or message, about information concerning sanatoriums and physicians and surgeons of
cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs have the same form as that of private sanatoriums that provide gender reassignment surgical services. It should also be noted that the transgender service users are interested in the questions and answers about the surgeons’ experience in providing cosmetic surgery services for transgender persons.

Specifically, they will ask if in the past I have provided surgery services transgender. For example, a man becoming a woman [transwoman] will ask if I have performed breast augmentation for transwoman. In these cases, they may think there are special techniques for transgenders, and in fact, some steps are specific. (sic) (Jakkapart Manonukul, personal communication, 2017)

Examples of the content disseminated by the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs can be found in Appendix C.

4.4.1.4 Channels of Integrated Marketing Communication
Employed by Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs

The research found that cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs will employ multiple integrated marketing communication channels to reach their target audience the same as for general service users without any clear differences whatsoever for transgender service users.

[Siam Laser Clinic] uses a full range of [marketing communication], except television advertising and not specifically for one target group … There are the many sales persons and we do have sales promotion as well as public relations, direct marketing and events where we’ll set up a booth. We also offer joint promotions with credit cards. (sic) (Jakkapart Manonukul, personal communication, 2017)
The research found that the communication channels employed by the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs can be divided into six types: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations 5) sale promotion and 6) special events.

1) Advertising

**Figure 4.68** Example of a Billboard of Siam Laser Clinic (SLC)

**Figure 4.69** Example of Out-of-home Signage Displayed at a Shopping Plaza of Siam Laser Clinic (SLC)
Figure 4.70 Example of Out-of-home Signage Displayed at the Suwannabhumi Airport of Siam Laser Clinic (SLC)

Figure 4.71 Example of an Advertising Video for Cosmetic Surgery Presented at the Branches of Siam Laser Clinic (SLC)
2) Personal Communication

The research found that personal communication, particularly persons with direct cosmetic surgical experience, is the form of communication with the highest effect among all the integrated marketing communication channels of cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs. It was found that some sanatoriums would hire well-known service users as well as those having direct experience with cosmetic surgery. So, they could share their experience receiving
cosmetic surgical services from the sanatoria as well as those who have been quite satisfied with such services the same as what is done by private sanatoria that provide gender reassignment surgical services except it will be aimed at the general prospective service user target groups. They will not produce materials specifically for the transgender market.

However, to target transgender persons, the research found that transgender public relations, customer service and nurses would be hired to serve transgender service users specifically.

We have sales persons who are transgender … I have met the transgender service users who come here because they are confident in the services we provide because of what they have hear through word of mouth … [Generally, the service users will make recommendations] face to face. This happens the most. This communication is the most believable. It begins with word-of-mouth … For example, a patient [service user] that had surgery here will say where they had their surgery and who the doctor was. This is called a review. Some reviews are commercial. Persons are hired to give reviews. Sometimes a service user has surgery here but will review for another place. We can't do anything about that; it's difficult to control. I have known people who wonder if famous people, a star or net idol, accept advertising fees. If some famous one is doing something, then people will follow what they believe. When they speak out in the media, they will become a presenter which might not always be true. Many times, they might just say [suggest] to other people that they had surgery here, non commercial. (sic) (Jakkapart Manonukul, personal communication, 2017)
**Figure 4.73** Example of Personal Communication: a Video that Tells of a Well-known Person or Influencer Related to the Plastic Surgery Experience of Siam Laser Clinic (SLC)

**Source:** Siam Laser Clinic, 2016.
Figure 4.74  Example of Personal Communication: a Video that Tells of a Person with Plastic Surgery Experience at Siam Laser Clinic (SLC)

Source: Siam Laser Clinic, 2017.

3) Direct Marketing Communication

From the data collected, the research found that there was no purchase of information about service users without their permission to promote cosmetic surgery services. However, the sanatoriums maintain relationships with service users who had previously received their services. This would be in the same way as private sanatoriums that provide gender reassignment surgical services. They would contact these persons via the chat application LINE to promote their services. In the case of Siam Laser Clinic (SLC), there were also be specific transgender
customer service and coordination staff to communicate with transgender service users via LINE.

![Image of LINE chat](image)

**Figure 4.75** Example of LINE Chat Application Presenting the Services by a Customer Service of Siam Laser Clinic (SLC)

4) Public Relations

From the data collected, the research found that the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs, like the private sanatoriums that provide gender reassignment surgical services, would broadcast interviews with their plastics surgeons
on television as well as re-post these on their Youtube channel. Moreover, they have their Facebook Fanpage to promote the facility and services. These would be aimed at general potential services users, as they would not separate their integrated marketing communication to specifically target the transgender markets.

**Figure 4.76** Example of an Interview with a Surgeon Shown on a Thai Television Program of Siam Laser Clinic (SLC)

**Source:** Siam Laser Clinic, 2012.

**Figure 4.77** Example of the Facebook Fanpage of Siam Laser Clinic (SLC)

**Source:** Siam Laser Clinic, n.d.
5) Sales Promotion

From the data collected, the research found that the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs, like the private sanatoriums that provide gender reassignment surgical services, would offer sales promotion in the form of service discounts and payment in installments. These would be aimed at general potential services users, as they would not separate their integrated marketing communication to specifically target the transgender markets.

![Examples of Sales Promotions of Siam Laser Clinic (SLC)](image)

**Figure 4.78** Examples of Sales Promotions of Siam Laser Clinic (SLC)

**Source:** Siam Laser Clinic. n.d.

6) Special Events

This research found that Siam Laser Clinic (SLC) would organize an annual event to offer free-of-charge cosmetic surgery for candidates who have been selected as a winner. These activities would be aimed at general potential services users, as they would not separate their integrated marketing communication to specifically target the transgender markets. There are transgender persons applying to participate in such activities every year.

[The Makeover project] was inspired by our management and it shows the changes someone can experience. These events have been held once a year. The first episode did not have much promotion. Those who came act like
reviewers. At that time, it was shown as [a program] on a television station when the media were not very controlled. Now, though, this can be quite limited, and, thus, it is difficult to make a plan for this. In the past, we could shoot in the operating room. This could help with our promotion by providing something like portfolios [of our doctors] as it feels like the doctors are performing their procedures live. This [kind of the show] could be shown on foreign stations. We were really intent on presenting an actual operation. We did not tell these persons they must have this surgery, but there were discussions about what to do to make them more beautiful. We wanted them to inspire others. These winners are hard to select as we have 200 to 300 candidates a year subscribing for this event. … Every year there are transgender persons who apply. In our selection, we do not separate transgender persons, but out of the hundreds we recruit, they amount to a very small percent. (sic) (Jakkapart Manonukul, personal communication, 2017)

Figure 4.79 Example of the Makeover Project of Siam Laser Clinic (SLC)
In addition, the research found that plastic surgeons at the cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs would join academic conferences to share their research like those at private sanatoriums that provide gender reassignment surgical services.

I will have patients [service users] models who I will present. I will have them sign form after I explain to them that this is for academic work only. Their identity will be hidden so they won’t be recognized. For example, if they have a tattoo, that will be covered. The same if they have a mole. Anything recognizable will be obscured to ensure their privacy … We will not use Photoshop to modify model pictures. For example, if there is a tattoo, we will just cover it with a circle mark, so they aren’t recognized and won’t be remembered. (sic) (Jakkapart Manonukul, personal communication, 2017)

4.4.2 Community Health Centers that Specifically Service Transgender Persons

The details of community health centers that specifically service transgender persons can be divided into three classifications of information: 1) objectives of sanatoriums, 2) service and 3) policies to support Thailand being a global center for gender reassignment.

1) Objectives of Community Health Centers that Specifically Service Transgender Persons

This research found that in the case of the Tangerine Community Health Center, which was established under the auspices of the Society of the Thai Red Cross, its objectives are to provide hormone, pre-surgical and post surgical services. It acts as a nonprofit venture but does provide services on a donation remuneration system working in conjunction with the Plastic Surgery Unit of King Chulalongkorn Memorial Hospital. The two units will provide information to prospective service users of each facility.
Last year, the Thai Red Cross opened the clinic, I understand is named Tangerine, where they can be cared for once they have had the surgery. The patients [service users], following surgery will be the same as women. They will want the same obstetric care as a normal woman. This is why we opened this special clinic, which is fully equipped to check for all diseases. This patient [service user] group who has undergone surgery could contract a disease that would be different from a normal woman and not that of a man. These are particular conditions, and we do have international exchange of information. The clinic is open daily. We will conduct tests similar to a pep smear [to test for cervical cancer] that can be contracted by a woman. We also provide the full range of hormone services, and all patients [service user] can retain their anonymity, which was a principle reason for establishing the clinic. We have actually been providing such services for decades, but have perfecting them over time. (sic) (Apichai Angspatt, personal communication, 2016)

Furthermore, if a service user at the Tangerine Community Health Center wants to undergo gender reassignment surgery, they will be provided with the necessary information so they can decide. This includes providing them with knowledge on what services are offered by King Chulalongkorn Memorial Hospital as well as other sanatoriums providing such services to best serve their needs and not with any commercial aim.

Our core principle is to provide service that provides the knowledge and understanding of all forms of hormone treatment. This also includes a more thorough medical examination which transgender persons ignore. We will provide useful information, particularly when it comes to sexually transmitted diseases as well as sex reassignment surgical procedures … We must advise them, not guide them to the surgery in a way that the patients [service users] can determine if they are ready to undergo the transition and go to the hospital or another clinic where can care for them in every way that will ensure their satisfaction. I will also have to tell them all the good and bad points of gender
reassignment surgery as well as other basic information. (sic) (Artsanee Chancham, personal communication, 2016)

Another of Tangerine Community Health Clinic’s objectives is to conduct research in conjunction with King Chulalongkorn Memorial Hospital to determine the desires of the transgender individuals who come to the clinic for service as well as to collect other views and attitudes so this group of transgender service users can be better served at a planned Center of Excellence for the future and the publication of a guide that can be provided to transgender persons.

As far as research, we started this well before the establishment of Tangerine. When we opened Tangerine, we thought that we would be able to actually use the research. In the research we conduct, we aim to use our work, for example, currently, we are working with the College of Public Health Sciences, Chulalongkorn University, to evaluate our service packages to determine if they are right for our patients [service users] and then make the necessary adjustments. We also need to check if our service costs can be maintained and will be suitable for our service users. This is done so we can make the necessary adjustments and make the adjustments for not-to-distant future packages. The results of our research will be used to support our efforts, in collaboration with the Chulalongkorn University, Faculty of Medicine, to establish a Center of Excellence for transgenders that will cover a host of aspects. For example, in the future, we will have a plan to publish a book concerning transgender persons. It will be like a manual or handbook providing detailed information. This will help us as well once it is published. Our research will also be incorporated in future procedures, like in constructing a new vagina and caring for the new constructed vagina. It can also cover both preparation for and post operative care of the new vagina. We want to provide comprehensive service in addition to hormone treatment. (sic) (Siriporn Nonenoy, personal communication, 2016)
2) Service of Community Health Centers that Specifically Service Transgender Persons

From the data collected, the research found that community health centers that provide only transgender health services offer both pre- and post medical services the same as private sanatoriums that offer gender reassignment surgical services. They will have staff to care for service providers and provide them with advice on the health services they provide as well as basic information when they come to the community health center. They will also provide follow up services after a service user has undergone medical procedures.

As far as hormone treatment, medical examinations including vaginal examination for transgender service users, the community health centers that specifically service transgender persons will have medical staff who are specialists in serving transwoman and transmen before and after sex reassignment surgery.

At the start, we will discuss and advise about services. We have to tell them about hormone treatments to ensure their safety. It is not just a person coming and buying and then using the hormones. For their protection, we will tell them we check their blood, measure their hormonal levels, the condition of their liver and kidneys before administering any treatment. This must all be explained to the patient [service user]. The must first understand why these examinations are important. Then, we have to talk about price to determine whether the patient [service user] can pay. Is it too much expensive? This is all part of the decision-making process. After this, we will check their blood. Then, an appointment will be made with a doctor. If there seems to be any problem, we will conduct a vaginal examination. We want this do before agreeing to continue and start any treatment. We also want to conduct a medical exam at least once a year, the same as any woman should do. (sic) (Pintusorn Getwongsa, personal communication, 2016)

In addition, the Tangerine Community Health Center could be expanding its services to include psychiatric treatment for transgenders in the future.
We do not conduct surgery. We are one of the ones that provide information and offer pre- and post surgical services. Still, we may offer care in other dimensions … This group needs psychiatric service in addition to standard medical services. For example, if they go to school, they may not be accepted. It’s related to mental health (sic) (Kritima Samitpol, personal communication, 2016)

3) Policies to Support Thailand as a Global Center for Gender Reassignment Health Services of Community Health Centers that Specifically Service Transgender Persons

For community health centers that specifically service transgender persons and have a policy to provide services to foreign service users and do treat foreigners from different countries, in the case of the Tangerine Community Health Center, they charge the same fees for Thai and foreign service users.

As far as Philippine and American service users as well as Japanese and [South] Korean … come to Tangerine Community Health Center for service, but not really that many, about one or two persons a week. (sic) (Pintusorn Getwongsa, personal communication, 2016)

[At Tangerine Community Health Center] will are open to everyone and we charge the same fees. We don’t charge more for foreigners. (sic) (Kritima Samitpol, personal communication, 2016)

Furthermore, the Tangerine Community Health Center has prepared a plan to develop the center to support Thailand becoming a global center for gender reassignment health services and to set up a service network with other countries as well as establish a new Center of Excellence to provide information to foreign service users with all marketing communication produced in two languages, Thai and English.

We need to develop our potential to serve foreigners … because today, we are only caring for those living in Thailand. We need to conduct research to learn
what foreigners are searching for so we can serve some of the needs. Furthermore, we plan to open a Center of Excellence, which will operate in conjunction with Chula [King Chulalongkorn Memorial Hospital]. This can serve as a learning center. Our purpose isn’t to support Thailand becoming a global center for gender reassignment, but we can possibly offer support because we have a network with other countries … Just suppose foreigners come for example, Filipinos. Hey come for an examination. We can forward the information because we have a network member in the Philippines and tell them where to go. We also have members in New Zealand, Australia and England … Our Facebook page is in two languages … We are also in the process of developing a website, which will also be in two languages … In the near future, we will produce a video, and whatever we produce, it will have to be in two languages; the same with a leaflet or brochure, which we are now in the process of making. Everything must be bilingual. (sic) (Kritima Samitpol, personal communication, 2016)

However, limitations in language are noted. This is a problem for caregivers when providing foreign service users with medical information and advice.

I’ll tell you directly, in the case of foreigners, I, [myself] when it comes to language am not very fluent. I will use have a member of our nursing team to provide information and advice. They can provide detailed information clearly. I’ll have to ask them for help and share the work sometimes when speaking, but I try to speak English as much as I can as I am motivated to learn. (sic) (Artsanee Chancham, personal communication, 2016)

4.4.2.1 Formats of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

The research found that community health centers that specifically service transgender persons employ integrated marketing communications to build
their image as a community health center for transgender persons where they can go and feel accepted and comfortable as they can reveal their true self.

You know that the Thai full name for Tangerine is Sun Sukkhaphap Chumchon Tangerine, or in English, Tangerine Community Health Center with the word community used to express this is for a specific social group, which we want to stress ... This is a space for transgender persons. It’s a place where they can feel safe and reveal who they really are. (sic) (Kritima Samitpol, personal communication, 2016)

4.4.2.2 Methods of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

The research found that community health centers employ a policy establishing a marketing communication team to disseminate information and recommend that transgender persons come to use the centers’ services. In the case of the Tangerine Community Health Center, the have only begun to focus on this and do not yet have a clear strategy.

As far as the strategy [or methods for the integrated marketing communication], we have a team who come to develop it ... for example, we are trying to develop a website, which covers all subjects pertaining to transgender persons and what they would want. We are working to develop a strategy for the dissemination of different information. We do have a team, but, like I said, we only just starting. So, we don’t yet have a clear strategic plan. (sic) (Siriporn Nonenoy, personal communication, 2016)

4.4.2.3 Content/Message of Integrated Marketing Communication Employed by Community Health Centers that Specifically Service Transgender Persons

The content or message will provide information based on medical information and facts, for example the good and bad aspects of hormone treatment
along with results for gender reassignment. It will be information the community health centers feel is important for transgender service users aimed at those persons considering undergoing the treatment so they can make an informed decision. They have to understand that once they begin the hormone treatment and their body starts to undergo changes, they won’t be able to revert to the pre-treatment condition.

The information we want to provide includes the good and bad aspects of hormone treatment. Some persons might already know and have even begun their treatment, but we still need to explain things to be sure they understand. This is because sometimes, among the transmen, some changes have begun to take place and these cannot be changed back … For example, the sound of their voice; sometimes when they make phone calls, they won’t be recognized. Or, when it comes to the clitoris, it will become enlarged … We need to explain about this as some of our clients [service users] can be quite young. We need to ask them to be sure they understand. We will share with them the positives and negatives, as the hormones or other drugs can be good but have side effects. Everything is both good and bad. This is what we need to explain so they understand. (sic) (Pintusorn Getwongsa, personal communication, 2016)

From the data collected, in the case of the Tangerine Community Health Center, it was found that information concerning sanatoriums would be much the same as that for the private sanatoriums that offer gender reassignment surgical health services. The information about physicians and surgeons will be similar to government sanatoriums that offer gender reassignment surgical health services.

Examples of content disseminated about the community health centers that provide services only for transgender persons can be found in Appendix C.

As far as providing recommendations for gender reassignment surgery, in the case of the Tangerine Community Health Center, which is under the supervision of the Society of the Thai Red Cross in collaboration with the King Chulalongkorn Memorial Hospital, it is not designed to influence service users so
they feel they can only undergo gender reassignment surgery at King Chulalongkorn Memorial Hospital. Staff at the Tangerine Community Health Center will offer advice and provide information of well-known and respected surgeons who perform gender reassignment surgery so the service users can make an informed decision.

As far as Tangerine, when it comes to gender reassignment surgery, if you ask if we promote vigorously one clinic and one physician, we do not. We are here to serve as a consultant, or advisor, and provide the patient [service user] with choices … We will give them doctors’ names. The patients [service users] can search for further information themselves … We only advise. Some of the patients [service users] will say they don’t really know anything, which doctors are here, which are the good ones. We serve more as an information center. We can tell them who others have gone to and how up to 90 percent have been satisfied while 10 percent have not. We have to make them understand that not everyone [has been satisfied]. We do not take sides, but just provide the information. We will tell a patient [service user] before they go to a doctor, they should have researched about them first. For example, a patient [service user] will go and have [an injection] to augment their hips. We will not say anything to discredit the doctor. We will not tell them they can’t, but we will ask them if they know and understand what could be the results of such treatment, how it will affect their life after undergoing the procedure. But, we cannot prevent or stop them. This is their right. They must themselves feel confident with their decision. (sic) (Artsanee Chancham, personal communication, 2016)

4.4.2.4 Channels of Integrated Marketing Communication

Employed by Community Health Centers that Specifically Service Transgender Persons

The research found that community health centers that specifically service transgender persons employ the same channels of Integrated Marketing Communication employed by private sanatoriums that offer gender reassignment surgical health services.
The channels employed by the community health centers that specifically service transgender persons include: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, sales promotion and 5) special events.

1) Advertising

In the case of the Tangerine Community Health Center, which is now in its early stages of integrated marketing communication, they have a plan to create a website just the same as private sanatoriums that offer gender reassignment surgical health services to serve as a center for the dissemination of information important to transgender persons.

We are working to develop a website to provide everything transgender persons would want. We are developing a strategy for the dissemination of information. But we are just starting as I stated before. So, we don’t yet have a clear strategy, but we are trying. (sic) (Siriporn Nonenoy, personal communication, 2016)

2) Personal Communication

The community health centers that specifically service transgender persons are the same as community centers for transgender persons who themselves are important communication channels as they are the same as the service users. These forms of personal communication include: (1) well-known persons, or influencers, and relate to gender reassignment surgery who are their service user and (2) persons with direct gender reassignment health service experience. These persons provide information on a voluntary basis to be used as the main part of integrated marketing communication.
Figure 4.80  Examples of Personal Communication: Photographs and Contents that Tell of Well-known Persons, or Influencers, and Relate to Gender Reassignment who are Service Users of Tangerine Community Health Center

Figure 4.81 Examples of Personal Communication: Facebook Live Interviews that Tell of Well-known Persons, or Influencers, and Relate to Gender Reassignment who are Service Users of Tangerine Community Health Center

Source: Tangerine Community Health Center, 2017d, 2017e, 2018a, 2018b.
Figure 4.82  Examples of Personal Communication: Photographs and Contents that Tell of Persons with Direct Gender Reassignment Experience who are Service Users of Tangerine Community Health Center

Source: Tangerine Community Health Center, 2017g, 2016c.

There is also a policy to hire transwomen and transmen to work at the center: 2.3) administrative and healthcare staff can provide advice, which is another very important communication channel during which service users can open up and talk about themselves to achieve a clear understanding.

Tangerine Community Health Center, with the word community used to express this is for the social group, which we want to stress ... It must have someone being transgender work here. This is a space for the group of transgender persons. It’s a place where they can feel safe and reveal who they
really are; then, they can talk openly using a common language. (sic) (Kritima Samitpol, personal communication, 2016)

We’re like an outpost. We act to provide service that will achieve our service users’ satisfaction. If this happens, they will tell others. They have their own groups, transmen and transwomen who they will tell. I will ask them everything about a new case that comes to us. During our detailed discussion, I will ask them who recommended that they come and how that person was satisfied with our service. I ask if they feel bored when being given so much information and if they have any suggestions to improve our services. Then, when they leave, they act as a public relations channel … Giving them our name card has a lot of value … They can then share our [phone] number. Usually then, those they know will call or use the [chat application] LINE to contact us. This is a common occurrence. (sic) (Artsanee Chancham, personal communication, 2016)

Furthermore, in the case of the Tangerine Community Health Center, the customer relations staff will offer advice, thus serving as a center for personal communication channel to advise on gender reassignment surgical health services. The information they will provide are based on what other service providers have told them and been satisfied with the responses. They will tell about the surgical health services provided by a number of sanatoriums.

With most transwoman service users who come here for service, we will ask them directly if they have undergone surgery, if they have had their sexual organs changed. After being asked, [the service users] tell us and then we will ask them where they went for the surgery, who was the surgeon, what did they perform and if they were satisfied after the surgery was completed and how this now affected their life … Then, after asking [the service users], we will learn in their case if they felt the surgeon was okay. We will record this information about the doctor … For some doctors, we might have conflicting information. They will tell us that the doctor was not good at all. They may say that this physician should definitely not be recommended. Then,
we will provide details about the surgeons, both good and bad … We will also recommend that service users should search for their own information. We will give them a doctor’s name and tell them to search themselves to learn where this doctor is on staff and cases they have handled. We will tell the service users this because they might not believe us 100 percent. (sic) (Artsanee Chancham, personal communication, 2016)

Sometimes the transman service users will take hormones here, and once they are done, they will not return. They might talk with me till noon, but they will watch and if someone comes by, they will stop talking. It’s the same when they talk to our nurse. They won’t feel totally comfortable to open up when it comes to their body or surgery [gender reassignment]. Sometimes, they won’t bring any pictures to show her. They won’t show our transwoman staff either. However, if it is me, a transman, they will show me the pictures of their surgery immediately or show pictures of the surgical procedures they want. (sic) (Anat Kumjul, personal communication, 2016)
3) Direct Marketing Communication

This research did not find any purchase of details without permission from service users they could use to promote the medical services offered by community health centers that specifically service transgender persons. However, they would work to maintain relations with service users that had been treated by these sanatoriums, the same as private sanatoriums that offer gender reassignment surgical health services. In the case of the Tangerine Community Health Center, it was found that their service staff employed the chat application LINE to promote and provide advice on services they offer to both transmen and transwomen.
[I] came [and started work as a caregiver and would offer advice]. From the start, I work to make [the service users] feel as if we belong to a same group like the transmen group. They will then tell me about searching in Facebook [Facebook.com] and about meeting other groups. There will also be constant updates sent via the chat application LINE that will tell members [service users] in the groups that Tangerine is offering something special, like we are celebrating a birthday or offering a promotion. We are always giving updates using chat application LINE. [It begins] by becoming a friend as first we will talk privately and develop a close rapport. We need to earn their trust first. Then, we can share information that is confidential. Then, over time, we can develop a closer bond. They tell others about this and they will then come, after which, we can communicate via chat application LINE. (sic) (Anat Kumjul, personal communication, 2016)

4) Public Relations

The research found news and interviews with physicians and administrators of community health centers that specifically service transgender persons that would be broadcast on television, posted on websites or disseminated through activities organized by transgender networks as well as Facebook Fanpages to promote the centers just the same as private sanatoriums that offer gender reassignment surgical health services.

We just set up our [Tangerine Community Health Center] Facebook Fanpage. We haven’t had anything like this for the past few months … Right now, [there are television programs and events] that invite us where we can speak. There are many as well as many news stations. (sic) (Kritima Samitpol, personal communication, 2016)
**Figure 4.84** Example of an Interview with the Administrator on a Thai Television Program of Tangerine Community Health Center

**Source:** Tangerine Community Health Center, 2016d.

**Figure 4.85** Example of News Published in a Magazine of Tangerine Community Health Center

**Source:** Tangerine Community Health Center, 2016e.
Figure 4.86 Example of an Interview with a Chief Physician Posted on a Transgender Network Website about Tangerine Community Health Center


Figure 4.87 Example of an Interview with the Administrator at the Premier of a Film about Transgender Persons of Tangerine Community Health Center

Source: Tangerine Community Health Center, 2016f.
5) Sales Promotion

In the case of the Tangerine Community Health Center, it was found that they free check of hormone levels and service discounts as sales promotion tactics, much the same as private sanatoriums that offer gender reassignment surgical health services.

![Image of sales promotions

Figure 4.88 Examples of Sales Promotions of Tangerine Community Health Center

Source: Tangerine Community Health Center, n.d.

6) Special Events

In the case of the Tangerine Community Health Center, it was found that they help opening event for the service center as well as organized academic conferences that focused on hormone treatment and gender reassignment surgery in order to disseminate information among the transgender community.

Here [at the Tangerine Community Health Center], we organized the most recent annual conference that had much media coverage, and since then, there has still been coverage about it. (sic) (Kritima Samitpol, personal communication, 2016)
Figure 4.89  Examples of the Grand Opening for the Service Centers of Tangerine Community Health Center

Source: Tangerine Community Health Center, 2015, 2016g.
Figure 4.90 Examples of Academic Conferences Concerning Gender Reassignment Organized by Tangerine Community Health Center

Source: Tangerine Community Health Center, 2016h, 2016i.

In addition, the Tangerine Community Health Center also conducts research on hormone treatments for gender reassignment in cooperation with service users who agree to participate as sampling.
Figure 4.91 Examples of Research on Hormone Treatments for Gender Reassignment Organized by Tangerine Community Health Center

Source: Tangerine Community Health Center, 2017f.
Gender reassignment surgery is a form of plastic surgery or reconstructive surgery procedures to alter the body of persons suffering from Gender Dysphoria (GD), i.e., dissatisfaction with the gender they were born with. GD can be diagnosed according to criteria stipulated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. In Thailand, sex reassignment surgical health services can be given in accordance to the Code of Ethics issued in 2009 by the Thai Medical Council to govern gender reassignment. The expertise of Thai surgeons performing gender reassignment surgery, particularly for changing the reproductive, or sexual, organs of a man to be that of a woman is now well noted globally as is the reasonable costs of such procedures performed in Thailand compared to those of Western countries. For these reasons, Thailand now has the opportunity to become a global center for gender reassignment surgical health services, a viewpoint shared by many of the Thai service providers. In addition to developing the management, medical resources and legislation, Thailand also needs to prepare specifically to become a global center for gender reassignment surgical health services with marketing communication being one vital factor. Currently, advertising concerning medical services is governed by seven laws and regulations under the jurisdiction of the Bureau of Sanatorium and Art of Healing and the Medical Council of Thailand. In their opinion, not requiring uncontrol advertising, service providers still need to get approval for their advertising according to rules and regulations that they still do not find clear enough. A board thus needs to be appointed that can act systematically to approve and ensure this advertising is truthful and meets the same required standards for all sectors before it is disseminated.
Figure 4.92 Integrated Marketing Communication Model of the Service Providers in Gender Reassignment Health Service Industry in Thailand (Original)
Figure 4.92 Integrated marketing communication model of the services providers in gender reassignment health service industry in Thailand is composed of four parts, as follows:

1) Sender (S) or Source: Service providers of gender reassignment health service industry that act as the sender can be divided into three groups: 1) government sanatoriums that provide gender reassignment surgical service, 2) private sanatoriums that provide gender reassignment surgical service and 3) stakeholder sanatoriums that provide related services to the gender reassignment health service industry such as cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs and community health centers that specifically service transgender persons

2) Message (M): The message or communication content concerning gender reassignment surgical and health services can be divided into three types: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians and surgeons, all of which is sent directly by the services providers. This is all covered by seven laws and regulations which are under the jurisdiction of the Bureau of Sanatorium and Art of Healing and the Thai Medical Council of Thailand. There is also information not sent directly by the service providers, and this is not under the jurisdiction of the two controlling entities, which will be discussed in chapter 5.

3) Channel (C): The communication channels employed by gender reassignment surgical and health service providers include six classifications: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, 5) sales promotion and 6) special events. However, it has been found that personal communication by persons who have direct experience with gender reassignment surgical and health services have the greatest influence, or impact, particularly in the form of word-of-mouth communications with service users. For the most part, this form of communications is not controlled by the sanatoriums, laws or the Thai Medical Council. This will also be explained further in chapter 5.

4) Receiver (R): The receiver for this research includes transgender persons interested in undergoing gender reassignment health services in Thailand,
both Thai and foreign transmen and transwomen. Further details will be provided in chapter 5.

It was found that the types of sanatoriums had an impact on the formats, methods, message/content and channels of the integrated marketing communication employed by the senders. Details of the research findings according to the different types of sanatoriums offering gender reassignment surgical and health services are provided below.

1) Government sanatoriums that provide gender reassignment surgical services

Objectives:

These sanatoriums have no commercial objectives, but act as schools to develop plastic surgeons and physicians in other related specialties as well as develop further knowledge in the area of gender reassignment surgery.

Service:

This includes physicians in all related fields, including psychiatry, endocrinology and obstetrics who provide both pre- and post-surgical services. When it comes to gender reassignment surgery, plastic surgeons can perform the surgical procedures to change reproductive, or sexual organs of a man to be that of a woman and of a woman to be that of a man. They will also be able to perform other related gender reassignment surgical procedures. They will also educate and train medical students and future surgeons.

Policies to have Thailand as a global center for gender reassignment:

(1) King Chulalongkorn Memorial Hospital

There is no policy to prepare to support the development of Thailand to be a global gender reassignment surgical and health services center nor a policy offer gender reassignment surgery to foreign service users because of their limitations medically.

(2) Faculty of Medicine, Siriraj Hospital, Mahidol University

There is no policy to support the development of Thailand to be a global gender reassignment surgical and health services center as they do not stress gender reassignment as a main service. However, there is a policy
to offer gender reassignment surgery to foreign service users in the sense they offer the same services to all service users, whoever they are.

(3) Faculty of Medicine, Ramathibodi Hospital, Mahidol University

There is a policy to prepare to support the development of Thailand to be a global gender reassignment surgical and health services center and so stress the development of medical personnel, healthcare standards and new knowledge in gender reassignment. They also offer these services to foreign service users at a higher price.

Formats of Integrated Marketing Communication:

The formats are designed to disseminate knowledge through integrated marketing communication to support decision making for gender reassignment surgery through public relations activities aimed at the public.

Methods of Integrated Marketing Communication:

There are central public relations units responsible for collecting information and screening public relations that provide different medical information that is written by faculty physicians as well as advertising medical services offered by their sanatorium to disseminate to the general public.

Message/Content of Integrated Marketing Communication:

(1) Medical Information and Facts

This research found that the important message, or content, that would be stressed often and be sent through different channels concerned the days and times appointments could be made to consult with physicians concerning gender reassignment surgery as well as include: 1) general surgical information, 2) preparation before surgery, 3) surgical procedures, 4) post-operative recovery and 5) photographic examples of those who have undergone surgery.

(2) Information Concerning the Sanatoriums

It was found this was not stressed. It was found the physicians only provided costs for medical care and other services to help service users decide and choose the instruments and equipment which have different prices. On the sanatorium’s website and Facebook Fanpage, it would also have their name, location or pictures of their buildings and facilities, and their service days and times.
(3) Information about Physicians and Surgeons

This was not stressed. Only their names and specialties were given on their website.

Channels of Integrated Marketing Communication:

Four communication channels are employed as follows:

(1) Advertising on television and websites

(2) Personal communication, including physicians and medical personnel, service personnel of government sanatoriums and lastly, persons with direct experience of gender reassignment surgery who are not under any controls and can have the highest level of influence.

(3) Public Relations, which includes interviews or news broadcast on television, news, articles and pictures published in newspapers and magazines as well as posted on websites and social media.

(4) Special events, including academic activities, in this category, no direct marketing communication or sales promotion were found as presented in figure 4.93.
### Summary of Integrated Marketing Communication of Government Sanatoriums that Provide Gender Reassignment Surgical Services

<table>
<thead>
<tr>
<th></th>
<th><strong>Government Sanatoriums</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Service</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Format</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Method</strong></td>
</tr>
</tbody>
</table>

#### Message/Content of Integrated Marketing Communication

<table>
<thead>
<tr>
<th><strong>M</strong></th>
<th><strong>Under the Control of Services Providers and Law</strong></th>
<th><strong>Beyond the Control of Services Providers and Law</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Most emphasized</td>
<td>Medical Information and Facts</td>
<td>Information Concerning the Sanatoriums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information about Physicians and Surgeons</td>
</tr>
</tbody>
</table>

#### Channels of Integrated Marketing Communication

- Personal Communication
- Public Relations
- Advertising
- Special Events

Transgender Persons Interested in Undergoing Gender Reassignment Health Services in Thailand

The most influential channel is word-of-mouth communication via persons with direct gender reassignment surgery experience.

---

**Figure 4.93** Summary of Integrated Marketing Communication of Government Sanatoriums that Provide Gender Reassignment Surgical Services (Original)
2) Private sanatoriums that provide gender reassignment surgical services

These sanatoriums can be divided into two classifications according to target consumers as follows:

(1) Private sanatoriums that provide gender reassignment surgical services that focus on the Thai market
   a) Objective:
      To focus on commercial success by focusing primarily on the Thai service user market
   b) Service:
      There are service staff assigned to greet service users, provide them with basic information and ensure their convenience when scheduling appointments before surgery as well as conduct follow-up to check closely on their post-operative condition. Foreign service users can also receive the same standard of service as Thai service users. These sanatoriums may not offer the full range of gender reassignment surgical and health services. This will depend on the physicians and surgeons on staff and the management of each institution.
   c) Policies to have Thailand as a global center for gender reassignment:
      Currently, they have a policy to focus on foreign service users as a secondary market, but they still are not prepared to support Thailand becoming a global center for gender reassignment surgical and health services. The problems that were found include: 1) Inability to find surgeons to satisfy an increasing demand of foreign service users, 2) Inability to provide the full range of gender reassignment surgical and health services and 3) Inability to penetrate the foreign service user market

(2) Private sanatoriums that provide gender reassignment surgical services that focus on the Foreign market
   a) Objective:
      To focus on commercial success by focusing primarily on the foreign service user market
b) Service:

There are international affairs coordinators responsible for providing support services to prepare foreign service users for travel and gender reassignment surgical and health services as well as follow-up to check closely on their post-operative condition. They will also prepare all medical documentation required by law for gender reassignment surgery. Thai service users will also be provided with the same standard of service as foreign service users except, these procedures may require less steps or be unnecessary. These sanatoriums can provide the full range of gender reassignment surgical and health services as they will have a full staff of physicians and surgeons working together to provide these health services; however, this is still dependent on the management of each sanatorium.

c) Policies to have Thailand as a global center for gender reassignment:

Currently, they have a policy to serve foreign service users as their primary target market. They are also prepared to develop a plan to organize a medical team and interpretation services. The problems that were found include: 1) Service providers feel uncertain that all the staff of the sanatorium are fluent in English and 2) Inability to find interpreters in all the desired languages.

Formats of Integrated Marketing Communication:

These are dependent on the policy of the sanatoriums’ management and can divided into two types:

1) Formats of integrated marketing communication disseminating knowledge to support decision making for gender reassignment surgery according to the law and regulations of the Thai Medical Council

2) Formats of integrated marketing communication to persuade the decision to have gender reassignment surgery such as exaggerated advertising focusing on beauty and sales promotion

Methods of Integrated Marketing Communication:

There is a marketing team or staff responsible for working according to the management policy of each sanatorium. The law and regulations of the Thai Medical Council are considered as one limitation in their integrated marketing communication.
Message/Content of Integrated Marketing Communication:

(1) Medical Information and Facts

This research found that the important message, or content, that would be stressed often and be sent through different channels concerned the days and times appointments could be made to consult with physicians concerning gender reassignment surgery as well as include: a) general surgical information, b) preparation before surgery, c) surgical procedures, d) post-operative recovery and e) photographic examples of those who have undergone surgery.

(2) Information Concerning the Sanatorium

This would be designed to build trust in the sanatoriums and help in decision making about surgery. It would include: a) name, address or pictures of the building and location, b) days/times open for service, c) services, d) medical and service fees and e) days/times and special activities on special days.

(3) Information about Physicians and Surgeons

This would be designed to build trust in their physicians and help in decision making about surgery. It would include: a) first and surname, degrees and specialties, b) journal publications or conference proceedings, c) experience and public benefits, d) experience or contributed advancements or new methods in care, e) honors granted by academic institutions, associations or foundations and f) disseminating information or answering questions of the media. This is especially emphasized when the founder of the sanatorium is a well-known and famous surgeon.

Channels of Integrated Marketing Communication:

(1) Advertising, including print, signage, website and social media

(2) Personal communication, including the following:

a) Well-known persons, or influencers, and relate to gender reassignment surgery, who could be supported, or sponsored, by a sanatorium to talk about their experience for dissemination. These persons can be very influential.

b) Persons with direct gender reassignment surgery experience which they will share through word-of-mouth communication via transgender networks. These persons have been found to be the most influential. They could also be offered treatment reductions or be hired to tell about their personal experience with the information disseminated through various media.
c) Physicians and medical personnel  
d) Service personnel at the sanatoriums, including customer service officers and coordinators and agencies.

(3) Direct marketing communication, which can be Email sent to former service users or posted on a Facebook Fanpage to follow up on the condition of former service users and maintain good customer relations

(4) Public Relations such as interviews on television programs, news, articles and news published in newspapers and magazines as well as posted on websites and social media.

(5) Sales promotion, including promotions and discount on gender reassignment surgery that will persuade, or motivate, service users to decide to undergo surgery. These can have a strong influence on service users’ decision making.

(6) Special events such as competitions to offer gifts related to gender reassignment surgical health services or transgender beauty contests, Sister’s Hand project to provide free sex reassignment surgery or other activities of transgender associations as well as academic activities such as exhibitions, training, seminars and conferences. In addition to this, private sanatoriums will have booths at other events where they can promote their gender reassignment surgical services as presented in figure 4.94.
Figure 4.94 Summary of Integrated Marketing Communications of Private Sanatoriums that Provide Gender Reassignment Surgical Services (Original)
3) Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Service Industry

These types of sanatoriums have been divided into two classifications as follows:

(1) Cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs

a) Objective:

To provide services for commercial gain, thus, they provide services to all service users interested in having cosmetic surgery to improve their appearance, including transwomen and transmen who want related treatments and surgical procedures other than changing their sexual, reproductive, organs.

b) Service:

There are reception and service coordinators that will welcome service users, provide them with basic information and help with scheduling a convenient time for an appointment to consult with a physician prior to surgery or treatment. They will also follow up after surgery to check on the service user’s condition and maintain close relations, the same as private sanatoriums that provide gender reassignment surgical services. These clinics will offer a full range of cosmetic surgical procedures and treatment to enhance a person’s appearance. This can include facial and body procedures, but will do nothing that will affect the sexual organs in any way and, thus, don’t require approval documents signed by two psychiatrists prior to treatment.

c) Policies to have Thailand as a global center for gender reassignment:

Currently, these clinics do have a policy to treat foreign service users. In the case of Siam Laser Clinic (SLC), they do employ a staff including nurses, coordinators and customer relations officers who are transgender and/or can converse in English or Chinese. There are some that have or plan to open branches in foreign countries, like Vietnam and China. The problem they face is not having interpreters in all the languages they require.
d) Formats of Integrated Marketing Communication:

They do not have any integrated marketing communications that specially targets transgender persons. Their IMC is aimed at the general populace. Their IMC materials are designed to provide information as well as persuade potential service users to decide to undergo surgical procedures and treatments they offer.

e) Methods of Integrated Marketing Communication:

They will establish a marketing team or assign staff to be responsible for integrated marketing communication and specially follow the policies stipulated by the management and marketing department.

f) Message/Content of Integrated Marketing Communication:

(a) Medical information and facts

This research found that the communication content for general service users is not divided to reach transgender persons specifically. When consulting with a physician, if a person clearly expresses their gender identity, the physician will talk to the person according to this gender and explain all procedures accordingly. However, if the service user does not express their preference, the physician may have to ask directly so they know how to proceed.

(b) Information concerning the sanatorium

The research found that they will provide information similar to that of private sanatoriums that provide gender reassignment surgical services.

(c) Information about physicians and surgeons

The research found that they will provide information similar to that of private sanatoriums that provide gender reassignment surgical services. Service users will also want to know the physicians’ specialties and experience treating transgender persons.

g) Channels of Integrated Marketing Communication

These will include: (a) advertising, (b) personal communication, (c) direct marketing communication, (d) Public Relations, (e) sales promotion and (f) special events, all similar to that of private sanatoriums that provide gender reassignment surgical services. However, these again will focus on a general populace of prospective service users, and they do not separate the dissemination to specially target transgender service users. They will, though, employ nurses and staff who are
transgender to serve these service users. For these clinics, persons with direct gender reassignment surgery experience can be the most influential channel as is presented in figure 4.95.

**Figure 4.95** Summary of Integrated Marketing Communications of Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Service Industry: Cosmetic Surgery Clinics that Provide Gender Reassignment Surgical Procedures Except for the Changing of Sexual Organs (Original)
(2) Community Health Centers that specifically service transgender persons

a) Objective:

There is no commercial objective. However, in the case of the Tangerine Community Health Center, they have an aim to receive financial support to provide public health services specifically for transgender persons through service links with the plastic and reconstructive surgery unit of King Chulalongkorn Memorial Hospital.

b) Service:

There are staff who provide pre- and post-medical services. There will be specialist in endocrinology who prescribe hormone treatment, medical examination and vaginal examination specifically for transgender service users.

c) Policies to have Thailand as a global center for gender reassignment:

In the case of the Tangerine Community Health Center, they have a policy to serve foreign service users and are making preparations, which includes increasing research to service foreign service users. They are in the process of developing a network with institutions in foreign countries as well as establish a Center of Excellence to serve as an information center. All their marketing communication is produced in both Thai and English. The problem they face is a limited number of staff who can converse in English to provide medical care and act as consultants.

d) Formats of Integrated Marketing Communication:

Their integrated marketing communication is designed to create an image specifically for transgender communities.

e) Methods of Integrated Marketing Communication:

Their policy is to establish a team for marketing communication designed to provide information.

f) Message/Content of Integrated Marketing Communication:

(a) Medical information and fact

Much of the content will focus on transgender hormone treatment.
(b) Information concerning the sanatorium

The research found that they will provide information similar to that of private sanatoriums that provide gender reassignment surgical services.

(c) Information about physicians and surgeons

The research found that they will provide information similar to that of government sanatoriums that provide gender reassignment surgical services.

g) Channels of Integrated Marketing Communication:

The channels include the following: (a) advertising, (b) personal communication, (c) direct marketing communication, (d) public relations, (e) sales promotion and (f) special events, the same as that of private sanatoriums that provide gender reassignment surgical services. It was also found that administrate and service staff that provide healthcare and act as consultants are transgender. They will also have volunteers to provide personal communication who are well-known persons, or influencers, and relate to gender reassignment surgery who used the center’s services as well as persons with direct gender reassignment health service experience who are the most influential as a communication channel as presented in figure 4.96.
Summary of Integrated Marketing Communications of Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Services Industry: Community Health Centers that Specifically Service Transgender Persons

**S**

Community Health Centers that Specifically Service Transgender Persons

- **Objective**: Having an aim to receive financial support, no commercial
- **Service**: Hormone treatment, medical examination and vaginal examination for transgender persons
- **Format**: IMC to build the image as a community for transgender persons
- **Method**: Management to marketing team or staff

**M**

Message/Content of Integrated Marketing Communication

<table>
<thead>
<tr>
<th>Under the Control of Services Providers and Law</th>
<th>Beyond the Control of Services Providers and Law</th>
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</thead>
<tbody>
<tr>
<td>Medical Information and Facts</td>
<td></td>
</tr>
<tr>
<td>Information Concerning the Sanatoriums</td>
<td></td>
</tr>
<tr>
<td>Information about Physicians and Surgeons</td>
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</tbody>
</table>

**C**

Channels of Integrated Marketing Communication

- Personal Communication
- Public Relations
- Advertising
- Sales Promotion
- Special Events
- Direct Marketing Communication

* Administrate and service staffs are transgender, also having well-known persons or influencers and persons with direct service experiences as volunteers to provide personal communication.

**R**

Transgender Persons Interested in Undergoing Gender Reassignment Health Services in Thailand

The most influential channel is word-of-mouth communication via persons with direct gender reassignment surgery experience.

**Figure 4.96** Summary of Integrated Marketing Communications of Stakeholder Sanatoriums that Provide Related Services to the Gender Reassignment Health Service Industry: Community Health Centers that Specifically Service Transgender Persons (Original)
CHAPTER 5

FINDING AND RESULT: SERVICE USERS’ TEMPERAMENTS AND THE SERVICE BUYING DECISION PROCESS IN THE GENDER REASSIGNMENT HEALTH SERVICE INDUSTRY IN THAILAND

In chapter 5 of the research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments, the viewpoints of service users, or clients, are presented according to the second research question to study their temperaments during the service buying decision process of the gender reassignment health service industry, which includes: 1) problem recognition, 2) information search, 3) evaluation of alternatives, 4) decision to undergo the service and 5) post service behavior, especially when searching for information. This information seeking process was examined closely, examining service user exposure, satisfaction and interaction through examination of integrated marketing communication content and channels employing a mixed method for the collection of data, i.e., quantitative and qualitative approaches.

For the quantitative research, a survey research method was used that comprised a one-shot study description format and close-ended questionnaire with a multi-state sampling of 530 participants.

For the qualitative research, in-depth interviews were conducted with a snowball sampling of 20 participants. The results provide an understanding of the temperaments of the service users during the service entrance process offered by the gender reassignment health service industry.

The results have been analyzed under eight categories as explained in detail below:
5.1 Demographics and Temperaments of Service Users
   5.1.1 Service Users’ Demographics
   5.1.2 Service Users’ Temperaments
5.2 Gender Dysphoria and Interest in Gender Reassignment Surgery and Health Services
   5.2.1 Behavior Associated with Gender Dysphoria
   5.2.2 Interest in Gender Reassignment Surgery and Health Services
5.3 Content Exposure, Satisfaction and Interaction and Service Users’ Temperaments
   5.3.1 Content Exposure and Service Users’ Temperaments
   5.3.2 Content Satisfaction and Service Users’ Temperaments
   5.3.3 Content Interaction and Service Users’ Temperaments
   5.3.4 Messages/Content of IMC that Service Users Want to Emphasize or Expand to Help in Decision Making
5.4 Media Exposure, Satisfaction and Interaction and Service Users’ Temperaments
   5.4.1 Media Exposure and Service Users’ Temperaments
   5.4.2 Media Satisfaction and Service Users’ Temperaments
   5.4.3 Media Interaction and Service Users’ Temperaments
   5.4.4 Channels of IMC that Service Users Want to Emphasize or Expand to Help in Decision Making
5.5 Evaluation of Alternatives and Purchase Decision for Gender Reassignment Health Service Industry in Thailand and Service Users’ Temperaments
   5.5.1 Evaluation of Alternatives and Purchase Decision for Gender Reassignment Surgery and Health Services in Thailand and Service Users’ Temperaments
   5.5.2 Reasons for Purchase Decision and Evaluation of Alternatives to have Gender Reassignment Surgery and Health Services in Thailand
   5.5.3 Characteristics of Decision Making to Have Gender Reassignment Surgery and Health Services of Each Type for Service Users
5.6 Gender Reassignment Surgery and Health Service Post Purchase Behavior of Service Users
5.6.1 Satisfaction Post Gender Reassignment Surgery and Health Services
5.6.2 Re-purchasing Gender Reassignment Surgery and Health Services from the Same Physician or Sanatorium
5.6.3 Recommending Physicians and Sanatoriums that Provide Gender Reassignment Surgery and Health Services to Interested Service Users

5.7 Relationship in the Information Seeking Process for the Gender Reassignment Health Service Industry in Thailand
5.7.1 Relationship between Messages/Content of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand
5.7.2 Relationship between Communication Channels of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand
5.7.3 Summary of the Information Seeking Process Relationship in the Gender Reassignment Health Service Industry in Thailand

5.8 Summary of Service Users’ Temperaments and the Service Buying Decision Process in the Gender Reassignment Health Service Industry in Thailand

5.1 Demographics and Temperaments of Service Users

In the close-ended questions and a survey to measure statistically temperament according to the six Buddhist temperaments, the research found two parts that conform to the demographics and temperaments of service users during their service buying decision process of the gender reassignment health service industry. These can be separated under two headings as follows:

5.1.1 Service Users’ Demographics
5.1.2 Service Users’ Temperaments

5.1.1 Service Users’ Demographics

5.1.1.1 Demographics Based on Statistical Data Collected in the Survey

The demographics include: 1) gender identity, 2) age, 3) race, 4) nationality, 5) religion, 6) income, 7) education and 8) occupation of the sample who
participated in this research, a total of 530 participants, who answered the close-ended questionnaire. Results are presented in numbers and percentages from the statistical data as follows:

1) Gender identity: From the data collected, the largest number samples were 379 transwomen, or 71.5 percent, 108 transmen, or 20.4 percent and 28 who were not transgender, or 5.3 percent of the total respectively. 15 participants, or 2.8 percent, stated that they were uncertain if they were transgender. This could possibly be because these persons who answered are uncertain as to whether they feel they are transgender or not. One reasons for this there are actually a number of different gender groups that are interested in gender reassignment, for example homosexual, or gay, lesbians, bisexuals and persons who have an ambiguous sense as to their gender or have yet to identify themselves within the parameters of a specific gender as presented in table 5.1.

Table 5.1  Numbers and Percentages of Sampling According to Gender Identity from the Statistical Data

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transwomen</td>
<td>379</td>
<td>71.5</td>
</tr>
<tr>
<td>Transmen</td>
<td>108</td>
<td>20.4</td>
</tr>
<tr>
<td>Uncertain</td>
<td>15</td>
<td>2.8</td>
</tr>
<tr>
<td>Not transgender</td>
<td>28</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

2) Age: From the data collected, the majority of the sample fall within the age range of 20-29 years of age with 268 participants, or 50.6 percentage. They are followed by 30-39 years of age, 164 participants, or 30.9 percent; 40-49 years of age, 48 participants, or 9.1 percent; less than 20 years of age, 29 participants, or 5.5 percent, 50-50 years of age, 8 participants, or 1.5 percent, 60 years of age and above, 6 participants, or 1.1 percent respectively. 7 participants, or 1.3 percent, did not answer this question. These results are presented in table 5.2.
Table 5.2 Numbers and Percentages of Sampling According to Age from the Statistical Data

<table>
<thead>
<tr>
<th>Age</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20 years of age</td>
<td>29</td>
<td>5.5</td>
</tr>
<tr>
<td>20-29 years of age</td>
<td>268</td>
<td>50.6</td>
</tr>
<tr>
<td>30-39 years of age</td>
<td>164</td>
<td>30.9</td>
</tr>
<tr>
<td>40-49 years of age</td>
<td>48</td>
<td>9.1</td>
</tr>
<tr>
<td>50-50 years of age</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>60 years of age and above</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Not answer</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

3) Race: From the data collected, respondents were primarily of three races, 475 persons, or 89.62 percent were Thai, 9 persons, or 1.70 percent, were Chinese and 6 persons, or 1.13, were Vietnamese respectively. The sampling also included one person, accounting for 0.19 percent of the total who were African, British, Indian, Indonesian, Lao, Melanesian, Myanmar, Sinhala, Spanish, Taiwanese, Ugandan, Vanuatu and Zambian as presented in table 5.3.

Table 5.3 Numbers and Percentages of Sampling According to Race from the Statistical Data

<table>
<thead>
<tr>
<th>Race</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>American</td>
<td>5</td>
<td>0.94</td>
</tr>
<tr>
<td>British</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Chinese</td>
<td>9</td>
<td>1.70</td>
</tr>
<tr>
<td>Filipino</td>
<td>4</td>
<td>0.75</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Hong Kong (Chinese)</td>
<td>3</td>
<td>0.57</td>
</tr>
</tbody>
</table>
4) Nationality: From the data collected, respondents primarily belonged to three nationalities. First are Thai, 474 participants, or 89.43 percent of the sampling, followed by 7 American, who account for 1.32 percent of the total and 6 Chinese or Vietnamese, accounting for 1.13 percent of the total respectively. There were then at least one Australian, Canadian, Indian, Indonesian, Liberian, Malaysian, Melanesian, Myanmar, Singaporean, Spanish, Taiwanese, Ugandan, Vanuatu and Zambian who each accounted for 0.19 percent of the total sampling as presented in table 5.4.

<table>
<thead>
<tr>
<th>Race</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Indonesian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Japanese</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Lao</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Melanesian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Nepali</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Samoan</td>
<td>4</td>
<td>0.75</td>
</tr>
<tr>
<td>Sinhala</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>South African</td>
<td>3</td>
<td>0.57</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Thai</td>
<td>475</td>
<td>89.62</td>
</tr>
<tr>
<td>Uganda</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>6</td>
<td>1.13</td>
</tr>
<tr>
<td>Zambian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 5.4  Numbers and Percentages of Sampling According to Nationality from the Statistical Data

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American</td>
<td>7</td>
<td>1.32</td>
</tr>
<tr>
<td>Austrian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Canadian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Chinese</td>
<td>6</td>
<td>1.13</td>
</tr>
<tr>
<td>Filipino</td>
<td>4</td>
<td>0.75</td>
</tr>
<tr>
<td>Hong Kong (Chinese)</td>
<td>4</td>
<td>0.75</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Indonesian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Japanese</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Liberian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Malaysian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Melanesian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Nepali</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Samoan</td>
<td>4</td>
<td>0.75</td>
</tr>
<tr>
<td>Singaporean</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>South African</td>
<td>3</td>
<td>0.75</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Sri Lankan</td>
<td>2</td>
<td>0.38</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Thai</td>
<td>474</td>
<td>89.43</td>
</tr>
<tr>
<td>Uganda</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>6</td>
<td>1.13</td>
</tr>
<tr>
<td>Zambian</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Thus, according to the data classified by nationality, the majority of the respondents were Thai at 474 participants, or 89.43 percent of the total sampling with foreign participants numbering in total 56 persons, or 10.57 percent of all participants as is presented in table 5.5.

**Table 5.5** Numbers and Percentages of Sampling According to Nationality
Classified as either Thai or Foreign from the Statistical Data

<table>
<thead>
<tr>
<th>Classification</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thai</td>
<td>474</td>
<td>89.43</td>
</tr>
<tr>
<td>Foreign</td>
<td>56</td>
<td>10.57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

5) Religion: From the data collected, respondents were primarily Buddhist with 459 participants accounting for 86.6 percent of the total sampling, followed by 35 Christians, or 6.6 percent, and then other religions, including 16 atheists accounting for 3.0 percent of the total, 9 Muslims, or 1.7 percent of the total, 4 Brahmin-Hindu, or 0.8 percent of the total, and 7 respondents, or 1.3 percent, did not answer as is presented in table 5.6.

**Table 5.6** Numbers and Percentages of Sampling According to Religion from the Statistical Data

<table>
<thead>
<tr>
<th>Religion</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhism</td>
<td>459</td>
<td>86.6</td>
</tr>
<tr>
<td>Christianity</td>
<td>35</td>
<td>6.6</td>
</tr>
<tr>
<td>Islam</td>
<td>9</td>
<td>1.7</td>
</tr>
<tr>
<td>Brahminism-Hinduism</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Other religions</td>
<td>16</td>
<td>3.0</td>
</tr>
<tr>
<td>Not answer</td>
<td>7</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
6) Income: From the data collected, respondents had a monthly income calculated in Thai baht as follows: 220 respondents, or 41.5 percent of the sampling had a monthly income of 15,000 to 30,000 baht, 174 respondents, or 32.8 percent, had a monthly income of less than 15,000 baht, 48 respondents, or 9.1 percent, had a monthly income of 30,001-45,000 baht, 28 respondents, or 5.3 percent, had an income of 45,001-65,000 baht, 22 respondents, or 4.2 percent, had a monthly income of 100,000 baht or higher, 13 persons, or 2.5 percent had a monthly income of 65,001-85,000 baht, and 11 persons, or 2.1 percent, had a monthly income of 85,001-100,000 baht, respectively. 14 respondents, or 2.6 percent of the sampling, did not answer this question. This data is presented in table 5.7.

Table 5.7  Numbers and Percentages of Sampling According to Income from the Statistical Data

<table>
<thead>
<tr>
<th>Income (Baht)</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15,000 baht</td>
<td>174</td>
<td>32.8</td>
</tr>
<tr>
<td>15,000 to 30,000 baht</td>
<td>220</td>
<td>41.5</td>
</tr>
<tr>
<td>30,001-45,000 baht</td>
<td>48</td>
<td>9.1</td>
</tr>
<tr>
<td>45,001-65,000 baht</td>
<td>28</td>
<td>5.3</td>
</tr>
<tr>
<td>65,001-85,000 baht</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>85,001-100,000 baht</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>100,000 baht or higher</td>
<td>22</td>
<td>4.2</td>
</tr>
<tr>
<td>Not answer</td>
<td>14</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

7) Education: From the data collected, 205 respondents, or 38.7 percent of the total sampling had as their highest level of education a high school diploma or basic vocational certificate. They were followed by 188 respondents, or 35.5 percent holding a Bachelor’s degree, 72 respondents, or 13.6 percent holding an advanced vocational certificate or diploma, 45 respondents, or 8.5 percent holding a Master’s degree, 8 respondents, or 1.5 percent holding a doctorate and 3 respondents,
or 0.6 percent, with an other level of education (or primary level). 9 respondents, or 1.7 percent, did not answer this question. This data is presented in table 5.8.

Table 5.8  Numbers and Percentages of Sampling According to Education from the Statistical Data

<table>
<thead>
<tr>
<th>Education</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school diploma or Basic vocational certificate</td>
<td>205</td>
<td>38.7</td>
</tr>
<tr>
<td>Advanced vocational certificate or Diploma</td>
<td>72</td>
<td>13.6</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>188</td>
<td>35.5</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>45</td>
<td>8.5</td>
</tr>
<tr>
<td>Doctorate</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Other level of education</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Not answer</td>
<td>9</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

8) Occupation: From the data collected, it was found that the majority, 375 respondents, or 70.8 percent, work in the private sector; 93 respondents, or 17.5 percent, had other occupations including being students, business owners, temporary employees, and NGO (Non-government organization) staff; 34 respondents, or 6.4 percent, were civil servants; and 12 respondents, or 2.3 percent, work for a government enterprise. 16 respondents, or 3.0 percent, did not answer this question. This data is presented in table 5.9.
Table 5.9  Numbers and Percentages of Sampling According to Occupation from the Statistical Data

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil servants</td>
<td>34</td>
<td>6.4</td>
</tr>
<tr>
<td>Government enterprise</td>
<td>12</td>
<td>2.3</td>
</tr>
<tr>
<td>Private sector</td>
<td>375</td>
<td>70.8</td>
</tr>
<tr>
<td>Other occupations</td>
<td>93</td>
<td>17.5</td>
</tr>
<tr>
<td>Not answer</td>
<td>16</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

5.1.1.2 Demographics Based on Data Collected During the In-depth Interviews

This part covers psychographics including: 1) gender identity, 2) race, 3) nationality and 4) occupation. The sampling selected through a Snowball Sampling method, included 20 participants, and data was collected through in-depth interviews. Sensitive questions that covered age, religion, income and education were excluded.

1) Gender Identity: 16 participants were transwomen and 4 were transmen.

2) Race: 15 respondents were Thai, 3 American, 1 Spanish and 1 Japanese-Thai.

3) Nationality: 14 respondents were Thai, 4 American, 1 Spanish and 1 Japanese.

4) Occupation: 5 respondents were business owners, 5 company employees, 2 activists, 2 retired, 1 civil servant, 1 graduate student, 1 make-up artist, 1 cabaret performer, 1 veterinarian and 1 webmaster.

All of this data is presented in table 5.10.
Table 5.10  Demographics of Service Users Participated in the In-depth Interviews

<table>
<thead>
<tr>
<th>Code</th>
<th>Gender Identity</th>
<th>Race</th>
<th>Nationality</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTM01</td>
<td>Transman</td>
<td>Japanese-Thai</td>
<td>Japanese</td>
<td>Business owner</td>
</tr>
<tr>
<td>MTF02</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Company employee</td>
</tr>
<tr>
<td>MTF03</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Civil servant</td>
</tr>
<tr>
<td>FTM04</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
<td>Business owner</td>
</tr>
<tr>
<td>MTF05</td>
<td>Transwoman</td>
<td>Thai</td>
<td>American</td>
<td>Company employee</td>
</tr>
<tr>
<td>MTF06</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Business owner</td>
</tr>
<tr>
<td>MTF07</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Business owner</td>
</tr>
<tr>
<td>MTF08</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Company employee</td>
</tr>
<tr>
<td>MTF09</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Company employee</td>
</tr>
<tr>
<td>MTF10</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Graduate student</td>
</tr>
<tr>
<td>MTF11</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Make-up artist</td>
</tr>
<tr>
<td>MTF12</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Cabaret performer</td>
</tr>
<tr>
<td>FTM13</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
<td>Business owner</td>
</tr>
<tr>
<td>MTF14</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Activist</td>
</tr>
<tr>
<td>MTF15</td>
<td>Transwoman</td>
<td>Thai</td>
<td>Thai</td>
<td>Company employee</td>
</tr>
<tr>
<td>MTF16</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
<td>Retired</td>
</tr>
<tr>
<td>MTF17</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
<td>Retired</td>
</tr>
<tr>
<td>MTF18</td>
<td>Transwoman</td>
<td>Spanish</td>
<td>Spanish</td>
<td>Activist</td>
</tr>
<tr>
<td>FTM19</td>
<td>Transman</td>
<td>Thai</td>
<td>Thai</td>
<td>Veterinarian</td>
</tr>
<tr>
<td>MTF20</td>
<td>Transwoman</td>
<td>American</td>
<td>American</td>
<td>Webmaster</td>
</tr>
</tbody>
</table>
The consistency of the data of the two samplings collected through the survey and in-depth interviews provide a high level of confidence for the demographic findings of the sampling that represents service users of the gender reassignment health service industry.

5.1.2 Service Users’ Temperaments

The findings from the study of service user temperament includes two types of data: 1) statistical findings and 2) in-depth interview findings based on the questionnaire to measure the Six Buddhist Temperaments designed specifically for this research adapted from the Questionnaire on Basic Personality: 6 Buddhist Temperaments (Jirung Health Village, 2011). These results have then been divided into steps: 1) Character analysis and 2) Personality analysis with the first two steps combines to determine the third step, which is 3) Temperament analysis.

According to the Six Buddhist Temperaments, persons will have actually a combination of temperaments, which can then be classified as: 1) lustful, 2) hateful, 3) unintelligent, 4) discursive, 5) devout and 6) intellectual, with some of these more prominent than others. For this research, the one, most prominent temperament is the one selected to describe each participant in the study.

5.1.2.1 Temperaments Based on Statistical Data Collected in the Survey

For this part, the data was collected from sampling through a questionnaire on the Six Buddhist Temperaments that was completed by 530 participants with the results as follows:

1) Character Analysis

For this step, the data was collected from answers on 18 questions that dealt with the respondents’ character based on the Six Buddhist Temperaments. These questions were close-ended. The statistical data was collected by giving each respondent answering each question concerning their character in the same manner. Applying a Likert Scale to answer each question on the Six Buddhist Temperaments, they would answer 5 when they felt it best described their character and 1 when it least described their character.

The findings for character for the temperaments for devout and intellectual scored the highest, both with a mean score of 3.96. They are followed by
hateful with a mean score of 3.70, discursive with a mean score of 3.62, lustful with a mean score of 3.48 and last, unintelligent with a mean score of 3.04 respectively. This data is presented in table 5.11.

**Table 5.11** Numbers, Percentages, Means and Standard Deviation (S.D.) of the Sampling Character from the Statistical Data

<table>
<thead>
<tr>
<th>Questions about Character</th>
<th>Degrees of Character</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H I G H E L E O A S T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. You think your personality and style of clothing affects successes in your life.</td>
<td>202 (38.1) 220 (41.5) 94 (17.7) 9 (1.7) 3 (0.6)</td>
<td>4.15</td>
<td>0.81</td>
<td>High</td>
</tr>
<tr>
<td>2. You prefer to buy second hand brand name products rather than new generic brand products, if their prices are equal.</td>
<td>59 (11.1) 97 (18.3) 204 (38.5) 96 (18.1) 71 (13.4)</td>
<td>2.96</td>
<td>1.16</td>
<td>Medium</td>
</tr>
<tr>
<td>3. You are nice talking, considerate, and good comforter.</td>
<td>81 (15.3) 131 (24.7) 226 (42.6) 65 (12.3) 24 (4.5)</td>
<td>3.34</td>
<td>1.03</td>
<td>Medium</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3.48</td>
<td>0.68</td>
<td>High</td>
</tr>
<tr>
<td>Hateful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. You are straight forward and do what you say.</td>
<td>167 (31.5) 217 (40.9) 125 (23.6) 14 (2.6) 0 (0)</td>
<td>4.03</td>
<td>0.82</td>
<td>High</td>
</tr>
<tr>
<td>5. You are frustrated so often, and others told that you are too tense.</td>
<td>71 (13.4) 128 (24.2) 150 (28.3) 124 (23.4) 50 (9.4)</td>
<td>3.09</td>
<td>1.18</td>
<td>Medium</td>
</tr>
<tr>
<td>6. You will not change your mind if you contemplated well.</td>
<td>167 (31.5) 209 (39.4) 124 (23.4) 18 (3.4) 7 (1.3)</td>
<td>3.97</td>
<td>0.90</td>
<td>High</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3.70</td>
<td>0.66</td>
<td>High</td>
</tr>
<tr>
<td>Unintelligent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. You do not like to be popular, anti-social and do not want to be a leader.</td>
<td>51 (9.6) 107 (20.2) 198 (37.4) 105 (19.8) 66 (12.5)</td>
<td>2.95</td>
<td>1.14</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Table 5.11 (Continued)

<table>
<thead>
<tr>
<th>Questions about Character</th>
<th>Degrees of Character</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>H I G H I G H S H T</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. You like working a routine job more than risky and challenging jobs.</td>
<td>110 (20.8) 139 (26.2) 145 (27.4) 79 (14.9) 55 (10.4)</td>
<td>3.32</td>
<td>1.25</td>
<td>Medium</td>
</tr>
<tr>
<td>9. You are obsessive to yourself and especially think about your faults.</td>
<td>74 (14.0) 94 (17.7) 147 (27.7) 103 (19.4) 108 (20.4)</td>
<td>2.85</td>
<td>1.32</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3.04</strong></td>
<td><strong>0.83</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Discursive**

10. You are skeptical, suspicious, be cautious and defensive.

| H I G H I G H S H T | 122 (23.0) 166 (31.3) 175 (33.0) 43 (8.1) 21 (4.0) | 3.62 | 1.05 | High |

11. You are a very meticulous. Often see errors that others cannot see.

| H I G H I G H S H T | 75 (14.2) 156 (29.4) 219 (41.3) 65 (12.3) 13 (2.5) | 3.41 | 0.96 | High |

12. You are confident in yourself and rely on yourself rather than relying on others.

| H I G H I G H S H T | 128 (24.2) 218 (41.1) 153 (28.9) 24 (4.5) 5 (0.9) | 3.83 | 0.88 | High |

| **Total** | | **3.62** | **0.72** | **High** |

**Devout**

13. You always admire others' great traits and wish to be like them.

| H I G H I G H S H T | 193 (36.4) 214 (40.4) 95 (17.9) 20 (3.8) 5 (0.9) | 4.08 | 0.88 | High |

14. You are a believer and emphasize on what you confidence.

| H I G H I G H S H T | 176 (33.2) 232 (43.8) 109 (20.6) 10 (1.9) 0 (0) | 4.09 | 0.78 | High |

15. You are ready to argue if people misunderstand what you believe.

| H I G H I G H S H T | 119 (22.5) 185 (34.9) 177 (33.4) 37 (7.0) 8 (1.5) | 3.70 | 0.95 | High |

| **Total** | | **3.96** | **0.65** | **High** |
### Table 5.11 (Continued)

<table>
<thead>
<tr>
<th>Questions about Character</th>
<th>Degrees of Character</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H</td>
<td>I</td>
<td>G</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>D</td>
<td>U</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. You forgive and have mercy on everyone, both friendly and hostile.</td>
<td>148 (27.9)</td>
<td>206 (38.9)</td>
<td>150 (28.3)</td>
<td>20 (3.8)</td>
</tr>
<tr>
<td>17. You open to any comment and feedback from the people around you even it is your own personal matters.</td>
<td>170 (32.1)</td>
<td>205 (38.7)</td>
<td>133 (25.1)</td>
<td>18 (3.4)</td>
</tr>
<tr>
<td>18. You are compromised on the reality and reasons of what really happen.</td>
<td>174 (32.8)</td>
<td>205 (38.7)</td>
<td>117 (22.1)</td>
<td>26 (4.9)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3.96</strong></td>
<td><strong>0.70</strong></td>
<td><strong>High</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**  
1. The degrees of character were measured according to the number of the sampling and the numbers in the parentheses, calculated as a percentile  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

2) Personality Analysis

For this next step, the data was collected from answers on questions that dealt with the respondents’ personality based on the Six Buddhist Temperaments. These questions were close-ended. The statistical data was collected by giving each respondent answering each question concerning their personality in the same manner. Applying a six-point scale to answer which of the Six Buddhist
Temperaments best describes their personality, they were asked to answer 6 when they felt it best described their personality and 1 when it least described their personality and then marking the Six Buddhist Temperaments accordingly. In this section, they could not give the same number to any of the six temperaments. The results are presented in table 5.12.

**Table 5.12** Numbers, Percentages, Means and Ranks of Sampling Personality from the Statistical Data

<table>
<thead>
<tr>
<th>Questions about Personality</th>
<th>Degrees of Personality</th>
<th>Mean</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUSTFUL Beauty-loving, Sweet talking</td>
<td>6: 87 (17.1) 5: 74 (14.6) 4: 85 (16.7) 3: 82 (16.1) 2: 55 (10.8) 1: 125 (24.6)</td>
<td>3.37</td>
<td>3</td>
</tr>
<tr>
<td>HATEFUL Prissy, Fractious</td>
<td>6: 50 (9.8) 5: 79 (15.6) 4: 78 (15.4) 3: 88 (17.3) 2: 114 (22.4) 1: 99 (19.5)</td>
<td>3.15</td>
<td>5</td>
</tr>
<tr>
<td>UNINTELLIGENT Daydreamer, Low self-confident</td>
<td>6: 68 (13.4) 5: 47 (9.2) 4: 68 (13.4) 3: 82 (16.1) 2: 91 (17.9) 1: 153 (30.1)</td>
<td>2.94</td>
<td>6</td>
</tr>
<tr>
<td>DISCURSIVE Plan ahead, Meticulous</td>
<td>6: 44 (8.7) 5: 71 (14.0) 4: 117 (23.0) 3: 112 (22.0) 2: 107 (21.1) 1: 57 (11.2)</td>
<td>3.33</td>
<td>4</td>
</tr>
<tr>
<td>DEVOUT Self-esteem, Faithful</td>
<td>6: 121 (23.8) 5: 103 (20.2) 4: 95 (18.7) 3: 75 (14.7) 2: 75 (14.7) 1: 40 (7.9)</td>
<td>4.00</td>
<td>2</td>
</tr>
<tr>
<td>INTELLECTUAL Fast learning and understanding, High civility</td>
<td>6: 138 (27.2) 5: 135 (26.6) 4: 69 (13.6) 3: 69 (13.6) 2: 65 (12.8) 1: 31 (6.1)</td>
<td>4.23</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** The degrees of personality were measured according to the number of the sampling and the numbers in the parentheses calculated as percentile

The results of this analysis of sampling personality presented in table 5.12 having a scoring criteria with six levels, which are then different from the scores presented in table 5.11 for sampling character, which is based on 5 levels. Therefore, for this research, adjustments were made to determine the temperaments for personality based on 5 levels so that it could be combined and analyzed with the
findings for sampling character. To do this, the finding for levels 3 and 4 were combined.

After this, showed that a personality with the intellectual Temperament received the highest score, 3.56, followed by a personality with the devout temperament with a mean score of 3.37, lustful temperament with a mean score of 2.89, discursive temperament with a mean score of 2.88, hateful temperament with a mean score of 2.74 and the lowest, unintelligent with a mean score of 2.58 respectively. These finding are presented in table 5.13.

**Table 5.13** Scoring Criteria for 5 Levels, Numbers, Percentages, Means and Ranks of Sampling Personality from the Statistical Data

<table>
<thead>
<tr>
<th>Questions about Personality</th>
<th>Degrees of Personality</th>
<th>Mean</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 HIGH EST</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Lustful</td>
<td>87</td>
<td>74</td>
<td>167</td>
</tr>
<tr>
<td>Beauty-loving, Sweet talking</td>
<td>(17.1)</td>
<td>(14.6)</td>
<td>(32.9)</td>
</tr>
<tr>
<td>Hateful</td>
<td>50</td>
<td>79</td>
<td>166</td>
</tr>
<tr>
<td>Prissy, Fractious</td>
<td>(9.8)</td>
<td>(15.6)</td>
<td>(32.7)</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>68</td>
<td>47</td>
<td>150</td>
</tr>
<tr>
<td>Low self-confident</td>
<td>(13.4)</td>
<td>(9.2)</td>
<td>(29.5)</td>
</tr>
<tr>
<td>Discursive</td>
<td>44</td>
<td>71</td>
<td>229</td>
</tr>
<tr>
<td>Plan ahead, Meticulous</td>
<td>(8.7)</td>
<td>(14.0)</td>
<td>(45.1)</td>
</tr>
<tr>
<td>Devout</td>
<td>121</td>
<td>103</td>
<td>170</td>
</tr>
<tr>
<td>Self-esteem, Faithful</td>
<td>(23.8)</td>
<td>(20.2)</td>
<td>(33.4)</td>
</tr>
<tr>
<td>Intellectual</td>
<td>138</td>
<td>135</td>
<td>138</td>
</tr>
<tr>
<td>Fast learning and understanding, High civility</td>
<td>(27.2)</td>
<td>(26.6)</td>
<td>(27.2)</td>
</tr>
</tbody>
</table>

**Note:** The degrees of personality were measured according to the number of the sampling and the numbers in the parentheses calculated as percentile
3) Temperament Analysis

This, the third step analyzed the Buddhist Temperament of each respondent in the sampling by combining the findings of steps 1 and 2, character analysis and personality analysis of the sampling based on the Six Buddhist Temperaments. The temperament was determined by the one with the highest score. If a participant has the same highest mean score for more than one temperament, accidental sampling was applied (Cheyjunya, 2015). Then, random selection was applied to give each temperament with the same highest mean score an equal right for being chosen to determine the most prominent temperament of each respondent.

From the data used to classify each sampling group according to their predominate temperament according to the Six Buddhist Temperaments for the sampling of 530 participants, it was found that: The devote temperament had the highest group with 146 participants, or 27.5 percent of the total sampling. They are followed by the intellectual temperament with 132 participants, or 24.9 percent of the total sampling, lustful temperament with 98 participants, or 18.5 percent of the total sampling, hateful temperament with 63 participants, or 11.9 percent of the total sampling, discursive temperament with 50 participants, or 9.4 percent of the total sampling, and last, unintelligent temperament with 41 participants, or 7.7 percent of the total sampling respectively.

These results are presented in table 5.14.

Table 5.14  Numbers and Percentages of Sampling Most Prominent Temperament from Statistical Analysis

<table>
<thead>
<tr>
<th>Temperament</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>18.5</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>11.9</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>7.7</td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>9.4</td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>27.5</td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>24.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
5.1.2.2 Temperaments Based on Data Collected During the In-depth Interviews

This part concerns a study of the temperaments of a sampling of 20 persons asked to participate by answering the questionnaire to measure the Six Buddhist Temperaments during individual in-depth interviews.

For the questions on personality, there was no need to adjust the 5-point scale as it is such a small sampling. Calculations were done by hand when combining the results of the analysis of both character and personality. In this case, if a participant has the same highest mean score for more than one temperament, personality analysis will be the basis for choosing the most prominent temperament of that person. Details are as follows:

From the data collected from the sampling of 20 participants to determine their most dominant Buddhist temperament, it was found that the largest number, 11 participants, had a devout temperament, followed by 4 participants with an intellectual temperament, 2 participants with a lustful temperament and 1 participant each for the hateful, unintelligent and discursive temperaments respectively.

According to the transwomen sampling, comprising 16 participants, the majority, or 9 participants, with devout temperament, followed by 3 participants with intellectual temperament, 2 participants with lustful temperament and 1 participant each with hateful, unintelligent and discursive temperaments respectively.

For the transman sampling that comprised 4 participants, the highest number, or 2 participants had devout temperament, followed by 1 participant each with unintelligent and intellectual temperaments respectively.

These results are presented in table 5.15.
Table 5.15 The Most Prominent Temperament of Service Users Participated in the In-depth Interviews

<table>
<thead>
<tr>
<th></th>
<th>Devout</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Six Buddhist Temperaments</strong></td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>Character Analysis</td>
<td>Personality Analysis</td>
</tr>
<tr>
<td><strong>MTF06 (Transwoman)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Hateful</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Discursive</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Devout</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Intellectual</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **MTF07 (Transwoman)** | 
| Lustful | 10 | 4 | 14 | 18% |
| Hateful | 11 | 3 | 14 | 18% |
| Unintelligent | 3 | 1 | 4 | 5% |
| Discursive | 10 | 2 | 12 | 15% |
| Devout | 13 | 6 | 19 | 24% Most prominent |
| Intellectual | 12 | 5 | 17 | 21% |
| **Total** | 
| **MTF09 (Transwoman)** | 
| Lustful | 14 | 5 | 19 | 21% |
| Hateful | 12 | 1 | 13 | 14% |
| Unintelligent | 7 | 4 | 11 | 12% |
| Discursive | 11 | 2 | 13 | 14% |
| Devout | 13 | 6 | 19 | 21% Most prominent |
| Intellectual | 14 | 3 | 17 | 18% |
| **Total** | 
|
Table 5.15 (Continued)

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>Character Analysis</th>
<th>Personality Analysis</th>
<th>Summation Result</th>
<th>Temperament Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF10 (Transwoman)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>11</td>
<td>4</td>
<td>15</td>
<td>18%</td>
</tr>
<tr>
<td>Hateful</td>
<td>13</td>
<td>5</td>
<td>18</td>
<td>21%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Discursive</td>
<td>10</td>
<td>3</td>
<td>13</td>
<td>15%</td>
</tr>
<tr>
<td>Devout</td>
<td>12</td>
<td>6</td>
<td>18</td>
<td>21% Most prominent</td>
</tr>
<tr>
<td>Intellectual</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>MTF11 (Transwoman)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>18%</td>
</tr>
<tr>
<td>Hateful</td>
<td>12</td>
<td>3</td>
<td>15</td>
<td>17%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td>13%</td>
</tr>
<tr>
<td>Discursive</td>
<td>11</td>
<td>1</td>
<td>12</td>
<td>14%</td>
</tr>
<tr>
<td>Devout</td>
<td>13</td>
<td>6</td>
<td>19</td>
<td>22% Most prominent</td>
</tr>
<tr>
<td>Intellectual</td>
<td>10</td>
<td>5</td>
<td>15</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>MTF12 (Transwoman)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>10</td>
<td>6</td>
<td>16</td>
<td>19%</td>
</tr>
<tr>
<td>Hateful</td>
<td>11</td>
<td>4</td>
<td>15</td>
<td>17%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Discursive</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>15%</td>
</tr>
<tr>
<td>Devout</td>
<td>12</td>
<td>5</td>
<td>17</td>
<td>20% Most prominent</td>
</tr>
<tr>
<td>Intellectual</td>
<td>12</td>
<td>3</td>
<td>15</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
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|表 5.15（续）

<table>
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<tr>
<th>六种佛教性格</th>
<th>(1)</th>
<th>(2)</th>
<th>(1) + (2) =</th>
<th>(3)</th>
</tr>
</thead>
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<td>性格分析</td>
<td>人物分析</td>
<td>总计</td>
<td>性格分析</td>
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</tr>
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<td>爱欲</td>
<td>14</td>
<td>4</td>
<td>17</td>
<td>18%</td>
</tr>
<tr>
<td>恨意</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>15%</td>
</tr>
<tr>
<td>不聪</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td>12%</td>
</tr>
<tr>
<td>禅思</td>
<td>11</td>
<td>3</td>
<td>14</td>
<td>15%</td>
</tr>
<tr>
<td>虔诚</td>
<td>13</td>
<td>6</td>
<td>19</td>
<td>20% 最显</td>
</tr>
<tr>
<td>知识</td>
<td>13</td>
<td>5</td>
<td>18</td>
<td>19%</td>
</tr>
<tr>
<td>总计</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

MTF15 (Transwoman)

| 爱欲 | 12 | 6 | 18 | 19% |
| 恨意 | 11 | 2 | 13 | 14% |
| 不聪 | 8 | 1 | 9 | 9% |
| 禅思 | 14 | 3 | 17 | 18% |
| 虔诚 | 14 | 5 | 19 | 20% 最显 |
| 知识 |  |  |  | |
| 总计 | | | 100% |

MTF17 (Transwoman)

| 爱欲 | 8 | 2 | 10 | 15% |
| 恨意 | 10 | 3 | 13 | 20% |
| 不聪 | 5 | 1 | 6 | 9% |
| 禅思 | 6 | 2 | 8 | 12% |
| 虔诚 | 8 | 6 | 14 | 22% 最显 |
| 知识 | 9 | 5 | 14 | 22% |
| 总计 | | | 100% |
### Table 5.15 (Continued)

<table>
<thead>
<tr>
<th>Buddhist Temperaments</th>
<th>Character Analysis</th>
<th>Personality Analysis</th>
<th>Summation Result</th>
<th>Temperament Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FTM04 (Transman)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>9</td>
<td>4</td>
<td>13</td>
<td>15%</td>
</tr>
<tr>
<td>Hateful</td>
<td>12</td>
<td>2</td>
<td>14</td>
<td>17%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>Discursive</td>
<td>9</td>
<td>3</td>
<td>12</td>
<td>14%</td>
</tr>
<tr>
<td>Devout</td>
<td>14</td>
<td>6</td>
<td>20</td>
<td>24% Most prominent</td>
</tr>
<tr>
<td>Intellectual</td>
<td>13</td>
<td>5</td>
<td>18</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td><strong>FTM19 (Transman)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>10</td>
<td>1</td>
<td>11</td>
<td>11%</td>
</tr>
<tr>
<td>Hateful</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>16%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td>Discursive</td>
<td>14</td>
<td>4</td>
<td>18</td>
<td>18%</td>
</tr>
<tr>
<td>Devout</td>
<td>15</td>
<td>6</td>
<td>21</td>
<td>21% Most prominent</td>
</tr>
<tr>
<td>Intellectual</td>
<td>15</td>
<td>5</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td><strong>MTF03 (Transwoman)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lustful</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>21%</td>
</tr>
<tr>
<td>Hateful</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>11%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Discursive</td>
<td>8</td>
<td>3</td>
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<tr>
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<tr>
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Table 5.15  (Continued)

<table>
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<tr>
<th>Six Buddhist Temperaments</th>
<th>(1) Character Analysis</th>
<th>(2) Personality Analysis</th>
<th>(1) + (2) = Summation Result</th>
<th>(3) Temperament Analysis</th>
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<tbody>
<tr>
<td>MTF05 (Transwoman)</td>
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<tr>
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<td>20 (20%)</td>
<td></td>
</tr>
</tbody>
</table>

Total                          | 100%                   |

MTF20 (Transwoman)             |                       |                          |                              |                          |
| Lustful                     | 11                    | 3                        | 14                           | 16%                      |
| Hateful                     | 11                    | 2                        | 13                           | 15%                      |
| Unintelligent              | 9                     | 1                        | 10                           | 12%                      |
| Discursive                 | 11                    | 5                        | 16                           | 19%                      |
| Devout                     | 12                    | 4                        | 16                           | 19%                      |
| Intellectual               | 10                    | 6                        | 16 (19%)                     |

Total                          | 100%                   |

FTM013 (Transman)              |                       |                          |                              |                          |
| Lustful                     | 12                    | 3                        | 15                           | 19%                      |
| Hateful                     | 12                    | 2                        | 14                           | 18%                      |
| Unintelligent              | 4                     | 1                        | 5                            | 6%                       |
| Discursive                 | 8                     | 4                        | 13                           | 16%                      |
| Devout                     | 8                     | 6                        | 14                           | 18%                      |
| Intellectual               | 14                    | 5                        | 19 (24%)                     |

Total                          | 100%                   |
Table 5.15  (Continued)

<table>
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<tr>
<th>Buddhist Temperaments</th>
<th>Character Analysis (1)</th>
<th>Personality Analysis (2)</th>
<th>Summation Result (1) + (2)</th>
<th>Temperament Analysis (3)</th>
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<tr>
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<tr>
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<td>18%</td>
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<td>12%</td>
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<tr>
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<tr>
<td>Intellectual</td>
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<td>17%</td>
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<tr>
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<td>100%</td>
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<tr>
<td>MTF18 (Transwoman)</td>
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<td>22% Most prominent</td>
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<td>21%</td>
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<td>Intellectual</td>
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<td>100%</td>
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<td><strong>Hateful</strong></td>
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<tr>
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<tr>
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<td>12%</td>
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<td>Devout</td>
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<td>Intellectual</td>
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<tr>
<td>Total</td>
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Table 5.15  (Continued)

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>(1) Character Analysis</th>
<th>(2) Personality Analysis</th>
<th>(1) + (2) = Summation Result</th>
<th>(3) Temperament Analysis</th>
</tr>
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<tbody>
<tr>
<td>Unintelligent</td>
<td></td>
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</tr>
<tr>
<td>Lustful</td>
<td>12</td>
<td>2</td>
<td>14</td>
<td>15%</td>
</tr>
<tr>
<td>Hateful</td>
<td>12</td>
<td>1</td>
<td>13</td>
<td>14%</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>11</td>
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<td>17</td>
<td>18% Most prominent</td>
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<tr>
<td>Discursive</td>
<td>12</td>
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<tr>
<td>Devout</td>
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<td>17</td>
<td>18%</td>
</tr>
<tr>
<td>Intellectual</td>
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<td>18%</td>
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<tr>
<td>Total</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Discursive</td>
<td></td>
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<tr>
<td>Lustful</td>
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<td>5</td>
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<td>Hateful</td>
<td>12</td>
<td>4</td>
<td>16</td>
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<tr>
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<td>21% Most prominent</td>
</tr>
<tr>
<td>Devout</td>
<td>10</td>
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<td>Intellectual</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
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<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

The consistency of the data of the two samplings collected through the survey and in-depth interviews provide a high level of confidence for the temperament findings of the sampling that represents service users of the gender reassignment health service industry.

It should be noted that the questionnaire developed to determine temperaments based on the Six Buddhist Temperaments for this research could have limitations for this study as the descriptions for character and personality that needed to be combined.
to determine temperament could affect the samplings’ selection of answers in which they might choose what sounds better to them rather than the best description.

5.2 Gender Dysphoria and Interest in Gender Reassignment Surgery and Health Services

Gender dysphoria (GD), or dissatisfaction with one’s gender at birth, is a concern when providing gender reassignment health service and falls under problem recognition (Kotler, 2003) during service buying decision process, which requires the diagnosis of gender dysphoria and the interest in gender reassignment surgery and related health services offered by the gender reassignment health service industry, which can be divided into the following two sub categories.

5.2.1 Behavior Associated with Gender Dysphoria

5.2.2 Interest in Gender Reassignment Surgery and Health Services

5.2.1 Behavior Associated with Gender Dysphoria

The data collected from the in-depth interviews revealed that service users, or clients, understood that they were suffering from gender dysphoria, i.e., dissatisfaction with the gender they were born with, and from an early age according to diagnostic criteria for children as described in the Diagnostic and Statistical Manual of Mental Disorders 5th Edition published by the American Psychiatric Association. Details are as follows:

1) Strong desire to be the opposite gender or declaration they are of the opposite gender

Transwoman

I felt I was of the opposite gender as early as I can remember. I felt I was the same as a girl, or female, for the age of two or three and would act girlish. But, finally, I would be told I was a boy. They would say that I was a boy, and I would be confused. (sic) (MTF03, personal communication, 2016)
[I knew] from as early as I can remember … I didn’t think I was a boy. My parents didn’t treat me like a girl, but I felt I was a girl. (sic) (MTF06, personal communication, 2016)

I have always felt I was a female as long as I can remember. (sic) (MTF14, personal communication, 2016)

I have felt I was a female since I was born. (sic) (MTF15, personal communication, 2016)

I was very interested in the female body. I wanted to be female from an early age, at least 4 years old. My very first day of school at age 5, I was traumatized because the teachers separated the boys from the girls. I had a difficult time dealing with this and hated school every day. (sic) (MTF16, personal communication, 2016)

I would say it started when I was 3 to 4 years old. I couldn’t have described it but I knew that something was wrong … I realized that I was a girl, not a boy. (sic) (MTF20, personal communication, 2017)

Transman

Since I was two or three … I’ve felt this way as long as I can remember. The first time I thought about it, I thought I was a boy (sic). (FTM01, personal communication, 2016)

Don’t call me a trans. I don’t think of myself as a female. I’ve been this way since I was a kid. I have never felt like a female. (sic) (FTM19, personal communication. 2016)

2) Strong pleasure in dressing like the opposite gender

Transwoman

Since I can remember, in kindergarten, I liked to dress as a girl. I liked everything about being a girl. (sic) (MTF07, personal communication, 2016)
I would secretly dress as a girl and sometimes play with them. I’d wear my mother’s high heel shoes and my grandmother would sew a dress I could wear. (sic) (MTF09, personal communication, 2016)

From when I was three, I can remember when my mother would collect clothes like a girl’s tutu for ballet. I put them on myself, and I would tell my mother as I would go out in it to play I’d want to show how pretty I was … When my mother had a new skirt or got new lipstick, I would wear them first. I loved flared skirts most. (sic) (MTF14, personal communication, 2016)

Transman

My mother brought me up as a girl. At that time Hello Kitty [Researcher: a female cartoon character that resembled a kitty] which was patented by Sanrio [Researcher: Sanrio.Co., Ltd., a Japanese company involved in design and licensing of cartoon characters.]. My mother would buy these dresses for me to wear … I began to think as a boy and I didn’t want to wear this type of clothing. (sic) (FTM04, personal communication, 2016)

3) Strong pleasure in playing the role or imagining being of the opposite gender

Transwoman

I studied in a boys school from the first to twelfth grade…There were all sorts of groups of friends. Some played football. Mine played Sailor Moon [Researcher: A pretty female warrior cartoon character] or Power Rangers [Researcher: Fighting cartoon character team], and I always called to be a character that was pink. (sic) (MTF10, personal communication, 2016)

If I played video games with my older brother, the character I would choose to be would be female. (sic) (MTF11, personal communication, 2016)
Transman

My mother told me that when I was young I should not squat like a girl to pee, but only stand. Sometimes, I would take my dad’s razor to play. I wanted to shave like him. (sic) (FTM13, personal communication, 2016)

4) Strong pleasure in playing games or participating in activities associated with the opposite gender

Transwoman

During primary school, I liked to create decorations. I liked to talk with my female teachers. I liked to play with their hair. When I was a child, I didn’t think about what I was doing. I didn’t want to be a boy. I wanted to be a girl. (sic) (MTF10, personal communication, 2016)

I liked to play like a girl, for example, skipping rope. I liked to toss and pick up pebbles [Researcher: games girls play in Thailand.] (sic). (MTF11, personal communication, 10 August 2016)

Transman

From as early as I can remember, I played like a boy. My mother bought me a Barbie doll [Researcher: Best selling fashion doll in the world]. I broke off its head and cut its hair. I wasn’t trying to be harsh, but it seemed fun. Other boys would break off the dolls arms and legs. (sic) (FTM04, personal communication, 2016)

I would pretend to kill Barbie [Researcher: Best selling fashion doll in the world] … I’d paint it with red color like blood … After I’d go and play being a policeman catching friends who pretended to be thieves. I’d ride a bike … For a hobby, I chose to learn Taekwondo. (sic) (FTM19, personal communication, 2016)
5) Strong pleasure in having friends of the opposite gender

Transwoman

When I was in Grade 1, when the students would fight, the boys and girls in the class would separate. I choose to side with the girls. (sic) (MTF02, personal communication, 2016)

During primary school, I liked to play with the girls and loved acting. I never liked playing like a boy … I would be drawn to the girls and play with them more than the boys. (sic) (MTF08, personal communication, 2016)

In school, the class was half boys and half girls, and I never wanted to be a friend of the boys. I only wanted girls as my friends. (sic) (MTF11, personal communication, 2016)

In school I had friends who were girls and boys, but whenever there were activities I would rather join the girls … I liked to be a dancer and dance with the girls. I was the only transgender on the team. (sic) (MTF12, personal communication, 2016)

Transman

When I was a child, I played with both boys and girls, but it seemed strange that I liked to play with the boys more. My classmates would like to tease me that I was a boy’s girlfriend. In fact, I just liked to play with the boys more, all the time. (sic) (FTM04, personal communication, 2016)

I only played with boys, never with girls. From the earliest age, I would run to play football with them. (sic) (MTF03, personal communication, 2016)
6) Strong denial in playing games or participating in activities associated with the gender at birth

Transwoman

Anything that was for boys, I would not play with. I never liked anything that was could be brutal, like the boys in my neighborhood playing football. I would not play. (sic) (MTF11, personal communication, 2016)

At home, they forced me to be a boy, even when I did not want to be one. They’d teach me to climb and play football. The older boys would teach me to be a cartoon character fighter. I didn’t like this. It’s never been me. (sic) (MTF14, personal communication, 2016)

When they grew to become adolescents and adults, they would not lose the sense of gender dysphoria, dissatisfaction with the gender they were born with. The service users, or clients, would feel unhappy and suffer more, which could then have emotional implications. The American Psychiatric Association has established diagnostic criteria for gender dysphoria for adolescents and adults, which are explained in detail below:

1) Difference, or inconsistency, between gender experience and expression and the primary sexual characteristics,

Transwoman

I was born the wrong gender. I have always been like this, and I never fit with the gender I was born with … I have never wanted to be male. I want a female body. I want breasts. I want female sexual organs. (sic) (MTF08, personal communication, 2016)

Transman

I’m not a lesbian. I am a man. But I was born with the body of a woman. (sic) (FTM01, personal communication, 2016)
2) Strong desire to eradicate primary and/or secondary sexual characteristics

Transwoman

I don’t know anything about the evolution of gender reassignment that can now change a person to be a 100 percent woman or how close to that, but I am happy if I won’t have to have a penis any longer. If you ask, I don’t like it. I’m not satisfied and don’t want one at all. To get rid of it will make me satisfied. (sic) (MTF03, personal communication, 2016)

I am unable to have male sex organs. When I look at my facial skin, I feel there is something missing. The first gender reassignment surgery I wanted was to change my sexual organs, before I did anything else … I wanted to be a woman. I wanted my penis removed. (sic) (MTF06, personal communication, 2016)

I won’t touch [my own penis] because I hate it. When I bathe, I will touch it just enough to get clean, but no more … Whenever I look at myself in the mirror, it’s not who I want to be. And this is what I remember from the earliest age. (sic) (MTF14, personal communication, 2016)

Transman

When my breasts started to grow, I would walk hunched over because I was ashamed. I remember I was really upset and stressed out. I hated having breasts … If you ask if I was unhappy about having female sexual organs, I still feel that today, a lot. (sic) (FTM19, personal communication, 2016)
3) Strong desire to have primary and/or secondary sexual characteristics of the opposite gender

Transwoman

The one thing I have felt is that there isn’t any woman who has a penis. And I want the same sexual organs as a woman. (sic) (MTF03, personal communication, 2016)

A real woman has female sexual organs. What upsets me is that I want a pretty vagina like a woman. My father is a woodcarver, and he has lots of books about carving a woman. I take those books to look at their vagina, and everyday, I visualize, imagine what it would be like to have one. (sic) (MTF14, personal communication, 2016)

Transman

As a man, I want to have a penis, and I want to live in a male body which I really am. I think if I don’t have surgery, I won’t be able to continue living. It’s like this isn’t my body. It's like being imprisoned. When we cannot get what we want, we will always be unhappy, like if I have to live in this body my whole life … Because I’m really a man. (sic) (FTM04, personal communication, 2016)

[I’m] not confident, like I will say I’m a man, but I don’t have a penis. So, then how can I go into a men’s toilet? I don’t feel confident … A man with a small penis is embarrassing, but my penis is nonexistent … So, I want to have [gender reassignment surgery to change my sexual organs from female to male. (sic) (FTM19, personal communication, 2016)

4) Strong desire to be of the opposite gender

Transwoman

Being a Kathoey, transgender, isn’t like a fatal illness, but it makes a person like they are dead. Someone who isn’t one will not understand … It’s
not like you can just take medicine and be cured, but you do need treatment to be the gender you want … My one hope is to be a complete woman. (sic) (MTF07, personal communication, 2016)

When I began to feel dissatisfied, I went and apologized to my mother and father and told them I am not really a boy. (sic) (MTF08, personal communication, 2016)

Everyday when I bathe, I want to be a woman. I don’t want to look at what I don’t want to see … I want to wear a bikini. I want to wear a pretty bathing suit … I want to dress the same as my female friends. (sic) (MTF09, personal communication, 2016)

Even if undergoing sex reassignment surgery had side effects, I felt that I still needed to do this to be a complete woman … It was the last thing in my body that was not female. At that time, I thought only one thing - that I would become a complete woman (sic) (MTF12, personal communication, 2016)

[I knew I am transgender.] When I was 7 or 8 years old, I didn’t know the differences between boys and girls, [but] I wasn’t comfortable. … [When I was young], if a man put on a dress or skirt, they would put me in jail and give me shock therapy, giving an electrical shock to my brain. … I married a woman with 2 children, and I was married to her for 35 years. Then she died, so I came out. (sic) (MTF17, personal communication, 2016)

I’m have known I’m transgender since when I was a child. [I could not tell anyone because] in Spain, when I was a child, those years in my country were full of darkness for transwomen. Until the end of the 1990s, many transwomen died. They were killed on the street. The patriarchal system caused a lot of pressure. … I decided to come out as transgender when I was 38 years. (sic) (MTF18, personal communication, 2016)
5) Strong desire to be treated as the opposite gender

Transman

I just want to be an average man, a member of society. I want people to see me as a man when they pass me. I don’t hope for more than this. I just want to feel this is normal … I don’t want anyone to think of me as a woman … When it comes to a spouse, I tell her I don’t want anyone to think I am lesbian … I want people to see us the same as a heterosexual couple, husband and wife. (sic) (FTM19, personal communication, 2016)

6) Strong belief that they feel and react as a person of the opposite gender

Transwoman

When I tried dressing like a woman, everyone said I was a woman. I’m attractive and so didn’t need cosmetic surgery. Then, I went to live in San Francisco. [Researcher: a city in California, U.S.A.], people there saw me as a small woman. (sic) (MTF05, personal communication, 2016)

I have felt like a female since I was a child. I would act like a woman as much as possible … When I thought I wanted to be a woman, I decided I wanted to be a good woman. I have everything as a female and do everything as a female. (sic) (MTF12, personal communication, 2016)

For these reasons, the person that created the website susan’s.org, Susan’s Place Transgender Resource, who is a well-known transgender around the world, said in the in-depth interview for this research that 90 percent of transgender persons want to undergo gender reassignment surgery.

90 percent of the transgender people feel surgery is [the] optimal goal. There are some people who don’t want or can’t have the surgery, but most want to have the surgery. (sic) (MTF20, personal communication, 2017)
In Thailand, gender surgery is allowed under the rights and freedoms of an individual as stipulated in the Thai Constitution of 2007 and Code of Ethical Conduct issued by the Thai Medical Council concerning healthcare, specifically for transgender persons that meets the Thai Medical Code of Ethics of 2009.

5.2.2 Interest in Gender Reassignment Surgery and Health Services

The results of the study of interest in gender reassignment surgery and health services have been divided into three parts:

5.2.2.1 Interest in gender reassignment surgery and health services according to statistical data collected in the survey

5.2.2.2 Interest in gender reassignment surgery and health services according to data collected in the in-depth interviews

5.2.2.1 Interest in Gender Reassignment Surgery and Health Services

According to Statistical Data Collected in the Survey

This part examines the interest in gender reassignment surgery and health services for the sampling of 530 service users, or clients, who answered a questionnaire with close-ended questions with the results provided in numbers and percentages. Details follow:

The study of the data used to classify the interest in gender reassignment surgery for the sampling showed that the majority, or 479 respondents accounting for 90.4 percent of the sampling were interested in gender reassignment surgery while 26 respondents, or 4.9 percent said they were not. 25 respondents, or 4.7 percent, said they were unsure whether they wanted gender reassignment surgery or not. The results for interest in gender reassignment surgery and health service as presented in table 5.16
Table 5.16  Numbers and Percentages of Sampling According to Interest in Gender Reassignment Surgery and Health Services from the Statistical Data

<table>
<thead>
<tr>
<th>Interest in Gender Reassignment Surgery</th>
<th>Gender Identity</th>
<th>Numbers</th>
<th>Percentages (%)</th>
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<tbody>
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<td></td>
<td>Transwoman</td>
<td>Transman</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Interested</td>
<td>359</td>
<td>105</td>
<td>8</td>
</tr>
<tr>
<td>Unsure</td>
<td>13</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Not interested</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>108</td>
<td>15</td>
</tr>
</tbody>
</table>

First among the top three procedures with 300 respondents, or 56.6 percent of the sampling, is breast augmentation, followed by 271 respondents, or 51.1 percent, selecting facial plastic surgery, and 265, or 50.0 percent, stating their interest lies in sex reassignment surgery from male to female, a vaginoplasty. Other procedures of interest include facial hair transplant, which was indicated by 10 respondents, or 1.9 percent of the sampling.

If the sampling is classified according the gender of those interested in gender reassignment surgery and health service they include: 1) transwomen, 2) transmen, 3) uncertain as to their gender and 4) they are not transgender.

Of the 379 transwomen, the largest majority, 300 respondents, were interested in breast augmentation, followed by 265 interested in sex reassignment surgery from male to female, a vaginoplasty, and 271 interested in facial plastic surgery, facial feminization surgery.

Of the 108 transmen, 90 respondents were interested in sex reassignment surgery from female to male, a metoidioplasty or phalloplasty, followed by 85 interested in a mastectomy and 83 interested in a hysterectomy.

Of the 15 who said they were uncertain of their gender, the majority were interested in facial plastic surgery, followed by 7 respondents interested in liposuction to alter their body shape and 4 interested in hair transplant.

Of the 28 who stated they are not transgender, the majority, or 15 respondents, were interested in facial plastic surgery, followed by 8 interested in liposuction to alter their body shape and 8 interested in hair transplant.
It is assumed that the last two samplings, those uncertain of their gender and those who say they are not transgender, could actually be classified into other subgroups also interested in gender reassignment surgery such as gays, lesbians, bisexuals and ambiguous gender, or they may not want to limit themselves to a classification.

The details for all this are presented in table 5.17.

**Table 5.17**  Number and Percentages of the Sampling According to Gender and Interest in Gender Reassignment Surgery and Health Services from the Statistical Data

<table>
<thead>
<tr>
<th>Gender Reassignment Surgery</th>
<th>Gender Identity</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transwoman</td>
<td>Transman</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Breast augmentation</td>
<td>300</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hip augmentation</td>
<td>223</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orchiectomy</td>
<td>80</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male to female sex reassignment surgery</td>
<td>265</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>0</td>
<td>85</td>
<td>0</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>0</td>
<td>83</td>
<td>0</td>
</tr>
<tr>
<td>Female to male sex reassignment surgery</td>
<td>0</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Facial plastic surgery</td>
<td>226</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Thyroid chondroplasty</td>
<td>120</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>reduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocal voice surgery</td>
<td>120</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Hair transplant</td>
<td>137</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Liposuction</td>
<td>121</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

5.2.2.2 Interest in Gender Reassignment Surgery and Health Service According to Data Collected in the In-depth Interviews

This section presents data collected from the sampling of 20 participants through the in-depth interviews and questions about their interests in gender reassignment surgery and health services. All the respondents who are service users,
or clients, are interested in gender reassignment surgical procedures and health services and have undergone some services. Details follow:

For the 16 transwoman, 15 are interested in sex reassignment surgery from male to female, a vaginoplasty, 12 are interested in breast augmentation, 8 are interested in facial plastic surgery, facial feminization surgery and 1 each are interested in thyroid chrondoplasty reduction (Adam's apple), liposuction to alter body shape and surgery on the vocal chord to change voice tone respectively.

For the 4 transgender males, it was found that all four were interested in a mastectomy, hysterectomy and sex reassignment surgery from female to male, a phalloplasty.

This data is presented in table 5.18.

**Table 5.18** Interest in Gender Reassignment Surgery and Health Services of Service Users Participated in the In-depth Interviews According to Gender Identity

<table>
<thead>
<tr>
<th>Code</th>
<th>Gender Identity</th>
<th>Interest in Gender Reassignment Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTM01</td>
<td>Transman</td>
<td>- Mastectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hysterectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Female to male sex reassignment surgery, a phalloplasty</td>
</tr>
<tr>
<td>MTF02</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery (Nose)</td>
</tr>
<tr>
<td>MTF03</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>FTM04</td>
<td>Transman</td>
<td>- Mastectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hysterectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Female to male sex reassignment surgery, a phalloplasty</td>
</tr>
<tr>
<td>MTF05</td>
<td>Transwoman</td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>MTF06</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>Code</td>
<td>Gender Identity</td>
<td>Interest in Gender Reassignment Surgery</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>MTF07</td>
<td>Transwoman</td>
<td>- Facial feminization surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>MTF08</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>MTF09</td>
<td>Transwoman</td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breast augmentation</td>
</tr>
<tr>
<td>MTF10</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery*</td>
</tr>
<tr>
<td>MTF11</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Thyroid chondroplasty reduction*</td>
</tr>
<tr>
<td>MTF12</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>FTM13</td>
<td>Transman</td>
<td>- Mastectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hysterectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Female to male sex reassignment surgery, a phalloplasty*</td>
</tr>
<tr>
<td>MTF14</td>
<td>Transwoman</td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>MTF15</td>
<td>Transwoman</td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td>MTF16</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Liposuction*</td>
</tr>
<tr>
<td>MTF17</td>
<td>Transwoman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery*</td>
</tr>
</tbody>
</table>
Table 5.18  (Continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Gender Identity</th>
<th>Interest in Gender Reassignment Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF18</td>
<td>Transman</td>
<td>- Breast augmentation*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Male to female sex reassignment surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery (Nose)</td>
</tr>
<tr>
<td>FTM19</td>
<td>Transwoman</td>
<td>- Mastectomy*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hysterectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Female to male sex reassignment surgery, a phalloplasty</td>
</tr>
<tr>
<td>MTF20</td>
<td>Transwoman</td>
<td>- Male to female sex reassignment surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facial feminization surgery*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Vocal voice surgery</td>
</tr>
</tbody>
</table>

Note: * Denotes those participants underwent gender reassignment surgery during this research

The consistency of the data of the two samplings collected through the survey and in-depth interviews provide a high level of confidence for the interest findings of the sampling that represents service users of the gender reassignment health service industry.

5.3 Content Exposure, Satisfaction and Interaction and Service Users’ Temperaments

This data was collected during the in-depth interviews with the sampling and answers a questionnaire with close-ended questions using a statistical methodology. The research found that when transgender persons show interest in gender reassignment surgery and health services, they will begin to conduct an information search (Kotler, 2003) of the service buying decision process. During this information seeking process, their behavior according to exposure, satisfaction and interaction will include content concerning: 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians and surgeons to satisfy
the respondents’ temperaments. The results have been divided into four classifications, or headings, as follows.

5.3.1 Content Exposure and Service Users’ Temperaments
5.3.2 Content Satisfaction and Service Users’ Temperaments
5.3.3 Content Interaction and Service Users’ Temperaments
5.3.4 Messages/Content of IMC that Service Users Want to Emphasize or Expand to Help in Decision Making

5.3.1 Content Exposure and Service Users’ Temperaments

This part discusses the exposure to messages/content includes: 1) exposure to medical information and facts, 2) exposure to information concerning sanatoriums and 3) exposure to information about physicians and surgeons due to service user temperament.

Table 5.19 Summary of Statistical Analysis of Means, Standard Deviation (S.D.) and Meaning of Exposure Towards IMC Messages/Content of Service Users

<table>
<thead>
<tr>
<th>Message/Content</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical information and facts</td>
<td>3.21</td>
<td>1.30</td>
<td>Medium</td>
</tr>
<tr>
<td>Information concerning sanatoriums</td>
<td>2.84</td>
<td>1.32</td>
<td>Medium</td>
</tr>
<tr>
<td>Information about physicians and surgeons</td>
<td>2.54</td>
<td>1.35</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
Table 5.19 that presents the mean scores for exposure to messages/content on the gender reassignment health service industry shows that:

1) First, service users have exposure to messages/content presenting medical information and facts;

2) Second, service users have exposure to messages/content presenting information concerning sanatoriums.

3) Third, service users have exposure to messages/content presenting information about physicians and surgeons respectively.

For this research, the results concerning the three types of messages/content mentioned above are applied to test the research hypotheses using statistical analysis: Service users who have different temperaments also have different exposure towards content according to the analysis of the descriptive statistics on exposure towards content, including mean and Standard Deviation (S.D.) along with the analysis of data of exposure towards content collected through the in-depth interviews, which are presented in detail below.

5.3.1.1 Content Exposure Concerning Medical Information and Facts

From the test of hypothesis 1: Service users with different temperaments have different content exposure concerning medical information and facts.

Using to the F-test with the hypotheses:

$H_0$: The service users with different temperaments do not have different content exposure concerning medical information and facts.

$H_1$: The service users with different temperaments have different content exposure concerning medical information and facts.
Table 5.20  Test Statistics on Content Exposure Concerning Medical Information and Facts for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.94</td>
<td>1.40</td>
<td>1.061</td>
<td>0.381</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>3.25</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>3.22</td>
<td>1.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>3.35</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>3.24</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>3.29</td>
<td>1.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>527</td>
<td>3.21</td>
<td>1.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. Three members of the sampling did not answer on content exposure concerning medical information and facts (Missing = 3)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.20 show a score equal to 0.381, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar content exposure concerning medical information and facts. It can also be said that service users of each temperament have a similar content exposure concerning medical information and facts.

When it comes to explaining details as far as content exposure concerning different types of medical information and facts, the service users are open to receiving this overall information to a mid level extent. The research found that currently, services users will accept: 1) general surgical information, 2) photographic examples of those who have undergone surgery and 3) preparation before surgery. The research did see that the service users, or clients, were open to content concerning medical information and facts of the different topics about evenly.
Table 5.21  Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Content Exposure Concerning Medical Information and Facts of Service Users  

<table>
<thead>
<tr>
<th>Medical Information and Facts</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgical information</td>
<td>3.34</td>
<td>1.38</td>
<td>Medium</td>
</tr>
<tr>
<td>Preparation before surgery</td>
<td>3.18</td>
<td>1.48</td>
<td>Medium</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>3.16</td>
<td>1.44</td>
<td>Medium</td>
</tr>
<tr>
<td>Post-operative recovery</td>
<td>3.14</td>
<td>1.46</td>
<td>Medium</td>
</tr>
<tr>
<td>Photographic examples of those who have undergone surgery</td>
<td>3.22</td>
<td>1.48</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.21</strong></td>
<td><strong>1.30</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.21 presents the mean score for content exposure concerning medical information and facts of service users.  

1) First, exposure to general surgical information has a mid level mean score equal to 3.34.

Based on the data collected from the in-depth interviews with service users, thus, showing that the service users are interested in acquiring general surgical information concerning surgery and the side effects and the similarities and use of new sexual organs acquired through gender reassignment surgery as well as the safety and pains of such procedures. Most of the service users who decide to undergo such surgical procedures understand and will accept the risks that could arise.
I’d ask the doctor if there will be any side effects and if so what. This the main question. I’ll do some basic research and not find any. It seems to be dependent on the person. It all depends on the person and their case. So, therefore, it’s hard for the doctor to answer. The doctors act according to what they studied. If there is an accident, it usually depends on the patient’s body. They cannot give the patient a guarantee; 100 percent surety is just not possible. (sic) (MTF02, personal communication, 2016)

There’s always some risk … I stress whether it is safe, whether I’ll be able to use it, if it is what I want. The first time, the doctor said they might not be able to attach the nerve wherever the incision is made. When it is a big incision, I really don’t care. (sic) (FTM13, personal communication, 2016)

The first question I asked was would it hurt; the second was would I fin. [Researcher: Fin is a contraction of the word finish, which in Thai slang means to have an orgasm.] I wanted to ask this directly. Then, the doctor showed me a picture and I saw that it was quite similar a real one. As far as experiencing an orgasm or not, this isn’t why I wanted sex reassignment surgery or to be able to perform for someone else. I just always felt that if I decided to undergo sex reassignment, I would need to remember I cannot change back. This is how I will be for the rest of my life. I just don’t want to suffer for the remainder of my life. (sic) (MTF09, personal communication, 2016)

[ Sending an E-mail to Preecha Aesthetic Institute, a private sanatorium, I asked] for information about … results and sexual functionality … [For me,] the more important questions [that I asked the doctor] are about sexuality after the surgery. (sic) (MTF18, personal communication, 2016)

Information concerning anesthesia when planning major surgery is another important factor that surgeons must explain so their service users will understand as this can affect their safety.
They [doctors] … gave me some concerns. They were really concerned with the amount of time I was gonna be under anesthesia, and as that was very important, and they talked to me all about that. (sic) (MTF20, personal communication, 2017)

In addition, gender reassignment surgery can solve mental health problems, which is another important factor for service users to consider.

Appearance and use I didn’t ask [friends] because they will ask if it is the same as if you were born that way, which are more about emotion. And I, myself, didn’t worry about if I could use it or not. I didn’t ask about appearance because I had seen what I looked like. Usually, people will talk about whether the results are the same as if they were born that way. They’ll emphasize when they ask if I’m happy the way I am, but then I didn’t know because I wasn’t sure how others would see me. But once I did it, I did feel I had done the right thing. (sic) (MTF15, personal communication, 2016)

2) Second, exposure to photographic examples of those who have undergone surgery has a mid level mean score equal to 3.22.

Based on the data collected from the in-depth interviews with service users, viewing pictures of those who have undergone gender reassignment surgery, it was found that usually the interviewees would choose pictures of successfully constructed organs and fully healed wounds so they could see how constructed organs would appear. Meanwhile, the service users would avoid viewing pictures of surgical results that would be disturbing to view.

He [the doctor] gave me pictures in an album to look at. I had never really looked at these kinds of pictures because I was afraid. He saw this as a time for me to choose and decide. He had me look closely at the details. For the most part, I looked at the results. Other than that, I didn’t look too closely. I’d be shown before and after the procedures were complete. He [the doctor] would take pictures after the surgery. I didn’t want to see any blood, and when
there was an incision, I would not look. (sic) (MTF02, personal communication, 2016)

The pictures [of surgery], I would not choose to look because I’m afraid of blood. Still, the doctor had some shots to look at once the surgery was completed. Those I could look at. But I would never compare myself to the others because if they look good and I don’t, I’d feel very bad. Plus, I think it’s enough for my partner to see. That’s good enough. It’s only important how I feel, if I have an organism. This is enough, really. (sic) (MTF05, personal communication, 2016)

There are those who have had it done [gender reassignment surgery]. And I’ll look for updates, and some of these people are brave enough to show themselves before and after. There are even short clips. (sic) (FTM04, personal communication, 2016)

My friend underwent surgery one year earlier, and I knew the results first one hand. … I saw a lot of pictures of the results on the internet, PAI [Preecha Aesthetic Institute, a private sanatorium] website and Dr. Suporn’s [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] website, and I consulted Dr. Mañero [Researcher: Dr. Ivan Mañero, MD, head of the Gender Disorders Unit of the Hospital Clínico of Barcelona] at his clinic [in Spain] … I saw a lot of results. (sic) (MTF18, personal communication, 2016)

My friend sent me a picture of her results, both her face, her breasts and buttocks. She’s a really good friend for doing this because once I saw what it was like, that’s where I wanted to go. (sic) (MTF20, personal communication, 2017)

In addition, service users benefit from viewing example pictures of persons who have undergone gender reassignment surgical procedures to help them decide which surgeon to select. Pictures of newly constructed organs can show service users the different methods and techniques applied by the different surgeons, which lead to different results from the surgery.
I have to choose which picture of different [surgeon’s] work to see how the results of their procedures. Then, I can say that I’m okay with one of the surgeons. My method is to look in a folder of the pictures of one surgeon and not feel scared because usually [the pictures of some of the surgeons’ work] can be quite frightening. And these I don’t want to look at … I have never seen genuine [female genitals]. The pictures I chose are not frightening. The images are not scary. The pictures of some surgeons appear quite sloppy, which can scare me. (sic) (MTF11, personal communication, 2016)

The internet has postings that I can access to help determine which kind [of breast] I want, what cc [researcher: abbreviation of cubic centimeter], how big, what shape. It’s like this. (sic) (MTF10, personal communication, 2016)

Gender reassignment surgery to transition to be a male is quite new in Thailand. The example pictures of those who have undergone these surgical procedures have distributed through different communication channels or belong to a surgeon, but the number is quite limited. Usually, service users will look for examples of constructed genitals from those who have personally undergone the procedures, which will influence their choice of surgeon.

When it is an operation to remove my breasts [mastectomy] or surgery down below [sex reassignment to change genitals from female to male], I’ll look for updates of pictures of the work of different surgeons. And there are not many to see as many persons don’t want to show themselves … So, there isn’t much to see … There aren’t many pictures posted online…When I find some, they don’t often show the wound. So, if found, they have to be shared. Then I’d ask, is this what the surgery is like. I don’t want to have ugly wounds like I’ve seen on some patients, but it’s up to each person, really, and the doctor. Results are never the same. (sic) (FTM19, personal communication, 2016)
3) Third, exposure to preparation before surgery has a mid level mean score equal to 3.18.

Based on the data collected from the in-depth interviews with service users when asked how open they were to receiving information on preparation before undergoing gender reassignment surgical procedures. They will receive details from their surgeon and will ask persons who have experience with the surgical procedures.

Before surgery, my doctor told me to stop taking hormones so that my penis would return to normal size and not be too small. (sic) (MTF09, personal communication, 2016)

I asked [friends who had direct experience] how to prepare most. (sic) (MTF10, personal communication, 2016)

I’ll ask [friends with direct experience] how to prepare. (sic) (MTF11, personal communication, 2016)

[I’ll ask friends with direct experience] how to prepare before surgery. (sic) (MTF12, personal communication, 2016)

In addition to pre-surgery preparation of one’s body for gender reassignment surgery, the service users must prepare required medical documents according to the law to undergo sex reassignment. This is another important factor that the service users must be made aware of the importance. This is particularly true for foreign service users who must bring documents from their country.

She worked very hard to get the letter from a doctor to let her have the surgery. You need a psychologist’s letter and medical doctor’s letter that say you have had hormone treatment for a year, stuff like that. MTF17 worked very hard to get that. It would then work for her to come here [Thailand] for the surgery. (sic) (MTF16, personal communication, 2016)
4) Fourth, exposure to surgical procedures has a mid level mean score equal to 3.16.

Based on the data collected from the in-depth interviews with service users when asked how open they were to receiving information on the specific steps of a gender reassignment surgical procedure. They said they would find the information on the internet or from explanations be their surgeon so they could decide which surgical method they would want and the types of material to be used in their reconstruction.

For transwomen, the surgery required to change the genitals from those of a man to those of a woman requires two operations, or what is called the double process. However, it is now possible to complete the change in a single process by one of three methods: 1) penile skin inversion, 2) penile skin inversion and scrotal skin graft and 3) sigmoid colon and penile skin inversion (SRS) (Preecha Aesthetic Institute, 2011c). The three methods will affect the depth of the vagina that will be constructed during surgery as well as the wound and service fees. Physicians will make their recommendations to their service users and together they will decide which is best for the individual.

I already knew how the method worked, beginning from the outside with the skin being folded in and keeping the end of the penis and then completing the procedure [Researcher: Penile Skin Inversion]. (sic) (MTF02, personal communication, 2016)

I searched the internet and read what surgeons had written about in the past there was the double process but now there is the single process and how they are different… [The key word for my internet search] was pretty for outside appearance. [The vagina] would be at least six inches in depth. Some persons would have eight inches. This can depend on a person’s physical condition and how much skin can be used to construct the vagina. (sic) (MTF06, personal communication, 2016)

Usually, I’d ask how deep in inches [the vagina] will be … Then, I chose the technique. (sic) (MTF08, personal communication, 2016)
The techniques are different. This is also affected by the price. They are different, for example, the details, including the feelings of a fin. [Researcher: fin is slang for orgasm and comes from the English word, finish] … I researched to compare the most expensive with the less so that still ensures fin. [Researcher: fin is Thai slang for orgasm and comes from the English word finish.] But when its really cheap, its like they just construct a hole [vagina]. There probably isn’t any fine detail in the construction of the vagina. … As far as technique, there are the sigmoid colon and penile skin inversion (SRS) and penile skin inversion and scrotal graft which can be altered after having these performed. The colon can be altered, but I chose a standard graft and before the operation was performed, my doctor told me to stop taking hormones so that my penis would return to normal size and not will be too small. Some surgeons can give the vagina a depth of one to two inches more. This is quite serious for me because in the future, I don’t know what size penis my boyfriend will have … If its not deep, it will then hurt, and this I don’t want … This is quite serious, the internal depth as well as scars from the surgery. (sic) (MTF09, personal communication, 2016)

My doctor told me… that he performs the double process and what this entails. He explained about the medical procedures in detail … After this, the doctor told me why and drew pictures to show me. (sic) (MTF14, personal communication, 2016)

When I went to see the doctor, he took out a flip chart to explain things. He told me about the techniques, but not too deeply, and me, I felt whatever he thought best … I believe he will be careful. I give him my trust…he had two techniques to choose from, penile skin inversion and scrotal graft and penile skin inversion without the graft. The graft takes skin from the testicles, or scrotum, to add [to the vagina] to give it more depth. This is done when there isn’t enough skin, and he [the doctor] will stich this, but I wasn’t that interested in the technique. I let the doctor decide when it came to depth [of the vagina]. I wasn’t really interested in that. (sic) (MTF15, personal communication, 2016)
[When I saw the doctor], the doctor explained to me about all of the surgerical procedures and showed me examples of these. (sic) (MTF18, personal communication, 2016)

They [Doctors] gave me the details of the process. (sic) (MTF20, personal communication, 2017)

In the case of breast augmentation for transwomen, in addition to the service user selecting a surgeon with expertise, they need to choose which method, whether to transplant silicone above or below the muscle and where to place the incision, for which there are three choices: 1) under the armpit, 2) at the nipple and 3) under the breast at the fold (Preecha Aesthetic Institute, 2011a). The service users must also decide on size and type of silicone with the size of the wound as well as price dependent on the type and size. The surgeon will give their service users recommendations and then help them to decide the method and type of silicone that is right for them.

Each doctor can design shapes. In the past, when I had my breasts done, there were no choices for shape like today. There were just silicone gel and saline implants as well as smooth and textured. There weren’t choices in shape like teardrop or round. It was nothing like today… [When I met with the doctor] I talked to him about size, what was my size. (sic) (MTF12, personal communication, 2016)

For transmen, service users felt it was very important to study the surgical procedures as this is a new service provided in Thailand and the surgery can be quite complicated and take a number of years to complete. So, before, consulting with a physician, they will search for information on the internet and social media to decide which sex reassignment surgical procedures will best to satisfy their wants when transitioning from a woman to be a man. These procedures are divided into top, or secondary, surgery, which involves mastectomies and bottom, or primary surgery, which involves the removal of female genitals and reconstruction of male sexual organs. There is then a choice of two procedures for the latter: 1) metoidioplasty, or
small penis, and 2) phalloplasty, or big penis (Asia Pacific Transgender Network, 2015).

At that time, I searched for information about female to male, FTM, for example top surgery, which involved breast removal [mastectomy], FTM bottom surgery [sex reassignment surgery to transition from female to male], FTM transformation, or sex change, because there is a lot of information available…There is information available through the community. I found a lot of information through my search … and even more information on surgery through the community, providing me with more choices, which let me study the alternatives even more. (sic) (FTM19, personal communication, 2016)

When [I sent an email to an America doctor to gather information], they answered that there were different procedures … There were many reviews, about top [mastectomy] and bottom [sex reassignment from female to male] procedures. There were pictures, too, so I could see everything about how modern science has given us more alternatives. I then searched on Google.com, which have information in English, and then search under transwoman and then widen the search to include transman … I then found even more news and stories about techniques … [When I met the Thai doctor], I asked about how many techniques there were … and how much time each took. (sic) (FTM13, personal communication, 2016)

There are different techniques. I went and searched for information from those who had had the best results. Then, I found what I wanted and chose that procedure. I looked at the medical information first, then chose the clinic. I didn’t choose a doctor. I didn’t have one I liked. When I got there, I asked which doctors performed the procedure I wanted, and then asked if I could have the best surgeon for this. But first, I found the medical information and then the technique that best met what I wanted. I used a keyword search to find the best and then went to where I thought was the best. (sic) (FTM04, personal communication, 2016)
5) Fifth and last, exposure to post-operative recovery has a mid level mean score equal to 3.14 respectively.

Based on the data collected from the in-depth interviews with service users when asked how open they were to receiving information on post operative recovery. This would cover the period for recovery and being absent from work as well as level of pain and their physical and mental condition following surgery.

[I asked friends with direct experience] about recovery, how tired I’d be, how much pain I’d feel, how’d I feel and how many hours it would all take … I asked about their experience and what they encountered. (sic) (MTF10, personal communication, 2016)

[I asked friends with direct experience] if it hurt, how many days I’d have to rest … and after how I would have to prepare. (sic) (MTF12, personal communication, 2016)

[I asked the doctor] about each technique and how long they would require for recovery (sic) (FTM13, personal communication, 2016)

I walked out from the hospital two days after having surgery to go for a walk because I wanted to see Thailand even just outside of the hospital. I had to sign a release from the hospital. When MTF17 came, I wanted her to do the same thing. We recovered quickly. It wasn’t painful. (sic) (MTF16, personal communication, 2016)

We talked about some of the aspects that she was gonna experience later, during surgery, recovering from the surgery and afterwards, you know, information that she wouldn’t have. And I was happy to share this with her. (sic) (MTF20, personal communication, 2017)

In addition, care for the wound and new organs or genitals received during gender reassignment surgery were important issues for a prospective service user. They would be open to receiving this information from their doctors, nurses and those with direct experience with these surgical procedures.
I asked [my doctor] if there would be any side effects and then what I should do. (sic) (MTF02, personal communication, 2016)

When I had my breasts done [breast augmentation], I had a friend who had already had this performed. I saw what she had done, the process at every step on different days. ... For sex reassignment surgery, I asked a lot of people about dilation and what a GRS Dilator did to expand the vagina following sex reassignment from a man to be a woman to prevent my vagina from shrinking from the healing of the wound. This information is available on the internet, and it can take a few months to recover completely, but less time before it was possible to go back to work. (sic) (MTF11, personal communication, 2016)

While in the hospital, I spoke a lot with the nurses. They would give recommendations about what I should do after I went home and what methods I should follow ... They’d tell me all this at one time. They also gave me a paper with all the information. The hospital was very professions. They knew what problems I might face. They were always collecting information and data so they had the answers for the questions patients would ask ... I’d ask for directions and whether I’m doing things correctly. When I saw some blood, I’d ask what was happening and they would explain. I never worried very much because I knew how the surgical incision would heal. (sic) (MTF15, personal communication, 2016)

My private nurse said to me, ‘Let me show you how to do it right.’ ... She actually did the first one on me. And after the dilation, she showed me how to do the cleansing with Betadine [Researcher: Betadine is a povidone iodine that is highly efficient for killing bacteria, fungi, viruses and protozoa.]. ... And I made sure that I got the same depth every time. (sic) (MTF20, personal communication, 2017)

5.3.1.2 Content Exposure about Information Concerning Sanatoriums

From the test of hypothesis 2: Service users with different temperaments have different content exposure to information concerning sanatoriums

Using to the F-test with the hypotheses:
H0: The service users with different temperaments do not have different content exposure to information concerning sanatoriums.

H1: The service users with different temperaments have different content exposure to information concerning sanatoriums.

**Table 5.22**  Test Statistics on Content Exposure about Information Concerning Sanatoriums for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>2.80</td>
<td>1.47</td>
<td>0.441</td>
<td>0.820</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.83</td>
<td>1.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.86</td>
<td>1.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.90</td>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.74</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.94</td>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>529</td>
<td>** 2.84</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. One members of the sampling did not answer on content exposure about information concerning sanatoriums (Missing = 1)

2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.22 show a score equal to 0.820, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar content exposure about information concerning sanatoriums. It can also be said that service users of each temperament have a similar levels of content exposure about information concerning sanatoriums.

From the in-depth interviews, it was also found that there were differences between transwomen and transmen service users in that the transwomen would select a doctor before the sanatorium as there are a large number of plastic
surgeons who can perform these gender reassignment procedures to change from a man to be a woman. Many of these surgeons also perform surgery in more than one sanatorium, which affects the cost of services. They can choose the sanatorium that offers satisfactory materials and prices.

As far as a hospital, some doctors operate at two or three, which is okay if these aren’t private, but government. So, on the day they are at one of these, that’s when I’ll go. (sic) (MTF09, personal communication, 2016)

With the surgeon, if he isn’t operating at a certain hospital, I won’t go there, but will go the hospital where he operates. (sic) (MTF11, personal communication, 2016)

For those transman service users, they will select the sanatorium before the surgeon as there are few plastic surgeons who are specialists in these gender reassignment procedures in Thailand and it is difficult to find information. These transman must therefore be open to information concerning sanatoriums that are well known and offer these procedures, with details presented below.

These clinics are some of the ones I stopped in before that I had heard of spoken about often, like Pratunam [Pratunam Polyclinic, the name of one private sanatorium], Yanhee [Yanhee Hospital, a private sanatorium] and Kamol [Kamol Hospital, a private sanatorium]. I have heard about all of them, but I still want to learn for myself why they have a reputation when talked about among members of the community or just generally about having the surgery performed at Yanhee [Yanhee Hospital, a private sanatorium] and Kamol [Kamol Hospital, a private sanatorium], but no one said I should go see Doctor A [assumed name] at Yanhee [Yanhee Hospital, a private sanatorium]. They talk more generally. After that I focus on what I am looking for. So, whenever I hear any news, I focus my attention on what I want. I go check out the clinic to learn what’s good and bad … I may not know the name of the doctor but I know the operations here have [problems]. This I have to be careful about. I don’t want this … Right now, people talk about hospitals, not
much about the doctors … They’ll say this surgeon is good with a certain procedure. We’ll share what we know. This is how it is in Thailand. (sic) (FTM19, personal communication, 2016)

When it comes to explaining details as far as content exposure about different types of information concerning sanatoriums, the service users are open to receiving this overall information to a mid level extent. The research found that currently, services users will accept: 1) name, address or pictures of the building and location, 2) medical and service fees and 3) services offered by the sanatoriums respectively.

Table 5.23  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Exposure about Information Concerning Sanatoriums of Service Users

<table>
<thead>
<tr>
<th>Information Concerning the Sanatorium</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address or pictures of the building and location</td>
<td>3.12</td>
<td>1.47</td>
<td>Medium</td>
</tr>
<tr>
<td>Days/times open for service</td>
<td>2.75</td>
<td>1.50</td>
<td>Medium</td>
</tr>
<tr>
<td>Services</td>
<td>2.96</td>
<td>1.48</td>
<td>Medium</td>
</tr>
<tr>
<td>Medical and service fees</td>
<td>3.00</td>
<td>1.51</td>
<td>Medium</td>
</tr>
<tr>
<td>Days/times and special activities on special days</td>
<td>2.38</td>
<td>1.61</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.84</strong></td>
<td><strong>1.32</strong></td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
Table 5.23 presents the mean score for content exposure about information concerning sanatoriums of service users.

1) First, exposure to the name, address or pictures of the building and location has a mid level mean score equal to 3.12.

The data collected from the in-depth interviews shows that the service users are interested in learning is the names of large, well-known sanatoriums with a long respected reputation, particularly government hospitals, which serve as schools for surgeons.

One [trans] woman had surgery performed at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium], and when I learned this, I went...When I had my surgery, I had no other choices except Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium]. (sic) (MTF03, personal communication, 2016)

After looking at different clinics, I flew to do it in Arizona [Researcher: a large state in the southwest U.S.A.]. If I'm going to have surgery, I'm going to search hard for a hospital and read reviews. And I made sure that this hospital met all the standards. (sic) (MTF05, personal communication, 2016)

Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium], when I went there, I trusted them immediately. Some people will go and see that a place is right for them, but for me, at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium], I didn’t need to know the surgeon because Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium] has a large staff of surgeons who can perform this kind of surgery. However, others who have money, they have heard of Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon]. They chose their doctor, but I chose the hospital. (sic) (MTF07, personal communication, 2016)

One of my good friends from a transgender support group told me about having surgery with Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] at PAI [Preecha Aesthetic Institute, a
private sanatorium] in Bangkok. I had never been out of the U.S.A. during my entire life before I came to Bangkok … and underwent several surgeries, including SRS [Sigmoid Colon and Penile Skin Inversion], with Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]. (sic) (MTF16, personal communication, 2016)

My friend received a recommendation from another Spanish activist, a transman. He said to my friend that [they should] not have surgery in Spain, only in Thailand. … [I got information] from a good friend. She's a transwoman, too [and] had surgery at PAI [Preecha Aesthetic Institute, a private sanatorium]. (sic) (MTF18, personal communication, 2016)

Today, government hospitals have begun to perform [sex reassignment surgery to transition from a woman to a man], like Chula [King Chulalongkorn Memorial Hospital, a government sanatorium] or Rama [Faculty of Medicine Ramathibodi Hospital, Mahidol University, a government sanatorium]. (sic) (FTM13, personal communication, 2016)

In addition, this research found that in the case the service user gave importance to the location of the sanatorium, one close to their home would be much more convenient and today, travel has become a factor in service users’ decision making.

[When I considered] about a hospital, I felt lucky as there was one close to where I lived that I could choose. (sic) (MTF08, personal communication, 2016)

When a sanatorium is far away, this can also affect travel costs and, thus, cause the service user not to select that sanatorium.

[I] consider travel distance in my decision. For example, Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] is far away, in Chonburi [Researcher: Chonburi is a province in the eastern region of Thailand] … I have a limited amount of money and cannot afford to travel
back and forth [Researcher: MTF15 lives in Bangkok.]. (sic) (MTF15, personal communication, 2016)

2) Second, exposure to the medical and service fees has a mid level mean score equal to 3.00.

The data collected from the in-depth interviews shows that the service users are interested in information concerning cost for medical treatment and other services that they can learn by asking the sanatorium directly or persons with direct experience. Transwomen feel that while these costs are high, the expertise of plastic surgeons who can perform the genital changes, or reconstruction of the sexual organs to be the most natural is still more important. So, they will choose the surgeon who is the best and then most affordable.

Doctors will have different techniques [for sex reassignment surgery to transition from a man to be a woman]. This you have to accept as it also involves price. These will be different along with the detail of their work … So, I researched to compare the most expensive with the less so that still ensures fin. [Researcher: fin is Thai slang for orgasm and comes from the English word finish.] But when it really cheap, its like they just construct a hole [vagina]. There probably isn’t any fine detail in the construction of the vagina. I compared the prices of three or four clinics, but I already knew which I would choose. I just want to look at a few more. I had to be satisfied with the price. (sic) (MTF09, personal communication, 2016)

When it came to price, I saw they can be quite different. For example, there is Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] who charges between 200,000-250,000 baht. Some said this is the same as Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon], but after checking their technique, I found that the price for Dr. Suporn [Dr. Suporn Vathanyasakul, the name of a plastic surgeon] was more expensive. (sic) (MTF14, personal communication, 2016)

I asked about the price … Some people want theirs to look very real and will pay anything, but others are not so serious about this. They just want
it and figure they will be dressed anyway. As long as they can use it and have feeling, it’s okay. (sic) (MTF12, personal communication, 2016)

At other places the price can be double compared to here. So, I chose here for breast surgery [breast augmentation] because of the prices and my friends [recommendations]. (sic) (MTF10, personal communication, 2016)

Yanhee [Yanhee Hospital, a private sanatorium] is cheaper and I could there to recuperate. It’s a hospital with an anesthesiologist. It’s a complete hospital. When I had my operation to remove my breasts [mastectomy], it cost 55,000 baht, the same as it would cost [at a clinic] in Pratunam district where many choose to go as it’s 50,000 baht. But you cannot stay to recuperate. They let you stay for just a couple of hours. So, I’m willing to pay the 5,000 baht more. (sic) (FTM13, personal communication, 2016)

Friends in the community share a lot … For example, they said today they went for surgery here. It’s cheaper than other clinics. (sic) (FTM19, personal communication, 2016)

If one compares the prices for gender reassignment surgery in Thailand and Western countries, they’ll find that they are much less in Thailand, which is why the country attracts the interest of foreigners, especially from the West.

If you talk about price, whether you have insurance or not, that won’t change the price. [In the U.S.A.], they already have standard prices for doctors … Now, insurance will cover [sex reassignment surgery to transition from a man to a woman] about US$ 140,000 [Researcher: USD 140,000 is equivalent to about THB 4,500,000]. (sic) (MTF05, personal communication, 2016)

She [my transgender friend] showed me the cost of the surgery because in America I could not afford it, but Dr.Preecha’s [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] charges are quite reasonable. (sic) (MTF16, personal communication, 2016)

[Sending an E-mail to Preecha Aesthetic Institute, a private sanatorium, I asked] for information about prices … The prices are quite reasonable. … At a private clinic [in Spain], the price can be three times more
expensive than in Thailand, but the result is not three times better, obviously. It's three times less. (sic) (MTF18, personal communication, 2016)

The price is so much lower than in the United States, on average, over 50% cheaper. (sic) (MTF20, personal communication, 2017)

3) Third, exposure to the services has a mid level mean score equal to 2.96.

The data collected from the in-depth interviews shows that the service users are interested in information concerning the quality of the services and quality of the medical equipment used in treatments offered by sanatoriums as well as other conveniences that are included in the price of services.

[The hospital I chose], offers good services and their equipment is of high standards. (sic) (MTF05, personal communication, 2016)

[I asked those with direct experience] how the service was at hospitals where they underwent surgery, how many days I could stay for recovery and just what they offered. (sic) (MTF14, personal communication, 2016)

[They offered] services including surgery, hospital, hotel, a translator, and a car and driver. (sic) (MTF18, personal communication, 2016)

4) Fourth, exposure to the days/times open for service has a mid level mean score equal to 2.75.

5) Fifth and last, exposure to the days/times and special activities on special days has a low level mean score equal to 2.38 respectively.

5.3.1.3 Content Exposure Concerning Information about Physicians and Surgeons

From the test of hypothesis 3: Service users with different temperaments have different content exposure to information about physicians and surgeons.

Using to the F-test with the hypotheses:

H0: The service users with different temperaments do not have different content exposure to information about physicians and surgeons.
H1: The service users with different temperaments have different content exposure to information about physicians and surgeons.

Table 5.24  Test Statistics on Content Exposure Concerning Information about Physicians and Surgeons for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.67</td>
<td>1.49</td>
<td>0.879</td>
<td>0.495</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.34</td>
<td>1.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.56</td>
<td>1.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.80</td>
<td>1.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.48</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.50</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>529</strong></td>
<td><strong>2.54</strong></td>
<td><strong>1.35</strong></td>
<td><strong>0.879</strong></td>
<td><strong>0.495</strong></td>
</tr>
</tbody>
</table>

Note: 1. One members of the sampling did not answer on content exposure concerning information about physicians and surgeons (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.24 show a score equal to 0.495, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar content exposure concerning information about physicians and surgeons. It can also be said that service users of each temperament have a similar levels of content exposure concerning information about physicians and surgeons.

From the in-depth interviews, it was also found that the service users were most concerned about the reputation of the surgeons and their skills for performing different procedures as well as concern for service users (bedside manner).
The most important thing about a doctor is their technique … [On web boards], people talk about how good doctors are, their temperament [attitude], if they get along, good or not, how they take care of a patient [service user], if they provide the service themselves or if they only think of business. Second, it’s about appearance, how good one looks [results of the surgery]. (sic) (MTF14, personal communication, 2016)

When it comes to explaining details as far as content exposure concerning different types of information about physicians and surgeons, service users are open to receiving this overall information at a low level extent. The research found that currently services users will accept: 1) first and surname, degrees and specialties, 2) experience or contributions in advancements or new methods in care and 3) disseminating information or answering questions of the media respectively.

Table 5.25  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Exposure Concerning Information about Physicians and Surgeons of Service Users

<table>
<thead>
<tr>
<th>Information about Physicians and Surgeons</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and surname, degrees and specialties</td>
<td>2.98</td>
<td>1.53</td>
<td>Medium</td>
</tr>
<tr>
<td>Journal publications or conference proceedings</td>
<td>2.35</td>
<td>1.54</td>
<td>Low</td>
</tr>
<tr>
<td>Experience and public benefits</td>
<td>2.37</td>
<td>1.55</td>
<td>Low</td>
</tr>
<tr>
<td>Experience or contributed advancements or new methods in care</td>
<td>2.58</td>
<td>1.52</td>
<td>Low</td>
</tr>
<tr>
<td>Honors granted by academic institutions, associations or foundations</td>
<td>2.41</td>
<td>1.57</td>
<td>Low</td>
</tr>
</tbody>
</table>
Table 5.25 (Continued) (n=530)

<table>
<thead>
<tr>
<th>Information about Physicians and Surgeons</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminating information or answering questions of the media</td>
<td>2.54</td>
<td>1.55</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.54</strong></td>
<td><strong>1.35</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.25 presents the mean score for content exposure concerning information about physicians and surgeons of service users.

1) First, exposure to the first and surname, degrees and specialties has a mid level mean score equal to 2.98.

The information from the in-depth interviews show that the service users are most interested in learning the surgeons’ names. They stress this along with their expertise, or skills in performing different surgical procedures. However, it was found the service users were not interested about their degrees or certificates or their specialties even though this then stress their belief and trust in a surgeon.

When I received information on Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] from a friend who had gone to Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon], I still need to be sure because this was an important decision … I keyed in the doctor’s name in Google [.com]… where I found more information, including his history … and comments about those who had gone
to Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] to see what it was like and learn who had had surgery with the doctor, who had information to share … I found the doctor was very, very good; his results are pretty, just like a woman. He has a lot of persons going to him. He has a lot of patients. This is all like advertising you can believe,, and what I heard from friend was this doctor was okay and was at the level that is okay. So, when I found this information, I felt much more confident. When I read he was very skilled from someone who had had the surgery done, I felt better as this is about my life. My future life as a woman I was outing in the doctor’s hands. It’s like giving them my life. So, I have to be sure. If you ask if this is too much, I’d say I have to be more than 100 percent certain that this doctor is okay. If I wasn’t sure, I wouldn’t have the surgery because I don’t like those who just push for a cheap price but can make mistakes. (sic) (MTF02, personal communication, 2016)

I told [my friend] that I had this problem and wanted to know where I could fix it. And I was told that Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] in Chonburi could do it and I would look pretty. So, I felt almost ready to select this doctor, but had never looked for information about Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon]. I had never checked where his clinic was. I had never seen the doctor or what he looked like, but that was okay as long as my friends said he was good and his results were pretty. (sic) (MTF03, personal communication, 2016)

I looked for the name of a doctor first as they are the one to perform the surgery. Good or bad results are in the hands of the doctor. So, I conducted a keyword search, the best GRS [gender reassignment surgery] doctor, U.S.A. And, then, after reading, I checked further about them, their techniques, which are not the same. (sic) (MTF05, personal communication, 2016)

First, I ask friends, who are older than me. They told me about the different doctors and their techniques and what they thought of them. (sic) (MTF06, personal communication, 2016)
I checked on different doctors and their skill … I’d then ask friends about them. They’d say who was okay … and then I felt they were okay. (sic) (MTF08, personal communication, 2016)

When choosing [doctors] who perform the second type of sex change surgery [breast augmentation], there aren’t that many to choose from, just two to three … I had breast augmentation performed twice. The first time, I went with a doctor that my friend had the surgery with as this is what interested me. I felt the happiest to go to this doctor … But after surgery, I had a problem, [the augmented breasts] were hard. My friend didn't have this problem, but I did and had to correct it with another doctor. The second doctor, --- [Concealing information: the name of a physician] who did have a well-known reputation for bad bedside manner. I had to go have this fixed with this doctor [who was recommended by a friend with direct experience]. She told me, this doctor will fix them to feel soft. I believed in this doctor. But when I went, the clinic was bad; it, seemed like a pawn shop. Everything about it was bad. It felt quite dangerous. I was afraid when I laid down, and before the doctor was done with the breast surgery, I had been awake. He went off to do another on someone else. Then, he came back to stitch me up. All the patients were lined up on beds, like in a beauty salon where they wash customers’ hair. Nothing seemed sanitary, but I came here because of the doctor (sic) (MTF10, personal communication, 2016)

It’s the doctor who performs the operation. If the doctor doesn’t perform the operation at one hospital but does at another. I would go there… [The important question to ask friends is] first, will it be pretty. This surgeon has well performed [genital change], but could not construct [a vagina] as deep as other surgeons. He had good and bad points … I asked [the doctor] if they perform the surgery themselves. I was afraid, there would be another surgeon performing the operation. But once I met the surgeon and knew, I felt relieved … This doctor was patient. He wasn’t in any rush. (sic) (MTF11, personal communication, 2016)

I asked which doctor is good and will make me look pretty … This doctor had already performed breast augmentation for transwomen many
times when I had it done. And many foreigners had come to have the surgery with this doctor. Before I had the surgery, I got information about this doctor. I asked a friend who had had this done with the doctor and if the doctor was okay. After asking a number of persons, I felt okay and went to have the surgery. Doctors’ techniques and skills are not the same. (sic) (MTF12, personal communication, 2016)

I searched for information on websites from abroad. There were many [doctors] listed but not many from Thailand. The was Professor Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon], Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon], Dr. Chettawut [Dr. Chettawut Tulatapanich, MD, the name of a plastic surgeon], Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon] and Dr. Saran [Dr. Saran Wannachamras, MD, the name of a plastic surgeon], who I then looked up. (sic) (MTF14, personal communication, 2016)

My friend only told me about Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]. When I had surgery, I didn’t know anybody else in Thailand. Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] told me that he taught many doctors. He was the first one [in Thailand]. … Someone told me that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] could do the SRS surgery [Sigmoid Colon and Penile Skin Inversion] with his eyes closed. He was so good at it. (sic) (MTF16, personal communication, 2016)

[My friend told me] that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] is the pioneer in this surgery [in Thailand] and has one of the best clinics in the world. … He is quite humble, too. (sic) (MTF18, personal communication, 2016)

It’s always gonna be your first love for a doctor. So, yeah, for my case, it was Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon] and Dr. Sutin [Dr. Sutin Khobunsongserm, MD, the name of a plastic surgeon]. (sic) (MTF20, personal communication, 2017)
How good is the surgeon? Who are they? How much experience do they have? I need to check on the doctor’s experience first. Then, there are two things … the doctors do work at different clinics as I want to see how people talk about them. They don’t give the names of doctors … When I checked on the clinics, I saw they could have a lot of doctors, Doctor 1, Doctor 2, Doctor 3 [assumed names]. So, I asked friends who had already gone. This is the method I followed. After finding clinic that is already well known … I looked for persons who had had surgery there. Then asked which doctor they used, Doctor 1 and Doctor 2 [assumed names]. Then, I went and looked at results of their work. Then, I looked further … checking which doctors people are sharing information about. And I found it wasn’t the doctor I had first selected. (sic) (FTM19, personal communication, 2016)

2) Second, exposure to the experience or contributed advancements or new methods in care has a low level mean score equal to 2.58.

The information collected from the in-depth interviews show that the service users are interested in information on the results of a surgeon’s work or advancements in new treatment methods, focusing on information on the techniques applied during gender reassignment surgical procedures for changing genitals, or organs, so that the new organs appear the most natural as well as the good and bad points of the surgical procedures.

Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] is very well known because he was the first that could perform surgery that looked pretty.” [Researcher: The Suporn Technique is a sex reassignment surgical procedure for men to transition to be a woman that was developed by Dr. Suporn Watanyusakul, MD]. (sic) (MTF06, personal communication, 2016)

The pretty appearance [from the doctor’s new technique], --- [Concealing information: the name of a plastic surgeon] who performs the prettiest construction, but the scar [from the surgical wound] is very long. This
is one negative point. Transwomen will point out the good points about their doctor’s technique. (sic) (MTF14, personal communication, 2016)

PAI (Preecha Aesthetic Institute, a private sanatorium) has two of the most important doctors who have conducted research to introduce innovations in their practice. (sic) (MTF18, personal communication, 2016)

3) Third, exposure to the disseminating information or answering questions of the media has a low level mean score equal to 2.54.

4) Fourth, exposure to the honors granted by academic institutions, associations or foundations has a low level mean score equal to 2.41.

5) Fifth, exposure to the experience and public benefits has a low level mean score equal to 2.37.

6) Sixth and last, exposure to the journal publications or conference proceedings has a low level mean score equal to 2.35 respectively.

The information collected from the in-depth interviews showed that presenting research results in academic journals or conferences in which English is the principal medium. This would then be a problem for those service users who are not sufficiently fluent in English to understand the content.

I looked for foreign journals and textbooks to read to find information as it is difficult to find anything like this in Thailand … Everything I found was from abroad. (sic) (FTM19, personal communication, 2016)

5.3.2 Content Satisfaction and Service Users’ Temperaments

This part discusses the satisfaction towards messages/content includes: 1) satisfaction with medical information and facts facts, 2) satisfaction with Information concerning the sanatorium and 3) satisfaction with Information about physicians and surgeons due to the service user temperament.
Table 5.26  Summary of Statistical Analysis of Means, Standard Deviation (S.D.) and Meaning of Satisfaction Towards Messages/Content of Service Users (n=530)

<table>
<thead>
<tr>
<th>Message/Content</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical information and facts</td>
<td>3.36</td>
<td>1.24</td>
<td>Medium</td>
</tr>
<tr>
<td>Information concerning the sanatorium</td>
<td>3.01</td>
<td>1.28</td>
<td>Medium</td>
</tr>
<tr>
<td>Information about physicians and surgeons</td>
<td>2.91</td>
<td>1.34</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.26 that presents the mean score for satisfaction of messages/content on the gender reassignment health service industry shows that:

1) First, service users are satisfied with the content presenting medical information and facts.

2) Second, service users are satisfied with the content presenting information concerning the sanatorium.

3) Third, service users are satisfied with the content presenting information about physicians and surgeons.

For this research, the results concerning the three types of messages/content mentioned above are applied to test the research hypotheses using statistical analysis: Service users who have different temperaments also have different satisfaction towards content according to the analysis of the descriptive statistics on satisfaction towards content, including mean and Standard Deviation (S.D.) along with the analysis of data of satisfaction towards content collected through the in-depth interviews, which are presented in detail below.
5.3.2.1 Content Satisfaction Concerning Medical Information and Facts

From the test of hypothesis 4: Service users with different temperaments have different levels of satisfaction with medical information and facts.

Using the F-test with the hypotheses:

**H0:** The service users with different temperaments do not have different levels of satisfaction with medical information and facts.

**H1:** The service users with different temperaments have different levels of satisfaction with medical information and facts.

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>3.10</td>
<td>1.44</td>
<td>1.465</td>
<td>0.200</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>3.54</td>
<td>0.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>3.28</td>
<td>0.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>3.57</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>3.40</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>3.37</td>
<td>1.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>527</td>
<td>3.36</td>
<td>1.24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
1. Three members of the sampling did not answer on content satisfaction concerning medical information and facts (Missing = 3)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.27 show a score equal to 0.200, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of **H0** that the service users with different temperaments have a similar levels of content satisfaction concerning medical
information and facts. It can also be said that service users of each temperament have a similar level of content satisfaction concerning medical information and facts.

From the in-depth interviews, it was also found that service users who had direct experience with gender reassignment surgery were satisfied with the content they could access concerning medical information and facts saying there was just enough amounts of information and it was easy to understand.

[The medical information and facts] was very adequate concerning women [transwomen] or men [transmen]. It explained the processes completely … on the internet. The doctors also explained the procedures of a number of different techniques. I have to say the information is complete, and what I can access is easy to understand. They use very easy language. I spent a number of times looking for the information so I knew which procedures I wanted. (sic) (FTM04, personal communication, 2016)

However, the research did find opposing views as there was a transman service user who was not satisfied with the medical knowledge and facts he could access. He found that female to male gender reassignment is still quite new in Thailand and, thus, there is little information presented by physicians and not enough facts that he wants.

I want doctors to conduct more research and release of news … I found correct data and information about this [gender reassignment from a woman to be a man] is very sparse. (sic) (FTM13, personal communication, 2016)

When it comes to explaining details as far as content satisfaction concerning different types medical information and facts, the service users had a mid level of satisfaction towards overall materials on sanatoriums. The research found that currently the service users were satisfied with: 1) general surgical information, 2) photographic examples of those who have undergone surgery and 3) preparation before surgery respectively, which is the same for post-operative recovery. From the
research, it appears that the service users were virtually equally satisfied with content of medical information and facts in all forms.

Table 5.28  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Satisfaction Concerning Medical Information and Facts of Service Users

<table>
<thead>
<tr>
<th>Medical Information and Facts</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgical information</td>
<td>3.47</td>
<td>1.27</td>
<td>High</td>
</tr>
<tr>
<td>Preparation before surgery</td>
<td>3.33</td>
<td>1.37</td>
<td>Medium</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>3.32</td>
<td>1.36</td>
<td>Medium</td>
</tr>
<tr>
<td>Post-operative recovery</td>
<td>3.33</td>
<td>1.36</td>
<td>Medium</td>
</tr>
<tr>
<td>Photographic examples of those who have undergone surgery</td>
<td>3.34</td>
<td>1.44</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.36</strong></td>
<td><strong>1.24</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.28 presents the mean score for content satisfaction concerning medical information and facts of service users.

1) First, satisfaction of the general surgical information has a high level mean score equal to 3.47.

The data collected from the in-depth interviews showed that the service users were satisfied with the content of general information on surgery and particularly information concerning the results of the surgical procedures, any pain from the incision wound, complications, side effects and use and attractiveness of the new constructed organs.
[I was] interested in the answers to questions given in reviews I found [on the internet]. I didn’t know the persons, but if they had undergone the surgery, they had direct experience. I don’t believe they would be advertising while, of course, I know what’s written has been edited. Still, I had to use my own judgment when making my decision. Some people say it hurts a lot. I already know that the standard of pain is different for everyone. So, while I listened, I needed to make the decision myself ... I worried if I would be able to urinate normally, would I have feelings, would it be able to fit in to what I had constructed and would I have an orgasm. And, I also worried about how it would look, would it look natural. My doctor told me not to worry about this. They had already performed over 6,000 cases. After searching, I found this was true. So, then I felt confident. (sic) (MTF05, personal communication, 2016)

The doctor gave me the basic information. They told what side effects I could expect, and this was okay with me. (sic) (MTF07, personal communication, 2016)

I stress knowing if the surgery was safe. If I could use what was reconstructed. Will I enjoy the same feelings that I want? At first, the doctor told me the nerve might not connect, no matter where the incision is made because [sex reassignment surgery to change genitals from those of a woman to those of a man] is a major operation. So, I didn’t care or worry about this. (sic) (FTM13, personal communication, 2016)

2) Second, satisfaction of the photographic examples of those who have undergone surgery has a mid level mean score equal to 3.34.

The data collected from the in-depth interviews showed that the service users were satisfied with pictures of examples of persons who undergone surgery, particularly those pictures that were personal because service users were satisfied believing these were actual shots. As far as the example pictures of those who had undergone surgery that were posted in the internet were less satisfying for the service users in certain instances such as the example pictures of the person who
underwent surgery are posted by a sanatorium and appear to be computer enhanced to advertise the benefits for commercial purposes.

I chose to look at the results of friends who are satisfied., and I saw that each doctor’s work is not the same. (sic) (MTF03, personal communication, 2016)

My friend showed me her results, I got to see the results before I came and I thought if I had results like that, I would be very happy. And that was the final deciding. (sic) (MTF20, personal communication, 2017)

The pictures they [persons who have undergone the surgery] show and review I have to check if they have been altered by looking at shots of before and after… I know [the pictures provided by sanatoriums] have to be altered. So, I don't know if the data is 100 percent true. It is all how it is presented to gain the greatest benefit. I already know when I have surgery, there will be both good and bad points, but what I want to know is the truth. (sic) (MTF06, personal communication, 2016)

3) Third, satisfaction of preparation before surgery has a mid level mean score equal to 3.33.

4) Similarly, satisfaction of post-operative recovery has a mid level mean score equal to 3.33.

The data collected through the in-depth interviews showed that the service users were satisfied if the nursing staff showed concern about hygiene when treating their surgical wounds as well as used special instruments to care of the newly constructed genitals, or organs.

I’ve been following the way she [nurse] showed me [how to clean and conduct dilation] and I’ve had no problems or infections. … once she showed me at the clinic, then she showed me once at the residence, I have not had a single problem doing it. (sic) (MTF20, personal communication, 2017)
5) Fifth and last, satisfaction of surgical procedures has a mid level mean score equal to 3.32 respectively.

The data collected through the in-depth interviews showed that the service users were satisfied with the information they received on the surgical procedures through explanations by their doctors, academic articles and animated films, which were easily understood by those with little medical knowledge or understanding. However, service users were not satisfied with real example photographs of the surgical procedures as these caused the service users to feel fear and concern about their surgery.

I felt very confident. The doctor talked with real concern. They explained the procedure in detail while I looked at pictures. But I didn’t really look at them. I liked better to just listen to what they had to say. (sic) (MTF02, personal communication, 2016)

I, myself, believe what I read in columns [academic articles] … There are those written by foreigners. There are also animations. (sic) (MTF06, personal communication, 2016)

5.3.2.2 Content Satisfaction about Information Concerning Sanatoriums

From the test of hypothesis 5: Service users with different temperaments have different levels of satisfaction with information concerning sanatoriums.

Using the F-test with the hypotheses:

H0: The service users with different temperaments do not have different levels of satisfaction with information concerning sanatoriums.

H1: The Service users with different temperaments have different levels of satisfaction with information concerning sanatoriums.
**Table 5.29** Test Statistics on Content Satisfaction about Information Concerning Sanatoriums for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>2.91</td>
<td>1.46</td>
<td>0.629</td>
<td>0.678</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>3.18</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.93</td>
<td>1.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>3.20</td>
<td>1.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.97</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>3.00</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>529</strong></td>
<td><strong>3.01</strong></td>
<td><strong>1.28</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
1. One member of the sampling did not answer on content satisfaction about information concerning sanatoriums (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.29 show a score equal to 0.678, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have a similar level of content satisfaction about information concerning sanatoriums. It can also be said that service users of each temperament have a similar levels of content satisfaction about information concerning sanatoriums.

When it comes to explaining details as far as content satisfaction about different types of information concerning sanatoriums, the service users had a mid level satisfaction towards overall materials on sanatoriums. The research found that currently the service users were satisfied with: 1) name, address or pictures of the building and location, 2) services and 3) medical and service fees respectively.
Table 5.30  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Satisfaction about Information Concerning Sanatoriums of Service Users

(n=530)

<table>
<thead>
<tr>
<th>Information Concerning the Sanatorium</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address or pictures of the building and location</td>
<td>3.26</td>
<td>1.39</td>
<td>Medium</td>
</tr>
<tr>
<td>Days/times open for service</td>
<td>2.95</td>
<td>1.43</td>
<td>Medium</td>
</tr>
<tr>
<td>Services</td>
<td>3.12</td>
<td>1.42</td>
<td>Medium</td>
</tr>
<tr>
<td>Medical and service fees</td>
<td>3.06</td>
<td>1.45</td>
<td>Medium</td>
</tr>
<tr>
<td>Days/times and special activities on special days</td>
<td>2.67</td>
<td>1.53</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3.01</strong></td>
<td><strong>1.28</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.30 presents the mean score for content satisfaction about information concerning sanatoriums of service users.

1) First, the satisfaction of the name, address or pictures of the building and location has a mid level mean score equal to 3.26.

The data collected through the in-depth interviews showed that the service users were satisfied with the information given concerning name, address or pictures of the location and buildings. This satisfaction did then influence the service users’ choice of a sanatorium to receive service.
I went to Kamol [Kamol Hospital, a private sanatorium] recommended by friends; the others sanatorium didn’t really affect my choice of clinic to have surgery. My friends said it was good. So, I said it was good. (sic) (FTM04, personal communication, 2016)

I chose to go to Kamol [Kamol Hospital, a private sanatorium] as they performed [sex reassignment surgery to transition from a woman to a man], but not many people knew … I, myself, never asked if I was the first Thai transman for Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon], but I saw mostly foreigner went there. (sic) (FTM13, personal communication, 2016)

I was lucky; I could choose a hospital close to my house. (sic) (MTF08, personal communication, 2016)

After I went and talked to the doctor, I felt this place was okay. (sic) (MTF12, personal communication, 2016)

Only PAI [Preecha Aesthetic Institute, a private sanatorium], has performed up to 6,000 of these surgeries. That’s a lot of these operations. They have so much experience because they’ve performed so many of these procedures. That’s why the results are such amazing quality, with zero complications. Practice makes perfect. (sic) (MTF20, personal communication, 2017)

2) Second, satisfaction of the services has a mid level mean score equal to 3.12.

The data collected through the in-depth interviews showed that service users were satisfied with information they felt was important concerning medical equipment and instruments as well as medical personnel. This satisfaction would result in the service users feeling confident in the standards of the sanatoriums.

The hospital has all the instruments. When I went I saw the doctors had assistants. There is an [anesthesiologist]. So, I feel everything meets high standards. (sic) (MTF05, personal communication, 2016)

This [Thai] hospital is the equivalent to any hospital in the United
3) Third, satisfaction of the medical and service fees has a mid level mean score equal to 3.06.

The data collected through the in-depth interviews showed that the Thai service users feel the costs for gender reassignment surgery are high while foreign service users, especially those from the West, are very satisfied with the prices charged in Thailand with the exchange rates and different costs of living as they are.

In America, I cannot afford [sex reassignment surgery], but Dr. Preecha’s [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] charges are quite reasonable. I can undergo more operations done for the same price. (sic) (MTF16, personal communication, 2016)

At a private clinic [in Spain], the price is three time more expensive than in Thailand, but the result is not three time better, obviously. It's three times less. … [Sending an E-mail to Preecha Aesthetic Institute, a private sanatorium, I asked for] information about prices … the prices are very reasonable. (sic) (MTF18, personal communication, 2016)

The quality was top notch and the price was amazing. It was definitely the place to come for the surgery. (sic) (MTF20, personal communication, 2017)

4) Fourth, satisfaction of days/times open for service has a mid level mean score equal to 2.95.

5) Fifth and last, satisfaction of days/times and special activities on special days has a mid level mean score equal to 2.67 respectively.

5.3.2.3 Content Satisfaction Concerning Information about Physicians and Surgeons

From the test of hypothesis 6: Service users with different temperaments have different levels of satisfaction with information about physicians and surgeons.

Using the F-test with the hypotheses:
H0: The service users with different temperaments do not have different levels of satisfaction with information about physicians and surgeons.

H1: The service users with different temperaments have different levels of satisfaction with information about physicians and surgeons.

Table 5.31 Test Statistics on Content Satisfaction Concerning Information about Physicians and Surgeons for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.91</td>
<td>1.47</td>
<td>0.831</td>
<td>0.528</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>3.08</td>
<td>0.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.89</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>3.17</td>
<td>1.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.88</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.78</td>
<td>1.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>529</td>
<td>2.91</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
1. One members of the sampling did not answer on content satisfaction concerning information about physicians and surgeons (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.31 show a score equal to 0.528, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have a similar level of content satisfaction concerning information about physicians and surgeons. It can also be said that service users of each temperament have a similar levels of content satisfaction concerning information about physicians and surgeons.

From the in-depth interviews, this begins with the names of the physicians and will increase as they acquire more information about the physicians as
to their skills in performing gender reassignment surgery and if the genitals or organs that they construct are attractive, similar to natural ones and can function, the service users are satisfied with their physicians and surgeons.

I heard about one doctor from many people. So, I went and searched for information about him on the internet. Then, I considered everything to decide if I would get the answers I wanted. (sic) (FTM19 personal communication, 2016)

The keywords that would make me trust in the skills of the doctor were pretty, natural and fin [Researcher: fin is a slang word for orgasm that is derived from the English word finish.] I think everyone who undergoes sex change considers these three words. (sic) (MTF09, personal communication, 2016)

When it comes to explaining details as far as content satisfaction concerning different types of information about physicians and surgeons, service users had a mid level of satisfaction towards overall materials on sanatoriums. The research found that currently the service users were satisfied with: 1) first and surname, degrees and specialties, 2) experience or contributed advancements or new methods in care and 3) journal publications or conference proceedings respectively, which is the same for disseminating information or answering questions of the media.
Table 5.32  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Satisfaction Concerning Information about Physicians and Surgeons of Service Users

<table>
<thead>
<tr>
<th>Information about Physicians and Surgeons</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and surname, degrees and specialties</td>
<td>3.25</td>
<td>1.45</td>
<td>Medium</td>
</tr>
<tr>
<td>Journal publications or conference proceedings</td>
<td>2.84</td>
<td>1.50</td>
<td>Medium</td>
</tr>
<tr>
<td>Experience and public benefits</td>
<td>2.79</td>
<td>1.49</td>
<td>Medium</td>
</tr>
<tr>
<td>Experience or contributed advancements or new methods in care</td>
<td>2.96</td>
<td>1.49</td>
<td>Medium</td>
</tr>
<tr>
<td>Honors granted by academic institutions, associations or foundations</td>
<td>2.81</td>
<td>1.48</td>
<td>Medium</td>
</tr>
<tr>
<td>Disseminating information or answering questions of the media</td>
<td>2.84</td>
<td>1.51</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Total | 2.91 | 1.34 | Medium |

Note: 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)

2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest

3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.21 presents the mean score for content satisfaction concerning information about physicians and surgeons of service users.

1) First, satisfaction of the first and surname, degrees and specialties has a mid level mean score equal to 3.25.

The data collected through the in-depth interviews showed that service users were the most satisfied when it came to the names of physicians. This satisfaction was further developed as they learned about their surgical skills and expertise. However, it should be noted that the service users did not discuss their
satisfaction when it came to degrees or specialties even though this affects their belief and trust in a surgeon.

I trust the information my friends give me. When they recommend a doctor, I would look for information about him on the internet, and after this, after knowing just his name, I would become more confident about him. But, really, I began to trust him as soon at my friends told me about him … So, really, it all begins with friends. I take what they tell me and look on the internet for more as I believe what I find there even more as friends only know part of it … This [doctor] is good as he has been trained by Dr. Preecha [Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] … When I looked for more information on the internet, I found lots of details, particularly given by people who have undergone surgery performed by him. I also have friends who share what they know after they have had this doctor perform the surgery. (sic) (MTF02, personal communication, 2016)

There is information about Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] and so I have a friend take me. I get information from my friends. They tell me who is good and bad. I listen and remember what they say, but I’ll really only believe my closest friends. (sic) (MTF03, personal communication, 2016)

After saying I was interested in having sex reassignment surgery to transition from a woman to be a man], because my insurance in California [Researcher: a state in the U.S.A.] would pay for it … Then, I found one doctor to perform this and so I immediately decided to go ahead with it. (sic) (MTF05, personal communication, 2016)

When making my choice of doctors, I chose Dr. Kamol [Dr. Kamol ansritum, MD, the name of a plastic surgeon]. Wherever he is located, it doesn’t matter. (sic) (MTF15, personal communication, 2016)

[My friend told me] that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] is the pioneer in this surger [in Thailandy], and has one of the best clinics of the world. … I chose PAI (Preecha Aesthetic Institute, a private sanatorium) because, for me, [it] is the
best option. (sic) (MTF18, personal communication, 2016)

They [Doctors] were both amazing. They were like rock stars for me; that’s how I felt when I saw them. (sic) (MTF20, personal communication, 2017)

In addition, it was found that in the case that a physician had a negative reputation, but was known to skilled in gender reassignment surgical procedures and was still popular among service users, the research results show that service users could still be satisfied with this physician.

Many transwomen go to this doctor, --- [Concealing information: the name of a physician], and everyone reads or hears the news that the doctor is very bad in bedside manner, but they must be brave … Finally, [I] needed to make a change [breast augmentation with] this doctor because my friend told me that he can make the breasts soft. So, I trusted this doctor. (sic) (MTF10, personal communication, 2016)

2) Second, satisfaction of the experience or contributions to advancements or new methods in care has a mid level mean score equal to 2.96.

The data collected from the in-depth interviews showed that with service users were satisfied with the information presenting surgeons’ work, particularly when they could see for themselves examples of the genitals or organs constructed in surgery, which demonstrated a surgeon’s skill. Service users showed satisfaction if the examples appeared natural.

My friend went and had surgery performed by Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon]. When they showed me the results, I thought that it looked very natural and pretty. This made me decide to have surgery with this doctor. (sic) (MTF14, personal communication, 2016)

I wanted it to be the same doctor as the one [whose results] I had seen. It didn’t look ugly like most [results]. Some doctors’ work can be quite
frightening, which is not what I want to look at. (sic) (MTF11, personal
communication, 2016)

[My friend told me] that Dr. Preecha [Assoc. Prof. Dr. Preecha
Tiewtranon, MD, the name of a plastic surgeon] is the pioneer in this surgery
[in Thailand], and has one of the best clinics of the world. … I think Dr.
Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] is
probably the most important doctor in the world [Researcher: Suporn
Technique is a sex reassignment surgical technique for a man to transition to
be a woman developed by Dr. Suporn Wathanyasakul, MD], In fact, I think is
better to go to the master than theier student. (sic) (MTF18, personal
communication, 2016)

3) Third, satisfaction of the journal publications or conference
proceedings has a mid level mean score equal to 2.84.

The data collected from the in-depth interviews with foreign
service users show they were satisfied with information provided academic work
related to gender reassignment surgery. The academic articles and papers medical
terminology published in journals or presented at conferences would be in English
and use. Thus, those who read such material must have a good command of English.

[I] believe, it's academic, definitely. I love reading academic papers and
studies and things like that. (sic) (MTF20, personal communication, 2017)

4) Similarly, satisfaction of disseminating information or
answering questions of the media has a mid level mean score equal to 2.84.

5) Fifth, satisfaction of honors granted by academic institutions,
associations or foundations has a mid level mean score equal to 2.81.

6) Sixth and last, satisfaction of experience and public benefits
has a mid level mean score equal to 2.79 respectively.
5.3.3 Content Interaction and Service Users’ Temperaments

This part discusses the interaction towards messages/content as follows: 1) interaction with medical information and facts, 2) interaction with information concerning sanatoriums and 3) information about physicians and surgeons due to service user temperament.

Table 5.33 Summary of Statistical Analysis of Mean, Standard Deviation (S.D.) and Meaning of Interaction Towards Messages/Content of Service Users (n=530)

<table>
<thead>
<tr>
<th>Message/Content</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical information and facts</td>
<td>2.65</td>
<td>1.54</td>
<td>Medium</td>
</tr>
<tr>
<td>Information concerning sanatoriums</td>
<td>2.39</td>
<td>1.54</td>
<td>Low</td>
</tr>
<tr>
<td>Information about physicians and surgeons</td>
<td>2.13</td>
<td>1.53</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.33 that presents the mean score for interaction of messages/content on the gender reassignment health service industry shows that:

1) First, service users have interaction with content presenting medical information and facts.
2) Second, service users have interaction with content presenting information concerning the sanatorium.
3) Third, service users have interaction with content presenting information about physicians and surgeons respectively.

For this research, the results concerning the three types of messages/content mentioned above are applied to test the research hypotheses using statistical analysis:
Service users who have different temperaments also have different interaction towards content according to the analysis of the descriptive statistics on interaction towards content, including mean and Standard Deviation (S.D.) along with the analysis of data of interaction towards content collected through the in-depth interviews, which are presented in detail below.

5.3.3.1 Content Interaction Concerning Medical Information and Facts

From the test of hypothesis 7: Service users with different temperaments interact differently with medical information and facts.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with medical information and facts.

H1: Service users with different temperaments interact differently with medical information and facts.

Table 5.34 Test Statistics on Content Interaction Concerning Medical Information and Facts for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.44</td>
<td>1.65</td>
<td>0.571</td>
<td>0.723</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>2.59</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.78</td>
<td>1.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.69</td>
<td>1.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.67</td>
<td>1.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>2.76</td>
<td>1.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>527</td>
<td>2.65</td>
<td>1.54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. Three members of the sampling did not answer on content interaction concerning medical information and facts (Missing = 3)

2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.
The results for the F-test applying ANOVA analysis presented in table 5.34 show a score equal to 0.723, which is more than the required significance 0.05 (Sig. >.05) proving the acceptance of H0 that the service users with different temperaments have a similar level of content interaction concerning medical information and facts. It can also be said that service users of each temperament have a similar level of content interaction concerning medical information and facts.

From the in-depth interviews, they are open to receiving medical information and facts concerning gender reassignment surgery, including from transgender persons. If a transgender person asks for information to help them make a decision to whether to undergo gender reassignment surgery or not, they are happy to share what they learn with others.

I won’t say anything if no one comes and asks, but if a trans friend comes and asks, I will tell them, or if someone is going to have surgery, I will tell them what I know. But I will choose; it doesn’t mean if some man comes and asks, I’ll tell them. But if they are really going to have the surgery, I will tell them. (sic) (MTF06, personal communication, 2016)

When it comes to explaining details as far as content interaction concerning different types of medical information and facts, service users will interact with this overall material at a mid level. This research found that currently service users interact with content concerning: 1) general surgical information, 2) preparation before surgery and 3) post-operative recovery respectively.
Table 5.35  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Interaction Concerning Medical Information and Facts of Service Users (n=530)

<table>
<thead>
<tr>
<th>Medical Information and Facts</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgical information</td>
<td>2.78</td>
<td>1.63</td>
<td>Medium</td>
</tr>
<tr>
<td>Preparation before surgery</td>
<td>2.66</td>
<td>1.63</td>
<td>Medium</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>2.61</td>
<td>1.62</td>
<td>Medium</td>
</tr>
<tr>
<td>Post-operative recovery</td>
<td>2.63</td>
<td>1.64</td>
<td>Medium</td>
</tr>
<tr>
<td>Photographic examples of those who have undergone surgery</td>
<td>2.56</td>
<td>1.72</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.65</strong></td>
<td><strong>1.54</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.35 presents the mean score for content interaction concerning medical information and facts.

1) First, the interaction of the general surgical information has a mid level mean score equal to 2.78.

The data collected from the in-depth interviews showed that a large majority have interaction with general information on surgery as service users will share the information they collect through the different channels to consult with others they are close to and trust such as members of their family, friends and doctors. They will also conduct their own surveys and analysis.

Once I had some information, I discussed this with my partner. This consulted a doctor, and no one else. I didn’t talk about this with friends. Some
of them didn’t even know I had had surgery or when because I didn’t tell them. (sic) (MTF05, personal communication, 2016)

When I asked a lot of different friends in different groups, I then analyzed what was said as I have female friends, and I wanted to know how I felt as a woman [when having sexual relations] and how deep [was the vagina] or other things. What were the effects? (sic) (MTF09, personal communication, 2016)

In addition, it was found that in the case of a few service users, when they checked for information, they found inaccuracies that was disseminated in different content that then had to be corrected, which they would then share with other service users.

For any information that is posted in the community, I’m the one who has to check and confirm it because when I have read, I might feel that it isn’t right. It is different to what I already know or isn’t correct. I will then correct it and add information, and I will then discuss this with the community … I’ll let them know that the information is correct and has been updated. (sic) (FTM19, personal communication, 2016)

My first research aimed at finding out as much as I could about the science or equivalent. I found a complete science section on the website [susans.org] related to the topic transgender. (sic) (MTF20, personal communication, 2017)

2) Second, interaction with preparation before surgery has a mid level mean score equal to 2.66.

The data collected from the in-depth interviews showed that service providers will get details about preparation from those with personal experience or from previous surgery.

[I told a friend of a friend who came asked about] technique before surgery [sex reassignment from a man to a woman], what medicine they should take. (sic) (MTF11, personal communication, 2016)
3) Third, interaction with the post-operative recovery has a mid level mean score equal to 2.63.

The data collected from the in-depth interviews show that service users who fear surgery, when they meet someone who is recovering from surgery and persons tell them to be it is safe and do not show their symptoms of pain. This will encourage the service users to decide to have the surgery.

I already wanted to have [gender reassignment surgery] for a long time, but I wanted to see it myself. So, I went to visit a friend at PAI [Preecha Aesthetic Institute, a private sanatorium]. The same day I went, I also booked my place [in the queue for surgery]. The friend who had just had the surgery talked normally and was not in much pain. If he could do it, why couldn’t I? (sic) (FTM01, personal communication, 2016)

In addition, some service users who had undergone gender reassignment previously will go visit others who have just had the surgery to share information of their own recovery.

I went and visited her [in the hospital] and we talked about some of the aspects that she’d experienced later during surgery, recovering from surgery and afterwards, information that she doesn’t have. And I was happy to share with her. (sic) (MTF20, personal communication, 2017)

4) Fourth, interaction with the surgical procedures has a mid level mean score equal to 2.61.

The data collected from the in-depth interviews show that service users will will search for and study information concerning gender reassignment surgical procedures to gain basic knowledge so they consult with the surgeon when they have their appointment.
I will check [information] before I go to consult with my doctor. Once I understand the basics, I can talk with them just like gaining confidence from any other persons. (sic) (FTM13, personal communication, 2016)

5) Fifth and last, interaction with photographic examples of those who have undergone surgery has a mid level mean score equal to 2.56 respectively.

The data collected from the in-depth interviews show the majority who did not want to be a part of advertising to gain promotional benefits would not display newly constructed genitals, sexual organs, from surgery for public viewing because this is a personal matter. However, they would be happy to display their new organs to close friends to help them decide.

I had surgery, but I didn’t show anyone … because I think this is personal and private. I don’t want to reveal much at all … [but, while] personal, if I meet a friend, we can share looking at each other. (sic) (FTM19, personal communication, 2016)

As a matter of courtesy, service users will not directly criticize a new organ with its owner, but they will consult about this with other friends.

I won’t comment about [a new organ] with the owner, but will comment with other friends. (sic) (MTF09, personal communication, 2016)

5.3.3.2 Content Interaction with Information Concerning Sanatoriums

From the test of hypothesis 8: Service users with different temperaments interact differently with information concerning sanatoriums.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with information concerning sanatoriums.

H1: Service users with different temperaments interact differently with information concerning sanatoriums.
Table 5.36  Test Statistics on Content Interaction with Information Concerning Sanatoriums for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>2.49</td>
<td>1.61</td>
<td>1.218</td>
<td>0.299</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.45</td>
<td>1.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.44</td>
<td>1.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.54</td>
<td>1.64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.12</td>
<td>1.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.50</td>
<td>1.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>529</strong></td>
<td><strong>2.39</strong></td>
<td><strong>1.54</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. One members of the sampling did not answer on content interaction with information concerning sanatoriums (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.36 show a score equal to 0.299, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have a similar level of content interaction with information concerning sanatoriums. It can also be said that service users of each temperament have a similar level of content interaction with information concerning sanatoriums.

From the in-depth interviews with service users, they are open to receiving content about sanatoriums disseminated through different channels, the most popular currently being social media. They will then use this information when consulting with good friends to gain greater confidence.
Usually, I look at reviews [on the internet]. Usually, that’s all I read … Once I have the information from social media, I’ll go and ask friends if they have had it done. I look for good information and then talk again with friends. (sic) (MTF12, personal communication, 2016)

When it comes to explaining details as far as content interaction about different types of information concerning sanatoriums, service users will interact with this overall material at a low level. This research found that currently service users interact with content concerning: 1) name, address or pictures of the building and location, 2) services offered by the sanatoriums and 3) medical and service fees respectively.

**Table 5.37** Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Interaction with Information Concerning Sanatoriums of Service Users (n=530)

<table>
<thead>
<tr>
<th>Information Concerning the Sanatorium</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address or pictures of the building and location</td>
<td>2.56</td>
<td>1.67</td>
<td>Low</td>
</tr>
<tr>
<td>Days/times open for service</td>
<td>2.31</td>
<td>1.65</td>
<td>Low</td>
</tr>
<tr>
<td>Services</td>
<td>2.48</td>
<td>1.65</td>
<td>Low</td>
</tr>
<tr>
<td>medical and service fees</td>
<td>2.45</td>
<td>1.68</td>
<td>Low</td>
</tr>
<tr>
<td>Days/times and special activities on special days</td>
<td>2.14</td>
<td>1.67</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.39</strong></td>
<td><strong>1.54</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)

2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest

3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
Table 5.37 presents the mean scores for content interaction with information concerning sanatoriums of service users:

1) First, interaction with the name, address or pictures of the building and location has a low level mean score equal to 2.72.

The data collected from the in-depth interviews show that service users will take the information concerning the standards of the sanatorium to share with friends. In addition, using this to help friends in their decision making about having surgery in the future, it can serve as a confidence reinforcement in their own decision making.

Before I had [sex reassignment surgery to change from a man to be a woman], I visited the doctor two to three times to get medicine … Then, I went back and talked with my friends and answered questions about the clinic. [I told them] it was good, clean, had a large building that was immaculate and lots of clients. With foreign [clients], I felt even more confident. (sic) (MTF02, personal communication, 2016)

2) Second, interaction with services has a low level mean score equal to 2.48.

3) Third, interaction with medical and service fees has a low level mean score equal to 2.45.

The data collected from the in-depth interviews show that when service users know the costs for treatments and other services offered by the sanatorium they select, they do not have to be the cheapest prices, but it should be the best at an affordable price in the service users’ minds.

When comparing [prices], I’ll look at three or four places, even though I’m pretty sure where I will choose. I just think it’s good to look at a few. I just want to compare prices. (sic) (MTF09, personal communication, 2016)

Yanhee [Yanhee Hospital, a private sanatorium] is cheaper and I could there to recuperate. It’s a hospital with an anesthesiologist. It’s a complete hospital. When I had my operation to remove my breasts [mastectomy], it cost
55,000 baht, the same as it would cost [at a clinic] in Pratunam district where many choose to go as it’s 50,000 baht. But you cannot stay to recuperate. They let you stay for just a couple of hours. So, I’m willing to pay the 5,000 baht more. (sic) (FTM13, Personal communication, August 24, 2016)

PAI [Preecha Aesthetic Institute, a private sanatorium] has a better price than a lot of other Thai surgeons. If you look at it realistically, it offers better results, better quality and less complications. And the fact that it’s done at a hospital, the quality of care is better from the beginning to end. This is a top note. This hospital is the equivalent of any hospital in the United States. (sic) (MTF20, personal communication, 2017)

4) Fourth, interaction with the days/times open for service has a low level mean score equal to 2.31.

5) Fifth and last, interaction with the days/times and special activities on special days has a low level mean score equal to 2.14 respectively.

5.3.3.3 Content Interaction Concerning Information about Physicians and Surgeons

From the test of hypothesis 9: Service users with different temperaments interact differently with information about physicians and surgeons.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with information about physicians and surgeons.

H1: Service users with different temperaments interact differently with information about physicians and surgeons.
Table 5.38  Test Statistics on Content Interaction Concerning Information about Physicians and Surgeons for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.36</td>
<td>1.66</td>
<td>0.761</td>
<td>0.578</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.13</td>
<td>1.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.21</td>
<td>1.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.12</td>
<td>1.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.97</td>
<td>1.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.11</td>
<td>1.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>529</strong></td>
<td><strong>2.13</strong></td>
<td><strong>1.53</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. One members of the sampling did not answer on content interaction concerning information about physicians and surgeons (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.38 show a score equal to 0.578, which is more than the required significance 0.05 (Sig. > .05) proving the acceptance of H0 that the service users with different temperaments have a similar level of content interaction concerning information about physicians and surgeons. It can also be said that service users of each temperament have a similar level of content interaction concerning information about physicians and surgeons.

From the in-depth interviews with service users, they give high importance to information concerning physicians and will thus have high interaction. The service users will search for information provided in various formats and available through different channels and will share this information to make comparisons to determine what is correct. This is especially true when it comes to the physicians’ skill a presented through the results of their work.
The most important thing is the skill of the doctor. This is what I mostly search for. I check reviews on the internet about the doctors. I’ll use Google[.com] and then print out the names of the ones mentioned. I’ll learn who has gone to which doctor, and I’ll look at their reviews before I look at the reviews on the internet. After that I’ll compare them. (sic) (MTF09, personal communication, 2016)

When it comes to explaining details as far as content interaction concerning different types of information about physicians and surgeons, service users will interact with this overall material at a low level. This research found that currently service users interact with content concerning: 1) first and surname, degrees and specialties, 2) experience or contributed advancements or new methods in care and 3) disseminating information or answering questions of the media respectively.

Table 5.39  Statistical Results for Means, Standard Deviation (S.D.) and Meaning for Content Interaction Concerning Information about Physicians and Surgeons of Service Users

<table>
<thead>
<tr>
<th>Information about Physicians and Surgeons</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and surname, degrees and specialties</td>
<td>2.43</td>
<td>1.70</td>
<td>Low</td>
</tr>
<tr>
<td>Journal publications or conference proceedings</td>
<td>2.07</td>
<td>1.62</td>
<td>Low</td>
</tr>
<tr>
<td>Experience and public benefits</td>
<td>2.01</td>
<td>1.61</td>
<td>Low</td>
</tr>
<tr>
<td>Experience or contributed advancements or new methods in care</td>
<td>2.15</td>
<td>1.66</td>
<td>Low</td>
</tr>
<tr>
<td>Honors granted by academic institutions, associations or foundations</td>
<td>2.01</td>
<td>1.63</td>
<td>Low</td>
</tr>
</tbody>
</table>
Table 5.39 (Continued)  

<table>
<thead>
<tr>
<th>Information about Physicians and Surgeons</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminating information or answering questions of the media</td>
<td>2.10</td>
<td>1.66</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.13</strong></td>
<td><strong>1.53</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

The results for the F-test applying ANOVA analysis presented in table 5.38 show mean scores for content interaction concerning information about physicians and surgeons of service users:  

1) First, interaction concerning the first and surname, degrees and specialties has a low level mean score equal to 2.43.  

The data collected through the in-depth interviews showed that their interaction with information giving the names of physicians would have a link between a physician’s name and surgical skills or expertise and those persons who have had direct experience with their physicians. Those with direct experience will provide information of well-known physicians and tell about their experience, both good and bad.

The latest is [I] was asked a question on IG [Instagram] by one person and another asked through LINE [chat application] They were friends of friends … [I] told them that the doctor was good as well as has some bad points. (sic) (MTF11, personal communication, 2016)
In these cases, when service users access information concerning a satisfactory well-known physician through the internet along with information from friends, the research shows that the service users will then consult or tell friends what they have learned to help increase their confidence when deciding which physician to choose.

I went and looked for information on the internet. Then, I went to talk to friends telling what I had learned. They then said that [this doctor] is okay … This helped me feel more confident. So, I decided to choose this doctor. (sic) (MTF02, personal communication, 2016)

In addition, service users will share the information of well-known physicians to others to help them when they have had good direct experience. There seems to be a trend that service users will recommend the physician they used.

Everyone would cheer their own doctor. They all said they were good, but I still had to find who I thought was better, who would best satisfy me. (sic) (MTF09, personal communication, 2016)

Service users will share information about well-known doctors that they were told by others with direct experience. Then, after learning about a number of physicians, they can compare them before making their decision. It should be noted that service users are not interested in or check information concerning the degrees, licenses or specialties of the physicians even though it could help support their decision and, thus, should be given more importance.

When comparing PAI [Preecha Aesthetic Institute, a private sanatorium], I tried to [search for information on] Suporn [Dr. Suporn’s Clinic, a private sanatorium] … and in Spain, Dr.Mañero [Researcher: Dr.Ivan Mañero, MD, head of the Gender Disorders Unit of the Hospital Clínico of Barcelona] … I saw a lot of pictures of their results on the internet, PAI
website and Dr. Suporn’s website, and consulted Dr. Mañero at his clinic [in Spain]. … I saw a lot of results. (sic) (MTF18, personal communication, 2016)

[Who is] the best [doctor?]. They do [ask] that on my website [susans.org], too. There is always a strong debate about who the best doctor is, or who or where is the best place to go for specific surgical procedures. (sic) (MTF20, personal communication, 2017)

2) Second, interaction concerning the experience or contributed advancements or new methods in care has a low level mean score equal to 2.15.

The information collected from the in-depth interviews showed that they will be interested in information concerning the work of physicians that has been uploaded on the internet and been discussed personally by those with direct experience. This will then have the greatest influence on service users’ decision making when selecting a physician.

I began by learning who went to which doctor. Then, I looked at the reviews … Then, look at other reviews on the internet to make comparisons with the true facts which I got personally from people who had gone themselves … I won’t comment about [a new organ] with the owner, but will comment with others about it. (sic) (MTF09, personal communication, 2016)

I have friends who already had surgery with Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon]. They showed me what he had done and it felt and looked so real. After that, I decided to have the surgery performed by this doctor. (sic) (MTF14, personal communication, 2016)

I used the internet to contact friends [those persons with direct experience] before making my decision. It didn’t take much time, but I’m close with them. Plus, I had information already. I just wanted to hear a guarantee [of the work of the physician I was choosing] from my friends. (sic) (FTM04, personal communication, 2016)
3) Third, interaction concerning disseminating information or answering questions of the media has a low level mean score equal to 2.10.

4) Fourth, interaction concerning journal publications or conference proceedings has a low level mean score equal to 2.07.

5) Fifth, interaction concerning honors granted by academic institutions, associations or foundations has a low level mean score equal to 2.01.

6) Similarly, interaction concerning experience and public benefits has a low level mean score equal to 2.01 respectively.

5.3.4 Messages/Content of IMC that Service Users Want to Emphasize or Expand to Help in Decision Making

From the data collected from the sampling through the in-depth interviews and statistical analysis of the answers from the closed-questionnaire, the research analyzed what content the service users want emphasized or expanded to help them in the decision making to have gender reassignment surgery and health service in Thailand and found the following:

1) First, they want information concerning guarantees for satisfaction or post operative services at the highest percentage, 34 percent.

   I want information that tells about each doctor and the techniques they employ, how they do it, what the results are, if the genitals can be really used [can the vagina be operated on again], is there constriction, is there a guarantee for quality and what about appearance. (sic) (MTF06, personal communication, 2016)

   I want medical updates about new surgeries, new surgical techniques which will cause a small wound or will look more attractive. This information, they just don’t provide. (sic) (MTF09, personal communication, 2016)
2) Second, they want information about diseases that can be incurred from surgery at a percentage of 31.5 percent.

In the case of a problem, which I have direct experience, a friend who had surgery still has a wound that has not healed … They can have an organism, but still has a problem peeing. They cannot control this and so need to wear something like a sanitary napkin. So, I want to know if a problem comes up like this, how can it be fixed. The doctor has tried to fix this two or three times, but hasn’t been able to do it. (sic) (MTF09, personal communication, 2016)

I learned that some who have sex reassignment as teenagers when their body isn’t fully developed do not completely evolve. Their anatomical development stops. Some people are mentally impaired [low intelligence] and they forget easily. But I don’t think that is true for everyone. (sic) (MTF12, personal communication, 2016)

With transgender FTM [Female to Male], they will have some illnesses suffered by women, like cervical or uterine cancer. This is something women can get. Some studies said that transmen who undergo testosterone hormone treatment can also be more susceptible to uterine cancer, but other research argues that all women have equal chance to suffer from uterine cancer, not because of taking testosterone hormone. (sic) (FTM19, personal communication, 2016)

In Spain, government health services don't recognize the trans vagina as a genital. [They take care of transwomen] like a woman without a real genital and without sexuality. Only two or three doctors in all of the country are interested in learning about this (sic) (MTF18, personal communication, 2016)

I think that there needs to be more concern about post-surgery stuff that someone might have to deal with. A good example is for the inside [Vagina], which has to be cleaned. Recovery aspects are not explained to transgender people enough before surgery, … So, many go home without being told about anything, and they are very concerned about things like this, like dealing with yeast infection. … Even though this may be more about
women’s issue, it’s still a transgender issue, too. … For post-surgery, the doctor should communicate about this. These things are expected, this type of communication, that doctors are better at explaining. (sic) (MTF20, personal communication, 2017)

3) Third, they want information about the use of genitals or organs constructed in gender reassignment surgery at a percentage of 31.3 percent.

I want to know about smells [that could come from a vagina constructed in surgery], if it will it be the same as a woman’s. I can’t find this information anywhere. (sic) (MTF07, personal communication, 2016)

There is some information I’m just not sure about, like after surgery, how will I be able to use my new organs. From where will my urine come? When I have sex, how will it be? How can I take myself to orgasm? No one talks about this. (sic) (MTF08, personal communication, 2016)

4) Fourth and last, other information they want includes learning specific prices and costs for everything, the safety of surgery, how to prepare before surgery and what life will be like after surgery, how to care for wounds following surgery and the mental health of transgender persons, all at the lowest percentage of 3.1 percent respectively.

(1) Pre-surgery preparation

The data collected from the in-depth interviews showed that transmen want information on hormone treatment to be emphasized or expanded so they can prepare themselves before undergoing sex reassignment surgery.

There are a lot of transmen who go and buy hormones to treat themselves. I understand they want to have a build like a man, but how much do they understand themselves and their body before starting this? There is a lot of information available; usually, it can be found on the internet. They can also go and ask others, learn what is right and wrong. Some of the information can be wrong as it comes from word of mouth. Some will post information
themselves without checking with a doctor whether it is correct or not. (sic) (FTM13, personal communication, 2016)

Right now, there is a problem; a child of just over 10 years of age … bought hormones and injected themselves. There is a black market, you know … There is a group who will sell the hormones to kids … The seller told them to inject a certain amount. When I was injected by the doctor, they didn’t inject as much. Then, I wondered what would happen. I didn’t know … This was steroids, one kind of hormone. But they just injected themselves, without knowing what the side effects would be. If you ask why they wanted to do this, I think because they wanted to look handsome. But when I injected the hormones, I didn’t get handsome; I got bad acne. They go to look at net idols a lot. Some of them look handsome from sex change and the kids daydream about this for themselves. They think they have to look as handsome as net idols. Why don’t they look at pictures of people who have lots of acne appear, or oily facial skin, hair falling out, going bald like this. They should search for the truth. (sic) (FTM19, personal communication, 2016)

(2) Life after surgery

The data collected from the in-depth interviews showed that transwomen want information on hormone treatment to be emphasized or expanded on taking hormones after surgery to live their life.

[The physician] did not tell me … At first I thought the hormones were not important, but then I had problems with my mood. During the first month, my moods were change quickly. I would get irritated quickly. Then, I learned that if you don’t take hormones in sex reassignment, you can go crazy. So, finally, I took the hormones and I became someone who didn’t feel stressed out easily. (sic) (MTF11, personal communication, 2016)

I knew I had to take hormones the first month after surgery. But I didn’t know how to ingest it, what to take or what the dose should be. I mean everyone is different. Our bodies are different. I needed to go and check because I could get a liver infection. How much should I take, or should I
reduce the amount? I couldn’t find this information. (sic) (MTF14, personal communication, 2016)

This is more about not taking the hormones the right way. What I want to tell others is they should go consult a doctor. I went to a doctor for blood tests to see if the hormones had increased … but [transwomen] don’t usually consult doctors because they charge a lot for a consultation. So, they ask friends and then do what they say, but sometimes, our bodies aren’t the same and so we shouldn’t be having the same hormone treatment. Sometimes, they could overdose or when they have taken some, it doesn’t give the right support. Sometimes, this can be why others take hormones and they don’t work. (sic) (MTF15, personal communication, 2016)

(3) Treating wounds during post operative recovery

What I think is missing is how to care for yourself after surgery. This is something you have to talk about with other persons as doctors don’t always seem to have the time to answer … This is the criticism of all doctors because when working, they do this, which is like using cotton to absorb a liquid. But once trans people go home, their doctors don’t know they could start to go crazy as they sit and use a mirror to look at their wounds. They’ll lie there and wonder why they look the way they do. They’ll wonder what they should do, if this is how it is going to be. Sometimes, when they repack the wound, the swelling may look worse. It may seem more constricted. And then, next time, it can look even more swollen. So, I want to get information about how to care for myself after surgery. There is only one doctor who provides this, Dr. Theerapong [Dr. Theerapong Boonyakariyakorn, MD, the name of a plastic surgeon]. His website has actual pictures from recent surgery. It tells how to care for this? How to use saline solution, how to pack it, how to sit on a toilet; he shows it all … I want other doctors to do this, for this to be the standard. Or they could make a handbook that tells everything to do once you go home. (sic) (MTF14, personal communication, 2016)
(4) Mental health

My time being active in support groups in America … has thought me a lot about transsexualism and gender dysphoria. I also discovered that almost all transgender people have some degree of mental health issues. Some are very much out of touch with reality and the real world. I feel there is not enough good mental support and therapy for pre op [before an operation] for transgender people. Letters to allow surgery are written without giving much thought to the results of the post op [following surgery]. Many mistakes have been made and I know of many who ended their life following surgery. (sic) (MTF16, personal communication, 2016)

The details displayed in table 5.40

<table>
<thead>
<tr>
<th>Content that Service Users want to Emphasize or Expand to Help in Decision Making</th>
<th>Gender Identity</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using genitals or organs constructed in gender reassignment surgery</td>
<td>Transwoman</td>
<td>238</td>
<td>31.3</td>
</tr>
<tr>
<td></td>
<td>Transman</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Transgender</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>338</td>
<td></td>
</tr>
<tr>
<td>Diseases that can be incurred from surgery</td>
<td>Transwoman</td>
<td>222</td>
<td>31.5</td>
</tr>
<tr>
<td></td>
<td>Transman</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Transgender</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>340</td>
<td></td>
</tr>
<tr>
<td>Guarantees for satisfaction or post operative services</td>
<td>Transwoman</td>
<td>259</td>
<td>34.0</td>
</tr>
<tr>
<td></td>
<td>Transman</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Transgender</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>368</td>
<td></td>
</tr>
<tr>
<td>Other information</td>
<td>Transwoman</td>
<td>16</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>Transman</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Transgender</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>735</strong></td>
<td><strong>276</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>
5.4 Media Exposure, Satisfaction and Interaction and Service Users’ Temperaments

This data was collected during the in-depth interviews with the sampling and answers a questionnaire with close-ended questions using a statistical methodology. The research found that when transgender persons show interest in gender reassignment surgery, they will begin to conduct an information search (Kotler, 2003) of the service buying decision process. During this information seeking process, their behavior according to media exposure, satisfaction and interaction will include: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events according to their temperament, which will now be covered under the following four headings:

5.4.1 Media Exposure and Service Users’ Temperaments
5.4.2 Media Satisfaction and Service Users’ Temperaments
5.4.3 Media Interaction and Service Users’ Temperaments
5.4.4 Channels of IMC That Service Users Want to Emphasize or Expand to Help in Decision Making

5.4.1 Media Exposure and Service Users’ Temperaments

This part discusses the exposure towards channels, including: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events due to service user temperament.
Table 5.41  Summary of Statistical Analysis of Mean, Standard Deviation (S.D.) and Meaning of Exposure Towards IMC Channels of Service Users (n=530)

<table>
<thead>
<tr>
<th>IMC Channels</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>2.38</td>
<td>1.07</td>
<td>Low</td>
</tr>
<tr>
<td>Personal communication</td>
<td>2.99</td>
<td>1.11</td>
<td>Medium</td>
</tr>
<tr>
<td>Direct marketing Communication</td>
<td>1.58</td>
<td>1.38</td>
<td>Least</td>
</tr>
<tr>
<td>Public relations</td>
<td>2.61</td>
<td>1.21</td>
<td>Medium</td>
</tr>
<tr>
<td>Sales promotion and special events</td>
<td>2.10</td>
<td>1.34</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.41 that presents the mean scores for exposure towards channels on the gender reassignment health service industry shows that:

1) First, service users have exposure towards personal communication.
2) Second, service users have exposure towards public relations.
3) Third, service users have exposure towards advertising.
4) Fourth, service users have exposure towards sales promotion and special events.
5) Fifth, service users have exposure towards direct marketing communication respectively.

For this research, the results concerning the five types of channels mentioned above are applied to test the research hypotheses using statistical analysis: Service users who have different temperaments also have different exposure towards channels according to the analysis of the descriptive statistics on exposure towards channels, including mean and Standard Deviation (S.D.) along with the analysis of data of
exposure towards channels collected through the in-depth interviews, which are presented in detail below.

5.4.1.1 Media Exposure Towards Advertising

From the test of hypothesis 10: Service users with different temperaments have different exposure to advertising.

Using the F-test with the hypotheses:

H0: Service users with different do not have different exposure to advertising.

H1: Service users with different temperaments have different exposure to advertising.

**Table 5.42** Test Statistics on Media Exposure Towards Advertising for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.52</td>
<td>1.28</td>
<td>1.435</td>
<td>0.210</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.27</td>
<td>1.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.50</td>
<td>1.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.32</td>
<td>1.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.22</td>
<td>1.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.48</td>
<td>0.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>529</td>
<td>2.38</td>
<td>1.07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. One members of the sampling did not answer on media exposure towards advertising (Missing = 1)

2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.42 show a score equal to 0.210, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different
temperaments have a similar media exposure towards advertising. It can also be said that service users of each temperament have a similar levels of media exposure towards advertising.

Furthermore, the data collected from the in-depth interviews with service users show that they have a similar media exposure as it was found that currently there is a large amount of advertising for gender reassignment surgery and health services for transwomen being disseminated through both traditional and new media using both direct advertising and product placement.

Right now, there is a lot of advertising about sex change from a man to a woman in print and social media. There are also billboards as well as radio and television. You can say you can find it on all channels. (sic) (MTF03, personal communication, 2016)

As far as surgery for transmen, as this is still something new in Thailand, advertising is just in the introductory, or early stages. A Thai preparing to undergo gender reassignment surgery from female to male talked about advertising for transmen in the past.

At that time, there was communication telling that [Yanhee Hospital, a private sanatorium] performed this surgery … I heard that [Yanhee Hospital, a private sanatorium] through rumors, but I wasn’t sure they performed sex change for a woman to be a man. (sic) (FTM13, personal communication, 2016)

However, currently advertising can be found on gender reassignment surgery for transmen on websites and through social media.

Advertising for FTM (female to male) for Yanhee [Yanhee Hospital, a private sanatorium] and Siamese [Siamese Clinic, a private sanatorium] has been out for the past two or three months. (sic) (FTM19, personal communication, 2016)
When it comes to explaining details as far as media exposure towards different types of advertising, overall, the service users are open to advertising to a low level extent. The research found that currently service users are open to advertising found 1) on social media, 2) on websites and 3) printed in magazines respectively for the top three in descending order. Print advertising in magazines was the first generation of advertising for gender reassignment surgical service. Today, though, its role has been reduced as advertising was placed more and more on websites of sanatoriums with the advent of the internet. As this technology has advanced and introduced two-way, social media communication, this has now become the most popular as service users employ social media where they can find a lot of different content. For example, many persons with direct experience with gender reassignment surgery use social media to share what they know with other service users.

<table>
<thead>
<tr>
<th>Advertising</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>On television</td>
<td>2.32</td>
<td>1.68</td>
<td>Low</td>
</tr>
<tr>
<td>On radio</td>
<td>1.19</td>
<td>1.34</td>
<td>Least</td>
</tr>
<tr>
<td>In newspapers</td>
<td>1.62</td>
<td>1.48</td>
<td>Least</td>
</tr>
<tr>
<td>In magazines</td>
<td>2.34</td>
<td>1.58</td>
<td>Low</td>
</tr>
<tr>
<td>On billboards</td>
<td>1.80</td>
<td>1.53</td>
<td>Least</td>
</tr>
<tr>
<td>On out-of-home signage</td>
<td>1.69</td>
<td>1.55</td>
<td>Least</td>
</tr>
<tr>
<td>On websites</td>
<td>3.98</td>
<td>1.38</td>
<td>High</td>
</tr>
<tr>
<td>On social media</td>
<td>4.08</td>
<td>1.37</td>
<td>High</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.38</strong></td>
<td><strong>1.07</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure) 2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest 3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean. If it exceeds this, it should be noted in the distribution of the data
From table 5.43, which presents the mean scores for media exposure towards advertising of service users with different temperaments, it was found that:

1) First, exposure to advertising on social media has a high level mean score equal to 4.08.

The data collected from the in-depth interviews shows that service users are very open to advertising on social media, like digital banners of the sanatoriums that purchase the advertising as well as postings on web boards by persons with direct experience in gender reassignment. Another popular term for this is a review. Here, they will offer their opinions about a sanatorium’s service as well as the results of surgeons who perform gender reassignment surgical procedures. These will be found in the form of reviews as well as indirect product placement or through advertising messages that can offer testimonial evidence. Often times, service users can not separate the reviews to determine if they are true or biased, like an advertisement message hidden within the posting.

Sometimes, on social media, people are hired to do some PR to find a case. Someone has actually asked a question for the ones who do this, we can’t be sure they actually have direct experience or not. (sic) (MTF03, personal communication, 2016)

In addition, there are cases where the representative of a sanatorium or a physician provides information for a review that is distorted to overcome their competitor for commercial gain.

[For susans.org,] When you allow people to create an account without needing anything but an E-mail address, you have no way to verify that this person is who they say they are. … If the person who is writing is pretending to someone else, they can either support what someone says or they can speak badly about others. … One of the problems that we have is representatives from some of the clinics posting bad information about other doctors. … We’ve actually introduced a policy that if we ever catch a doctor doing this, you know, or a clinic or even just a representative of the clinic, if we find
some of this going on and posting bad things about other doctors, then we’ll ban all discussion of that doctor for up to a year. … It’s the internet, everybody should make sure that they do their own research and not rely a lot on what others say. (sic) (MTF20, personal communication, 2017)

Social media is now the most popular communication among transgender persons as they are open to finding information concerning gender reassignment surgery and health services. Some websites in Thailand are dungdong.com and meedmor.com. Foreign websites that interest transgender persons include lynnconway.com and susans.org.

I have to find information myself. So, I go to the websites dungdong.com and meedmores.com. There are a lot doing breast surgery … I think the website of doctors don’t have much information. They just offer the basics. (sic) (MTF10, personal communication, 2016)

If you look at foreign websites, then there are lynnconway.com and susans.org. There were many [doctors] listed but not many from Thailand. The was Professor Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon], Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon], Dr. Chettawut [Dr. Chettawut Tulatapanich, MD, the name of a plastic surgeon], Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon] and Dr. Saran [Dr. Saran Wannachamras, MD, the name of a plastic surgeon], who I then looked up. (sic) (MTF14, personal communication, 2016)

Definitely, surgery [is the top topic on my website, susans.org] … 90 percent of the transgender people have surgery as their ultimate goal. There are some people who even don’t want or can’t have surgery, but most of them want to have it. As for me, it definitely cost a lot to have the surgery [in my website, susans.org]. Well, a lot of the people like to have an idea of what to expect so they go and educate themselves, … and they’ll read about what it all involves, how it’s done, you know. A transgender person will get a lot more into the details. (sic) (MTF20, personal communication, 2017)
2) Second, exposure to advertising on websites has a high level mean score equal to 3.98.

The data collected from the in-depth interviews shows that service users are very open to advertising on websites of sanatoriums. The service users will search for websites using search engines, or programs to help them access information on the internet, such as Google. They will such key words as a physician’s name to learn information about a sanatorium such as service prices and information about the physicians, like the surgical procedures they employ as well as examples of their work.

If there is a website, I’ll check it out myself. I’ll want to see prices and the work of the doctors. (sic) (MTF07, personal communication, 2016)

Chulalongkorn Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium] … I do believe would have a website. (sic) (MTF08, personal communication, 2016)

On the internet, I find that Thai websites don’t have many pictures. I need to go check foreign URL (Uniform Resource Locator) . Kamol [Kamol Hospital, a private sanatorium] had two websites. The one for foreigners does have pictures to look at … If you search using the names of doctors, you’ll find many have their own webpages. Or you can search for breast augmentation and doctors and you’ll find other websites of theirs. Some doctors will give all the information on their website, where they practice, what the costs are and what’s offered. (sic) (MTF11, personal communication, 2016)

I personally reach search deep using the internet. I look at websites and can then see directly which doctors I am interested in, like Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon] and Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] … I began to develop through the internet. (sic) (MTF14, personal communication, 2016)

I want to know that apart from this doctor are there others? I choose to search for doctors who my friends chose for their surgery, like Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] and Dr. Kamol [Dr.
Kamol Pansritum, MD, the name of a plastic surgeon]. Then, I will go to their websites. (sic) (MTF15, personal communication, 2016)

[My friend,] she's a transwoman, too, [and] had surgery at PAI [Preecha Aesthetic Institute, a private sanatorium] too. … She showed me the website [of Preecha Aesthetic Institute, a private sanatorium] and the photos of the results. (sic) (MTF18, personal communication, 2016)

PAI [Preecha Aesthetic Institute, a private sanatorium] has a wonderful webpage that actually goes into detail, telling what the operation involves, and the steps that I found tremendously helpful. … Conducting google search, I’ve come across information, but I find it primarily through the website. People talk about a doctor, and then I would google them, look at information on their website to see what they have. Some are good; some are not good. (sic) (MTF20, personal communication, 2017)

3) Third, exposure to advertising in magazines has a low level mean score equal to 2.34.

The data collected from the in-depth interviews shows that service users have long been open to advertising placed in magazines concerning gender reassignment surgery and health services from when it was first published up to now. However, its role has been reduced as social media has become more popular, this is especially true for women’s magazines such as Khu Sang Khu Som and magazines about entertainment, like TV Pool.

There are some magazines that will have sex change clinics, like Khu Sang Khu Som [the name of a magazine that closed down in 2017]. Actually, there will be a lot, which I will look at. (sic) (MTF02, personal communication, 2016)

I know that Yanhee [Yanhee Hospital, a private sanatorium] that produces a lot of communication … I remember when I was a kid, I would go to bookstores where I would see a lot and I would some to keep …. The magazine, Khu Sang Khu Som [the name of a magazine that closed down in 2017]. (sic) (MTF14, personal communication, 2016)
The only hospital I know is Yanhee [Yanhee Hospital, a private sanatorium] because I've seen its ads in *TV Pool* [the name of a magazine] where they promote changing from a man to a woman, but at that time, I didn’t know if they also did surgery to change a woman to be a man. (sic) (FTM04, personal communication, 2016)

4) Fourth, exposure to advertising on television has a low level mean score equal to 2.32.

5) Fifth, exposure to advertising on billboards has a lowest level mean score equal to 1.80.

6) Sixth, exposure to advertising on out-of-home signage has a lowest level mean score equal to 1.69.

7) Seventh, exposure to advertising in newspapers has a lowest level mean score equal to 1.62.

8) Eighth and last, exposure to advertising on radio has a low level mean score equal to 1.19 respectively.

5.4.1.2 Media Exposure Towards Personal Communication

From the test of hypothesis 11: Service users with different temperaments have different exposure to personal communication.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different exposure to personal communication.

H1: Service users with different temperaments have different exposure to personal communication.
Table 5.44  Test Statistics on Media Exposure Towards Personal Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>3.00</td>
<td>1.18</td>
<td>0.725</td>
<td>0.605</td>
</tr>
<tr>
<td>Hateful</td>
<td>61</td>
<td>2.77</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.95</td>
<td>1.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.93</td>
<td>1.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>3.02</td>
<td>1.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>3.08</td>
<td>1.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>527</td>
<td>2.99</td>
<td>1.11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**  
1. Three members of the sampling did not answer on media exposure towards personal communication (Missing = 3)  
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.44 show a score equal to 0.605, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have a similar media exposure towards personal communication. It can also be said that service users of each temperament have similar levels of media exposure towards personal communication.

Furthermore, the data collected from the in-depth interviews with service users show that they a similar media exposure as it was found that transwomen and transmen are the most open to personal communication in all forms, most especially with persons who have direct experience in gender reassignment surgery, which was also found the be the most influential, particularly if they will display their constructed genitals or organs for other service users to see to help them decide whether to undergo surgery or not.
The best result doesn’t require using anything, just allowing others to see for themselves [constructed genitals or organs from surgery]. To see this for oneself is the best. Nothing can compare with this. (sic) (MTF03, personal communication, 3 August 2016)

When it comes to explaining details as far as media exposure towards different types of personal communication, overall, the service users are open to personal communication to a mid level extent. The research found that currently service users are open to personal communication that offers recommendations 1) from persons with direct gender reassignment surgery experience, 2) from well-known persons, or influencers, who relate to gender reassignment surgery and 3) from family members or friends respectively for the top three in descending order. The service users were open to information concerning gender reassignment from persons they actually know before other persons.

Table 5.45  Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Exposure Towards Personal Communication of Service Users

<table>
<thead>
<tr>
<th>Personal Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From family members or friends</td>
<td>2.99</td>
<td>1.74</td>
<td>Medium</td>
</tr>
<tr>
<td>From well-known persons, or influencers, and relate to gender reassignment surgery</td>
<td>3.19</td>
<td>1.47</td>
<td>Medium</td>
</tr>
<tr>
<td>From persons with direct gender reassignment surgery experience</td>
<td>3.71</td>
<td>1.36</td>
<td>High</td>
</tr>
<tr>
<td>From physicians and medical personnel</td>
<td>2.72</td>
<td>1.56</td>
<td>Medium</td>
</tr>
<tr>
<td>From sanatorium service personnel</td>
<td>2.34</td>
<td>1.61</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.99</strong></td>
<td><strong>1.11</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure) 2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest 3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.45, which presents the mean scores for media exposure towards personal communication of service users with different temperaments, it was found that:

1) First, exposure to recommendations from persons with direct gender reassignment surgery experience has a high level mean score equal to 3.71.

The data collected from the in-depth interviews shows that persons with direct experience in gender reassignment surgery can display their constructed genitals or organs, which allows service users to see the actual organs, which is why they are so open to receiving this information. This can then be divided into two types:

(1) Personal communication with person they actually know who has direct experience in gender reassignment surgery, which gives them another viewpoint they feel they can trust.

When it comes to personal communication, I will consult with friends [who are also transwomen], which aren’t really that many. I’m very close to them. So, I feel like I’m living in a confined world. But when I go out into that other world, I need to get information from those I’m closed to and who know the most. If I did do something and didn’t consult with others, how would I know how to do it? (sic) (MTF02, personal communication, 2016)

Usually, I ask friends … I ask them to show me. I don’t look to see if it is pretty or not, but want to feel it is the organ that I want. And I don’t really care how it will be. (sic) (MTF08, personal communication, 2016)

I listen to my older friends. I know a lot of transwomen. Many have had it done with this doctor. So, I had a lot of people I could ask. Everyone told me both good and bad points. Finally, I checked reviews by older persons. Then, I saw the budget was okay for what I wanted done. (sic) (MTF11, personal communication, 2016)

I got information from older friends who have experience with the surgery … They showed me as, at that time, we didn’t have the internet like today… [I had a lot of friends I consulted]; usually they were older … They
are friends as we belonged to the same group. Usually, I’d learn things through word of mouth. (sic) (MTF12, personal communication, 2016)

At that time, I had friends, like Khun Nok [Yollada Suenyod, the president of the Transsexual Association of Thailand]. I had four or five friends who had had it done and they let me see theirs. (sic) (MTF15, personal communication, 2016)

I didn’t know anything. I didn’t know about the surgery. I had never thought that I would have surgery. I wasn’t healthy enough. … I have a friend who is transsexual. … This transgender friend who is a professor of architecture in America told me about Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]. He showed me a lot that I never understood. I had never been out of America. I thought about how I could go to Thailand. She convinced me to see Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]. That changed my life. (sic) (MTF16, personal communication, 2016)

[I got information] from a good friend. She's a transwoman, too, [and] had surgery performed at PAI [Preecha Aesthetic Institute, a private sanatorium] too. … My friend had surgery one year before me, so I knew the results first hand (sic) (MTF18, personal communication, 2016)

I have people that I’ve met in person, in real life. We could always talk and exchange information. … Many transgender people share information that way, but we’re pretty widely exposed, especially in the United States. I still think that’s been the best way to learn. … The thing that ultimately convinced me was a friend’s personal recommendation. My friend gave me a wonderful gift; she gave me the option of having it done where she had hers done, or I could take the cash and go any place that I wanted to go to. But because I knew her and the amount of research she was doing, looking for a doctor and the fact that she could have gone anywhere in the world and chose these doctors, she says that’s the doctor for me, I was convinced. (sic) (MTF20, personal communication, 2017)
(2) Personal communication with persons who have direct experience in gender reassignment surgery that they meet online let’s them compare the viewpoints of a number of persons. Usually, service users will choose to access information from personal communication first with people they know. After that, they will access additional information through personal communication with persons with direct experience who they meet online.

First, I asked friends … friends in my group … They would tell me what was good … [I] like to look at web boards … I’ll sit and read them all day. It’s where people share their experience more. They’ll tell how large [their breasts] are and they shape. That helped me decide. Some posts will have stars or stickers pasted on the nipples. (sic) (MTF10, personal communication, 2016)

First, I asked friends, who are older. They told me which doctors there are, their techniques and how they are. There already was the internet, but this wasn’t covered much. Still, I searched. As far as foreign sites in English, there weren’t many…I think I was open to [information from friends and the internet] about the same. I would download films [clips on gender reassignment surgery] to look at. If there was someone who did understand and was brave enough, I’d ask to look at them because I wanted to see the real thing and what it was really like. (sic) (MTF06, personal communication, 2016)

First I’d talk to friends with direct experience … and look at web boards and see what they share. (sic) (MTF07, personal communication, 2016)

I’d get information from people around me who have direct experience, friends or older people I knew. Sometimes, there would be a case where I would go and take care of them. I was lucky that I knew a lot of transgender persons who have had different procedures. Then I could study for myself which I thought best or wasn’t very good. There are always good and bad points … I’d ask my friends with direct experience first. Those who have undergone sex change because I believed I need to get as much information as I could from them. If I asked someone who hadn’t yet had the surgery, I could
get the same information elsewhere. I would ask those who had gone to visit doctors to hear what they would say. Then I took this information and went to see these doctors … As far as the internet, I didn’t find much as I feel the content is all the same. If, however, I heard it from friends, I could get a lot of different information … Usually, I’d check reviews on the internet and read about the doctors. I just had to do a Google[.com] search. Then I’d write down the names of the doctors I found … I’d next talk to friend using LINE chat application. Some of my search on the internet has sometimes been through LINE. Some of the things we chat about on LINE, I’ll want to learn more about. So, then I’ll search. Sometimes, my friends will send me a link to look at. Then there is other information I can find on the internet, like the Pantip.com site. I read posts who have had the surgery. They’ll write a review. When I Google[.com], it will direct me to Pantip.com. I can find a lot of information. I do find mistake, too. I see a lot of recommendation by different people who have had different procedures. (sic) (MTF09, personal communication, 2016)

If service users don’t personally know someone with direct experience, they will look for information from persons with direct experience they meet online.

I find info on the internet, like reviews, and then I look for the names of doctors. After surgery, I check to see what kind of effects there are. There are pictures of surgeries to look at, but I was afraid to look as I’m afraid of blood. In foreign countries, they have lots of clips of people who have had surgery.. People who have had the surgery will write a review to let younger persons or those who haven’t yet had it done know … There’ll be an exchange of ideas that I will read because it provides the thinking of different persons both before and after surgery. I like more to read who others are thinking … But, I have never entered a web page or a group [of transwomen] because I don’t have any real friends like this. So, no one will add me so I can enter. If I did have such friends, I’d ask them to add me. Then, I would have a network. So, I
for the most part use Google[.com], which will show me information. (sic) (MTF05, personal communication, 2016)

In addition, there are cases where persons with direct experience that service users will meet online, particularly through social media, like Facebook.com, LINE [chat application] or different web boards. After this, these people with direct experience could be people they know directly as well. So, then, they will use different channels to communicate, like telephones and making an appointment to meet.

I had a friend before. He was quite famous in Japan and would be seen in the media. I tried to contact him. But how could I do it? He was someone I’d see on the internet. So, I looked for him there … He was not a blogger. At that time, I lived in Japan, too, and there was a site like Pantip.com in Thailand. So, I searched … But there wasn’t much. There were only a few people. There were only about 10 persons that I read their diaries. I’d check to see what they thought, and if it was similar to me. This wasn’t about fashion or what courses they were selling. And I was looking for people who thought like me. I would find people to chat with. If they had ideas like mine, I’d go to meet them. Today, from my internet people I met, I’ve made some real friends and they play a role in my decision making. (sic) (FTM01, personal communication, 2016)

People who have had the surgery will come and talk [on web boards]. They’ll share what they know right from the start, but they won’t show pictures unless its of their breasts, close ups and distant shots, but they won’t show their genitals. But once I join, I can share my thoughts on the web board as well as get information because I don't have examples to see with other friends I know … I made friend with persons online and then called them to talk…When I could talk to them personally, some would show me pictures. Some would show me what they had had done. I don’t know how many I talked to or how many I saw. I would call and then set up a meeting to eat together. (sic) (MTF14, personal communication, 2016)
On the internet, I have a transgender community … There are a lot of groups, the one I go to most is a group of over 100 persons, and another has 200 to 300 persons … Then, there are groups I never join. We’ll have meetings when we exchange what we know and update each other on technology and medical treatments … I began when I saw transgender persons. They say things that I have thought. So, I joined to share with them … There are communities on LINE [chat application] and Facebook Fanpage… [Information about gender reassignment surgery] we’ll share through word of mouth, face to face, and when someone is interested in a doctor, and someone has undergone surgery with them, they may ask to see the wound privately or make an appointment … Usually, we’ll talk about this face to face. (sic) (FTM19, personal communication, 2016)

2) Second, exposure to recommendations from well-known persons, or influencers, and relate to gender reassignment surgery has a mid level mean score equal to 3.19.

The data collected from the in-depth interviews show that the service users will be open to receiving information from well-known persons and know about gender reassignment surgery. The service users can follow these well-known persons through various channels or try to meet and then consult them from the point of view of someone they admire. For transwomen, such persons could be those who have entered beauty contests like the Miss Tiffany’s Universe.

When Treechada [Treechada Marnyaporun, 2004 Miss International Queen and Miss Tiffany’s Universe] won the crown, she made history for all transwomen, because she was the first to be truly like a woman. She immediately became famous, and I think every trans of my generation wanted to be like her … I called and asked a presenter directly for one doctor what it was like, what it would cost. They weren’t an agent. Her name was Ploy [Treechada Marnyaporun, 2004 Miss International Queen and Miss Tiffany’s Universe] and she talked with me on the phone … She was a presenter then for Kamol [Kamol Hospital, a private sanatorium] since 2004. There have
been three persons, Ploy [Treechada Marnyaporn, 2004 Miss International Queen and Miss Tiffany’s Universe], Tong [Ratrawee Jiraprapakul, 2006 Miss Tiffany’s Universe] and Film [Thanyarat Jiraphatpakorn, 2007 Miss International Queen and Miss Tiffany’s Universe]. (sic) (MTF11, personal communication, 2016)

For transmen, well-known persons associated with gender reassignment surgery will often be net idols, persons who have come out as transmen so society would know.

I saw foreign news about Thomas [Thomas Beatie, the pregnant man] before he became a net idol of mine. He was the first transgender man I knew. Thomas Beatie, a man who became pregnant, was reported about in the news quite a long time ago and told he was a transman … Everyday now, we are friends on Facebook … In Thailand, it became known when Jimmy [Kritipat Chotidhanitsakul, president of the Transmen Alliance of Thailand] first revealed himself, not many years ago. He was the first in Thailand. (sic) (FTM19, personal communication, 2016)

3) Third, exposure to recommendations from family members or friends has a mid level mean score equal to 2.99.

The data collected from the in-depth interviews show that members of the family or friends will recommend physicians who they know about personally to service users. When they accept such recommendations, the service users will trust them and choose such doctors for their surgery after meeting them personally.

By coincidence, I knew someone who made a recommendation to try [a private sanatorium]. This is someone I knew and, by coincidence, knew the wife of the doctor. So, they told me to go meet the doctor. (sic) (FTM13, personal communication, 2016)
One doctor who performs gender reassignment surgery was a friend of one of my older friends who is a doctor, who I met coincidentally through the community. Then, I learned he was a friend of my other friend … So, I went and asked my friend about this doctor, and he told me the doctor is good. They had studied together, and I said if he said this doctor was good, I thought he was good, too. And I decided to have the surgery with him. (sic) (FTM19, personal communication, 2016)

In addition, it was found that in some cases, family members or friends would help search for information on gender reassignment surgery and health service to share with service users.

My partner would tell which doctors were good or who had had surgery with a certain doctor, what their wounds were like, how long it took to recover … My partner would search for information on the internet. (sic) (MTF05, personal communication, 2016)

4) Fourth, exposure to recommendations from physicians and medical personnel has a mid level mean score equal to 2.72.

The data collected from the in-depth interviews show that before meeting with a doctor for advice, the service users will make decisions on their choice of physicians following the recommendations of persons with direct gender reassignment surgery experience, well-known persons, or influencers related to gender reassignment surgery and family members or friends. In other words, the service users will decide on which doctor to go to and then they make an appointment for a consultation to learn details about the surgery.

Once I had the information I needed, I went to see the doctor, the same one. He was just like I wanted so, I went straight to him. He had performed many operations. If I hesitated, I would be able unable to make my own decision. I got the information and then went straight to the doctor … I then
asked the doctor myself … and when I went to do it, everything was just like
the doctor said. (sic) (MTF12, personal communication, 2016)

[When I saw Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranan, MD, the name of a plastic surgeon] the first time], I asked lots of questions. I
wanted to know what he would recommend I should do. I thought he couldn’t
make my [face] look better because I had big bones. … [And for MTF17] I
asked him what she could do, [too]. … MTF17 didn’t know anything. (sic)
(MTF16, personal communication, 2016)

Meeting Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a
plastic surgeon] and Dr. Sutin [Dr. Sutin Khobunscherm, MD, the name of a
plastic surgeon], the two doctors who were going to be doing my surgery,
definitely made me feel more confident. (sic) (MTF20, personal
communication, 2017)

In addition, service users are open to receiving information
directly from physicians and medical personnel before selecting their surgeon. This
takes place when the service users have a channel to contact them or know physicians
or medical personnel personally.

Doctors [in the U.S.A.] said they could perform the surgery and so I
decided to do it. I then consulted with one, then another and then a third
doctor, who was okay. After that, I made an appointment … I went to meet
[the doctor] at their hospital [in the U.S.A.], which was part of a network the
previous hospital belonged to. Before this, I had a regular doctor and would
have regular check ups. So, I went to this doctor and they recommended [sex
reassignment surgery to transition from a man to a woman]. Then, when I said
I was interested because insurance [in California, U.S.A.] would pay. I looked
at a lot of communication material, which said that the insurance would cover
everything. I then decided to have this doctor care for me, and told them my
decision as quickly as I could. (sic) (MTF05, personal communication, 2016)

I contacted a doctor in America [U.S.A.] by email and asked to consult
him about the basics first. As far as medical questions, he was happy to
answer, and we didn’t speak at all about money … At that time, if I went to America [U.S.A.], in fact, I couldn’t do it in the U.S.A. as the price was just too high. I then had to come back and look for a doctor in Thailand to go and consult. \(\text{(sic)}\) (FTM13, personal communication, 2016)

At that time, I received an email from Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon]. He was then at Nopparat Hospital [Nopparat Rajathanee Hospital, a government sanatorium]. He invited me to come and talk with him. That was one of the best days of my life. He told me I was well known among the transgender community. He said he wouldn’t charge me and that the hospital will only charge their costs … It was like the doctor was one channel for communication … This person is quite important. \(\text{(sic)}\) (MTF14, personal communication, 2016)\(\text{[I]}\) had one doctor who I already knew because he worked with the association [Transsexual Association of Thailand]. \(\text{(sic)}\) (MTF15, personal communication, 2016)

5) Fifth and last, exposure to recommendations from sanatorium service personnel has a low level mean score equal to 2.34 respectively.

The data collected from the in-depth interviews show that service staff at gender reassignment health service sanatoriums offer the first personal communication who can provide basic information such as service costs and medical techniques when service users contact and visit a sanatorium. For the most part, Thai service users will contact sanatoriums by telephone while foreign service users will contact them by email unless if they are not computer literate in which case they will also contact the sanatoriums by telephone.

For Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium], I called by phone …and only asked prices. \(\text{(sic)}\) (MTF08, personal communication, 2016)

I called and asked what techniques the doctors use and what would they be like. I asked if I would have an orgasm and what it would be like. I called and asked at clinics \(\text{(sic)}\) (MTF14, personal communication, 2016)
I wasn’t good using a computer at that time. At night, I would call the office. … Mr. Peera [Peera Tiewtranon, the name of a managing director of a private sanatorium] called me and told me to visit the hospital and I came. … [And for MTF17], Yes, I did [introduce Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] to her], actually Jan [the name of an international coordinator of a private sanatorium]. We talked to Jan [the name of an international coordinator of a private sanatorium] from my apartment in America. I set up for MTF17 to come to Thailand and I came with her. Then she had her operations. She had as many operations as Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] could perform. (sic) (MTF16, personal communication, 2016)

[For the operations,] I contacted Mr. Peera [Peera Tiewtranon, the name of a managing director of a private sanatorium] … by E-mail (sic) (MTF18, personal communication, 2016)

I started communicating with Jessie [Niwat Kaewpeer, the name of an official manager of a private sanatorium], and I swear to god, I probably sent Jessie [Niwat Kaewpeer, the name of an official manager of a private sanatorium] two to three hundred E-mails in the year before my surgery (sic) (MTF20, personal communication, 2017)

In addition, the research found that when open to recommendations by service staff at sanatoriums that offer gender reassignment surgery, they would help alleviate concerns of service users about surgery, which would make their decision making easier.

[The service staff would help in the decision making] and make it easier. [The service staff] were very easy to talk to. I was afraid [the service staff told me] not to worry as the procedure is easy and to just chill out. They said I only need one night to rest for the recovery. And that was the truth. (sic) (FTM01, personal communication, 2016)
However, if the service staff at sanatoriums that offer gender reassignment surgery could not answer a service user’s basic questions, this would damage the service user’s viewpoint of the sanatorium, which in most cases would lead them to not select this sanatorium.

I once called one well-known hospital [in Thailand] which made me believe that doctors in Thailand were businesspersons for the most part. When I went for a consultation, everything was discussed in financial terms. I was ready financially, but I felt if I paid the prices they asked, what would I get in return. Would it be worth it or not? This was just the first time I asked, and the [service staff] could not answer any of my questions, but still told me I should come in. (sic) (FTM13, personal communication, 2016)

5.4.1.3 Media Exposure Towards Direct Marketing Communication

From the test of hypothesis 12: Service users with different temperaments have different exposure to direct marketing communication.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different exposure to direct marketing communication.

H1: Service users with different temperaments have different exposure to direct marketing communication.
Table 5.46  Test Statistics on Media Exposure Towards Direct Marketing Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>1.80</td>
<td>1.50</td>
<td>2.904</td>
<td>0.013</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.32</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>1.98</td>
<td>1.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>1.74</td>
<td>1.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.32</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>1.63</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td><strong>1.58</strong></td>
<td><strong>1.38</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.46 show a score equal to 0.013, which is less than the required significance 0.05 (Sig.>0.05) thus refuting H0 that the service users with different temperaments have different media exposure towards direct marketing communication. It can also be said that service users of each temperament do not have a similar level of media exposure towards direct marketing communication. When it comes to details, the research found the following.
Table 5.47  Statistical Comparison of Post Hoc Test for the Mean Scores of Media Exposure Towards Direct Marketing Communication Classified According to the Temperaments of Service Users

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>x̄</th>
<th>Lustful</th>
<th>Hateful</th>
<th>Unintelligent</th>
<th>Discursive</th>
<th>Devout</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>1.80</td>
<td>.4769*</td>
<td>-0.1846</td>
<td>0.0579</td>
<td>.4795*</td>
<td>0.1626</td>
<td></td>
</tr>
<tr>
<td>Hateful</td>
<td>1.32</td>
<td>-0.6614*</td>
<td>-0.4190</td>
<td>0.0026</td>
<td>-0.3143</td>
<td>0.3472</td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>1.98</td>
<td></td>
<td>0.2425</td>
<td></td>
<td>.6640*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>1.74</td>
<td></td>
<td></td>
<td>0.4216</td>
<td></td>
<td>0.1047</td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>1.32</td>
<td></td>
<td></td>
<td></td>
<td>-0.3169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>1.63</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.47 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Lustful temperament shows a greater media exposure towards direct marketing communication more than hateful and devout temperaments.

2) Hateful temperament shows a lower media exposure towards direct marketing communication than unintelligent temperament.

3) Unintelligent temperament shows a greater media exposure towards direct marketing communication than devout temperament.

When it comes to explaining details as far as the media exposure towards different types of direct marketing communication. Overall, the research found that currently service users are open to accepting directing marketing communication at the lowest level. It should be noted that service users will receive information through chat applications, which is the newest form of communication as well as the most popular as explained in the following.
Table 5.48  Results of Statistical Analysis of Means, Standard Deviation (S.D.) and Meaning of Media Exposure Towards Direct Marketing Communication of Service Users  

<table>
<thead>
<tr>
<th>Direct Marketing Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through mail</td>
<td>1.07</td>
<td>1.56</td>
<td>Least</td>
</tr>
<tr>
<td>Through telephone calls</td>
<td>1.65</td>
<td>1.74</td>
<td>Least</td>
</tr>
<tr>
<td>Through email</td>
<td>1.56</td>
<td>1.67</td>
<td>Least</td>
</tr>
<tr>
<td>Through SMS</td>
<td>1.28</td>
<td>1.59</td>
<td>Least</td>
</tr>
<tr>
<td>Through chat applications such as LINE, WhatsApp and Wechat</td>
<td>2.32</td>
<td>1.87</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.58</strong></td>
<td><strong>1.38</strong></td>
<td><strong>Least</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean. If it exceeds this, it should be noted in the distribution of the data

From table 5.48, which presents the means score for openness to direct marketing communication, the research found:  

1) First, exposure to information through chat applications such as LINE, WhatsApp and Wechat has a low level mean score equal to 2.32.  
2) Second, exposure to information through telephone calls has a lowest level mean score equal to 1.65.  
3) Third, exposure to information through email has a lowest level mean score equal to 1.56.  
4) Fourth, exposure to information through SMS (Short Message Service) has a lowest level mean score equal to 1.28.
5) Fifth and last, exposure to information through mail has a lowest level mean score equal to 1.07 respectively.

According to the sampling, media exposure to receiving information through chat applications is the most accepted form of direct marketing communication. This research employed these applications and found the following.

First, the most members of the sampling, 415 participants, or 78.3 percent, use LINE. Second, the next most popular application is WhatsApp with 117 participants, or 22.3 percent using it. Third is WeChat with 114 participants, or 21.5 percent, using it. Fourth is Facebook’s Messenger with 111 participants, or 20.9 percent using it. Fifth is other, BeeTalk, Viber, Twitter and Instagram, with 35 participants, or 6.6 percent using at least one of them as presented in table 5.49.

Table 5.49  Numbers and Percentages of Using Applications by the Sampling

<table>
<thead>
<tr>
<th>Chat Application</th>
<th>Number</th>
<th>Percentages(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line</td>
<td>415</td>
<td>78.3</td>
</tr>
<tr>
<td>Whatsapp</td>
<td>117</td>
<td>22.3</td>
</tr>
<tr>
<td>WeChat</td>
<td>114</td>
<td>21.5</td>
</tr>
<tr>
<td>Messenger (Facebook)</td>
<td>111</td>
<td>20.9</td>
</tr>
<tr>
<td>Other</td>
<td>35</td>
<td>6.6</td>
</tr>
</tbody>
</table>

5.4.1.4 Media Exposure Towards Public Relations

From the test of hypothesis 13: Service users with different temperaments have different exposure to public relations.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different exposure to public relations.

H1: Service users with different temperaments have different exposure to public relations.
Table 5.50  Test Statistics on Media Exposure Towards Public Relations for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>2.58</td>
<td>1.40</td>
<td>0.801</td>
<td>0.549</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>2.56</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>40</td>
<td>2.86</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.70</td>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.50</td>
<td>1.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>130</td>
<td>2.68</td>
<td>1.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>524</strong></td>
<td><strong>2.61</strong></td>
<td><strong>1.21</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. Six members of the sampling did not answer on media exposure towards public relations (Missing = 6)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.50 show a score equal to 0.549, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media exposure towards public relations. It can also be said that service users of each temperament have a similar levels of media exposure towards public relations.

Furthermore, the information collected from the in-depth interviews with service users show that the public relations disseminated through television programs, newspapers and magazines are the primary forms that service users will be open to accepting information. This can be passively, or accidentally, which tells them there is gender reassignment surgery available. Public relations disseminated through social media and websites will accessed by active service users searching for additional information to help them decide about having gender reassignment surgery.
When it comes to explaining details as far as media exposure towards different types of public relations, overall, the service users are open to public relations to a mid level extent. The research found that currently services users are open to receiving public relations communication through: 1) social media, 2) websites and 3) television respectively for the top three in descending order. The influence of three screen advertising campaigns (Truong, McColl & Kitchen, 2010) was also noted.

**Table 5.51**  Results of Statistical Analysis of Means, Standard Deviation (S.D.) and Meaning of Media Exposure Towards Public Relations of Service Users (n = 530)

<table>
<thead>
<tr>
<th>Public Relations</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From interviews or news programs broadcast on television</td>
<td>2.57</td>
<td>1.60</td>
<td>Low</td>
</tr>
<tr>
<td>From interviews or news programs broadcast on radio</td>
<td>1.62</td>
<td>1.54</td>
<td>Least</td>
</tr>
<tr>
<td>Through news, article and news photographs published in newspapers</td>
<td>1.96</td>
<td>1.60</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, article and news photographs published in magazines</td>
<td>2.36</td>
<td>1.60</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, articles and news photographs through websites</td>
<td>3.50</td>
<td>1.44</td>
<td>High</td>
</tr>
<tr>
<td>Through news, articles and news photographs through social media</td>
<td>3.68</td>
<td>1.49</td>
<td>High</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.61</strong></td>
<td><strong>1.21</strong></td>
<td><strong>Medium</strong></td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)

2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest

3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.51, which presents mean scores for openness towards public relations, it was found that:

1) First, exposure to news, articles and news photographs through social media has a high level mean score equal to 3.68.

The information collected from the in-depth interviews shows that Thai service users are open to receiving news, articles and news photographs through social media using such applications as a LINE group, Facebook fanpage, the Pantip.com web board and Youtube.com.

When I chat with friends on LINE [chat application], we’ll talk about things I need to search for on the internet. LINE is convenient … Sometimes, friends will send a link for me to look at, which is sending information electronically, like with Pantip.com. I went and looked there when I began planning to transition. (sic) (MTF09, personal communication, 2016)

We exchange information and there are updates on medical technology all the time … Really, our community has LINE [chat application] and Facebook, using a Facebook.com fanpage. (sic) (FTM19, personal communication, 2016)

I search for info on YouTube[.com]. (sic) (MTF05, personal communication, 2016)

Foreign service users will access information using Facebook fanpage of transgender activists who release news, articles or news photographs concerning gender reassignment surgery and health services from different sources as well as through web boards that have content concerning transgender persons, which are the most popular among foreign transgender persons.

They have had it done and then write in the form of a personal diary. I can then go and look and chat. There are many who go to Japanese sites to do this just like in Thailand, for example, we have Pantip[.com]. (sic) (FTM01, personal communication, 2016)

In my work as an activist [teaching about the pleasure of the trans vagina in Spain], … they [transwomen] come to me, some because they follow
me on Facebook and others because they talk about me [to each other]. (sic) (MTF18, personal communication, 2016)

I am the founder and creator of Susan’s Place Transgender Resources [susans.org]. It is a peer support website, which basically means it allows one transgender person to help another transgender person and by doing so, it makes the transition easier. … We subsequently added a forum which is one of the largest transgender forums on the web. … We do both ways, focusing on female to male transsexuals and male to female transsexuals. We also have a group of cross-dresses which are people who like to dress as women but would not like to become women. In America, trans is like an umbrella term. (sic) (MTF20 personal communication, 2017)

2) Second, exposure to news, articles and news photographs through websites has a high level mean score equal to 3.50.

The data collected from the in-depth interviews show that the service users are open to the most part search for news, articles and news photographs about gender reassignment surgery and health services posted on foreign websites. It was found that the number one key word for a Google[.com] search was transgender.

On the internet, before there was Facebook[.com] for transsexuals, I could find information on men transitioning to be a woman on Google[.com]. I would go and read about what medicines [hormones] to take or about different sex reassignment surgical procedures to learn what was happening around the world. (sic) (MTF14, personal communication, 2016)

I’d search on the internet on foreign sites, which would be in English, and at that time, there was still very little. (sic) (FTM13, personal communication, 2016)

When the internet came [to Spain], I tried to find true information about transsexualism, which I did find. (sic) (MTF18, personal communication, 2016)

I’d search using Google[.com] and find foreign journals, information and foreign textbooks that I would read because in Thailand, some of the
information wasn’t at all available. Everything I found was from abroad. (sic) (FTM19, personal communication, 2016)

I use google search and you know, google is such a good search engine that you can generally quickly zero in on what you’re looking for … You can search for just about anything on the internet related to the transgender topic. One place you’re going to find information is at my website [susans.org]. … We added a wiki, which uses the same software as Wikipedia; basically, it’s a transgender encyclopedia. … I have a whole science section on the website, which is related to the transgender topic. (sic) (MTF20, personal communication, 2017)

3) Third, exposure to interviews or news programs broadcast on television has a low level mean score equal to 2.57.

The data collected from the in-depth interviews showed that the service users will access interviews and news or news photographs broadcast on television with television being first channel where service users would know about sex reassignment surgery.

I had never thought about it before because I never knew it could be done, but as I got older and watched television some, I wondered why these people could make the changes. (sic) (FTM01, personal communication, 2016)

When I was seven or eight years old, I saw a commercial on TV for a documentary film called a Shockumentary entitled, “Let me die a woman”. And that’s when I began to realize what it was, what it means to be called a transsexual and that something could be done to fix it. … I knew that there’s a surgery that can be done to fix it, … he public perception. By doing this, they can turn around and make being transgender easier for the people that come after. You know, a dear friend of mine was one of those people who had her surgery back in the 90’s, and she was on the Geraldo Show [Researcher: Geraldo is an American daytime television talk show that aired from September 7, 1987, to June 12, 1998.] and Geraldo [Researcher: Geraldo Rivera, the host] held her hand as she was wheeled in to the operating room and had her reassignment surgery. (sic) (MTF20,
personal communication, 2017)

4) Fourth, exposure to news, article and news photographs published in magazines has a low level mean score equal to 2.57.

The data collected from the in-depth interviews show that in the past the news, article and news photographs published in magazines were a primary source of information where service users would learn about gender reassignment surgery and health services as they entered the adolescent stage of their life and became teenagers.

When I was 10 or 11, I saw one magazine with a picture of a woman on the cover. She was standing and undressing, and she action made her appear very pretty. There was a caption that said this woman used to be a man. So, I went and read the content inside. She told how she went for a sex change operation and now lived in Germany. That was the first time I knew that what I ultimately wanted was to have a sex reassignment operation. (sic) (MTF03, personal communication, 2016)

5) Fifth, exposure to news, article and news photographs published in newspapers has a low level mean score equal to 1.96.

The data collected from the in-depth interviews show that service users are open to receiving information from news, articles and news photographs published in newspapers, and, in the past, it was a primary source of information for service users residing in the provinces telling them that gender reassignment surgery and health services were available along with the names of physicians and sanatoriums.

As I am from the provinces, in the past, I didn’t know about gender reassignment, but once I learned about it, I got myself ready. I knew from a newspaper article that I cut out to keep this information. (sic) (MTF07, personal communication, 2016)
I saw in a newspaper an article about gender reassignment performed by Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]. At that time, he worked at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium]. After that I only wanted to go to Chula [King Chulalongkorn Memorial Hospital, a government sanatorium]. (sic) (MTF14, personal communication, 2016)

6) Sixth and last, exposure to interviews or news programs broadcast on radio has a lowest level mean score equal to 1.62 respectively.

5.4.1.5 Media Exposure Towards Sales Promotion and Special Events
From the test of hypothesis 14: Service users with different temperaments have different exposure to sales promotion and special events.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different exposure to sales promotion and special events.

H1: Service users with different temperaments have different exposure to sales promotion and special events.

Table 5.52 Test Statistics on Media Exposure Towards Sales Promotion and Special Events for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.37</td>
<td>1.48</td>
<td>3.782</td>
<td>0.002</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.81</td>
<td>1.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.40</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.41</td>
<td>1.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.81</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.13</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.10</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.
The results for the F-test applying ANOVA analysis presented in table 5.52 show a score equal to 0.002, which is less than the required significance 0.05 (Sig.>.05) thus refuting H0 that the service users with different temperaments have different media exposure towards sales promotion and special events. It can also be said that service users of each temperament do not have a same level of media exposure towards sales promotion and special events. When it comes to details, the research found the following.

**Table 5.53** Statistical Comparison of Post Hoc Test for the Mean Scores of Media Exposure Towards Sales Promotion and Special Events Classified According to the Temperaments of Service Users

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>Lustful</th>
<th>Hateful</th>
<th>Unintelligent</th>
<th>Discursive</th>
<th>Devout</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>2.37</td>
<td>.5594*</td>
<td>-0.0306</td>
<td>-0.0396</td>
<td>.5546*</td>
<td>0.2337</td>
</tr>
<tr>
<td>Hateful</td>
<td>1.81</td>
<td>-.5900*</td>
<td>-.5989*</td>
<td>-.0047</td>
<td>-.3257</td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>2.40</td>
<td>-.0090</td>
<td>.5852*</td>
<td>0.2643</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>2.41</td>
<td></td>
<td>0.5942</td>
<td>0.2733</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>1.81</td>
<td></td>
<td>-.3210*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>2.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.53 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Lustful temperament shows a greater media exposure towards sales promotion and special events than hateful and devout temperaments.

2) Hateful temperament shows a greater media exposure towards sales promotion and special events than unintelligent and discursive temperaments.

3) Unintelligent temperament shows a greater media exposure towards sales promotion and special events than devout temperament.

4) Devout temperament shows a lower media exposure towards sales promotion and special events than intellectual temperament.
When it comes to explaining details as far as media exposure towards different types of sales promotion and special events, overall, the service users are open to sales promotion and special events to a low level extent. This research found that currently service users are most open to information released by transgender associations. It should also be noted that transgender service users are strongly attached to groups with details as follows.

**Table 5.54** Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Exposure Towards Sales Promotion and Special Events of Service Users (n = 530)

<table>
<thead>
<tr>
<th>Sales Promotion and Special Events</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via promotional materials including discounts</td>
<td>2.40</td>
<td>1.76</td>
<td>Low</td>
</tr>
<tr>
<td>Via promotion buy one offering another person surgery for free</td>
<td>1.47</td>
<td>1.71</td>
<td>Least</td>
</tr>
<tr>
<td>Via projects that organizes a pageant or competition with prizes for surgery</td>
<td>1.91</td>
<td>1.72</td>
<td>Low</td>
</tr>
<tr>
<td>Via the Sister’s Hand project to provide free sex reassignment surgery</td>
<td>1.88</td>
<td>1.72</td>
<td>Low</td>
</tr>
<tr>
<td>Via academic activities exhibitions, training, seminars and conferences.</td>
<td>1.88</td>
<td>1.65</td>
<td>Low</td>
</tr>
<tr>
<td>Via transgender beauty contests</td>
<td>2.29</td>
<td>1.72</td>
<td>Low</td>
</tr>
<tr>
<td>Via activities of the Transsexual Association of Thailand and other transgender associations</td>
<td>2.82</td>
<td>1.69</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.10</strong></td>
<td><strong>1.34</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least exposure up to 5 = the most exposure)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.54, which presents mean scores for media exposure towards sales promotion and special events, it was found that:

1) First, exposure to information via activities of the Transsexual Association of Thailand and other transgender associations has a mid level mean score equal to 2.82.

The data collected from the in-depth interviews show that the service users are open to receiving information from associations and other transsexual networks they will contact to consult with people working with the associations and networks they know involved in the transgender community. The associations and networks will provide basic information as well as act as a neutral party that will not promote any physician or sanatorium.

Whatever I do [as far as work] at the Association [Transsexual Association of Thailand] … I’ll make small talk first before I begin to make any recommendations and ask if they have made their decision, saved how much money or sometimes, parents will come for advice. (sic) (MTF15, personal communication, 2016)

If there is a post on the Facebook fanpage of the Transmen Alliance of Thailand (TMAT), it will be a question about where to go and what clinics are good. We always answer we cannot give recommendations as there are a number of factors to consider. We will tell them we cannot give any names. This can make it hard to give recommendations and give names, this is a public forum. (sic) (FTM13, personal communication, 2016)

When it comes to special events organized by associations and networks in Thailand, from the direct experience of the researcher of this study, it was found that the communication content for the special events concerning gender reassignment surgery and health services will be produced by smaller, sub-networks that members know. The information would be given through personal communication or through social media, for example about the premier of the movie “About Ray” which was screened twice, first by LovePattaya.com and next by the Prism Digital magazine. This was a collaborative project, including subgroups
belonging to Thai transman networks and interested individuals. It provided a public forum for individuals with direct experience in gender reassignment surgery before viewing the film together.

For foreign service users, from the in-depth interviews, it was found that that they would have activities organized by transsexual organizations in their countries. In the past, there would be groups in some countries that would have to keep these gatherings secret to protect the information and transgender persons who would share their knowledge with on the internet.

It was a secret section and you had to ask the people who ran the site to give you access. But there were a few places, like that when I was young, I found out about them. … I spent a lot of money calling long distance and finding ways to access, material to help me learn about who I was and things about being [transgender]. Then, when the internet came … and it became open to the public, I got on it pretty early, and I along with others actually ran a small bulletin board of our own. I ended up starting the website [susans.org], but before that everything was hidden and hard to find. (sic) (MTF20, personal communication, 2017)

Currently, the transgender networks established in some foreign countries are becoming more accepted and can become more open. They can, thus, organize more events that interested persons can join, which provides the opportunity to gain more information and knowledge as well as receive recommendations and advice or hear from those with direct experience.

We hold an event [called “Full Circle of The Women’s Retreat]. We rent a big building in the mountains. Everyone is transsexual. There are famous psychologists there, too. It is all about socializing. We eat together, and I met people from America. MTF17 went to that event and met me. MTF17 was in our room and she looked depressed. ... I talked to MTF17 as I wanted to know and understand her, and we became friends. … MTF17 calmed down a lot and I arranged for her to undergo hormone treatment and
surgery. MTF17 was going through transition, but she hadn’t yet taken hormones and didn’t think about the surgery. I helped her to get that, and she worked very hard to get the letter from doctor to let her do the surgery. (sic) (MTF16, personal communication, 2016)

In my work as an activist [teaching about the pleasure of the trans vagina], I tell in my sessions [about] … my experiences [at Preecha Aesthetic Institute, a private sanatorium] … and all of my experiences in Thailand … and [experience of] many girls around the world as I follow their evolution. I have contact with other girls around the world, too. (sic) (MTF18, personal communication, 2016)

2) Second, exposure to information via promotional material, including gender reassignment surgical and health service discounts has a low level mean score equal to 2.40.

The data collected from the in-depth interviews show that the service users are open to receiving sales promotion information on service discounts that they will find on the internet for other gender reassignment surgical procedures such as breast augmentation and facial cosmetic procedures, which come with a lot of discounts. As far a sex reassignment surgery for changing genitals, or sexual organs, there are few discounts offered. They were found in the case of persons who have undergone these procedures at a sanatorium recommending friends for these same surgery, after which they receive a discount.

I’d look at prices and for promotions [on the internet] … When I decided about transitioning, sex reassignment surgery, I found more advertising than promotions. The promotions are big for breast augmentation. Promotions for facial work, like on the nose, can also be rather high, but for the genitals, there are few. This could be because the doctor knows these procedures are difficult. If there is a discount, it is small. Usually it comes when someone who has had the surgery brings a friend. They may get a little more of a price reduction. (sic) (MTF09, personal communication, 2016)
3) Third, exposure to information via transgender beauty contests has a low level mean score equal to 2.29.

The data collected from the in-depth interview showed that the winner of the Miss Tiffany’s Universe pageant received gender reassignment surgery as a prize by the private sponsors of the event.

I had sex reassignment surgery after winning Miss Tiffany’s Universe. It was part of the contract with the sponsor of Miss Tiffany’s Universe. I didn’t pay anything myself. (sic) (MTF12, personal communication, 2016)

4) Fourth, exposure to information via projects that organizes a pageant or competition with prizes for gender reassignment surgery has a low level mean score equal to 1.91.

5) Fifth, exposure to information via the Sister’s Hand project to provide free sex reassignment surgery has a low level mean score equal to 1.88.

The data collected from the in-depth interview show that service users are open to receive information offered by Sister’s Hand project, a charity for free sex reassignment surgery organized by Transsexual Association of Thailand and the private sanatoriums that provide gender reassignment surgical service over the past years.

I had an opportunity to visit a doctor when I was in the twelfth grade when there was a free project which offered free breast surgery and sex reassignment surgery. (sic) (MTF11, personal communication, 2016)

6) Similarly, exposure to information via academic activities exhibitions, training, seminars and conferences has a low level mean score equal to 1.88.

From the direct experience of the researcher of this study who attended the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) 2016 Convention and the International Day Against Homophobia, Transphobia and Biphobia (IDAHOT) 2017 seminar organized in Thailand, it was
found that there was no outstanding points concerning gender reassignment surgery and health services that would be specifically focused on, but rather there would be personal discussions about the topic among the transsexual members that attended the events.

7) Sixth and last, exposure to information via a promotion buy one offering another person surgery for free has a lowest level mean score equal to 1.47 respectively.

5.4.2 Media Satisfaction and Service Users’ Temperaments

This part discusses the satisfaction towards channels, including: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events due to service user temperament.

Table 5.55  Summary of Statistical Analysis of Mean, Standard Deviation (S.D.) and Meaning of Satisfaction Towards IMC Channels of Service Users (n=530)

<table>
<thead>
<tr>
<th>IMC Channels</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>2.54</td>
<td>1.14</td>
<td>Low</td>
</tr>
<tr>
<td>Personal communication</td>
<td>3.26</td>
<td>1.10</td>
<td>Medium</td>
</tr>
<tr>
<td>Direct marketing communication</td>
<td>1.95</td>
<td>1.40</td>
<td>Low</td>
</tr>
<tr>
<td>Public relations</td>
<td>2.65</td>
<td>1.26</td>
<td>Medium</td>
</tr>
<tr>
<td>Sales promotion and special events</td>
<td>2.55</td>
<td>1.38</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.55, which presents the mean scores for satisfaction towards channels employed by the gender reassignment health service industry, it was found that:

1) First, service users are satisfied with the personal communication.
2) Second, service users are satisfied with the public relations.
3) Third, service users are satisfied with the sales promotions and special events.
4) Fourth, service users are satisfied with the advertising.
5) Fifth, service users are satisfied with the direct marketing communication, respectively.

For this research, the results concerning the five types of channels mentioned above are applied to test the research hypotheses using statistical analysis: Service users who have different temperaments also have different media satisfaction towards channels according to the analysis of the descriptive statistics on media satisfaction towards channels, including mean and Standard Deviation (S.D.) along with the analysis of data of media satisfaction towards channels collected through the in-depth interviews, which are presented in detail below.

5.4.2.1 Media Satisfaction Towards Advertising

From the test of hypothesis 15: Service users with different temperaments have different levels of satisfaction with advertising.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different levels of satisfaction with advertising.

H1: Service users with different temperaments have different levels of satisfaction with advertising.
**Table 5.56**  Test Statistics on Media Satisfaction Towards Advertising for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.59</td>
<td>1.30</td>
<td>1.338</td>
<td>0.247</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.50</td>
<td>0.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.75</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.48</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.37</td>
<td>1.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.66</td>
<td>0.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.54</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:  It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

The results for the F-test applying ANOVA analysis presented in table 5.56 show a score equal to 0.247, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media satisfaction towards advertising. It can also be said that service users of each temperament have a similar levels of media satisfaction towards advertising.

Furthermore, the data collected from the in-depth interviews with the service users show that they have the opinion that advertising that is promoted by physicians and sanatoriums will only promote positive points about gender reassignment health services as advertising aims for commercial gain and so is not very satisfying for the service users.

I’ve never really trusted advertising. That’s because I believe what I see is produced by the doctors or hospitals to say what is good about them. (sic) (MTF09, personal communication, 2016)
Advertising is advertising. They only tell what is good. (sic) (MTF02, personal communication, 2016)

I already knew that clinics would only choose attractive pictures to show. (sic) (MTF14, personal communication, 2016)

When it comes to explaining details as far as media satisfaction towards different types of advertising, overall, the service users were satisfied with advertising to a low level extent. the research found that currently service users are satisfied with advertising found on: 1) social media, 2) websites and 3) television respectively for the top three in descending order. This again points out the influence of the three screen advertising campaigns (Truong, McColl & Kitchen, 2010). In addition, print material has become less popular because of its one-way communication limitations.

In the magazine Khu Sang Khu Som [the name of a magazine that stopped publishing in 2017], I could not interact with it, I would just read some of the news and stories. (sic) (MTF02, personal communication, 2016)
Table 5.57  Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Satisfaction Towards Advertising of Service Users (n = 530)

<table>
<thead>
<tr>
<th>Advertising</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>On television</td>
<td>2.79</td>
<td>1.59</td>
<td>Medium</td>
</tr>
<tr>
<td>On radio</td>
<td>1.81</td>
<td>1.45</td>
<td>Low</td>
</tr>
<tr>
<td>In newspapers</td>
<td>2.16</td>
<td>1.51</td>
<td>Low</td>
</tr>
<tr>
<td>In magazines</td>
<td>2.51</td>
<td>1.48</td>
<td>Low</td>
</tr>
<tr>
<td>On billboards</td>
<td>2.08</td>
<td>1.47</td>
<td>Low</td>
</tr>
<tr>
<td>On out-of-home signage</td>
<td>2.04</td>
<td>1.48</td>
<td>Low</td>
</tr>
<tr>
<td>On websites</td>
<td>3.40</td>
<td>1.38</td>
<td>Medium</td>
</tr>
<tr>
<td>On social media</td>
<td>3.51</td>
<td>1.44</td>
<td>High</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.54</strong></td>
<td><strong>1.14</strong></td>
<td>Low</td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

From table 5.54, which presents mean scores of the service users for media satisfaction towards advertising, it was found that:

1) First, satisfaction of advertising on social media has a high level mean score equal to 3.51.

2) Second, satisfaction of advertising on websites has a mid level mean score equal to 3.40.

The data collected from the in-depth interviews show that the service users are satisfied with the websites of sanatoriums that provide a complete range of detailed information on their gender reassignment surgery and health services.
As far PAI [Preecha Aesthetic Institute, a private sanatorium], I like them because they tell the whole process of the surgery on their website. (sic) (MTF20, personal communication, 2017)

3) Third, satisfaction of advertising on television has a mid level mean score equal to 2.79.

4) Fourth, satisfaction of advertising in magazines has a low level mean score equal to 2.51.

5) Fifth, satisfaction of advertising in newspapers has a low level mean score equal to 2.16.

6) Sixth, satisfaction of advertising on billboards has a low level mean score equal to 2.08.

7) Seventh, satisfaction of advertising on out-of-home signage has a low level mean score equal to 2.04.

8) Eighth and last, satisfaction of advertising on radio has a low level mean score equal to 1.81 respectively.

5.4.2.2 Media Satisfaction Towards Personal Communication

From the test of hypothesis 16: Service users with different temperaments have different levels of satisfaction with personal communication.

Using the F-test with the hypotheses:

**H0:** Service users with different temperaments do not have different levels of satisfaction with personal communication.

**H1:** Service users with different temperaments have different levels of satisfaction with personal communication.
Table 5.58  Test Statistics on Media Satisfaction Towards Personal Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>3.10</td>
<td>1.31</td>
<td>0.957</td>
<td>0.444</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>3.17</td>
<td>0.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>3.41</td>
<td>0.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>3.29</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>3.24</td>
<td>1.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>3.38</td>
<td>0.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>528</td>
<td>3.26</td>
<td>1.10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. Two members of the sampling did not answer on media satisfaction towards personal communication (Missing = 2)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.58 show a score equal to 0.444, which is more than the required significance 0.05 (Sig.>0.05) proving the acceptance of H0 that the service users with different temperaments have similar media satisfaction towards personal communication. It can also be said that service users of each temperament have similar levels of media satisfaction towards personal communication.

Furthermore, the data collected from the in-depth interviews with the service users show that they are satisfied with personal communication with persons with direct experience, and this can help in their selection of a doctor with information provided before they make an appointment. Thus, these service users already have a sense of trust for their doctor before they meet them. When they go to their doctor for a consultation, they feel very confident and satisfied because of the personal communication with persons who have direct experience in gender reassignment surgery as well as the surgeon.
Beforehand, I got information from friends and older persons I knew. Finally, though, what made me trust in the doctor was my friends who told me. I could trust them because three or four of them had direct experience. This made me even more certain. (sic) (MTF09, personal communication, 2016)

When it comes to explaining details of media satisfaction towards different types of personal communication, overall, service users are satisfied with advertising to a mid level extent. The research found that currently service users are satisfied with personal communication with 1) persons with direct gender reassignment surgery experience, 2) physicians and medical personnel and 3) well-known persons, or influencers, and relate to gender reassignment surgery respectively for the top three in descending order. This demonstrates that those with knowledge gained through personal or professional experience concerning gender reassignment are trusted and thus afford satisfaction towards personal communication.

Table 5.59  Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Satisfaction Towards Personal Communication of Service Users

<table>
<thead>
<tr>
<th>Personal Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From family members or friends</td>
<td>3.17</td>
<td>1.53</td>
<td>Medium</td>
</tr>
<tr>
<td>From well-known persons, or influencers, and relate to gender reassignment surgery</td>
<td>3.20</td>
<td>1.41</td>
<td>Medium</td>
</tr>
<tr>
<td>From persons with direct gender reassignment surgery experience</td>
<td>3.75</td>
<td>1.32</td>
<td>High</td>
</tr>
<tr>
<td>From physicians and medical personnel</td>
<td>3.47</td>
<td>1.50</td>
<td>High</td>
</tr>
<tr>
<td>From sanatorium service personnel</td>
<td>2.69</td>
<td>1.51</td>
<td>Medium</td>
</tr>
<tr>
<td>Total</td>
<td>3.26</td>
<td>1.10</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied) 2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest 3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.59, which presents mean scores for media satisfaction towards personal communication of service users with different temperaments, it was found that:

1) First, satisfaction of recommendations from persons with direct gender reassignment surgery experience has a high level mean score equal to 3.75.

The data collected in the in-depth interviews show that the service users are the most satisfied with personal communication with persons with direct experience in gender reassignment surgery and health services, particularly with those willing to display their constructed genitals or organs so service users can see a real example. The service users will believe and trust what they are told when they can see the results from the operations.

Some service users are more satisfied with personal communication with persons with direct experience who are friends or persons they know who they are close to and feel they can trust more as these persons who are willing to display the constructed genitals or organs and answer more personal questions.

I’ll believe people who had the experience, especially older friends, because they let me see the results of their surgery. At that time, I couldn’t find any information about this because there wasn’t any advertising about this at all. At that time, society was closed to this. So, when I saw the results, I followed and did the same thing … Then, I would share what I know. We had a network, an organization for transwomen … There are a lot of us … The point is that persons who decide to do it will do what they have been told. For the most part, people ask who they know … I mean, I will believe people I know and trust, like close friends … When I made my choice, I chose to trust my close friends. It is the same as doing research. We’ll need real citations. If there are a lot and then one which is very, very good. That’s who I would choose, where I can see the result of a friend. That’s the best. (sic) (MTF03, personal communication, 2016)
When I could see theirs, then I believed what they told me. I saw it with my own eyes. I went and took care of her … Then, I chose the same place because I believed this friend. And when they said they could have an orgasm, and they let me see it. It was soft and seemed virtually natural. In fact, I did not see the real one, but she did show me her pictures. So, then I went and researched and asked a male friend and he said it’s like the real thing. The information on the internet is complete. You can find everything that comes from reviews, but I still believe that everyone will chose what they’ve learned from direct experience. So, if you ask about the information on the internet, I’d answer it is important because if there weren’t reviews, I still wouldn’t have done it … I do believe the information the doctor provided, but I think that the surgery is the same as facial cosmetic surgery and is dependent on a surgeon’s skill, like the doctor I chose after I had checked and seen the results of my friend. I also checked on cases of others I knew. I believed most of those who had direct experience. (sic) (MTF09, personal communication, 2016)

I believed [my friend who had direct experience] with [gender reassignment surgery] and all had gone well. (sic) (MTF08, personal communication, 2016)

[The reasons I believed a friend who had direct experience] are first, I saw they looked good and second, they were really pretty. (sic) (MTF12, personal communication, 2016)

I didn’t look at the postings on the web board because I was afraid they would be like a trap [hidden advertising] … When I saw the result of three of five friends who had had it done here, I was very satisfied. (sic) (MTF15, personal communication, 2016)

No, [I didn’t search for more information of the surgery] I didn’t know about transsexuality. … Yes, [the only source I got information about the surgery was MTF16 … Yes, [because of our friendship I relied on her]. (sic) (MTF17, personal communication, 2016)
My friend she had her operation one year earlier, and I knew the result first hand. … Yes, I believed [my friend and] … other friends [also told me] too. (sic) (MTF18, personal communication, 2016)

In real life, we could always talk and exchange information. … Many transgender people share information that way. … I still think that’s been the best way to learn. … I believe we should never rely totally on what someone tells us on the internet. … that alone did not make me decide to go to PAI [Preecha Aesthetic Institute, a private sanatorium]. My friend’s recommendation and her results that I saw, you know, all that was probably the biggest influence that made me think, yes, I want to go there. (sic) (MTF20, personal communication, 2017)

Some of the service users were satisfied with personal communication with persons with direct experience who they met online as there is a very high number offering a wide range of information. The service users can then make comparisons of the information provided by different sources.

The reviews on the internet are better than from other sources. They have had it done and then write in the form of a personal diary. I can then go and look and chat. There are many who go to Japanese sites to do this as they are like those in Thailand, like we have Pantip[.com]. (sic) (FTM01, personal communication, 2016)

The sites that I read, I believe about 70 to 80 percent as sometimes there are pictures and sometimes reviews with comments. (sic) (MTF05, personal communication, 2016)

The communication I believe the most is the internet and then the doctors because we have to talk to them … Now, I’d say [I believe most] in what’s on the internet, websites and blog reviews the most because it’s information provided by consumers directly, not going through anyone. (sic) (MTF06, personal communication, 2016)
[I] believe … personal communication [on the internet]. Sometimes, it’s persons who have done it already. Then, they provide a lot of opinions and viewpoints I can consider. (sic) (MTF02, personal communication, 2016)

Some of the service users are satisfied with personal communication with persons with direct experience who they actually know personally and meet online because the both groups can provide different information that will benefit and assist the service users in making their own decision.

Really, I didn’t trust my friends or people on the internet a lot, but I checked both and with friends who have had it done and the internet for reviews of doctors. They will tell where is hygienic, the doctor is okay. Then, I would begin to decide. (sic) (MTF07, personal communication, 2016)

Friends pay some part, but finally, I have to make my own decision … I’ll believe my friends who have experience so I can learn things like how many days it will hurt, when I can go out to eat. For these things, I’ll believe my friends 100 percent … About how to take care of oneself, I’ll believe my friends … but when it comes to breast shapes, I won’t believe them 100 percent as they only have one shape. And if I ask two friends, then, just two. So, when it comes to shape, it’s better to check on websites on the internet as there is a lot of different information … After reading, I saw that it could be a shill [researcher: shill is a term for deception to convince them to purchase something.] as they say it is so good. They exaggerate. So, I’m not interested in the captions. I’m interested in the pictures and the shape [of the breasts], things like this. (sic) (MTF10, personal communication, 2016)

2) Second, satisfaction of recommendations from physicians and medical personnel has a high level mean score equal to 3.47.

The data collected from the in-depth interviews showed that trust in physicians comes from the recommendations and examples of constructed genitals or organs of persons who have direct experience in gender reassignment surgery. And at the time when they meet a physician for consultation. If the physician demonstrates
sincerity and gives sufficient time to answer all questions clearly, the service users’ trust and confidence in the physician will increase.

When I met the doctor who was to conduct my sex reassignment surgery, I was already confident in them because I had seen results of their work and I felt okay with them … So, when I met the doctor I was confident because I had made my decision and wanted it done. But before the surgery, I told the doctor I wanted to look handsome and then fell asleep. (sic) (FTM04, personal communication, 2016)

I trust just this one doctor … I believed in him because of what I had read and what I felt when I met him for consultation. He spoke with me directly … I had to believe in the doctor. If I didn’t trust him, I wouldn’t have done it … Everything I consulted about with him and how he spoke was okay. (sic) (MTF05, personal communication, 2016)

The doctor was very okay. He spoke well. He told me everything about his technique. He asked me what style I wanted [for the vagina], how deep. He asked me what I wanted first, and if I wanted too much, he told me how much he could do. When I asked if this was safe and about having an orgasm, I was satisfied with his answer. (sic) (MTF09, personal communication, 2016)

[I] trust my doctor … I asked persons who had surgery with this doctor and felt okay on the day I met the doctor at the clinic, which made my decision even easier. Everything I asked he answered with recommendations. (sic) (MTF12, personal communication, 2016)

I met him often and still do. After meeting the doctor, it took me a month to decide [to have sex reassignment surgery to transition from a woman to be a man]. During that time, I went to have a wound I had treated, and during recovery, I liked the skill of this doctor. (sic) (FTM13, personal communication, 2016)

When I spoke with this doctor and made my decision … I was very impressed with him … I trusted him. When Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon] gave
recommendations, I went and looked for more information, but I couldn’t find any. Then, when I went to see him again, I did truly start to believe in him … I liked his sincerity. He made me feel important, which is very important. He spent a lot of time to explain things, and I saw he did this with everyone when I read feedback. I heard from many that doctors at private clinics don’t give patients much time, but this doctor did give me a lot even when I wasn’t sure I would have the surgery. This is very important. Doctors have to show they care. (sic) (MTF14, personal communication, 2016)

The doctor explained to me about all of the procedures. All the information was simple and easy [to understand]. I liked [it]. (sic) (MTF18, personal communication, 2016)

The doctors definitely made [me feel more confident] … They were wonderful. … They were really nice guys, and that made me more confident. (sic) (MTF20, personal communication, 2017)

In addition, if the service users know the physician personally, they will feel satisfied, and it will thus be easier to decide to have the surgery.

I already knew my doctor because I worked for the association [Transsexual Association of Thailand] … The doctor is one of the directors of the Medical Council and medical act drafting committee. So, I trust him … So, when I needed a consultation, I only thought of one place. I didn’t need to look around. I knew what I wanted. (sic) (MTF15, personal communication, 2016)

I didn’t listen to anyone. In fact, I listened but I did not believe just one person … For better peace of mind, I chose a doctor I knew. (sic) (FTM19, personal communication, 2016)

3) Third, satisfaction of recommendations from well-known persons, or influencers, and relate to gender reassignment surgery has a mid level mean score equal to 3.20.
The data collected from the in-depth interviews show that some of the service users will have an exemplar, idol, or role model of the surgery. If they know that their role model received surgery from a certain doctor, there is a tendency for them to choose to receive services from that doctor as well. The service user does not expect to be look like the role model, but they do make them trust that the doctor is skilled. Therefore, they will decide to have surgery with the same doctor.

Some people will see others who have had the surgery and appear pretty. These will become their idols and then they will choose only to have the surgery done at the same clinic by the same surgeon. (sic) (MTF03, personal communication, 2016)

I feel that she [Treechada Marnyaporn, 2004 Miss International Queen and Miss Tiffany’s Universe] had the surgery and she is okay. (sic) (MTF11, personal communication, 2016)

4) Fourth, satisfaction of recommendations from family members or friends has a mid level mean score equal to 3.17.

The data collected from the in-depth interviews show that members of the family or friends will help service users collect information about gender reassignment surgery and health services—which can help in their decision making. They will collect this information from those with direct experience and physicians and share it with the service users. The satisfaction of the recommendations of the members of their family or friends are secondary advice given to service users who are open to receiving this directly.

I chose to trust a doctor first. Secondly, I trusted reviews on the internet. Next, I trusted my partner because he also searched on the internet where he found comments by a number of persons as well as doctors. (sic) (MTF05, personal communication, 2016)

5) Fifth and last, satisfaction of recommendations from sanatorium service personnel has a mid level mean score equal to 2.69 respectively.
The data collected from the in-depth interviews show that in addition to providing primary information to service users that contact sanatoriums, if service staff are sincere and are service minded, they will help to build confidence and increase satisfaction. In addition to the expertise of the physicians and costs, service is another factor that service users consider.

The reception staff and nurses are just as important because if costs and the doctors’ skills are similar, you have to measure and compare services. (sic) (MTF14, personal communication, 2016)

[They are] very opened mind. I am still friends with the people who work there [Preecha Aesthetic Institute, a private sanatorium]. (sic) (MTF16, personal communication, 2016)

PAI [Preecha Aesthetic Institute, a private sanatorium] conduct surgery for 500 women per year, but they made me feel [provided service to me] like the only woman in the world. … They did [provide] good care of me and my friend [who came with me]. They [provided the services for] checkup [following surgery] and transport with a car and driver as well as recommended tours around Bangkok. (sic) (MTF18, personal communication, 2016)

Communicating between Jessie [Niwat Kaewpeer, the name of an office manager of a private sanatorium] made me feel much more confident, and Jessie [Niwat Kaewpeer, the name of an office manager of a private sanatorium] was amazing in that any little question I had, he would get me the answer. … [The first time that I came to Preecha Aesthetic Institute, a private sanatorium], I felt like a queen. I mean a car had picked me up at the residence and brought me to the clinic, and the team came out to greet me. Jessie [Niwat Kaewpeer, the name of an office manager of a private sanatorium] came rushing out and opened the door and welcomed me. The whole experience was like a dream. I don’t have a negative thing to say, seriously, and that’s amazing. Americans can always find something negative to say about something. In this case, I can’t and I don’t want to. (sic) (MTF20, personal communication, 2017)
5.4.2.3 Media Satisfaction Towards Direct Marketing Communication

From the test of hypothesis 17: Service users with different temperaments have different levels of satisfaction with direct marketing communication.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different levels of satisfaction with direct marketing communication.

H1: Service users with different temperaments have different levels of satisfaction with direct marketing communication.

Table 5.60 Test Statistics on Media Satisfaction Towards Direct Marketing Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.06</td>
<td>1.51</td>
<td>0.782</td>
<td>0.563</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.90</td>
<td>1.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.23</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>1.96</td>
<td>1.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.80</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>1.95</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>529</td>
<td>1.95</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
1. One members of the sampling did not answer on media satisfaction towards direct marketing communication (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.60 show a score equal to 0.563, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media satisfaction towards direct marketing.
communication. It can also be said that service users of each temperament have a similar levels of media satisfaction towards direct marketing communication.

When it comes to explaining details as far as media satisfaction towards different types of direct marketing communication. Overall, the research found that service users have a low level of satisfaction for direct marketing communication. It should be noted that currently services users are satisfied with chat applications, which is the newest form of communication as well as the most popular as explained in the following.

**Table 5.61** Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Satisfaction Towards Direct Marketing Communication of Service Users (n = 530)

<table>
<thead>
<tr>
<th>Direct Marketing Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through mail</td>
<td>1.55</td>
<td>1.63</td>
<td>Least</td>
</tr>
<tr>
<td>Through telephone calls</td>
<td>1.99</td>
<td>1.71</td>
<td>Low</td>
</tr>
<tr>
<td>Through email</td>
<td>1.98</td>
<td>1.67</td>
<td>Low</td>
</tr>
<tr>
<td>Through SMS</td>
<td>1.76</td>
<td>1.62</td>
<td>Least</td>
</tr>
<tr>
<td>Through chat applications such as LINE, WhatsApp and Wechat</td>
<td>2.46</td>
<td>1.72</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.95</strong></td>
<td><strong>1.40</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:** 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)

2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest

3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

From table 5.61, which presents mean scores for media satisfaction towards direct marketing communication of service users with different temperaments, it was found that:
1) First, satisfaction of information through chat applications such as LINE, WhatsApp and Wechat has a low level mean score equal to 2.46.

2) Second, satisfaction of information through telephone calls has a low level mean score equal to 1.99.

3) Third, satisfaction of information through email has a low level mean score equal to 1.98.

4) Fourth, satisfaction of information through Short Message Service (SMS) has a lowest level mean score equal to 1.76.

5) Fifth, satisfaction of information through mail has a lowest level mean score equal to 1.55 respectively.

5.4.2.4 Media Satisfaction Towards Public Relations

From the test of hypothesis 18: Service users with different temperaments have different levels of satisfaction with public relations.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different levels of satisfaction with public relations.

H1: Service users with different temperaments have different levels of satisfaction with public relations.
Table 5.62  Test Statistics on Media Satisfaction Towards Public Relations for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>2.55</td>
<td>1.46</td>
<td>0.431</td>
<td>0.827</td>
</tr>
<tr>
<td>Hateful</td>
<td>62</td>
<td>2.69</td>
<td>0.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>40</td>
<td>2.77</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.78</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.58</td>
<td>1.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>130</td>
<td>2.69</td>
<td>1.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>524</strong></td>
<td><strong>2.65</strong></td>
<td><strong>1.26</strong></td>
<td><strong>F</strong></td>
<td><strong>Sig.</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Six members of the sampling did not answer on media satisfaction towards public relations (Missing = 6)  
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.60 show a score equal to 0.827, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media satisfaction towards public relations. It can also be said that service users of each temperament have a similar levels of media satisfaction towards public relations.

Furthermore, the data collected from the in-depth interviews with the service users show that they access public relations that provides information, particularly academic material. They say it is a form of communication that is difficult to access because, for the most part, the material is in English, use medical terminology and most persons are not really interested in reading it. Service users can access public relations if they have a good level of education. Thus, the service users are satisfied in cases when they want to learn about new innovations in gender
reassignment surgery and health services before it is available through other communication channels.

I feel I can get more than enough information ... which I learned when I was studying to be a doctor [Researcher: FTM19 is a veterinarian]. I read journals and investigated this quickly. I knew most about it, but maybe not 100 percent. (sic) (FTM19, personal communication, 2016)

When it comes to explaining details as far as media satisfaction towards different types of public relations, overall, the service users are open to public relations to a mid level extent. The research found that currently service users are satisfied with public relations materials according to their dissemination are as follows: 1) social media, 2) websites and 3) television respectively for the top three in descending order, which also points out the influence of three screen advertising campaigns (Truong, McColl & Kitchen, 2010).

**Table 5.63**  Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Satisfaction Towards Public Relations of Service Users  
(n = 530)

<table>
<thead>
<tr>
<th>Public Relations</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From interviews or news programs broadcast on television</td>
<td>2.74</td>
<td>1.61</td>
<td>Medium</td>
</tr>
<tr>
<td>From interviews or news programs broadcast on radio</td>
<td>1.89</td>
<td>1.54</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, article and news photographs published in newspapers</td>
<td>2.20</td>
<td>1.60</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, article and news photographs published in magazines</td>
<td>2.50</td>
<td>1.61</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, articles and news photographs through websites</td>
<td>3.22</td>
<td>1.47</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Table 5.63  (Continued)

<table>
<thead>
<tr>
<th>Public Relations</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through news, articles and news photographs through social media</td>
<td>3.34</td>
<td>1.51</td>
<td>Medium</td>
</tr>
<tr>
<td>Total</td>
<td>2.65</td>
<td>1.26</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

From table 5.63, which presents mean scores of the service users for satisfaction towards public relations, it was found that:

1) First, satisfaction of information through news, articles and news photographs through social media has a mid level mean score equal to 3.34.

2) Second, satisfaction of information through news, articles and news photographs through websites has a mid level mean score equal to 3.22.

3) Third, satisfaction of information through interviews or news programs broadcast on television has a mid level mean score equal to 2.74.

4) Fourth, satisfaction of information through news, article and news photographs published in magazines has a low level mean score equal to 2.50.

5) Fifth, satisfaction of information through news, article and news photographs published in newspapers has a low level mean score equal to 2.20.

6) Sixth and last, satisfaction of information through interviews or news programs broadcast on radio has a low level mean score equal to 1.89.

5.4.2.5 Media Satisfaction Towards Sales Promotion and Special Events

From the test of hypothesis 19: Service users with different temperaments have different levels of satisfaction with different sales promotion and special events.
Using the F-test with the hypotheses:

**H0:** Service users with different temperaments do not have different levels of satisfaction with different sales promotion and special events.

**H1:** Service users with different temperaments have different levels of satisfaction with different sales promotion and special events.

**Table 5.64** Test Statistics on Media Satisfaction Towards Sales Promotion and Special Events for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.57</td>
<td>1.60</td>
<td>1.506</td>
<td>0.186</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.42</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.69</td>
<td>1.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.96</td>
<td>1.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.39</td>
<td>1.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.59</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>2.55</strong></td>
<td><strong>1.38</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.64 show a score equal to 0.186, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media satisfaction towards sales promotion and special events. It can also be said that service users of each temperament have a similar levels of media satisfaction towards sales promotion and special events.

When it comes to explaining details as far as media satisfaction towards different types of sales promotion and special events, overall, the service users are satisfied with sales promotion and special events to a low level extent. The research found that currently service users are most satisfied with the Transsexual Association
of Thailand and other transgender associations, which is a very strong and active organization for transgender persons as explained in the following.

**Table 5.65** Statistical Results for Means, Standard Deviation (S.D.) and Meaning of Media Satisfaction Towards Sales Promotion and Special Events of Service Users

<table>
<thead>
<tr>
<th>Sales Promotion and Special Events</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via promotional materials including discounts</td>
<td>2.65</td>
<td>1.68</td>
<td>Medium</td>
</tr>
<tr>
<td>Via promotion buy one offering another person surgery for free</td>
<td>2.14</td>
<td>1.74</td>
<td>Low</td>
</tr>
<tr>
<td>Via projects that organizes a pageant or competition with prizes for surgery</td>
<td>2.40</td>
<td>1.64</td>
<td>Low</td>
</tr>
<tr>
<td>Via the Sister’s Hand project to provide free sex reassignment surgery</td>
<td>2.44</td>
<td>1.70</td>
<td>Low</td>
</tr>
<tr>
<td>Via academic activities exhibitions, training, seminars and conferences.</td>
<td>2.53</td>
<td>1.62</td>
<td>Low</td>
</tr>
<tr>
<td>Via transgender beauty contests</td>
<td>2.60</td>
<td>1.60</td>
<td>Low</td>
</tr>
<tr>
<td>Via the Transsexual Association of Thailand and other transgender associations</td>
<td>3.10</td>
<td>1.63</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.55</td>
<td>1.38</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least satisfied up to 5 = the most satisfied)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.65, which presents mean scores for media satisfaction towards sales promotion and special events of service users with different temperaments, it was found that:

1) First, satisfaction of information via activities of the Transsexual Association of Thailand and other transgender associations has a mid level mean score equal to 3.10.

The data collected from the in-depth interviews show that in addition to sharing information concerning gender reassignment surgery and health services, the main activity of the organization is to dissemination information about living, or co-existing, in society as a transgender.

I’ve found that [the information] I cannot access I can find through the community through exchange. This is why I joined as there is about 20 to 30 percent more I want to know about life in general. (sic) (FTM19, personal communication, 2016)

2) Second, satisfaction of information via promotional material, including gender reassignment surgical and health service discounts has a mid level mean score equal to 2.65.

The data collected from the in-depth interviews show that gender reassignment surgery discounts do not affect choice of physicians as they will make their selection first. If the selected physician does offer a discount, this will influence the satisfaction level of service users and the speed with which they make their decision to have the surgery.

A discount won’t affect my decision. If I decide this doctor is good, then I’m going to go to him. For a discount, I might ask to adjust payments, which won’t hurt as much. (sic) (MTF09, personal communication, 2016)

3) Third, satisfaction of information via transgender beauty contests has a low level mean score equal to 2.60.
4) Fourth, satisfaction of information via academic activities exhibitions, training, seminars and conferences has a low level mean score equal to 2.53.

5) Fifth, satisfaction of information via the Sister’s Hand project to provide free sex reassignment surgery has a low level mean score equal to 2.44.

The data collected from the in-depth interview show that service users be able to receive gender reassignment surgery and health services free of charge through special events, or projects. If the service users find a bad experience during the projects, this will damage its image and there will a trend for these service users not to select the involved physicians or sanatoriums.

I had the chance to go to this doctor, --- [Concealing information: the name of a physician], when I was in the twelfth grade. At that time, they offered free breast and sex reassignment surgery ... At that time, the doctor didn’t speak that nicely to me. He was quite blunt. I didn’t like. (sic) (MTF11, personal communication, 2016)

6) Sixth, satisfaction of information via projects that organizes a pageant or competition with prizes for gender reassignment surgery has a low level mean score equal to 2.40.

7) Seventh and last, satisfaction of information via a promotion buy one offering another person surgery for free has a low level mean score equal to 2.14 respectively.

5.4.3 Media Interaction and Service Users’ Temperaments

This part discusses the interaction towards channels, including: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events due to service user temperament.
Table 5.66  Summary of Statistical Analysis of Mean, Standard Deviation (S.D.) and Meaning of Interaction Towards IMC Channels of Service Users (n=530)

<table>
<thead>
<tr>
<th>IMC Channels</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>1.87</td>
<td>1.38</td>
<td>Low</td>
</tr>
<tr>
<td>Personal communication</td>
<td>2.75</td>
<td>1.33</td>
<td>Medium</td>
</tr>
<tr>
<td>Direct marketing communication</td>
<td>1.67</td>
<td>1.46</td>
<td>Least</td>
</tr>
<tr>
<td>Public relations</td>
<td>1.95</td>
<td>1.40</td>
<td>Low</td>
</tr>
<tr>
<td>Sales promotion and special events</td>
<td>1.93</td>
<td>1.55</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.66 that presents the mean scores for interaction towards channels on the gender reassignment health service industry shows that:

1) First, service users have interaction with personal communication.
2) Second, service users have interaction with public relations.
3) Third, service users have interaction with sales promotion and special events.
4) Fourth, service users have interaction with advertising.
5) Fifth, service users have interaction with direct marketing communication respectively.

For this research, the results concerning the five types of channels mentioned above are applied to test the research hypotheses using statistical analysis: Service users who have different temperaments also have different interaction towards channels according to the analysis of the descriptive statistics on interaction towards channels, including mean and Standard Deviation (S.D.) along with the analysis of
data of interaction towards channels collected through the in-depth interviews, which are presented in detail below.

5.4.3.1 Media Interaction Towards Advertising

From the test of hypothesis 20: Service users with different temperaments interact differently with advertising.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with advertising.

H1: Service users with different temperaments interact differently with advertising.

Table 5.67 Test Statistics on Media Interaction Towards Advertising for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.08</td>
<td>1.56</td>
<td>2.419</td>
<td>0.035</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.77</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.05</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>1.94</td>
<td>1.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.57</td>
<td>1.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.02</td>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>1.87</strong></td>
<td><strong>1.38</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

The results for the F-test applying ANOVA analysis presented in table 5.67 show a score equal to 0.035, which is less than the required significance 0.05 (Sig.>.05) thus refuting H0 that the service users with different temperaments have different media interaction towards advertising. It can also be said that service users
of each temperament do not have similar levels of media interaction towards advertising. When it comes to details, the research found the following.

**Table 5.68** Statistical Comparison of Post Hoc Test for the Mean Scores of Media Interaction Towards Advertising Classified According to the Temperaments of Service Users

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>Lustful</th>
<th>Hateful</th>
<th>Unintelligent</th>
<th>Discursive</th>
<th>Devout</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>2.08</td>
<td>0.3182</td>
<td>0.0371</td>
<td>0.1433</td>
<td>.5122*</td>
<td>0.0638</td>
</tr>
<tr>
<td>Hateful</td>
<td>1.77</td>
<td>-0.2811</td>
<td>-0.1750</td>
<td>0.1940</td>
<td>-0.2545</td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>2.05</td>
<td>0.1062</td>
<td>0.4751</td>
<td>0.0267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>1.94</td>
<td></td>
<td>0.3689</td>
<td>0.0795</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>1.57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.4484*</td>
</tr>
<tr>
<td>Intellectual</td>
<td>2.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.68 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Lustful temperament shows a greater media interaction with advertising than devout temperament.

2) Devout temperament shows a lower media interaction with advertising than intellectual temperament.

When it comes to details as far as media interaction towards different types of advertising, overall, the service users interact with advertising to a low level extent. The research found that currently service users interact with the following advertising channels: 1) social media, 2) websites and 3) television respectively for the top three in descending order. This also demonstrates the influence of three screen advertising campaigns (Truong, McColl & Kitchen, 2010) with details as follows.
Table 5.69  Statistical Results for Mean Score and Standard Deviation (S.D.) for Media Interaction with Advertising of the Service Users

<table>
<thead>
<tr>
<th>Advertising</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>On television</td>
<td>1.76</td>
<td>1.74</td>
<td>Least</td>
</tr>
<tr>
<td>On radio</td>
<td>1.36</td>
<td>1.55</td>
<td>Least</td>
</tr>
<tr>
<td>In newspapers</td>
<td>1.45</td>
<td>1.60</td>
<td>Least</td>
</tr>
<tr>
<td>In magazines</td>
<td>1.60</td>
<td>1.62</td>
<td>Least</td>
</tr>
<tr>
<td>On billboards</td>
<td>1.44</td>
<td>1.56</td>
<td>Least</td>
</tr>
<tr>
<td>On out-of-home signage</td>
<td>1.52</td>
<td>1.62</td>
<td>Least</td>
</tr>
<tr>
<td>On websites</td>
<td>2.81</td>
<td>1.77</td>
<td>Medium</td>
</tr>
<tr>
<td>On social media</td>
<td>3.03</td>
<td>1.78</td>
<td>Medium</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.87</strong></td>
<td><strong>1.38</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

From table 5.69, which presents the mean scores for media interaction with advertising of service users with different temperaments, it was found that:  

1) First, interaction with advertising on social media has a mid level mean score equal to 3.03.  
2) Second, interaction with advertising on websites has a mid level mean score equal to 2.82.  
3) Third, interaction with advertising on television has a lowest level mean score equal to 1.76.  
4) Fourth, interaction with advertising in magazines has a lowest level mean score equal to 1.60.
5) Fifth, interaction with advertising out-of-home signage has a lowest level mean score equal to 1.52.

6) Sixth, interaction with advertising in newspapers has a lowest level mean score equal to 1.45.

7) Seventh, interaction with advertising on billboards has a lowest level mean score equal to 1.44.

8) Eighth and last, interaction with advertising on radio has a lowest level mean score equal to 1.36.

5.4.3.2 Media Interaction Towards Personal Communication

From the test of hypothesis 21: Service users with different temperaments interact differently with personal communication.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with personal communication.

H1: Service users with different temperaments interact differently with personal communication.

**Table 5.70** Test Statistics on Media Interaction Towards Personal Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.71</td>
<td>1.51</td>
<td>0.890</td>
<td>0.488</td>
</tr>
<tr>
<td>Hateful</td>
<td>61</td>
<td>2.54</td>
<td>1.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.85</td>
<td>1.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>49</td>
<td>2.68</td>
<td>1.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.70</td>
<td>1.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.92</td>
<td>1.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>527</td>
<td>2.75</td>
<td><strong>1.33</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1. Three members of the sampling did not answer on media interaction towards personal communication (Missing = 3)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
The results for the F-test applying ANOVA analysis presented in table 5.70 show a score equal to 0.488, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media interaction towards personal communication. It can also be said that service users of each temperament have a similar levels of media interaction towards personal communication.

Furthermore, the data collected from the in-depth interviews with service users show that persons with direct experience who release of news concerning gender reassignment surgery and health services through online social media communities, which can be divided into two types: 1) persons with direct experience who offer news that will benefit the public and 2) persons with direct experience who offer information for commercial reasons, i.e., employed to find service users for sanatoriums. In fact, the personal communication of those persons with direct experience offering news that will benefit the public might be misunderstood by service users as they think it is for commercial gain. Being pressured, they would reduce their online role, which is the reason why persons with direct experience who disseminate news online is very limited when compared to the number of transgender people who have direct access to the internet.

There are two types of active persons giving information by active online. The first are those who are not looking for any personal benefits, and the second are those who like, like financial compensation to say anything or those who receive a monthly salary or have some other payment agreement similar to someone working in sales or acting as an AE [account executive] … To put it frankly, it’s their work. So, then the question is why there are so few active persons. Well, then, we can talk about NGOs [Non-government Organizations] and ask why there are so few NGOs [Non-government Organizations] talking about this? ... Possibly because there is distrust, there are different rumors about what is being promoted. People wonder if they have ulterior motives. For this reason, many belonging to NGOs [Non-government Organizations] don’t want to speak. (sic) (MTF03, personal communication, 2016)
When it comes to explaining details as far as media interaction with personal communication, overall, the service users interact with personal communication to a mid level extent. The research found currently services users would interact with: 1) persons with direct gender reassignment surgery experience, 2) family members or friends and 3) physicians and medical personnel respectively for the top three in descending order. The reason for this because service users have a tendency to interact most with persons they are close to.

**Table 5.71** Statistical Results for Mean Score and Standard Deviation (S.D.) for Interaction with Personal Communication of the Service Users (n=530)

<table>
<thead>
<tr>
<th>Personal Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From family members or friends</td>
<td>2.90</td>
<td>1.70</td>
<td>Medium</td>
</tr>
<tr>
<td>From well-known persons, or influencers, and relate to gender reassignment surgery</td>
<td>2.69</td>
<td>1.60</td>
<td>Medium</td>
</tr>
<tr>
<td>From persons with direct gender reassignment surgery</td>
<td>3.12</td>
<td>1.62</td>
<td>Medium</td>
</tr>
<tr>
<td>From physicians and medical personnel</td>
<td>2.78</td>
<td>1.60</td>
<td>Medium</td>
</tr>
<tr>
<td>From sanatorium service personnel</td>
<td>2.30</td>
<td>1.62</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.75</td>
<td>1.33</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

From table 5.71, which presents mean scores for media interaction with personal communication of service users with different temperaments, it was found that:
1) First, interaction with recommendations from persons with direct gender reassignment surgery experience has a mid level mean score equal to 3.12.

The data collected from the in-depth interviews show that the interaction in personal communication with those persons who have direct experience in gender reassignment surgery and health services helps the service users collect more information to support their decision making. Some groups of service users decide to have gender reassignment surgery and health services because of the interaction with just one person with direct experience.

I went to see one person who had had surgery [a mastectomy] in Thailand, and he wanted to know me. So, I went … but at that time, I wasn’t brave enough. Still, I did look after the surgery. He seemed fine. I asked how he felt, but since he just had the procedure, he didn’t know yet, but he did feel relieved. I decided on that day, I had to see for myself. (sic) (FTM01, personal communication, 2016)

After talking, I had one friend who then wanted to have it done. I then gave her more information and told her where I had gotten it. I usually speak to friends a couple of times when we talk about life in general, but sometimes we do talk about surgery. Most of the questions are if I can use what has been constructed. We don’t usually talk about fear because we have already decided to have it done. We want to talk usually to build their our confidence and motive ourselves to have it performed sooner. As far as personal communication, this happens a lot because there’s the internet where we can find information. People can then decide to do it or not right away. (sic) (FTM04, personal communication, 2016)

When I had enough information [from friends with direct experience], I went to see a doctor, just one … and like I had chosen, I decided to have the surgery. This is because the surgery at each place can be slightly different. If I look at a few, I wouldn’t be able to decide. This doctor was just like the information I got [from the friend with direct experience], so I made my decision … [I] didn’t look for any recommendations on the internet. For the
most part, I like face-to-face recommendations. (sic) (MTF12, personal communication, 2016)

After meeting Khun Nok [Yollada Suenyod, the president of the Transsexual Association of Thailand], I didn’t talk about this with anyone else … I then only thought about the money, but I knew I would do it. And then I saw what a friend had had done who had the surgery, and I decided to do it. Then, when I had the money, I didn’t hesitate to have it done. I transferred the money and made the soonest appointment with the doctor. (sic) (MTF15, personal communication, 2016)

My friend showed me her results. I got to see the results before I went, and I thought if I had results like that, I would be very happy. And that was the final deciding factor. … Within a month or a little over a month after she had her surgery, … after she got out of surgery and went home, she sent me a picture of her results, her face, her breasts and her buttocks. Once I saw what it was like, that’s where I wanted to go. And so, when she finally contacted me to start setting it up and got me in touch with Jessie [Niwat Kaewpeer, the name of an official manager of a private sanatorium], I was like, this is where I want to go. (sic) (MTF20, personal communication, 2017)

Then there are service users who will try to have personal communication with as many persons with direct experience so they can make comparisons before finally deciding.

She [friend] showed me [the sex organs they had constructed]. Because we were good friends, we weren’t shy … I won’t comment about [a new organ] with the owner, but will comment with other friends. Everyone would cheer their own doctor. They all said they were good, but I still had to find who I thought was better, who would best satisfy me … Then I would learn who went to which doctor and I would read reviews about them. Then, I checked prices and read reviews on found on the internet and make comparisons with what I knew to be true from persons who had had it done. (sic) (MTF09, personal communication, 2016)
I made friend with persons online and then called them to talk … When I could talk to them personally, some would show me pictures. Some would show me what they had done. I don’t know how many I talked to or how many I saw. I would call and then set up a meeting to eat together. (sic) (MTF14, personal communication, 2016)

My friend had surgery a year before, and I knew the results first hand. … Yes, I believed [my friend], but I tried [to search for more] information, too. … I saw a lot of result pictures on the internet, the PAI [Preecha Aesthetic Institute, a private sanatorium] website and Dr. Suporn’s [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] website, and I consulted Dr. Mañero [Researcher: Dr. Ivan Mañero, MD, head of the Gender Disorders Unit of the Hospital Clínico of Barcelona] at his clinic [in Spain]. (sic) (MTF18, personal communication, 2016)

2) Second, interaction with recommendations from family members or friends has a mid level mean score equal to 2.90.

The data collected from the in-depth interviews showed that family members and friends will help service users in selecting their physician and support them so they will feel more confident in their decision.

Let’s say I ask one person and they tell me this doctor is good and why. Then, I have the chance to talk to someone else and share what I learned. Then, they tell me about other doctors and then I can compare them. Sometimes, my friends said that this doctors is so good, so I should do it with him. I felt confident to make my decision to have it done with this doctor at this hospital. I think my confidence got stronger as I heard more. If I didn’t have any information like this, I wouldn’t know where to go to find it. (sic) (MTF02, personal communication, 2016)

3) Third, interaction with recommendations from physicians and medical personnel has a mid level mean score equal to 2.78.
The data collected from the in-depth interviews show that service users have interaction with physicians to ask about the surgical procedures as they can also their queries and be the most trusted concerning the surgery. Transwomen have many sources where they can get information concerning gender reassignment surgery. Service users can also take what they learn from their physicians and then check this with other sources to build their confidence.

I went to speak to a doctor first and asked about their technique. Then, I searched on the internet to learn if it was really good and if it was the same or not. After that, I talked to friends to hear what they said about the doctor they went to. They told me whether it hurt or not, whether it was pretty after it was done. This helped me to feel more confident. And when they showed me what they had done and I saw it was pretty, I was satisfied. (sic) (MTF06, personal communication, 2016)

For transmen and their collection of data for gender reassignment surgery, it must be remembered that this is a new service offered here and there aren’t many persons with knowledge about this as well as a limited number of surgeons and physicians with experience.

At that time, I didn’t discuss details with friends. I just said that I was going to see a doctor to talk about this. I then had this kind of interaction with just one doctor … but I met him often and still do. After meeting the doctor, it took me a month to decide [to have sex reassignment surgery to transition from a woman to be a man]. (sic) (FTM19, personal communication, 2016)

In addition, it was found that service users who had no information about gender reassignment surgery and health services, they would make an appointment to consult a physician to ask what they thought about the different procedures to transition to be the gender they want. The physician then could tell if the body of the service user have any limitations that would prevent certain
procedures from being performed. The service user would then make their decision based on only the physician’s recommendations.

MTF17 didn’t know anything. … I asked him [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] what he could do. She had what’s called testosterone poisoning. … He can’t do so much. That’s okay. MTF17 can live the way she likes to live. She had as many operations as s Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] could perform. … I had abdominal plastic surgery to remove fat and make a nice tight waist. It’s the best surgery that I have ever had. I wanted him to do the same to MTF17, but he couldn’t do it because there was not fat, there was just muscle. (sic) (MTF16, personal communication, 2016)

4) Fourth, interaction with recommendations from well-known persons, or influencers, and relate to gender reassignment surgery has a mid level mean score equal to 2.69.

The data collected from the in-depth interviews show that service users will select a physician who well-known persons associated with gender reassignment recommend as they serve as role models who they admire. However, after collecting information from the role model, the service users will search for additional information from persons with direct experience that the service users know personally or online to build their confidence in their decision making further.

I asked [Treechada Marnyaporn, 2004 Miss International Queen and Miss Tiffany’s Universe] on LINE [chat application] and then went and met her, but she wouldn’t show me what she had had done. She told me what it was like and about it’s appearance [vagina], if it was okay, how deep it was, and I just continued … to collect information [on the internet]. After I met one doctor, I decided to have the surgery with him. Then, I didn’t check about any other doctor. So, I went and paid. It was all easy as they have internet where I could look and ask questions. I also asked others as I have a lot of transwomen
friends … on LINE [chat application] who I could talk to, and they would send pictures I could look at. (sic) (MTF11, personal communication, 2016)

5) Fifth and last, interaction with recommendations from sanatorium service personnel has a low level mean score equal to 2.30 respectively.

The data collected from the in-depth interviews showed that foreign service users that come to Thailand for gender reassignment surgery and health services feel that the service staff at sanatoriums are very important in coordinating services and making recommendations about how to prepare for surgery and preventing an error from occurring. It must be remembered that foreign service users must prepare documents from the country and their time in Thailand is usually limited.

I probably sent Jessie [Niwat Kaewpeer, the name of an official manager of a private sanatorium] 200 E-mails before surgery, just to clarify details, make sure I had everything I needed, everything was ready … make sure I had done everything, everything was just right before. (sic) (MTF20, personal communication, 2017)

5.4.3.3 Media Interaction Towards Direct Marketing Communication

From the test of hypothesis 22: Service users with different temperaments interact differently with direct marketing communication.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with direct marketing communication.

H1: Service users with different temperaments interact differently with direct marketing communication.
Table 5.72  Test Statistics on Media Interaction Towards Direct Marketing Communication for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>97</td>
<td>1.83</td>
<td>1.60</td>
<td>1.278</td>
<td>0.272</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.55</td>
<td>1.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.03</td>
<td>1.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>1.78</td>
<td>1.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.51</td>
<td>1.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>1.62</td>
<td>1.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>528</strong></td>
<td><strong>1.67</strong></td>
<td><strong>1.46</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**  
1. Two members of the sampling did not answer on media interaction towards direct marketing communication (Missing = 2)  
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.72 show a score equal to 0.272, which is more than the required significance 0.05 (Sig.>0.05) proving the acceptance of H0 that the service users with different temperaments have similar media interaction towards direct marketing communication. It can also be said that service users of each temperament have a similar levels of media interaction towards direct marketing communication.

Furthermore, The data collected from in-depth interviews with service users show that they choose to have interaction through chat applications that communicate key points about gender reassignment surgery and health services to personally care for themselves.
While LINE [chat application] is more private. Facebook [.com] only lets you make superficial comments; you cannot give any details … Social media does let outsiders see things, like with Facebook [.com] where they can also leave deliberate comments. (sic) (MTF11, personal communication, 2016)

When it comes to explaining details as far as media exposure towards different types of direct marketing communication, overall, the service users interact with direct marketing communication to the lowest level extent. It should be noted that currently service users do have interaction with chat applications, which is the newest form of communication as well as the most popular as explained in the following.

**Table 5.73** Statistical Results for Mean Score and Standard Deviation (S.D.) for Media Interaction with Direct Marketing Communication of the Service Users

<table>
<thead>
<tr>
<th>Direct Marketing Communication</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through mail</td>
<td>1.32</td>
<td>1.67</td>
<td>Least</td>
</tr>
<tr>
<td>Through telephone calls</td>
<td>1.66</td>
<td>1.71</td>
<td>Least</td>
</tr>
<tr>
<td>Through email</td>
<td>1.65</td>
<td>1.68</td>
<td>Least</td>
</tr>
<tr>
<td>Through SMS</td>
<td>1.54</td>
<td>1.70</td>
<td>Least</td>
</tr>
<tr>
<td>Through chat applications such as LINE, WhatsApp and Wechat</td>
<td>2.16</td>
<td>1.82</td>
<td>Low</td>
</tr>
<tr>
<td>Total</td>
<td>1.67</td>
<td>1.46</td>
<td>Least</td>
</tr>
</tbody>
</table>

**Note:**
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean
From table 5.73, which presents mean scores of media interaction with direct marketing communication of the service users with different temperaments, it was found that:

1) First, interaction with information through chat applications such as LINE, WhatsApp and Wechat has a low level mean score equal to 2.16.

2) Second, interaction with information through telephone calls has a lowest level mean score equal to 1.66.

3) Third, interaction with information through email has a lowest level mean score equal to 1.65.

4) Fourth, interaction with information through SMS (Short Message Service) has a lowest level mean score equal to 1.54.

5) Fifth and last, interaction with information through mail has a lowest level mean score equal to 1.32.

5.4.3.4 Media Interaction Towards Public Relations

From the test of hypothesis 23: Service users with different temperaments interact differently with public relations.

Using the F-test with the hypotheses:

H0: Service users with different temperaments do not interact differently with public relations.

H1: Service users with different temperaments interact differently with public relations.
Table 5.74 Test Statistics on Media Interaction Towards Public Relations for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.05</td>
<td>1.52</td>
<td>1.151</td>
<td>0.332</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.86</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.30</td>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>1.98</td>
<td>1.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.78</td>
<td>1.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.00</td>
<td>1.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>1.95</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

The results for the F-test applying ANOVA analysis presented in table 5.74 show a score equal to 0.332, which is more than the required significance 0.05 (Sig.>.05) proving the acceptance of H0 that the service users with different temperaments have similar media interaction towards public relations. It can also be said that service users of each temperament have a similar media interaction towards public relations.

Furthermore, the data collected through in-depth interviews with service users show that previously service users interacted with public relations for gender reassignment surgery and health services that was disseminated through print media such as newspapers and magazines as well as that broadcast on television. Currently, though, they interact with public relations disseminated through digital channels, which allows them to learn about new advancement in foreign countries much more easily.
It depends on what I am looking for. If I am looking for information on facial feminization surgery then I would do that, or if I’m looking for information on hormone replacement therapy I would search for that, or I might say replacement therapy for a female to zero in on exactly what I am lookin forg, and I might get stuff I don’t need. I might add the word transsexual, or I might add transgender, depending on the context. I look for transgender more often. (sic) (MTF20, personal communication, 2017)

In the past, I could search for information on FTM (female to male) that I was looking for [in English] … And it will come up very quickly. (sic) (FTM19, personal communication, 2016)

When it comes to explaining details as far as media interaction towards different types of public relations, overall, the service users interact with advertising to a low level extent. The research found that currently service users interact through different forms of public relations as follows: 1) social media, 2) websites and 3) television programs respective for the top three in descending order. This again demonstrates the influence of three screen advertising campaigns (Truong, McColl & Kitchen, 2010).

Table 5.75  Statistical Results for Mean Score and Standard Deviation (S.D.) for Media Interaction with Public Relations of the Service Users (n=530)

<table>
<thead>
<tr>
<th>Public Relations</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>From interviews or news programs broadcast on television</td>
<td>1.79</td>
<td>1.68</td>
<td>Least</td>
</tr>
<tr>
<td>From interviews or news programs broadcast on radio</td>
<td>1.41</td>
<td>1.57</td>
<td>Least</td>
</tr>
<tr>
<td>Through news, article and news photos published in newspapers</td>
<td>1.51</td>
<td>1.59</td>
<td>Least</td>
</tr>
<tr>
<td>Through news, article and news photos published in magazines</td>
<td>1.75</td>
<td>1.66</td>
<td>Least</td>
</tr>
</tbody>
</table>
Table 5.75 (Continued)

<table>
<thead>
<tr>
<th>Public Relations</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through news, articles and news photographs through websites</td>
<td>2.53</td>
<td>1.75</td>
<td>Low</td>
</tr>
<tr>
<td>Through news, articles and news photographs through social media</td>
<td>2.72</td>
<td>1.78</td>
<td>Medium</td>
</tr>
<tr>
<td>Total</td>
<td>1.95</td>
<td>1.40</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note: 1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean. If it exceeds this, it should be noted in the distribution of the data.

From table 5.75, which presents mean scores for media interaction with public relations of the service users with different temperaments, it was found that:

1) First, interaction with information through news, articles and news photographs through social media has a mid level mean score equal to 2.72.
2) Second, interaction with information through news, articles and news photographs through websites has a low level mean score equal to 2.53.

The data collected from the in-depth interviews show that service users will interact with public relations, particularly through academic articles published abroad that offer more up to date information concerning gender reassignment surgery and health services. Some service users will then share what they have learned with other service users.

As I said that I studied medicine [researcher: FTM19 is a veterinarian.], I read online journals which are up to date and I studied a lot of them. … as I, myself, am a community administrator … Many of these organizations for
transmen have already failed … So, I now act as an independent online consultant through a LINE group [chat application], which is a form of an online community. My role is to provide advice … I provide information. Most of it is done through sharing. (sic) (FTM19, personal communication, 2016)

3) Third, interaction with information from interviews or news programs broadcast on television has a lowest level mean score equal to 1.79.

The data collected from the in-depth interviews show that when service users watch television programs that have content concerning gender reassignment, they will search for more information through the internet to learn further details.

As I grew up, I watch TV, and I wondered why some people changed. So, I searched and learned about hormone treatments. But, at first, I was afraid to do it. (sic) (FTM01, personal communication, 2016)

4) Fourth, interaction with information through news, article and news photographs published in magazines has a lowest level mean score equal to 1.75.

The data collected from the in-depth interviews show that in the past there were few channels where information on gender reassignment surgery could be accessed like today. Public relations disseminated through magazines is important as it gives service users information about sanatoriums that provide gender reassignment surgical and health services.

When we look back at this magazine, there was one woman who had surgery performed at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium]. So, then I knew, it was done at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium] and went immediately. That magazine was like the starting point for me learning that this kind of operation was performed, and I so decided to do it … For about
six years, between the ages of ten to 16, in the province where I lived, there
was just one person who had had the sex change operation. I knew her, but
didn’t meet her. I just heard she had had the surgery and then went to live
abroad. But, then I knew I would be the next. When I went to meet the doctor,
I told him I wanted to change my gender. That doctor didn’t really do
anything, just examined me and gave me a psychological test. Then, I had to
go to see other doctors more often, but I never asked how many more times I
would have to go. I just knew I had to keep going if I wanted the surgery. (sic)
(MTF03 personal communication, 2016)

5) Fifth, interaction with information through news, article and
news photographs published in newspapers has a lowest level mean score equal to
1.51.

The data collected from the in-depth interviews show that in the
past there were few channels where information on gender reassignment surgery and
health services could be accessed like today. Public relation disseminated through
newspaper is quite important as it provides service users with information concerning
gender reassignment that can be cut out and kept for future referral when making
decisions.

As I learned this from a newspaper, I cut out the article to keep this
information … At that time, there was no the internet or other sources. (sic)
(MTF07, personal communication, 2016)

6) Sixth and last, interaction with information from interviews
or news programs broadcast on radio has a lowest level mean score equal to 1.41
respectively.

5.4.3.5 Media Interaction Towards Sales Promotion and Special Events

From the test of hypothesis 24: Service users with different
temperaments interact differently with sales promotion and special events.

Using the F-test with the hypotheses:
H0: Service users with different temperaments do not interact differently with sales promotion and special events.

H1: Service users with different temperaments interact differently with sales promotion and special events.

Table 5.76  Test Statistics on Media Interaction Towards Sales Promotion and Special Events for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.21</td>
<td>1.71</td>
<td>2.453</td>
<td>0.033</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>1.76</td>
<td>1.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.11</td>
<td>1.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.16</td>
<td>1.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>1.62</td>
<td>1.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>131</td>
<td>2.01</td>
<td>1.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>529</td>
<td>1.93</td>
<td>1.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. One members of the sampling did not answer on media interaction towards sales promotion and special events (Missing = 1)
2. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

The results for the F-test applying ANOVA analysis presented in table 5.76 show a score equal to 0.033, which is less than the required significance 0.05 (Sig.>.05) thus refuting H0 that the service users with different temperaments have different media interaction towards sales promotion and special events. It can also be said that service users of each temperament do not have similar levels of media interaction towards sales promotion and special events. When it comes to details, the research found the following.
Table 5.77  Statistical Comparison of Post Hoc Test for the Mean Scores of Media Interaction Towards Sales Promotion and Special Events Classified According to the Temperaments of Service Users

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>Lustful x</th>
<th>Hateful</th>
<th>Unintelligent</th>
<th>Discursive</th>
<th>Devout</th>
<th>Intellectual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>2.21</td>
<td>0.4555</td>
<td>0.0999</td>
<td>0.0521</td>
<td>.5965*</td>
<td>0.1974</td>
</tr>
<tr>
<td>Hateful</td>
<td>1.76</td>
<td>-0.3556</td>
<td>-0.4034</td>
<td>0.1410</td>
<td>-0.2581</td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>2.11</td>
<td></td>
<td>-0.0478</td>
<td>0.4966</td>
<td></td>
<td>0.0975</td>
</tr>
<tr>
<td>Discursive</td>
<td>2.16</td>
<td>-</td>
<td></td>
<td>.5444*</td>
<td></td>
<td>0.1453</td>
</tr>
<tr>
<td>Devout</td>
<td>1.62</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-3.991*</td>
</tr>
<tr>
<td>Intellectual</td>
<td>2.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.77 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Lustful and discursive temperament have a greater media interaction with sales promotion and special events than devout temperament.

2) Devout temperament has a lower media interaction with sales promotion and special events than intellectual temperament.

When it comes to explaining details for the media interaction towards different types of sales promotion and special events, overall, the service users interact with sales promotion and special events at a low level extent. The research found that currently service users are most interact with information released by transgender associations. It should also be noted that transgender service users are strongly attached to groups with details as follows.
Table 5.78  Statistical Results for Mean Score and Standard Deviation (S.D.) for Media Interaction with Sales Promotion and Special Events of the Service Users  

<table>
<thead>
<tr>
<th>Sales Promotion and Special Events</th>
<th>Mean</th>
<th>S.D.</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via promotional materials including discounts</td>
<td>2.00</td>
<td>1.81</td>
<td>Low</td>
</tr>
<tr>
<td>Via promotion buy one offering another person surgery for free</td>
<td>1.69</td>
<td>1.76</td>
<td>Least</td>
</tr>
<tr>
<td>Via projects that organizes a pageant or competition with prizes for surgery</td>
<td>1.73</td>
<td>1.72</td>
<td>Least</td>
</tr>
<tr>
<td>Via the Sister’s Hand project to provide free sex reassignment surgery</td>
<td>1.78</td>
<td>1.75</td>
<td>Least</td>
</tr>
<tr>
<td>Via academic activities exhibitions, training, seminars and conferences.</td>
<td>1.93</td>
<td>1.74</td>
<td>Low</td>
</tr>
<tr>
<td>Via transgender beauty contests</td>
<td>1.96</td>
<td>1.79</td>
<td>Low</td>
</tr>
<tr>
<td>Via activities of the Transsexual Association of Thailand and other transgender associations</td>
<td>2.42</td>
<td>1.85</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1.93</strong></td>
<td><strong>1.55</strong></td>
<td><strong>Low</strong></td>
</tr>
</tbody>
</table>

**Note:**  
1. Means are based on 5-point Likert scale estimation (1 = least interactive up to 5 = the most interactive)  
2. The interpretation criteria for the mean scores are 1.00-1.80 = least / 1.81-2.60 = low / 2.61-3.40 = medium / 3.41-4.20 = high / 4.21-5.00 = highest  
3. It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean. If it exceeds this, it should be noted in the distribution of the data  

From table 5.78, which presents mean scores for media interaction toward sales promotion and special events of the service users with different temperaments, it was found that:
1) First, interaction with information via activities of the Transsexual Association of Thailand and other transgender associations has a low level mean score equal to 2.42.

2) Second, interaction with information via promotional material, including gender reassignment surgical and health service discounts has a low level mean score equal to 2.00.

3) Third, interaction with information via transgender beauty contests has a low level mean score equal to 1.96.

The data collected through in-depth interviews show that persons who win Miss Tiffany’s Universe will receive gender reassignment surgery and health services from a sanatorium that helps sponsor the event. This will thus influence the winner to decide to have the surgery and services at the said sanatorium. Still, the service user will consult a friend who has direct experience before making their final decision.

I had sex reassignment surgery after winning Miss Tiffany’s Universe. … I was part of the contract with the sponsor of Miss Tiffany’s Universe, I didn’t spend the money myself … Before doing it, I consulted with the doctor there. I asked a friend who had used this doctor to check if he was okay, if the place was good? I asked a number of persons if they were okay. Then, I went and had it done. (sic) (MTF12 personal communication, 2016)

4) Fourth, interaction with information via academic activities exhibitions, training, seminars and conferences has a low level mean score equal to 1.93.

5) Fifth, interaction with information via the Sister’s Hand project to provide free sex reassignment surgery has a lowest level mean score equal to 1.78.

The data collected from the in-depth interviews show that service users can have gender reassignment surgery and health services free of charge if they join projects in the form of special events. Service users will consult members of their family and friends to help them make their decision and, in the case a service user is
under age, their guardian can have a major influence as well as be the one to make the final decision for the service user.

I had the chance to go to this doctor, --- [Concealing information: the name of a physician] when I was in the twelfth grade. At that time, they offered free breast and sex reassignment surgery. But, at home, my parents said I still did not need to have it done. I was still young, at 18. My mother said, I won’t let you join this project, wait first. (sic) (MTF11, personal communication, 2016)

6) Sixth, interaction with information via projects that organizes a pageant or competition with prizes for gender reassignment surgery has a lowest level mean score equal to 1.73.

7) Seventh and last, interaction with information via a promotion buy one offering another person surgery for free has a lowest level mean score equal to 1.69 respectively.

5.4.4 Channels of IMC that Service Users Want to Emphasize or Expand to Help in Decision Making

The data collected through the in-depth interviews show that personal communication with: 1) physicians and medical personnel, 2) sanatorium service personnel that offer gender reassignment surgery and health services and forms of communication that service users want increased to help them in the decision making.

Service users want to receive more news directly from surgeons who perform these procedures, particularly through two-way communication (Schramm, 1954). Currently, service users only have the chance to talk with a surgeon on the day they have a schedule consultation. They feel that the academic information and recommendation given by the surgeons concerning gender reassignment surgery and health services is the most correct and dependable. Foreign service users also face a key limitation, language fluency, and they must be very careful of misunderstandings between the doctor and themselves.
I want to be able to speak with the doctors directly, to have an academic answer my questions … I think they can help to build confidence in people who have not had the surgery and are thinking of a sanatorium to have the sex reassignment surgery performed. If I am going to have it performed here, I want one source where I can get all the information. I don’t want to go look for information from people I don’t know … I want to learn if from my doctor … I don’t believe they would lie as this is their profession and a source that depends on this work. They are someone I know I can trust. (sic) (MTF02, personal communication, 2016)

I want doctors to conduct research and provide information through public relations at times because when transgenders talked to each other only in their network, it can be dangerous, like when transmen talk to each other or buy hormones. Then, they give themselves an injection and may go into shock and die … I want it always to be done as it should be. I think that there is actually very little correct information available. (sic) (FTM13, personal communication, 2016)

I think communications is always the key. Talking to your doctors, it’s very important that the doctors always explain the details, when an, how things are going to be done, what complications to watch out for, ... I definitely, talking face-to-face with your doctor, especially when communication has a language barrier. The doctor should communicate everything that is expected and what cannot be done any better. Some doctors are much better at this. (sic) (MTF20, personal communication, 2017)

In addition, fast and convenient communication between service users and service staff of sanatoriums that provide gender reassignment surgery and health services is quite important so the service users have what they need to make their decision. For example, currently, it is popular among service users to exchange news and information concerning gender reassignment surgery and health services through web boards, particularly for transgender groups or those concerning surgery. If sanatorium service staff monitor web boards or their website, they can check and provide news on gender reassignment, their sanatorium and their physicians that they
are certain is correct. They can also provide answers to queries as they observe the service users accessing the different online sites through two-way communication (Schramm, 1954), which will be of great benefit for all involved.

[My suggestion] is to have more hot lines of communication with the clinic team and international coordinator. (sic) (MTF18, personal communication, 2016)

[For susans.org,] I am going to give the clinic an official representative [on the forum]. … They (service users) will be sure that they have more information. [Now] they (service users) can only talk about what they do, their results and experience. I think that by having a recognized representative [from the clinic], their voices will have a little more weight. … that way, they (service users) will get medical information more directly from professionals rather than having to rely on third parties. And so I think that will help ensure some of the accuracy of some of the information. (sic) (MTF20, personal communication, 2017)

From the in-depth interviews with physicians, medical staff and service staff at sanatoriums involved in the gender reassignment health service industry, the full details are in chapter 4, it was found that the group that benefited most from understanding the Six Buddhist Temperaments through two-way communication (Schramm, 1954) are the service staff as they work the closest with the service users and have to act according to the service users’ moods. Service users will act more thoughtfully and considerate when communicating with physicians and medical personnel who offer medical advice while they will display their moods and feeling much more with service staff whose job it to make things convenient and keep service users happy.

This research has noted the importance of personal communication between service users and service staff and need to expand this. In addition to content communicated through online social media, during one week, only a few service users will make appointments for gender reassignment surgery and health services at a sanatorium. Therefore, there is a strong possibility that employing the Six Buddhist
Temperaments when developing two-way communication, i.e., one-on-one, the build a strong impression for the service users.

It should also be noted that service staff all have a similar approach to communicating with service users of each temperament. When the service staff first provide service, they have their own method to determine the temperament as they speak to them and listen to their tone of voice and behavior. They will then provide service according to a service user’s temperament as they learn through through experience the best methods.

A Thai [service users] called to make an appointment. As I listened to them speak, I could tell what they were like, and so when the client [service user] came for their appointment, I prepare myself according to what I had thought. I then observed [their behavior], how they acted … I then told the patient [service user about the different techniques before and after surgery, including what the doctor has recommended from meetings we had. This is the method of care the doctor follows that we need to tell our customers [service users] … We need to know how to welcome customers [service users], how to act with different types of persons. Still, this is something that I have learned to do more through experience. That is how to act with patients [service users] of different moods. If they act this way, how can I help them. If a patient [service users] has this kind of problem, how can I solve it. It takes experience to know what to do to be ready to solve the next problem … If [the service staff] is someone who can control their moods and, like me, is patient and easy going, it’s much easier to get along with the customer [service user]. (sic) (Tawiphong Bubpharat, personal communication, 2016)

I was close [with a service user]. They were a friend. I knew what they were like. I asked them the basics first. Then asked them their basic techniques [about taking hormones], if they had been doing it long. When working, I have to see how they are first, look at the character and determine if they are ready to talk about things. Usually, I’m successful. We are similar [transmen]. I understand how to talk with them in a fun, easy manner. (sic) (Anat Kumjul, personal communication, 2016)
Employing the Six Buddhist Temperaments can benefit communication between service staff and service users to provide the best service. The Six Buddhist Temperaments include: 1) lustful, 2) hateful, 3) unintelligent, 4) discursive, 5) devout and 6) intellectual, which are explained in detail below.

1) Lustful – Service users with a lustful temperament are concerned about their appearance, looking neat and pretty. They are meticulous and will speak and present themselves well. Service staff must be very attentive and make them feel special to achieve this service group’s satisfaction.

I have to give them my attention. I have to be able to give them what they want, like if they want to be treated like Hi-so [high society]. (sic) (Tawiphong Bubpharat, personal communication, 2016)

I have to show concern and make them feel like they are a VIP [Very Important Person]. (sic). (Phatchara Eamsaard, personal communication, 2016)

2) Hateful – Service users with a hateful temperament can be moody and quickly become unhappy and angry when they don’t have their wishes met. Service staff must be patient, possibly smile or induce them to speak to reduce this anger. They must then quickly fix the situation that upset the service user.

First, I will smile. Then, I’ll tell them in a moment I will help them and invite them to meet the doctor. (sic) (Tawiphong Bubpharat, personal communication, 2016)

Usually, one service user will be served by one staff because if we try to help with too many, they will start to whine to all. They will complain that we don’t know or understand. Usually, I talk with one person so I can act like a friend. I’ll act like a friend that they came with and speak one on one. (sic) (Phatchara Eamsaard, personal communication, 2016)

When they are angry or whine, I will smile. Some people who come can be quite moody or are not rested or relaxed. As a service provider, I then have to adjust myself. Then, if they [service users] do get angry, I have to do
what I can to quickly alleviate the situation. (sic) (Artsanee Chancham, personal communication, 2016)

Anger, whining and other behaviors … I’ll try to use comedy or humor and talk with them to help them calm down. TG [transgenders] are the same. They may come when they are angry. I’m the first to help them. So, I speak with them using humor and a soft tone. (sic) (Anat Kumjul, personal communication, 2016)

Usually, I serve everyone the same. Those who come first will be served first. Those who come after will be served after. There’ll be no cutting the queue. But if someone comes who is angry, I’ll go speak to the doctor and tell them one client [service user] is getting angry and the doctor will say okay. If the client gets really angry, I’ll have them go sit in the examination room and wait. Usually, after they talk with the doctor, they will leave in a good mood. (sic) (Patcharin Reowai, personal communication, 2017)

3) Unintelligent - Service users with an unintelligent temperament lack self confidence. They don’t like to be around people as they are shy and can feel bashful. Service staff must then try to engage these service users in conversation and act friendly so the service users will tell them what they want or what the problem is so they can service them properly.

I will tell them all the details very carefully. I will really try to get close to them and tell them all they need to know. I’ll work to make them comfortable. Then, they will slowly tell me what they want, one thing at a time, slowly. (sic) (Tawiphong Bubpharat, personal communication, 2016)

When speaking as service staff, I’ll serve them like this. When they do speak, they may appear very serious, slightly afraid. They do not want to open up. But as I make them feel I am their friend, they will begin to open up and we will become close. This is how I talk with each about anything. (sic) (Anat Kumjul, personal communication, 2016)
4) Discursive - Service users with a discursive temperament are worriers and can become distracted. They are pessimists and are afraid of being taken advantage of. Service staff talk to them in a way that will reduce their concerns. They have to give them information that will build their confidence in the physician and the sanatorium and that they are all sincere.

I have to speak with them often because if I leave them alone, they will begin to think a lot and begin to imagine things they may not be good. So, I have to talk to them a lot and work at making them feel okay and not to worry [about the surgical wounds] I tell them, it will swell like this. You don’t need to worry. In two days, you come for an examination and in three days again. I speak with them so they relax and feel good. (sic) (Phatchara Eamsaard, personal communication, 2016)

Service staff have to introduce themselves and then talk to the service user and when we ask confidential questions for information we need to enter into the system. This is our responsibility. We can tell them that if they are not comfortable they don’t have to answer. But we need to explain this to them [service users] first. In the case a service user has a lot of concerns, possibly about risk … I will use language that will their trust in the organization. I have to build confidence in the people that come here for service … I have to make them feel that what they have come here for is no big deal. (sic) (Artsanee Chancham, personal communication, 2016)

Most [service users who worry] will consult [with the doctor] and then won’t do it. They will say they will come back as they need to think about this first as we don’t say if someone comes for a consultation they have to pay a deposit or a consultation fee. I will tell the customer at the start what they will have to pay when they are ready to pay a deposit, and if they aren’t ready they can go home and think about it. Then they can either come again or call back. (sic) (Patcharin Reowai, personal communication, 2017)

5) Devout - Service users with a devout temperament have a strong sense of trust in what they believe in. They won’t listen to what others think when it is
different or listen to the reasons. Service staff need to build a close rapport and make them feel that they have the same ideas so they can win their trust. This can become much easier when the service staff is of the same transgender. If the service user believes certain information that is actually incorrect and the service staff must give correct, possibly contradictory information, the service staff must emphasize the reliability of what they have to say or have a physician or nurse explain this to the service user.

I use a method to explain things knowing that no two persons are exactly the same. One doctor may give their patient [service user] certain hormones in a certain way while another may do it differently for their patient [service user] … I’ll explain this directly and say neither is wrong when a service user may look for information on the internet, but they can never be 100 percent sure that this is right for them … They have to believe in and trust their doctor. When they ask me, like in the case they have searched for information themselves and they have their own group. They have then gotten information about taking hormones, but there could still be things they don’t know … It’s the same when they have gotten information which is correct, I’ll think that’s okay that they have found information themselves…But, when they get information from someone else, it might not be right for them. Each case can be different. This is what I will tell them. (sic) (Artsanee Chancham, personal communication, 2016)

I’ll give them new information which I need to tell them. I need to explain this slowly. There are many who come for consultations with incorrect information. Here, we have a nurse I can send them to. So, I won’t speak a lot. (sic) (Anat Kumjul, personal communication, 2016)

Some who come will say they believe what their friends tell them [about breast augmentation]. They’ll say they want breast with a certain shape, like their friend’s … During an examination there will be staff we call a physician’s assistant who has a certain level of knowledge. They will explain all the details. They’ll do this before the doctor comes in. They will let the client [service user] feel everything to determine which size the client [service user]
user] likes. Most of the clients [service users] are like this. Most already know what they want [silicone for breast augmentation], what brand. I’ll give them some to see or if they have already evaluated some, staff will explain that they are incorrect. They will show them what breast shape they should have, which is often not the same as their friend’s … The doctor will then enter and explain things again. Most will trust the doctor. (sic) (Patcharin Reowai, personal communication, 2017)

6) Intellectual - Service users with an intellectual temperament like to search for information. They want to consider things from all angles and with all the facts. They like to study and analyze the details to determine the positives and negatives before making any decision. Thus, it is easy to provide service to this group. They will be satisfied when service staff explain and clarify all the details to answer their queries. However, a problem can occur if service staff do not have a clear answer to their question. In such a case, it is best to have a physician or nurse answer their question.

Some who come want to experience it all. They want to know everything, all of the blood test results … Someone such detailed information, I send them to the nurse. (sic) (Anat Kumjul, personal communication, 2016)

There are [service users] who come and ask about everything … Usually, if [I’m] not sure [about the details] I’ll ask them to wait a moment and will ask the doctor directly. Then, I’ll tell the client [service user] what the doctor said. But usually, reception staff have enough knowledge. We know everything and can talk to the clients [service users] about most things. (sic) (Patcharin Reowai, personal communication, 2017)
5.5 Evaluation of Alternatives and Purchase Decision for Gender Reassignment Health Service Industry in Thailand and Service Users’ Temperaments

Statistical analysis of the data collected the answers of all the service users who participated in the research by answering closed-end questionnaires as well as those selected for in-depth interviews, the research found that as part of the service process, there was a consistency when transgender persons showed interest in gender reassignment surgery and health services and once they had searched and found sufficient information, which would then lead to an evaluation of alternative and their purchase decision (Kotler, 2003) in the service buying decision process. The results of analysis of the purchase decision for gender reassignment surgery and health services in Thailand and service users’ temperaments has been divided under three subheadings as follows:

5.5.1 Evaluation of Alternatives and Purchase Decision for Gender Reassignment Surgery and Health Services in Thailand and Service Users’ Temperaments

5.5.2 Reasons for Purchase Decision and Evaluation of Alternatives to Have Gender Reassignment Surgery and Health Services in Thailand

5.5.3 Characteristics of Decision Making to Have Gender Reassignment Surgery and Health Services of Each Type for Service Users

5.5.1 Evaluation of Alternatives and Purchase Decision for Gender Reassignment Surgery and Health Services in Thailand and Service Users’ Temperaments

In the search for information, the sampling would be open to, satisfied with and interact with: informative content providing 1) medical information and facts, 2) information concerning sanatoriums and 3) information about physicians and surgeons disseminated through different marketing communication channels respectively. However, during the stage of assessment or evaluation of alternatives and purchase decision in the service buying decision process, the data collected from the in-depth interviews showed that transwomen service users give importance to: 1)
information about physicians and surgeons, 2) information concerning sanatoriums and 3) medical information and facts concerning the surgical procedures respectively. The transwomen service users believe that each surgeon has their own surgical techniques and thus, the results will also be different.

Focusing on information about doctors, first, there is the doctor who is well known and never been known to have any problems. People don’t need to go back to fix things. Second, their clinic was a place that I trusted. The general information [about medical facts] supported what I had heard. (sic) (MTF02, personal communication, 2016)

First, what’s important is the doctor's reputation. Then, I would look at information about the clinic or hospital. I would consider the technique related to the doctor. (sic) (MTF06, personal communication, 2016)

Once I saw [the information] about the doctor, I looked to see where they practiced. For example, I selected my doctor. Then I had the surgery on my Adam’s apple first. When I felt it was okay with this doctor, I decided to have the genital sex reassignment surgery [to change from a man to be a woman] later, which was when the doctor had expanded his hospital. So, it was okay as far as the doctor and hospital. (sic) (MTF11, personal communication, 2016)

Which doctor makes it look pretty? Which doctor does it well? After that, I think of price. (sic) (MTF12, personal communication, 2016)

What I consider most important is the doctor; next is their techniques and then the clinic as they all come together. (sic) (MTF15, personal communication, 2016)

A lot of the people like to have an idea of what to expect so they go in and educate themselves, … and they’ll read about it. To see what it involves, how it’s done, and a transgender person really gets into the details. Price is talked about just a little, but it’s more about who’s gonna do the best job [result] … and who does the best of a certain procedure [surgery]. (sic) (MTF20, personal communication, 2017)
In the in-depth interviews with transmen, one of the participants was the first generation of transman to have sex reassignment surgery in Thailand. At that time, there were very few alternatives when it came to selection and purchase decision. He, thus, gave great importance to accessing information about the sex reassignment surgical procedures to determine if it could actually be done and safely. In his case, he actually had only one sanatorium and surgeon the could choose.

I focused on technique because there weren’t many doctors who could perform this surgery. Next, I looked at clinics and then doctors … then price … At that time there weren’t any choices. There was only Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon]. (sic) (FTM13, personal communication, 2016)

However, today, gender reassignment surgery to transition from a woman to a man has expanded considerably in Thailand. The data collected from the in-depth interviews found that the for the evaluation of alternative and purchase decision stages, transmen service users give importance to content concerning physicians followed closely by that about sanatoriums. Content that provides actual medical knowledge and facts is ranked third respectively.

I give the most importance to the hospital and physician. I want to know how the doctor is and if they have a lot of patients. I’m afraid because this is no ordinary thing. Have mistakes been made with others? I’m afraid about this. (sic) (FTM01, personal communication, 2016)

[I give importance to] the hospital and doctor … They come together. They are a pair. (sic) (FTM19, personal communication, 2016)

Data collected from the in-depth interviews show that currently for the evaluation of alternatives and purchase decision for gender reassignment surgery, service users will consider: 1) the skills of physicians, 2) service fees and 3) service quality respectively. It should be noted that service users will least of all search for
details on physicians while this information is still considered the most important for evaluation of alternatives and purchase decision for service.

When it comes to money, that is not a problem. Technique is more of a concern because each doctor has their own [technique]. Next comes the clinic and service, but if you don’t have the money, that does become the most important factor. So, you want to have it cheap, but good. (sic) (MTF03, personal communication, 2016)

From analysis to determine the causes, it was found that service users believe the most important factor behind the success of gender reassignment surgery is determined by the surgeon, and, therefore, the one they choose can be compared to a deity, or a god that will create, or craft, for them a new body for the gender they identify with so they can begin a new life.

When I met my doctor, it was like meeting god. (sic) (MTF03, personal communication, 3 August 2016)

My future as a woman was left in the hands of my doctor. I trusted them with my life. (sic) (MTF02, personal communication, 2016)

If you compare, a doctor is like an artist, and we are like their clay. (sic) (MTF15, personal communication, 2016)

These doctors give transgender people their lives. (sic) (MTF20, personal communication, 2017)

Using statistical analysis, testing was conducted on the hypothesis: Service users with different temperaments have different purchase decision making for gender reassignment surgery and health services. The analysis of the Six Buddhist Temperaments of service users’ purchase decision included statistical data in the form of numbers and percentages as follows:

From the test of hypothesis 25: Service users with different temperaments have different decision making to undergo gender reassignment surgery and health services.
Using the F-test with the hypotheses:

H0: Service users with different temperaments do not have different decision making to undergo gender reassignment surgery and health services.

H1: Service users with different temperaments have different decision making to undergo gender reassignment surgery and health services.

**Table 5.79** Test Statistics on Decision Making for Gender Reassignment Surgery and Health Services in Thailand for Service Users with Different Temperaments

<table>
<thead>
<tr>
<th>Six Buddhist Temperaments</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lustful</td>
<td>98</td>
<td>2.21</td>
<td>0.97</td>
<td>1.92</td>
<td>0.089</td>
</tr>
<tr>
<td>Hateful</td>
<td>63</td>
<td>2.03</td>
<td>1.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintelligent</td>
<td>41</td>
<td>2.46</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discursive</td>
<td>50</td>
<td>2.12</td>
<td>0.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devout</td>
<td>146</td>
<td>2.02</td>
<td>0.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>132</td>
<td>2.02</td>
<td>0.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.10</td>
<td>0.97</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

The results for the F-test applying ANOVA analysis presented in table 5.79 show a score equal to 0.089, which is more than the required significance 0.05 (Sig.>0.05) proving the acceptance of H0 that service users with different temperaments have similar decision making for gender reassignment surgery and health services. It can also be said that service users of each temperament have a similar decision making for gender reassignment surgery and health services.

The data collected through the close-ended questionnaire completed by the sampling of 530 participants classified the decision criteria of the service users to have gender reassignment surgery and health services in Thailand show that:
1) The highest number of participants comprise service users who have already had gender reassignment surgery and health services in Thailand, 179 persons, or 33.6 percent.

2) Next are the service users who will have gender reassignment surgery and health services in Thailand, 166 persons, or 31.3 percent.

3) Third are the service users who are undecided if they will have gender reassignment surgery and health services in Thailand, 141 persons, or 26.6 percent.

4) Last are participants who will not have gender reassignment surgery and health services, 45 persons, or 8.5 percent.

When dividing the participants according to Thai and foreign as well as their gender identification: 1) transwoman, 2) transman, 3) uncertain if transgender and 4) not transgender, it was found that:

Thai transwomen numbered 338 persons. Of these:

1) 140 have already had gender reassignment surgery and health services in Thailand.

2) 96 said they have decided to have gender reassignment surgery and health services in Thailand.

3) 88 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.

4) 14 said they will not have gender reassignment surgery and health services in Thailand.

Thai transmen numbered 93 persons. Of these:

1) 25 have already had gender reassignment surgery and health services in Thailand.

2) 44 said they have decided to have gender reassignment surgery and health services in Thailand.

3) 22 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.

4) 2 said they will not have gender reassignment surgery and health services in Thailand.
The Thai participants who said they are uncertain as to whether they were transgender numbered 15. Of these:

1) None had already had gender reassignment surgery and health services in Thailand.
2) 4 said they have decided to have gender reassignment surgery and health services in Thailand.
3) 4 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.
4) 7 said they will not have gender reassignment surgery and health services in Thailand.

The Thai participants who said they are not transgender numbered 28. Of these:

1) 1 has already had gender reassignment surgery and health services in Thailand.
2) 3 said they have decided to have gender reassignment surgery and health services in Thailand.
3) 10 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.
4) 14 said they will not have gender reassignment surgery and health services in Thailand.

Possibly, these persons who answered are uncertain as to whether they feel they are transgender or not. One reason for this there are actually a number of different gender groups that are interested in gender reassignment, for example homosexual, or gay, lesbians, bisexuals and persons who have an ambiguous sense as to their gender or have yet to identify themselves within the parameters of a specific gender as presented.

There were 41 foreign transwomen service user participants. Of these:

1) 5 have already had gender reassignment surgery and health services in Thailand.
2) 12 said they have decided to have gender reassignment surgery and health services in Thailand.
3) 7 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.

4) 14 said they will not have gender reassignment surgery and health services in Thailand.

There were 15 foreign transmen service user participants. Of these:

1) 7 have already had gender reassignment surgery and health services in Thailand.

2) 2 said they have decided to have gender reassignment surgery and health services in Thailand.

3) 5 said they are still undecided if they will have gender reassignment surgery and health services in Thailand.

4) 1 said he will not have gender reassignment surgery and health services in Thailand.

These results are presented in table 5.80

**Table 5.80** Numbers and Percentages of the Sampling Classified by Gender Identity and Decision Making for Gender Reassignment Surgery and Health Services in Thailand from the Statistical Data

<table>
<thead>
<tr>
<th>Decision Making for Gender Reassignment Surgery in Thailand</th>
<th>Gender Identity</th>
<th>Thai</th>
<th>Foreign</th>
<th></th>
<th>Numbers</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transwoman</td>
<td>140</td>
<td>93</td>
<td>28</td>
<td>474</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Transman</td>
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<td>15</td>
<td>15</td>
<td>56</td>
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<tr>
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<td>Uncertain</td>
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<td>15</td>
<td>15</td>
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<td></td>
<td>Nontransgender</td>
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<td>28</td>
<td>0</td>
<td>12</td>
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</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>166</td>
<td>41</td>
<td>41</td>
<td>56</td>
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</tr>
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<td>530</td>
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5.5.2 Reasons for Purchase Decision and Evaluation of Alternatives to Have Gender Reassignment Surgery and Health Services in Thailand

This includes: 1) reasons for becoming interested in having gender reassignment surgery and health services in Thailand and 2) reasons for not being interested to have gender reassignment surgery and health services in Thailand. Details are as follows:

5.5.2.1 Reasons for Becoming Interested in having Gender Reassignment Surgery and Health Services in Thailand

From the data collected, it was found that there was a total of 334 persons, 178 who had had gender reassignment surgery and health services in Thailand and 166 who planned to have gender reassignment surgery and health services in Thailand, or 65 percent of the total sampling as shown in table 5.80. After analyzing the reasons for these service users to have gender reassignment surgery and health services in Thailand, it was found that:

1) First, the highest percentage, or 46.2 percent felt that Thailand has expert physicians and surgeons as well as modern medical equipment and instruments.

2) Second, 28.7 percent that the costs for gender reassignment surgery and health services in Thailand are economical.

3) Third, 31.1 percent felt that Thailand is a convenient location to visit.

4) Fourth, 11 percent felt that Thailand has a high potential for medical tourism.

5) Fifth and last, 1 percent had other reasons such as recommendations from persons with direct experience, data they searched for themselves that they trusted and it was possible to contact and communicate in a language they understood respectively.

From the analysis of the data for reasons for the purchase decision to have gender reassignment surgery and health services in Thailand when examining the results for the subgroups of Thai and foreign services users, the top three reasons for each are as follows:
For Thai service users, the results show that:

1) First, the largest number, or 202 Thai participants said because Thailand has expert physicians and surgeons as well as modern medical equipment and instruments.

2) Second, 128 Thai participants said because the costs for gender reassignment surgery and health services in Thailand are economical.

3) Third, 57 Thai participants said because Thailand is a convenient location to visit respectively.

The data collected from the in-depth interviews show that evaluation of alternatives of Thai service users can be classified according to the capital they have available for gender reassignment surgery and health services.

1) Service users with a lot of capital

This group of Thai service users select gender reassignment surgery and health services first based on the expertise of the physicians. They will select a physician who is well known and the skill that will be satisfy them even if the costs are higher. Added services are also a factor they will consider.

Price is something I never haggled over. If the doctor is well known, [any price] is okay. First, it’s how famous the doctor is because they are the one who will perform the surgery … I don’t want to feel any more pain. This is another factor I consider when choosing a doctor. I also don’t want to have it done and need to have it corrected. I don’t want to have enter the hospital [often]. (sic) (MTF02, personal communication, 2016)

I choose the doctor who make me look the prettiest and can do it best. (sic) (MTF06, personal communication, 2016)

[When making a comparison to choose my doctor], I think about beauty and scars as well as if I will have an orgasm. Price is my last consideration because if [the skill of the doctor] is really good, I can handle an expensive price. (sic) (MTF09, personal communication, 2016)

If the doctor is okay and the clinic is good, when it comes to surgery, I pay for the doctor’s skills and receiving the best service. If the clinic and the
surgeon are good. Then, I’m happy … I’ll be impressed and the money spent will be worth it. (sic) (MTF11, personal communication, 2016)

2) Service users with limited capital

This group of service users will select gender reassignment surgery and health services first according to price followed by the reputation of the physician. In fact, they will choose a renowned and skilled physician as much as their capital will allow.

[First I chose] only Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium] … If I had more money, I would have had more choices because my life is affected by the money I have. (sic) (MTF07, personal communication, 2016)

I set a budget first and then chose my doctor. Once I knew who I wanted, I started to save [the money] … I chose a doctor with a good reputation and a price I felt was reasonable … [for sex reassignment surgery to transition from a man to be a woman], this doctor was a sponsor [of the Miss Tiffany’s Universe pageant that I competed in. (sic) (MTF12, personal communication, 2016)

At that time, if I went to America [U.S.A.], in fact, I couldn’t do it in the U.S. as the price was just too high. I then had to come back and look for a doctor in Thailand to go and consult. (sic) (FTM13, personal communication, 2016)

[The factor I had to compare was] the doctors. Every doctor [I] believe is good. But I want to look at the results of their work they show … Are they good or not … is the price worth it or not? Because the costs are based on their reputation [and] experience. (sic) (MTF14, personal communication, 2016)

[The factors I based my decision on were] the doctor … price … and the amount of money I had … The one thing that affected me was money … One I got part of the money [by borrowing] and put this together with what I earned. Then I borrowed some from Khun Nok [Yollada Suenyo, the president of the Transsexual Association of Thailand] … Then, when I had the
money, I didn’t hesitate to have it done. I transferred the money and made the
soonest appointment with the doctor … I wanted it done as fast as possible.
(sic) (MTF15, personal communication, 2016)

[The factor I compared was] price, then doctors’ skill. But it still all
depended on the price and who I felt I could trust. It’s like I told [the doctor I
chose], who was someone I knew, that their price was not high. (sic) (FTM19,
personal communication, 2016)

For the foreign service users, the results show that:

1) First, the largest number, or 25 foreign participants said
because Thailand has expert physicians and surgeons as well as modern medical
equipment and instruments.

2) Second, 13 foreign participants said because the costs for
gender reassignment surgery and health services in Thailand are economical.

3) Third, 7 foreign participants said because Thailand is a
convenient location to visit.

The data collected from the in-depth interviews with foreign service
users showed that with the evaluation of alternatives in addition to the expert skills of
Thai physicians and surgeons who are known to have an expertise in gender
reassignment surgery and health services, which is a key factor, are the reasons why
they come to Thailand for this surgery and health services. In addition, the cost for
this is much less than what is charged in the West is considered quite important, and
this is not just for gender reassignment surgical procedures, but also other medical
costs, which has earned Thailand a respected reputation worldwide.

She [my transgender friend] showed me the cost [the price] of the
surgery because in America I could not afford it, but Dr. Preecha’s [Assoc.
Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] cost [the
price] is so good. I could get more surgery done for the same price. The main
reason I chose Dr. Preecha is the cost [the price]. At that time, Dr. Preecha’s
[Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon]
reputation was very good … [For transgender surgeries.] I don’t know
anybody who went anywhere else [other countries], but if they had money, they would get it done in America. [Health insurance is covered] in San Francisco [Researcher: a city in California, U.S.A.] only in California [Researcher: a state in the U.S.A.]. Now, they are coming here more and more. … People come to [Thailand] for sexual transition and for cancer treatment. They come here [Thailand] for stem cell treatment because they can’t get it in America. They come here for many things, not just transsexual. Thailand is well known by people around the world. (sic) (MTF16, personal communication, 2016)

The media in Spain talk about the surgeries, saying they simulate a dysfunctional vagina and many other horrible things. … In Spain, [gender] reassignment surgery is not done much. There are only two or three surgeons who can perform it, and only a few operations per year. The government [hospital] only conduct 20 operations nationwide. Private [clinics] are the same, about 20 operations, no more. At private clinics, the price is three times more expensive than in Thailand, but the results are not three times better, obviously. It's three times less. My friend was advised by another Spanish activist, a transman. He told my friend [he should] not have surgery in Spain, only in Thailand. Obviously, Thailand is more famous for transwoman [surgery] … [My friend told me] that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] is the pioneer for this surgery [in Thailand], and has one of the best clinics for this in the world. (sic) (MTF18, personal communication, 2016)

I was definitely looking at Thai doctors … because the price is so much lower than in the United States, on average, over 50 percent cheaper. So the price for me was a big deal. I don’t have a lot of financial resources, and I wanted the best quality for the best price. If it was cheap but the quality wasn’t good, I would not have come to Thai doctors. The quality was definitely one of the biggest considerations. You want what you have afterwards to look nice, to function and to look normal. Being trans is about being normal. The quality is top notch, and the prices are amazing. It is definitely the place to come for the surgery. (sic) (MTF20, personal communication, 2017)
These results are presented in table 5.81

Table 5.81  Numbers and Percentages for Reasons for Becoming Interested in Having Gender Reassignment Surgery and Health Services in Thailand from the Statistical Data

<table>
<thead>
<tr>
<th>Reasons for Becoming Interested in having Gender Reassignment Surgery and Health Services in Thailand</th>
<th>Thai</th>
<th>Foreign</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert physicians and surgeons as well as modern medical equipment and instruments</td>
<td>202</td>
<td>25</td>
<td>227</td>
<td>46.2</td>
</tr>
<tr>
<td>Costs for surgery are economical</td>
<td>128</td>
<td>13</td>
<td>141</td>
<td>28.7</td>
</tr>
<tr>
<td>Convenient location to visit.</td>
<td>57</td>
<td>7</td>
<td>64</td>
<td>13.1</td>
</tr>
<tr>
<td>High potential for medical tourism</td>
<td>48</td>
<td>6</td>
<td>54</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>439</td>
<td>52</td>
<td>491</td>
<td>100</td>
</tr>
</tbody>
</table>

5.5.2.2  Reasons for Uncertainty or Deciding not to have Gender Reassignment Surgery and Health Services in Thailand

From the data collected, it was found that there was a total of 186 persons, 141 who were undecided to have gender reassignment surgery and health services in Thailand and 45 who chose not to have gender reassignment surgery and health services in Thailand, or 35 percent of the total sampling as shown in Table 5.80. After analyzing the reasons for these service users who were undecided or chose not to have gender reassignment surgery and health services, it was found that:

1) First, the highest percentage, or 38.5 percent was because of insufficient capital at 38.5 percent.
2) Second, 35.1 percent was insufficient information to make a decision.
3) Third, 11 percent was because of health limitations.
4) Fourth, 8.6 percent was because of no desire to have surgery.
5) Fifth, 6.2 percent was because of the resistance, or lack of acceptance of their surrounding society.
6) Sixth, 5.2 percent was because of a lack of confidence in the Thai physicians, medical equipment and sanatoriums.

7) Seventh, 2.7 percent was because choosing to have gender reassignment surgery and health services in another country.

8) Eighth, 1.7 percent was for other reasons such as listening to others with direct experience of gender reassignment surgery and believing there are more negative than positive points, not having sufficient time and not being prepared.

9) Ninth and last, 1 percent was that Thailand is not convenient to travel to respectively.

From the analysis of the data for reasons for being undecided or deciding not to have gender reassignment surgery and health services in Thailand when examining the results for the subgroups of Thai and foreign services users, the top three reasons for each are as follows:

For Thai service users, the results show that:

1) First, the largest number, or 103 Thai participants said because of insufficient capital.

2) Second, 63 Thai participants said because of insufficient information to make a decision.

3) Third, 29 Thai participants said because of health limitations.

For foreign service users, the results show that:

1) First, the highest number, 10 foreign participants said because of insufficient information to make a decision.

The data collected from the in-depth interviews with foreign service users showed that the main reason was because they could not converse in English as their first language. For example, a participant from Spain said they had difficult accessing information on gender reassignment in Thailand. These persons would gain their information through face-to-face communication and websites of sanatoriums, and this would be insufficient to make a decision. This, thus, identifies one limitation, or obstacle of the marketing communication for the gender reassignment health services industry required to develop Thailand into a global gender reassignment center.
Spain doesn’t have good information about surgery in Thailand … In Spain, [we] don’t have information about [both the] operations or Thai clinics … I got the information … from my friends. My friends and I never get information from government offices. … The media in Spain talks about the surgery by writing about simulating a dysfunctional vagina and many horribly things. [Just information on the internet] is not enough to help transgender people in Spain to] overcome their fear, [both] social fear the and fear of surgery. (sic) (MTF18, personal communication, 2016)

2) Second, 9 foreign participants said because of insufficient capital.

3) Third, 7 foreign participants said they chose to have gender reassignment surgery in another country.

The data collected from the in-depth interviews identified the case of a Thai transwoman who became an American citizen through marriage and underwent gender reassignment surgery to change their genitals from that of a man to a woman in the U.S.A. She revealed that the insurance provided in the state of California, U.S.A. covered all medical expenses for gender reassignment. Therefore, she decided to have the surgical procedures performed there. She also said she never seriously search for information about gender reassignment surgery and health services offered in Thailand and felt uncertain that if she did have the surgery performed in Thailand and a mistake was made, whether they would take responsibility and correct it while the U.S.A. does have laws to protect consumers in these instances even though the costs in America are higher.

Before this, I had my own regular doctor, and I would go for regular health checkups. [He recommended] I go see another doctor to have [gender reassignment surgery to change my sex organs from those of a man to a woman’s] after I said I was interested when I learned the insurance would cover it as there was a lot of information available explaining all this. Then, when I knew this doctor would care for me, I decided right away to have it done … At that time, I wanted this doctor. Except for this doctor, I did not
know of any other to choose from. So, I felt it had to be this one. And what was important, I was lucky this was the first program that I could join and that my doctor was the best as I saw in the hospital’s advertising … If you ask about price, my insurance paid all of it, but it would have been the same whether I had insurance or not. In the U.S.A., they have standard prices for all physicians … At that time, the insurance paid [for gender reassignment surgery to change genitals from those of a man to those of a woman] cost about US$ 140,000 [researcher: this amount is equivalent to approximately 4,500,000 baht.] … [I] never [seriously looked for information about gender reassignment surgery in Thailand]. I did read about which doctors had a good reputation, but never decided I would have it done. That’s because I was afraid if I had it done in Thailand and a problem arose, what would I do? But, in another foreign country, I knew if a mistake was made, I could go back to have it corrected … like in the U.S.A. They have laws that say if a mistake is made, they have to correct it. (sic) (MTF05, personal communication, 2016)

These results are presented in table 5.82

**Table 5.82** Numbers and Percentages for Reasons why the Sampling Is Undecided or Chose Not to Undergo Gender Reassignment Surgery and Health Services in Thailand from the Statistical Data

<table>
<thead>
<tr>
<th>Reasons for Uncertainty or Deciding not to have Gender Reassignment Surgery and Health Services in Thailand</th>
<th>Thai</th>
<th>Foreign</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient information to make a decision</td>
<td>63</td>
<td>10</td>
<td>73</td>
<td>25.1</td>
</tr>
<tr>
<td>Insufficient capital</td>
<td>103</td>
<td>9</td>
<td>112</td>
<td>38.5</td>
</tr>
<tr>
<td>Health limitations.</td>
<td>29</td>
<td>3</td>
<td>32</td>
<td>11.0</td>
</tr>
<tr>
<td>Resistance, or lack of acceptance of their surrounding society</td>
<td>17</td>
<td>1</td>
<td>18</td>
<td>6.2</td>
</tr>
<tr>
<td>Not convenient to travel to Thailand</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Table 5.82  (Continued)

<table>
<thead>
<tr>
<th>Reasons for Uncertainty or Deciding not to have Gender Reassignment Surgery and Health Services in Thailand</th>
<th>Thai</th>
<th>Foreign</th>
<th>Numbers</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of confidence in the Thai physicians, medical equipment and sanatoriums</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>5.2</td>
</tr>
<tr>
<td>Have surgery in another country.</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>No desire to have surgery.</td>
<td>21</td>
<td>4</td>
<td>25</td>
<td>8.6</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>250</strong></td>
<td><strong>41</strong></td>
<td><strong>291</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

5.5.3 Characteristics of Decision Making to Have Gender Reassignment Surgery and Health Services of Each Type for Service Users

This includes: 1) Characteristics of decision making to have gender reassignment surgery and health services of each type for transwoman service users and 2) Characteristics of decision making to have gender reassignment surgery and health services of each type for transman service users:

5.5.3.1 Characteristics of Decision Making to have Gender Reassignment Surgery and Health Services of Each Type for Transwoman Service Users

The majority of transwomen chose to have breast augmentation surgery (secondary sexual characteristics) and/or change genitals from those of a man to those of a woman (primary sexual characteristics). From the classification of decision making to have gender reassignment surgery, the research applied decision-making criteria for breast augmentation and sex reassignment surgery to change male genitals to those of a female as important. Other surgical procedures such as facial feminization surgery, thyroid chondroplasty reduction (reduction of the Adam’s apple), liposuction to alter the figure and vocal voice surgery (adjustment of the vocal chords) are provided as additional details, which can all be divided into two groupings: 1) Transwomen who chose to have breast augmentation and sex reassignment surgery to change male genitals to those of a female, 2) Transwomen
who chose to have sex reassignment surgery to change male genitals to those of a female but not have breast augmentation and 3) Transwomen who choose to have breast augmentation but not have sex reassignment surgery to change male genitals to those of a female.

1) Transwomen who chose to have breast augmentation and sex reassignment surgery to change male genitals to those of a female

This group of transwomen feel that female genitals and breasts are symbols for a woman and thus they need to change their genitals and enhance their breasts. It should be noted that this group give importance to female genitals are the strongest gender indicator, but in their decision making for this surgery, they can be subdivided into the following two groups: 1.1) those who chose to have breast augmentation before sex reassignment surgery to change their genitals and 1.2) those who chose to have sex reassignment surgery to change their genitals before breast augmentation. Their different viewpoints are explained below:

(1) Transgender women who chose to have breast augmentation before sex reassignment surgery to change their genitals

These transwomen have the view that breast augmentation allows them to start to transition to be a woman. They feel that if gender reassignment is a mistake, they can rectify this and change back. In addition, cost is a factor that can have a strong influence on this decision as this procedure is cheaper than sex reassignment surgery to change the genitals from those of a man to those of a woman, which also makes the decision easier.

I had breast surgery before sex reassignment, which I did when I was 37. But, I had breast surgery two or three years earlier, when I was 34 or 35. I guess I was a little slow. Well, in fact slow because I felt I was female since the first grade. I knew I was different. So, I could have done it faster and not waited so long. I didn’t think my looks were very bad and wondered why I would have to do so much. I didn’t want to feel any pain more. Just the two procedures, that’s all for me … I have thought about having my nose done, and my mother said that would be enough. But another said if I have just a little done, I’ll only change a little. So, why not do it? So, if you ask did I think
about it. Of course I did. And I thought, if I’m going to have one more surgery, I’m going to have my nose done. (sic) (MTF02, personal communication, 2016)

I chose to have my breasts done first because I wanted to wear pretty clothes. After that I felt that [sex reassignment surgery to change genitals from those of a man to those of a woman] was still a big thing. I needed some time to think because there were those who told me that if I didn’t like my breasts, I could change them back, but that wasn’t possible with my genitals … I had my breasts done when I was 25. It wasn’t a long time for making my decision because I knew I wanted them done. After I had saved up the money, I went to talk to the doctor. After they said okay, I went and told my mother and then had it done. After I had the top done [breast augmentation], I save up my money again and went to talk to the doctor to have [sex reassignment surgery to transition from a man to a woman] … [Now,] I don’t want to have more surgery to fix any things. (sic) (MTF08, personal communication, 2016)

All that I have had done includes an operation on my Adam’s Apple, nose, clear bones, which is a facial procedure that does not require changing the facial structure, and then my breasts. After this I had filler injected into my forehead and a little in my chin. Then, I entered a pageant and had more filler injected into my forehead and below my eyes as well as in the grooves around my cheeks and again in my chin. And so, my face looked a lot smoother. Finally, I had sex reassignment surgery … This began with reduction of my Adam’s apple because at that time I wasn’t sure if I was a woman or a man, and a man does not need to have an Adam’s apple. After that I had my nose surgery … I appeared much more like a female, except for the tone of my voice. (sic) (MTF11, personal communication, 2016)

[I began with] breast augmentation [because] there was the factor [about money], which I didn’t have a lot of. It’s like I started with a little and then had a lot done. At the time, I was very motivated. It took me three months to save up the money. During that time, I searched for information. After I had saved up what I needed, I looked for a doctor. After I chose which one, I saved up more. When I had enough, I went to speak with the doctor … I had sex
reassignment surgery after winning Miss Tiffany’s Universe. I was part of the contract with the sponsor of Miss Tiffany’s Universe. I didn’t spend the money myself. (sic) (MTF12, personal communication, 2016)

[I had] sex change and the face-lift [surgeries in Thailand]. … [For the breasts,] I had that done in America [before]. (sic) (MTF17, personal communication, 2016)

(2) Transgender women who chose to have sex reassignment surgery to change their genitals before breast augmentation

These transwomen decide to have sex reassignment surgery to change their genitals from male to female because they feel it is important to this first to become a woman. They feel women can have different size breasts but they cannot have male genitals. Thus, they want to have sex reassignment surgery to change their genitals from male to female before breast augmentation as is presented below:

I chose to have [sex reassignment surgery to change my genitals from male to female] first because I did not have enough money so chose the biggest procedure first. I could then do other things after. As far as breasts, I didn’t think about showing them off … Not long after having [sex reassignment surgery to change my genitals from male to female], I had my breasts done even though I wasn’t so motivated because I already used my money for sex reassignment surgery. However, a doctor offered to do breast augmentation for me, which was good. Still, for me, having my breasts done wasn’t so important …. [The additional surgery that I want is fixing the change of my genitals from male to female) [sigmoid colon and penile skin inversion (SRS)] to make my vagina longer. (sic) (MTF03, personal communication, 2016)

I began changing my genitals first. Then, breast augmentation, and I had work done on my face, eyes, nose and, finally, my cheekbones and eyebrows. I felt after I had sex change surgery to be a female, everything else was okay. I looked good, and I knew I was really a woman not just by my face
but because I changed my genitals to be those of a woman. That’s why I chose to have the sex change operation first … I did then have my breasts done as they are a symbol for being a woman, but I chose to do it after. For my breasts, I could wear bra to increase their size. But, if you compare it to what I had done below, that’s what really made me a woman … I didn’t spend much time [to decide] because I had been interested in sex reassignment surgery since my first year of university, but, at that time, I couldn’t find the time to do it. (sic) (MTF06, personal communication, 2016)

I decided to have sex reassignment surgery to change their genitals from male to female and breast augmentation because these are the symbols for a female. I chose to have [sex reassignment surgery to change their genitals from male to female] first as I had been preparing since I was 15. For me, a woman could have small breasts, but could not have male genitals … I made my decision when I was 15 and then had it done when I was 20 as I did not need my parents to sign for me. Then, when I was 19, I went to consult a doctor … [In addition], I didn’t have any other surgery as I was already happy enough. (sic) (MTF07, personal communication, 2016)

In addition, the research encountered a case in which a transwoman service user was more interested in both gender reassignment procedures, sex reassignment surgery and breast augmentation, and so it was all performed at the same time.

When I first got here [Thailand], I had sex change and breast surgeries. Five days later, I had a face-lift. Dr. Sirachai [Dr. Sirachai Jindarak, MD, the name of a plastic surgeon] did my face. At the same time, Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] performed an abdominal plastic procedure. (sic) (MTF16, personal communication, 2016)

I had sex reassignment and breast augmentation at the same time [day] … I want to repair my nose; perhaps, on my next trip (sic) (MTF18, personal communication, 2016)
2) Transwomen who decide to have sex reassignment surgery to change their genitals from male to female by chose not to have breast augmentation

This group of transwomen feel that it is most important to have female genitals and they are satisfied with the size of their breasts that have enlarged through hormone treatment and therefore do not need breast augmentation surgery.

I had the surgery performed below [gender reassignment surgery to change their genitals from male to female] only … I didn’t have my breasts done because after consulting a doctor, they told me that if I continue to use hormones, my breast will grow. So, I decided I didn’t want it done. I don’t believe this is really a symbol for women. There are a lot of women with small breasts. If you look at models, they don’t have big breasts. So, I do not give it much importance. (sic) (MTF05, personal communication, 2016)

I only had it done below [gender reassignment surgery to change their genitals from male to female]. And for my face, I had Botox and Filler injections. I chose to have the surgery because I wanted to be a complete woman. This is the symbol for a woman and as far as breasts, I already had them without the surgery … If I did my [breasts], I would only get small ones. My doctor told me if I was just going to have small ones, I didn’t need to have the surgery. Since, then, I’ve had no problems in dressing … Breast are another symbol for women, but they come after the genitals. So, everyday, people think about size, small, big, in the eyes of men. Me, I’m somebody who likes to dress and not have any problems about what I wear. (sic) (MTF09, personal communication, 2016)

I had the surgery performed below [gender reassignment surgery to change their genitals from male to female] only. The reason is that I believe this is what a woman must have … [It took me] over six years [to decide] to have the sex reassignment surgery … When I see my friends who had new breasts. Their breasts were pretty, their nose, too. So, I also felt like I wanted to have my breasts done, but once I go home, I lost the desire. Then, I thought, I don’t want to have the surgery because by just raising my arms, you would
see scars from breast augmentation. Something like this, I don’t want others to see this and wonder. (sic) (MTF14, personal communication, 2016)

I chose to have it done just below [gender reassignment surgery to change their genitals from male to female]. Above [breast augmentation], I still haven’t had it done because I took hormones and my breasts have already grown. They’re big enough for me. I think they are a symbol for a woman, but I have some and so don’t need to have anything done. But, when it comes to below [male genitals], I felt I didn’t like them. When I bathed, I would not look in a mirror. I wouldn’t look at all. I just let the water fall over them. This was since I was a boy. Even when I look at a full length mirror, I only looked at my face. If I had to look, I’d close my eyes. I didn’t think they were important. I wasn’t at all interested. (sic) (MTF15, personal communication, 2016)

A friend of mine donated [the money for] my buttocks surgery … I had penile [skin] inversion reassignment surgery … in which they use the penis to make the vagina. So, that was the primary surgery that I came for. Then, while I was at PAI [Preecha Aesthetic Institute, a private sanatorium], they agreed to perform facial feminization surgery on me. And at that point, we also talked about hairline lowering, eyebrow lifting and jaw ridge contouring because I had a really large jaw ridge before. I would not have appeared feminine if I still had those. So having these changes feminized my face. Then I had a little bit done to the jaw line. I did not do my breasts as I was 38B or C before surgery. So basically, I decided that I was comfortable with what I have. These are my natural breasts. (sic) (MTF20, personal communication, 2017)

3) Transwomen who chose to have breast augmentation but decide not to have sex reassignment surgery to change their genitals from male to female

This group of transwomen have the view that breasts are a sexual organ that can be seen and affect dressing and appearing as a woman. The male genitals do not affect their dress. They are not a sexual organ that needs to be displayed.
I had my breasts done twice and my nose done three times. I had my forehead injected [with Filler] as well as had my chin done … The first time I had my breast done it was a major procedure. I chose them as they are the first think I feel I needed. If I’m out and about, they are the first thing people will see before what’s below [female genitals] … So, when they see me, they don’t know if I’ve change my sex organs or not, but they’ll see I have breasts. Many transwomen choose to have their breasts done first. Much less choose to have it done below [sex reassignment surgery to change their genitals from male to female] first … [The reason I chose not to have [sex reassignment surgery to change their genitals from male to female] is because I don’t think a man is going to love me because I have a vagina. My parents don’t think about this; they let me make my own decision, and I think it is still not time … I have not searched for [information concerning sex reassignment surgery to change genitals from male to female]. I think that when it comes time, I can find the information. So, why bother? If and when I want to find the information, I have friends who have already had it done. My friends don’t push me to have sex reassignment surgery. My friends don’t say anything about this; they have never promoted having this done. (sic) (MTF10, personal communication, 2016)

5.5.3.2 Characteristics of Decision Making to have Gender Reassignment Surgery and Health Services of Each Type for Transman Service Users

Most transmen service users are interested in having mastectomies (secondary sexual characteristics). They will also want to have a hysterectomy, removal of the uterus and ovaries, and change their sexual organs, genitals from those of a woman to a man’s (primary sexual characteristics) with these surgical procedures requiring an order in which they are performed. For the classification of the decision making for transmen to have gender reassignment surgery and health services, based on the research criteria, three groups of transmen were identified as follows: 1) transmen who already had all gender reassignment surgical procedures and health services performed, 2) transmen who already had mastectomies and are in
the process of having a hysterectomy and sex reassignment surgery to change their female genitals to male genitals and 3) transmen who already had mastectomies and a hysterectomy but have decided to not have sex reassignment surgery to change their genitals from female to male. These groups are explained in detail below.

1) Transmen who already had all gender reassignment surgical procedures and health services performed

This group of transmen decided have all gender reassignment surgical procedures and health services performed and now are completely transitioned transmen.

I chose to have surgery above [mastectomies] because I did not want to look in a mirror and see someone I felt wasn’t me. As far as below, [sex reassignment to change their female genitals to male genitals], it had to be done so I could live my life. In fact, I decided to have this done since I knew I had to. At first, I couldn’t find any information. After I could find enough, I had it done. After I met the doctor, I used very little time [to decide]. After talking to him at the beginning of the month, I had [mastectomies] at the end of the month. As far as below [sex reassignment to change female genitals to male genitals], I took some time [to decide], a number of months, because I had to think about some problems [side effects that could occur]. (sic) (FTM13, personal communication, 2016)

2) Transmen who already had mastectomies and are in the process of having a hysterectomy and sex reassignment surgery to change their female genitals to male genitals

This group of transmen chose to have all the gender reassignment surgical procedures to transition from a woman to be a man beginning with mastectomies. At this time, they are in the process of having a hysterectomy or surgery to change their genitals from female to male as these procedures are complex, take time and cost a lot.
I chose to have my chest [mastectomies] done as I want to appear like a man. I want to take off my shirt and post pictures on Facebook[.com] to show I’m a man … I did my breasts first because it’s the cheapest procedure. So, I decided to do it first. But if you ask what most has to be done, it’s [sex reassignment surgery to change genitals from female to be male] down below, but I was worried about money. So, it had to be my breasts first. (sic) (FTM04, personal communication, 2016)

I chose to have it done above first [mastectomies]. After that, I decided to have it done below [sex reassignment surgery to change genitals from female to be male]. I just have to wait to get the money. That’s the only thing. I’ll definitely have it done. I just need to get the money … I don’t want to be a man with breasts. That looks funny. With a mustach, I didn’t want a rise at my chest to appear. I wanted to stop this. So, I had to do it above [mastectomy] first. After that, I began on my body [by taking hormones]. As far as below [sex reassignment surgery to change genitals from female to be male], I have to wait. For below [sex reassignment surgery to change genitals from female to be male], I need to take hormones so that there [the female reproductive system] will stop functioning and so my appearance will look right [Researcher: hormones are administered so that the male genitals can be constructed from the clitoris or the skin around the urethral hole can be extended to construct a small penis.] … So, to have this done, first I have to take hormones. This is the procedure. So, I chose to have this done later. This is what is prescribed in the medical Standard of Care (SOC) for someone who is going to have this surgery. First they have to take hormones for at least 12 months … which is what [I] am doing now. But, I’ll wait two years because of the money. I’ll save for the next two years. (sic) (FTM19, personal communication, 2016)

3) Transmen who already had mastectomies and a hysterectomy but have decided not to have sex reassignment surgery to change their genitals from female to male.
This group of transmen are also interested in all the gender reassignment surgical procedures to transition from a woman. They have chosen to have mastectomies and a hysterectomy but not surgery to change their genitals from female to male. This is because when they see the results of the plastic surgeons, there appear to be health limitations for the transmen service users as well as risks when with the attachment of nerves, which is not always successful in providing a sense of feeling. This can then affect feelings during sexual relations. [Researcher: One of the sex reassignment surgical methods to change genitals from female to male is called Phalloplasty.]

[I] had a mastectomy, hysterectomy and injected hormones … I had the mastectomy when I was 24 and the hysterectomy six years later when I was 30. I have waited a long time because I had to save money and I also could not find the time. With my work, I can’t take three or four months off … I want to have [sex reassignment surgery to change genitals from female to be male], but I’m also pretty certain I can’t because my lymph system is not good. I have already spoken with the doctor. If I have it done, I still won’t be able to use it ... So, it won’t be anything like a man’s, and I won’t be able to feel anything. So, why do it? Because I still want to enjoy sex. I still want to have relations with the person I love. So, I’ve now accepted the fact I won’t have one [a penis]. (sic) (FTM01, personal communication, 2016)

5.6 Gender Reassignment Surgery and Health Service Post Purchase Behavior of Service Users

From the data collected through in-depth interviews with service users, after a transgender service users is interested in this surgery and health services, searches for information, evaluates alternatives, decides and then has gender reassignment surgery and health services, they will enter the stage called post purchase behavior (Kotler, 2003) in the service buying decision process. This stage can then be divided into three areas as follows:

5.6.1 Satisfaction Post Gender Reassignment Surgery and Health Services
5.6.2 Re-purchasing Gender Reassignment Surgery and Health Services from the Same Physician or Sanatorium

5.6.3 Recommending Physicians and Sanatoriums that Provide Gender Reassignment Surgery and Health Services to Interested Service Users

5.6.1 Satisfaction Post Gender Reassignment Surgery and Health Services

This includes: 1) Service users satisfied following their gender reassignment gender reassignment surgery and health services and 2) Service users dissatisfied following their gender reassignment gender reassignment surgery and health services. Details are as follows:

5.6.1.1 Service users Satisfied with their Gender Reassignment Gender Reassignment Surgery and Health Services

The data collected from the in-depth interviews show that service users satisfied with their gender reassignment gender reassignment surgery and health services following the success they had hoped for and a good service experience compared to the costs, particularly concerning newly constructed genitals or organs they are satisfied with, the service users felt this helped them to feel complete and happy with life. It also helped them to build confidence in themselves for their life hereafter in their daily activities, relationship with family members, lovers, in work and in themselves.

I felt happy. I could finally could get passed it all. [From] the outside, I didn’t change because I have looked like a woman for many years. But I have stronger feelings. I feel like … It’s what I feel inside that makes me happy. I am now a woman. It was the right decision … I was undecided and so slow to decide. I should have done it sooner. (sic) (MTF02, personal communication, 2016)

It’s about confidence. Before I had it done, I did not see anything from a good perspective … I always wondered what others thought of me, but after the sex reassignment surgery, I started to feel this was real and my confidence grew. I can now share this with others and they accept me as who I am. Thus,
the joy I now feel helps to build my confidence. Everything is now good. (sic) (FTM04, personal communication, 2016)

I feel I made the right decision. I’m happy. My partner is happy with our relations in bed [sexual relations]. We do it more. I feel more confident, but as far as what I wear, I still dress the same. I wear the same swimsuit. I just feel full of life. (sic) (MTF05, personal communication, 2016)

I feel more confident. I feel happy with my responsibilities [to take care of my constructed genitals.] It doesn’t feel at all like a burden … As far as relations with my family, we now understand each other …, but I still worry a lot [when it comes to love] as [in the future in Thailand], they say we’ll be able to change our [gender] title, but we cannot deny the truth. (sic) (MTF06, personal communication, 2016)

I feel my life is correct. I’m now just a normal person. If I was sick, I suffered, but now once better, I’ll feel good. This is okay. It’s okay at home. Once I had the surgery, they accepted it. As far as a partner, I never had a boyfriend before. Now, I have someone to marry. (sic) (MTF07, personal communication, 2016)

I feel fulfilled, 100 percent confident. My gender is just how I feel, and so I’m very happy … I feel I did this more for myself. I didn’t do it for anyone else. (sic) (MTF08, personal communication, 2016)

I felt like the day had come. My relations are good with my parents. After I had the surgery, I saw my parents and was very happy … It has like feeling the pain of happiness. I was happy because this is something I wanted to do for a long time … It changed my life. I was happy when I took off my clothes to bathe. I was happy when I looked in the mirror. I was happy when I could wear a woman’s panties when I was with a lot of my female friends. I wasn’t shy like before … Because now I was the way I wanted. This also helped in my work. I can say I look pretty and present a good appearance. And I now have everything, although I didn’t do anything to my breasts. It has all helped in my work. Everything is better in my life. (sic) (MTF09, personal communication, 2016)
I’m happy … Most will say that transwomen do this because of men. So, they will see us and accept us, but I really believe that this isn’t so important. We do it for ourselves. When we dress and undress. I know I feel more confident when I undress … I see my life has improved … Now that I have changed, I don’t need to be interested in how people speak negatively about us … Before, I might have wondered why they had to talk about us, but now I don’t care. They can think whatever they want. I’m happy with myself. My life is good everyday … I have work. I can send money home. I can work at a good place. [My parents] are proud of me. They [my parents] don’t think anything that I am transgender and they do not feel shy. (sic) (MTF11, personal communication, 2016)

[When I had breast augmentation surgery], I unwrapped [the dressing covering the wound], and I was happy that I now had breast. I felt proud. At that time, I worked as a freelancer and when I could save money, I was proud as well… [When I had sex reassignment surgery to change my genitals from those of a man to those of a woman], I was happy. I was what I wanted to be. All my dreams for so long had come true. On the day everything was done, I was a woman. I was a woman in every respect. I felt more confident in whatever I did … As far as me [my life], I didn’t change. It’s just that the surgery made me a complete woman, but I had been living as a woman already for a long time. So, there wasn’t much that affected any change in the way I dressed. Before I had the surgery, I already dressed like a woman, but I still worried that people would know what I was. Now, I’m more confident; I don’t worry anymore … [Sex reassignment surgery] did have an effect [as far as my work as a star performer in the Tiffany Show and as a past Miss Tiffany’s Universe.] When I would be on stage, the audience will look at my figure and face. Then they look at how well I perform. When I first started this kind of work, I had to look good. I’m in the show and am a performer. If I don’t look good or my skin isn’t pretty, I wouldn’t have lasted long. (sic) (MTF12, personal communication, 2016)

[After sex reassignment surgery to change genitals from female to male], I felt happy. During my recovery, I didn’t worry about the wound at all.
I didn’t worry if I would once again have feelings. You can say, I felt it was better not to worry … I was happy once I completed all the three steps, which took a year and a half. For the final step, I stayed in the hospital for 14 days. Then, I felt like I wanted to recover quickly. After all was done, I felt confident, but really I have always felt confident. But this did add a lot to my confidence. I really don’t know how to explain how I felt inside even though I really didn’t change that much. My family did accept it all … Now, they will introduce me as their son. (sic) (FTM13, personal communication, 2016)

I felt very happy, like I was reborn … Just removing the male genitals made me happy. Really, I had never worried much about my new appearance, but I was satisfied with the results … It was like I was a new person. I went from a person who suffered, to someone who is confident. I could do what I wanted to do even more. Before I felt limited. I was afraid to do this or that … I’m the same person, but with a new life. I now enjoy a higher quality life. (sic) (MTF15, personal communication, 2016)

Since having SRS [Sigmoid Colon and Penile Skin Inversion] and other surgeries, I have been at peace with the gender part of my life and my body. After almost 13 years, I lost interest in my gender issues. I feel part male with mostly a female body. I am at peace and happy with myself. … My friend told me that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] did a good job. I do look like a woman. When you see me, I look female. … [When] you accept your body, you become more relaxed and interested in what you have never been interested in before. (sic) (MTF16, personal communication, 2016)

I didn’t expect anything. I knew it was done. They changed my birth certificate. I had a doctor to see me in Connecticut [Researcher: a state in the U.S.A.]. He checked it all out and said Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] did pretty work. He did a good job. … [After the operations.] I am very happy. (sic) (MTF17, personal communication, 2016)

My desire was very strong. In a few months, I made my decision [in order] to be happy with my new genitals. … [The day of surgery] was
beautiful. It was like we made a trip to a new beautiful and shiny life, really. I felt great peace. I have felt a connect between my body, mind and soul. At first, I felt incredible because the first time I peed (urinate) [after the surgery], it was amazing … I now feel more sure of myself, optimistic, vital and eager to do things for the rest of my life. (sic) (MTF18, personal communication, 2016)

When they undid the packing, and I saw the bottom part for the first time. I am like, God! I wanted to say thank you, thank you, thank you to the doctor. It’s what my brain had been telling my body should be there all along. … I am very happy with the results. I think that these doctors give transgender people their lives. It’s just so amazing that I after this magical surgery, and I had so much done, that I recovered so quickly. I couldn’t have asked for better results. I am very, very happy. I don’t regret my choice ever. … I think that I am now in balance with myself. My body, my personality and my mental image basically are all unified. I see myself, I am confident with myself now, which makes me more open up. I am not hiding anymore, so I am able to just let my emotions and my soul sing together. Definitely, I feel I can be a lot more feminine now and nobody’s going to look at me funny and things like that. It has made me tremendously happy. [If] somebody would come and offer me all the money in the world to go back to be male, I’d still say no. I am so happy now, and people who saw me before my surgery and then saw me after it would have seen the big personality change. … When I was connected with Susan [Researcher: Susan Elizabeth Larson, the founder of susans.org, Susan’s Place Transgender Resources], she remarked on how significant the changes were to my personality. … For me, I think the surgery leads to many enormous changes, when you go from male to female, to the other gender, … when at last you’re 100 percent. It’s all about the body matching the brain, and the body letting you be you. You don’t have to fight yourself anymore. (sic) (MTF20, personal communication, 2017)

For service users who are between stages of their sex reassignment surgery and-health services, the in-depth interviews with satisfied service users show
they feel happy with life and more confident since they started the first procedures. They also believe that once they complete all stages, they will feel even happier and more confident.

I was quite excited and happy as I had waited a long time for this day. After the mastectomies, I became more self confident. I stopped worry about my breasts … I felt more confident when I was with others. Before this, I felt shy. I tried to cover my breasts … I didn’t want people to focus on them. But with my chest, I felt more confident to go out and be with others … I feel much better now, more self confident … [In the past.] when I woke up, I didn’t like my body. I would then have to bathe. There would be a mirror in the bathroom. I would have to look at myself everyday. I felt crazy. I was only talking about my breasts. Once I had the mastectomies, when I talk about how I felt everyday since [the surgery], I’ve felt happy. I think now, I want to complete the changes faster. I think once everything is done, I’ll feel happier. I feel like I want it done. I want [male genitals]. I’ll be able to stand and pee. I won’t feel pressured or shy with anyone. Right now, I still am not as self confident as I could be. I’m still not confident with what below [male genitals] because I still can’t stand and pee. (sic) (FTM19, personal communication, 2016)

In addition, from the in-depth interviews, it was also found that in certain cases a service user will the intention to have the full compliment of gender reassignment surgery and health services but, because of health issues, cannot have the surgery to change their genitals or, because of the risk they are afraid they will not have successful connection of the nerves in surgery. In such cases, the service users must accept and only undertake the procedures their health will allow. This will still help improve their outlook on life, make them happier and give them greater confidence to a satisfactory level.

I felt relieved. It was like I had a new life … I was happier. What I didn’t want to have was no longer part of my body … I changed a lot … [I changed]
myself. What I didn’t want, I didn’t have … Those who have breasts and don’t want them, have to have them removed. These are something you see, right? The uterus and ovaries you can’t see. This is something felt personally. I didn’t want them because if I have them, I could get pregnant, and I’m not a woman. Can a man have a baby? No, of course not … [After surgery] I felt [happy]. I was closes as I could be to [what I wanted], a man … I want to have [sex reassignment surgery to change genitals from female to be male], but I’m pretty certain I can’t because my lymph system is not good. I have already spoken with the doctor. If I have it done, I still won’t be able to use it … So, it won’t be anything like a man’s, and I won’t be able to feel anything. So, why do it? Because I still want to enjoy sex. I still want to have relations with the person I love … I’ve had to bear a lot from being what I was born. (sic) (FTM01, personal communication, 2016)

5.6.1.2 Service Users Dissatisfied Following their Gender Reassignment Gender Reassignment Surgery and Health Services

The data collected from the in-depth interviews show that service users who were dissatisfied following their gender reassignment gender reassignment surgery and health services because the procedures not unsuccessful in meeting their expectations and/or had a bad service experience compared to the costs.

It was found they were dissatisfied with their constructed genitals or organs because of an error committed during surgery, complications arose or limitations in the surgery and bodily responses. However, the service users were willing to take the risk. They knew they would have to have additional surgery to correct these problems. In such cases, the service users would change their surgeons for these following surgical procedures. Still, this did improve their happiness with life as well as their confidence.

I already was happy and confident. I’ve always been a very confident person, but I just felt this more … I’m happy with my body. I feel I can go on with my life … I feel even braver in what I do … The first time I did it, it
wasn’t that good … because of my cells, I had swelling. They didn’t get everything out. I had a condition they called ‘luk chin’ or something like a round ball. When I had [sexual] feelings, my cells would swell. It would cause me to enlarge like a man. This would happen at the edge of my vagina but not inside. It would just happen on the outside. So, I could have [sexual relations], but it would hurt a lot. It made me feel like the masculinity was not gone. … I told [my friends] about this problem, and asked where I could get this fixed. They recommended Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon] … They said he could fix it and it would look pretty. So, I had it fixed … For further surgery, I will have Colon / Sigmoid Colon and Penile Skin Inversion (SRS)]. (sic) (MTF03, personal communication, 2016)

I felt okay when I laid on my stomach. Then, it didn’t hurt. At that time, I didn’t have [male genitals]. I didn’t feel it was very good. I felt I was right to have it done. I was happy enough with how it appeared, but I had to understand that my [male genitals] were very small. With hormones, I was very female [Researcher: MTF14 is intersex.] The development of my male genitals was not good, they were so small, the doctor was very concerned … I was not well as I had an allergy. I took steroids, but didn’t tell the doctor. This caused the wound to not heal and membrane remained … If I have the chance, I will have Colon / Sigmoid Colon and Penile Skin Inversion (SRS) and get it fixed once and for all … I am as happy as I am … I’m still not ready to have a boyfriend because I can’t have sexual relations. [The vagina constructed in surgery] is constricted because I didn’t do dilation [Researcher: Dilation is when a GRS Dilator is inserted into the constructed vagina to expand its size. This is performed following sex reassignment surgery to change genitals from male to female to prevent shrinkage of the vaginal canal caused by the healing wounds following surgery] … As far as a partner, I was married, but we separated because I could not perform sexually … So, I haven’t been so happy because I still want to have this fixed. (sic) (MTF14, personal communication, 2016)
However, from the in-depth interviews it was found there were cases of dissatisfaction with constructed genitals and services offered by sanatoriums and physicians. Some services users felt very negative about certain issues they complained and could not accept. They felt they definitely wanted to have a new surgeon to perform the corrective surgical procedures. Furthermore, it was found there are service users with the viewpoint that if the service fees are very high, the quality of the surgeon’s performance, the standards of the sanatorium and the services provided will all be better.

[Following breast augmentation surgery], I felt confident … more confident, but I did not feel I was a complete woman … [but the first time] that I had problems with my breasts [that were augmented] as they were too firm … it could have been because of my body … [So, I decided] to have them fixed with another doctor … No one knew how bad it was going to be. It was all about how I felt. I felt there could be nothing worse than this, but I was wrong. This time was worse than I thought … The doctor didn’t know how to talk to me. They said it would be very difficult to fix. He pretended and asked what it was. He grabbed my breasts and grumbled at me. I said I want the size changed. He then made an appointment, and I went to pay the money. On the day of the surgery, he measured my breasts but didn’t say anything. I couldn’t ask any questions. When he did it, I was the last one in the queue. He was probably very tired on that day … I slept in his operating room after having an anesthetic. When someone has it done, it takes about an hour while you are under. But I woke up before it was over because it took a long time to complete the procedure. I felt everything, but it didn't hurt. Still, I could feel the stitches. I could hear him talking. It wasn’t nice. He hit my head. It was all quite frightening. Before the doctor was done with the breast surgery, he went off to do another on someone else. Then, he came back to stitch me up. All the patients [service users] were lined up on beds, like in a beauty salon where they wash customers’ hair. Nothing seemed sanitary, I asked myself why I came here for this. Why did I have to experience something like this? As a patient [service user], I should receive good care … The [recovery] room was
very small, and there were seven us lying next to each other. Some had their sexual organs changed and moaned all night. Some had facial plastic surgery. They were also bad. I didn’t know how they could have [major surgery] in a clinic like this. It was very dangerous … I wasn’t at all impressed. I felt I didn’t want to be there. If I could do it again, I would ask my mother for the money. I’d ask her for 250,000 baht to have my breasts done again. That would be better … I [will] not use [this doctor again]. He was the most frightening … If you ask do I want to go [to fix this again] and get make better, I’d say yes, but I need to wait awhile till I have the time. I’m now willing to pay much more. (sic) (MTF10, personal communication, 2016)

5.6.2 Re-purchasing Gender Reassignment Surgery and Health Services from the Same Physician or Sanatorium

This includes: 1) Services users who have a tendency to receive service from the same physician and sanatorium and 2) Services users who do not have a tendency to receive service from the same physician and sanatorium. Details are as follows:

5.6.2.1 Services Users who have a Tendency to Receive Service from the Same Physician and Sanatorium

The data collected from the in-depth interviews showed that service users who are satisfied with their constructed genitals and organs and are impressed the services of the physician and sanatorium have a tendency to return to the same physician and sanatorium if they want further surgical procedures and/or health services performed.

I would return to the same place, but right now I’m not thinking of doing anything, or if I did do something, it would be to have my breasts done and it would be with the same surgeon. (sic) (MTF05, personal communication, 2016)

Definitely, I have to go to Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon] because he did the work on my previously and he knows well the limitations. He knows what has to be done. (sic) (MTF14, personal communication, 2016)
When focusing specifically on foreign service users who come to Thailand for gender reassignment surgery and health services, if they want surgery or services, they do have a high tendency to return and use the same doctor and sanatorium. American service users provided details saying that as part of American culture, service users will have a regular physician and sanatorium.

One thing about Americans, we don’t switch because it’s more convenient. If we like a hospital, we keep going to this hospital. If we like a doctor, we will stay with that doctor. We don’t change. In American [culture], we see the same doctor. (sic) (MTF17, personal communication, 2016)

My friend told me that Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] did good work, which does look like a woman. When you see me, I look female. … I came back several times for surgery. I had many operations, minor surgeries. When I came here [Preecha Aesthetic Institute, a private sanatorium] and he [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] wasn’t available someone else would perform the procedure. The first time I came here, he said as associate doctor will do my face and he will perform the abdominal plastic procedure, and I agreed. (sic) (MTF16, personal communication, 2016)

I want to repair my nose … perhaps on the next trip … Of course, [I will return to PAI [Preecha Aesthetic Institute, a private sanatorium] because] PAI [Preecha Aesthetic Institute, a private sanatorium] stole my heart. PAI [Preecha Aesthetic Institute, a private sanatorium] has two very important doctors who have searched and developed innovations in their practice. I hope that Dr. Burin [Dr. Burin Wangjiraniran, MD FRCS, the name of a plastic surgeon] and Dr. Sutin [Dr. Sutin Khobunsongserm, MD, the name of a plastic surgeon] [will] work at PAI [Preecha Aesthetic Institute, a private sanatorium] for a long time. (sic) (MTF18, personal communication, 2016)

The surgery was amazing. The recovery was amazing. The results are fabulous. I’ve done this, I’ve stood in front of the mirror, put my hands on my cheeks, just saying, “Is this really me?” Seriously, I want to cry now. I am on the edge of crying right now. You see, just thinking about how amazing this is
to me, I feel the tears, just below the surface. … I would not consider any other hospital for anything, facial or plastic surgery related. I'm even talking to them about next year, about giving me a skin resurfacing, make my skin look younger. … I am already looking forward to my next visit to PAI [Preecha Aesthetic Institute, a private sanatorium]. The thing that I really want to get done is my nose. As you can see, I broke it at some point. (sic) (MTF20, personal communication, 2017)

5.6.2.2 Services Users who do not have a Tendency to receive Service from the Same Physician and Sanatorium

The data collected from the in-depth interviews show that most Thai service users when they feel a physician is not skillful in performing all forms of gender reassignment surgical procedures and health services that if they need further surgery or services, they will search for information on other physicians who are for their skill in the procedures they want performed.

For the place I went, I searched for information on places that performed sex reassignment, but if I want other things done, I think I’ll look for other places … Suppose, I’m going to have my nose done, I’ll focus on finding information on doctors who are known to be good at this because I feel that different doctors are better at different things. (sic) (MTF02, personal communication, 2016)

If you ask if when I want to have something else done if I will go to the same place, I need to check about the techniques and where the medical treatment is the best. I’ll decide based on what others have done it say. I will study the information given by someone who has done it at a certain clinic and what they say about before and after they had it done. (sic) (FTM04, personal communication, 2016)

Right now, I don’t want to change, or correct things, but if I did, I don't think it would be the same doctor. I think I’d look for information first and learn where it is good. Then, I’d decide. (sic) (MTF06, personal communication, 2016)
I have a project to have my breasts done, and I’ll chose a doctor who is better at this. I’ll conduct new research to learn who is good at this and then make my decision. (sic) (MTF09, personal communication, 2016)

Right now, I don’t think I want to have gender assignment surgery with a Thai doctor. When it comes to my face, I might have to go abroad [South Korea]. (sic) (MTF11, personal communication, 2016)

[The sanatorium] I went to before is good at breast augmentation and sex change. For other things, I wouldn’t [return for surgery to the same sanatorium] because each place has different expertise. If I want to do anything else, I’ll look for a doctor who is good at that because the reason I chose them was because they were a sponsor for the Miss Tiffany’s Universe pageant. And as I knew they were good at this, I had him do it. (sic) (MTF12, personal communication, 2016)

I have to study their technique once more to see how they do what I want. I’m not attached to any doctor, but I am concerned with technique. I believe that every transgender want to get value for their money. (sic) (FTM13, personal communication, 2016)

If I really need to do it, I will look for information first. If you ask if I’ll go back to have it done by Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon], I will need to look first to see if he is an expert at what I want done because each doctor has different expertise. No one is good at everything. (sic) (MTF15, personal communication, 2016)

In addition, there was the case of service users who in the past decided to have gender reassignment surgery performed by the best surgeon at the best sanatorium within the limitation of the capital. Today, because of improvement in their finances, they had a wider selection to choose from. Thus, if and when they wanted other procedures performed, they did not want to return to the same physician and sanatorium but find ones they felt were better, when it came to the skill of the surgeon, the hygiene of the sanatorium and quality of service.
Like I said, I want to have the colon procedure [Sigmoid Colon and Penile Skin Inversion (SRS)], my friends told me to return to Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium], but that was also because at that time there were no choices. Now, though, if money isn’t a problem, I want to think of more than just quality, technique and beauty, I want to also consider the service. So, I would choose a private hospital. I want to enjoy the full scope of medical services. (sic) (MTF03, personal communication, 2016)

If you ask do I want to have [breast augmentation] again, I think about it, if it’s good, expensive, etc. But I need to find the time ... I’m willing to pay a lot. I will choose the doctor who famous actresses choose. It could cost hundreds of thousands of baht. I think I’ll go where they perform [the breast augmentation] in a hospital. That’s better [than at a clinic where breast augmentation is performed]. (sic) (MTF10, personal communication, 2016)

[The sanatorium] I went to does not perform surgery down below [sex reassignment surgery to change genitals from female to male]. So, I have to go somewhere else. So, when I’m looking for a new one, I have to make comparisons about their technology, old technology versus the new high-tech, if they have it or not. This is because I’ve decided if I’m going to have it done, I want the best with the smallest wound, which means the best technology. I’m not concerned about the money because when I had it done on top [mastectomies], I had to worry about money because I didn’t have much. But, in the future, when I have [sex reassignment surgery to change genitals from female to male], I will have money because I’m earning a good salary and am able to save. (sic) (FTM19, personal communication, 2016)

5.6.3 Recommending Physicians and Sanatoriums that Provide Gender Reassignment Surgery and Health Services to Interested Service Users

This has been divided into three parts as follows: 1) Recommending physicians and sanatoriums as a form of support or influencer, 2) Recommending
physicians and sanatoriums by telling of direct experience and 3) Recommending physicians and sanatoriums by offering selections. Details are as follows:

5.6.3.1 Recommending Physicians and Sanatoriums as a Form of Support or Influencer

The data collected from the in-depth interviews show that service users satisfied with the results of their surgery as they meet their expectations and very good service will make recommendations to support interested persons in receiving service from their physicians and sanatoriums.

I’ll definitely recommend them as surgeon and nurses are all good. I’ll tell people I know … and others who are interested. (sic) (MTF02, personal communication, 2016)

I’ll definitely recommend them. I’ll tell them that if they want to find a doctor in the U.S.A., it has to be this doctor. He really takes good care of you. He has great skill. The hospital and all the nurses are good. Everything is good. (sic) (MTF05, personal communication, 2016)

I’ll definitely recommend them. Right now, there are people who come and ask. They’ll ask me a lot. The questions can be quite detailed. I’ll tell them what is good. And other things I might have just been lucky. I didn’t encounter anything bad. So, I tell them. The people who come to ask are friends as well as friends of friends. (sic) (MTF09, personal communication, 2016)

If I’m going to recommend a doctor, then it has to be Dr. Kamol [Dr. Kamol Pansritum, MD, the name of a plastic surgeon] because he is who I went to, and I don’t know anyone else or any other place. (sic) (MTF15, personal communication, 2016)

Furthermore, it was found that the majority of foreign service users who make recommendations as a form of support for interested services users will have received service from a particular physician and sanatorium. Sometimes they will do this through an agency representing the sanatorium or as a volunteer to help coordinate services of the sanatorium that offers such services to foreign service users.
from the country they came from for gender reassignment surgery and health services provided by the physicians, surgeons and sanatorium they talk about.

I’ll recommend only PAI [Preecha Aesthetic Institute, a private sanatorium] because I don’t know anywhere else. Everyone asks why I don’t recommend Yanhee [Yanhee Hospital, a private sanatorium] or recommend other clinics. It’s because I didn’t go to them [for surgery] … I recommend what I know because I went here. Other places I cannot recommend because I didn’t have anything done anywhere else. Just suppose there is something I say, and I have to be responsible for this, don’t I? If there is something I know, I can talk about it. But, at other places, where I might work as a [Japanese] interpreter, I only translate what is said. But I’m willing to recommend this place [Preecha Aesthetic Institute, a private sanatorium], I tell this to all of my friends. (sic) (FTM01, Personal communication, 18 July 2016)

My volunteer work for PAI [Preecha Aesthetic Institute, a private sanatorium], is helping English speaking transgender people who come here for surgery … I had an American here a few weeks ago and arranged for this person to meet Dr. Preecha [Assoc. Prof. Dr. Preecha Tiewtranon, MD, the name of a plastic surgeon] and talk about her future surgery. I will always help transgender people who come here even if to only show them around Thailand. (sic) (MTF16, personal communication, 2016)

In my work as an activist [teaching about the pleasure of the trans vagina], I can't publish [a name of] any clinic, but off the record [talking], [I] always recommend PAI [Preecha Aesthetic Institute, a private sanatorium] … They [Transwomen] come to me, some because they follow me on Facebook and others because they talk about me [to each other]. … I now have five or six more girls who are interested in PAI [Preecha Aesthetic Institute, a private sanatorium]. … I tell in my sessions [about] … my experiences [at PAI [Preecha Aesthetic Institute, a private sanatorium]] … and all of my experiences in Thailand … and [the experience of] many girls around the world that I follow. I have contacted other girls around the world, too … on the internet, chat, face-to-face and also in sessions in Spain. (sic) (MTF18,
personal communication, 2016)

There are also cases in which a well-known transgender associated with gender reassignment surgery decided to use a sanatorium so they could talk about their experience as an influencer within their network.

I think they’re some of the best doctors in the world, and if you ask me if I would have any problems recommending PAI [Preecha Aesthetic Institute, a private sanatorium] to anybody, the answer is no, without hesitation, without reservation. They would have my full recommendation that anybody who’s looking for a doctor to have this surgery should strongly consider PAI [Preecha Aesthetic Institute, a private sanatorium] because they will have one of the most amazing experiences of their life. … This is my experience, and I am going to write about it myself, reading about their experiences and knowing about them … I have already, pretty much told several people that I would have absolutely no problems and no hesitation to say that PAI [Preecha Aesthetic Institute, a private sanatorium] is a clinic people should definitely consider. When I write my review, I’m pretty much … going to talk about the service, the way they made me feel like a queen, before, during, and after the surgery. Jessie [Niwat Kaewpeer, the name of an office manager of a private sanatorium] came to visit me and he brought me these beautiful flowers and he wrote a card. His flowers have died, but I have the basket. That basket is going home with me, I'll fill it with flowers at home, and I'll think about PAI [Preecha Aesthetic Institute, a private sanatorium]. Anybody who’s looking for a face lift, I will tell them that, in my opinion, you could not do better than coming to PAI [Preecha Aesthetic Institute, a private sanatorium] and hopefully my opinion will have some weight. When I write this article on my website [susans.org], it’s gonna be seen by anyone, from two to three thousand people right off the go, and then over the months and years, it will be seen even more. Two to three thousand is the minimum number that will see it, but it can end up being seen by lots and lots of people that Susan [Researcher: Susan Elizabeth Larson, the founder of susans.org, Susan’s Place Transgender
Resource had her surgery, and they’ll read about it. So I think I’ll have a lot more see it even quicker than I have thought. Once I write the review and post it on my website [susans.org] after a month, I am going to submit it to, a magazine that did a profile of me when I came out of the closet. I am going to offer them the second stage, about me having my surgery. I am going to write that story myself and send it to them and see if they would be interested in running it. And then, after I give them the opportunity, then I am going to send it to other LGBT media and keep it submitting it to different places. And once I get past my website [susans.org], then I am gonna submit it to a bunch of media all at once. (sic) (MTF20, personal communication, 2017)

5.6.3.2 Recommending Physicians and Sanatoriums by Telling of Direct Experience

The data from the in-depth interviews show that if service users encounter both good and bad results from surgery as well as service, they will recommend the physicians and sanatoriums accordingly to interested persons so they will know and gain both positive and negative viewpoints.

I will definitely give recommendations. I will comment about the things I did and saw. If someone comes and asks where I had surgery, I’ll tell them Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium]. If they ask was it good, I’ll tell them I didn’t have any problem, it was good enough. I’ll tell them how the hospital and service at Chula Hospital [King Chulalongkorn Memorial Hospital, a government sanatorium] were like. If they ask about Dr. Suporn [Dr. Suporn Watanyusakul, MD, the name of a plastic surgeon], I’ll tell them he is good but expensive. It’s also difficult for them to accept cases. They will have to check for themselves … [As the president of the Transsexual Association of Thailand], a lot of people will come and ask me where to have it done, how to have it done and which doctor is good … Now, when I get questions, they will ask me to help them to choose a doctor. In the past they would ask because there wasn’t much
information available, but today, there is almost too much information, which can make it hard to decide. (sic) (MTF03, personal communication, 2016)

I’ll definitely give recommendations … and if there is anything bad, I will tell them. (sic) (FTM04, personal communication, 2016)

I’ll let them choose their doctor first. Then, I’ll let them search for information. Then, they can come for advice. I’ll tell them to ask someone who has gone to that doctor to find out if they are okay. I tell them to get a lot of information, for example, to see if things have changed over the last year or 10 years. They should then compare because deciding on the doctor, --- [Concealing information: the name of a physician], they have to consider that he used to do good work, but now he is older and whether it will be okay. I know what my limitations are. If they want it to look pretty, but [the vagina they have constructed] may constrict quickly. If it doesn’t expand much at all, will they be okay with that? If they are serious about this, I’ll recommend they check for another doctor. (sic) (MTF06, personal communication, 2016)

If someone asks, I’ll tell them where to go. Then, I’ll let them make their own decision because today there are many surgeons. (sic) (MTF08, personal communication, 2016)

After I had it done, I did not tell them they had to have it done with this doctor. I’d just say about my experience. I could then say it was good, but I would not cheer, or encourage them to do it. If they ask if I can assure them the doctor will be good, I don’t do that. I don’t want them to get angry if they are not satisfied. (sic) (MTF10, personal communication, 2016)

I will ask them what they want. If it is what I have experienced, I will tell them, but I will not tell that a doctor is good. … If the doctor is good for them, they will thank me, but if not they may curse me … I have to ask them first what they want done and if they have a budget because I didn’t select the best doctor. I chose the good one who fit my budget … After, there were those who asked had I changed my genitals yet and where it’s good. I tell them I cannot give them recommendations. I can only do it for what I know because I only looked for the one doctor. (sic) (MTF11, personal communication, 2016)
5.6.3.3 Recommending Physicians and Sanatoriums by Offering Selections

The data collected from the in-depth interviews show that if the service users have information about a number of physicians and sanatoriums, they will share information other than they experienced themselves. They will tell those interested about the different physicians and sanatoriums they know about to help them make their selection.

I’ll give recommendations because if someone comes and asks me, I will tell them the truth. I’ll tell them that my doctor is expensive but at a price that most people can afford. But if they have money, I can tell them about others … [As a former Miss Tiffany’s Universe], a lot of younger persons will come and ask me about cosmetic surgery. The first thing I will ask is how much money they have. My recommendation depends on their budget because the first thing they need to look at is price. When they tell me what they have, I can then give them recommendations. (sic) (MTF12, personal communication, 2016)

Now, I can recommend anywhere, but first I need to ask what their budget is. It is the first thing I have to ask. Then I ask if they have seen a psychiatrist … [As the president of the Transmen Alliance of Thailand], the day I started, I was like a blind man. Over time, I want to help others not to be like me. I want to share what I know. I focus on knowing themselves and the dangers of hormones. (sic) (FTM13, personal communication, 2016)

I will first recommend the doctor I went to, but not just this one. I’ll recommend my doctor first and then other choices. They should know the prices. If they can afford it, they can go to do it. If not, they can find another doctor. I’ll tell them all I know. (sic) (MTF14, personal communication, 2016)

When I give recommendations, I’ll tell them there are many choices and this is just another choice. I will not recommend just to go to one place. I will not tell them this doctor is the coolest, but I’ll tell them to look for what and who is best for them. If they have a certain budget, like me with 60,000 baht. I told them about Rama [Faculty of Medicine Ramathibodi Hospital,
Mahidol University, a government sanatorium], which costs 20,000 baht … If they don’t have much, they should go to Rama [Faculty of Medicine Ramathibodi Hospital, Mahidol University, a government sanatorium] or Chula [King Chulalongkorn Memorial Hospital, a government sanatorium]. I won’t promote one. I’ll tell them they have to choose what’s best for them when they are ready. (sic) (FTM19, personal communication, 2016)

5.7 Relationship in the Information Seeking Process for the Gender Reassignment Health Service Industry in Thailand

From the data collected through close-ended questions completed by the sampling analyzed statistically, the research was able to study the relationships in the information seeking process for the gender reassignment health services industry. The results have been classified under three subheadings as follows:

5.7.1 Relationship between Messages/Content of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand

5.7.2 Relationship between Communication Channels of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand

5.7.3 Summary of the Information Seeking Process Relationship in the Gender Reassignment Health Service Industry in Thailand

5.7.1 Relationship between Messages/Content of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand

5.7.1.1 Test of Hypothesis 26: Content Exposure Is Related to Satisfaction of Content Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Content exposure is not related to satisfaction of content concerning gender reassignment surgery and health services.
H1: Content exposure is related to satisfaction of content concerning gender reassignment surgery and health services.

Table 5.83  Correlation Coefficient between the Content Exposure and Content Satisfaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Content Exposure</th>
<th>r</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content satisfaction</td>
<td></td>
<td>.849**</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/.30-.50 = a low correlation/.50-.70 = a mid level correlation/.70-.90 = a high correlation/.90-1.00 = the highest correlation

Table 5.83 shows that H0 is refuted as it states that the content exposure is related at a high level (r=.849) to content satisfaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of content exposure is high, there will also be a high level of content satisfaction. On the other hand, if the level of content exposure is low, there will also be a low level of content satisfaction.

5.7.1.2 Test of Hypothesis 27: Content Exposure Is Related to Interaction with Content Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Content exposure is not related to interaction with content concerning gender reassignment surgery and health services.

H1: Content exposure is related to interaction with content concerning gender reassignment surgery and health services.
Table 5.84  Correlation Co-efficient between the Content Exposure and Content Interaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Content Exposure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>Sig.</td>
</tr>
<tr>
<td>Content interaction</td>
<td>.799**</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/ .30-.50 = a low correlation/ .50-.70 = a mid level correlation/ .70-.90 = a high correlation/ .90-1.00 = the highest correlation.

Table 5.84 shows that H0 is refuted as it states that the content exposure is related at a high level (r=.799) to content interaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of content exposure is high, there will also be a high level of content interaction. On the other hand, if the level of content exposure is low, there will also be a low level of content interaction.

5.7.1.3 Test of Hypothesis 28: Content Satisfaction Is Related to Satisfaction of Content Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Content satisfaction is not related to satisfaction of content concerning gender reassignment surgery and health services.

H1: Content satisfaction is related to satisfaction of content concerning gender reassignment surgery and health services.
Table 5.85  Correlation Co-efficient between the Content Satisfaction and Content Interaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Content Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content interaction</td>
<td>.673**</td>
</tr>
<tr>
<td>Sig.</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/.30-.50 = a low correlation/.50-.70 = a mid level correlation/.70-.90 = a high correlation/.90-1.00 = the highest correlation

Table 5.85 shows that H0 is refuted as it states that the content satisfaction is related at a mid level (r=.673) to content interaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of content satisfaction is high, there will also be a high level of content interaction. On the other hand, if the level of content satisfaction is low, there will also be a low level of content interaction.

5.7.1.4 Test of Hypothesis 29: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Media Exposure

Using to the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services do not have different media exposure.

H1: Service users with different decision making to undergo gender reassignment surgery and health services have different media exposure.
Table 5.86 Test Statistics on Content Exposure to Different Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>3.12</td>
<td>1.05</td>
<td>13.304</td>
<td>0.000</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>2.93</td>
<td>1.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>2.74</td>
<td>1.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>1.98</td>
<td>1.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.86</td>
<td>1.16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.86 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.000, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of content exposure. In fact, it shows that service users with different levels of content exposure follow different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:
Table 5.87  Statistical Comparison of Post Hoc Test for the Mean Scores of Content Exposure Towards Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had surgery</th>
<th>Decided to have surgery</th>
<th>Still undecided</th>
<th>Decided not to have surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>3.12</td>
<td>0.1901</td>
<td>.3791*</td>
<td>1.1437*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>2.93</td>
<td>0.1891</td>
<td>.9536*</td>
<td>.7645*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>2.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>1.98</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, Table 5.87 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand are open to, or accept content more so than those who are still undecided or have decided not to have the surgery in Thailand.

2) Service users who decided to have the surgery in Thailand are more open to, or accept content more so than those who decided not to have the service in Thailand.

3) Service users who are still undecided to have the surgery in Thailand are more open to, or accept content more so than those who decided not to have the service in Thailand.

5.7.1.5 Test of Hypothesis 30: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Content Satisfaction

Using to the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services do not have different content satisfaction.
H1: Service users with different decision making to undergo gender reassignment surgery and health services have different content satisfaction.

**Table 5.88**  Test Statistics on Content Satisfaction to Different Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>3.31</td>
<td>1.05</td>
<td>11.321</td>
<td>0.000</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>3.22</td>
<td>1.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>2.94</td>
<td>1.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>2.31</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>3.10</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.88 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.000, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of content satisfaction. In fact, it shows that service users with different levels of content satisfaction follow different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:
Table 5.89  Statistical Comparison of Post Hoc Test for the Mean Scores of Content Satisfaction Towards Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had Surgery</th>
<th>Decided to have Surgery</th>
<th>Still Undecided</th>
<th>Decided not to have Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>3.31</td>
<td>0.0899</td>
<td>.3707*</td>
<td>.9938*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>3.22</td>
<td>.2808*</td>
<td>.9039*</td>
<td>.6231*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>2.94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>2.31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.89 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand are satisfied with content more than those who are still undecided or have decided not to have the surgery in Thailand.

2) Service users who decided to have the surgery Thailand are satisfied with content more than those who are still undecided or have decided not to have the surgery in Thailand., and

3) Service users who are still undecided to have the surgery in Thailand are satisfied with content more than those who decided not to have the service in Thailand.

5.7.1.6  Test of Hypothesis 31: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Content Interaction

Using to the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services do not have different content interaction.
H1: Service users with different decision making to undergo gender reassignment surgery and health services have different content interaction.

Table 5.90  Test Statistics on Content Interaction to Different Decision Making to Have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>2.73</td>
<td>1.29</td>
<td>13.436</td>
<td>0.000</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>2.50</td>
<td>1.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>2.15</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>1.41</td>
<td>1.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.39</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean. If it exceeds this, it should be noted in the distribution of the data.

Table 5.90 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.000, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of content interaction. In fact, it shows that service users with different levels of content interaction follow different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:
Table 5.91 Statistical Comparison of Post Hoc Test for the Mean Scores of Content Interaction Towards Decision Making to have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had Surgery</th>
<th>Decided to have Surgery</th>
<th>Still Undecided</th>
<th>Decided not to have Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>2.73</td>
<td>0.2307</td>
<td>.5758*</td>
<td>1.3197*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>2.50</td>
<td></td>
<td>.3451*</td>
<td>1.0890*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>2.15</td>
<td></td>
<td></td>
<td>.7439*</td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td></td>
<td></td>
<td></td>
<td>1.41</td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.91 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand have interaction with content more than those who are still undecided or have decided not to have the surgery in Thailand.

2) Service users who decided to have the surgery in Thailand have interaction with content more than those who decided not to have the service in Thailand., and

3) Service users who are still undecided to have the surgery in Thailand have interaction with content more than those who decided not to have the service in Thailand.

5.7.1.7 Test of Hypothesis 32: Content Interaction Is the Most Effective Variable to Explain the Decision to Undergo Gender Reassignment Surgery and Health Services in Thailand
Table 5.92  Multiple Regression Analysis of Content Interaction as the Variable to Predict Decision Making to Have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>R</th>
<th>R²</th>
<th>R² Change</th>
<th>B</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content interaction</td>
<td>.255(a)</td>
<td>.065</td>
<td>.063</td>
<td>-.176</td>
<td>-</td>
<td>-6.056</td>
<td>.000(a)</td>
</tr>
<tr>
<td>Constant</td>
<td>2.521</td>
<td>31.293</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Significance level of 0.05, R Square = .065

Table 5.92, which presents multiple regression and use of the variable selection as a stepwise factor, shows that the predictive variable, content interaction, has the highest significant positive varying effect on decision making to undergo gender reassignment surgery in Thailand. Thus, the variable can be used to predict decision making to undergo gender reassignment surgery in Thailand at a level of 65 percent (R² = .065), which inversely means that service users who have a high level of interaction with content will have a low number of those who decide to undergo gender reassignment surgery in Thailand.

5.7.2 Relationship between Communication Channels of IMC and the Information Seeking Process on the Gender Reassignment Health Service Industry in Thailand

5.7.2.1 Test of Hypothesis 33: Media Exposure Is Related to Satisfaction of Media Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Media exposure is not related to satisfaction of media concerning gender reassignment surgery and health services.
H1: Media exposure is related to satisfaction of media concerning gender reassignment surgery and health services.

Table 5.93 Correlation Coefficient between the Media Exposure and Media Satisfaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Media Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media satisfaction</td>
<td>.843**</td>
</tr>
<tr>
<td>Sig.</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/.30-.50 = a low correlation/.50-.70 = a mid level correlation/.70-.90 = a high correlation/.90-1.00 = the highest correlation

Table 5.93 shows that H0 is refuted as it states that the media exposure is related at a high level (r=.843) to media satisfaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of media exposure is high, there will also be a high level of media satisfaction. On the other hand, if the level of media exposure is low, there will also be a low level of media satisfaction.

5.7.2.2 Test of Hypothesis 34: Media Exposure Is Related to Interaction with Media Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Media exposure is not related to interaction with media concerning gender reassignment surgery and health services.

H1: Media exposure is related to interaction with media concerning gender reassignment surgery and health services.
Table 5.94  Correlation Coefficient between the Media Exposure and Media Interaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Media Exposure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Media interaction</td>
<td>.894**</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/.30-.50 = a low correlation/.50-.70 = a mid level correlation/.70-.90 = a high correlation/.90-1.00 = the highest correlation

Table 5.94 shows that H0 is refuted as it states that the media exposure is related at a high level ($r=0.894$) to media interaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of media exposure is high, there will also be a high level of media interaction. On the other hand, if the level of media exposure is low, there will also be a low level of media interaction.

5.7.2.3 Test of Hypothesis 35: Media Satisfaction Is Related to Interaction with Media Concerning Gender Reassignment Surgery and Health Services

Applying the Pearson Correlation test that present statistical assumptions as follows:

H0: Media satisfaction is not related to interaction with media concerning gender reassignment surgery and health services.

H1: Media satisfaction is related to interaction with media concerning gender reassignment surgery and health services.
Table 5.95  Correlation Coefficient between the Media Satisfaction and Media Interaction of the Gender Reassignment Health Service Industry

<table>
<thead>
<tr>
<th>Variable</th>
<th>Media Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media interaction</td>
<td>.794**</td>
</tr>
<tr>
<td></td>
<td>0.000</td>
</tr>
</tbody>
</table>

Note: This research applied interpretative criteria for the correlation coefficient as follows: .00-.30 = the lowest correlation/.30-.50 = a low correlation/ .50-.70 = a mid level correlation/ .70-.90 = a high correlation/ .90-1.00 = the highest correlation

Table 5.95 shows that H0 is refuted as it states that the media satisfaction is related at a high level (r=.794) to media interaction at significance of .05 (Sig. <.05). Thus, there is a positive relationship. If the level of media satisfaction is high, there will also be a high level of media interaction. On the other hand, if the level of media satisfaction is low, there will also be a low level of media interaction.

5.7.2.4 Test of Hypothesis 36: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Media Exposure

Using the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services do not have different media exposure.

H1: Service users with different decision making to undergo gender reassignment surgery and health services have different media exposure.
Table 5.96  Test Statistics on Media Exposure to Different Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>2.42</td>
<td>0.91</td>
<td>2.938</td>
<td>0.033</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>2.38</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>2.29</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>1.95</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>2.33</strong></td>
<td><strong>0.98</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.96 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.033, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of media exposure. In fact, it shows that service users with different levels of media exposure follow different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:

Table 5.97  Statistical Comparison of Post Hoc Test for the Mean Scores of Media Exposure Towards Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had Surgery</th>
<th>Decided to have Surgery</th>
<th>Still Undecided</th>
<th>Decided not to have Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>2.42</td>
<td>0.0366</td>
<td>0.1220</td>
<td>.4667*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>2.38</td>
<td>0.0855</td>
<td>0.3447*</td>
<td>.4301*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>2.29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>1.95</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.97 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand are open to, or accept media more so than those who decided not to have the service in Thailand.

2) Service users who decided to have the surgery in Thailand are open to, or accept media more so than those who decided not to have the service in Thailand.

3) Services users who are still undecided to have the surgery in Thailand are open to, or accept media more so than those who decided not to have the service in Thailand.

5.7.2.5 Test of Hypothesis 37: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Content Satisfaction

Using the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services have different content satisfaction.

H1: Service users with different decision making to undergo gender reassignment surgery and health services have different content satisfaction.
**Table 5.98** Test Statistics on Media Satisfaction to Different Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>2.64</td>
<td>0.96</td>
<td>3.498</td>
<td>0.015</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>2.68</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>2.56</td>
<td>0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>2.15</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>530</td>
<td>2.59</td>
<td>1.02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean

Table 5.98 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.015, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of media satisfaction. In fact, it shows that service users with different levels of media satisfaction and thus follow a different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:
Table 5.99  Statistical Comparison of Post Hoc Test for the Mean Scores of Media Satisfaction Towards Decision Making to Undergo Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had Surgery</th>
<th>Decided to have Surgery</th>
<th>Still Undecided</th>
<th>Decided not to have Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>2.64</td>
<td>-0.0368</td>
<td>0.0794</td>
<td>.4953*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>2.68</td>
<td>0.1162</td>
<td></td>
<td>.5321*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>2.56</td>
<td></td>
<td></td>
<td>.4159*</td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>2.15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.99 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand are satisfied with media more than those who decided not to have the service in Thailand.

2) Service users who decided to have the surgery in Thailand are satisfied with media more than those who decided not to have the service in Thailand., and

3) Services users who are still undecided to have the surgery in Thailand are satisfied with media more than those who decided not to have the service in Thailand.

5.7.2.6 Test of Hypothesis 38: Service Users with Different Decision Making to Undergo Gender Reassignment Surgery and Health Services Have Different Media Interaction

Using the F-test with the hypotheses:

H0: Service users with different decision making to undergo gender reassignment surgery and health services have different media interaction.
H1: Service users with different decision making to undergo gender reassignment surgery and health services have different media interaction.

**Table 5.100** Test Statistics on Media Interaction to Different Decision Making to Have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>178</td>
<td>2.12</td>
<td>1.14</td>
<td>4.087</td>
<td>0.007</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>166</td>
<td>2.17</td>
<td>1.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still undecided</td>
<td>141</td>
<td>1.94</td>
<td>1.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>45</td>
<td>1.52</td>
<td>1.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>530</strong></td>
<td><strong>2.04</strong></td>
<td><strong>1.21</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** It is acceptable if the standard deviation (S.D.) is greater than 1 but not greater than the mean.

Table 5.100 presents the results of the F-test based on ANOVA statistical analysis, which show a score of 0.007, which is less than the required significance 0.05 (Sig.>.05) showing that different decision making for gender reassignment surgery in Thailand has different levels of media interaction. In fact, it shows that service users with different levels of media interaction follow different decision making when deciding to undergo gender reassignment surgery in Thailand. Details follow:
Table 5.101 Statistical Comparison of Post Hoc Test for the Mean Scores of Media Interaction Towards Decision Making to Have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Decision Making to Undergo Gender Reassignment Surgery in Thailand</th>
<th>Already had Surgery</th>
<th>Decided to have Surgery</th>
<th>Still Undecided</th>
<th>Decided not to have Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already had surgery</td>
<td>2.12</td>
<td>-0.0414</td>
<td>0.1889</td>
<td>.6053*</td>
</tr>
<tr>
<td>Decided to have surgery</td>
<td>2.17</td>
<td>0.2303</td>
<td>.6468*</td>
<td>.4164*</td>
</tr>
<tr>
<td>Still undecided</td>
<td>1.94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decided not to have surgery</td>
<td>1.52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When testing the differences of mean scores of Post Hoc test using the LSD test method, table 5.101 shows that the differences have a statistical significance of .05 with a reliability of no less than 95 percent.

1) Service users who already had the surgery in Thailand have interaction with media more than those who decided not to have the service in Thailand.

2) Service users who decided to have the surgery in Thailand have interaction with media more than those who decided not to have the service in Thailand., and

3) Services users who are still undecided to have the surgery in Thailand have interaction with media more than those who decided not to have the service in Thailand.

5.7.2.7 Test of Hypothesis 39: Media Interaction Is the Most Effective Variable to Explain the Decision to Undergo Gender Reassignment Surgery and Health Services in Thailand.
Table 5.102 Multiple Regression Analysis of Media Interaction as the Variable to Predict Decision Making to Have Gender Reassignment Surgery in Thailand

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>R</th>
<th>R²</th>
<th>R² Change</th>
<th>B</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media interaction</td>
<td>.124(a)</td>
<td>.015</td>
<td>.013</td>
<td>- .099</td>
<td>-2.862</td>
<td>.004(a)</td>
<td>.124</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td>2.301</td>
<td>28.179</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Significance level of 0.05, R Square = .015

Table 5.102, which presents multiple regression and use of the variable selection as a stepwise factor, shows that the predictive variable, media interaction, has the highest significant positive varying effect on decision making to undergo gender reassignment surgery in Thailand. Thus, the variable can be used to predict decision making to undergo gender reassignment surgery in Thailand at a level of 15 percent (R² = .015), which inversely means that service users who have a high level of interaction with media may have a low number of those who decide to undergo gender reassignment surgery in Thailand.

5.7.3 Summary of the Information Seeking Process Relationship on the Gender Reassignment Health Service Industry in Thailand

From the test of hypotheses following the previously mentioned methods, it was found that: 1) there is a relationship between messages/content of IMC and the information seeking process and 2) there is a relationship between communication channels of IMC and the information seeking process on the gender reassignment health service industry in Thailand, which are consistent. Details are presented below.
From Figure 5.1, it can be concluded that content exposure, content satisfaction, content interaction and decision making to have gender reassignment surgery and health services in Thailand have a positive interrelationship, or direct variation. Thus, when content exposure is high, content satisfaction is high, content interaction is high and decision making to have gender reassignment surgery and health services in Thailand is also high. On the other hand, when content exposure is low, content satisfaction is low, content interaction is low and decision making to have gender reassignment surgery and health services in Thailand is also low. However, if there is too much interaction with the content, decision making to have gender reassignment surgery and health services in Thailand may decline, showing an inverse variation.

**Figure 5.1** The Model of the Relationship between Messages/Content of IMC and the Information Seeking Process on the Gender Reassignment Health Service Industry in Thailand (Original)
Figure 5.2 The Model of the Relationship between Channels of IMC and the Information Seeking Process in the Gender Reassignment Health Service Industry in Thailand (Original)

From figure 5.2, it can be concluded that media exposure, media satisfaction, media interaction and decision making to have gender reassignment surgery and health services in Thailand have a positive interrelationship, or direct variation. Thus, when media exposure is high, media satisfaction is high, media interaction is high and decision making to have gender reassignment surgery and health services in Thailand is also high. On the other hand, when media exposure is low, media satisfaction is low, media interaction is low and decision making to have gender reassignment surgery and health services in Thailand is also low. However, if there is too much interaction with the media, decision making to have gender reassignment surgery and health services in Thailand may decline, showing an inverse variation.

According to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003), being talkative and loving to comment and question by word-of-mouth communication, the persons with the discursive temperament will also favor interacting with content and various channels. However, they have a pessimistic view...
of the world and do not trust others. When they have too much interaction and face information overload, this can lead to worry and numerous concerns. In the end, they will decide not to have the surgery.

Most [service users who worry] will consult [with a doctor] and then won’t do it. They will say they will come back as they need to think about this first. (sic) (Patcharin Reowai, personal communication, 2017)
5.8 Summary of Service Users’ Temperaments and the Service Buying Decision Process in the Gender Reassignment Health Service Industry in Thailand

Figure 5.3 The Model of Service Users’ Temperaments and the Service Buying Decision Process in the Gender Reassignment Health Service Industry in Thailand (Original)
5.8.1 Receiver – R

In figure 5.3, the receiver of communication on the gender reassignment health services in Thailand are 4:1 transwomen compared to transmen. The majority are aged 20-29 years of age. Their race and nationality are Thai as well as foreigners from the Americas, Europe, Asia, Africa and island nations located in the Pacific Ocean. They are mostly Buddhist. The majority have at least a high school education, vocational diploma or bachelor degree. They work in the private sector and monthly earnings between 15,000 to 30,000 baht. As far as their temperaments based on the Six Buddhist Temperaments, these service users have first a devout temperament followed by intellectual, lustful, hateful, discursive and unintelligent respectively as presented in figure 5.4.

![Pie chart showing the distribution of service users in the gender reassignment health service industry in Thailand classified according to the Six Buddhist Temperaments.](image)

**Figure 5.4** Service Users in the Gender Reassignment Health Service Industry in Thailand Classified According to the Six Buddhist Temperaments (Original)

1) Problem Recognition

As displayed in figure 5.3, problem recognition is the first stage in the service buying decision process. Service users will recognize their dissatisfaction with
the gender they were born with, or gender dysphoria (GD), from when they were young children. As they mature to become teenagers and then adults, this feeling of the dissatisfaction does not disappear. This causes discontentment and increased suffering. It can also cause psychological problems and then further complications that can be diagnosed by prescribed criteria published by the American Psychiatric Association in their Diagnostic and Statistical Manual of Mental Disorders (DSM). As many as 90.4 percent of those diagnosed with gender dysphoria in Thailand will chose to undergo gender reassignment surgery and health services under the Code of Ethical Conduct issued by the Thai Medical Council in 2009 and the rights and freedoms of an individual as stipulated in the Thai Constitution of 2007. Transwomen are most interested in vaginoplasty, sex reassignment surgery to transition from male to female, as well as breast augmentation and facial feminization surgery while transmen are most interested in metoidioplasty or phalloplasty, sex reassignment surgery to transition from female to male, as well as mastectomies and hysterectomies.

2) Information Search

As displayed in figure 5.3, information search is the second stage in the service buying decision process. The service users will follow a linear process in their search for information, the information seeking process, which includes: 1) exposure, 2) satisfaction and 3) interaction with different channels of IMC in order to find messages/content to help them decided to undergo gender reassignment surgery and health services.

5.8.2 Message – M

The messages/content of IMC can be classified into three types: 1) medical information and facts, 2) information concerning sanatoriums, and 3) information about physicians and surgeons. The differences in temperament of the service users do not affect the information seeking process for different content.

1) Content Exposure

(1) First, for medical information and facts, it was found that service users are open to: a) general surgical information, b) photographic examples of those who have undergone surgery and c) preparation before surgery respectively.
(2) Second, for information concerning sanatoriums, it was found that service users are open to: a) name, address or pictures of the building and location, b) medical and service fees and c) services respectively.

(3) Third, for information about physicians and surgeons, it was found that services users were open to: a) first and surname, degrees and specialties, b) experience or contributed advancements or new methods in care and c) disseminating information or answering questions of the media respectively.

2) Content Satisfaction

(1) First, for medical information and facts, it was found that service users are satisfied with: a) general surgical information, b) photographic examples of those who have undergone surgery and c) preparation before surgery respectively.

(2) Second, for information concerning sanatoriums, it was found that service users are satisfied with: a) name, address or pictures of the building and location, b) services and c) medical and service fees respectively.

(3) Third, for information about physicians and surgeons, it was found that services users are satisfied with: a) first and surname, degrees and specialties, b) experience or contributed advancements or new methods in care and c) disseminating information or answering questions of the media, which are the same as the results for journal publications or conference proceedings respectively.

3) Content Interaction

(1) First, for medical information and facts, it was found that service users interacted with content on: a) general surgical information, b) preparation before surgery and c) post-operative recovery respectively.

(2) Second, for information concerning sanatoriums, it was found that service users interacted with content on: a) name, address or pictures of the building and location, b) services and c) medical and service fees respectively.

(3) Third, for information about physicians and surgeons, it was found that service users interacted with content on: a) first and surname, degrees and specialties, b) experience or contributed advancements or new methods in care and c) disseminating information or answering questions of the media respectively.

These are presented in detail in table 5.103-5.105
Table 5.103 Conclusion of Ranking and Score Meaning of the Information Seeking Process for Medical Information and Facts (n=530)

<table>
<thead>
<tr>
<th>Rank</th>
<th>1. Content Exposure</th>
<th>2. Content Satisfaction</th>
<th>3. Content Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General surgical information Med</td>
<td>General surgical information High</td>
<td>General surgical information Med</td>
</tr>
<tr>
<td>2</td>
<td>Photographic examples of those who have undergone surgery Med</td>
<td>Photographic examples of those who have undergone surgery Med</td>
<td>Preparation before surgery Med</td>
</tr>
<tr>
<td>3</td>
<td>Preparation before surgery Med</td>
<td>Preparation before surgery Med</td>
<td>Post-operative recovery Med</td>
</tr>
<tr>
<td>4</td>
<td>Surgical procedures Med</td>
<td>Equally Post-operative recovery Med</td>
<td>Surgical procedures Med</td>
</tr>
<tr>
<td>5</td>
<td>Post-operative recovery Med</td>
<td>Surgical procedures Med</td>
<td>Photographic examples of those who have undergone surgery Low</td>
</tr>
</tbody>
</table>
Table 5.104 Conclusion of Ranking and Score Meaning of the Information Seeking Process for Information Concerning Sanatoriums

(n=530)

<table>
<thead>
<tr>
<th>Rank</th>
<th>1. Content Exposure</th>
<th>2. Content Satisfaction</th>
<th>3. Content Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name, address or</td>
<td>Name, address or</td>
<td>Name, address or</td>
</tr>
<tr>
<td></td>
<td>pictures of the</td>
<td>pictures of the</td>
<td>pictures of the</td>
</tr>
<tr>
<td></td>
<td>building and</td>
<td>building and</td>
<td>building and</td>
</tr>
<tr>
<td></td>
<td>location</td>
<td>location</td>
<td>location</td>
</tr>
<tr>
<td>2</td>
<td>Medical and service fees</td>
<td>Services</td>
<td>Services</td>
</tr>
<tr>
<td>3</td>
<td>Services</td>
<td>Medical and service fees</td>
<td>Medical and service fees</td>
</tr>
<tr>
<td>4</td>
<td>Days/times open for service</td>
<td>Days/times open for service</td>
<td>Days/times open for service</td>
</tr>
<tr>
<td>5</td>
<td>Days/times and special activities on special days</td>
<td>Days/times and special activities on special days</td>
<td>Days/times and special activities on special days</td>
</tr>
</tbody>
</table>
**Table 5.105** Conclusion of Ranking and Score Meaning of the Information Seeking Process for Information about Physicians and Surgeons (n=530)

<table>
<thead>
<tr>
<th>Rank</th>
<th>1. Content Exposure</th>
<th>2. Content Satisfaction</th>
<th>3. Content Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First and surname, degrees and specialties</td>
<td>Med</td>
<td>First and surname, degrees and specialties</td>
</tr>
<tr>
<td>2</td>
<td>Experience or contributed advancements or new methods in care</td>
<td>Low</td>
<td>Experience or contributed advancements or new methods in care</td>
</tr>
<tr>
<td>3</td>
<td>Disseminating information or answering questions of the media</td>
<td>Low</td>
<td>Disseminating information or answering questions of the media</td>
</tr>
<tr>
<td>4</td>
<td>Honors granted by academic institutions, associations or foundations</td>
<td>Low</td>
<td>Equally Journal publications or conference proceedings</td>
</tr>
<tr>
<td>5</td>
<td>Experience and public benefits</td>
<td>Low</td>
<td>Honors granted by academic institutions, associations or foundations</td>
</tr>
<tr>
<td>6</td>
<td>Journal publications or conference proceedings</td>
<td>Low</td>
<td>Experience and public benefits</td>
</tr>
</tbody>
</table>
It should be noted that the service users’ content search process has a direct connection with the research result in chapter 4, service providers’ content of the integrated marketing communications in accordance with laws and Thai Medical Council regulations and their Code of Ethics. Service providers associated with the gender reassignment health service industry will mostly disseminate content with medical information and facts in their marketing communications aimed at their service users through multiple channels and frequency. Content concerning the sanatoriums and physicians are used to develop trust in them, respectively, to help service users in their decision making, which will have an impact on their content exposure, satisfaction and interaction respectively as well.

5.8.3 Channel – C

The channels of IMC can be divided into five types, which are: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations and 5) sales promotion and special events. Personal communication with individuals with direct experience in gender reassignment surgery and health services, particularly with transgender friends, appears to be the best and most important.

1) Media Exposure
(1) First, personal communication
(2) Second, public relations
(3) Third, advertising
(4) Fourth, sales promotion and special events
(5) Fifth, direct marketing communication

Here, service users’ temperaments do affect their media exposure to: 1) direct marketing communication and 2) sales promotion and special events differently.

(1) Direct marketing communication
a) Those with lustful temperament are more open to direct marketing communication than those with hateful and devout temperaments.

b) Those with hateful temperament are less open to direct marketing communication than those with unintelligent temperament.

c) Those with unintelligent temperament are more open to direct marketing communication than those with devout temperament.
(2) Sales promotion and special events
   a) Those with lustful temperament are more open to sales promotion and special events than those with hateful and devout temperaments.
   b) Those with hateful temperament are less open to sales promotion and special events than those with unintelligent or discursive temperaments.
   c) Those with unintelligent temperament are more open to sales promotion and special events than those with devout temperament.
   d) Those with devout temperament are less open to sales promotion and special events than those with intellectual temperament.

2) Media satisfaction
   (1) First, personal communication
   (2) Second, public relations
   (3) Third, sales promotion and special events
   (4) Fourth, advertising
   (5) Fifth, direct marketing communication

3) Media interaction
   (1) First, personal communication
   (2) Second, public relations
   (3) Third, sales promotion and special events
   (4) Fourth, advertising
   (5) Fifth, direct marketing communication

Here, service users’ temperaments do affect their media interaction to: 1) advertising and 2) sales promotion and special events differently.

(1) Advertising
   a) Those with lustful temperament will interact with advertising more than those with devout temperament.
   b) Those with devout temperament will interact with advertising less than those with intellectual temperament.

(2) Sales promotion and special events
   a) Those with lustful or discursive temperaments will interact with sales promotion and special events more than those with devout temperament.
b) Those with devout temperament will interact with sales promotion and special events less than those with intellectual temperament. These are presented in detail in table 5.106-5.110.

**Table 5.106** Conclusion of Ranking and Score Meaning of the Information Seeking Process Via Personal Communication

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>From persons with direct gender reassignment surgery experience</td>
<td>High</td>
<td>From persons with direct gender reassignment surgery experience</td>
</tr>
<tr>
<td>2</td>
<td>From well-known persons, or influencers, and relate to gender reassignment surgery</td>
<td>Med</td>
<td>From physicians and medical personnel</td>
</tr>
<tr>
<td>3</td>
<td>From family members or friends</td>
<td>Med</td>
<td>From well-known persons, or influencers, and relate to gender reassignment surgery</td>
</tr>
<tr>
<td>4</td>
<td>From physicians and medical personnel</td>
<td>Med</td>
<td>From family members or friends</td>
</tr>
<tr>
<td>5</td>
<td>From sanatorium service personnel</td>
<td>Low</td>
<td>From sanatorium service personnel</td>
</tr>
</tbody>
</table>
**Table 5.107** Conclusion of Ranking and Score Meaning of the Information Seeking Process Via Public Relations

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Through social media High</td>
<td>Through social media Med</td>
<td>Through social media Med</td>
</tr>
<tr>
<td>2</td>
<td>Through websites High</td>
<td>Through websites Med</td>
<td>Through websites Low</td>
</tr>
<tr>
<td>3</td>
<td>Broadcast on television Low</td>
<td>Broadcast on television Med</td>
<td>Broadcast on television Low</td>
</tr>
<tr>
<td>4</td>
<td>Published in magazines Low</td>
<td>Published in magazines Low</td>
<td>Published in magazines Least</td>
</tr>
<tr>
<td>5</td>
<td>Published in newspapers Low</td>
<td>Published in newspapers Low</td>
<td>Published in newspapers Least</td>
</tr>
<tr>
<td>6</td>
<td>Broadcast on radio Least</td>
<td>Broadcast on radio Low</td>
<td>Broadcast on radio Least</td>
</tr>
</tbody>
</table>

**Table 5.108** Conclusion of Ranking and Score Meaning of the Information Seeking Process Via Advertising

(n=530)

<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>On social media High</td>
<td>On social media High</td>
<td>On social media Med</td>
</tr>
<tr>
<td>2</td>
<td>On websites High</td>
<td>On websites Medium</td>
<td>On websites Med</td>
</tr>
<tr>
<td>3</td>
<td>In magazines Low</td>
<td>On television Medium</td>
<td>On television Least</td>
</tr>
<tr>
<td>4</td>
<td>On television Low</td>
<td>In magazines Low</td>
<td>In magazines Least</td>
</tr>
<tr>
<td>5</td>
<td>On billboards Least</td>
<td>In newspapers Low</td>
<td>In newspapers Least</td>
</tr>
<tr>
<td>6</td>
<td>On out-of-home signage Least</td>
<td>On billboards Low</td>
<td>On billboards Least</td>
</tr>
<tr>
<td>7</td>
<td>In newspapers Least</td>
<td>On out-of-home signage Low</td>
<td>On out-of-home signage Least</td>
</tr>
<tr>
<td>8</td>
<td>On radio Least</td>
<td>On radio Low</td>
<td>On radio Least</td>
</tr>
</tbody>
</table>
Table 5.109 Conclusion of Ranking and Score Meaning of the Information Seeking Process Via Sales Promotion and Special Events

(n=530)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Via activities of the Transsexual Association of Thailand and other transgender associations</td>
<td>Med</td>
<td>Via activities of the Transsexual Association of Thailand and other transgender associations</td>
</tr>
<tr>
<td>2</td>
<td>Via promotional materials including discounts</td>
<td>Low</td>
<td>Via promotional materials including discounts</td>
</tr>
<tr>
<td>3</td>
<td>Via transgender beauty contests</td>
<td>Low</td>
<td>Via transgender beauty contests</td>
</tr>
<tr>
<td>4</td>
<td>Via projects that organizes a pageant or competition with prizes for surgery</td>
<td>Low</td>
<td>Via academic activities exhibitions, training, seminars and conferences</td>
</tr>
<tr>
<td>5</td>
<td>Via the Sister’s Hand project (free surgery)</td>
<td>Low</td>
<td>Via the Sister’s Hand project (free surgery)</td>
</tr>
<tr>
<td>6</td>
<td>Via academic activities exhibitions, training, seminars and conferences</td>
<td>Low</td>
<td>Via projects that organizes a pageant or competition with prizes for surgery</td>
</tr>
<tr>
<td>7</td>
<td>Via a promotion buy one offering another person surgery for free</td>
<td>Least</td>
<td>Via a promotion buy one offering another person surgery for free</td>
</tr>
</tbody>
</table>
Table 5.110 Conclusion of Ranking and Score Meaning of the Information Seeking Process Via Direct Marketing Communication

(n=530)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Through chat applications</td>
<td>Low</td>
<td>Through chat applications</td>
</tr>
<tr>
<td>2</td>
<td>Through telephone calls</td>
<td>Least</td>
<td>Through telephone calls</td>
</tr>
<tr>
<td>3</td>
<td>Through email</td>
<td>Least</td>
<td>Through email</td>
</tr>
<tr>
<td>4</td>
<td>Through SMS</td>
<td>Least</td>
<td>Through SMS</td>
</tr>
<tr>
<td>5</td>
<td>Through mail</td>
<td>Least</td>
<td>Through mail</td>
</tr>
</tbody>
</table>

It should be noted that whatever temperament a service user has, the devout temperament is the most important for exposure, satisfaction and interaction with channels of IMC as they are close to belief in the same group, transgender networks, and intimate relationships have an effect on persuasion. This temperament is followed by intellectual temperament as service users search for information from multiple sources to gain advice and make comparisons as they consider alternatives. Finally, lustful temperament will affect service users as they decide whether to have surgery to achieve an attractive appearance they are satisfied with according to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003).

In addition, figure 5.1 and 5.2 that present the relationship between message/content and channels of IMC and the information seeking process on the gender reassignment health services industry are consistent with idea that all variations will directly fluctuate, i.e., when the exposure, satisfaction and interaction are high, the decision making to have gender reassignment and surgery health services in Thailand will be high. On the other hand, when the exposure, satisfaction and interaction are low, the decision making to have gender reassignment surgery and health services in Thailand will be low. However, if the interaction is too excessive, the relationship will be inverse, which may lead to the decline of decision making to have gender reassignment surgery and health services in Thailand. These changes can be distinguished through analysis based on the Six Buddhist Temperaments. Thus,
those service users with discursive temperament are more apt to interact but in a distracted manner as they have a pessimistic perspective of the world and do not trust others (Chanthapan & Kosolthanakul, 2003). When they interact with content and channels, they can experience information overload which can lead to different concerns that will influence their decision not to undergo gender reassignment surgery and health services.

3) Evaluation of Alternative

As displayed in figure 5.3, evaluation of alternatives is the third stage in the service buying decision process to undergo gender reassignment surgery and health services. This factors affecting the evaluation of alternatives included in the decision making process for gender reassignment surgery and health services comprise: 1) the skills of physicians, 2) service fees and 3) supplement service quality respectively.

The service users have the view that if they want a physician with good skills and services, they must choose to receive service at a private sanatorium where the fees will be high. If they want to have a physician with good skills at a reasonable price, they must select a government sanatorium. It should also be noted that service users will search for information about physicians and surgeons, least of all while it is still considered the most important factor in their evaluation of alternatives. This will thus greatly affect their decision making to undergo gender reassignment surgery and health services.

Service users believe this, the selection of their surgeon, is a vital factor that will affect the success of their gender reassignment. They, thus, will compare them to a deity that is going to provide them with a new life.

4) Purchase Decision

As displayed in figure 5.3, purchase decision is the fourth stage in the service buying decision process to undergo gender reassignment surgery and health services. This actually begins with a service user’s purchase intention of a physician who practices at a sanatorium. The physician will develop a plan for the surgery or health services that is most suitable for each individual service user. This will include providing the service users will relevant medical information and facts so the understand the procedures and accept the results as well as understand the health
limitations and risks, which overall will provide the service users with a good risk perception, and if they accept the risk, they can decide to have the surgery. If, on the other hand, they cannot accept the risk, they will decide not to undergo the surgery or treatment. Those who are involved in such decision making include the involved physicians, family members, couple and/or close friends of the service user. In fact, physicians are the most influential. If a surgeon feels the service user is a good candidate for surgery and they are willing to take the risk with any side effect may occur, there is a high probability the service user will decide to undergo surgery. However, if their family, partner and friends support this decision, but the surgeon feels the service user is not ready or the procedures would be dangerous, the service user will heed the advice of the surgeon and decide not to have the surgery.

The decision criteria of the service users in the gender reassignment health service industry in Thailand are presented in figure 5.5.

**Figure 5.5** Pie Chart of the Decision Criteria of Service Users in the Gender Reassignment Health Service Industry in Thailand (Original)
The reasons why service users would choose to have gender reassignment surgery and health services in Thailand are as follows:

1) First, Thailand has expert physicians and surgeons as well as modern medical equipment and instruments.

2) Second, the costs for gender reassignment surgery and health services in Thailand are economical.

3) Third, Thailand is a convenient location to visit.

and the reasons service users are still undecided or have decided not to have gender reassignment health services in Thailand are:

1) First, insufficient capital

2) Second, insufficient information to make a decision

3) Third, health limitations

It should be noted that the temperaments of the service users do not have an influence on different decisions, but the devout temperament is the most important in their decision making. This is because service users will choose to undergo treatment or surgery with a specific physician based on the information they acquire about them, particularly their reputation and results of their work. Furthermore, they will not be interested in other information concerning the physician. The next most influential temperament is intellectual temperament as service users will search for lots of different content to help them in their decision making when considering the alternatives. Third is lustful temperament as service users will make their decision to have gender reassignment surgery and health services based on example of the results of procedures performed by the physicians at their sanatorium, i.e., if they appear attractive and meet expectations respectively based on the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003).

5) Post purchase behavior

As displayed in figure 5.3, post purchase behavior is the fifth stage in the service buying decision process to undergo gender reassignment surgery and health services. According to their post purchase satisfaction following gender reassignment surgery and health services, service users can be divided into two groups:

(1) Service users are satisfied following their gender reassignment gender reassignment surgery and health services
Based on the success of the procedures that meet their expectations and the good service they experienced which compared to the costs, this group feels premium satisfaction (Grade A).

(2) Service users are dissatisfied following their gender reassignment gender reassignment surgery and health services

Based on unsuccessful results of the procedures that do meet their expectations and dissatisfying service they experienced which compared to the costs, this group feels good satisfaction (Grade B), basic satisfaction (Grade C) or low satisfaction (Grade D). According to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003), the service users with hateful temperament are those that set the highest standards for satisfaction.

Post purchase satisfaction for service users who undergo gender reassignment surgery and health services will be based on surgical results and service. This will determine whether the service users will return to the same surgeon and/or sanatorium for additional surgery and service with service users falling into one of two groups.

1) Services users who have a tendency to receive service from the same physician and sanatorium (Grade A)

This group has a tendency to return to the same physician and sanatorium after consideration if they decide to undergo further surgery. According to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003), service users with unintelligent temperament will be the most to retain the same physician and sanatorium. In addition, foreign service users have a high tendency to return and use the same doctor and sanatorium if they want surgery due to their culture.

2) Services users who do not have a tendency to receive service from the same physician and sanatorium.

This group can be classified as those with a good sense of satisfaction (Grade B) who have a tendency to find better service, those with basic satisfaction (Grade C) who have a tendency to find a better physician and those with low satisfaction (Grade D) who want to change and find better service and a better physician if they want additional gender reassignment surgery and health services.
Moreover, most Thai service users will search for other physicians who are skilled in the procedures they want performed if they need further surgery.

Feeling satisfied following their surgery and/or service, this will affect how they will recommend the physician and/or sanatorium to other interested persons as: 1) persons with direct gender reassignment surgery experience and 2) well-known persons, or influencers, and relate to gender reassignment surgery, who are called Sender 2 (S2), and they can be considered one form of a personal communication channel for service providers. These individuals can have the highest level of influence while they remain outside of the control of a sanatorium, laws and the jurisdiction of the Thai Medical Council as well as information about physicians and surgeons, particularly their reputation and results of their surgery as well as their character, or disposition, which is the primary topic that they talk about. This information can be passed through community as well as online networks. According to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003), service users with discursive temperament are number one group that will make word-of-mouth recommendations as shown in figure 5.6.
Figure 5.6 The Model of Word-of-mouth Communication between Service Users in the Gender Reassignment Health Service Industry in Thailand (Original)
CHAPTER 6

SUMMARY, DISCUSSION AND RECOMMENDATIONS

This research, Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments, has employed mixed methodology, both a qualitative and quantitative approach. The results have been divided into two chapters according to the research objectives, chapter 4 Types of Sanatoriums and Integrated Marketing Communication Formats, Methods, Messages/content and Channels in Accordance with the Medical Code of Ethics of the Gender Reassignment Health Service Industry in Thailand and chapter 5 Service Users’ Temperaments and the Service Buying Decision Process in the Gender Reassignment Health Service Industry in Thailand. Chapter 6 has thus been divided into:

6.1 Research Summary
6.2 Research Discussion
6.3 Recommendations

6.1 Research Summary

The summary of the research results has been divided into two parts as follows: 1) Summary of research results of chapter 4 Types of sanatoriums and integrated marketing communication formats, methods, messages/content and channels in accordance with the Medical Code of Ethics of the gender reassignment health service industry in Thailand and 2) Summary of research results of chapter 5 Service users’ temperaments and the service buying decision process in the gender reassignment health service industry in Thailand.
6.1.1 Summary of Research Results of Chapter 4 Types of Sanatoriums and Integrated Marketing Communication Formats, Methods, Messages/Content and Channels in Accordance with the Medical Code of Ethics of the Gender Reassignment Health Service Industry in Thailand

6.1.1.1 Summary of the Viewpoints of Service Providers Concerning the Current Conditions and Integrated Marketing Communication of the Gender Reassignment Health Service Industry in Thailand

Gender reassignment surgery is a form of plastic surgery or reconstructive surgery to alter the body of a person suffering from gender dysphoria, which is dissatisfaction with the gender the person was born with according to the diagnostic criteria in the Diagnostic and Statistical Manual for Mental Disorders, 5th Edition, published by the American Psychiatric Association. In Thailand, such health and surgical services are governed by the Thai Medical Council and their Code of Ethics for medical professionals and regulations for sex reassignment issued in 2009. The physicians who can provide gender reassignment surgical and health services at government and private sanatoriums should be plastic surgeons or specialists in related fields who have undergone short-term training in different forms of plastic surgery or can prove they have the knowledge and experience to perform such surgery and received approval from the Thai Medical Council. For transwomen, sexual characteristic surgical services include: 1) primary surgery: castration and genital reconstruction from male to female, 2) secondary surgery: breast augmentation. For transmen, sexual characteristic surgical services include: 1) primary surgery: hysterectomy and genital reconstruction from female to male, 2) secondary surgery: mastectomy. Moreover, it is included with other plastic surgical procedures on the face and body to complete the transition process.

Thailand has the potential to develop into a world center for gender reassignment because of the expertise of its physicians and the reasonable pricing of services compared to those charged in the West. All service providers in the gender reassignment health service industry are of the opinion that this development is possible and said that through the cooperation of everyone involved that the country needs
sufficient resources when it comes to qualified surgeons and medical personnel as well as correct legislation. In addition, marketing communication is quite important. Currently, Thai medical advertising is under the jurisdiction of the Bureau of Sanatorium and Art of Healing and Thai Medical Council governed by seven different laws and regulations. To summarize, these stipulate the approval of marketing communication for medical services, particularly for: 1) medical information and facts, 2) information concerning sanatoriums, and 3) information about physicians and surgeons. Service providers in the gender reassignment health service industry can then be divided into two groups: 1) those who agree that promotion, or advertising, for services required by specific potential service users should not be persuasive, or create unrealistic expectations and 2) those who do not agree as they see that advertising promoted worldwide informs consumers of the potential of the gender reassignment health service industry in Thailand and the actual situation and conditions. This content, particularly disseminated on the internet, is actually unlawful and prohibited according to the regulations of the Medical Council. The reason for this is there can be ambiguity and thus misinterpretation of the content, which does not meet standards or required authorization. However, all the service providers have a similar opinion on the advertising of gender reassignment surgery and health services, which is in accordance with the existing laws and regulations. The analysis of these data shows that service providers want permission to disseminate advertising of medical services that is clear, factual and meets equivalent standards for the industry overall with some control.

6.1.1.2 Summary of the Types of Sanatoriums in the Gender Reassignment Health Service Industry in Thailand

Sanatorium type is an important variable that can affect the marketing communication of sanatoriums associated with the gender reassignment health service industry. They include:

Type 1: Government sanatoriums that provide gender reassignment surgical service

Their objectives include serving as a medical school to produce new physicians in all branches, or specialties, related gender reassignment, including psychology, endocrinology, obstetrics and plastic surgery, as well as expand the body of medical knowledge concerning gender reassignment, particularly in the development
of more advanced surgical procedures. This will also provide new case studies that can be employed in the education and training of new physicians and surgeons, with services classified as: 1) pre-surgical, 2) surgical, and 3) post-surgical in accordance with government hospitals’ standards. Service users must expect to wait for the different surgical and health services, which can take a number of months, but the costs are much more reasonable and the physicians are knowledgeable experts in their fields as they are also faculty members who can provide a full range of services. The main reason for this is the number of service users, particularly Thai, far outnumber the physicians. In should also be noted that King Chulalongkorn Memorial Hospital and the Faculty of Medicine, Siriraj Hospital, Mahidol University do not have a policy to upgrade their services to contribute to developing Thailand into a world center for gender reassignment surgery and health services. A primary reason for this is that the teacher physicians are already overworked as practice medicine as well as focus on producing new physicians to satisfy demands for medical care. However, the Faculty of Medicine, Ramathibodi Hospital, Mahidol University is capable of meeting the demand of service users, including foreigners, who are growing in number. Government hospitals, or sanatoriums, associated with the gender reassignment health service industry thus have responsibilities that can be classified under two dimensions: 1) Expand knowledge and develop the expertise of physicians in all related branches of medicine, particularly in plastic surgery, and 2) Develop medical personnel to meet growing demand to achieve a balance between the supply and demand in this sector in order for Thailand to have the capability to serve as a world center for the gender reassignment health service industry while also reducing the difference in service costs between government and private sanatoriums so they are equally reasonable.

Type 2: Private sanatoriums that provide gender reassignment surgical service

Their objective is for commercial gain, to earn a profit, and they do have a sufficient number of physicians and medical personnel to meet the demands of both Thai and foreign service users. The private sanatoriums can be divided into two groups: 1) Sanatoriums that first focus on the Thai service user market and 2) Sanatoriums that first focus on the foreign service user market. Their services can also be divided into three categories: 1) pre-surgical, 2) surgical, and 3) post-surgical. The private
sanatoriums charge more than those of the government and therefore stress that they can provide the most attentive and convenient service. When it comes to surgery and health services, the sanatoriums can be divided into: 1) sanatoriums the offer the full range of gender reassignment surgery and health services and 2) sanatoriums that provide only specific forms of surgery and health services, which depends on the management. Limitations in the supply of surgeons to meet growing demand or reduction in allotted times, restrictions on marketing communication and ability to communicate in foreign languages are also problems that affect the development of Thailand to be a world center for gender reassignment.

Type 3: Stakeholder sanatoriums that provide related services to the gender reassignment health service industry which can be divided into 2 groups:

1) Cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs - Their objective is commercial gain and will treat all service users. They will offer cosmetic surgery services which do not cause loss of primary and secondary sexual characteristics to transgender people.

2) Community health centers that specifically service transgender persons - They do not operate for commercial gain but do accept funding to provide hormone treatments as well as gender reassignment pre- and post-surgery health services. Both of these groups support a policy to develop to contribute to Thailand becoming a world center for gender reassignment. The problems they face are restrictions in marketing communication and their capabilities to converse in foreign languages with service users.

The physicians working in the second and third type of sanatoriums, which are private, can be considered the successful results produced by type one, or the government sanatoriums that also serve as medical schools.

6.1.1.3 Summary of the Formats of Integrated Marketing Communications of Sanatoriums in the Gender Reassignment Health Service Industry in Thailand

The formats of integrated marketing communications of government sanatoriums that provide gender reassignment surgical service are designed to
disseminate knowledge to support decision making for gender reassignment surgery without any persuasive tone to gain market share.

The integrated marketing communication of the two groups of private sanatoriums that provide gender reassignment surgical service mentioned previously are of two formats: 1) to disseminate knowledge to support decision making for gender reassignment surgery according to the law and regulations of the Thai Medical Council and 2) to persuade the decision to have gender reassignment surgery such as exaggerated advertising focusing on beauty and sales promotion and thus gain market share. Their formats and mixture of marketing communications will depend on policies set by the management of each sanatorium.

Stakeholder sanatoriums that provide related services to the gender reassignment health service industry will have their own methods for marketing, which can be divided into two formats according to the group they fall into.

Format 1: Cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs - They are the same as the private sanatoriums that provide gender reassignment surgical service, but will focus on all service users. They will not separate their service users into different transgender groups.

Format 2: Community health centers that specifically service transgender persons that will focus their communication on transgender persons to create an image specifically for transgender communities.

6.1.1.4 Summary of the Methods of Integrated Marketing Communication of Sanatoriums in the Gender Reassignment Health Service Industry in Thailand

The integrated marketing communications of government sanatoriums that provide gender reassignment surgical service begins with the internal communications of faculty physicians to share knowledge gained through their studies and can later be disseminated among the public. The teaching physicians of different specialties, or branches of medicine, will write and present their findings so others will know. The public relations departments of their institutions will be responsible for collecting and disseminating this information as well as information on medical services offered by their sanatorium to inform the public.
The integrated marketing communications of private sanatoriums that provide gender reassignment surgical service begins with internal preparation and their potential to treat service users. After this, the management of each sanatorium together with their marketing team will set policy for their integrated marketing communication and then either hire or assign persons to be responsible for the implementation.

Stakeholder sanatoriums that provide related services to the gender reassignment health service industry, which include: 1) cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs and 2) community health centers that specifically service transgender persons are the same as private sanatoriums that provide gender reassignment surgical service as the cosmetic surgery clinics focus on all potential service users while the community health centers will focus only on transgender service users.

6.1.1.5 Summary of the Message/Content of Integrated Marketing Communication of Sanatoriums in the Gender Reassignment Health Service Industry in Thailand

The content of integrated marketing communications of both government and private sanatoriums that provide gender reassignment surgical service which is governed by legislation and the Thai Medical Council can be divided into three types:

1) Medical Information and Facts

This is the most important content to be shared by service providers with service users as it is designed to help them in their decision making to undergo gender reassignment surgery or treatment. It will be disseminated through multiple channels at high frequency and will be provided by physicians on the days and times for consultation so that service users will understand the procedures and the expected results. will include 1) general surgical information 2) photographic examples of those who have undergone surgery 3) preparation before surgery 4) surgical procedures and 5) post-operative recovery.

2) Information Concerning Sanatoriums

This content will help to create trust in the sanatorium, which is important when service users are selecting where to go. It will include 1) name, address or pictures of the building and location 2) medical and service fees 3) services 4) days/times open for service and 5) days/times and special activities on special days.
Government sanatoriums will not stress this type of content as opposed to private ones. The costs for medical services are much more important to service users.

3) Information about Physicians and Surgeons

This content will help to create trust in the physicians, which is important when service users are selecting who they want as their physician. It will include 1) first and surname, degrees and specialties 2) experience or contributed advancements or new methods in care 3) disseminating information or answering questions of the media 4) honors granted by academic institutions, associations or foundations 5) experience and public benefits 6) journal publications or conference proceedings.

Government sanatoriums will not stress this content as opposed to private ones. If the founder of the private sanatorium is a physician with a notable reputation, this will be much more stressed.

The integrated marketing communication content of stakeholder sanatoriums that provide related services to the gender reassignment health service industry is also governed by laws and Medical Council regulations. Cosmetic surgery clinics that provide gender reassignment surgical procedures except for the changing of sexual organs will offer the three types of content discussed above but will focus on all service users, including transsexuals, but if the procedures are not explained clear for them in the communication when it comes to sexual orientation, the physician will have to clarify this during their consultation. It is often the case that transgender service users will ask about the experience of the physician treating transsexuals. For community health centers that specifically service transgender persons, it was found that: 1) medical information and facts concerning hormone treatment is the most vital, 2) information concerning sanatoriums will be similar to that of private sanatoriums that provide gender reassignment surgical service, and 3) Information about physicians will be similar to that of government sanatoriums that provide gender reassignment surgical service.
6.1.1.6 Summary of the Channels of Integrated Marketing Communication of Sanatoriums in the Gender Reassignment Health Service Industry in Thailand

The channels employed for integrated marketing communications by government sanatoriums that provide gender reassignment surgical service include: 1) advertising, 2) personal communication, 3) public relations and 4) special events. No direct marketing communication and sales promotion were identified. The most influential channel was personal communication by persons with direct gender reassignment surgery experience.

The channels employed for integrated marketing communications by private sanatoriums that provide gender reassignment surgical service include: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, and 5) sales promotion and special events. Personal communication by persons with direct gender reassignment surgery experience was again the most influential. Moreover, employment can be provided to these individuals who offer personal communication for sanatoriums. They can include: 1) well-known persons, or influencers, and relate to gender reassignment surgery, 2) persons with direct gender reassignment surgery experience and 3) agents or agencies.

Stakeholder sanatoriums that provide related services to the gender reassignment health service industry include:

1) Plastic surgery clinics that offer gender reassignment surgery and other services except surgery to change genitals from one gender to the other. They will employ the same channels of IMC as full-service private sanatoriums that offer gender reassignment surgery and health services with personal communication by individuals with direct experience also being the most influential.

2) Community health centers that exclusively serve transsexuals. They will also employ the same channels of IMC as full-service private sanatoriums that offer gender reassignment surgery and health services with personal communication by individuals with direct experience again being the most influential. They will be employed in management as well as caregivers and offer advice directly to transgender service users. Well-known transsexuals will also provide personal communication while serving as volunteers. (See figure 4.92-4.96)
6.1.2 Summary of Research Results of Chapter 5 Service Users’ Temperaments and the Service Buying Decision Process in the Gender Reassignment Health Service Industry in Thailand

6.1.2.1 Summary of the Temperaments of Service Users in the Gender Reassignment Health Service Industry

Service users of the gender reassignment health service industry first have devout temperament, which means they have strong faith. This is respectively followed by intellectual temperament, which means they use reason in their decision making. Third is lustful temperament, which means they are strongly influenced by appearance and beauty. Fourth is hateful temperament, which means they are moody. Fifth is discursive temperament, which means they are a worrier, and sixth is unintelligent temperament, which means they can be lethargic (See figure 5.4).

6.1.2.2 Summary of the Gender Dysphoria and Interest in the Gender Reassignment Surgery and Health Services of Service Users

Problem recognition is the first stage in the service buying decision process for gender reassignment health services. Service users will already know and understand they are suffering from gender dysphoria (GD), or dissatisfaction with the gender they were born with, possibly as early as childhood, and as they grown into adolescence and then adulthood these feelings remain. This leads to suffering and discontentment and behavior that can be diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition published by the American Psychiatric Association. It has been found that 90.4 percent of those diagnosed with gender diaspora will want to undergo gender reassignment surgery. Transwomen will be most interested in: 1) sex reassignment surgery from male to female, 2) breast augmentation and 3) facial feminization surgery respectively. Transmen will be most interested in: 1) sex reassignment surgery from female to male, 2) mastectomies and 3) hysterectomy respectively.

In Thailand, sex reassignment surgery and health services is governed by Code of Ethical Conduct issued by the Thai Medical Council concerning healthcare, specifically for transgender persons that meets the Thai Medical Code of Ethics of 2009 and the rights and freedoms of an individual as stipulated in the Thai Constitution of 2007.
6.1.2.3 Summary of the Content Exposure, Satisfaction and Interaction and Service Users’ Temperaments

Because of gender dysphoria (GD), service users will search for information to correct this problem. This is thus the second stage in the service buying decision process, which can be described as linear in the information seeking process and includes: 1) Content exposure, 2) Content satisfaction, and 3) Content interaction, which the content can be divided into three classifications, which are 1) medical information and facts, 2) information concerning sanatoriums, and 3) information about physicians and surgeons. From the statistical data, the different temperaments do not have an effect on the service users to have different information seeking process in content.

Stage 1: Content exposure

Service users will have an openness to accept content that provides medical information and facts first and foremost. Second will be information concerning sanatoriums and third will be information about physicians and surgeons.

Stage 2: Content satisfaction

Service users will be first and foremost satisfied with medical information and facts. Second will be information concerning sanatoriums and third will be information about physicians and surgeons.

Stage 3: Content interaction

Service users will interact first with medical information and facts. Second will be information concerning sanatoriums and third will be information about physicians and surgeons. (See table 5.103-5.105)

It should be noted that from the in-depth interviews with both service providers and service users, the service users’ information seeking process in content has a direct connection with service providers’ content of the integrated marketing communications in accordance to Thai laws and Medical Council regulations and their Code of Ethics. Service providers associate with the gender reassignment health service industry will mostly disseminate content with medical information and facts in their marketing communications aimed at their service users through multiple channels and frequency. Information concerning sanatoriums and about physicians and surgeons are used to develop trust in them, respectively, to help service users in their decision
making, which will have an impact on their content exposure, satisfaction and interaction respectively as well.

The content that the service users want stressed or expanded to help them in their decision making include first, guarantees of satisfaction or further information on post operative services followed by second, illnesses or side effects that could occur from surgery and third, use of newly constructed genitals.

6.1.2.4 Summary of the Media Exposure, Satisfaction and Interaction and Service Users’ Temperaments

Based on the discussion above concerning content search, the second stage for the service buying decision process deals with IMC channels, which can be classified into five media as follows: 1) advertising, 2) personal communication, 3) direct marketing communication, 4) public relations, and 5) sales promotion and special events.

Service providers will employ these channels to communicate with service users. Statistical data shows that the temperament of service users will have an influence on their selection of some media, but personal communication does remain the most influential. It can thus be summarized that the information seeking process in media can be described as linear and include the following stages:

Stage 1: Media exposure

Service users will have an openness to accept personal communication first and foremost, followed by public relations, advertising, sales promotion and special events, and direct marketing communication respectively. From the statistical data, service users’ temperaments do affect their media exposure to: 1) direct marketing communication and 2) sales promotion and special events differently. This will be explained further in the Discussion section.

Stage 2: Media satisfaction

Service users will first and foremost be satisfied with personal communication followed by public relations, sales promotion and special events, advertising and direct marketing communication respectively. From the statistical data, service users’ temperaments do not affect their media satisfaction.
Stage 3: Media interaction

Service users interact first and foremost through personal communication, followed by public relations, sales promotion and special events, advertising and direct marketing communication respectively. From the statistical data, service users’ temperaments do affect their media interaction to: 1) advertising and 2) sales promotion and special events differently. This will be explained further in the Discussion section. (See table 5.106-5.110)

It should be noted that from the in-depth interviews with both service providers and service users, devout temperament is the important temperament affecting service users’ media exposure, satisfaction and interaction as they choose to believe and follow transgender persons they feel similar and close to, making them to most influential. The majority of service providers cannot control this form of personal communication. The next is intellectual temperament as service users search for information from multiple sources so they can make comparisons in their traditional critical thinking. The third temperament is lustful because they must decide whether to have surgery to achieve an attractive appearance they are satisfied with.

The communication channel that service users want stressed more and expanded to help them in their decision making is personal communication with: 1) physicians and 2) sanatorium service personnel, particularly two-way, or interactive, communication with physicians, which can be controlled by service providers.

In such instances, working closely with any mood of service users, sanatorium service personnel can most apply the Six Buddhist Temperaments in their communication with service users. Starting the service, the service staff will observe the characteristics of the service users through conversation, tone of voice, and expressions. Then, they will provide services according to these characteristics based on personal experience.

6.1.2.5 Summary of the Evaluation of Alternatives and Purchase Decision for Gender Reassignment Health Service Industry in Thailand and Service Users’ Temperaments

Evaluation of alternatives is the third phase in the service buying decision process during which service users apply the following factors: 1) the skills of physicians, 2) service fees and 3) supplement service quality respectively. It should be
noted that during the content information seeking process, service users will be able to search for information about physicians and surgeons the least while it remains the most important information in their evaluation of alternatives and decision.

Decision making to undergo surgery is the fourth stage in the service buying decision process. Service users who participated in this research and already undergone gender reassignment surgery in Thailand were first, followed by those who had decided to have the surgery in Thailand, after which came those still uncertain and, finally, in fourth position, those who decided not to have gender reassignment surgery in Thailand (See figure 5.5).

The first reason the service users would decide to have gender reassignment surgery in Thailand is that Thailand has expert physicians and surgeons as well as modern medical equipment and instruments available here. These are followed by economical prices and convenient location to visit.

The reasons some service users are still uncertain or have decided not to undergo gender reassignment in Thailand are first insufficient capital, second insufficient information and third is health limitations.

Transwomen service users who have decided to undergo surgery and treatments in Thailand can be divided into three groups: 1) Transwomen who chose to have breast augmentation and sex reassignment surgery from male to female, 2) Transwomen who chose to have sex reassignment surgery from male to female but not have breast augmentation and 3) Transwomen who choose to have breast augmentation but not have sex reassignment surgery from male to female.

Transmen service users who have decided to undergo surgery and treatments in Thailand can be divided into three groups: 1) transmen who already had all gender reassignment surgical procedures and health services performed, 2) transmen who already had mastectomies and are in the process for a hysterectomy and the sex reassignment surgery from female to male and 3) transmen who already had mastectomies and a hysterectomy but have decided to not have sex reassignment surgery from female to male.

From the statistical data, the temperament of service users did not affect their different decisions, but it should be noted that during the in-depth interviews it was found the devout temperament is the most important in decision making as the
service users base their decision on faith, or trust, in the physician who they will learn about through the least available content they find during their search for. They will only focus on reputation, surgical results and the physician’s character and disposition. Other academic information about the physician did not seem to be important. Furthermore, they will most often base their decision on the information they collect or are given by their transgender networks. The next influential temperament of service users is intellectual as they will search for content from multiple sources to be able to make comparisons before making their decision. The third temperament discussed is lustful as service users will decide to undergo surgery based on the examples of a surgeon’s work by looking at examples of service users who have undergone the surgery they are considering to be sure their results will be gracefully satisfactory.

In addition, it should be noted the in-depth interviews revealed when a service user does decide to undergo surgery with a specific surgeon, they will make an appointment to consult them and plan their surgery at a sanatorium. Others associated with a service user’s decision making include physicians, family members, partners and close friends with physicians being the most influential. If a surgeon feels the service user is a good candidate for surgery and they are willing to take the risk from the surgery, there is a high probability the service user will decide to undergo surgery. However, if their family, partner and close friends support this decision, but the surgeon feels the service user is not ready or the procedures would be dangerous, the service user will heed the advice of the surgeon and decide not to have the surgery.

This will all be explained further in the Discussion section.

6.1.2.6 Summary of the Gender Reassignment Surgery and Health Service Post Purchase Behavior of Service Users

Behavior following a service provider’s purchase decision, post purchase behavior is the final stage of the service buying decision process. Their satisfaction following gender reassignment surgery will be dependent on the results and service they received. These will then determine whether they will choose to undergo further surgery with the same surgeon and at the same sanatorium as well as whether they will recommend them to other interested service users:

1) Satisfaction post gender reassignment surgery and health services
Service users can be divided into two groups for this:

1) Service users satisfied following their gender reassignment gender reassignment surgery and health services (Grade A) because comparing to costs, the results are satisfactory and meet their expectations and the felt they received good, attentive service which contribute to them feeling more confident and very pleased with life. From the in-depth interviews, it was found that service users’ satisfaction will help to reinforce their devout temperament when it comes to their physician and sanatorium.

2) Service users dissatisfied following their gender reassignment gender reassignment surgery and health services (Grade B, C, D) because they are unhappy with the results and/or the service they received when compared to costs. The in-depth interviews revealed that dissatisfaction will reduce or negatively affect the devout temperament that the service users felt. At the same time, it will lead to an increase in their hateful temperament towards their physician and/or sanatorium.

2) Re-purchasing gender reassignment surgery and health services from the same physician or sanatorium

Service users who decide to have additional surgical procedures performed can be divided into two groups:

1) Services users who have a tendency to receive service from the same physician and sanatorium (Grade A) - Service users who are satisfied with their newly constructed genitals or other organs and impressed with the supplement service they received from the surgeon and sanatorium have a tendency to return to for further service. This is especially true of foreign service users who have undergone surgery in Thailand.

2) Services users who do not have a tendency to receive service from the same physician and sanatorium (Grade B, C, D) - These service users are not satisfied with their constructed genitals or other organs and/or not impressed with their surgeon and/or the sanatorium. Therefore, they will not return to them for further surgery or services. In addition, most Thai service users feel that one surgeon is not a specialist in all gender reassignment surgical procedures. Therefore, if they want other forms of surgery, they will search for new information and when they will work to improve their finances, so they have a wider selection of physicians and sanatoriums.
3) Recommending physicians and sanatoriums that provide gender reassignment surgery and health services to interested service users

Recommendations for gender reassignment can be classified into three forms:

(1) Recommending physicians and sanatoriums as a form of support or influence - If a service user is satisfied with the results of the surgery as they well met their expectations and if they feel the supplement service they received was very good and attentive, they may act as a supporter of the physician and sanatorium. At times, they might act as an agent or even establish an agency, or they may serve as a volunteer and influencer for a network to promote the physicians and sanatorium.

(2) Recommending physicians and sanatoriums by telling of direct experience - If a service user is satisfied or dissatisfied with the results of the surgery and the supplement service they received, they will share their experience, both positive and negative, with others.

(3) Recommending physicians and sanatoriums by offering selections - If a service user has information about different physicians and sanatoriums they will share this in addition to what they experienced themselves.

This will all be explained further in the Discussion section.

6.1.2.7 Summary of the Relationship in the Information Seeking Process for the Gender Reassignment Health Service Industry in Thailand

1) The relationship between messages/content of IMC and the information seeking process for the gender reassignment health service industry can be summarized as follows: Content and the information seeking process have a positive relationship in a variable manner, for example, when content exposure, satisfaction and interaction are high, the decision to undergo gender reassignment in Thailand will also be high. However, when content exposure, satisfaction and interaction are low, the decision to undergo gender reassignment in Thailand will also be low. Furthermore, if interaction with content is too much, this will lead to an inverse, or reduction in the decision to undergo gender reassignment in Thailand (See figure 5.1).

2) The relationship between channels of IMC and the information seeking process for the gender reassignment health service industry can be
summarized as follows: channels of IMC and the information seeking process have a positive relationship in a variable manner. When media exposure, satisfaction and interaction are high, the decision to undergo gender reassignment in Thailand will also be high. However, when media exposure, satisfaction and interaction are low, the decision to undergo gender reassignment in Thailand will also be low. Furthermore, if interaction with channels of IMC is too much, this will lead to an inverse, or reduction in the decision to undergo gender reassignment in Thailand (See figure 5.2).

From the in-depth interviews it was found that persons with discursive temperament will be inclined to interact with IMC content and channels while they can also be distracted. They also have a pessimistic view of the world and not trust others. When they have too much interaction, this can lead to worry and numerous concerns. Ultimately, they will decide not to have surgery. This will be explained further in the Discussion section.

To conclude, the final overall marketing communication process with the Six Buddhist Temperaments model is presented in figure 6.1.
Figure 6.1 Marketing Communication Processes and Psychological Classification for the Gender Reassignment Health Service Industry in Thailand through the Six Buddhist Temperaments by Puntarika Rawikul (Original)
6.2 Discussion

This section has been divided into six parts: 1) Discussion on the service providers of the gender reassignment health service industry in Thailand, 2) Discussion on gender dysphoria and interest in the gender reassignment surgery and health services of service users, 3) Discussion on the message/content of integrated marketing communications in the gender reassignment health service industry in Thailand, 4) Discussion on the channels of integrated marketing communication in the gender reassignment health service industry in Thailand, 5) Discussion on the evaluation of alternatives and purchase decision for the gender reassignment health service industry in Thailand by service users, 6) Discussion on gender reassignment surgery and health service post purchase behavior of service users, and 7) Discussion on the Six Buddhist Temperaments of service users and integrated marketing communication in the gender reassignment health service industry in Thailand

6.2.1 Discussion on the Service Providers of the Gender Reassignment Health Service Industry in Thailand

Since 2002, the Thai government has promoted a policy of making Thailand the health center for Asia (Bureau of Sanatorium and Art of Healing, 2009). The gender reassignment health service industry falls under the medical services business sector of Thailand, and this policy provides opportunities to advance with its potential, particularly with the growing acceptance of transsexuals. This industry can contribute to maintaining economic stability and provide employment because, these health and surgical services by performed by surgeons can be considered core products (Hiransomboon, 2014) while ensuring convenience and customer satisfaction for service users by sanatorium service staff can be considered as part of the supplement services (Hiransomboon, 2014). These also include pre- and post-surgery services provided by physicians who are specialists in other branches of medicine along with medical personnel. It must also be remembered these services cannot be considered the same as products they can store as stock (Kotler, 2007). If the number of service users declines or rises too much, this can have a detrimental effect on the sanatoriums involved. Therefore, a balance must be achieved between sanatorium physicians and
personnel and service users who need their service. This, marketing communications plays a very important role in maintaining such a balance and satisfy the expectations of service providers to earn a profit as is presented in the communication process developed by Berlo (1960) with service providers acting as the source, or sender (S), in the communication model (See figure 6.1, the icon S1).

The important strengths that should be stressed are that marketing communication for the gender reassignment health service industry in Thailand presents the country’s surgeons as experts in their field internationally, particularly for sex reassignment of the genitals from female to male. The costs for these surgical and health services are also considered much more reasonable than those in Western countries, creating for the gender reassignment industry a very notable reputation. At the same time is developing the potential for the country to emerge as a world hub for this industry, which is in line with the research of Prayuth Chokrungvaranont, Gennaro Selvaggi, Sirachai Jindarak, Apichai Angspatt, Pornthep Pungrasmi, Poonpismai Suwajo and Preecha Tiewtranon (2014) which found that the private sanatoriums in Thailand that offer gender reassignment surgical and health services can be classified into six groupings with the majority serving foreign service users. The largest private sanatorium that offers transition from male to be a female has treated nearly 3,000 individuals. The research of Jitlada Maneerat (2010), who studied image evaluation of Thailand, found that the potential for medical tourism is quite high with the cost for cosmetic surgery much more reasonable compared to countries in the West.

Service features (Kotler, 2007) of the gender reassignment health service industry, for example, service users cannot see exact results of surgery to help in the decision making to undergo the surgery. Surgical results are dependent on a surgeon’s skill and expertise and how the service user’s body will react to the procedures. Thus, every surgery is different. Furthermore, marketing communication for this industry should also be considered a service, which is governed by seven laws and Thai Medical Council regulations, which are: 1) Sanatorium Act (4th Edition) of 2016, 2) Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising, 3) Department of Health Services Support Memorandum (2018) concerning regulations on the methods, terms and conditions, and costs for advertising or promotion of sanatoriums, 4) Regulations of the Thai medical
Council under the medical code of ethics of 2006, 5) Thai Medical Council Memorandum 50/2549 concerning language banned from advertising, 6) Regulations of the Thai Medical Council concerning advertising offering discounts and/or special compensation by sanatoriums, and 7) Consumer Protection Act of 1979. It can then be said that it is difficult to create trust in the services when marketing communications must adhere to the Thai laws and Medical Council regulations because of their restrictions as well as the language barrier that prevents clear communication when using medical technical terms, especially with foreign service users. These then act as obstacles, weaknesses and threats, to the development of the Thai gender reassignment health service industry, particularly for private sanatoriums, which have commercial gains as their incentive. This is in agreement with the research of Jitlada Maneerat (2010) which showed just this when it comes to advertising for the Thai cosmetic surgery industry. This is presented in figure 6.2.

![SWOT Analysis of the gender reassignment health service industry in Thailand](image)

**Figure 6.2** SWOT Analysis of the Gender Reassignment Health Service Industry in Thailand (Original)
6.2.2 Discussion on Gender Dysphoria and Interest in the Gender Reassignment Surgery and Health Services of Service Users

Service users of the gender reassignment health service industry are persons who suffer from gender identity, or gender dysphoria, as they feel they are of a different gender than they were born with. Currently, the reason for this is attributed to genetic and prenatal causes (Kamudhamas, 2012). There persons have then been called transgender (Green & Maurer, 2015) and are included in the group of those with gender diversity (Khruataeng et al., 2011), which is based on the non-binary concept, i.e., gender can be other than just female or male as there can be others. Service users feel dissatisfied with the gender they were born with from the earliest age and this feeling does not end when they grow into adolescence and then adulthood. They will then act as described in the Diagnostic and Statistical Manual for Mental Disorders, 5th Edition, published by the American Psychiatric Association and choose to enter a condition known as transgenderism and transsexualism respectively (Kamudhamas, 2012). Thus, as much of 90.4 percent of service users will want to change their gender through hormone treatment and surgery. In Thailand, this is allowed under the jurisdiction of the Thai Medical Council which has issued Code of Ethical Conduct issued by the Thai Medical Council concerning healthcare, specifically for transgender persons that meets the Thai Medical Code of Ethics of 2009 as well as the rights and freedoms of an individual as stipulated in the Thai Constitution of 2007.

Transwomen are most interested in: 1) sex reassignment surgery to change genitals from male to female, 2) breast augmentation and 3) facial feminization surgery respectively. This is in agreement with the research of Prawit Onpana (2008), which showed that teenage males who identify as transwomen have a desire to have the face and body of an attractive female and therefore want to undergo plastic and sex reassignment surgery.

Transmen are most interested in: 1) sex reassignment surgery to change genitals from female to male, 2) mastectomies and 3) hysterectomy respectively. This research is the first to examine transmen in Thailand.

Service users will undergo the service buying decision process for gender reassignment that comprises five stage as described by Kotler (2003) who explained the consumer behavior as: 1) problem recognition, 2) information search, 3) evaluation of
alternatives, 4) purchase decision, and 5) post purchase behavior. Furthermore, according to the concept developed by Lamb et al. (1992), analysis shows that service users’ decision to undergo gender reassignment surgery and health services is to correct the condition they are dissatisfied with, their gender at birth, or gender dysphoria. This includes their rational behavior, which influences the gender they desire to be. This decision is described as a high-involvement purchase as it involves medical treatment that has a risk becomes of the surgery to be conducted because of side effects and life-threatening outcomes. Furthermore, if they choose and undergo these procedures, they cannot be reversed, or undone. In addition, the costs for such services can be expensive. Service users must allot a lot of time in their information search and decision, which can be described as complex buying behavior (Kotler, 2003). Service users will thus devote much energy and effort into the selection of a physician and sanatorium. They recognize that the skills of surgeons and services in each establishment are very different. So, they will want to know about physicians as well as the supplement service offered by different sanatoriums to make an informed decision. Therefore, according to Berlo (1960), in the communication process, service users are considered the receiver (R) (See figure 6.1, the icon R).

6.2.3 Discussion on the Message/Content of Integrated Marketing Communication in the Gender Reassignment Health Service Industry in Thailand

Content of integrated marketing communication can be called the message (M) in the communication process described by Berlo (1960). It will be sent by the service provider in the gender reassignment health service industry and is restricted, or limited (See figure 6.1, the icon M₁), according to the seven Thai laws and Medical Council regulations, which control what can be disseminated. This content can be classified into three types: 1) medical information and facts, 2) information concerning sanatoriums, and, 3) information about physicians and surgeons, which can provide academic knowledge as well as required information only. This content cannot be in the form of advertisement or as a persuasive device for service users. Medical facts can be presented but not exaggerated. Language like special, advanced, comprehensive, free, beauty that appears natural, etc. are not permitted. This is in agreement with the research
of Sompradtana Promchuew (2009) in which she showed that these cosmetic surgery clinics in Thailand were at a disadvantage as they were unable to produce and disseminate interesting content because of the Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising.

To act in accordance with the Thai law and regulations of the Medical Council as the Professional Medical Code of Ethics, service providers in the gender reassignment health service industry need to first focus on presenting content that provides medical information and facts in the marketing communication they disseminate to help service users to decide on having gender reassignment surgery. Next, they need to present information about their sanatorium and then physicians respectively. Thus, the information seeking process for content serves as the main touch point for service providers to communicate directly with service users in much the same way. Service users have a level of exposure, satisfaction and interaction first with content, or a message, that provides medical information and facts followed by content concerning sanatoriums and then physicians respectively. Overall, their exposure, satisfaction and interaction with each form of content was found to be in the low to mid level. However, each of these steps of the information seeking process for content have a more positive interrelationship, which were all recorded in the mid to high level. This would then have a correlating effect on the decision making for gender reassignment surgery and health services in Thailand. Analysis showed that currently the content, or message, that service providers disseminate attracts to a certain extent of interest for active service users (Sothanasathien, 1990) who choose to receive, show interest, interpret and remember the message (Klapper, 1960), according to its relevance to answering their demand and feel it will provide orientational gratification. This is because it will assist in their decision making and can be shared with others (Wenner, 1985) amongst members of their network to develop friendships and voice viewpoints (Schutz, 1966) as a part of their transgender group. Furthermore, this can reinforce their opinions and beliefs (Blumler, 1985).

During the evaluation of alternative stage and final decision making to have gender reassignment surgery, service users give the greatest importance to information about physicians and surgeons, which agrees with the thinking of Kapil Jekishan (2017)
who says quality of the core service is what consumers value the most. Service users of this industry are of the viewpoint that the quality of the surgery is first and foremost dependent on the skill of the surgeon. Although the service users can find the least amount of information about the physicians and surgeons, it is also the most important factor in their evaluation of alternatives and final selection of their surgeon. Usually, service users most focus on a physician’s reputation, surgical results, and their demeanor which they learn through word-of-mouth communication via a service users’ network, which has the most influence in their decision making. This is also outside of the control of sanatoriums, the Thai laws and regulations issued by the Thai Medical Council (See figure 6.1, the icon M²). This study’s findings show that service providers should expand the information they provide about physicians and surgeons to answer service users’ demands. Seri Wongmontha (1997) has said that integrated marketing communication must start with the customer. The sender must learn what their target, or consumers, value. Then, they must study their product’s attributes after which they can develop a message that match with what their consumers will value. In her research, Yaowapa Pathomsirikul (2012) supported the idea that successful marketing of health service is customer driven. The marketer must know and understand their customers’ needs and desires to create good communication content, which tells the customer what they want to know in a manner that is clear, concise, easily understood and believable (Taiphapoon, 2016).

6.2.4 Discussion on the Channels of Integrated Marketing Communication in the Gender Reassignment Health Service Industry in Thailand

To disseminate content concerning the gender reassignment health service industry, particularly for private sanatoriums that focus on commercial gain, service providers will employ integrated marketing communications that includes personal communication, public relations, advertising, sales promotion and special events and direct marketing communication, which Seri Wongmontha (1997) explained as having many forms of communication employed in the same plan and with similar goals. This also agrees with the research of Sompradtana Promchuew (2009), who found in her research on cosmetic surgery clinics in Thailand which used different forms of integrated
marketing communication, including advertising, sales promotion, public relations and direct marketing, which Berlo (1960) termed communication channel (C) in his communication process model (See figure 6.1, the icon C1).

When examining these channels in more detail, it was found that: 1) personal communication by individuals with direct experience, those with medical knowledge and those who are closest to service users are the most influential respectively, 2) public relations and 3) advertising through digital three-screen campaigns, that combine smartphones, computers and televisions and the next most influential, 4) sales promotion and special events that capture service users’ interest, including those organized by transgender networks and offer service discounts, come next and 5) direct marketing communicated through applications has grown in popularity as they can reach them through what can be considered a private channel. Furthermore, overall, service users show media exposure, satisfaction and interaction with each type of channel at a low to mid level. However, it was found that during each stage of the information seeking process conducted through the different channels of IMC, there is a positive relationship at the high level, and this does have a variable effect on the decision to have gender reassignment surgery and health services in Thailand. Analysis in this study did show that currently the marketing communication for the gender reassignment health service industry does have a communication style that is moderately interesting and fits with service users’ experience and habits (Hunt & Ruben, 1993, as cited in Satawatin, 1998), which is what they expect from the media or sources (Katz et al, 1974) as well as meets their desires, or demands, for useful information (Benjarongkij, 1991). Thus, it follows that they find this beneficial to their decision making and can use to exchange with others (Wenner, 1985) in their network that can help them develop relationships and friends as well as allow them to express their opinion (Schutz, 1966) through face-to-face communication (Rafaeli, 1988) and interactive communication through an internet network where desired information can be found (Shimp, 2010) that can help to increase their trust and beliefs (McCombs & Becker, 1979).

Web technology has steadily developed until we are now in the Web 4.0 era, which supports advancement in artificial intelligence (AI) (Chantrawong, 2013). This has also led to an increasing importance of the internet in people’s daily lives. These industry’s service users thus are focusing more on integrated marketing communication
through the internet, or what is termed internet marketing (Wantame, 2012). As it has
grown in importance, service providers are focusing on website design, their Facebook
Fanpage, Youtube channels and online advertising on websites associated with gender
reassignment as well as mobile marketing (Wantame, 2012), for example, by opening an
official sanatorium LINE account (chat application). When examining the five important
attributes of online marketing communication (Truong, McColl, & Kitchen, 2010), it was
found that this communication technology is ideal for the gender reassignment health
service industry because:

1) Gender reassignment is personal and privacy is important to maintain. Furthermore, service providers should be restricted by permission-based advertising
strategies.

2) Gender reassignment surgery is a service offered exclusively to persons
suffering from gender dysphoria only and should involve highly personalized
advertisements.

3) Service users are most open to public relations and advertising
communicated through online social media, websites and television and this what can be
considered as three screen advertising campaigns.

4) Service users will interact through two-way communication (Schramm,
1954) which can encourage service users to decide to undergo surgery or treatment. In
these instances, service users want to increase their conversation, two-way
communication, with the physician in addition to their consultation at the sanatorium.
This is now possible through increasing interaction via the internet. If the service provider
is also a well-known physician this will further contribute to the reputation of their
sanatorium by the flow of word-of mouth communication (Warotwatthananont, 2015).

5) Service providers should store important data, or Big Data, of the service
users, including name, address, contact numbers, service history, things of special interest
and preferred service (Building One-to-One Relationships, 2007). This data can then be
used to maintain a long-term relationship with the hope of providing additional service
post surgery if the service provider could want more. The development of a more
effective measure of success in communication, performance-based metrics and the
ability to identify the true identity of service users on the internet provide an opportunity
to do this (Chantrawong, 2013).
Thus, the internet has become a vital means for two-way communication between service providers and service users of the gender reassignment health service industry, which is in agreement with the research of Yaowapa Pathomsirikul (2012) who found that hospitals should choose to use integrated marketing communication via online social media as well as their hospital website. Sompradtana Promchuew (2009) also supports this. In her research, she found that the reason to choose a communication channel such as a Thai cosmetic surgery clinic’s website is to avoid Ministry of Health Memorandum 11 (2003) concerning regulations on the methods and terms and conditions governing sanatorium advertising, which is in agreement with a survey conducted by a global marketing research firm. Nielsen Company (2015) reported that website advertising is the second most trusted communication channel (See figure 2.4).

From the information seeking process for channels of service users in the gender reassignment health service industry, the first communication channel that they prefer is personal communication when judged according to their media exposure, satisfaction and interaction, particularly with personal communication with persons with direct gender reassignment surgery experience (See figure 6.1, the icon C^2). Lazarsfeld et al. (1944), who introduced the Two-step Flow Theory, explained that communication would flow from service providers through the media to reach influencers and then from the influencers to potential service users. News offered by service providers that is disseminated through the media does not always directly reach or influence potential service users, but it also requires personal influence or the support of opinion leadership. In such a case, those persons with direct experience in gender reassignment surgery will accomplish this through word-of-mouth marketing communicated through social media networks or online viral marketing (Rosen, 2002). For the most part, this form of communication is outside the control of sanatoriums, legislation and the Thai Medical Council. These findings are in agreement with the research conducted by Sompradtana Promchuew (2009), which found that word-of-mouth communication is the most influential in the integrated marketing communication strategy of cosmetic surgery clinics in Thailand. On the other research, Chathatai Meepradit (2008) said that word-of-mouth communication plays an important role in Thai business as it supports the dissemination of information that could be restricted by the laws governing advertising. This was also found to be true by Nielsen Company (2015), as the survey showed
recommendations from people the respondents knew comprised the advertising believed the most while the third was opinions posted online (See figure 2.4). Currently, new media is characterized as interactive, or two-way communication (Schramm, 1954) because it has replaced traditional forms of media, which are losing their influence. Whichever the form of media, personal communication remains the most influential in the marketing communication of this industry that focuses exclusively on transgender consumers, which are very strong, conforming to the transgender reference group when considering their accepted thinking, attitudes and behaviors (Kittiwan, 1988).

6.2.5 Discussion on the Evaluation of Alternatives and Purchase Decision for Gender Reassignment Health Service Industry in Thailand of Service Users

Factors affecting service users’ evaluation of alternatives to decide on whether to undergo gender reassignment include: 1) the skills of physicians, 2) service fees and 3) supplement service quality respectively, which can be analyzed as the concept of Good, Cheap, Fast, but You Can Pick Only Two by Jekishan (2017). The three factors considered while evaluating service are: 1) quality, 2) price, and 3) speed, but that a customer can only choose two of these. Therefore, service will not have to be fast if it is of high quality and reasonably priced; the price will not have to be cheap if the service is of high quality and fast; or the quality does not have to be high, if the price is cheap and the service is fast. However, quality is the most important factor. When a potential service user is considering gender reassignment surgery and health services, if they have excessive capital, they will choose to receive the services from the most famous and skilled surgeon as they are satisfied, even with a higher cost of surgery than elsewhere. Supplement services are then another influential factor that will build a positive impression. If a service user has a limited budget, they will then first consider price and will then choose a physician, or surgeon, with the best reputation and skill they can afford. Thus, if a service user has substantial capital, they will select a private sanatorium where the charges will be high. If their capital is limited they will choose a government sanatorium, where the waiting queue can be quite long as is presented in figure 6.3.
The first reasons why service users will choose to undergo gender reassignment surgery in Thailand is that Thailand has expert physicians and surgeons as well as modern medical equipment and instruments; second is that the costs for gender reassignment surgery and health services in Thailand are economical; and third is that Thailand is a convenient location to visit, which is in agreement with the research of Jitlada Maneerat (2010). She found that Thailand’s image includes its high potential for medical tourism. Cosmetic surgery is also much more reasonable in Thailand when compared to that of countries in the West. Furthermore, service users have found it easy and convenient to travel to and from Thailand, and the country has the most advanced medical equipment and technology.

The first reason that cause service users to feel uncertain about undergoing gender reassignment procedures in Thailand or have decided not to do it is insufficient capital. This is in agreement with the research of Piyaluk Potiwan (2011), who found that the roots of problems faced by transgender persons are economic and social as there is a tendency to encounter class division, similar to discrimination between those who
can undergo gender reassignment and those who are unable to for some reason. The next influential factor is they feel there is insufficient information to make a decision. Jitlada Maneerat (2010) came to a similar conclusion in her research when she found that the Medical Code of Ethics of the Thai Medical Council set limits, or restrictions, on advertising, which did not allow physicians or sanatoriums advertise similar to manufacturers that are promoting their products, which is permitted by some other countries which do not set such restrictions on cosmetic surgery. The third reason for service users’ indecision or decision not to undergo surgery or treatment is health limitations, which is in agreement with the research of Nuntaya Kongpraphun (2016) who found that transwomen face problems in their quality of life as they suffer from a chronic illness are or weak physically, which could be because they do not exercise, hormone treatments are long term or they do not rest enough.

In addition, there are others who can participate in the decision making, including the service user’s physician, family, partner and close friends. Kotler (2003) includes them in: 1) Social Factors, in this surgery case, based on the opinions and agreement of family members, a partner, and friends of the service user and 2) Anticipated Situation Factors, i.e., the requirement of physical strength and good health to undergo gender reassignment surgery as the most important concerns. The selected physician or surgeon will then be responsible for informing the service user of potential risks or side effects that can occur from surgery or treatments. If the surgeon feels that the surgery is unwise because of the serious dangers and refuses to proceed, the service user will be unable to violate the physician's opinion, even with family, partner and friends’ support for this endeavor. Therefore, the physician does have the greatest influence in such cases.

6.2.6 Discussion on the Gender Reassignment Surgery and Health Service Post Purchase Behavior of Service Users

Belch and Belch (2004) explained that after-service satisfaction will affect a service user’s decision to receive further service from a service provider. Post service satisfaction for the gender reassignment health service industry can be divided into the areas of: 1) surgical results and 2) supplement service satisfaction when compared to costs, which can be ranked as:
Grade A: satisfaction with both surgical results and supplementary services so that the service user will retain the physician and sanatorium in the evoked set considered if they want additional surgery.

Grade B: satisfaction with surgical results but a tendency to search for a new sanatorium to receive better supplementary services if they want additional surgery.

Grade C: satisfaction with supplementary services but a tendency to find a new physician to receive better surgical results if they want to have corrections to what they have had done or want additional surgery.

Grade D: dissatisfaction with both surgical results and supplementary services so that the service user will look for a new physician and sanatorium where they can receive better surgical results and supplement services if they want to have corrections to what they have had done or want additional surgery.

Post service satisfaction will impact a service user’s recommendations for a surgeon and sanatorium to interested service users provided through word-of-mouth conversation through social networks both in real life and online in instances such as:

1) persons with direct gender reassignment surgery experience who give explanations or customer complaint to a user group. This can be expressed through social networks and have an influence on interested persons (Anaktaweepon & Roeksirinukun, 2009, as cited in Auimanachai, 2013). This user group can be called mavens, i.e., persons who like to share their knowledge and expertise. They will disseminate information to others to help them make a decision (Livingston, 2001, as cited in Suriwan et al., 2015).

2) well-known persons, or influencers, and related to gender reassignment surgery who Seri Wongmontha (1999, as cited in Auimanachai, 2013) has said can be described as influential celebrities. They will have charisma, the power to attract those interested in undergoing surgery or treatment as they will want to imitate their ideal behavior. If they have themselves undergone the same surgery as what the potential service users are interested, they will become even more influential. These individuals will also be the creator and controller of their message communicated online (Huba & McConnell, 2006, as cited in Suriwan et al., 2015). They will then act as connectors
who can link together different social groups, or networks (Livingston, 2011, as cited in Suriwan et al., 2015). (See figure 5.6)

In addition, there are the agents who can have a high degree of impact, or persuasion, as they build a relationship of trust with potential service users to promote a sanatorium to share commercial benefits, which will influence their decision making, acting in the role of a salesman (Livingston, 2011, as cited in Suriwan et al., 2015). In her research, Chathatai Meepradit (2008) pointed out that the success of face-to-face, or word-of-mouth communication through online social media are affected by a similar interest of both parties and the level of acceptance and trust in the sender.

This is all presented in figure 6.4.

Figure 6.4 Post-service Behavior of the Gender Reassignment Health Service Industry in Thailand (Original)
6.2.7 Discussion on the Six Buddhist Temperaments of Service Users and Integrated Marketing Communication in the Gender Reassignment Health Service Industry in Thailand

By analyzing content and channels of the integrated marketing communications that service providers chose to use, it was found that mostly reflected, or addressed, the intellectual temperament. This is because service providers will first and foremost focus on content that provides actual medical knowledge and facts for service users to study and determine the positive and negative points as well as the risks, complications or side effects that occur from surgery. The content about the sanatoriums and physicians will then provide supporting information to help the service user make their decision. This content will be disseminated through multiple, integrated communication channels which will then reach potential service users. In this way, it is hoped they can decide on the best surgery, treatments and/or service to meet their specific needs. This content is then governed by the Thai laws, Thai Medical Council regulations and the Medical Code of Ethics. (See figure 6.1, the yellow icons S₁, M₁, C¹)

Service users of the gender reassignment health service industry in Thailand first have a devout temperament, followed by intellectual, lustful, hateful, discursive and unintelligent respectively (See figure 6.1, the icon R). For this research, has chosen to employ the Questionnaire on Basic Personality: 6 Buddhist Temperaments developed by the Jirung Health Village (2011), which has never before been used in a research study. However, it should be noted that the results follow a similar direction as many other studies that use other questionnaires to measure personality based on the Six Buddhist Temperaments, for example, a questionnaire distributed by Surirat Fonarun (2003). All these studies found a high level of devout and intellectual temperament in the research sample. Some differences in this research were also found with different studies when devout temperament was found to be higher than intellectual temperament. Analysis has also been based on the theory of Sigmund Freud stating that human temperaments are a blend of both sensitive and complex aspects determined by the three aspects of the mind, the Id, human instincts a person is born with; Ego, consciousness learned through experience and Superego, conscience learned through socialization (Gunpai, 2008). This, though, makes it difficult to form just a few questions to exactly classify individuals into the six different groups according to their
temperament. Another factor affecting this is the real attention of the person answering as well as possible bias and external influences affecting results. Thus, there are limitations to the questionnaire designed to measure temperaments and divide participants based on psychological aspects, which include variables such as personality, behavior, attitudes, emotions and lifestyle (Kaewthep, 1998).

To summarize, when studying the information seeking process that applies communication channels, it was found that no matter what main temperament a service user displayed, devout temperament was still the most influential on media exposure, satisfaction and interaction with communication. Service users will also be strongly influenced by the peers in their transgender social networks or the persons they feel they can trust, which can be closely compared to persuasion (See figure 6.1, the violet icons $S^2, M^2, C^2$). The next most influential temperament is intellectual as service users will search for information from multiple communication channels to then can make informed comparisons before deciding how to proceed (See figure 6.1, the yellow icons $S^1, M^1, C^1$). The third most influential temperament is lustful as service users will also base their decision to undergo surgery on the example pictures of results of previous surgery and whether the appearance pleases them. Thus, the information seeking behavior relies on the different communication channels very much in line with the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003) as those with devout temperament can be easily persuaded by those they feel belong to the same group. Those with intellectual temperament like to make detailed comparisons and will choose quality and reasonably priced service and those with lustful temperament will be influenced by appearance, particularly that of well-known influencers.

The difference in temperaments of the service users does affect their media exposure to: 1) direct marketing communication and 2) sales promotion and special events as well as media interaction with: 1) advertising and 2) sales promotion and special events according to the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003). This can be explained by those with lustful temperament being attracted by content concerning appearance together with attractive pictures. Those with unintelligent temperament, who are considered sensitive, believe others easily while they are not self confident. Those with intellectual temperament like to study and compare services. They are therefore open to direct marketing communication and sales
promotion and special events. They will also interact with advertising and sales promotion and special events more than those with hateful temperament who do not like to violate the law or regulations, which refer to those issued by the Thai Medical Council and those with devout temperament choose to listen to and believe what they are told by transsexual service users. Furthermore, those with discursive temperament are pessimists and worry about others taking advantage of them. They are then open to and interact with sales promotion and special events a lot to find information about safety in surgery and service discounts.

In the information seeking process for content, service users demonstrate a behavior according to the service providers' content disseminated in accordance with the Thai laws and regulations of the Thai Medical Council, which is not affected by differences in service users’ temperaments. However, during their evaluation of alternatives and decision making for gender reassignment surgery, they give the greatest importance to the information about physicians and surgeons, which is also the least available (See figure 6.3). It was found that although the temperament of service users does not affect their final decision, the devout temperament is the most important in their decision to undergo surgery or treatment. This is because service users will choose to trust and undergo service with one physician based on the content about the physician that they have found, which is still the least available, especially through their peers in transgender networks. Usually, they are only interested in the physician’s reputation, past work and disposition and do not care about other academic information about the doctor (See figure 6.1, the violet icons $S^2$, $M^2$, $C^2$, and figure 5.6). This temperament is followed by the intellectual temperament in which case service users will search for content from multiple sources to help in evaluating alternatives in their decision making (See figure 6.1, the yellow icons $S^1$, $M^1$, $C^1$). Third is lustful temperament. In this case service users will decision on undergoing surgery or treatment after examining example pictures of a surgeon’s work to see if the results are pleasing to them.

When applying the concept of the Six Buddhist Temperaments, service providers can decide whether to disseminate further information about their physicians and surgeons to fit the requirements of the three abovementioned temperaments. Those with devout temperament should receive information that will encourage faith in the
It will include the physicians’ 1) first and surname, degrees and specialties, 2) honors granted by academic institutions, associations or foundations, and 3) experience and public benefits. Those with intellectual temperament should receive additional academic information such as the physicians’ 1) experience or contributed advancements or new methods in care, 2) disseminating information or answering questions of the media, and 3) journal publications or conference proceedings. Next, those with lustful temperament should receive content that will improve their impression of the physician’s surgical skill by also presenting the physicians’ experience and contributions to society. The results of their work as well as contributions they have made to society could be communicated through pictures of constructed genitals and organs or individuals who underwent surgery with the physician and appear very attractive.

The relationship between message/content and channels of IMC with the information seeking process of the gender reassignment health service industry in Thailand is quite consistent, which is to say their changes are closely associated, i.e., direct variation. However, if a service user has actually too much interaction with the content and channels, it may have a detrimental effect on their decision making to have gender reassignment surgery or health services in Thailand. This can also be reversed, i.e., inverse variation as explained by the concept of the Six Buddhist Temperaments. Anusorn Chanthapan and Boonchai Kosolthanakul (2003) explained individuals with discursive temperament like to interact with the communications; however, they will be skeptical and not trust others. If they over interact with the communications, they may feel flooded by information overload (Toffler, 1984), which will lead to confusion and ultimately different concerns and fears. Service providers can solve these problems by providing the information to correct any misconceptions. If the service users can find the right answers to their questions to their satisfaction, their concerns and fears will be reduced while their trust is enhanced and, ultimately, they can decide to undergo surgery or treatment.

Once a service user has made their decision to receive service from one physician, they will make an appointment to consult the physician and plan their surgery and treatment at the sanatorium. At this final stage, the physician has the greatest influence over the service user’s decision. When giving their opinion, the
physician will let each service user know the risks and chances of success in surgery, which will have a major effect on a service user’s final decision. In such cases, the service user will apply their both devout and intellectual temperament together. It is vital that the service user believes and trusts in their physician as they offer recommendations based on their medical knowledge.

It is important for service providers when performing surgery and during post-surgical services to increase, reduce or erase the devout temperament that service users applied during their decision making as this will affect re-purchasing from the same physician and/or sanatorium (See figure 6.4, the gray zone) and the recommendations about the physician or sanatorium that the potential service users are very interested in. This can have either a positive or negative effect on the personal, word-of-mouth communication between service users in the form of: 1) persons with direct gender reassignment surgery experience and 2) well-known persons, or influencers, related to gender reassignment surgery, which is considered the most influential personal communication, and service providers are unable to control these communications. This supports the devout temperament as the belief in a surgeon is efficiently developed following the opinion of members of their specific transgender group (See figure 6.1, the violet icons S^2, M^2, C^2, and figure 5.6). In such cases, service providers do understand the impact of personal communication. Some sanatoriums, particularly those that are private, will employ some of their service users to recommend and help promote their facility. Some of these service users will even become agents or volunteers for a sanatorium (See figure 6.4, the violet zone). Service providers should then try to control their content to cover their physicians and facilities through this hired personal communication. The content should include the positive reputation of a physician, successful results from their surgery they performed, the physician’s good character and disposition, and the reasonable price for their good quality supplementary services. It is necessary that all of this is in line with the Medical Code of Ethics.

Furthermore, the temperaments of service users can affect their behavior following undergoing treatment or surgery based on the concept of the Six Buddhist Temperaments (Chanthapan & Kosolthanakul, 2003). Service users with hateful temperament often set high standards for satisfaction with the results of surgery or services. This can lead to their dissatisfaction for gender reassignment surgery;
therefore, the service provider should be careful about maintaining high standards when serving them. Service users with unintelligent temperament are often loyal brand users as they do not like to change. Thus, they have a tendency to undergo additional surgical procedures with the same surgeon and sanatorium, the service provider should keep in touch with them to maintain a long-term relationship. Service users with discursive temperament like most to offer recommendations through word-of-mouth. However, they are pessimistic, so service providers should pay attention to this communication which may be negative.

To summarize the findings of this research, results show that the Six Buddhist Temperaments that were expounded by the Lord Buddha can still be used more than 2,500 years later to complete demographic traits and better understand the communication audience, or receivers. Applying the Six Buddhist Temperaments to the study of service users of the gender reassignment health service industry, their main temperaments are 1) Devout temperament and 2) Intelligent temperament with concern for the reliability of the skills of a surgeon and sanatorium as well as quality of supplementary service, which are the most important factors that services providers should emphasize to create effective content respectively. Furthermore, appealing examples of the surgical results will answer the demands of lustful temperament. This content should be disseminated through multiple integrated marketing communication channels, most particularly through personal communication, which means that transsexuals with direct experience in gender reassignment are the most effective and influential. Moreover, service users want to conduct more two-way, or interactive, communication with physicians to develop even closer and more trusting ties as they admire their medical knowledge. In fact, physicians are the best personal communicator who can infallibly answer questions and build trust. Analysis of the viewpoints of the service users shows they do not undergo gender reassignment surgery just to have constructed genitals or organs they can use normally and appear to be the same as the natural one of a man or a woman, but more important is that they want to begin a new life; they want to experience the joy of being the gender they feel they are, and the surgeon is the only one person who can do this for them.

Although service users of the gender reassignment health service industry most demonstrate the strongest characteristics of the devout temperament, but this does not
mean that each service user will not display a blend of characteristics of other temperaments. The behavior of each person is dependent on their different desires with one or more temperaments dominating the others. The Buddhist monk, Phra Pramote Pamojjo (Satayakorn) (2017), expanded upon this saying that unintelligent temperament or delusion can lead to the strengthening of lustful, hateful, discursive and devout temperament. When unconscious, this can increase unintelligent temperament as senses are stimulated through the eyes, ears, nose, tongue, body and heart. If this is positive, offering a feeling of satisfaction so that the person wants this continue over time, this will reflect lustful temperament. Then, this leads to immersion in thought to find the way to satisfy the desire, which is discursive temperament. If their desires are satisfied, this can lead to stronger conviction, or faithful, i.e., devout temperament. If, however, the reaction is negative and they feel dissatisfaction, i.e., hateful temperament, they will then not want to have, to be, or to do, and will actually want this negative situation to fade as quickly as possible, again a reflection of the lustful temperament. This can again cause immersion in thought, or discursive temperament as they struggle with trying to escape from the disappointment. Normally, for lustful temperament that can lead to lopa, or greed, these are the effects of desires both to be and not to be or to have and not to have such as wanting to be a woman and not a man or vice versa, wanting to be a man and not a woman. For the devout temperament, if it is expressed together with intellectual temperament, this individual will believe with good reasons based on actual facts, but if it manifests with unintelligent temperament, their belief can be easily manipulated by their naïveté.

Based on the Buddhist belief in karma, Phra Pramote Pamojjo (Satayakorn) (2017) pointed out that before attaining Buddhist sainthood during the final incarnation, the Buddhist monk, Annanda, served as the attendant of the Lord Buddha was born as a transsexual in many previous incarnations because of sexual misconduct, i.e., by committing adultery. For a very long time, humans, he says, have the misconception that our bodies are actually our own. The mind that appears and fluctuates is influenced by our desire to find worldly happiness, hedonism. We struggle with nature to be who we are and adhere to our atta, or ego, which comes from our moha, or delusions, that is a state of unconsciousness. The mind is thus influenced by our senses and will cling to the different desires that will unfold and manifest in our speech, actions and different feelings. In truth, we are nothing and have nothing from birth, including our body that
comes from the four elements, soil, water, wind and fire. These create the male and female forms that are actually only temporary and will ultimately die and decay. However, the mind is something else which is abstract and has no gender. Thus, humans can find their freedom from this life cycle through meditation. By training the mind to be conscious, they can realize the dharma which releases one from the world, Lokutaratham. The truth is that a causes leads to an effect. When the cause is the end, the effect is also the end. All things in the world, both concrete and abstract, are impermanent. Nothing is permanent, things come and then go, born and finally die. Happiness is impermanent, suffering is so, too. Therefore, if humans cannot eliminate unintelligent temperament, which is the root of desires, their struggle to satisfy these yearnings will never end. This is presented in figure 6.5.

**Figure 6.5** The Roots of Each of the Six Buddhist Temperaments (Original)
6.3 Recommendations

For use of this study’s results and for future research, the recommendations have been divided into four parts according to who they are aimed at: 1) service providers and 2) service users in gender reassignment health services in Thailand as well as 3) academics and 4) society.

6.3.1 Recommendations for Service Providers in the Gender Reassignment Health Service Industry in Thailand

6.3.1.1 Message/Content of Integrated Marketing Communication

From the research results, it can be summarized that the majority of service users display devout and intellectual temperament. Therefore, service providers should disseminate all comprehensive information, including content that provides medical information and facts as well as information about their sanatorium, physicians and surgeons. Especially for the content concerning physicians and surgeons, it should focus more on academic information that service users can access much more easily that will build trust, or faith, in their surgeons, for example, attractive pictures of the results of the surgery the conducted together with explanations of the techniques employed. They should also provide results of their physicians’ research. Currently, most of this is presented only in English. Therefore, these should also be translated and provided in Thai for Thai service users. In addition, they should educate their service users about healthcare pre- and post surgery, both physical and psychological.

6.3.1.2 Channels of Integrated Marketing Communication

From the research results, it can be summarized that the majority of service users display devout and intellectual temperament. At the same time, they personally communicate in their transgender networks and access transsexual online social media while the internet plays an important role in their daily lives. Therefore, service providers should choose to use integrated marketing communication that includes:

1) Personal Communication

   (1) Service providers should determine a method in which they can control the content that comes from persons with direct gender reassignment surgery experience as well as well-known persons, or influencers, and relate to gender
reassignment surgery. Currently, this content is outside of the control of sanatoriums. As those with devout temperament choose to believe their peers, personal communication will have the greatest influence or impact on them. Therefore, achieving sustainable results and maintaining professional ethics, service providers should maintain surgical standards and services so that the word-to-mouth communication between service users can only have a positive effect.

(2) Service providers should increase interactive, or two-way communication between physicians and service users in addition to their meeting during consultations at the sanatorium. This will also help to increase trust and familiarity with surgeon, which will contribute to the potential service users choosing to have surgery. This can be accomplished with Q&A (questions and answers) on a sanatorium’s web board or website as well as transsexual social media or via Facebook Live, a channel that is becoming more popular today.

(3) Sanatorium service personnel, agents or volunteers can apply the Six Buddhist Temperaments to more effectively serve their service users. Service providers could arrange training in this to improve their personal communication skills and better service each service user based on the temperaments they display.

2) Public Relations and Advertising

Service providers should develop an online public relations and advertising communication plan based on the three screen advertising campaigns concept that includes: smartphone, computer and television, which are three most popular devices among service users. Through such integration of these different devices, the synergy of the public relations and advertising messages will become even more effective as they also become easier to interact with.

3) Sales Promotion and Special Events

Discounts for surgery are the number one sales promotion that service users are looking for while special events or activities organized by transsexual networks appear to be the most influential. Therefore, service providers should combine these two channels and jointly organize special events with transsexual communities, which can help to strengthen the trust and familiarity service users would feel toward the sanatorium. This can further develop the word-of-mouth personal communication within
the networks as well persuade service users to speed up their decision to undergo surgery or treatment.

4) Direct Marketing Communication

In this internet age, chat applications have become the most popular form for direct marketing communication as they can maintain an individual’s privacy. Service providers can use these to maintain relations over the long term with service users who have previously used their services, particularly because of their two-way communication capability, which also makes an effective way to present post operative services or further gender reassignment surgical procedures.

6.3.1.3 Overview of Integrated Marketing Communication

Service providers must be careful of causing information overload in service users, particularly when interacting with content disseminated through the internet that service providers cannot control. Even though a service user wants to undergo gender reassignment, they may be overwhelmed and feel confused and so unable or unwilling to make their final decision. It is important that service users can feel confident in and trust the information they acquire so that this will help decision to undergo treatment or surgery.

6.3.1.4 Development to Become a World Center for Gender Reassignment Health Services

The Thai government and service providers in this industry should begin to organize meetings as well as establish a mission and vision. All sectors need to collaborate and divide tasks and responsibilities. In this case, government sanatoriums that also act as medical schools need to expand the development of plastic surgeons and related medical research to prepare to meet an increasing future demand. Private sanatoriums that offer gender reassignment surgery and health services as well as other stakeholders need to set concrete policies such as development of medical services to meet international standards and development of staff’s language skills so they can converse with foreign service users.
6.3.2 Recommendations for Service Users in the Gender Reassignment Health Service Industry in Thailand

6.3.2.1 Service users should study information concerning all phases of gender reassignment surgery and health services and apply reasons in their decision making. They should remember that all treatments and procedures have risks, and therefore, to build their trust and confidence, they should search for reliable information about surgeons and the results of their work as well as their academic credentials, awards and specialties. The expertise of surgeons is the first vital factor affecting the success and safety of surgery.

6.3.2.2 Search for information on the internet affords a massive source. The internet offers both direct and indirect information, both correct and distorted, believable and false. Some will be communication between persons without knowing who they are. Service users should therefore give priority to the reliability of the data source.

6.3.2.3 Sharing information on gender reassignment through social networks demonstrates the admirable power of transgender people. This communication requires honesty and sincerity that can benefit all. Even if there is a business aim, it is requested to act in good faith. Through this unity, the community’s bargaining power and influence can only grow.

6.3.2.4 If for some reason, a service user is unable to undergo the surgery or treatment they want, they need to remember that the body’s gender is only an illusion, not real happiness. True happiness arises in the heart. Therefore, there should be more focus on the heart than the body.

6.3.3 Recommendations for Academics

6.3.3.1 In future studies conducted on service providers of the gender reassignment health service industry, they should focus be on information management of service providers’ sanatoriums. Another focus could be the relationship between gender reassignment services and medical tourism, which can be a strong contributing factor in the development of sanatorium management (micro-economic) and Thai economic benefits (macro-economic).
6.3.3.2 Future study of service users on the gender reassignment health service industry should study the relationship between their demographic characteristics and the service buying decision process, which the objectives of this study did not fully address. It should also focus on foreign service user samplings with foreign languages applied to the data collection such as Spanish, Arabic and Russian, which this research did not cover. In addition, it is recommended that word-of-mouth communication among service users should be studied in detail during the period following a person’s surgery or treatments.

6.3.3.3 The study of professions or career opportunities following gender reassignment could also be of interest to determine its positive influence on social acceptance and reduction of social inequality as transsexuals still face bias, or discrimination, in various professions.

6.3.3.4 The adaptation of the concept of the Six Buddhist Temperaments and their effect on the marketing communication of other industries involved with products or services, particularly those of low-involvement purchase, could also be of interest, as these further studies could be compared with the results of this research.

6.3.4 Recommendations for Society

6.3.4.1 The government should have the Bureau of Sanatorium and Art of Healing together with the Thai Medical Council amend the laws and regulations governing sanatorium advertising to make them clearer. This should include more detailed instructions for those responsible for their enforcement so that they all operate according to the same standards. This should include trustworthy and reliable control measures in accordance with the Professional Medical Code of Ethics. To support the development and expansion of the industry, they should organize workshops to disseminate information to medical service providers so they understand the laws and regulations as it has been found that reading the laws and regulations themselves is not sufficient for understanding and interpreting correctly. It has also been found that banning the advertising of sanatoriums has not actually helped in solving exaggerated advertising but rather involves laws that are difficult to enforce and control.

6.3.4.2 The government should study and considering passing acts concerning Gender Certificate and Civil Partnership Bill as well as amend other related
legislation based on new international trends to ensure the human rights and equality of LGBTIQ in Thailand.

6.3.4.3 The government should show interest in and give importance to the improvement in quality of life of transsexuals and those of other sexual identity or orientation with a focus on physical and mental health. In addition, the understanding of family members is a major factor influencing the quality of life of transsexuals. Therefore, they should be provided with information concerning gender dysphoria so that they as well as the general public are better informed.

6.3.4.4 Society should become more open as well as reduce the importance of gender division criteria, especially when it comes to access to education, career opportunities and receiving medical treatments. There must be the eradication of bias and prejudice that lead to scorn, harassment and discrimination against LGBTIQ caused by them being different. No matter what gender a person is, they are human beings the same as us. We must honor and respect each other equally.
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APPENDICES
APPENDIX A

ETHICAL RESEARCH CERTIFICATES
Ethical Research Certificates

1. Certificate for Ethical Research Granted by the Ethics Committee of the Graduate School of Communication Arts and Management Innovation, National Institute of Development Administration (GSCM, NIDA) (Note: The title of this research has been changed during the research process to make it as clear as possible.)
2. Certificate for Human Subject Protection in Social Science Research Training presented by the Center of Ethical Reinforcement for Research, Mahidol University
3. Certificate for Human Subject Protection in Social Science Research Training presented by the Faculty of Journalism and Mass Communication, Thammasat University
APPENDIX B

LETTER OF INVITATION FOR COOPERATION AND CONSENT FORM OF SERVICE PROVIDERS
1. Letter of Invitation for Cooperation and Consent Form of King Chulalongkorn Memorial Hospital
Letter of Invitation for Cooperation and Consent Form of the Faculty of Medicine, Siriraj Hospital, Mahidol University

เรื่อง การสมัครเพื่อเข้าร่วมการศึกษาและวิจัย

ผู้เรียน ชื่อ (ชื่อสกุล) นามสกุล ชื่อ นามสกุล

ขอรับการสมัครเพื่อเข้าร่วมในโครงการที่มีศักยภาพในด้านการศึกษาและวิจัย

ที่อยู่ นามสกุล ชื่อ นามสกุล

อาจารย์ ชื่อ สกุล ชื่อ สกุล


กรุณาแนบเอกสารประกอบด้วย

1. รูปถ่าย
2. บัตรประจำตัวประชาชน
3. หน้าแรกและหน้าสุดท้ายของทะเบียนบัตรประจำตัวประชาชน

ถอดข้อมูลตามที่มีอยู่ในเอกสารแนบแน่นอน

ให้แนบถูกต้องตามที่มีอยู่ในเอกสารแนบ

(ลงชื่อ)

ลงชื่อผู้รับเรื่อง
3. Letter of Invitation for Cooperation and Consent Form of the Faculty of Medicine, Ramathibodi Hospital, Mahidol University
4. Letter of Invitation for Cooperation and Consent Forms of Preecha Aesthetic Institute (PAI)
การเสนอความคิดเห็นเพื่อให้เกิดข้อมูลในสาระที่สำคัญและวิวัฒนาการ

ข้าพเจ้า ภูริพงษ์ ภูมิธรรม อาศัยนั้นให้เกิดข้อมูลในสาระที่สำคัญและวิวัฒนาการ ได้รับความรู้ในเรื่องการเรียนรู้จากชีวิตประจำวัน หรือเรียนรู้จากงานวิจัย

ข้าพเจ้าจึงขอแนะนำให้เกิดข้อมูลในสาระที่สำคัญและวิวัฒนาการ

(ลงชื่อ)

หมายเหตุ:

1. ต้องมีข้อมูลในสาระที่สำคัญ
2. ต้องมีข้อมูลในสาระที่สำคัญ

ลงชื่อ ณ วันที่ 25 ต.ค. 2559

ลงชื่อ ณ วันที่ 25 ต.ค. 2559
เรื่อง การฝึกอบรม  เพื่อปรับระดับในการศึกษาและพัฒนาการปฏิบัติงาน

ขอต่อ  สำนักงาน กรมสุขภาพจิต ศูนย์เครือข่ายจิตเวช ยุคใหม่  ได้รับความอนุญาตให้เนื่อง
เรื่องวิทยาการเรื่อง การจัดการเรื่องการศึกษาสุขภาพจิตมีการจัดทำแบบแผนเรื่อง  "การปรับปรุงการบริการ
cัดunan (Communication Management and Customer Classification for the Gender
Reassignment Health Service Industry through The Six Temperaments)" โดย ผู้เชี่ยวชาญนักวิชาชีพ ร่วมกับ
ผู้ทรงคุณวุฒิในภาคบริการสุขภาพจิต ที่มีความเป็นผู้เชี่ยวชาญและมีประสบการณ์ทางด้านการจัดการ
การบริการด้านสุขภาพจิต จึงขอแจ้งให้ท่านทราบว่าจะได้รับการปฏิบัติตามแนวทางที่กำหนดไว้ใน
ประเด็นการจัดทำแนวปฏิบัติที่เน้นเรื่องการจัดการศึกษาและการปรับปรุงการบริการด้านการจิตเวช
ที่อาจเกิดขึ้นได้

ดังนี้ ขอให้ผู้ดูแลสถานการณ์จัดการศึกษาด้านการจิตเวช

ขอให้รับใช้ที่เนื่องในกรณีดังกล่าว

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ขอให้รับใช้ที่เนื่องในกรณีดังกล่า
5. Letter of Invitation for Cooperation and Consent Forms of Bangkok Cosmetic Surgery Clinic (BSC)
ขอแสดงความนับถือ

gs. สินพลิก สมบุรุษ

(ผู้อำนวยการกิจการ)

25 ตุลาคม พ.ศ.2560
Letter of Invitation for Cooperation and Consent Form of Siam Laser Clinic (SLC)

[Content of the letter and form in Thai]

6. Letter of Invitation for Cooperation and Consent Form of Siam Laser Clinic (SLC)
7. Letter of Invitation for Cooperation and Consent Forms of Tangerine Community Health Center
เรื่อง การล้มละลาย เหตุกับข้อผิดพลาดในบริษัทจัดส่งสินค้า

นางสาวนงนุช บุญธรรม ปลัดจัดส่งสินค้า ได้รับรายงานจากผู้มีหน้าที่ต้องจัดส่งสินค้าว่า บริษัทฯ ได้รับการจัดการอบรมการจัดส่งสินค้า (Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments) ของนางสาวนงนุช บุญธรรม หลังจากได้รับการอบรมตามวิธีการดังกล่าวที่เหมาะสมและมีประสิทธิภาพในการจัดส่งสินค้า ซึ่งจะทำให้การจัดส่งสินค้าเกิดประสิทธิภาพ และสามารถทำให้บริษัทฯ มีผล益ที่ดีขึ้นจากการบริการจัดส่งสินค้า ซึ่งจะทำให้บริษัทฯมีความมั่นใจในการจัดส่งสินค้าที่มีประสิทธิภาพ

ดังนั้น จัดเก็บข้อผิดพลาดในการจัดส่งสินค้าที่เกิดขึ้น จึงส่งผลให้ผู้มีหน้าที่ต้องจัดส่งสินค้า มีการดำเนินการปรับปรุงกระบวนการจัดส่งสินค้าให้มีประสิทธิภาพขึ้น การจัดเก็บข้อผิดพลาดในการจัดส่งสินค้าที่เกิดขึ้น จึงส่งผลให้บริษัทฯ มีความมั่นใจในการจัดส่งสินค้าที่มีประสิทธิภาพ

นางสาวนงนุช บุญธรรม ปลัดจัดส่งสินค้า
8. Letter of Invitation for Cooperation for Kamol Hospital

9. Letter of Invitation for Cooperation for BPK9 International Hospital
10. Letter of Invitation for Cooperation for Yanhee Hospital

11. Letter of Invitation for Cooperation for Siamese Clinic
APPENDIX C

EXAMPLES OF CONTENT/MESSAGE OF INTEGRATED MARKETING COMMUNICATION OF SANATORIUMS IN THE GENDER REASSIGNMENT HEALTH SERVICE INDUSTRY IN THAILAND
1. Example of medical information and facts

1.1 Example of information about gender dysphoria

1) Example content from King Chulalongkorn Memorial Hospital

Source: https://www.thairath.co.th/content/701245

"หมอตัดเต้า" เปิดเผย "ทอม" ตัดเต้าเพิ่ม 30 เท่า ฟิตกล้ามเนื้อ 30 เท่า เรื่องราว "ทอม" แห่ตัดเต้าเปิดเผย เมื่อวันที่ 24 ส.ค. นพ.อภิชัย อังสพัทธ์ หัวหน้าหน่วยศัลยกรรมตกแต่งและเสริมสร้าง และหัวหน้าภาควิชาศัลยศาสตร์ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กล่าวว่า เรื่องของการตัดเต้าเป็นปัจจุบันถือว่าได้รับความรับรู้มากขึ้น ทำให้มีกลุ่มคนข้ามเพศมีการทำการศัลยกรรมแปลงเพศมากขึ้น โดยในประเทศไทยพบว่า มีการทำการศัลยกรรมเท่าที่เป็นปีละไม่ต่ำกว่า 1,000 คน จากเดิมจะพบการทำการศัลยกรรมประมาณ 600 คนเท่านั้น ในการทำการศัลยกรรมในไทยนั้น พบว่า มีทั้งคนไทยและคนต่างชาติที่มาทำการศัลยกรรมแต่ส่วนมากจะเป็นชาวต่างชาติที่เข้ามาทำการแปลงเพศในไทย

นพ.อภิชัยกล่าวอีกว่า ส่วนใหญ่จะมาทำการแปลงเพศจากชายให้กลายเป็นเพศหญิง ก่อนจะมีการทำการศัลยกรรม เรื่องของการทำการแปลงเพศจากชายให้กลายเป็นเพศหญิงนั้น ได้ทดลองใช้ขั้นตอนรูปแบบของแพทย์ที่ต้องการอย่างน้อย 1 ปี ร่วมกันว่ามีการทำการอนามัย พบว่าการใช้ชีวิตเป็นเพศหญิง ไม่ต่ำกว่า 1 ปี เช่น ผู้ชายที่ต้องการเป็นหญิงพร้อมกับผู้ต้องการเป็นข้ามเพศ รับประทานฮอร์โมนที่ต้องการ ทำการศัลยกรรมการผ่าตัดที่เหมาะสม ใช้ชีวิตเป็นผู้หญิง ทำการจัดการจิตใจให้ดี และทำการจัดการจิตใจให้ดีในการทำการผ่าตัดแปลงเพศของแพทย์ จึงจะทำการผ่าตัดแปลงเพศได้

"ส่วนผู้ที่ต้องการทำการผ่าตัดแปลงเพศ จากหญิงให้เป็นชายมีจำนวนไม่มาก เพราะผู้หญิงที่ต้องการทำการผ่าตัดแปลงเพศต้องเป็นผู้หญิงที่มีความประสงค์ให้สามารถมีชีวิตเป็นชายได้ เพื่อการผ่าตัดให้มีประสิทธิภาพในเพศหญิง จะมีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพในการใช้เพื่อให้มีประสิทธิภาพ
อุปกรณ์เสริม แต่คนที่ผ่าตัดแปลงเพศก็มีความพอใจเพราะได้ใช้ในการยืนปัสสาวะ และส่วนใหญ่กลุ่มหญิงที่อยากเป็นชาย จะนิยมผ่าตัดเอาหน้าอกออกมากกว่าต่ออวัยวะเพศ” นพ.อภิชัยกล่าว

ด้าน พญ.พูนพิศมัย สุวะโจ อาจารย์ประจ าหน่วยศัลยกรรมตกแต่งและเสริมสร้าง คณะแพทยศาสตร์จุฬาฯ ในฐานะโฆษกสมาคมศัลยกรรมตกแต่งและเสริมสร้าง กล่าวว่า กรณีผู้หญิงผ่าตัดแปลงเพศเป็นผู้ชาย พบว่า มีการทําศัลยกรรมตัดเต้านมออกเพิ่มขึ้นจากเดิมถึง 30 เท่า ส่วนมากเป็นวัยทำงาน แต่ยังมีปัญหาเรื่องเวลาที่ใช้ในการตัดหน้าอก ที่ต้องมีการวางแผนเพื่อมากินการดินด้ามออก รวมถึงอาจมีปัญหาเรื่องเงิน เพราะในวัยทำงานเป็นเวลานี้ที่กำลังเก็บเงินสร้างเงินสร้างตัว ทั้งนี้ ราคาในการตัดเต้านมออกนั้นในส่วนของโรงพยาบาลของรัฐจะอยู่ที่ประมาณ 40,000-60,000 บาท ขึ้นอยู่กับขนาดของเต้า โดยเต้าใหญ่จะตัดแพงกว่าเต้าเล็ก

พญ.พูนพิศมัยกล่าวต่อว่า อย่างไรก็ตามพื้นฐานของแพทย์ที่อยากเป็นชาย จะดูแลรักษาต่างอย่างต่างกัน ส่วนใหญ่ผ่าตัดกับการเพิ่มเติมอื่นๆ ความเข้าใจของการทําให้มีความคล้ายกับผู้ชายมากกว่าการผ่าตัดเพื่อเปลี่ยนแปลงอวัยวะเพศ เนื่องจากหลักการมีเพศสัมพันธ์กับผู้ชายมีความคล้ายคลึงกัน ในทางตรงกันข้าม การตัดเต้านมที่จะต้องตัดเพื่อลดความสุขของหัวนม หรือไม่มีความสุขกับหัวนม ผู้หญิงที่มีการแปลงเพศผู้หญิงเป็นชายในช่วงแรกจะต้องตัดเต้านมทุก 2 สัปดาห์ จากนั้นค่อยลดลงเหลือตัดมั้ยที่ตัดเต้านมแล้วอยู่ที่การวินิจฉัยของแพทย์เป็นหลัก

2) Example content from the Faculty of Medicine, Siriraj Hospital, Mahidol University

เมื่อไม่ตรงกับเพศจะต่างอย่างไร
ศ.นพ.อภิรักษ์ ช่วงสุวนิช
ภาควิชาศัลยศาสตร์
Faculty of Medicine Siriraj Hospital
คณะแพทยศาสตร์ศิริราชพยาบาล
ปัญหาเรื่องจิตใจ ที่มีความคิดเห็นการเป็นเพศตรงกันข้ามกับเพศที่เกิดมา มีประวัติมายาวนานกว่า 2,000 ปี ย้อนไปได้ในสมัยโรมัน ทางชื่อ Sperus ได้เปลี่ยนอย่างรวดเร็วจากชายเป็นหญิง และได้เป็นกราธาของ Nero ซึ่งเป็นจักรพรรดิแห่งสุดท้ายของโรม

หากต้องการแปลแปลงเพศปุ๊บปั๊บ วันที่ 27 กันยายน 2513 ในนักกฎหมายที่มีชื่อเสียงดีเด่น ปี 1963 John Hopkin University ได้สังเกตการผ่าตัดสุดท้ายผู้หญิงที่เป็นผู้ชาย 2 ครั้ง ซึ่งเริ่มต้นผ่านการผ่าตัดเป็นการผ่าตัดที่จะส่งผลต่อชีวิต ซึ่งเป็นเรื่องที่พิสมัยที่เกี่ยวกับความผิดปกติของลักษณะเพศ (Gender Identity Disorder) เขาได้กำหนดกลไกที่สำคัญของความผิดปกตินี้ 4 อย่าง คือ
มีความต้องการที่จะเปลี่ยนเพศกันเข้าไปตลอดชีวิต
มีลักษณะของโรคที่ตรงกันข้ามกับเพศทางพันธุกรรมและแต่งตัวเป็นเพศกันข้ามโดยไม่มีอารมณ์ทางเพศ
มีความรู้สึกเกลียดชังวัยเพศของตนเองและไม่มีความสุขจากภายนอก
ไม่มีความรู้สึกชอบเพศเดียวกัน

การรักษา
การรักษาผู้ที่ไม่ต้องการเพศของตนเองเป็นการรักษาที่ซับซ้อน ซึ่งต้องดูแลด้านด้านจิตใจ สังคม การเปลี่ยนแปลงของออรินอน และรูปลักษณ์ที่แสดงเพศ โดยอาจมีผู้ซึ่งก่อรุกฎหมายยา และผู้เชี่ยวชาญผ่านการขับเคลื่อนโดยมีการรักษาตามขั้นตอนดังต่อไปนี้

ให้ผู้ป่วยอธิบายวิธีการเปลี่ยนเพศกันข้าม เพื่อให้บันทึกและแยกจากความผิดปกติอื่นที่ใกล้เคียงกัน เช่น ความต้องการเป็นเพศกันข้ามจากโรคจิต (Schizophrenia)

การรักษาด้วยออรินอน อาจเริ่มต้นก่อนการเปลี่ยนเพศกันข้าม ในการรักษาด้วยยาอาจมีการเริ่มต้นก่อนที่ลักษณะทางเพศจะแสดง การใช้ยาออรินอนก็อาจมีผลแทรกซ้อนขึ้นได้ เช่น มีน้ำหนักตัวเพิ่มขึ้น ขึ้น ดับ อักเสบ เป็นต้น

การผ่าตัดเปลี่ยนแปลงเพศมี 2 แบบ คือ จากชายเป็นหญิงและจากหญิงเป็นชาย ซึ่งการผ่าตัดแปลงเพศชายเป็นหญิงทำกันมากกว่าการผ่าตัดแปลงเพศหญิงเป็นชาย

การผ่าตัดเปลี่ยนเพศ แบ่งเป็น

1. การผ่าตัดด้านภายนอก คือการผ่าตัดด้านภายนอก เช่นเว้าผนังกั้น หรือให้ยาสีขาว หรือน้ำเชื่ือ
2. การผ่าตัดด้านภายใน เช่นการทำลูกอวัยวะสืบพันธุ์ (Testicles) ให้กลับไปในหลอด

การผ่าตัดแปลงเพศอาจมีผลแทรกซ้อนที่พบบ่อยสุดคือการตีบแคบของช่องคลอด การป้องกันการตีบแคบของช่องคลอด กล้ามเนื้อหลอดท่อปัสสาวะหรือลำไส้ใหญ่จะต้องมีการขยายช่องคลอดของผู้ป่วยด้วยศัลยกรรม}

สำหรับผลการผ่าตัดจะหายภายใน 7-14 วัน และอาจมีผลด้านลบจากโรคพยาบาลประมาณ 7 วัน
ผลการผ่าตัดที่พบบ่อยสุดคือ การตีบแคบของช่องคลอด การป้องกันดังกล่าวมีการขยายช่องคลอดโดยตัวผู้ป่วยเองเป็นเวลา 3-6 เดือน ผลการผ่าตัดอื่นอาจมีผลขึ้น เลือดดัง การเกิดภาวะต่อมขึ้นราวขั้นตอนการผ่าตัดซึ่งแสดงได้ในภาพของผู้ป่วยในภาพ
การผ่าตัดแปลงเพศหญิงเป็นชาย

มีขั้นตอนอยู่มากมายกว่า แปลงเองได้เป็น
ตัดเต้านม
ตัดวิทยาลัยพื้นที่ภายใน
ตัดวิทยาลัยพื้นที่ภายนอก

ส่วนใหญ่ผู้หญิงที่ต้องการมีลักษณะเป็นเพศชายอาจจะทำแค่ตัดเต้านมหรือตัดแผลที่ภายใน คือ ริ้วใช และมุมต่ำออกที่พื้นที่แล้ว แต่ตัดแผลของวิทยาลัยพื้นที่ภายนอก ขั้นตอนการผ่าตัดคือ เลิกเอาอวัยวะสืบพันธุ์ภายในออก หลังจากนั้นจะตัดแผลผ่านที่เยื่อบุของอวัยวะสืบพันธุ์ภายนอก ที่มีคุณสมบัติให้มีรูปแบบที่เหมาะสมก่อน แล้วทำการผ่าตัดที่เยื่อบุของอวัยวะสืบพันธุ์ภายนอก เช่น ทำการผ่าตัดที่เยื่อบุที่เก็บรักษา ดำเนินการที่มีความต้องการเพื่อให้การไม่จุติผลที่เกิดขึ้นจากการผ่าตัด

การผ่าตัดจะใช้เวลาไม่นานกว่า 2 อย่างนี้อาจรวมกันหรือแยกแยะเท่าใดก็ตาม การใช้เวลาที่กว้างขึ้น แต่ขั้นตอนการผ่าตัดจะใช้เวลาไม่ถึง 2 หรือ 3 อย่าง ขึ้นอยู่กับการผ่าตัดที่มีความต้องการ แต่ขั้นตอนนี้มีผลดีในการทำให้ผู้ที่มีความต้องการอย่างแท้จริง ซึ่งจะทำให้พวกเขาสามารถใช้ชีวิตในสังคมได้ด้วยความมั่นใจมากขึ้น.

2/11/2553 11:36:57

Source: http://www.si.mahidol.ac.th/sidoctor/e-pl/articledetail.asp?id=912

ปัญหาเอกลักษณ์ทางเพศ...แก้ได้หรือไม่

ผศ.นพ.พนม เกตุมาน

ปัญหาเอกลักษณ์ทางเพศที่ผิดปกติหรือกลุ่มเพศที่ 3 นั้น มีลักษณะทางพฤติกรรมทางเพศที่ต่างจากเพศที่ดูเหมือนกัน เอกลักษณ์ทางเพศที่ผิดปกติ หรือกลุ่มเพศที่ 3 นั้น มีลักษณะทางพฤติกรรมทางเพศที่ต่างจากเพศของตัวเอง อาจเกิดจากภาวะร้ายแรง หรือปัญจภัยทางร่างกาย หรือสัตว์แสบ

ปัจจัยที่ทำให้เกิด การเกิดจากภาวะร้ายแรง หรือปัญจภัยทางร่างกาย หรือสัตว์แสบ

ปัญหาเอกลักษณ์ทางเพศที่ผิดปกติ หรือกลุ่มเพศที่ 3 นั้น มีลักษณะทางพฤติกรรมทางเพศที่ต่างจากเพศของตัวเอง อาจเกิดจากภาวะร้ายแรง หรือปัญจภัยทางร่างกาย หรือสัตว์แสบ
พ่อใกล้ชิดแม่ หรือส่งเสริมให้มีกิจกรรมหรือพฤติกรรมเพศหญิงมากเกินไป อาจทำให้เด็กผู้ชายมีพฤติกรรมผิดเพศได้ ถ้าไม่ได้รับการแก้ไข เมื่อเข้าสู่วัยรุ่น การแสดงออกจะมากขึ้นทั้งกิริยาท่าทาง คำพูด การแสดงออกและกิจกรรมต่าง ๆ บางคนอาจรู้สึกว่าตัวเองไม่เหมาะสมกับเพศของตน จนถึงวัยรุ่น ส่วนในกรณีที่มีสาเหตุจากโรคทางกาย การรักษาโรคดังกล่าวนั้นทำได้ยากวิธีที่ดีที่สุดส่งเสริมการแก้ไขเอกลักษณ์ทางเพศคือการป้องกัน

โดยบุคคลในครอบครัวควรมีส่วนช่วยด้วยคือ ต้องเลี้ยงเด็กให้เหมาะสมกับเพศของเขานั้น โดยเฉพาะในช่วงวัย 3 - 6 ปี พ่อควรใกล้ชิดเด็กผู้ชายแม่ใกล้ชิดเด็กผู้หญิง รวมทั้งส่งเสริมกิจกรรมตามเพศ และเมื่อเด็กอายุ 6 - 12 ปี ควรให้ใกล้ชิดเด็กเพศเดียวกันเอง และไม่ส่งเสริมให้แสดงออกผิดเพี้ยนใด ๆ จนถึงวัยรุ่น ส่วนในกรณีที่มีสาเหตุจากโรคทางกาย การรักษาโรคดังกล่าวจะทำให้เอกลักษณ์ทางเพศกลับมาเป็นปกติ

นอกจากนี้ สิ่งที่ไม่ควรทำคือการให้เด็กรู้สึกว่าตัวเองไม่เหมาะสมกับเพศของตน นอกจากนี้ การรักษาโรคแปลงเพศตั้งแต่เล็ก ๆ ยังเป็นการป้องกันอีกวิธีหนึ่ง

นอกเหนือจากนั้น สิ่งที่ไม่ควรทำคือการให้เด็กรู้สึกว่าตัวเองไม่เหมาะสมกับเพศของตน นอกจากนี้ การรักษาโรคแปลงเพศตั้งแต่เล็ก ๆ ยังเป็นการป้องกันอีกวิธีหนึ่ง

นักวิชาการและนักวิทยาศาสตร์ด้านสุขภาพจิต ผู้ที่มีบทบาทในการแก้ไขปัญหาทางเพศที่ไม่เหมาะสมกับเพศของเด็ก มีการให้คำแนะนำให้แก่เด็กผู้ชายและผู้หญิงที่มีอาการแสดงออกผิดเพี้ยนหรือพยายามแปลงเพศ

มีการให้คำแนะนำให้แก่เด็กผู้ชายและผู้หญิงที่มีอาการแสดงออกผิดเพี้ยนหรือพยายามแปลงเพศ

3) Example content from the Faculty of Medicine Ramathibodi Hospital, Mahidol University

เปลี่ยนเพศให้ปลอดภัย (การผ่าตัดแปลงเพศ)

การบรรยายเรื่อง"เปลี่ยนเพศให้ปลอดภัย" (การผ่าตัดแปลงเพศ) โดย พญ. งามเฉิด สิตปาน ศัลยแพทย์โรงพยาบาลรามาฯ จากงานประชุมวิชาการหัวข้อ "เพศหลากหลายในวัยรุ่น" วันจันทร์ที่ 13 กรกฎาคม 2558 โดยมีเนื้อหาเกี่ยวกับประวัติความเป็นมาของการแปลงเพศ และไม่ใช่เฉพาะการผ่าตัดแปลงเพศเท่านั้น รวมถึงการดูแลการดูแลตัวเองทางเพศทั้งหมด เช่น ผิว หนัง หู ตา อวัยวะเพศ อวัยวะที่คู่ของอวัยวะเพศดังกล่าว ตลอดจนที่มาจากที่สุดท้ายทางร่างกายและจิตใจที่เกี่ยวกับแปลงเพศ"
1.2 Example of information about Gender reassignment surgery

1.2.1 Gender reassignment surgery for transwomen

1.2.1.1 Vaginoplasty

1) Example content from Kamol Hospital Cosmetic and Plastic Surgery

Source: https://www.kamolhospital.com/ชายเป็นหญิง/แปลงเพศชายเป็นหญิง


**General surgical information**

Sex Reassignment Surgery is the final step in the process of assisting people who have experienced conflicts between their sexual perceptions and their physical characteristics since birth, which in medical terminology is Gender Dysphoria. The sex reassignment surgery will...
transform the sexual organ to conform to the desired inner state of mind in order for the person to lead a happier life with the new chosen gender.

Therefore, in order to undergo Sex Reassignment Surgery which is considered the most important surgery of all, paving the way to a new way of life, it is necessary to prepare oneself by seeking pertinent information about the surgery before making a decision. This is especially important when selecting the right surgeon equipped with appropriate experience and expertise in Sex Reassignment Surgery who can then create a female sexual organ which looks beautiful and natural, with a deep vagina, proportionate to the physical condition, capable of better perceiving sexual sensations. This will help the patient who has undergone surgery connect his physical and mental state of mind, and be capable of leading a normal happy life.

**Preparation before surgery**

**การศึกษาคุณสมบัติของผู้ที่เหมาะสมที่จะเปลี่ยนแปลงเพศจากชายเป็นหญิง มีดังนี้**

ผู้ผ่าตัดต้องมีอายุครบ 20 ปีบริบูรณ์ หรือถ้าอายุไม่ถึง 20 ปี ต้องได้รับอนุญาตจากบิดา มารดา หรือผู้ปกครองที่ถูกต้องตามกฎหมายอนุญาตให้ผ่าตัดได้

ต้องได้รับฮอร์โมนเพศหญิงติดต่อกันไม่น้อยกว่า 1 ปี

มีความรู้สึกเป็นผู้หญิงนานแล้ว หรือตั้งแต่แรกเริ่มความได้

เคยใช้ชีวิตแบบผู้หญิงไม่น้อยกว่า 1 ปี

มีความรู้สึกโกรธวัยเพศของตนเอง คิดว่าเป็นส่วนเกิน

ได้ผ่านการประเมินสภาพจิตใจและได้รับใบอนุญาตจากจิตแพทย์ ว่าอยู่ในภาวะปกติและเหมาะสมที่ทำการผ่าตัดแปลงเพศได้

ต้องมีสุขภาพร่างกายที่แข็งแรงสมบูรณ์

**Characteristics of those who qualify for Sex Reassignment Surgery from male to female are as follows:**

The patient must be at least 20 years of age. For those below the age of 20, it is required that the legal parents or guardian authorize their permission to the surgery.

The patient must have continuously taken female hormone for at least one year.

The patient must have had feminine feelings for a long time or since initial/first recollections.

The patient must have led a woman’s life for at least 1 year.

The patient must feel disgusted with his sexual organ as if it were an excess part of his body.

The patient has undergone a mental test, and been certified by a psychiatrist as in normal mental state, and suited for the Sex Reassignment Surgery.

The patient must be in physically fit condition.
Surgical procedures
ศัลยแพทย์ตกแต่งที่ทำาการผ่าตัดแปลงเพศจากชายเป็นหญิง จะนำผิวหนัง เนื้อเยื่อ และเส้นประสาทที่รับความรู้สึกทางเพศของผู้เข้ารับการผ่าตัดมาตกแต่งให้เป็นอวัยวะเพศหญิงที่สมบูรณ์แบบ โดย
1. ทำาให้มือวิทยาลัยให้เหมือนผู้หญิงให้มากที่สุด
2. ทำาให้ผู้ที่เข้ารับการผ่าตัดได้รับช่องคลอดที่มีสีที่สุด เพาะที่ผิวหนังของผู้หญิงจะทำาได้
3. เก็บรักษาเส้นประสาทความรู้สึกทางเพศมาเก็บไว้ที่ปุ่มรับความรู้สึกทางเพศของผู้หญิง (clitoris) ให้ความรู้สึกทางเพศเหมือนปกติ
4. ต้องการทำาการผ่าตัดและตกแต่ง ช่องแผลเป็นให้เห็นน้อยที่สุด
เทคนิคการผ่าตัดแปลงเพศ
1. เป็นการผ่าตัดโดยใช้ยาสลบโดยวิสัญญีแพทย์
2. ทำการสร้างช่องคลอดใหม่โดยเจาะบริเวณกล้ามเนื้อที่อยู่ระหว่างทวารหนักกับท่อปัสสาวะ โดยมีลึกประมาณ 6-7 นิ้ว
3. นำผิวหนังจากบริเวณองคชาตเดิมหรือจากถุงอัณฑะไปสร้างเป็นผนังช่องคลอดที่มีได้ช่องคลอดใหม่เกิดขึ้นเหมือนผู้หญิง
4. เก็บเส้นประสาทความรู้สึกทางเพศ เพื่อเตรียมทำาปุ่มรับความรู้สึกทางเพศ (Clitoris) แล้วตัดแกน
5. ตัดทิ้งสิ่งเสียหายที่มีอยู่แล้วแล้วเก็บไว้สำหรับสร้างช่องคลอดใหม่โดยมีเพียงเฉพาะปุ่มรับความรู้สึกทางเพศของผู้หญิง
6. ตัดทิ้งสิ่งเสียหายที่มีอยู่แล้วแล้วเก็บไว้สำหรับสร้างช่องคลอดใหม่โดยมีเพียงเฉพาะปุ่มรับความรู้สึกทางเพศของผู้หญิง

การผ่าตัดแปลงเพศชายเป็นหญิง สามารถแบ่งตามเทคนิคการสร้างช่องคลอดใหม่ได้ 3 วิธีดังนี้
1. เทคนิคการสร้างช่องคลอดโดยใช้ผิวหนังจากองคชาต: SRS I เป็นการนำเอาผิวหนังขององคชาต สด กลับเข้าไปตกแต่งทำาเป็นช่องคลอด ซึ่งเป็นวิธีที่ทำาได้ง่ายที่สุด แต่การผ่าตัดไม่นิยมกัน เพราะจะทำาเป็นที่นิยมคุณภาพที่ไม่ดี และเส้นประสาทจะทำาเป็นช่องคลอด
2. เทคนิคการสร้างช่องคลอดโดยใช้ผิวหนังจากองคชาต และจากสิ่งเสียหายจากอัณฑะหรือจากที่อื่น ๆ ทำาเป็นช่องคลอด SRS 2 เทคนิคนี้ก็จัดการนำเอาผิวหนังจากองคชาตแล้วต่อตัวผิวหนังจากอัณฑะมาแล้วเก็บไว้หลังจากการผ่าตัดผิวหนังจากอัณฑะเพื่อทำาเป็นสิ่งเสียขายที่ช่องคลอด เพื่อให้ความรู้สึกทางเพศเหมือนปกติ

ข้อดี คือ เป็นวิธีที่ทำาได้ง่ายและไม่ซับซ้อน สำหรับแพทย์ผู้ที่มีความชำนาญและมีประสบการณ์ จะใช้เวลาในการผ่าตัดแปลงเพศ โดยใช้เทคนิคนี้ ประมาณ 4 ชั่วโมง รอบฟักถ้าหากมีความต้องการ อาจผ่า뀔งๆ 1 นิ้ว เมื่อผ่าตัดแล้วจะใช้เวลา 1-2 ชั่วโมง ระยะผ่าตัดผิวหนังช่องคลอดมักจะอยู่ระหว่าง 3-4 ชั่วโมง
ผ่าตัด ศัลยแพทย์ตกแต่งอาจจะพิจารณา นำผิวหนังจากที่อื่น เช่น ต้นขา ขาหนีบ หน้าท้อง มาเพิ่มเป็นผนังของช่องคลอดให้ความลึกเพิ่มอีกได้

ข้อดี คือ สามารถช่วยให้คนที่มีองคชาตสั้น มีโอกาสได้ช่องคลอดลึกมากกว่า 6 นิ้ว

ข้อเสีย คือ การผ่าตัดจะอยู่ยากขึ้น และใช้เวลาผ่าตัดมากขึ้น เทคนิคนี้แพทย์ผู้มีประสบการณ์และความชำนาญในการผ่าตัดแปลงเพศ ใช้เวลาประมาณ 6 ชั่วโมง นอนพักผ่อนตัวที่โรงพยาบาล 6 คืน

3. เทคนิคการสร้างช่องคลอดโดยใช้สิ่งที่ใกล้เคียงในการดำรงชีพอยู่ที่สุด เช่น ปาก หุ่นยนต์ หรือเป็นการผ่าตัดเพื่อช่วยเหลือผู้ที่เคยผ่าตัดแปลงเพศแล้ว ช่องคลอดตับดับ ไม่สามารถร่วมเพศได้ โดยนำสิ่งที่ใกล้เคียงลงมา ประมาณ 7-8 นิ้ว มาสร้างเป็นช่องคลอด มีการผ่าตัดแบบที่ใกล้เคียงเป็นส่วนใหญ่ มีเทคนิคในการนำสิ่งที่ใกล้เคียงผ่าตัดช่องคลอด อยู่ 2 เทคนิคแบบเปิดและหน้าท้อง (Open Technique) จะมีรอยแผลตามท้องของผู้ที่ต้องการซ่อน ต่างๆ ต่างกัน ประมาณ 7 เซนติเมตร ทำให้สิ่งที่นำมาเป็นผนังช่องคลอด ยาวประมาณ 7-8 นิ้ว โดยจะมีการผ่าตัดรอยแผลตามท้องของผู้ที่ต้องการซ่อน แต่ไม่เหมือนกับผู้ที่เคยผ่าตัดแปลงเพศ

3. เทคนิคการสร้างช่องคลอดโดยใช้สิ่งที่ใกล้เคียงเป็นส่วนใหญ่ มีเทคนิคในการนำสิ่งที่ใกล้เคียงผ่าตัดช่องคลอด กลางท้องของผู้ที่ต้องการซ่อน ต่างๆ ต่างกัน ประมาณ 7 เซนติเมตร ทำให้สิ่งที่นำมาเป็นผนังช่องคลอด ยาวประมาณ 7-8 นิ้ว โดยจะมีการผ่าตัดรอยแผลตามท้องของผู้ที่ต้องการซ่อน แต่ไม่เหมือนกับผู้ที่เคยผ่าตัดแปลงเพศ

ข้อเสีย
1. อาจเกิดแผลเป็นยาวประมาณ 7 เซนติเมตร เหนือหัวเหน่าด้านซ้าย
2. การผ่าตัดมีความยากขึ้นช่องคลอดตัดมีการเตรียมการผ่าตัดค่อนข้างยาว ทำให้ผู้ที่ต้องการซ่อน ต่างๆ ต่างกัน ประมาณ 7 เซนติเมตร ทำให้สิ่งที่นำมาเป็นผนังช่องคลอด ยาวประมาณ 7-8 นิ้ว โดยจะมีการผ่าตัดรอยแผลตามท้องของผู้ที่ต้องการซ่อน แต่ไม่เหมือนกับผู้ที่เคยผ่าตัดแปลงเพศ

The plastic surgery undertaken to reassign the patient’s sex from male to female involves the use of skin, tissues and sexual sensory nerves of the patient to transform the male sexual organ into a female sexual organ that is perfect in the following ways:

- Transform the sexual organ to that which is most similar to the female sexual organ.
- The surgery will enable the patient to have as deep a vagina as his skin would permit.
- All sexual sensory nerves would remain intact in the female clitoris so as to have normal sexual sensations in this area.
- Plastic surgery must be undertaken to hide the wound so that there is the least chance of it being visible.

Dr.Kamol’s Sex Reassignment Surgery Techniques:
1. General anesthesia is applied to the patient by an anesthesiologist.
2. A new vagina is formed between the anus and the urinary tract, approximately 5-7 inches deep.
3. The skin covering the penis is used to construct the inner labia, and a vaginal wall is consequently covered with skin graft from scrotum.
4. The core of the penis is removed, and the sexual sensory nerves are kept for use in creating the clitoris.
5. The testicles are removed to decrease of male hormones.
6. The male urinary tract is shortened and shaped so that urine can flow out in the same manner as other women. If the surgery has not been properly undertaken, urine may shoot up when urinating in sitting position.
7. The exterior parts such as the Major Labia, Minor Labia, urinary tract, and clitoris are reconstructed to look beautiful and perfect as a female sexual organ which can still experience sexual sensations as before.

Sex Reassignment Surgery methods available in Kamol Cosmetic Hospital accordance with the construction procedures of the new vagina and clitoris as follows:

1. SRS with optional procedures:
   In case of deficient penile and scrotal skin or secondary SRS that limitation of skin in the genital area, optional procedures may need.
   a. Penile Skin Inversion:
      This surgery involves inverting the skin of the penis to create and beautify the vagina. This is a widely popular method.
      The advantage is that this method is relatively simple, not complicated. For experienced and specialized surgeons, this technique of sex reassignment surgery lasts about 4 hours.
      The disadvantage is that it is not suitable for men with penises shorter than 4 inches because this will result in a vagina that is not deep enough.
      In general, the vagina depth is equivalent to the length of the skin covering the penis minus one inch (this includes skin required to construct the Minor Labia). Moreover, some patients may need secondary labiaplasty. Because most parts of penile skin is inverted into the vagina for the whole depth, there is insufficient skin to construct the inner labia and clitoral hood.
      In this way, patients may need secondary labiaplasty and clitoral hood reconstruction.
   b. SRS without skin graft:
      The technique involved using penile skin and scrotum to construct the external genitalia such as inner and outer labia, neoclitoris and clitoral hood, and female urethra. Because penile skin is used to construct the innerlabia and clitoral hood, the vaginal depth is very insufficient unless skin graft is covered intra vagina. This procedure is suitable for who those do not need transvagina sexual intercourse and unwanted vaginal dilation for life.
2. SRS with scrotal skin graft:

This technique involves using the skin covering the penis to construct the inner labia, parts of glans penis to construct the neoclitoris and scrotal skin graft to cover the vaginal wall. This results in a sufficiently deep and functional vagina as required by the patient.

If after the scrotal skin graft, the vagina depth is still not satisfactory to the patient and then the plastic surgeon will consider using skin graft from other areas such as the groin or lower abdomen to further increase the depth of the vagina.

- The advantage is that this technique provides a one stage operation with full function and aesthetic. Most patients do not need more additional touch up procedure.
- The procedure enables them to possess the desired deep vagina as well.
- The disadvantage is that the surgery is difficult and complex, and is not suitable for those who have deficient skin.

For this technique, experienced and specialized plastic surgeons in sex reassignment surgery will take about 4-6 hours to complete.

- The advantage is that this technique takes less operation time and less complications.

3. The Sigmoid Colon Vaginoplasty:

This technique is used in the case where patients have short penises, or to assist patients whose vaginas have become obstructed. This can also be used in patients who have never undergone sex reassignment surgery. The vagina which is part of the colon will have good lubricant and optimal depth.

At Kamol Cosmetic Hospital, there are 2 options for Sigmoid colon SRS:

a. Open technique

The sigmoid colon is cut as a pedicle flap with intact neuro-vascular bundle via the low transverse abdominal incision as the bikini line. The average length of sigmoid colon segment is approximately 7 inches. The rest of colon is re-anastomosis (connection) to make normal passage of the large intestine, separate way from the sigmoid-neovagina. The operation time is approximately 7 hours.

b. Laparoscopic technique

The sigmoid colon is harvested through the small 4-incision by laparoscopic technique as the pedicle flap with the neurovascular bundle. The colon is re-anastomosis with the stapler tools. The sigmoid colon segment is closed at the upper end and pulled through the neovaginal canal and anastomosis to the neovaginal opening. The average length of sigmoid colon is approximately 6-7 inches. The average operation time is 7 hours.
Advantages:
1. This technique helps patients who have previously undergone sex reassignment surgery, whose vaginas have become obstructed, and are unable to perform sexual intercourse.
2. It also helps patients with very short penises. In this regard, the surgeon will have already decided that the surgery types SRS-penile skin inversion/scrotal skin graft cannot be performed.
3. The vagina has a natural lubricant.
4. It is possible to determine the depth of the newly constructed vagina.

Disadvantages and limitations:
1. In open technique, a scar can be visible at the bikini line, just above the left side of the pubis.
2. The surgery is more complicated complete, with invasive procedures required such as cutting off parts of the colon, and the colon must be thoroughly cleansed (by enema) 1 day prior to the surgery.
3. The patient may experience dyspepsia/indigestion symptoms 3-5 days after the surgery.
4. The sigmoid colon-SRS, open or laparoscopic technique is not suitable for those be overweight or having fatty abdomen. The patients who request for sigmoid colon SRS need physical examination prior to make a final decision for surgery.

Post-operative recovery

การดูแลหลังการผ่าตัด

คนไข้จะต้องนอนพักผ่อนด้วยที่โรบบัตเตอร์ อย่างน้อย 4-6 คืน เพื่อให้กระชับและในระหว่างที่พักผ่อนต้องอยู่ที่โรงพยาบาลนั้นคนไข้จะต้องปฏิบัติตามตัวเองไปด้วย

ให้คนไข้ดื่มน้ำระหว่างอาหารที่มีการและเครื่องดื่มเฉพาะน้ำที่ให้คนไข้ บน นม น้ำผลไม้ ของกินที่จะเกิดการกระตุ้นที่ในช่วง 2-3 วันหลังการผ่าตัด ซึ่งอาจจะทำให้เกิดการเปลี่ยนอุจจาระได้

หลังผ่าตัด 1-2 วันแรก คนไข้ควรได้รับอาหารที่มีกากและเครื่องดื่มประเภทน้ำผลไม้ นม นมเปรี้ยว โยเกิร์ตเพราะจะเกิดการกระตุ้นที่ในช่วง 2-3 วันหลังการผ่าตัด ซึ่งอาจจะทำให้เกิดการเปลี่ยนอุจจาระได้

วันที่ 3 หลังการผ่าตัดสามารถนอนเดินได้

วันที่ 4 หลังการผ่าตัดแพทย์ผู้ผ่าตัดจะทำการออกแบบระบบเดินเลือดเข้าออก และเปิดแผลที่ความสะอาดและเต็มสุขภาพของผู้ป่วย ให้ผู้ป่วยได้พักผ่อนและได้กลับมาดำเนินกิจกรรมที่จำเป็นได้ในช่วง 7 วันกลัวสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ จะกลับมาดำเนินกิจกรรมที่จำเป็นได้ในช่วง 7 วันกลัวสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้ทำการออกแบบระบบเดินเลือดเข้าออก และจัดการดูแลสุขภาพของผู้ที่ทำการผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลิ้นหน้าจากลำไส้ใหญ่ แพทย์จะยังไม่ได้
อาหารเร็วเกินไป อาจละลายให้เกิดอาการท้องอืด และอาหารไม่ย่อยได้ ดังนั้นสิ่งสำคัญที่ผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ลำไส้ใหญ่มาทำเป็นผนังช่องคลอด ต้องปฏิบัติตามคำแนะนำของแพทย์และพยาบาลอย่างเคร่งครัด

วันที่ 6 ของการผ่าตัด คนที่ผ่าตัดแบบ เทคนิคการสร้างช่องคลอดโดยใช้ผิวหนังจากอกชุด และจากผิวหนังจากอวัยวะเพศหรือจากที่อื่น ๆ ทำการผ่าตัดจะมีผนังช่องคลอด เปิดแผลทำการสะอาดแผล และเอาผ้าก๊อสที่อยู่ในช่องคลอดออก

วันที่ 7 ของการผ่าตัด เทคนิคการสร้างช่องคลอดโดยใช้ผิวหนังจากอกชุด และจากผิวหนังจากอวัยวะเพศหรือจากที่อื่น ๆ ทำการผ่าตัดจะมีผนังช่องคลอด ทำการผ่าตัดช่องคลอดโดยใช้ผิวหนังจากอกชุด ออกแล้ว=~การผ่าตัดช่องคลอด เทคนิคการสร้างช่องคลอดโดยใช้ผิวหนังจากอกชุด กลับมาพบแพทย์เพื่อตัดไหมและขยายช่องคลอดโดยใช้ Dilator ที่ทางโรงพยาบาลจัดเตรียมไว้ให้ เพื่อรักษาความกว้างและเพิ่มความสม่ำเสมอที่ควรทำอย่างน้อยวันละ 2 ครั้ง ครั้งละประมาณ 30 นาที

เหตุผลที่ผ่าตัดต้องทำการสะอาดแผลพร้อมกับขยายช่องคลอด ทุกวันอย่างน้อยวันละ 2 ครั้ง จนกว่าแผลภายนอกและในช่องคลอดจะหายสมบูรณ์

Post Operative Care for non-colon SRS:

The patient must be hospitalized for at least 4-6 days. In order to look after the wound whilst recovering at the hospital, the patient must take the following actions:

1. During the first 2 days after surgery, the patient must stop taking food that has fiber content, beverages such as fruit juice, milk, and yogurt as these will trigger waste excretion. It may lead to contamination of the wound by the feces. It may

2. 1-2 days after the surgery, the patient should lie on his back, with hips raised and legs slightly apart as this will help reduce swelling.

3. On the third day after the surgery, the patient may lie on her side.

4. On the 4th day after the surgery, the surgeon will remove the draining tube, open and clean the wound. The urine drainage/edema tube will also be removed. Patients who have undergone Sex Reassignment Surgery with Penile Inversion Technique may return home, and come back in 7 days to remove stitches. For patients who have undergone Sex Reassignment Surgery with Skin Graft or Sex Reassignment Surgery with Colon Graft, the surgeon will not remove the urine drainage/enema tube, and the patient must remain in bed until Day 6.

5. On the 6th day, patients of Sex Reassignment Surgery with Skin Graft surgery will have their urine drainage removed. The wound will then be cleaned, and the patient may return home.
6. Patients of Sex Reassignment Surgery must come back for removal of stitches, and dilation of the vagina using the Dilator which is available at the hospital. In order for the patient to maintain the width and depth of the vagina, the patient should dilate the vagina at least twice a day, for about half an hour each time.

7. The patient must clean the wound, as well as dilate the vagina at least twice a day until the external wound and that in the vagina are fully healed.

8. The patient must refrain from sexual intercourse for at least 2 months.

9. The patient must ensure that she keeps her appointment with the doctor once a week for a period of one month, in order for the results of the surgery to be perfect and naturally beautiful.

The specific post op care for SRS-sigmoid colon vaginoplasty Patients who have undergone surgery Sex Reassignment Surgery with must refrain from drinking water or taking any food until she has broken wind from the body first. Thereafter, she may sip a small amount of water, or take soft food. If the food is taken too quickly, indigestion or dyspepsia symptoms may be found. Therefore, the patient of this technique must strictly abide by the recommendations of the doctors and nurses.

Post Operative Care for SRS-Sigmoid colon:
1. During the first 3 days, the patients cannot eat or drink until the Intestinal function is recovered. In this period, the patients will have fluid via intra venous lines.
2. The patients need to avoid bulk food in the first month.
3. Patients can do light activity after 3 weeks and resume normal daily activity at the 3 months.

Photographic examples of those who have undergone surgery

![Image of surgical results]
2) Example content from BPK9 International Hospital

General surgical information
การผ่าตัดแปลงเพศจากชายเป็นหญิง เป็นการผ่าตัดเพื่อตกแต่งอวัยวะเพศชายภายนอกให้มีรูปทำเหมือนอวัยวะเพศหญิง ด้วยเทคนิคในการผ่าตัดจากแพทย์ผู้เชี่ยวชาญเฉพาะทางโดยตรง
การผ่าตัดจากชายเป็นหญิงแบ่งเป็น 3 แบบ
แบบปกติ (Penile skin inversion) เป็นการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชาย
แบบ (Penile skin inversion scrotal skin graft) เป็นการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายร่วมกับผิวของถุงอัณฑะ
แบบใช้ลำไส้เพื่อทำช่องคลอด (Sigmoid Colon + Penile Skin Inversion) เป็นการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายร่วมกับลำไส้

3) Example content from Yanhee Hospital

General surgical information
หากคุณเกิดเป็นชายแต่ใจเป็นหญิง รู้สึกไม่พึงพอใจในเพศสภาพของตนเอง รู้สึกว่าร่างกายนี้ไม่ใช่สิ่งที่ต้องการ คุณสามารถเปลี่ยนแปลงเพศเป็นอย่างไรต่อการได้ ด้วยการผ่าตัดแปลงเพศ
ปัจจุบันเทคนิคการผ่าตัดแปลงเพศมีความทันสมัย ปลอดภัย แพทย์ผู้เชี่ยวชาญสามารถผ่าตัดสร้างอวัยวะเพศหญิงให้ได้ใกล้เคียงธรรมชาติ จงบางครั้งแผนแท้กลับไม่ออกเลยว่าได้ผ่าตัดแปลงเพศมา เกณฑ์พิจารณาในการ
ผ่าตัดแปลงเพศ ก่อนผ่าตัดแปลงเพศชายเป็นหญิงควรคัดเลือกผู้ที่มีความต้องการที่แท้จริงของตนเอง และคิดถึงเรื่องต่าง ๆ ที่อาจเกิดขึ้นหลังการผ่าตัดแปลงเพศด้วย ไม่ว่าจะเป็นผลกระทบในเรื่องของการทำงาน ครอบครัว เนื่องจากหลังผ่าตัดแปลงเพศไปแล้วจะเปลี่ยนอัตรศีนให้เหมือนเดิมอีกไม่ได้

ก่อนเข้ารับการผ่าตัด ควรปรึกษากับแพทย์ผู้เชี่ยวชาญด้านแปลงเพศโดยเฉพาะก่อน เพื่อศึกษาขั้นตอนและผลการรักษา การได้รับการรักษาอาจมีผลกระทบต่อการดำรงชีวิต และยังต้องรับการผ่าตัดแปลงเพศที่มีผลต่อสุขภาพทางจิตใจของคนสภาพจิตใจของผู้ที่ต้องการแปลงเพศอย่างละเอียด เพื่อความมั่นใจว่ามีจิตใจที่พร้อมจริง ๆ ที่จะแปลงเพศ และจะไม่เปลี่ยนใจกลับมาเป็นเพศเดิมในภายหลัง

สำหรับคุณสมบัติของผู้ที่ต้องการผ่าตัดแปลงเพศ คือ
ต้องมีอายุ 20 ปีขึ้นไป หากมีอายุน้อยกว่า 20 ปี ต้องมีเหตุผลทางจิตใจที่แพทย์ที่ทำการผ่าตัด ใช้ข้อเท็จจริงบอกกันเป็นระยะที่ยาวนานมากกว่า 1 ปีขึ้นไป โดยที่มีความรู้สึกเป็นหญิงนานแล้ว รู้สึกไม่เป็นผู้ชายอย่างยิ่ง คิดว่าเป็นส่วนเกินของตนเอง เคยรับยาฮอร์โมนเพศหญิงแล้ว ไม่ว่าจะเป็นชนิดรับประทานหรือฉีด อย่างน้อย 1 ปี

ควรยี่เข้ามีรูปแบบที่คุณเป็นได้ และมีคุณสมบัติที่เหมาะสม ที่จะสามารถเป็นผู้หญิงได้ แต่ต้องมีความต้องการที่มีความยิ่งใหญ่กว่าข้อเท็จจริง ๆ ทางด้านกายภาพ

หากมีคุณสมบัติเหล่านี้ครบถ้วน แพทย์จะให้ใบรับรองว่าสามารถเข้ารับการผ่าตัดแปลงเพศได้อย่างถูกต้องตามหลักการ

Preparation before surgery
การเตรียมตัวก่อน ผ่าตัดแปลงเพศ
ต้องเตรียมการรับร่างกายอย่างละเอียดเพื่อแพทย์ที่ทำการผ่าตัดจะได้ทราบถึงสภาพความพร้อมของร่างกาย

หากรับประทานยาหน้าผ่าตัด ควรแจ้งให้แพทย์ที่ทำการผ่าตัดทราบ เพื่อแนะนักว่าควรหยุดยาหรือเปลี่ยนแปลงการรับยาของผ่าตัดหรือไม่

ควรหยุดใช้ยาอันตราย 1 เดือน

การรับประทานอาหารที่อย่างกว่า 2 วัน ป้องกันการเกิดการเคลื่อนไหวของอาหารในลำไส้ ให้ทานอาหารที่ให้พลังงานสูง

Surgical procedures
ขั้นตอนการ ผ่าตัดแปลงเพศ
การผ่าตัดแปลงเพศชายเป็นหญิงนั้น แพทย์จะใช้วิธีในการผ่าตัดประมาน 2-3 ชั่วโมง โดยมีขั้นตอนการผ่าตัด

ซึ่งมีพื้นที่มีความเสี่ยงต่อการเกิดการรับพลังงานสูง สามารถป้องกันการเกิดการรับพลังงานสูงได้ด้วย
แพทย์จะทำการตัดต่อท่อปัสสาวะที่ยาวให้สั้นลง แล้วแต่งให้ใช้งานเป็นท่อในตำแหน่งที่สามารถช่วยปัสสาวะได้ เพราะท่าอยู่ในตำแหน่งที่ไม่สอดคล้องแล้วที่ไม่สามารถเกิดอาการหลุดซึมมากได้ จากนั้นจึงปิดข้างบริเวณนั้น เพื่อสร้างช่องคลอดที่สมบูรณ์
แพทย์จะใช้เนื้อเยื่อในส่วนที่ถูกผ่าตัดมาได้ใช้เป็นท่อที่กว้างและลึก โดยมีระยะความกว้างประมาณ 1.5 – 2 นิ้ว และลึกขึ้นต่ำประมาณ 4 – 8 นิ้ว หลังจากนั้นจะทำการตัดผ่าหน้าจากบริเวณทวาระภูมิโดยที่มีการย้ายเนื้อเยื่อที่อยู่ในบริเวณนั้นๆ โดยเนื้อเยื่อนั้นๆจะถูกลูกน้ำไปสู่บริเวณที่มีกิจกรรมล่างต่ำที่กว้างและลึก ความลึกของช่องคลอดจึงขึ้นอยู่กับความยาว ของอวัยวะเพศชายเดิมด้วยเช่นกัน
สำหรับในรายที่อวัยวะเพศชายต่ำมากกินแพทย์จะทำการดูแลให้ตามล่ากับผู้มีหน้าที่ของอวัยวะเพศชายเพื่อให้ความลึกของช่องคลอดให้มากกว่านั้น
ควบคุมการปรับขนาดของช่องคลอด เช่น แผลเล็กหรือแผลใหญ่ แพทย์จะใช้เทคนิคพิเศษเพื่อเปลี่ยนบอดแบบตามได้ไปได้โดยต่อยงอวัยวะเพศหญิง โดยใช้ขั้นตอนนี้จะทำให้ผู้ลูกอันดับต่ำภูมิติดกับช่องคลอด โดยมีการตัดผ่าที่บริเวณนั้นๆเพื่อให้ เทียบเท่ากับสุด ตัดผ่านหัวนมและเนื้อเยื่อรอบ ๆ มาด้วยเพื่อสร้างรูปที่ถูกต้องของอวัยวะเพศได้โดยมีรอบของอวัยวะเพศหญิงตามที่สุด
ขั้นตอนสุดท้าย คือ การตกแต่งรูปร่างภายนอกช่องคลอด เช่น แคมเล็กหรือแคมใหญ่ แพทย์จะใช้เทคนิคพิเศษเพื่อเลียนแบบแคมให้ได้ใกล้เคียงกับอวัยวะเพศหญิง เรียกว่า บุคคลออริส(Clitoris) ซึ่งโดยทั่วไปจะพบว่าความรู้สึกทางเพศก็เป็นไปด้วยความมั่นใจมากขึ้น
Post-operative recovery
การดูแลหลังการผ่าตัดแปลงเพศ
หลังการผ่าตัดจะต้องนอนพักในที่ที่มีแพทย์ดูแลอยู่ 0-7 วัน เพื่อจะได้รู้ใจความดูแลของแพทย์อย่างใกล้ชิด โดยจะมีการดูแลเรื่อยมาจนกว่าได้เวลานั้น แพทย์จะต้องปฏิบัติตามแนวทางดังกล่าวที่มี
ในช่วง 2-3 วันแรก ควรนอนแบบที่มีกิจกรรมและเครื่องมือที่อาจกระทบกับการกีดกันทิ่มช่องคลอด และการดูแลสะอาดช่องคลอดต้องดูดระบายออกตามที่กำหนด และการทำความสะอาดช่องคลอดด้วยน้ำเปล่า
ต่อเนื่อง ประมาณ 6 เดือน หลัง 6 เดือน ให้ขยายช่องคลอดเทียมด้วยสาย ซึ่งจะเอวต่ำภายในหนึ่งเดือน โดยสามารถมีเพศสัมพันธ์ได้หลังการผ่าตัดประมาณ 2 เดือน หากยังมีเพศสัมพันธ์ที่ช้าเกินไป อาจทำให้แต่แผลติดเย็บได้

หากเกิดความผิดปกติต่าง ๆ เช่น ภาวะปัสสาวะขัดหรือปัสสาวะไม่ออก ที่อาจเกิดจากต่อมสาหรูติด ช่องคลอดติด, ปากช่องคลอดติด, แต่แผลผ่าตัดเย็บ หรือเจ็บที่อวัยวะเพศมาก แนะนำให้พบแพทย์ เพื่อที่แพทย์จะได้ทำการรักษา ให้คุณแน่ใจได้งานถูกวิธี

การรับประทานฮอร์โมน เพื่อคงสภาพความเป็นหญิงอย่างต่อเนื่อง สามารถเริ่มรับประทานฮอร์โมนหลังการผ่าตัดไปแล้ว 1 เดือน

เมื่อแปลกเพศต่อวัยวัยที่รู้สึกว่าเป็นสม่ำเสมอเกินไปแล้ว ก็จะทำให้คุณเป็นผู้หญิงอย่างที่ต้องการ แต่ต้องการเปลี่ยนรูปลักษณ์ภายนอกให้เป็นผู้หญิงจริง ๆ ก็สามารถทำได้ เช่น เสริมหน้าอก, เสริมหุ่น, การเปลี่ยนชุดหู, การผ่าตัดแล้วแต่เรื่องราวที่จะทำให้คุณกลายเป็นผู้หญิง

ตามกระบวนการ

Source: https://www.youtube.com/watch?v=X9k1dJG6Yzo

Photographic examples of those who have undergone surgery

ชีวิตรายการแปลงเพศ คุณแอม ไอสวรรยา อริยะวัฒนา นักแสดงสาวผู้หญิงข้ามเพศ

Source: https://www.youtube.com/watch?v=zo3zXCzJE0I
Photographic examples of those who have undergone surgery

Photographic examples of those who have undergone surgery

Example content from Preecha Aesthetic Institute (PAI)

Source: http://pai.co.th/srs-penile-skin-inversion-3-2/

Source: http://pai.co.th/srs-sigmoid-colon/

General surgical information

1. ศัลยกรรมการแปลงเพศจากชายเป็นหญิง แบบใช้หนังอวัยวะเพศ หรือร่วมกับหนังอวัยวะเพศ (Penile Skin Inversion/ Scrotal Skin Graft)

2. ศัลยกรรมการแปลงเพศชายเป็นหญิง โดยใช้สigmoid (Sigmoid colon/Rectosigmoid Vaginoplasty/Rectosigmoid Colon)

ข้อกำหนดในการทำการผ่าตัดแปลงเพศชายเป็นหญิง ทั้งสองแบบ

โดยทั่วไปแล้วทั้งสองแบบนี้จะต้องมีการทดสอบอย่างน้อย 6 เดือนก่อนที่จะทำการผ่าตัดแบบที่จะใช้
ฮอร์โมนเพศหญิงที่จะให้กับคนไข้ได้แก่ เอสโตรเจนหรือโปรเจสเตอโรนโดยจะให้เป็น 2 เท่าของผู้หญิงทั่วไป ในขณะเดียวกันก็จะให้ฮอร์โมนเพศชาย เพื่อช่วยให้รูปลักษณ์ความเป็นชายลดลงและเพื่อช่วยลดอาการแห้งของฮอร์โมนเพศชายนี้จะต้องทำอย่างน้อย 2 ปี อย่างไรก็ตามการใช้ฮอร์โมนควรอยู่ภายใต้การวินิจฉัยของแพทย์อย่างเคร่งครัด

- ผู้ที่จะเข้ารับการผ่าตัดแปลงเพศต้องมีอายุไม่ต่ำกว่า 18 ปี
- ได้ผ่านการรับรองจากจิตแพทย์เพื่อที่ถูกต้องและถูกกฎหมายสำหรับการผ่าตัดแปลงเพศ 2 ฉบับ

Best Candidate for Sex Reassignment Surgery: Sex Reassignment Surgery male to female.

PAI (Preecha Aesthetic Institute), we are following WPATH/HBIGDA or SOCs.

The Standards of care for gender identity disorders – WPATH (World Professional Association for Transgender Health) the earliest sets of clinical guidelines for the express purpose of ensuring “lasting personal comfort with the gendered self in order to maximize overall psychological well-being and self-fulfillment.” These standards are still the most well-known; however, other sets of SOCs, protocols and guidelines do exist, especially outside the USA.

- Specific minimum requirements as prerequisites to HRT
- Much of the criticism surrounding the WPATH/HBIGDA
- Psychological evaluation letter
- Highly controversial and often maligned document among patients seeking medical intervention (Hormones)
- Real-Life experience
- Physically healthy and emotionally stable with realistic expectations
- Must be over 18 year old with good health condition

Preparation before surgery

การเตรียมตัวก่อนการผ่าตัดแปลงเพศ

เนื่องจาก คลินิก พีเอไอ เป็นสถาบันที่เชี่ยวชาญทางศัลยกรรมพลาสติก และการแปลงเพศที่มีความเป็นสากล คลินิกมีการจัดการระบบการแปลงเพศที่เป็นอย่างดี ผู้ที่สนใจจะทำการผ่าตัดแปลงเพศจากชายเป็นหญิงต้องปฏิบัติตามข้อกำหนดของ HBIGDA (the Harry Benjamin International Gender Dysphoria Association, Inc.) from the standalone guidelines for sex reassignment surgery.

1. ผู้ที่จะทำการผ่าตัดแปลงเพศจากชายเป็นหญิงต้องมีความต้องการจริงที่ยืดยาวเรื่องจากนั่นบัตรจิต หรือจิตแพทย์ หรือแพทย์ผู้เชี่ยวชาญทาง.tom ในบริการ หรือแพทย์ทั่วไป

2. ควรรับประทานหรือฉีดฮอร์โมนในก่อนผ่าตัด 2 หรือ 4 อาทิตย์ตามลำดับ เพื่อลดโอกาสเส้นเลือดเล็กอุดตันอย่างไรก็ตามควรรอการให้ฮอร์โมนนี้จะต้องอยู่ภายใต้การวินิจฉัยของแพทย์อย่างเคร่งครัด

3. ตรวจร่างกายโดยละเอียด 3 อาทิตย์ก่อนเข้ารับการผ่าตัดแปลงเพศ โดยคนไข้จะต้องผ่านการตรวจท้องปฏิบัติการได้แก่ ตรวจเอ็คเตอร์เล็ต HIV เลือดเนื้อ น้ำตาล การทำงานของตับและไต ตรวจปัสสาวะ คลื่นไฟฟ้าหัวใจ เป็นต้น
นอกจากนี้แล้วผู้ที่สนใจจะทำการผ่าตัดแปลงเพศจากชายเป็นหญิงจะต้อง
1. แจ้งอาการแพ้ยา ยาหรืออาหารเสริมที่ใช้ในปัจจุบันก่อนเข้ารับการผ่าตัดหากมีโรคประจำตัว โปรดแจ้ง ศัลยแพทย์ล่วงหน้า
2. แจ้งอาการแพ้ยาหรืออาหารเสริมที่ใช้ในปัจจุบันก่อนเข้ารับการผ่าตัด
3. งดแอสไพริน (aspirin) ไอบิวโพรเฟน (ibuprofen) และวิตามินอี ล่วงหน้า 2 อาทิตย์ก่อนเข้ารับการ ผ่าตัด

สำหรับคนที่ติดเชื้อ HIV สามารถเข้ารับการผ่าตัดแปลงเพศได้ แต่จะต้องเพิ่มค่าใช้จ่าย 30% จากปกติ
เนื่องจากจะต้องใช้ถุงป้องกันการแพร่เชื้อเป็นส่วนตัว

Surgical procedures
หลักการในการตัดสินใจเลือกเทคนิคในการทำการผ่าตัดแปลงเพศจากชาย เป็นหญิง มี 3 แบบ:

1. แบบปกติ (Penile Skin Inversion) สร้างช่องคลอดจากผิวหนังอวัยวะเพศชาย
2. แบบ (Penile Skin Inversion + Scrotal Skin Graft) สร้างช่องคลอดจากผิวหนังนิ่มของขั้วอวัยวะเพศชาย
3. แบบใช้ลำไส้เพื่อทำการสร้างช่องคลอด (Sigmoid Colon + Penile Skin Inversion) การสร้างช่องคลอดจาก มีติวิรัชย์เพศชายร่วมกับผิวหนังศีรษะ

การเลือกว่าเทคนิคไหนเหมาะสม คนไข้สามารถตัดสินใจได้ ถ้ามากกว่า (ระหว่าง แข็งตัว)

ผู้ที่มีสมชายคิดยาว (>6 นิ้ว) = สามารถแปลงเพศแบบปกติ ซึ่งหลังทำการผ่าตัด สามารถทำช่องคลอดเพิ่มได้สีลึกกว่า 6 นิ้ว

ผู้ที่มีสมชายคิดยาวกลาง (2 – 6 นิ้ว) = สามารถแปลงเพศแบบปกติ ได้โดยใช้เทคนิค Scrotal Skin graft ร่วมด้วย ซึ่งหลังทำการผ่าตัด สามารถทำช่องคลอดเพิ่มได้สีลึกกว่า 4-6 นิ้ว

ผู้ที่มีสมชายคิดสั้น (<2 นิ้ว) = แนะนำให้แปลงเพศด้วยการใช้ลำไส้เพื่อทำช่องคลอดเพิ่มได้สีลึกกว่า 6 นิ้ว

Selecting the method in Sex Reassignment Surgery Between Penile Skin Inversion or Sigmoid Colon if you are:

1. Long Penis (>6 inches (15 cm), when erect) = Penile Skin Inversion (PSI)
2. Medium Penis (2-6 inches (5-15 cm), when erect) = Penile Skin Inversion (PSI) with Scrotal Skin Graft (SSG)
3. Short Penis (<2 inches (5 cm), when erect) = Penile Skin Inversion (PSI, SSG) with Sigmoid Colon Graft (SCG)
โดยสรุป

1. การแปลงเพศแบบธรรมดำ หรือเรียกว่า Penile Skin Inversion and/or Scrotal Skin Graft (self-lubricate with organism) แบบนี้จะเหมาะกับผู้ที่มีความยาวตามขนาดก่อนแปลงเพศ เช่น ถ้าเรามีความยาวก่อนแปลงเพศ เวลาแข็งตัวประมาณ 5-6 นิ้ว หลังทำการแปลงเพศ ความลึกของช่องคลอดของเราจะอยู่ที่ประมาณ 5-6 นิ้วเช่นกัน

2. การแปลงเพศแบบใช้ลำไส้ หรือเรียกว่า Sigmoid Colon (lubricate with organism) แบบนี้เหมาะสมกับผู้ที่มีความสั้นของอวัยวะเพศ แต่ต้องการเพิ่มความลึกให้กับช่องคลอดเช่น ถ้าเรามีความสั้นที่ก่อนแปลง เวลาแข็งตัวประมาณ 1-4 นิ้ว หรือน้อยกว่านี้ หลังทำการแปลงเพศโดยการทำแบบล่าสุด ความลึกของช่องคลอดของเราจะอยู่ที่ประมาณ 6.5 นิ้ว เช่นไป

Sex Reassignment Surgery (Male to Female Surgery).

There are 2 main surgeries.

1. Penile Skin Inversion
2. Sigmoid Colon

- The SRS with Penile Skin Inversion (self-lubricate with organism).
- The SRS with Sigmoid Colon (lubricate with organism).

SRS with Penile Skin Inversion or Sigmoid Colon each provided the sensational glans clitoris, labiaplasty and vaginoplasty in one stage with 3 different techniques.

สำหรับจุดกระสันต์รับรู้ความรู้สึกร่วมกับเพศเดิม เทคนิคเดิมจะมีจุดกระสันต์ทั้งหมด 3 จุด

จุดที่หนึ่ง ที่ปลายอวัยวะเพศชาย ที่นำมาทำ Clitoris จุดนี้จะอยู่ด้านบนของอวัยวะเพศหญิง
จุดที่สอง ที่เส้นปัสสาวะ จะนำมาไว้กับช่องคลอด จุดที่สาม ที่มีลักษณะคล้าย labia

เทคนิคใหม่ของศูนย์พีเอไอ มีจุดกระสันต์อย่างน้อย 5 จุดหลัก ทุกจุดจะมีความรู้สึกถ่ายทอดกัน
จุดที่ห้าคือ รอบนอก และระหว่างทางเข้าของช่องคลอด
ทั้งห้าจุดนี้ทำให้เกิดดูกระสันต์มากกว่าแบบก่อน
เมื่อกับการผ่าตัดแปลงเพศจากชายเป็นหญิง
ขั้นตอนสำคัญของการผ่าตัดแปลงเพศจากชายเป็นหญิง คือการสร้างช่องคลอดซึ่งมีที่อยู่ 3 วิธีดังนี้
1. การสร้างช่องคลอดจากผิวหนังอวัยวะเพศชาย ในการนี้ที่คนไข้มีความยาวอวัยวะเพศมากกว่า 6 นิ้ว
2. การสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายร่วมกับผิวของอุ้งอัณฑะ ในการนี้ที่คนไข้มีความยาวอวัยวะเพศระหว่าง 2 ถึง 6 นิ้ว
3. การสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายร่วมกับลำไส้ใหญ่ ในการนี้ที่คนไข้มีความยาวอวัยวะเพศที่น้อยกว่า 2 นิ้ว หรือในการนี้ที่คนไข้มีความยาวอวัยวะเพศที่น้อยกว่า 8 นิ้ว
ข้อดีของการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายคือ
ภาวะแทรกซ้อนต่ำ
ไม่มีแผลเป็นให้เห็นภายนอก
ข้อเสียของการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายคือ
อาจเกิดการแท้งของช่องคลอด
ขนาดความลึกของช่องคลอดขึ้นอยู่กับขนาดของอวัยวะก่อนผ่าตัด แต่ละแพทย์จะสามารถสร้างช่องคลอดให้ได้มากกว่า 1-1.5 นิ้วจากเดิม
ข้อดีของการสร้างช่องคลอดจากอวัยวะเพศชายและส่าไส้ใหญ่คือ
ได้ช่องคลอดที่มีความสมบูรณ์มากกว่า
มีน้ำหล่อลื่นแท้จริง
มีช่องคลอดที่ยาวกว่า
มีสัมผัสการสัมผัสที่ลึก
does not contain any keywords
SRS with Sigmoid Colon
labiloplasty
vaginal deeper canal
the sensational glans clitoris
vaginoplasty in one stage.
วิธีการสร้างช่องคลอดจากผิวหนังอวัยวะเพศชายร่วมกับลำไส้ใหญ่
การผ่าตัดแบ่งเป็น 9 ขั้นตอนดังนี้
1. ทำหีบระหว่างอวัยวะและทวาร เพื่อสร้างเป็นช่องคลอด ความเส้นขั้นตอนทางเข้าของช่องคลอดที่ได้จะประมาณ 4 ถึง 8 นิ้ว (ผู้หญิงที่ทำผ่าตัดแปลงเพศส่าไส้ประมาณ 5 นิ้วครึ่ง)
2. ตัดเป็นรูทางอวัยวะ และตัดอันตรายทั้งหมด
3. ตัดเป็นฝาหนังอวัยวะเพศชายตามแนวบางโดยยังคงเก็บส่วนผิวหนังของหัวองคชาติที่ห่อผิวหนังนั้นไว้
4. แยกและเก็บเฉพาะท่อปัสสาวะจากแกนกลางอวัยวะเพศชายเพื่อนำมาทำเป็นผิวที่เชื่อมต่อระหว่าง
ศีรษะและรูปัสสาวะ (floor of vulva)
5. ตัดเป็นฝาหนังส่วนหัวและท้ายของหัวองคชาติที่เก็บไว้ในขั้นตอนที่ 3 โดยเก็บแค่ส่วนผิวหนังตรงกลาง
มีหนังส่วนนี้จะถูกนำมาทำเป็นเคล็ดรีส์ของอวัยวะเพศหญิง
6. นำส่วนหน้าประมาณ 15 ถึง 20 เซนติเมตรมาต่อส่วนฝาหนังของอวัยวะเพศชายจากขั้นตอนที่ 3 เพื่อ
ปูเป็นผิวช่องคลอด
7. สร้างเคล็ดรีส์ (clitoroplasty) จากฝาหนังอวัยวะเพศชายที่เก็บไว้ในขั้นตอนที่ 5 คลิดรีส์ใหม่ที่ได้
นี้ยังคงมีเส้นประสาทครบถ้วน ดังนั้นคนไข้จะยังคงรับความรู้สึกได้เหมือนเดิมเมื่อมีเพศสัมพันธ์
8. จัดวางท่อปัสสาวะจากขั้นตอนที่ 4 ให้เป็นผิวที่เชื่อมต่อระหว่างเคล็ดรีส์และรูปัสสาวะ ดังนั้นการนี้จะ
ทำให้ได้อวัยวะเพศหญิงที่เหมือนจริง เป็นสีชมพูทั้งหมด สำหรับวิธีการนี้แตกต่างจากร่วมที่ทำ
ฝาหน้าส่วนหน้า ทำให้อวัยวะเพศหญิงที่ได้มีสีเหมือนฝาหน้า ไม่สวยงาม
9. ปรับแต่งรูปร่างอวัยวะเพศหญิงให้สวยงามทั้งในและแคมนอกจากฝาหน้าอวัยวะเพศชายและอวัยวะเพศหญิง
อัณฑะ

Sex change procedure
1. Creation of vaginal space between urethra, prostate gland, bladder and rectum
2. Bilateral orchiectomy
3. Degloved penis shaft
4. Separation of urethra from penis
5. Isolation glans penis with 2 dorsal nerves and vessels
6. Penile skin inversion to line vaginal cavity with or without scrotal skin graft or sigmoid colon graft
7. Clitoroplasty (Sensate)
8. Urethropalsty
9. Labiaplasty, major and minor

A portion of the glans (head of the penis), with its nerves and vessels, is converted into a
clitoris. In so do, the clitoris will be functional in sensation as well as in appearance.

The excess erectile tissue around the urethra should be removed in order to avoid
symptoms that stem from engorged erectile tissue during sexual arousal, that may result in the
narrowing of the vaginal opening.

ผลลัพธ์สำหรับการแปลงเพศและทำช่องคลอด:

ด้วยวิธีการวางท่อปัสสาวะให้เป็นฝาหน้าต่อระหว่างเคล็ดรีส์กับรูปัสสาวะ จะทำให้คนไข้มีอวัยวะเพศ
หญิงเป็นสีชมพูโดยตลอด ซึ่งแตกต่างจากวิธีการที่ต่างประเทศทำกันที่สุดทำยังหล่อกว่าอวัยวะเพศหญิงที่ได้มีสีของ
After reassignment surgery, pain that is easily controlled by medication usually will subside in a few days. Dressings have been applied. We will be replaced a few days. Sutures will be removed within a week of surgery.

Although the surgeon has made every effort to keep scars as inconspicuous as possible. They are the inevitable result of surgery. Minimal swelling and discoloration will disappear rapidly.

Healing process may occur for weeks or even months following surgery. Dilation will be given an instruction during follow up visits. The decision on when to return to work and normal activities depends on how fast you heal and how you fee. To permit proper healing, you should avoid over activity and refrain from overhead lifting.

Treatment after surgery for sex reassignment surgery

After release from hospital you will recover with the aid of liaison at the hotel. During recovery in the hotel, you must follow instructions including:
1. Dilating is the most important thing you can do to ensure the success of your surgery. If you do not dilate responsibly, this can result in the shortening of depth and width of the newly made vagina because of the scar contracture.

2. Failure to dilate properly can result in serious injury. You will be instructed to gently dilate into the right direction after the vaginal packing is removed.

3. Dilation can be painful for the first weeks, but is essential for developing maximum depth and ensuring post operative functioning of the neovagina. More instructions will be given after surgery.

   **During the recovery period and after each dilation session:**
   
   The wound should be washed gently with Hibiscrub (pink color) in the shower followed by douching while seated in the toilet:

   - **Douche solution (proportion) = 5-10 ml (cc) of Beta dine solution mixed with 1L of water or until the container is full.**
   - Insert the douche to full depth, squeeze, and hold tightly the container.
   - While holding tightly the container, extract the douche;
   - Keep the wound dry and apply Beta dine solution with cotton balls; and apply Kemicitine ointment with a cotton applicator. If there is some bleeding, press or apply pressure with a dry cotton ball to the site for 15 minutes. During the first weeks after surgery, feminine knapkins (tampons) should be changed several times per day due to normal vaginal bleeding during recovery.

   After one month of SRS operation you will be required to start applying Premarin cream to your neo-vagina. Apply two times a day to soften your neo-vagina. This would generally take around six months.

   You can return to female hormones as before surgery or after two weeks. You should consult your endocrinologist to re-adjust the dosage. A sudden change in hormone levels, for some individuals, may result in the fluctuation of emotion.

   For SRS patients – a full post-operative care kit necessary for dilation, including a -piece dilator set specially manufactured for GRS as design by Preecha Aesthetic Institute.

   Post-operative checks by our nursing staff on a daily basis throughout your stay with us in hospital.

   Post-operative check-ups by PAI’s surgeon at least twice weekly and more frequently if necessary – while you are here.
Photographic examples of those who have undergone surgery

กำรแปลงเพศแบบธรรมดำ

กำรแปลงเพศแบบใช้ล ำไส้

4) Example from Bangkok Cosmetic Surgery Clinic (BSC)

General surgical information

การผ่าตัดแปลงเพศชายเป็นหญิง เป็นการผ่าตัดตกแต่งอวัยวะเพศภายนอก ให้เหมือนอวัยวะเพศหญิง และสร้างช่องคลอดใหม่ ด้วยเทคนิคชั้นของแพทย์เฉพาะทาง จนปัจจุบันเทคนิคการผ่าตัดได้มีการพัฒนาและเปลี่ยนแปลงไปมาก ทำให้รูปร่างอวัยวะเพศที่สร้างขึ้นใหม่มีความคล้ายกับอวัยวะเพศหญิงมากขึ้น โดยที่รูปร่างภายนอกประกอบด้วย แคมนอก (Labia Major) แคมใน (Labia Minor) ปุ่มรับรู้ความรู้สึกเพศหญิง (Clitoris) และช่องคลอด (Vagina) ซึ่งทาง BCS clinic มีแพทย์ศัลยกรรมตกแต่งเฉพาะทาง มีความเชี่ยวชาญและชำนาญในการผ่าตัดแปลงเพศเป็นอย่างดี อีกทั้งยังมีเทคนิคเฉพาะในการผ่าตัดที่นอกจากจะทำให้รูปร่างภายนอกคล้ายกับเพศหญิงมากแล้ว ด้านความรู้สึกและการรับสัมผัสต่าง ๆ ยังมีมากอีกด้วย

ผู้ที่ต้องการเข้ารับการผ่าตัดแปลงเพศ ไม่ว่าต้องการผ่าตัดด้วยเทคนิคใดก็ตาม ผู้ผ่าตัดจะต้องเข้ารับการตรวจจากจิตแพทย์ โดยต้องมีคุณสมบัติความพร้อมมาตรฐานของสมาคม WPATH (World Professional Association for Transgender Health) ดังนี้

มีอายุอย่างน้อย 18 ปี โดยต้องได้รับความยินยอมจากพ่อแม่ถ้าอายุน้อยกว่า 20 ปี ได้ตัวชี้วัดแบบผู้ผ่าตัดตั้งเป็นระยะเวลาที่ยาวนานกว่า 1 ปีขึ้นไป เคยใช้การเป็นหญิงอย่างสมบูรณ์ที่ครอบคลุมช่วงอย่างน้อยได้และคุณมีความสุขโดยไม่มีความเกลียดโศก ๆ เคยรับประทานฮอร์โมนเพศหญิงมาก่อน ไม่ว่าจะเป็นในรูปยาหรือเป็นยาฉีด อย่างน้อย 1 ปี
ได้รับการวินิจฉัยว่าเป็น gender identity disorder, gender dysphoria ได้ผ่านการประเมินสภาพจิตใจว่าอยู่ในภาวะที่ปกติและพร้อมต่อการผ่าตัดโดยจิตแพทย์หรือนักจิตเวช และให้ไปรับรอง สำหรับการผ่าตัดอย่างถูกต้องตามหลักการทุกส่วนของสภาพจิตใจ ผู้ที่ไม่เหมาะสมจะทำการผ่าตัดแปลงเพศ

ป่วยเป็นโรคจิตเพศ (Schizophrenia) ไม่ได้ถูกการใช้ชีวิตเป็นเพศผู้แต่งความหลังมีความเป็นเพศผู้ สำหรับกลุ่มผู้ป่วยจิตเพศ จำเป็นต้องรับการดูแลโดยจิตแพทย์อย่างใกล้ชิด ไม่มีภาวะโรคติดต่อทางเพศสัมพันธ์และยังคงมีอาการของโรคอยู่ เช่น ชีพิติส์ แผลริมอ่อน หูดหงอนไก่ เริ่มในกลุ่มนี้จำเป็นต้องตรวจให้แน่ชัดและตัดสินใจ

มีโรคประจำตัวที่ไม่เหมาะสมทำการผ่าตัดใหญ่ได้ เช่น โรคหัวใจ โรคปอด ซึ่งไม่สามารถรักษาได้และแพทย์ ประจำตัวไม่อนุญาตให้ผ่าตัดได้

ภาวะภูมิต้านทานต่ำ ในผู้ที่มีโรคประจำตัว ต้องใช้ยาต้านเชื้อชาติ และ HIV และมี CD4 ต่ำกว่าปกติมาก ๆ ควรทำการรักษาต่อ

ในประเทศที่สังคมไม่ยอมรับและมีบทลงโทษทางกฎหมายอย่างรุนแรง เช่น ประเทศในแอฟริกาตะวันออก เมื่อผ่าตัดแล้วผู้ป่วยอาจไม่สามารถดำรงชีวิตได้

Preparation before surgery ปรึกษาก่อนผ่าตัด การปรึกษาแพทย์มักจะต้องเตรียมตัวดังนี้

มีใบรับรองแพทย์จากจิตแพทย์ 2 ท่าน ท่านละ 1 ใบ ระยะเวลาไม่เกิน 6 เดือน มีใบรับรองแพทย์ (หากเป็นชาวต่างชาติ ต้องมีใบรับรองแพทย์จากจิตแพทย์ประเทศนั้น ๆ มาก 1 ใบ และมีใบรับรองแพทย์จากแพทย์ในประเทศไทยอย่างน้อย 1 ใบ)

ความลึกของช่องคลอดที่ต้องการ ลักษณะของแคมนอกและแคมใน ต้องการขนาดความเล็กหรือใหญ่ ขนาดของปุ่มรับความรู้สึก โดยทั่วไป เทคนิกการผ่าตัดจะคล้ายคลึงกัน แต่จะมีความแตกต่างกันในส่วนรายละเอียด ซึ่งขึ้นกับอวัยวะเพศเดิมว่ามีเนื้อที่จะใช้มากหรือน้อย และขึ้นอยู่กับความต้องการของคนไข้แต่ละคน

การเตรียมพร้อมก่อนการศัลยกรรม

1. งดน้ำและอาหารตามแพทย์สั่ง 8 ชั่วโมง ก่อนการผ่าตัด
2. ควรพบแพทย์ให้เพียงพอก่อนการผ่าตัด
3. หยุดใช้ยาสัปดาห์ 4 สัปดาห์ ก่อนการผ่าตัด ทุกชนิด
4. ในกรณีที่มีโรคประจำตัวที่ต้องการการยา ให้แจ้งแพทย์ไว้รับทราบ เนื่องจากยาบางชนิดอาจต้องแจ้งให้สัปดาห์แพทย์ทราบก่อนการผ่าตัด
5. ยาที่จะแนะนำให้สัปดาห์ 2 สัปดาห์ ได้แก่ ยาทับถิ่น แอสไพรินหรือยูนีฟัน วิตามินอี สมุนไพรบางชนิด เช่น กระเทียม ใบแปะก๊วย เนื่องจากยาและสมุนไพรบางชนิดมีผลทำให้เลือดออก
6. ควรลดสุราทุกชนิด และต้องหมดคอสตั้ล 5 นาที ก่อนการผ่าตัด 4-6 สัปดาห์
7. ควรหยุดยาสังเคราะห์ 3-4 สัปดาห์ เพื่อสั่งการผ่าตัด และการพักฟื้นหลังผ่าตัด
8. ควรมีญาติมาด้วยในวันผ่าตัด เพราะ 1-2 วันแรกจะไม่สามารถช่วยเหลือตัวเองได้และไม่ควรขับรถมาเองในวันผ่าตัด
9. ควรอาบน้ำชาระล้างร่างกายก่อนผ่าตัดเนื่องจากหลังผ่าตัดจะไม่สามารถอาบน้ำได้ประมาณ 6 วัน
10. ไม่ควรน้ำสั้งของมีค่าติดตัวมาในวันผ่าตัด
11. นำหนังสือหรือ DVD ที่ชอบดู เตรียมไปไว้โรงพยาบาล เพื่อใช้ในช่วงหลังผ่าตัด
12. เตรียมเสื้อผ้าที่ใส่หลังผ่าตัด ควรเตรียมก่อนประมาณ 2 วันแรกจะไม่สามารถช่วยเหลือตัวเองได้ดี และไม่ควรขับรถมาเองในวันผ่าตัด
13. ในการมีผล HIV เป็นระบบอาจต้องตรวจ CD4 ถ้าอยู่ในเกณฑ์ปกติ จะสามารถทำการผ่าตัดได้ แต่ถ้ามีค่า CD4 ต่ำกว่าปกติ ควรทำการรักษาโรค HIV ก่อน จนค่า CD4 ปกติ
14. ผู้ที่มีผลเลือดเป็นระบบ จะมีค่าใช้จ่ายเพิ่มขึ้นประมาณ 100 %
15. ในวันก่อนผ่าตัดล้างมือด้วยสบู่ หรือไม่สบายควรเลื่อนการผ่าตัดออกไป
16. ถ้ามีการคัดคั่วทางเพศที่พบมากขึ้น เช่น หูดหงอน หรือمنذี เครื่องยันยุติ ควรรักษาให้หายก่อนนัดผ่าตัด

Surgical procedures

เทคนิคการผ่าตัด

โดยทั่วไปในเทคนิคปัจจุบัน จะมีรายละเอียดของอวัยวะเพศปากนอก ได้แก่ แผนอก แผนใน คลิตอริส ทั่วไปอวัยวะช่องคลอด โดยแผนในและคลิตอริส เป็นส่วนที่มาจากส่วนปลายของอวัยวะเพศชายและหนังหุ้มอวัยวะเพศ โดยที่ศัลยแพทย์แต่ละท่านจะมีเทคนิคการทำคลิตอริสและแผนในต่างกัน สำหรับส่วนที่เป็นแผนนอกมักจะใช้ผิวหนังบริเวณอวัยวะชายที่มีเกลือได้ใกล้เคียงกัน โดยที่ผ่านไป เทคนิคที่ตัดจะคล้ายคลึงกัน แต่จะมีความแตกต่างกันในส่วนของรายละเอียด ซึ่งขึ้นกับนัยยะเดิมจะมีเนื้อเยื่อที่จะใช้ได้มากหรือน้อย และขึ้นกับความต้องการของผู้ใช้เฉพาะ

เทคนิคที่ 1 การสร้างช่องคลอดโดยใช้ผิวหนังปากนอก (ไม่ใช้กราฟ) เป็นเทคนิคที่ทำง่ายไม่ซับซ้อน สำหรับผู้ที่มีความยาวขององคชาตน้อย ก็จะทำให้ได้ความลึกน้อยลงตามไปด้วย

เทคนิคที่ 2 การสร้างช่องคลอดโดยใช้ผิวหนังปากนอก และใช้ผิวหนังจากอวัยวะเพศเดิม ใช้ผิวหนังของอวัยวะที่ทำเป็นหนังช่องคลอดต่อกับผิวหนังของปาก นอกจากนี้จะทำให้ช่องคลอดที่สร้างขึ้นใหม่มีความลึกมากขึ้น 1 นิ้ว ต่อขาหนีบ 1 ข้าง

เทคนิคที่ 3 เป็นการสร้างช่องคลอดโดยใช้ผิวหนังปากนอก และใช้ผิวหนังจากอวัยวะเพศเดิม พร้อมทั้งใช้ผิวหนังจากหน้าท้อง หรือผิวหนังจากขาหนีบที่ทำเป็นผนังช่องคลอด เทคนิคนี้มีการสร้างช่องคลอดที่มีความลึกเพิ่มขึ้น 2 นิ้ว

เทคนิคที่ 4 การสร้างช่องคลอดโดยการต่อได้ เทคนิคนี้จะใช้ไม่เนื้อที่หนังผิวปากมีขนาดเล็กและสั้นมาก หรือการทำมันเส้นฝังในรายที่ยากติดแปลงเพศจากเทคนิคปกติ แล้วมีปัญหาช่องคลอดแคบหรือตื้นเกินไป จนไม่สามารถร่วมเพศได้
เทคนิคพิเศษของบางกอกศัลยกรรม

เทคนิคพิเศษ BCS: เป็นการพัฒนามาจากเทคนิคที่ 2 โดยจะมีรายละเอียดภายนอกและภายในมากขึ้นดังนี้

ลักษณะบริเวณใต้ปากช่องคลอดเดิมจะเป็นสีของผิวหนัง แต่ด้วยเทคนิคใหม่ของ BCS สามารถทำให้บริเวณปากช่องคลอดเป็นเนื้อเยื่อซึ่งสีชมพู ทำให้มีลักษณะคล้ายกับปากช่องคลอดจริงมากขึ้น

BCS สามารถใช้ทางเดินปัสสาวะส่วนหน้ามาต่อเป็นความลึกได้ ซึ่งสามารถให้ความลึกของช่องคลอดเพิ่มมากขึ้นประมาณ 1-2 นิ้วจากปากช่องคลอด ดังนั้นจะมีความคล้ายคลึงกับปากช่องคลอดจริงมากขึ้น

เทคนิคใหม่มีการขยายขนาดของเนื้อเยื่อซึ่งสีชมพูที่บริเวณใต้คลิตอริสให้ขนาดได้เล็กลง ทำให้ความห่างของด้านในของแคมในน้อย ทำให้มีลักษณะคล้ายแคมในของผู้หญิงมากขึ้น

เทคนิคใหม่จะใช้เทคนิคพิเศษต่อเพิ่มความเสียที่เกิดขึ้นเมื่อเวลาผ่าตัดและเส้นประสาทบริเวณด้านหน้าผิด

BCS ใช้เทคนิคพิเศษ สามารถทำให้กล้ามเนื้อเป็นความรู้สึกของผู้หญิง ทำให้การร่วมเพศดีขึ้นได้ ซึ่งจะทำให้มีความรู้สึกดีขึ้นในการรับรู้ความรู้สึกดีขึ้นในการร่วมเพศ

ส่วนอุปกรณ์เพื่อเพิ่มความปลอดภัยในการผ่าตัด

เนื่องจากเทคนิคของเราใช้เวลาผ่าตัดนาน เพราะมีโครงสร้างที่มากกว่าเดิมมาก การเตรียมสถานที่ทำให้ช้าขึ้น ดังนั้นการใช้เครื่องมือและอุปกรณ์เพิ่มเพื่อความปลอดภัยในการผ่าตัด

1. อุปกรณ์ปั๊มลม ป้องกันการลิ่มเลือดอุดตัน ทำให้การไหลเวียนของเลือดดีมากขึ้น

2. เจลรองกันควัน ใช้เพื่อป้องกันการทรงเครื่องหลังการผ่าตัด

3. ผนังกล้ามเนื้อ lower ที่ซึ่งมีความเสี่ยงในการผ่าตัด
บริเวณของอัณฑะจะต้องตัดที่บริเวณที่มีต้นต่อกับหัวอวัยวะเพศ และอยู่ใต้ท้องผ่าตัด โดยมีความกว้างประมาณ 1.5 – 2 นิ้ว จะได้ช่องคลอดที่เรียกว่าช่องคลอดใหม่ และตัดท้องผ่าตัดที่ทวารหนักให้สั้นลง แล้วตกแต่งให้ใช้งานเป็นไปตามด้านที่สามารถนำไปใช้ได้

วิธีการผ่าตัดทำโดย
1. ทำการสร้างช่องคลอดใหม่ โดยใช้เนื้อเยื่อในบริเวณทวารหนัก และตัดท้องผ่าตัดโดยมีความกว้างประมาณ 1.5 – 2 นิ้ว จะได้ช่องคลอดที่เรียกว่าช่องคลอดใหม่ และตัดท้องผ่าตัดที่ทวารหนักให้สั้นลง แล้วตกแต่งให้ใช้งานเป็นไปตามด้านที่สามารถนำไปใช้ได้
2. ตัดอันตรายที่ 2 ข้าง
3. ตัดสันหลังจากบริเวณหลังボードิษฐะไปเป็นส่วนช่องคลอดโดยหันที่อวัยวะเพศชายเดิม ความสัมพันธ์ของช่องคลอดและอวัยวะเพศชายเดิม โดยทั่วไป อาจเพิ่มความเสียหายโดยตัดต่อหัวอวัยวะเพศชายเดิม หรือตามเทคนิควิธีการที่ทวารหนักก่อนผ่าตัด
4. ตัดบริเวณรอบช่องคลอด แคมนอก (Labiab Major) โดยใช้หัวบีร์เวิร์กที่หัวสั้นอ่อน จะด้วยวิธีการตัดอันตรายรอบแคมนอก แล้วนำหน้าและเนื้อเยื่อรอบ ๆ แยกแทนเพื่อสร้างรูปแบบของแคมนอก (Labiab Major) ส่วนแคมใน (Labiab Minor) ได้มาจากหน้าทวารีบริเวณอวัยวะเพศ สำหรับตกแต่งอวัยวะเพศชาย
5. การตกแต่งประสาทรับรู้ความรู้สึกให้เป็นไปตามรูปความรู้สึกของเพศหญิง เรียกว่าปุ่มคลิตอริส (Clitoris)
6. ใช้เวลาในการผ่าตัดประมาณ 7-8 ชั่วโมง

Post-operative recovery
การดูแลผ่าตัดช่วงเดือนปี
หลังการผ่าตัด แพทย์จะให้กลับที่โรงพยาบาลเป็นเวลา 6 คืน 7 วัน เพื่อเป็นการควบคุมและดูแลผ่านการปฏิบัติในที่ทวารหนัก ดังนี้

อาการปวด ในวันแรกหลังการผ่าตัดจะเป็นวันที่ปวดมาก โดยทั่วไปแพทย์จะให้ยาแก้ปวดตามเวลา แต่ถ้าปวดหนักสามารถขอยาเพิ่มได้

อาการปวด

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อาการสัมผัส
การเคลื่อนไหว หลังจากการผ่าตัดต้องนอนบนเตียงตลอดเวลา ท่ามีลูกเดินจนกว่าจะถึงเวลาที่แพทย์กำหนดไว้ และทำการลุกเดินได้หลังจากการริดแผลและเตรียมพร้อมแล้ว ซึ่งในขณะนอนบนเตียงตลอดเวลา อาจมีอาการปวดเมื่อย สามารถพลิกบนเตียงได้ตามความเหมาะสม หรืออาจจะใช้หมอนหรือวางยางรองกันได้เพื่อลดความมีอยู่

อาหาร ควรลดอาหารที่มีกาญจน์ เช่น ผัก ผลไม้ และน้ำผลไม้ที่ไม่ทุกชั่ว และเครื่องดื่มประเภทนมและที่มีส่วนผสมของนมทุกชนิด ตลอดระยะเวลารู้ถึงเวลายากบอก ควรรับประทานอาหารอย่าง อย่างน้อยในวันแรก ส่วนในวันถัดไปสามารถทานอาหารธรรมดาได้

การขับถ่าย
ปัสสาวะ หลังจากการผ่าตัด แพทย์จะใส่สายสวนปัสสาวะไว้ อาจทำให้รู้สึกปวดท้องตลอดเวลาในระยะแรก เนื่องจากมีถุงปัสสาวะใส่ในกระเพาะปัสสาวะ อาการดังกล่าวจะเริ่มดีขึ้นเองภายใน 1-2 วัน หลังจากการผ่าตัด อุจจาระ หลังการผ่าตัด แพทย์จะใส่ผ้าก้อนไว้ในช่องทวารหนัก และจะรอคอยการขับถ่าย โดยที่ไม่รู้สึกปวดท้อง อาการดังกล่าวจะเริ่มดีขึ้นภายใน 1-2 วัน หลังการผ่าตัด และอาการหายไปเมื่อออกจากผ้าก้อนที่อยู่ในช่องทวารหนัก หากต้องการขับถ่ายอุจจาระจะต้องขับถ่ายเองอยู่ในเตียงเท่านั้น และหลังจากการผ่าตัด

อาการปัสสาวะไม่ได้หลังจากการผ่าตัด แพทย์จะใส่สายสวนปัสสาวะอยู่อีก 1 สัปดาห์ อาจทำให้รู้สึกปวดท้องตามที่มีอาการบวมของเนื้อเยื่อรอบๆ ของท่อปัสสาวะ ซึ่งทำให้ปัสสาวะไม่ได้ แพทย์จะแก้ไขโดยการใส่สายสวนปัสสาวะต่ออีกประมาณ 1 สัปดาห์ อาการนี้จะหายไปเมื่อผู้ป่วยต้องการขับถ่ายอุจจาระและใส่สายสวนปัสสาวะจนหาย

การดูแลหลังผ่าตัดเมื่อกลับบ้าน
การรับประทานยา ควรรับประทานยาตามแพทย์สั่งอย่างต่อเนื่อง ซึ่งยาที่ให้ประกอบด้วยยาแก้อักเสบ ยาฆ่าเชื้อ ยาต้านการปวด ยาลดอาการของแผล ยาดูแลแผลตัด

2.1 แผลผ้าตัดระยะแรกจะมีลักษณะเป็นแผลที่มีอาการบวมและเจ็บปวด แพทย์จะให้ยาแก้อักเสบย่อยและยาลดบวม เมื่อหายไปจะทำให้การหายขึ้น และยังเริ่มติดจึงจะมีการป้องกันการเกิดการติดเชื้อ

2.2 การดูแลแผลด้วยยา Betadine ทาแผลด้วยอาหารแผลเป็นแบน (Labia Major) และแผลใน (Labia minor) คลิตอริส (Clitoris) และมีการใช้ยา Betadine ทาหน้าท้องที่อวัยวะที่เกี่ยวข้อง น้ำยาแพร่เชื้อที่มีประโยชน์ Banocin วันละ 2 ครั้ง เข้า – เปรี้ยว

การมีเพศสัมพันธ์
1-4 สัปดาห์แรก ควรดูดมีเพศสัมพันธ์ที่แข็งของคลอด
หลัง 4 สัปดาห์ มีเพศสัมพันธ์ได้ โดยต้องสวมถุงยางอนามัย และ Jelly หล่อสืบในการร่วมเพศทุกครั้ง เพื่อลดการเสียซึม ซึ่งอาจจะทำให้เกิดบาดแผล และมีเลือดออกได้
หลัง 8 สัปดาห์ สามารถมีเพศสัมพันธ์โดยไม่ต้องสวมถุงยางอนามัยได้
การใช้ไข่ปุ๋ย หากแผลผ่าตัดยังไม่ปูผ้า สามารถเริ่มรับประทานไข่ปุ๋ยได้ 2 สัปดาห์ หลังผ่าตัด โดยห้ามหลังจากแปลงเพศสามารถการใช้ไข่ปุ๋ยลงจากเดิมได้ เนื่องจากการผ่าตัดมีการสัมผัสที่แตกต่างโดยใช้ไข่ปุ๋ย

กิจกรรมและการออกกำลังกาย เนื่องจากการผ่าตัดแปลงเพศเป็นการผ่าตัดใหญ่ หลังผ่าตัดควรพักผ่อนที่บ้านประมาณ 2 สัปดาห์ และกิจกรรมหนัก ๆ ควรรอดอย่างน้อย 4 สัปดาห์

ในช่วงสั่งเป็นเวลา ควรเตรียมถุงยางอนามัยแบบห่วงและแบบการฟื้นฟูผู้ป่วย ประมาณ 2-3 ครั้ง ต่อวัน เพื่อขับเสียเลือดที่ค้างอยู่ในช่องคลอด และดูแลรักษาความสะอาดอย่างสม่ำเสมอ

อาการที่เกิดขึ้นหลังการผ่าตัด

อาการที่เกิดขึ้นหลังการผ่าตัด

ทิศทางการปัสสาวะ ในระยะแรกเนื้อเยื่อรอบท่อปัสสาวะยังยุบบวม เวลาปัสสาวะนั้นจะไม่พุ่งเป็นสาย แต่หลังจากนั้นเนื้อเยื่อของปัสสาวะจำนวนมากจะยุบบวม อาการชา

การปิดแผล ในสัปดาห์แรก หลังการขยายช่องคลอด และการสวนล้าง จะมีน้ำเหลืองและเลือดออกมาจากแผลได้ โดยเฉพาะเวลาที่เปลี่ยนจากท่านั่งเป็นท่านอน ในสัปดาห์แรกและสัปดาห์ที่ 2 จะต้องใส่ผ้าอนามัยไว้ตลอดเวลา ในสัปดาห์ที่ 1-3 ควรไว้ผ้าอนามัยแบบห่วง เพราะออกไส้ได้ หลังจากนั้นเก็บเปลี่ยนมาใช้แบบแบบแยกกันได้

อาการชา ระหว่างผ่าตัดอาจมีการกระทบกระเทือนเนื้อเยื่อและเส้นประสาท ทำให้รู้สึกชาซึ่งมีความรู้สึกแปลบ ๆ รอบ ๆ แผล และหลอดเลือดไม่ค่อยเป็นสิ่งที่น่ากังวล แต่หลังการผ่าตัดจะค่อย ๆ ดีขึ้น

อาการที่เกิดขึ้นหลังการผ่าตัด

ความรู้สึกหลังการผ่าตัด

5.1 สำหรับเทคนิคการผ่าตัดของ BCS คลิตอริส (Clitoris) ซึ่งเป็นบริเวณที่เกี่ยวกับความรู้สึกจะอยู่เหนือท่อปัสสาวะ และอยู่ระหว่างแน่มในทั้ง 2 ข้าง ต่อมเหล่านี้จะเป็นต่อมที่รับความรู้สึกได้มากที่สุด ซึ่งถ้ามีการกระทบกระเทือนบริเวณนี้จะเกิดการรู้สึกอย่างสุนัขคือ มีการออกกำลัง อาการที่เกิดขึ้นตามความรู้สึกของเส้นประสาทจะเกิดขึ้นเร็ว ๆ อย่างที่จะมีความรู้สึกเป็นปกติประมาณสัปดาห์ที่ 3-4

5.2 ในผู้ที่ผ่าตัดแปลงเพศหรือผู้ที่มาร์คหลังเกิดมาจะมาร์คปัสสาวะและผนังช่องคลอด โดยมีการต่อมลูกหมากและต่อม ความรู้สึกที่ยังคงอยู่ เช่น โดยที่ทำให้ผู้ผลิตเรื่องเลี้ยงจะไม่เพียงพอสำหรับการร่วมเพศ ดังนั้นก่อนการร่วมเพศจะต้องเตรียมการเหล่านี้
หลังการผ่าตัดแปลงเพศแล้วระยะหนึ่ง ต้องมีการรักษาทางเพศและการบรรลุสุขสติ ต่างกับในบุคคลที่มีการสร้างฮอร์โมนในน้อยเกินไป ต้องใช้ที่สอดใส่ในบริเวณน้อย ๆ ช่วยหรือหยุดใช้ฮอร์โมนเพศหญิง

การถึงจุดสุดยอด มีผลเสริมและลดการถึงจุดสุดยอดเฉพาะที่เกิดจากการผ่าตัด แต่ถ้าที่ทำการเปลี่ยน เพศ ข้อมูลของจะมีผู้พบไม่ได้ข้อมูลการสังเกตที่ชัดเจน ดังนั้นในการร่วมเพศจำเป็นต้องใช้สารหล่อลื่น เพื่อให้สัมผัสที่มีรูปแบบใหม่ที่สร้างสรรค์ใหม่และดั่งอุปกรณ์ที่มี ข้อมูลที่สอดคล้อง รายดังกล่าว ๆ จะยอมทางที่โปร่งใสไม่ได้ยอมทางที่โปร่งใสของตลอดไหม้เห็นผู้หญิง และปรับปรุงการสังเกต การตัดสินใจที่สามารถที่มีประสิทธิภาพได้

ข้อมูลดังนั้น หลังผ่าตัดระยะแรก ช่องคลอดมีความเสียหาย 5-6 นิ้ว หลังจาก 4-6 เดือน ความเสียหายของช่องคลอดมีความเสียหาย ประมาณ 1 นิ้ว ในกรณีที่ข้อมูลดังกล่าว สามารถแก้ไขได้โดยการผ่าตัดด้วยการตัดเส้นใหญ่ ซึ่งสามารถทำได้ประมาณ 6 เดือนหลังจากการผ่าตัดครั้งแรก

ข้อมูลดังนี้ปัญหาจากการขยายช่องคลอดไม่ได้ตั้งแต่ดีส่งขั้นตอน การแก้ไขข้อมูลด้วยอุปกรณ์ขยาย ความกว้างของช่องคลอด ซึ่งมีสภาพเป็นถุงไป骶สามารถขยายให้กว้างขึ้นได้ สำหรับอุปกรณ์ดังกล่าวสามารถสังเกตได้ที่ Ladyboyshop.com ในบางรายที่มีข้อมูลดังกล่าว หรือใช้อุปกรณ์ขยาย ไม่ได้ขึ้นอาการผิดเข้าโดยใช้เทคนิคของการขยายช่องคลอดที่จะมีการขยายขึ้นได้

ปัญหาเรื่องเลือดออกในช่วง 1-5 วันแรก หลังเปิดแอ็คเจนต์มีเลือดออกทางท่อปัสสาวะ ถ้ามีเลือดออกให้กรงก่อนผ่านหนักที่บริเวณเลือดออกโดยทำให้เลือดสามารถหยุดได้ เช่นเลือดไหลผิดติดบริเวณแพทย์

การขยายช่องคลอด

การขยายช่องคลอดหลังการผ่าตัดนั้น เป็นสิ่งสำคัญที่สุดของการดูแลสังเกตัด เนื่องจากถ้าการใช้ที่สอดใส่ใน อย่างไร หรือการใช้การขยายช่องคลอดที่สร้างใหม่จะมีผลดีขึ้น การขยายช่องคลอดต้องทำทุกท่านเป็นเวลา 2 ปี หรืออย่างน้อย 6 เดือน ยกเว้นกรณีมีเพศพันธุ์เดียวกัน เมื่อจะไม่ต้องทำการขยายช่องคลอดก็สามารถทำได้โดยพิจารณาการใส่แท่งเทียนที่ขยายช่องคลอดต้องทำได้โดยใส่แท่งเทียนเข้าไปตรง ๆ ประมาณ 2 ใน 3 ของแท่งเทียน แล้วเปลี่ยนทิศทางการใส่แท่งเทียนตามแนวทางของระยะสั้นหลัง

วิธีการขยายช่องคลอด

นอนดิ้งตรง หนุมานนอน 1-2 ใบ
ขั้นตอน 2 ข้าง แยกขา 2 ข้าง ออกกว้าง ๆ
ใส่แท่งเทียนเข้าไปในช่องคลอดจนสุดความเสียหาย และตั้งแท่งเทียนไม่ให้ขยัน
เปลี่ยนทิศ 2 ข้างลง ในขณะที่ตั้งแท่งเทียนอยู่ในช่องคลอด
นอนอยู่ในท่า (ข้อ 4) นาน 30 นาที
ดึงแท่งขึ้น 2 ข้าง ค่อย ๆ ตั้งแท่งเทียนออก
ทำการสอดใส่ช่องคลอด

วิธีการสอดใส่ที่ความสะอาดช่องคลอด
การสวนล้าง ควรทำวันละ 2 ครั้ง เพื่อทำความสะอาดลดการติดเชื้อและลดกลิ่นอันไม่พึงประสงค์ โดยจะทำการสวนล้างข้าง 2 ครั้ง ดังนี้ หลังจากได้ทำการขยายช่องคลอดเรียบร้อยแล้ว สำหรับน้ำยาที่สามารถใช้ในการสวนล้างมี 2 ชนิด คือ

Betadine จะใช้ในช่วงเวลา 1-2 เดือนแรก โดยใช้ Betadine 10 cc. + น้ำ 1 ลิตร ในกรณีที่สะอาด
Detal (สูตรปกติ) จะใช้ในช่วงเวลาหลังจากการผ่าตัดไปแล้ว 2 เดือน เนื่องจาก Detal นั้น จะใช้ได้เมื่อแผลหายสนิทดีแล้ว โดยใช้ Detal 1 cc. + น้ำ 1 ลิตร

อุปกรณ์สำหรับใช้สวนล้างและวิธีสวนล้าง

ลูกยางแดง
วิธีใช้ บีบลูกยางแดงจุ่มในน้ำยาสวนล้างที่ผสมตามอัตราส่วนแล้ว ดูดน้ำยาให้เต็มลูกยางแดง สอดปลายลูกยางแดงเข้าไปในช่องคลอด ปันน้ำยาสวนล้างเข้าไปแรง ๆ ที่เพื่อให้ทะลุคลุม น้ำยาที่ถูกฉีดเข้าไปจะไหลออกมาเอง ทำแบบเดิมจนน้ำยาที่ผสมไวหมด จากนั้นล้างกับลูกยางแดงและภาชนะให้สะอาด

ถุงสวนล้าง
วิธีใช้ ปิดด้วยหน้าป้ายไว้ เทน้ำยาที่ผสมตามอัตราส่วนแล้วใส่ในถุงสวนล้าง แขวนถุงให้สูง สอดปลายถุงสวนล้างเข้าไปในช่องคลอดจนสุด ปล่อยตัวหน้าป้ายไว้ น้ำยาจะไหลเข้าไปในช่องคลอด และไหลออกมาเองจนหมด ล้างกับถุงสวนล้างให้สะอาดและตากในที่แห้ง

หมายเหตุ ขณะทำการสวนล้าง 2 วิธี ควรนั่งเอนตัว ทำในชักโครก เพราะน้ำที่ไหลจากช่องคลอดจะไหลลงไปในชักโครก

Photographic examples of those who have undergone surgery

1.2.1.2 Breast Augmentation
1) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/ชายเป็นหญิง/เสริมหน้าอกชายเป็นหญิง
การได้รับใช้ฮอร์โมนเพศหญิง (Estrogen) ของสตรีข้ามเพศ (Transgender) มาเป็นเวลานานมากกว่า 1 ปีขึ้นไปจะมีการกระตุ้นต่อมนมให้เติบโตขึ้นบ้าง แต่อย่างไรก็ตามไม่สามารถทำให้มีขนาดใหญ่เท่าที่ต้องการได้ จึงจำเป็นที่จะต้องเสริมเต้านม เพื่อให้มีขนาดและรูปร่างเหมือนธรรมชาติ การเสริมหน้าอก ชายเป็นหญิง ศัลยแพทย์จะต้องมีความเชี่ยวชาญในพื้นที่เฉพาะทางล้วนเนื่องจากจะต้องมีความแตกต่างกับผู้หญิงที่จะต้องให้มีขนาดใหญ่ขึ้นตามرارบริเวณซึ่งผู้หญิงแท้ ๆ การจัดทรงทำได้ยากกว่า ประกอบกับการมีไหล่กว้างกว่า และตำแหน่งของหัวนมอยู่ไม่ได้อยู่กึ่งกลาง จะต้องใช้ ทางด้านช่างมากกว่า ดังนั้นแพทย์การผ่าตัดและประสบการณ์ของช่างแพทย์จะช่วยให้ความสมดุลระหว่างการเกิดร่องอก และตำแหน่งของหัวนมต้องไม่ออกไปด้านข้างมากเกินไป จึงจะได้รูปทรงที่สวยงาม ขณะเดียวกันการเลือกขนาดและแบบชนิดของซิลิโคน (High Profile, Medium Profile Implants) ให้เหมาะสมกับความกว้างของไหล่ และตำแหน่งของหัวนม รองจะทำให้ได้เต้านมที่สวยงามและเหมาะสมกับรูปบ้าง

**Types of incisions:**
1. Incision Peri- auréolaire
2. Incision in the armpit
3. Incision in the chest
Breast implants available:
   a. Prostheses gel texture
   b. Prostheses with flexible gel
   c. Prostheses with saline
   d. Prostheses with adaptable saline

Preparation before surgery
คุณสมบัติที่เหมาะสมสำหรับผู้ที่ต้องการเสริมหน้าอก
มีความคาดหวังในความเป็นจริง
มีสภาวะทางจิตใจที่มั่นคง
มีร่างกายที่สมบูรณ์แข็งแรง
มีอายุตั้งแต่ 18 ปีขึ้นไป
Good candidate for breast augmentation profile:
Realistic in its expectations
psychologically stable
Not sick
Good physical health
Be 18 years or more

Surgical procedures
การเสริมหน้าอก เป็นการผ่าตัดด้วยการใช้ซิลิโคนโดยศัลยแพทย์ มีวิธีการเปิดแผลได้ตามลักษณะ เปิดแผลบริเวณบนผิวโดยการวางซิลิโคนให้เล็มเนื้อ แม้ว่าการเสริมเต้านมในสาวประเภทสองและผู้หญิงทั่วไปมีวิธีการผ่าตัดที่ไม่แตกต่างกันนัก แต่ลักษณะทางกายภาพนั้นแตกต่างกัน เนื่องจากสาวประเภทสองนั้นมีลักษณะเนื้อที่ตึงและมีเนื้อที่มีขนาดน้อยกว่าผู้หญิง เพื่อให้ได้ผลลัพธ์ที่ดีที่สุดของการเสริมเต้านมให้เหมือนผู้หญิง การมีเทคนิคทางเลือกที่หลากหลายเกิดขึ้นในการศัลยกรรมเต้านมเพื่อให้เหมาะกับต้องการของแต่ละบุคคล ผู้ที่ผ่าตัดควรทราบว่าศัลยกรรมเสริมเต้านั้นสามารถเลือกแบบเต้านมผู้หญิงได้ไม่เหมือนแบบ
การผ่าตัดลดขนาดเต้านม (BREAST REDUCTION SURGERY)

ผู้หญิงทุกคนได้มีหน้าอกที่สวยงาม การที่มีขนาดใหญ่เกินไปสมดุลกับตัว ทำให้มีปัญหาเรื่องการปวดหลัง หรือปวดเมื่อยบริเวณหัวไหล่ เพราะต้องแบกรับน้ำหนักของหน้าอก และหาเสื้อผ้าใส่ยาก การผ่าตัดลดขนาดของเต้านม จึงเป็นการช่วยแก้ปัญหาเหล่านี้ได้ตรง ทำให้คุณผู้หญิงที่มีหน้าอกใหญ่เกินความต้องการ ไม่ต้องทนปวดหลัง ปวดไหล่ และต้องทนแบกรับน้ำหนักของเต้านมอีกต่อไป

การผ่าตัดลดขนาดเต้านม มี 2 วิธี

1. การดูดไขมันจากเต้านม แพทย์จะทำการดูดไขมันสำหรับรายที่มีขนาดหน้าอกไม่ใหญ่มากนัก ข้อเสียคือไม่สามารถจะควบคุมรูปทรงของเต้านมได้ และไม่สามารถกำหนดขนาดเต้านมที่ต้องการได้ตามความพอใจ

2. การผ่าตัดเต้านม สำหรับผู้ที่มีขนาดหน้าอกใหญ่มาก: แพทย์จะทำการผ่าเลาะผิวหนังออกคล้ายรูปตัวหงาย Inverted-T Scar (ตามตัวอย่างในรูปภาพ A) และทำการตัดเอาไขมัน และเนื้อออกเพื่อให้ได้เต้านมตามขนาดที่ต้องการ จากนั้นทำการเย็บผิวหนังและหัวนมกลับเข้าที่ (ตามรูปภาพ B)

ซึ่งข้อดีของการผ่าตัดลดขนาดเต้านม คือ จะได้หน้าอกตามขนาดและรูปร่างใกล้เคียงกับที่ต้องการ แต่อาจมีผลผลิตในพื้นที่ของที่ผ่าตัด สำหรับผู้ที่ต้องการดี ระยะเวลาการผ่าตัดประมาณ 3-5 ชั่วโมง ขึ้นอยู่กับขนาดของเต้านม

Post-operative recovery

การดูแลหลังผ่าตัด

การดูแลและผ่าตัดต้องระวังไม่ให้แผลถูกล้าม ประมาณ 2-3 วัน หลังการผ่าตัด และทำความสะอาดแผลตามที่แพทย์แนะนำ

Photographic examples of those who have undergone surgery
General surgical information

คัดย่อการเสริมหน้าอก

ส่วนหนึ่งของเรือนร่างที่สวยงามของผู้หญิงที่งดงามที่ที่สุดได้แก่ทรวงอกที่สวยงามในตัวเอง มิได้รูปแบบที่ไม่เหมาะสมกับเรือนร่างของแต่ละคน แต่ธรรมชาติก็ไม่ได้ให้ความงามแก่ขั้วทุกส่วน บางรายอาจมีทรวงอกที่ไม่เป็นที่พึงพอใจ ก่อให้เกิดการขาดความมั่นใจในตัวเอง ผู้หญิงส่วนใหญ่จึงต้องการเพิ่มขนาดของทรวงอก ด้วยเหตุผลหลายๆประการ เช่น เสริมสร้างบุคลิกภาพ ความมั่นใจ เพื่อเสริมให้รูปร่างดูดีขึ้น ทั้งนี้ เพื่อความปลอดภัย ควรปรึกษาศัลยแพทย์ตกแต่งที่มีความชำนาญและได้มาตรฐานในการรักษา

ผิวของซิลิโคน

1. ซิลิโคนผิวเรียบ
2. ซิลิโคนผิวทราย

ข้อแตกต่างของซิลิโคนแบบแบบนั้น คือ ซิลิโคนแบบผิวเรียบจะเกิดริ้วบนผิวหน้าอกน้อยกว่า มีความนิ่มคล้ายหน้าอกธรรมชาติ ในส่วนของซิลิโคนผิวทรายจะมีความหนืดที่จะมีความสามารถยึดกับเนื้อเยื่อให้มากกว่าซึ่งจะทำให้ตำแหน่งของทรวงอกไม่เกิดการเปลี่ยนแปลงได้ง่าย ๆ ซึ่งการเสริมหน้าอกให้สวยงามไม่ได้ขึ้นอยู่กับแบบฟิสิกของซิลิโคน และจะขึ้นอยู่กับเทคนิคทางการแพทย์มากกว่า

รูปทรงของซิลิโคน

1. รูปทรงกลม
2. รูปทรงหยดน้ำ
ในกรณีรูปทรงของหน้าอกจะให้ทำแล้วออกมาเป็นในลักษณะไหน  ก็ต้องได้รับการพิจารณาทรงหน้าอกเดิมจากศัลยแพทย์ด้วย

วิธีการใส่ซิลิโคน

1. เหนือกล้ามเนื้อ (Subglandular)
2. ใต้กล้ามเนื้อ (Submuscular)

ทั้ง 2 วิธีก็จะมีข้อดีแตกต่างกันไป การใส่ซิลิโคนแบบเหนือกล้ามเนื้อจะทำให้หน้าอกนิ่ม เป็นธรรมชาติเร็วกว่าการใส่ใต้กล้ามเนื้อ แต่ในส่วนของการใส่ซิลิโคนใต้กล้ามเนื้อจะลดโอกาสการหย่อนคล้อยของหน้าอก ทำให้หน้าอกดูตึงขึ้น เมื่อจะต้องทำการบวมหลังทำป้ายแล้วนำไปต่ำกว่า ซึ่งทั้ง 2 วิธียังต้องได้รับการพิจารณาจากฐานอกเดิมโดยศัลยแพทย์

Surgical procedures

การเก็บแผลหลังจากการผ่าตัด

1. แผลบริเวณปานนม
2. แผลบริเวณใต้ราวนม
3. แผลบริเวณใต้รักแร้

ในส่วนของขนาดของแผล และ แผลเป็นที่จะเกิดขึ้นนั้นจะขึ้นอยู่กับการดูแลตัวเองหลังทำ และเทคนิคการผ่าตัดที่มีศัลยแพทย์

การผ่าตัดศัลยกรรมเสริมหน้าอก

ต่างคนที่จะใส่ซิลิโคนที่จะใส่ในตำแหน่งที่ซิลิโคน จะต่ำหรือสูงกว่า ซิลิโคนที่ใส่ในตำแหน่งที่จะใส่ซิลิโคน ซึ่งแพทย์จะอธิบายให้ทราบถึงข้อดีและข้อเสียของการตัดต่อถ้าเป็นไปตามต้องการ แพทย์จะแนะนำคุณสมบัติของซิลิโคนที่จะใส่ซิลิโคนให้แก่คุณโดยให้คุณไปที่ผ่าตัดพยาบาล ซึ่งจะมีการใช้เครื่องมือ ซึ่งแพทย์จะอธิบายให้ทราบถึงการผ่าตัด
ระยะเวลานิการับบริการ ใช้เวลาด้วยตัวประมาณ 1 - 2 ชม. โดยการสวนสมบูรณ์

Post-operative recovery

การดูแลหลังจากการผ่าตัด

ปฏิบัติตามคำแนะนำของแพทย์อย่างเคร่งครัด

เช็คด้านในการทำความสะอาดร่างกาย เมื่อ 1 สัปดาห์ผ่านไป แต่ละๆที และสามารถอาบน้ำได้ตามปกติ โดยไม่ต้องทำแผลจะจะมันก่อนจะมารับตรวจซ้ำตามแพทย์แนะนำ

การทยอยผ่าเหงาน้วยหลั่งในเรียง 1 เดือนแรก

พัฒนาพัฒนาตามที่แพทย์ได้พัฒนาไว้ตามระดับที่หายออกเป็นระยะเวลาน้อย 2 สัปดาห์

วงโซ[]>ที่มีโครงเหล็ก เป็นเวลา 2 สัปดาห์ อาจเปลี่ยนเป็นยกทรงแบบ Sport Bra ได้

นวดหน้าอกตามที่แพทย์แนะนำ ต้องตลอดต่อเนื่องทุกวันละ 2 ครั้ง ครั้งละ 20-30 นาที เป็นเวลา 6 เดือน หลังจาก 6 เดือนไปแล้วนวดกว่านั้น

เข้าพบแพทย์ตามใบไป  หากพบอาการผิดปกติใด ๆ ควรแจ้งแพทย์ให้ทราบทันที

1.2.1.3 Facial Feminization Surgery (FFS)

1) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/ชายเป็นหญิง/ศิลปกรรมใบหน้าชายเป็นหญิง

General surgical information

เมื่อคุณตัดสินใจแล้วที่จะดำเนินการเปลี่ยนแปลงชีวิตจากการเป็นเพศผู้เป็นเพศหญิง ตามที่เป็นกริยาตามที่ วิเคราะห์และวิเคราะห์การเปลี่ยนแปลงไปในหน้า ให้มีความอยู่ในการมีมุมมองเป็นสมดุลมากขึ้น โดยทำให้สังเกตและจารจารวัตตัวหน้าของ

หญิงและชาย มีความแตกต่างกันอย่างเห็นได้ชัดเจน ดังในแพทย์ที่มีประสบการณ์ และความรู้ทางการแพทย์ ที่จะทำให้คุณมีใบหน้าคล้ายกับที่คุณประสงค์

ลักษณะโครงสร้างใบหน้าของหญิงและชาย ที่แตกต่างกันมีดังนี้
หน้าผาก คิ้ว
ผู้หญิง จะมีหน้าผากโค้ง โหนกคิ้วไม่รูด รูดเล็ก ๆ ในนูน
ผู้ชาย จะมีหน้าผากกว้างสูง โหนกคิ้วที่สูงกว่าผู้หญิง
ผู้หญิง คิ้วโค้งไม่มีโหนกคิ้ว หรือมีเพียงเล็กน้อย
ผู้ชาย โหนกคิ้วสูงหนา คิ้วอยู่ในบริเวณต่ำกว่าผู้หญิง

จมูก
ผู้หญิง กรอบหน้าผาก โค้งดูอ่อนโยนกว่าผู้ชาย
ผู้ชาย บวมนูน เถิกผมที่สูงกว่าผู้หญิง

โหนกแก้ม
ผู้หญิง โหนกแก้มกลม ทำให้ใบหน้าดูอิ่ม
ผู้ชาย โหนกแก้มต่ำและดูแบน เหลี่ยม

ริมฝีปาก
ผู้หญิง ปากเอิบอิ่ม เผยขึ้นเล็กน้อย ใส่ฟันได้
ผู้ชาย ปากบางเรียบยาวกว่า

คาง
ผู้หญิง คางแหลมเรียว ดูนุ่มนวลไม่ยื่นยาว
ผู้ชาย คางกว้างยื่นมาเห็นชัดเจน

กราม
ผู้หญิง กรามแคบเล็ก ต่อมน้ำลายน้อย มองไม่เห็น
ผู้ชาย กรามกว้าง ต่อมน้ำลายเยอะกว่า

ลูกกระเดือก
เป็นกระดูกอ่อนที่นูน และมองเห็นชัดในเพศชาย ยิ่งถ้ามีอายุมากกว่า 30 ปี ก็มักจะมีแคลเซียมเกาะ และทำให้กลายเป็นกระดูกแข็ง การผ่าตัดก็จะทำได้ยาก

Surgical procedures
แพทย์จะผ่าตัดโดยเปิดแผลใต้คาง และอยู่ในส่วนที่สูงสุด เพื่อหลีกเลี่ยงการมองเห็นแผลเป็น แต่ผ่าตัดจะเป็นแนวตามขวางตามรอยพันข้อของผู้ชาย ใส่แผลปิดช่วยให้สุดท้ายที่จะทำ

บริการศัลยกรรม
ได้ โดยการผ่าตัดจะใช้เวลาประมาณ 1 ชั่วโมง สามารถใช้ทั้งการฉีดยาชาและการดมยาสลบ โดยจะพิจารณาจาก อายุ ความสูง และขนาดของกระดูก หากดมยาสลบ ต้องนอนพักที่โรงพยาบาล 1 คืน และพักฟื้น 5 วัน

Photographic examples of those who have undergone surgery

2) Example content from Bangkok Cosmetic Surgery Clinic

Source: http://www.bcsclinic.com/index.php/ตกแต่งใบหน้าให้เป็นเพศหญิง

General surgical information

ผู้ที่อยู่ในกลุ่มที่ต้องการเปลี่ยนเพศจากชายเป็นหญิง มักมีใบหน้าที่เป็นเพศชาย คือ มีกระดูกเหนือคิ้ว, บุนทุศ, หน้าผากกว้าง, จมูก ลักษณะของเพศชาย หรือมีโหนกแก้มสูง การผ่าตัดเพื่อให้ใบหน้าเป็นเพศหญิง ประกอบด้วย

การผ่าตัดหน้าศีรษะล้าน (Scalp reduction)
การตัดหน้าศีรษะล้านปิดบริเวณหน้าผากเพื่อลดความสูงของหน้าผาก (Forehead Reduction)
การตัดหน้าผาก (Forehead lift) เพื่อลดรอยย่นบริเวณหน้าผาก
การลดความสูงของคิ้ว โดยการกรอกกระดูกโหนกคิ้ว
การเสริมหน้าผาก ในบางรายอาจทำโดยการฉีด filler หรือใส่ซิลิโคนเท่
การผ่าตัดหน้าตาบน (Upper Blepharoplasty)
การตัดหน้าตาล่าง (Lower Blepharoplasty)
การผ่าตัดกระดูกโหนกแก้ม (Reduction Rhinoplasty)
การทำกลวงความสูงและความกว้างของจมูก, ตกแต่งกระดูกอ่อนของจมูก
การลดความสูงของโหนกแก้ม โดยการเปิดแผลที่เกิดขึ้น แล้วกรอกกระดูกโหนกแก้มลง
หรืออาจใช้วิธีการผ่าตัดตกแต่งกระดูกแก้มให้แคบลง
การผ่าตัดกริมฝีปาก (Lip Lift)
การตัดกราม เพื่อให้รูปหน้าไม่เป็นรูปเหลี่ยม
การเตรียมตัวก่อนผ่าตัดแต่ละชนิดจะมีรายละเอียดแตกต่างกัน จึงต้องพิจารณาถึงวิธีการผ่าตัดเป็นราย ๆ ไป

1.2.1.4 Thyroid Chondroplasty Reduction

1) Example content from Kamol Hospital

![Photographic examples of those who have undergone surgery](https://www.kamolhospital.com/)

Source: https://www.kamolhospital.com/แกลเลอรี่-ศัลยกรรมชายเป็นหญิง-ตกแต่งกระดือ

2) Example content from BPK9 International Hospital

![Photographic examples of those who have undergone surgery](http://www.bangpakokhospital.com/procedure/content/)

Source: http://www.bangpakokhospital.com/procedure/content/ศัลยกรรมเหลาลูกกระดือ
General surgical information

Adam’s apple (laryngeal prominence) is a result of the growth of cartilage in the larynx, which serves as the structural foundation of the vocal cords. The growth occurs during puberty and can be influenced by hormonal changes. The prominence is more pronounced in males than females and tends to be wider and more pointed. Adam’s apple is not always removed during thyroid surgery, as it is also a natural part of the thyroid gland. The decision to remove it depends on the surgeon’s judgment.

Recommendations

- Stop taking vitamins and supplements for at least 2 weeks before surgery.
- Eat normally after surgery.
- Avoid using your voice for the first 3 days.

Source: http://www.bcscl clinic.com/index.php/thyroid

General surgical information

Thyroid chondroplasty (thyroid chondroplasty) is a surgical procedure to flatten the Adam’s apple in men to resemble the larynx of women without a Adam’s apple. The procedure is performed under local anesthesia or general anesthesia. This procedure is used to flatten the Adam’s apple rather than to change the voice. It can reduce the height of the Adam’s apple by a certain amount but cannot make it completely flat, as this may be dangerous to the vocal cords.

Adam’s apple (laryngeal prominence) is one of the largest protrusions of the trachea, located in the lower part of the Adam’s apple. It is connected to the Adam’s apple by the Adam’s ligament, which serves as a support structure for the vocal cords.
ส่วนที่อยู่ด้านหน้าสุดจะมีลักษณะนูนเด่นมากกว่าวัยเพศหญิง เนื่องจากมุมระหว่างกระดูก 2 ชิ้นในเพศชายมุมประมาณ 90 องศาในเพศหญิงมุมระหว่างกระดูก 2 ชิ้นจะมุมประมาณ 120 องศาทำให้กระดูกอ่อนต่อขนานกันไม่ได้เป็นพิเศษ

กระดูกลูกกระเดือกในผู้ที่มีอายุน้อย (18-29 ปี) กระตุก (thyroid cartilage) มักจะมีโครงสร้างเยื่ออกกระดูกดันที่หญิงมุมระหว่างกระดูกอ่อน 2 ชิ้นจะมุมประมาณ 180 องศา ทำให้กระดูกอ่อนเป็นพิเศษ เท่าเดียวกับการผ่าตัดกระดูกอ่อน ทำให้ไม่สามารถทำการผ่าตัดได้ ทำให้เกิดเป็นกระดูกแข็ง

กระดูกอ่อนไทรอยด์เป็นการลดส่วนที่นูนด้านหน้าสุดเพื่อให้กระดูกอ่อนเดียวกันมีความนูนน้อยกว่าเพศชาย

Surgical procedures

เทคนิกการผ่าตัด

ทำโดยเปิดแผลผ่าตัดใต้คางโดยทั่วๆไปจะพยายามให้แผลผ่าตัดอยู่ด้านสุด เพื่อที่คนอื่น ๆ ไม่สามารถสังเกตเห็นได้

โดยทั่วไปการผ่าตัดจะมองแผลตามขวางเพื่อให้เข้ากับรอยผ่าตัดที่ทำให้เห็น และเป็น ไม่ชัด การตกแต่งกระดูกอ่อนไทรอยด์เป็นการลดส่วนที่นูนด้านหน้าสุดจะทำให้กระดูกอ่อนด้านหน้าและด้านหลังด้านหน้าสุดในทุกๆองศาที่มีการระดือในกระดูกอ่อน นอกจากนี้มีกระดูกอ่อนที่มีความนูนมากเกินไปในปัจจุบัน

การผ่าตัดจะทำโดยผ่าตัดกระดูกอ่อนด้านหน้าสุดในส่วนนั้นๆมากเกินไปอาจมีอันตรายต่อกระแสประสาทของกล้ามเนื้อ

การผ่าตัดจะทำโดยผ่าตัดกระดูกอ่อนด้านหน้าสุด เพื่อที่คนอื่น ๆ ไม่สามารถสังเกตเห็นได้ ทำโดยเปิดแผลผ่าตัดใต้คางโดยทั่วๆไปจะพยายามให้แผลผ่าตัดอยู่ด้านสุด เพื่อที่คนอื่น ๆ ไม่สามารถสังเกตเห็นได้

โดยทั่วไปการผ่าตัดจะมองแผลตามขวางเพื่อให้เข้ากับรอยผ่าตัดที่ทำให้เห็น และเป็น ไม่ชัด การตกแต่งกระดูกอ่อนไทรอยด์เป็นการลดส่วนที่นูนด้านหน้าสุดจะทำให้กระดูกอ่อนด้านหน้าและด้านหลังด้านหน้าสุดในทุกๆองศาที่มีการระดือในกระดูกอ่อน นอกจากนี้มีกระดูกอ่อนที่มีความนูนมากเกินไปในปัจจุบัน

การผ่าตัดจะทำโดยผ่าตัดกระดูกอ่อนด้านหน้าสุด ในส่วนนั้นๆมากเกินไปอาจมีอันตรายต่อกระแสประสาทของกล้ามเนื้อ

การเตรียมตัวก่อนผ่าตัด

ในกรณีที่ดมยาสลบ ควรงดน้ำและอาหาร 6 ชั่วโมงก่อนผ่าตัด

ในกรณีที่มีการระดือในกระดูกอ่อน ทำให้ไม่สามารถตัดกระดูกอ่อนได้ ต้องใช้เครื่องกรอกอย่างมีประสิทธิภาพเพื่อทำผ่าตัด

การเตรียมตัวก่อนผ่าตัด

ในกรณีที่มีการระดือในกระดูกอ่อน ทำให้ไม่สามารถตัดกระดูกอ่อนได้ ต้องใช้เครื่องกรอกอย่างมีประสิทธิภาพเพื่อทำผ่าตัด

การเตรียมตัวก่อนผ่าตัด

เจาะยาชนิด Aspirin 10 วันก่อนผ่าตัด

เตรียมตัวที่พื้นที่ทำการผ่าตัด

ควรแจ้งให้แพทย์ทราบถึงโรคประจำตัวของคุณ เช่น เบาหวาน, โรคหัวใจ และยาที่แพ้ เช่น เพนนิซิลลิน, ซอลฟ้า ฯลฯ
ผู้ที่ใช้เครื่องกระตุ้นการทำงานของหัวใจ ไม่ควรมารับการผ่าตัด เนื่องจากเครื่องซึ่งไฟฟ้าอาจมีผลต่อการทำงานของเครื่องกระตุ้นหัวใจได้
ถ้ามีความดันโลหิตสูง ต้องควบคุมให้ต่ำกว่า 140/90 mm Hg (มิลลิเมตร ปรอท) ก่อนมารับการผ่าตัด
ผู้ที่เป็นโรคหัวใจ ควรปรึกษาแพทย์ก่อนผ่าตัด

1. เลือกที่จะนอนแบบลบหรือนอนหงายเป็นเวลาผ่าตัด คือที่ได้ทราบแล้วว่าในคนที่อายุมากกว่า 30 ปี กระดูกอ่อนบริเวณนี้จะเปลี่ยนสภาพเป็นกระดูกแข็งทำให้การตัดแต่งทำได้ยากและ อาจต้องใช้เครื่องมือพิเศษในการตัด
2. แผลเป็นที่เป็นแผลทางเข้า โดยทั่วไป ในขณะที่ปรึกษาแพทย์ก่อนผ่าตัดจะวาดตำแหน่งของแผลที่จะผ่าตัดไว้ในหน้าหรือ ปีกเลี้ยวหน้าโดยทั่ว ๆ ไปจะตัดแผลให้อยู่สูงที่สุดเพื่อช่วยวิธีการค้นหาแผลได้ง่าย การตัดที่จะต้องตัดกันไปก็อาจทำ ให้การผ่าตัดทำได้อย่างตื่นเต้นขณะที่ปรึกษาจะต้องประเมินว่าควรเปิดแผลที่ ระดับใดซึ่งจะตัดแผลเป็นและผ่าตัดได้ง่าย ขณะที่เท้าหน้าแผลผ่าตัดที่จะต้องอยู่สูงกว่าตำแหน่งของถุงกระแสอิตาลีประมาณ 2 - 3 เซนติเมตรเพื่อช่วยวิธีการค้นหาแผลเป็นและถ้าเห็นเห็นแผลเป็นก็จะช่วยให้การผ่าตัดทำได้ง่าย ทั้งนี้แผนที่วิธีการค้นหาแผลเป็นได้
3. ดูเสียงพูดว่ามีเสียงแยกกลั้นผ่าตัดหรือไม่ Post-operative recovery
การดูแลหลังการผ่าตัด
โดยทั่วไปไม่เปลี่ยนแปลงไปจากเดิมมีการเปลี่ยนแปลงควรแจ้งให้แพทย์ทราบเพื่อการรักษาเพิ่มเติม วันแรกเป็นพยาบาลต้องดูแลแผลให้ดีให้เสร็จสิ้นก่อนส่งต่อผู้ป่วยที่จะมีการดูแลต่อไปในวันต่อไปซึ่งแพทย์จะตัดไหม 5 วัน
แผลเป็นจะเริ่มเห็นตาดับได้ใน 48 ชั่วโมงหลังจากนั้นจะเห็นชัดน้อยลง อาทิตย์ที่ 2 - 4 อาจมีแผลเป็นเพื่อความตึงของแผล
อาทิตย์ที่ 2 สามารถอาบน้ำและเป็นได้โดยทั่วไปแล้วแต่ละคนในแต่ละคนและพบว่ามีอาการ เข้า - เอน Photographic examples of those who have undergone surgery
4) Example content from Siamese Clinic

Photographic examples of those who have undergone surgery

Source: https://www.facebook.com/siameseclinic/photos/a.835099906617554.1073741828.816771358450409/1202424953218379/?type=3

#thyroidchondroplasty #AdamApple

Source: https://www.facebook.com/siameseclinic/photos/a.835099906617554.1073741828.816771358450409/1220349808092560/?type=3&theater

Photographic examples of those who have undergone surgery

Source: https://www.facebook.com/siameseclinic/photos/a.835099906617554.1073741828.816771358450409/1220349808092560/?type=3&theater

#ThyroidChondroplasty #AdamApple สนใจสอบถาม 098-8593891, 090-9707508
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1.2.1.4 Vocal Voice Surgery

1) Example content from Yanhee Hospital

![Image](https://example.com/image)

Source: [https://th.yanhee.net/](https://th.yanhee.net/)
Preparation before surgery
จะเตรียมตัวก่อนผ่าตัดอย่างไร
ก่อนผ่าตัดแพทย์จะต้องตรวจสอบการทำงานของกล้องเสียงและสายเสียงอย่างละเอียด เพื่อวางแผนการรักษา ซึ่งวิธีการตรวจจะใช้กล้องกำลังขยายซูปเปอร์ซีเน้นเฉพาะซีนีซูปเปอร์ซีเน้นจุดซึ่งเป็นสายเสียง 6 ซองเข้าไปในรูจมูกหรือปาก ไม่ต้องกลัวว่าจะเจ็บ เพราะแพทย์จะพ่นยาชาในรูจมูกสอบถามเข้าไป สำหรับสิ่งที่จะตรวจ เป็นต้นว่า ความกระตือใจของสายเสียง ความถี่ ของเสียง โครงสร้างและรูปร่างของกล้องเสียงและกล่องเสียง ความดังกังวลของเสียงก่อนทำการผ่าตัด
ถ้ามีอาการไปมากหรือเป็นหลังต้องรักษาให้หายก่อน
จดเน้นอาการก่อนผ่าตัด 6 ชั่วโมง เนื่องจากการผ่าตัดจะต้องนอนยาสลบ
หากท่านรับประทานยาชนิดใดอยู่เป็นประจำ เช่น ยาลดลงเสียงหรือยาสูบบุหรี่ต้องแจ้งให้แพทย์ทราบ เนื่องจากมีผลต่อการสำมานของผสมผังตั้งค์ โดยทั่วไป แพทย์จะให้หยุดรับประทานยาเส้นเสียงและยาสูบบุหรี่อย่างน้อย 1 สัปดาห์
Surgical procedures
ขั้นตอนการผ่าตัด
แพทย์จะผ่าตัดโดยเปิดแผลขนาดเล็กประมาณ 1.5 – 2 ซม. ที่รอยพับของฝีมือบริเวณลูกกระเดือก ที่ต้องเปิดแผลตรงท้องพับเพื่อช่วยรองรับขั้นตอนและผสมผังตั้งค์ให้หายก่อนการผ่าตัดในบริเวณADA ในบางคนหากไม่สัมพันธ์กันอย่างน้อย 1 คืน จดเน้นเข้ากับสิ่งที่เกี่ยวไป และผสมผังตั้งค์ใช้เวลา 1 สัปดาห์ จะติดสนิทด้วยติดไหมได้
Post-operative recovery
ดูแลอย่างไรหลังผ่าตัด
ควรปฏิบัติตามคำแนะนำของแพทย์อย่างเคร่งครัด เพื่อให้ผลการรักษาออกมาพึงพอใจ ดังนี้
หลังผ่าตัดเสียง งดใช้เสียงไปเลย 7 วัน เช่น ผ่าตัดวันอันตร ต้องงดใช้เสียงไปถึงวันอันตรถัดไป ห้ามใช้เสียง
ก่อนกำหนดเวลา ดังนี้การผ่าตัดประมาณ 2 – 3 ชั่วโมง หลังผ่าตัดต้องนอนพักพิงตั้งคืนที่โรงพยาบาล 1 คืน วันรุ่งขึ้นก็กลับบ้านได้ และผสมผังตั้งค์ใช้เวลา 1 สัปดาห์ จะติดสนิทด้วยติดไหมได้
Post-operative recovery
ดูแลอย่างไรหลังผ่าตัด
ควรปฏิบัติตามคำแนะนำของแพทย์อย่างเคร่งครัด เพื่อให้ผลการรักษาออกมาพึงพอใจ ดังนี้
หลังผ่าตัดเสียง งดใช้เสียงไปเลย 7 วัน เช่น ผ่าตัดวันอันตร ต้องงดใช้เสียงไปถึงวันอันตรถัดไป ห้ามใช้เสียง
ก่อนกำหนดเวลา ดังนี้การผ่าตัดประมาณ 2 – 3 ชั่วโมง หลังผ่าตัดต้องนอนพักพิงตั้งคืนที่โรงพยาบาล 1 คืน วันรุ่งขึ้นก็กลับบ้านได้ และผสมผังตั้งค์ใช้เวลา 1 สัปดาห์ จะติดสนิทด้วยติดไหมได้
เริ่มรับประทานอาหารอ่อน ๆ ได้ และยาฮอร์โมน (ถ้ามี) ในวันรุ่งขึ้น
มาพบแพทย์ตามนัดหลังผ่าตัด 10 วัน เพื่อตัดไหม พร้อมกับตรวจสภาพการทำงานของสายเสียงโดยละเอียด
โดยทั่วไป หลังผ่าตัดเสียงใหม่ ๆ ถ้าเป็นในกลุ่มสาวประเภทสอง ระดับความถี่เสียงจะแหลมสูงขึ้น
ชัดเจน แล้วจะค่อยลดระดับลงจนข้างข้างที่เป็นเสียงสูงใหญ่ใน 1-2 เดือน หลังจากผ่าตัดสิ่งที่เหลือจะซุปเปอร์ซีเน้นจุดซึ่งเป็นเสียงสูงใหญ่ใน 1-2 เดือน การที่จะเข้าไปพร้อมกันต้องมีการยุติภูมิ ถ้าอายุมากจะเข้าไปมากกว่ากันกว่า ถ้าอายุน้อยมากจะเข้าไปมากกว่ากันกว่า ซึ่งผู้ที่บั่นเปลี่ยนเพศเป็นชาย ต้องขอรับเสียงที่เสียงเป็นผู้หญิง ระดับ
ความเสียงจะค่อยๆ ซุปเปอร์ซีเน้นจุดซึ่งเป็นเสียงหลังผ่าตัดก็ค่อย ๆ ลดลง ๆ จนเข้าไปเป็นเสียงผู้ชายภายใน 3 เดือน แต่บางคนอาจเข้าไปก่อนกำหนดก็ได้
หากเสียงเข้าที่ช้ากว่ากำหนด เช่น เสียงควรเข้าที่ภายใน 2 หรือ 3 เดือน แต่ 6 เดือนแล้วก็ยังไม่เข้าที่ แสดงว่ายังคงมีปัญหา แพทย์จะให้เข้ากับการฝึกออกเสียง ถ้าเสียงไม่เข้าที่ได้ 6 เดือนแล้วก็ยังไม่เข้าที่ แพทย์จะให้ฝึกพูด ฝึกออกเสียง ซึ่งควรเกิดขึ้นได้ตามที่สอดคล้องกับอาการต่างๆ เช่น การกีฬา การเดินทาง จัดการเล็กเล็กเสียงพิเศษที่กว่านี้

อีกการที่ทำอย่างไร และถ้าการคัดเลือกไม่ดี การส่งเสียงจะต้องการฝึกฝน เพื่อให้เสียงเข้าที่ ไปหล่มสตึกมาก่อน เพราะอาจทำให้เสียงมีขึ้นได้ ไม่ต้องกังวลว่าจะไม่ได้เลย ค่อยเรียนว่า เพราะถึงยังสิ้น ลูกกระเตปอเกิดใหม่ที่ให้เสียงล่างเกิดขึ้นไม่ได้ อาจจะรีบเรียนใหม่กว่านี้ อาจจะต้องการเวลา การเปลี่ยนสิ่งเหล่านี้ไปในเวลาจริง ไม่ไปในเวลาจริง ก็อาจทำให้เสียงแย่ หรือเสียงหายได้ นั่นก็ตามแต่กันกัน อีก ซึ่งก็ไม่ใช้จะได้แก่ไปให้กับการเปลี่ยนสิ่งเหล่านี้ไปในเวลาจริง ไปในเวลาจริง ไม่ไปในเวลาจริง ก็อาจทำให้เสียงแย่ หรือเสียงหายได้ แต่หล่มสตึกในช่วง 1-2 สัปดาห์แรก เสียงหายไปเลย พูดแล้วมีแต่ลม อย่างนี้จะแก้ไขไม่ได้ ต้องพิจารณาเรื่อง การพักการเด็กกันให้รอบคอบด้วยนะคะ

Source: https://www.youtube.com/watch?v=2myXAozPMnIPhotographic examples of those who have undergone surgery

เสียงผู้หญิง เป็นสิ่งที่หญิงข้ามเพศใฝ่ฝันเพื่อไปสู่ความเป็นหญิงที่สมบูรณ์ มาดูรีวิวจากคุณแจม กับการเปลี่ยนเสียงในครั้งนี้ จะเปลี่ยนไปจากน้อยแค่ไหน ตามไปชมกันค่ะ
1.2.2 Gender reassignment surgery for transmen

1.2.2.1 Chest reconstruction/Mastectomy

1) Example content from Kamol Hospital

General surgical information

The mastectomy procedure performed by the plastic surgeon, should achieve more than just a flat chest: ideally, the subcutaneous mastectomy results in a chest which has an aesthetically pleasing male contour, is fully sensate, and has minimal scarring. The procedure consists of removal of most of the breast tissue and removal of excess skin. Sparing of the nipple and areola is sufficient if the nipple-areolar complex is appropriately sized and shaped, but often the reduction and repositioning of the nipple-areolar complex is required to approximate male nipples.
Surgical procedures

เทคนิคในการผ่าตัดเต้านมให้เป็นชาย ขึ้นอยู่กับขนาดและความหย่อนคล้อยของเต้านม มีอยู่ 3 เทคนิคดังนี้

1. เทคนิคแผลรูปตัว ยู

เหมาะสำหรับเต้านมขนาดเล็ก และผิวมีความยืดหยุ่นดี ศัลยแพทย์จะเปิดแผลอยู่ที่ปานนม รูปตัว ยู

เทคนิคแบบนี้จะได้หน้าอกแบนราบ ดังรูปที่ 1

รูปที่ 1 แสดงตำแหน่งแผลตัดเต้านมเป็นชาย รูปตัว ยู

2. เทคนิคแผลรูปตัว โอ

เหมาะสำหรับเต้านมขนาดกลางพิสัยที่ ซึ่งมีผิวหนังที่ผิวมีความยืดหยุ่นดี และมีผิวหนังเหลืออยู่พอสมควร โดยศัลยแพทย์จะเลือกเปิดแผลอยู่ที่รอบ ๆ ปานนม รูปตัว โอ เพื่อตัดเอาเนื้อเอื้อมออกให้หมดพร้อมกับตัดผิวหนังส่วนเกินออกด้วย เป็นวงกลมรอบ ๆ ปานนม แล้วดึงผิวหนังเข้ารวมกันเพื่อเป็นที่ตัดแหน่งรอบ ๆ ปานนม เทคนิคแบบนี้จะได้หน้าอกแบนราบ ดังรูปที่ 2

รูปที่ 2 แสดงตำแหน่งแผลตัดเต้านมเป็นชาย รูปตัวโอ

3. เทคนิคตัดเต้านมเป็นชาย แบบย้ายหัวนม

ในกรณีที่เต้านมใหญ่และหย่อนคล้อยมาก จะต้องตัดเต้านมออกทั้งหมดพร้อมตัดแต่งผิวหนังส่วนที่เหลือให้พอ ทำให้หัวนมได้ที่ตัดแหน่งที่เหมาะสม ก่อนตัดและย้ายหัวนมไปยังที่ตัดแหน่งที่กำหนด เทคนิคแบบนี้จะได้หน้าอกแบนราบ ดังรูปที่ 3

รูปที่ 3 แสดงตำแหน่งแผลตัดเต้านมเป็นชาย แบบย้ายหัวนม
ผลแทรกซ้อนที่อาจเกิดขึ้นได้
เลือดออก แต่อาจเกิดขึ้นได้กับการผ่าตัดทุกชนิด
การติดเชื้อ อาจเกิดขึ้นได้แต่น้อยมาก
มีโอกาสที่หัวนมอาจไม่ติดในกรณีที่ย้ายหัวนม แต่เกิดได้น้อย
ผลเป็น อาจมีการติดแห่งที่หลังได้

Photographic examples of those who have undergone surgery

U-Shape Scar technique

O-Shape Scar technique
Horizontal Line technique

Infra mammary scar

2) Example content from Yanhee Hospital

Source: https://th.yanhee.net/หัตถการ/ผ่าตัดแปลงเพศ-จากหญิงเป็นชาย-ขั้นตอนที่-1/

General surgical information

การผ่าตัดแปลงเพศไม่ใช่เรื่องใหม่ในสังคมไทย นอกจากการแปลงเพศจากชายเป็นหญิงที่ทำกันมาเป็นเวลานาน เรื่องการแปลงเพศจากชายเป็นหญิงก็มีความนิยมเพิ่มมากขึ้นและยังได้รับการยอมรับจากสังคมมากขึ้นด้วย
ปัจจุบัน การผ่าตัดแปลงเพศ จากหญิงเป็นชาย เป็นการผ่าตัดที่มีการพัฒนาบริบูรณ์อย่างต่อเนื่องและมีการนิยมมากขึ้นมา สามารถทำการผ่าตัดได้ผลเสียและได้รับการยอมรับจากสังคมและผู้ประกอบการที่มีความมั่นใจในการผ่าตัดแปลงเพศ ให้ผลที่ดีและมีการยืนยันประสิทธิภาพของการผ่าตัดแปลงเพศที่มีความเหมาะสมที่จะสอดคล้องกับข้อต้องการของผู้ต้องการผ่าตัด

Preparation before surgery

เกณฑ์พิจารณาในการ ผ่าตัดแปลงเพศ

การตรวจพบสภาพทางจิตใจของผู้ที่ต้องการ ผ่าตัดแปลงเพศ เป็นสิ่งสำคัญอย่างหนึ่ง เพื่อให้เป็นข้อต้องพิจารณาว่าผู้ที่ต้องการผ่าตัดแปลงเพศมีความเหมาะสมที่จะผ่าตัดหรือไม่ เนื่องจากผ่าตัดแปลงเพศไม่สามารถย้อนกลับคืนสู่สภาพเดิมได้อีก

โดยทั่วไป ตามกฎหมายไทยจะกำหนดให้จิตแพทย์ 2 ท่าน ทำการตรวจและวินิจฉัยออกใบอนุญาต ผ่าตัดให้กับผู้ที่ต้องการผ่าตัดแปลงเพศที่มีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ จะเป็นการรักษาที่ดีที่สุดแล้วจึงส่งต่อให้ ศัลยแพทย์จัดการรักษาต่อไป

สำหรับความพร้อมที่จะต้องสามารถประกอบการผ่าตัดแปลงเพศนั้น ถ้า ประกอบด้วยกลุ่มต่าง ๆ ดังต่อไปนี้

มีความรู้สึกอยากจะเป็นชายด้วยจิตใจมากที่สุด

เคยใช้ชีวิตเป็นชายอย่างสมบูรณ์แบบอย่างมีความสุขและไม่มีความกดดันใด ๆ รวมทั้งได้รับการยอมรับจากบุคคลรอบข้างเป็นอย่างดี

ได้รับข้อรับรองจากบุคคลต่าง ๆ ที่มีความรู้สึกที่จะต้องการผ่าตัดแปลงเพศ แล้ว ผู้ที่จะเข้ารับการผ่าตัดนั้น ต้องมีความต้องการที่จะต้องการผ่าตัดแปลงเพศที่มีความจิตใจที่จะต้องการผ่าตัดแปลงเพศ แต่ไม่มีความคิดอย่างไรก็ตาม มีความต้องการที่จะต้องการผ่าตัดแปลงเพศ ซึ่งมีความต้องการที่จะต้องการผ่าตัดแปลงเพศ

การเตรียมตัวก่อนการผ่าตัด

หลังจากผ่านข้อต้องการต่าง ๆ ข้างต้นและเริ่มต้นที่จะต้องการผ่าตัดแปลงเพศ แล้ว ผู้ที่จะเข้ารับการผ่าตัดนั้น ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ

การผ่าตัดในขั้นตอนต่าง ๆ มีความจิตใจที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ ต้องมีความพร้อมที่จะต้องการผ่าตัดแปลงเพศ

Surgical procedures

ขั้นตอนในการผ่าตัด แปลงเพศหญิงเป็นชาย
การผ่าตัดแปลงเพศ จากหญิงเป็นชายประกอบด้วยการผ่าตัด 3 ขั้นตอน ดังนี้

ขั้นตอนที่ 1: การผ่าตัดเอาเต้านมออก ร่วมกับการตัดมดลูกและรังไข่ออก (คลิกดูรายละเอียดเพิ่มเติม)

ขั้นตอนที่ 2: การผ่าตัดปิดช่องคลอดร่วมกับการยืดท่อปัสสาวะ การสร้างท่อปัสสาวะที่ท้องแขนโดยใช้ผิวหนังบริเวณสะโพก (คลิกดูรายละเอียดเพิ่มเติม)

ขั้นตอนที่ 3: การผ่าตัดสร้างอวัยวะเพศด้วยเนื้อเยื่อที่ท้องแขนและสร้างอวัยวะเพศโดยใช้เนื้อเยื่อจากแขนใหญ่ (คลิกดูรายละเอียดเพิ่มเติม)

การผ่าตัดเป็นหลายขั้นตอนที่ต่อเนื่องกัน การผ่าตัดที่ได้ผลดีขึ้นข้างต้นเนื่องจากผู้เข้ารับการผ่าตัดมีเวลาเตรียมตัว และเตรียมเนื้อเยื่อให้เหมาะสมก่อนการผ่าตัดขั้นตอนต่อไป และยังสามารถเลือกการผ่าตัดได้ด้วยตนเองว่าจะเปลี่ยนแปลงร่างกายไปมาก่อนเท่าใด เนื่องจากผู้เข้ารับการผ่าตัดแต่ละรายมีความต้องการเปลี่ยนแปลงร่างกายเป็นชายไม่เหมือนกัน บางรายต้องการเปลี่ยนเฉพาะบางส่วนท่านั้นก็มีความพอใจแล้ว แต่บางรายต้องการเปลี่ยนแปลงแบบสมบูรณ์ทั้งร่างกายเสียทีสามารถจะเลือกได้ แต่ละขั้นตอนตั้งแต่ขั้นที่ 1 ถึง 3 จะใช้ช่วงเวลาประมาณ 3-6 เดือน

การผ่าตัดแปลงเพศนั้นเป็นการผ่าตัดที่เปลี่ยนแปลงชีวิตทั้งร่างกายให้สมบูรณ์ตามที่ผู้ป่วยต้องการ แต่ด้วยการผ่าตัดจะต้องมีการเตรียมการที่ดีทั้งในด้านการเตรียมตัวและบริการที่ดี เพื่อให้ผู้ป่วยมีความมั่นใจในผลการผ่าตัดที่ได้รับ การผ่าตัดหน้าอกเป็นการผ่าตัดที่จะทำให้หน้าอกแบนราบเช่นเดียวกับหน้าอกผู้ชาย การผ่าตัดจะทำได้สองวิธีหลัก ๆ คือกรณีที่หน้าอกไม่โตมาก จะผ่าตัดผ่านทางปานนม และใช้เวลาไม่นานก็จะยุบตัวและแบนราบในที่สุด

การผ่าตัดหน้าอกผ่านทางปานนม เมื่อผู้ป่วยออกจากห้องผ่าตัดมักจะมีผ้าพันหน้าอกและสายระบายน้ำเหลืองออกจากหน้าอกข้างละ 1 เส้น เพื่อระบายน้ำเลือด เนื่องจากการผ่าตัดจะทำให้หน้าอกติดต่อกันผิดที่สุด ซึ่งจะทำให้ผู้ป่วยมีความเจ็บปวดที่มากกว่า แต่การจัดการดีจะช่วยให้ผู้ป่วยหายใจได้สะดวก สามารถดูแลตัวเองได้โดยสะดวก และไม่มีการติดต่อกันผิดที่ สุขภาพจะดีขึ้นได้เร็วขึ้น

การผ่าตัดหน้าอกมักจะทำผ่านทางปานนมและมีการตัดผิวหนังที่บริเวณที่ต้องการ เมื่อผู้ป่วยหายใจได้มากขึ้น สามารถดูแลตัวเองได้มากขึ้น ซึ่งจะทำให้การผ่าตัดมีความสำเร็จได้มากขึ้น
มาจากโรงพยาบาล ส่วนแผลบริเวณปานนมมักจะแห้งสนิทและอาจจะถอดไหมออกได้ก่อนกลับในผู้ป่วยส่วนมาก แต่
ในบางรายแพทย์อาจจะนัดมาถอดไหมออกได้หลังจากมาตรวจแผลอีกครั้ง อย่างน้อยไม่เกิน 2 สัปดาห์
หลังจากถอดไหมแล้ว บริเวณหน้าอกแพทย์จะปิดกล่องแผลรูปแบบที่ปิดแผลแบบ ก็จะให้ผให้เลียแผลสมบัติ
ยิ่งขึ้นและป้องกันการแผลอักเสบ เมื่อมีน้ำเหลืองหรือมีเลือดออกจากแผล สมควรกับผนังแพทย์
เพื่อดูความสมบัติที่เกิดขึ้นและทำการสะอาดแผลอีกใหม่
การอานน้ำสาระที่ได้หลังจากแผลหายสมบัติแล้ว โดยปกติหลังจาก 2 สัปดาห์แล้วสามารถอาบน้ำได้
ตามปกติ แต่ไม่ควรตื่นเตรียมบริเวณแผลแก้ติดแผลเพราะจะทำให้แผลแผล
ผ้าอุ้มการตัดในระยะแรกที่มีกล้องสิ่งไม่เรียบร้อย เมื่อจากอาการรวมและหน้าอกยังไม่ประสาน
กับกลับนี้ได้ดี หลังจาก 1 เดือนแล้วอาจจะทำให้ได้ขึ้นโดยการแสดงขึ้น ปรับแผลแล้วและการใช้แผล
ผ้ายืดหรือข้อบริเวณแผลแก้ติดซึ่งจะทำให้ของแผลขึ้นขึ้นและป้องกันการเกิดการแผลมีดีขึ้นที่ที่แพทย์
ความรู้สึกของหน้าอกหลังการตัดด้านจะมีกล้องตามเวลา ดังนั้นการอาบน้ำเรื่องนี้ควรทำด้วยความ
ระมัดระวังเพราะจะเกิดการเฉียบและโรคได้ เนื่องจากผู้ป่วยไม่รู้สึกสัมผัสหน้าอก
การเกิดแผลปูดนูนในระยะแรก (3 เดือนแรก) เป็นโรคที่เกิด เมื่อดำเนินการหายของแผลเป็น ถ้า
มีการปูดนูนสิ่งไม่สมดุล สามารถรักษานี้ได้โดยการใช้แผ่นซิลิโคนเจล (silicone gel sheet) ปิดที่แผลติดไว้
ประมาณ 3 เดือน และหากยังมีการเกิดแผลปูดนูนก็สามารถทำให้หยุดได้โดยการใช้ยาละลายแผล
ผู้ป่วยบางรายที่มีขนาดหัวนมใหญ่กว่าปกติ หรือใหญ่กว่าผู้ชายจริง สามารถทำติดกันได้หลังจากแผล
หายสมบัติแล้วประมาณ 6 เดือนหลังการตัดหน้าอก รวมถึงการเกิดสภาพหน้าอกที่ไม่ถูกเรียบร้อยสำหรับใช้สัมหรุต
ใช้ยาหรือใช้แผ่นก็ทำให้เรียบร้อยได้เช่นเดียวกัน
การดูแลแผลในผู้ที่ได้รับการตัดหน้าอกโดยวิธีตัดแบบ T และมีการย้ายหัวนมทั้งต้น
เมื่อผู้ป่วยออกจากห้องผ่าตัดจะมีผ้าพันหน้าอกและมีสายระบายเลือด น้ำเลือดออกจากหน้าอกชั้นละ 1
เล่น เท่าราวกับน้ำเลือด น้ำเหลืองที่จะออกมาจะออกมาหลังการตัดด้านและจะเพื่อที่จะให้ผนังหน้าอก และป้องกันการ
เกิดเลือดด้านต่างๆ หลังจากนั้นและมีความแข็งแรง รวมถึงการย้ายหัวนมที่ของหน้าอกและปรับปรุงที่ได้รับการย้ายหัวนมด้วย
โดยกล่าวเช่นนี้จะทำสาระสัมผัสโรค︓กรณีจะจัดให้ไม่มีน้ำเหลืองออกมากขึ้น ก็จะรอเวลาออกให้
โดยทั่วไปประมาณ 3-5 วัน ส่วนแผลอุ้มบริเวณหน้าอกจะใช้เวลาประมาณ 7-10 วันก็จะออกน้ำเลือดออกได้ หากผู้ป่วย
กลับบ้านตนเอง เลยที่จะมีน้ำเหลืองแผลและเกิดโรคได้มากขึ้น
แพทย์อาจมีการสัมผัสแผลปูดนูนเร็วภายในระยะแรกเพื่อทำให้แผล
หายสมบัติและป้องกันการแผลอักเสบแผลส่วนแผลบน เพราะจะระดมที่มีการสัมผัสของแผลในระยะแรก เมื่อเวลาผ่าน
ไปประมาณ 2 สัปดาห์ แพทย์จะตรวจแผลของแพทย์และมีน้ำเหลืองแผลแล้วค่อยๆสิ่งที่จะทำให้เด็ก
ล้างให้ด้วยกันตามที่แพทย์และตัดแผลอีกครั้งหลังจากนั้นสัมผัสแผล
แพทย์จะมีการสัมผัสแผลปูดนูนเร็วภายในระยะแรกเพื่อทำให้แผล
หายสมบัติและป้องกันการแผลอักเสบและผนังแผล ซึ่งแพทย์จะมีการสัมผัสแผลเป็นโค้งที่จะต้องระดมสิ่งที่จะทำให้เด็ก
จนกว่าจะหมดแผล แล้ง แต่ไม่จัดให้ทำการเปลี่ยนแผลให้
แพทย์จะมีการสัมผัสแผลเป็นโค้งที่จะต้องระดมสิ่งที่จะทำให้เด็ก
จนกว่าจะหมดแผล แล้ง แต่ไม่จัดให้ทำการเปลี่ยนแผลให้
แผลที่ปานนมจะมีสีคล้ำในระยะแรก (ประมาณ 1 เดือน) หลังจากหนังที่ปลูกไว้ติดสนิทแล้วจะมีการลอกของผิวหนังชั้นบนออกไปและมีผิวหนังใหม่เกิดขึ้นมาทดแทนเป็นสีชมพู ดังนั้น หากพบว่ามีการลอกของปานนมและทิ้งไว้ไม่ได้เรื่องที่ผิดปกติแต่อย่าได้ยกเว้นเกิดการบริเวณเปลือกหรือมีน้ำหนักของออกมาจากปานนม จึงต้องกลับมาพบแพทย์เพื่อทำการตรวจแผลอีกครั้ง

แผลเป็นจากการผ่าตัดจะมีการแข็งนูนแดงในระยะแรกซึ่งเป็นเรื่องปกติจากกลไกการหายของแผลแต่หากปรากฏการแข็งด้านและขยายตัวใหญ่ขึ้นมากกว่าเดิมอาจจะเกิดจากการเกิดแผลคีลอยด์ (keloid) ซึ่งอาจจะต้องมีการรักษาต่อเนื่อง เช่น การใช้ยาละลายแผลบุหรือป้องกันด้วยแผ่นเจลซิลิโคน ซึ่งสามารถช่วยป้องกันได้และจะเริ่มใช้ได้หลังจากแผลหายสนิทแล้ว (โดยประมาณ 1 เดือนขึ้นไป)

การผ่าตัดแก้ไขหน้าอกที่ยังไม่สวยงามหรือแผลเป็นที่มีปัญหาควรจะประเมินหลังจากการผ่าตัดเต้านมประมาณ 6-12 เดือนขึ้นไป เพื่อให้แผลเป็นติดตามแพทย์และไม่มีการเปลี่ยนแปลงเสียก่อน ซึ่งแพทย์ผ่าตัดตัดจะได้ให้คำแนะนำเป็นระยะ ๆ ในการปฏิบัติตัวที่เหมาะสม

หากผู้ป่วยมีข้อสงสัยหรือต้องการคำปรึกษาเพิ่มเติมอื่น ๆ นอกเหนือจากที่กล่าวมา สามารถสอบถามเจ้าหน้าที่พยาบาลหรือแพทย์ผ่าตัดได้ อย่าเก็บความสงสัยหรือข้อกังวลไว้ เพื่อให้การดูแลหลังการผ่าตัดเป็นไปด้วยความกลูกต้องและได้ผลดีตามที่มุ่งหวังไว้

3) Example content from Preecha Aesthetic Institute (PAI)

Source: http://pai.co.th/mastectomy-breast-removal-for-ftm/

General surgical information

Mastectomy (FtM) “Top surgery”

In FtM mastectomy, the goal is to create a “male” looking chest. This can include removing breast tissue, excess skin, resizing and repositioning the nipple and the dark area around areola.

FtM mastectomy also includes preserving as much sensation as possible and trying to minimize scaring.

Many Trans men seek bilateral mastectomy, also called “top surgery”, the removal of female breasts and the shaping of a male contoured chest.
Trans men with moderate to large breasts usually require a formal bilateral mastectomy with grafting and reconstruction of the nipple-areola. This will result in two horizontal scars on the lower edge of the pectoralis muscle, but allows for easier resizing of the nipple and placement in a typically male position.

For Trans men with smaller breasts, a peri-areolar or “keyhole” procedure may be done where the mastectomy is performed through an incision made around the areola. This avoids the larger scars of a traditional mastectomy.

Preparation before surgery
Mastectomy, Breast Removal preparation
You will most likely be admitted to hospital the same day as surgery. You may be asked to come to the hospital the day before surgery to go over lab tests or physical checkup.
- Inform us about any allergies, any serious medical condition(s), and all medications you are taking (both prescription and non-prescription).
- No Aspirin 2 weeks before surgery.
- Stop vitamin E Oil 1 day before surgery.
- Stop smoking 2 days and a month after surgery.
- Tell doctor if you have any serious medical condition(s).
- Stop meal and water starting from midnight before surgery.
- Plan to be in Thailand at least 5-7 days after surgery.

Surgical procedures
There are three possible techniques that can be used in Mastectomy (Breast Removal). It’s depend upon the size of breast, elasticity of skin and your preferences:

1. **Keyhole** – Best for small breasts (A or small B cup) with good skin elasticity.
   Incision/scar – Along bottom border of areola.
   How’s done – Breast tissue is removed via a small incision across or under the areola.
   Nipples – Not resized or repositioned. But can be perform as nipple reduction surgery.

2. **Drawstring/ Pursestring** – Moderate size breast (B or C cup), with good skin elasticity.
   Incision/scar – Circle around the edge of the areola.
   How it’s done – Breast tissue is removed via an incision around the edge of the areola. A ring of skin is then removed in a wider circle around the areolar incision and the skin is pulled toward the centre of the opening and stitched to the edge of the areola.
   Nipples – Areola may be trimmed to reduce its size. It may be possible to slightly reposition the nipple. But preserve sensation.
3. With free nipple graft (Double incision) – Large saggy breasts or inelastic skin.

Incision/ scar – Horizontal or U-shaped cuts across each breast, usually just below the nipple. The aim is to place the incision just under the line of the pectoral muscles so it is not highly visible.

How it’s work – The skin is peeled back and the breast tissue and excess fatty tissue are removed. The excess chest skin is then trimmed and the incisions closed.

Nipples – Removed, trimmed to smaller size, and grafted onto the chest to approximate positioning of “male” nipple.

Post-operative recovery

Mastectomy, breast removal surgery Thailand.

The day after surgery. PAI doctor team will visit you.

Removing Incisions will appoint within 5 days after surgery.

No heavy exercise 4 weeks after surgery.

During in hospital after surgery, nurse, surgeon will visit you to check your dressings and monitor and empty your drains. It is normal for the incisions to be red, but redness should not go beyond the incision for more than 2 cm. It is normal to see or feel the knot in the stitches at the end of the incision.

Your chest will probably feel sore and swollen for at least a month after surgery. Feeling of sharp shooting pain, burning pain, or general discomfort are common as part of the healing process and will eventually go away. Usually serious discomfort passes 1-2 days after the surgery.

To permit proper healing, you should avoid excessive exercise and refrain from overhead lifting for there to four weeks.

The decision on when to return to work and normal activities depends on how fast you heal and how you feel.

Photographic examples of those who have undergone surgery
General surgical information

การผ่าตัดเต้านมออกนั้นเป็นไปได้ยากที่แพทย์จะเก็บเส้นประสาทที่เลี้ยงหัวนมและปานนมไว้ได้ ทั้งนี้ เพราะเส้นประสาทจะวิ่งผ่านตัวเต้านมเข้ามาจากทางด้านข้าง เมื่อผ่าตัดเต้านมออกไปแล้วเส้นประสาทมักจะถูกตัดออกไปด้วย ดังนั้นหัวนมจะไม่มีความรู้สึกเมื่อเจ็บอย่างชัดเจน แต่บางรายอาจมีความรู้สึกน้อยลงเวลาที่น้ำตาล แต่ไม่ได้ความรู้สึกต่อการกระตุ้นทางเพศ.

การผ่าตัดเต้านมออกในผู้หญิงที่ต้องการเป็นผู้ชายมีหลักการเพื่อที่จะทำเต้านมให้เหมือนหน้าอกเพศชายมากที่สุดโดยที่จะคงความรู้สึกไว้ให้เหมือนปกติมากที่สุดและทำให้แผลเป็นน้อยที่สุดหลักการในการผ่าตัดประกอบด้วย

- ตัดเนื้อเต้านมออกไปมากที่สุด
- ตัดแต่งโครงสร้างที่เกี่ยวของหน้าอกหรือตัดแต่งโครงสร้างที่เกี่ยวของหน้าอกในบางราย
- หัวนมและปานนม
- จัดขนาดและรูปร่างให้เหมาะสมเสมือนกับทารกที่มีปานนมของผู้ชาย
- จัดโครงสร้างของหัวนมและปานนมใหม่ให้เป็นปานนมที่เหมาะสม

เทคนิคที่ใช้ในการผ่าตัดขึ้นอยู่กับ

- เนื้อเต้านมที่ต้องการผ่าตัดออก
- การหย่อนยานของเต้านม
ความยืดหยุ่นของผิวหนัง

Preparation before surgery

1. งดอาหารและน้ำอย่างน้อย 6 ชั่วโมงก่อนการผ่าตัด
2. งดใช้ยาบางชนิดที่อาจมีผลต่อการผ่าตัด เช่น ยาแก้ปวด แอสไพริน ถ้ามีโรคประจำตัวหรือแพ้ยาบางอย่างต้องแจ้งให้แพทย์ทราบก่อน
3. หลีกเลี่ยงการผ่าตัดในช่วงมีประจำเดือน
4. ปัจจุบันให้เรียบร้อยก่อนเข้าห้องผ่าตัด
5. ตรวจเลือดตรวจปัสสาวะ การทำงานของไต เอ็กซเรย์ปอด และตรวจคลื่นไฟฟ้าหัวใจ ถ้าอายุมากกว่า หรือเท่ากับ 35 ปี
6. ควรพักเพื่อนมาด้วยในวันผ่าตัด
7. อุปกรณ์ของมีค่าเช่น แหวน สร้อยคอ ก๊าไล ถ้าไม่จำเป็นควรเก็บไว้ที่บ้าน
8. เตรียมลายทุกงานประมาณ 3 - 5 วัน
9. เหลือกักเก็บยาที่มีผลต่อการผ่าตัด เช่น ยาแก้ปวด แอสไพริน ถ้ามีโรคประจำตัวหรือแพ้ยาบางอย่างต้องแจ้งให้แพทย์ทราบก่อน
10. ก่อนเข้าห้องผ่าตัดควรเตรียมเครื่องประดับที่เป็นโลหะติดตัวออกให้หมด
11. หลังผ่าตัดไม่ควรขับรถเองประมาณ 5 - 7 วัน ไม่ควรขับขี่รถยนต์พาบ้านควรให้คนขับรถมารับผู้ที่ต้องการตัดหน้าอกต้องพบจิตแพทย์ 2 ท่าน เพื่อดูแลรักษา
12. ผู้ที่ต้องการผ่าตัดควรพบแพทย์ที่มีคุณสมบัติเหมาะสม
13. ควรพักผ่อนอย่างน้อย 14 วันก่อนการผ่าตัด

Surgical procedures

เทคนิคการผ่าตัด ทุกวิธีการท่าโดยการดูภาพ
เทคนิคที่ 1

โดยจะเปิดได้ตาม (semi circular) ตัดไขมันและตัดหนังโดยใช้แผลเป็นครึ่งวงกลมที่ขอบล่างของเต้านม ไม่ต้องตัดหนังใต้ปานนม ดังที่รูปภาพแสดง ที่สุดจะไม่สามารถใส่ถุงน้ำหนักได้และมีผิวหนังส่วนเกินมากเพาะลูกจะหลุดออกและขึ้นหมดหลังผ่าตัดทำให้ดูเป็นรูปไม่สวยงาม

*เทคนิคที่ 1A ไม่ต้องตัดหนังใต้ปานนม

*เทคนิคที่ 2B ตัดหนังใต้ปานนมเป็นรูปร่างย่อจันทร์ในกรณีที่มีผิวหนังยืดหยุ่นน้อย
เทคนิคที่ 2

เปิดแผลที่ปานและตัดผิวหนังด้านข้างเพิ่ม (extended circular) วิธีนี้ใช้กับเต้านมที่มีขนาดปานกลาง และผิวหนังยืดหยุ่นได้ดีผ่านแผลที่ปานและหัวนม มีขนาดเล็กอยู่แล้ว เมื่อทำการตัดเลนออกแล้ว ยังคงมีผิวหนังส่วนเกิน พอสมควร สามารถตัดผิวหนังส่วนเกินออกทางด้านข้างของปากนมได้เล็กน้อย

เทคนิคที่ 3

ตัดแผลผ่านหัวนมเพื่อตัดเนื้อเต้านมและลดขนาดหัวนม (tran areolar) ใช้กับเต้านมขนาดเล็กความ ยืดหยุ่นของผิวหนังดีและหัวนมมีขนาดใหญ่กว่าวิธีนี้ หลังผ่าตัดแผลเป็นตอนข้างตีและสามารถตัดลดขนาดของ หัวนมได้พร้อมกับการตัด เทคนิคนี้เหมือนกับเทคนิคที่ 1 แต่ไม่เหมาะกับคนที่มีเต้านมใหญ่มาก

**เทคนิค ที่ 1,2,3 การผ่าตัดจะทำร่วมกับการดูดนมแบบเป็นแผลบนและผ่าตัดข้างของเต้านมด้วย เพื่อ ไม่ให้เกิดรอยดูดกับบริเวณที่ดูดไขมันในแผลที่ผ่าตัดเต้านม วิธีนี้จะทำให้หน้าอกหลังการผ่าตัดเรียบเสมอกันมีความ สวยงามมากขึ้น
เทคนิคที่ 4A

ลงแผลบริเวณรอบปานนม (circular with pursesting) ใช้กับเต้านมขนาดกลางและมีผิวหนังมากเกินไป โดยเฉพาะอย่างยิ่งในคนที่ต้องลดขนาดปานนมด้วย

เทคนิคที่ 4B

ลงแผลรอบปานนมและด้านข้างของปานนม (circular with pursesting) ใช้กับเต้านมขนาดใหญ่แต่ผิวหนังมีความยืดหยุ่นน้อยต้องทำการตัดผิวหนัง ด้านข้างของปานนมออกเป็นวิธีที่สอดคล้องกับเทคนิคที่ 4A

**เทคนิคที่ 4A,4B จะมีผิวหนังเป็นจับ 2-3 เดือน

เทคนิคที่ 5

ลงแผลที่ฐานนมโดยไม่มีแผลที่ปานนม (inframamary) ในคนที่มีหน้าอกใหญ่และคล้อยลงเล็กน้อย และมีผิวหนังที่บริเวณหัวนมและขอบล่างของเต้านมเกินไป นอกจากจะการทำตัดผิวหนังเฉพาะส่วนที่อยู่ระหว่างปานนมแล้ว
ขอบล่างของเต้านม โดยไม่ต้องย้ายหัวนมและปานนม วิธีนี้เหมาะกับคนที่มีปานนมเล็กอู้ยแล้วไม่ต้องการลดขนาดปานนมและหัวนม มีข้อดีคือไม่มีแผลที่รอบปานนมแต่จะมีแผลยาวที่ขอบล่างของตัวเต้านม ซึ่งก็จะมีรูปร่างเหมือนขอบของกล้ามเนื้อในผู้ชาย

เทคนิคที่ 6

ลงแผลรอบปานนมและด้านชั้นของฐานนมโดยไม่มีจิบ (circular – no – pursetting) วิธีนี้ลงแผลรอบปานนมและออกด้านชั้นที่ด้านนอกและด้านในโดยไม่มีการหั่น บริเวณปานนมด้านนี้จะมีแผลด้านชั้นยาวมากที่สุด 2 ข้างวิธีนี้เหมาะสมกับคนที่มีขนาดใหญ่และคล้อยมากมีข้อเสียคือผลเป็น อาจมีบริเวณด้านชั้นของปานนมผิดที่จีบหรือหนังไม่หย่อนอย่างที่มีความเสี่ยงของแผลเป็นที่หัวนมและกิจกรรมสูญเสียหัวนมน้อยกว่าเทคนิคที่ 8 วิธีนี้เหมาะกับคนที่ต้องการที่วิธีที่ 8 อยู่แล้วแต่ไม่ต้องการทำบรรทัดที่หัวนมเมื่อยกับเทคนิคที่ 8 เทคนิคที่ 8 มีแผลเป็นที่ยาวพอ ๆ กับเทคนิคที่ 8 แต่ผลนี้หัวนมจะอยู่ระดับกลางแผลในขณะที่เทคนิคที่ 8 หัวนมจะอยู่สูงกว่าแผลแต่อย่างไรก็ตามคนที่มีขนาดใหญ่มาก ๆ และฐานมาก ๆ ก็อาจทำไม่ได้

เทคนิคที่ 7

ลงแผลเป็นเส้นตรงยาวและย้ายปานนมและหัวนมไปเหนือแผล ใช้สำหรับคนขนาดมากใหญ่แต่ผิวหนังมีความยืดหยุ่นน้อยต้องทำการตัดแต่งผิวหนังส่วนกีฬาเจริญด้านชั้นของปานนมออกเป็นวิธีที่ลดขนาดปานนมได้ด้วยวิธีนี้บริเวณปานนมและหัวนมจะมีความรู้สึกมากกว่าเทคนิคที่ 8 หัวนมและปานนมจะมีความหนามากกว่าเทคนิคที่ 8
การตัดด้านมือออก (nipple graft) โดยตัดด้านมือและฝีหูหน้าอกออกและย้ายทั้งหมดและปานนมมาแนวตั้งที่ต้องการทำปานนมและด้านหน้าบริเวณหน้าอก ทำตามด้านที่ 1 - 4 ได้ซึ่งต้องใช้ทั้งเทคนิคที่ 1 - 4 วิธีการนี้สามารถตัดด้านมือและฝีหูหน้าอกได้มากแต่มีรายละเอียดในการทำปานนมและหัวนมไปใหม่เป็นการย้ายเนื้อเยื่อแบบการฟิล์มไม่มีเนื้อเลือดไปเลี้ยงตามปกติจึงต้องจัดให้หัวนมและปานนมติดกับผิวหน้าเป็นเวลา 5 วันโดยไม่เคลื่อนไหว วิธีการนี้ใช้ได้ดีที่จะผ่าตัดหลัง 5 วันก่อนการเปิดแผลและมีความเสี่ยงต่ำมากที่ทำได้ แต่จากการที่ทำปานนมด้วยวิธีนี้มีรายละเอียดที่ต้องใช้มากกว่าการผ่าตัดด้านมือออกที่มีความเสี่ยงต่ำกว่า 100% ทำให้ต้องตัดด้านหลังผ่านปานนมและหัวนมไปใหม่เป็นเวลา 1 อาทิตย์ แต่ก็เป็นวิธีการที่ดีที่สุด ที่สามารถทำได้ในคนที่มีเต้านมใหญ่มากและคล้อยมาก

เทคนิคที่ 9

การผ่าตัดลดขนาดของหน้าอกในบางคนที่มีเต้านมขนาดใหญ่มากและไม่ต้องการตัด ด้านมือออกทั้งหมด อาจเลือกการลดขนาดของหน้าอกให้เล็กลงได้โดยไม่ต้องตัดออกทั้งหมด ทำให้สามารถเลือกหัวนมได้มากขึ้นเทคนิคนี้เหมาะกับคนที่มีหน้าอกขนาดใหญ่และมีความยืดหยุ่นสูงมากที่ทำได้ดีที่สุดกับการผ่าตัดลดขนาดหน้าอก โดยจะมีแผลเป็นรูปแบบที่ดีกว่าช่องใจไม่มีความเสี่ยงของการผ่าตัดบริเวณปานนมและลดการสูญเสียของเนื้อหัวนมแต่มีข้อเสียคือแผลเป็นที่เต้านมเห็นชัดและเต้านมยังคงมีขนาดใหญ่อยู่

หลังจากการผ่าตัดด้านหลังผ่านปานนมนี้วิธีได้เห็นผ่าตัดเพื่อลดขนาดของหน้าอกและเพิ่มความยืดหยุ่นของมิวหน้าโดยทำไปผ่าแผลหลังจนหลังผ่าแผลแต่ละเครื่องออกแบบเป็นไปตามเทคนิคที่ 1 - 4

1. หน้าอกขนาดเล็ก (น้อยกว่าขนาดปกติ) มีหน้าอกที่มีความยืดหยุ่นดีเทคนิคที่ใช้คือการเปิดแผลได้ปานนมหรือการเปิดแผลด้านทับทิม (เทคนิคที่ 2 หรือเทคนิคที่ 1) หรือเทคนิคที่ 3
2. หน้าอกขนาดปกติ (คัพบี) เป็นผิวหนังมีความยืดหยุ่นดีเทคนิคที่ใช้คือการเปิดแผลรอบบริเวณ (เทคนิคที่4A) หรือเทคนิคที่ 4B ถ้ามีผิวหนังส่วนเกินเลือกผู้พยาบาล

3. หน้าอกขนาดใหญ่หรือขนาดกลาง (คัพบี –ซี) ผิวหนังมีความยืดหยุ่นน้อยและเต้านมคล้อยมาก เทคนิคที่ใช้จะต้องมีการตัดแต่งผิวหนังส่วนเกินออกมาทั้งหมด อาจเลือกใช้เทคนิคที่ 4A หรือเทคนิคที่ 4B การผ่าตัดอาจใช้เทคนิคที่ 6 หรือเทคนิคที่ 7 แล้วแต่ผิวหนังที่เกินและลักษณะแผลเป็นที่ต้องการ

4. เต้านมที่มีขนาดใหญ่และคล้อยมาก เทคนิคที่ใช้ต้องตัดหัวนมออกทั้งหมดแล้วเอาปานนมและหัวนมย้ายมาในตำแหน่งใหม่ (เทคนิคที่ 8) หรือในบางคนที่ไม่ยากมากอาจจะเลือกใช้เทคนิคที่ 7 ได้ วิธีนี้จะมีผลทำให้หัวนมและปานนมไม่ได้รับความรู้สึกแตกต่างจากเดิมที่มีขนาดใหญ่มากเทคนิคนี้เป็นเทคนิคที่เหมาะสมที่สุดในการมีเด็กเลี้ยงผิวหนังส่วนเกินมากกว่าจำนวนที่เหมาะสม อาจมีการเลือกใช้เทคนิคที่ 6 หรือ 8 คือตัดแต่งด้านข้างของปานนมโดยคงขนาด ปานนมและตัดเนื้อส่วนเกินทางด้านข้างของปานนมหรือกรณีที่ต้องการเพิ่มขนาดเต้านมอาจเลือกใช้เทคนิคที่ 9 ได้

การผ่าตัด
1. โดยปกติจะมีการสลบและตัดซั้งตรงระหว่างระหว่างและน้ำ 8 ชั่วโมงก่อนการผ่าตัด
2. ก่อนผ่าตัดแพทย์จะวาดรูปแผลที่จะตัดออกและมีการตัดตามที่ต้องการตัดออกและตำแหน่งของหัวนมในตำแหน่งใหม่ (สำหรับเทคนิคที่ 4 - 8) ตามที่ตนเองไว้ก่อนผ่าตัด
3. ขณะผ่าตัด การผ่าตัดใช้เวลา 2 ชม.
4. ตัดเนื้อเต้านมออกแล้วจัดวางหัวนมในตำแหน่งที่เหมาะสม
5. ใส่สายระบายน้ำเหลืองไว้ประมาณ 1-2 วัน
6. เอ็นปิดแผลแล้วขั้นตอนเดินทาง
7. พันผ้ารัดหน้าอกแบบหลวมๆ ไม่แน่นจนเกินไป

Post-operative recovery
1. หลังการผ่าตัดจะมีผ้าพันหน้าอกและสายระบายน้ำเหลืองออกจากหน้าอกข้างละ 1 เส้นเพื่อระบายน้ำเหลืองและน้ำเหลืองออกจากหน้าอกและป้องกันการเกิดเลือดดัง สามารถรายบวกได้กับตัวจนหมดแผลวาง น้ำเหลืองและเลือดออกน้อยลงจะทำการระบายออก
2. โดยปกติแพทย์จะจัดนวดเต้านม 5 วัน เทคนิคที่ 4 จะตัดไหมวันที่ 7 (คลายปม) และ 14 วันตัดทั้งหมด
3. หลังผ่าตัดให้พักผ่อนหลังจากวันที่ 2 วันหลังจากนั้นสามารถมีกิจวัตรได้ตามปกติ
4. วันที่ 3 ให้ปิดแผลได้ใช้ยาที่ให้ยาแผล เข้า-ใน
5. สำหรับเทคนิคที่ 4 จะมีการตัดข้างละเต้านมหรือเหลืองออกไม่ฝีมือ-2 - 3 เดือน
6. ถ้ามีการติดเหลืองหรือเส้นเลือดออกมาให้แพทย์ทำการตัด
7. วันแรกหรือวันที่ 2 หลังผ่าตัดแพทย์จะทำการระบายน้ำเหลืองออก
8. ในบางรายแพทย์จะจัดนวดเต้านม 5 วันแล้ว 3 วันติดต่อกันเต้านมที่ตัดในเทคนิคจะไม่ต้องให้ส่วนที่เก็อกทับด้วยผ้าเสื้อ ที่บริเวณรอบน้ำ ไม่ทำให้แผลหายดี เทคนิคนี้จะสามารถใช้ในเทคนิคนี้ได้ แต่ไม่ควรใช้ในเทคนิค 1-2 ดังที่มีกิจวัตรผิดแผลดังข้างในที่มีเลือดหรือน้ำเหลืองซึ่อมอวัยวะรูปร่างรอบ
9. แผลเป็นที่ปานนมจะมีสีคล้ำในระยะ 1 เดือนแรก สาระแผลเป็นจากการผ่าตัดจะมีการเจ็บป่วยแต่ไม่ได้ในระยะแรก แต่อาจมีการกระชุบและขยายใหญ่ขึ้นมากกว่าเดิม อาจเกิดจากการเกิดแผลสัณฐานซึ่งอาจมีการรักษาโดยการฉีดยา

10. ควรใส่เสื้อที่มีขนาดกระชับบริเวณหน้าอกไว้ประมาณ 1 เดือน เพื่อช่วยกระชับผิวหนังไม่ให้เกิดการเหี่ยวย่น

Photographic examples of those who have undergone surgery

5) Example content from Siamese Clinic

General surgical information

มีคำถามเข้ามาเยอะเลยค่ะว่าหลังผ่าตัดหน้าอกแล้วจะเป็นโรคเลือดออกหรือไม่❓❓❓ รับนี้เป็นข้อมูลถูกต้องค่ะ

คำตอบ

การตัดหน้าอกเป็นการผ่าตัดที่สูญเสียเลือดน้อยมากเพราะฉะนั้นการตัดหน้าอกไม่ทำให้เกิดภาวะเลือดออกและหน้าอกไม่ได้เป็นอวัยวะที่สร้างเม็ดเลือดแดงได้ การตัดหน้าอกจึงไม่ทำให้เกิดโรคร่วมไม่ได้ค่ะ แต่หลังจากผ่าตัดจะมีการเจ็บป่วยที่หน้าอกเป็นชั่วคราวค่ะ แต่ไม่ต้องห่วงค่ะ

Source: https://www.facebook.com/siameseclinic/videos/1095345987259610/General surgical information
การผ่าตัดเพื่อข้ามเพศเป็นผู้ชายข้ามเพศนั้นมีหลายกระบวนการ ตั้งแต่การผ่าตัดปรับเปลี่ยนใบหน้า (เช่น เสริมจมูก เสริมคาง ปลูกหนวดเครา) ตัดหน้าอก ดูดไขมันปรับรูปร่าง ตัดมดลูกอวัยวะใกล้ชิดของคลอด ผ่าตัดแปลงเพศ ทั้งนี้ การที่เราต้องการจะผ่าตัดเปลี่ยนแปลงอะไรบ้างนั้นจำเป็นต้องคิดทราบด้วยตัวเองให้มาก ๆ ว่าเราต้องการเปลี่ยนแปลงตัวเองอย่างไร เพราะการผ่าตัดบางอย่างทำไปแล้วไม่สามารถเปลี่ยนแปลงกลับมาได้ เหมือนเดิม การเป็นทรานส์แมนไม่จำเป็นต้องจบลงด้วยการแปลงเพศเสมอไป บางคนแค่ตัดหน้าอกก็เพียงพอแล้ว วันนี้ขอเอาความรู้เกี่ยวกับการตัดหน้าอกมาฝากค่ะ

Preparation before surgery
การเตรียมตัวก่อนตัดหน้าอก
ศึกษาหาข้อมูลการผ่าตัดจากที่สถานที่สนใจ หาข้อมูลแพทย์ผู้ทำการผ่าตัดและไปพบกับแพทย์ พบจิตแพทย์ 2 ท่าน ประเมินก่อนผ่าตัด ตรวจเลือด เอกซเรย์ปอดเตรียมตัวผ่าตัด ตรวจเลือด เอกซเรย์ปอดเตรียมตัวผ่าตัด คอลัมน์บุหรี่ เหล้า วิตามิน ยาที่มีผลต่อเลือด 4สัปดาห์

Post-operative recovery
การปฏิบัติตัวหลังตัดหน้าอก ใส่สายระบายเลือดประมาณ 3-7 วัน ติดไหม หลังผ่าตัด 14 วัน ออกกำลังกายหน้าเช้า ยกเท้าได้ หลังผ่าตัด 6 สัปดาห์ รัดหน้าอกต่อประมาณ 3 เดือน เริ่มออกบุหรี่บุหรี่หล้าได้หลังผ่าตัด 4 สัปดาห์ สนใจสอบถามข้อมูลการผ่าตัดเพิ่มเติมติดต่อ สายมัลลินิก 098-8593891, 090-9707508,02-0455152,
ID Line : @siameseclinic มี@นะคะ, facebook : siamese clinic
#ตัดหน้าอก #ทรานส์แมน #FTM #ตัดหน้าอกสยามมัลลินิก

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1249753808485493/?type=3&theater
Preparation before surgery
การเตรียมตัวก่อนตัดหน้าอก
พบจิตแพทย์ 2 ท่าน
ตรวจร่างกาย เจาะเลือด เลือดเยื่อปอด
ตรวจปอดบุหรี่ ยาแหนบ ยาลายเส้นเลือด 2 สัปดาห์ก่อนผ่าตัด
งดน้ำ งดอาหารทุกชนิด ก่อนผ่าตัด 8 ชม.
แจ้งโรคประจำตัวและประวัติการแพ้ยากับแพทย์

Post-operative recovery
การดูแลหลังการตัดหน้าอก
ใส่สายระบายเลือดประมาณ 7 วัน แล้วนัดมาถอดสายระบายเลือด
ตัดไหม 14 วัน หลังผ่าตัด
เริ่มกายแผลเป็นได้หลังผ่าตัด 3 สัปดาห์
รัดหน้าอกต่อ 3 เดือน หลังผ่าตัด
ออกกำลังกายเล็กน้อยได้หลังผ่าตัด 6 สัปดาห์
ตรวจปอดบุหรี่ ยาแหนบ ยาลายเส้นเลือด 2 สัปดาห์ หลังผ่าตัด

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.81677358450409/1249753798485494/?type=3&theater
Post-operative recovery

พันผ้าหลังผ่าตัดหน้าอก สำคัญไหม

ข้อดีของการพันผ้าหลังผ่าตัด นอกจากจะช่วยลดการบวมและช่วยให้รูปร่างหน้าอกที่สวยงาม อีกทั้งยังช่วยป้องกันแผลเป็นนูนด้วย (อันนี้มีงานวิจัยรับรองเยอะครับว่า pressure garment ช่วยลดแผลเป็นนูนได้)

ดังนั้นคุณหมอจะแนะนำให้พันผ้าหลังผ่าตัดหน้าอกประมาณ 3 เดือน

อยากให้แต่งหน้าดีและเรียบร้อย อย่างน้อยต้องพันไปเลย 6-12 เดือน

#ช่วงสาระความรู้สุขภาพเมส

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1510844985709706/?type=3&theater

Post-operative recovery

เพราะการผ่าตัดหน้าอกไม่ใช่ตัดแล้วจบ!!

หลังผ่าตัดมีการดูแลและแผลเป็น ตกแต่งรูปร่างบุคคล แต่งจุดเล็กจุดน้อยให้สวยงามที่สุด  ผมมั่นใจว่าผ่าที่สยามเมส คุ้มค่า จบในที่เดียว คุณหมอดูแลให้ทุกปัญหา โปรดแสดงแสดง และเร็ว ๆ นี้ผมก็จะตัดตัดแผลให้กับสยามเมส 班子成员เพื่อน ๆ เผียบ

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1461045307356341/?type=3&theater

Post-operative recovery

ผมเสี่ยอินไก่ต้มน้ำปลา วันนี้ตัดหน้าอกครบ 7 วัน มาฝากดูแผลใบ้ดีอกตัวนั่งดีคับ เปิดแผลแผลนี้ปีลึกมากคับ งานเนื่องงานละเอียดคับ ผมส่งการบ้านกับทางคลินิกทุกวัน การบ้านของผมจะถ่ายรูปรูปข้อมูลคับ
ขีดระดับเลือดเขียนวันที่แล้วถ่ายรูปส่งมาเวลา 18.00 น. ทุกวันคับ อีก 7 วันผมมาตัดไหมคับ ติดตามผมได้ครับ #เสี่ยอินเกิดน้ำปลา #siameseclinic #ตัดหน้าอก #mastectomy 😶 020455152 Idline @siameseclinic — กับ เสี่ยอิน ไก่ต้มน้ำปลา

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1517628278364710/?type=3&theater

**Post-operative recovery**

การรัดหน้าอกสำคัญจริง ๆ !! หลังผ่าตัดแล้วถ้าเราอยากให้แผลสวย ทรงอกสวย ต้องรัดหน้าอกต่อนะ ค้าบ แนะน้าเดือน-1ปีไปเลย #ตัดทั้งที่ดูแลแบบจัดเต็มค้าบ #เราใสใจคุณ

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1485755321552006/?type=3&theater

**Post-operative recovery**

ว่าด้วยเรื่องการดูแลหัวนม‼️

หลังเปิดแผลผ่าตัดไหมสำคัญ ทางคลินิกจะให้ยาไปทาหัวนม เช้าเย็น และห้ามเราก็จะต่อย่อย ๆ ออก จาก ด้านบนนม จนเนื้อนั้นยุ่ย ๆ น้ำขั้นบ้างเพราะเราข้ามลำดับ นมก็แพ้นักุมนั้นมาก่อน ตอนนี้กำลังจะลดหัวนม เท่าที่ปัจจุบัน จะหล่อแว้ว 🤗 #หัวนมเราต้องดูแล #มาแมนกัน #ตามฝัน
ด้วยอาจอยู่กี่ 3 ตนค่อยออกกำลังกายหนักได้ ก็จะอย่างคือ #วิถีขั้นตอน #เริ่ม

คือจะนั่น จะบีน จะบีน ก็มั่นใจ นี่คือแม่นั้น!! ให้มั่นใจไม่มีอยู่ เพื่อกันเรือน ๆ ครั้ง ... แมคค์หน้าอกแมค ตัวโล่ได้รับและครัช งานดีจริง แนะแน่นา👍💪👏ly #ตัดหน้าอก #TopSurgery #LGBT #Transman
Photographic examples of those who have undergone surgery
ตัดหน้าอกแต่งตัวให้รูปร่างดี ๆ เลยจริง งานดี ก็มีที่สยามเมส
ตัดหน้าอกที่สยามเมสต้องอย่างไร?
ทำโดยแพทย์เฉพาะทางศัลยกรรมตกแต่งประสบการณ์สูง
ด้วยการใช้วิธีการที่ดี
ผ่าเทคนิคพิเศษไม่ปวด
มีบริการฟื้นหลังหลังผ่าตัด
ทำการแก้ไขที่หัวนมผ่านเทคนิคที่ดีแม้จะไม่เจ็บ
หลังผ่าตัดคลุมแผลเป็นไม่มีค่าใช้จ่าย
ดูแลรักษาผ่านเทคนิคที่ดีทุกปัญหา
คุณหมอแก้ไขทุกปัญหาได้จนคนไข้พอใจ
ทางคลินิกเรียนรู้ทุกเทคนิค
สนใจรายละเอียดติดต่อ 098-8593891, 090-9707508

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1234530510007823/?type=3&theater
Photographic examples of those who have undergone surgery

แหล่งที่มา: https://www.facebook.com/siameseclinic/photos/a.835099906617554.1073741828.816771358450409/1192639357530272/?type=3&theater

Photographic examples of those who have undergone surgery

เมื่อแคท เน็ตไอดอล เจ้าของคลิปอ้อนแฟน สวัสดีดี ที่กำลังดังในขณะนี้ มาตัดหน้าอกที่สยามเมสค่ะ รออะไรหล่ะครับ กดติดตาม ติดดาวเลย มันจะมุ้งมิ้งตะมุตะมิหน่อย ๆ ครับ 😍😍❤️❤️ #อยากอ้อนแฟน เมียจว๊วว

Source: https://www.facebook.com/siameseclinic/videos/1462998503827688/
ผมบินมาผ่าจากประเทศจีน มาไกลขออนุญาตโชว์หน่อยนะครัช เพื่อให้เห็นแผลด้วยไอ่ แบบเรียล ๆ กันไปเลยครัช #งานเรียล #งานกล้ามต้องมาเดี๋ยวนะครัช ดูแผลอย่างไรในคลิปหน้าครัช #คลิปแพทย์ไทยโม่พัฒนิดีไกลกัน #ตัดหน้าอก

1.2.2.2 Hysterectomy/Oophorectomy

1) Example content from Kamol Hospital

ผลิตภัณฑ์ชาย/ตัดมดลูก-รังไข่

General surgical information

การผ่าตัดตัดดมดุกทำให้หญิงเป็นชาย เป็นการเริ่มต้นการเปลี่ยนแปลงเพศจากหญิงเป็นชาย เพื่อหยุดฮอร์โมนเพศหญิงที่สร้างจากรังไข่ และหยุดการมีประจำเดือนอย่างถาวร การผ่าตัดไข่ผ่าตัดดมดุกทำให้หญิงเป็นชาย
Surgical procedures

This will depend on the person's reasons for undergoing surgery (Female to Male Gender identity disorder)

- **Endoscope technique (After Surgery)**

- **Open technique (After Surgery)**
การผ่าตัดมดลูก และรังไข่เพื่อการผ่าตัดแปลงเพศจากหญิง เป็นชาย

การผ่าตัดเพื่อเอาแม่ลูก และรังไข่ออกเป็นหนึ่งในขั้นตอนการทำศิลกรรมแปลงเพศ สำหรับหญิง เป็นชายเพื่อให้หมดภาวะการมีประจำเดือนซึ่งเป็นขั้นตอนแรกในการทำศิลกรรมแปลงเพศ (ที่นั่นเคยใช้จะต้องมีใบอนุญาต จากผู้เชี่ยวชาญในด้านจิตเวชศาสตร์และได้รับการรับรองให้ทำการรักษา)

Surgical procedures

วิธีการผ่าตัดเพื่อเอาแม่ลูก และรังไข่ออกแบบเดิม คือ การผ่าตัดทางหน้าท้อง โดยกรีดเปิดหน้าท้องยาว (Open Technique) ประมาณ 10 เซนติเมตรที่บริเวณท้องน้อย และมีรอยแผลบาง ๆ ให้เห็นนั่นต้องใช้ระยะเวลาฟื้นตัว และรอโรงพยาบาลหลายวันหลังผ่าตัด การฟื้นตัว หรือการหายของแผลอาจต้องใช้เวลานานกว่าการผ่าตัดผ่านกล้อง (Laparoscopy)

อย่างไรก็ตามผลลัพธ์ระหว่างการผ่าตัดแบบผ่านกล้อง หรือเปิดหน้าท้อง คือการผ่าตัดเพื่อเอาแม่ลูก และรังไข่ออก เป็นหนึ่งในกระบวนการการทำศิลกรรมแปลงเพศสำหรับหญิงเป็นชาย หรือผู้ที่ไม่ต้องการมีประจำเดือน/การตั้งครรภ์

ข้อดีของการผ่าตัดผ่านกล้อง Laparoscopy สำหรับแม่ลูก และรังไข่
1. ผู้ป่วยจะมีแผลผ่าตัดขนาดเล็ก ซึ่งแตกต่างจากการผ่าตัดแบบเปิดหน้าท้อง
2. ความเจ็บปวดจากแผลผ่าตัดน้อย
3. ใช้เวลาฟื้นตัวน้อย และสามารถกลับบ้านที่บ้านได้ตัวเอง
4. ระยะเวลาฟื้นตัวน้อยกว่าผ่าตัดแบบเดิม คือประมาณ 1-3 วัน
5. ไม่ต้องหยุดงานนาน ใช้เวลาฟื้นฟูที่บ้าน 1 สัปดาห์ ก็สามารถกลับไปทำงานได้ตามปกติ
6. เสียเลือดของการผ่าตัดน้อยกว่า
7. ไม่มีไข้ผ่าตัดหลังการผ่าตัดน้อย ภาวะแทรกซ้อนหลังผ่าตัดน้อย

ข้อจำกัดของการผ่าตัดผ่านกล้อง

1. ไม่สามารถผ่าตัดผ่านกล้องได้กับผู้ป่วยทุกราย เช่น ผู้ที่มีก้อนเนื้องอกขนาดใหญ่มาก
2. ผู้ที่มีพังผืดในช่องท้อง หรืออุ้งเชิงกรานมากเกินไป เช่น เคยผ่าตัดในช่องท้องหลายครั้ง มีโรคติดเชื้อในอุ้งเชิงกราน

3. ผู้ที่มีโรคประจำตัวบางอย่าง เช่น โรคปอด หรือโรคหัวใจที่ไม่สามารถใช้การผ่าตัดผ่านกล้องได้

4. ต้องอาศัยแพทย์ที่มีความชำนาญด้านการผ่าตัดผ่านกล้อง และต้องได้รับการฝึกอบรมมาเป็นอย่างดี

สำหรับผู้ที่ต้องการรักษาโดยการผ่าตัดผ่านทางหน้าท้อง หรือผ่านกล้อง ควรทำการศึกษาหาข้อมูลรวมถึงการปรึกษาจากแพทย์ผู้เชี่ยวชาญด้านการผ่าตัดก่อน เนื่องจากการผ่าตัดทุกประเภทย่อมมีข้อดี ข้อด้อย และข้อจำกัดบางประการ ทั้งนี้ทั้งนั้น ขึ้นอยู่กับปัจจัยของแต่ละบุคคลด้วย

Photographic examples of those who have undergone surgery

1.2.2.3 Metoidioplasty

1) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/
เนื่องจากการรับประทานฮอร์โมนเพศชายเทสโทสเตอโรน นานนับ 1-2 ปีขึ้นไป คริสตอริสจะมีขนาดใหญ่ขึ้น ๆ หลัก ๆ ของคริสตอริส บางครั้งมีขนาดประมาณ 8-10 ซม. สามารถผ่าตัดสร้างอวัยวะเพศชายได้ โดยนำผิวหนังโดยรอบคริสตอริส มาห่อหุ้ม โดยนำเอาเนื้อเยื่อจากช่องคลอดมาต่อเป็นท่อปัสสาวะให้ยาวออกมาถึงปลาย ตัดเอาไขมันบริเวณหัวเหน่าและแคมทั้งสองข้างออกเพื่อตกแต่งเป็นถุงอันฑะ และใส้อันฑะเทียม เหมือนอวัยวะเพศชายธรรมชาติ มีขนาดเล็กกว่ามากลับ ๆ ของเด็ก 10 ขวบ ซึ่งไม่ใหญ่พอที่จะร่วมเพศได้

ข้อดี:
สามารถทำผ่าตัดได้ง่ายในขั้นตอนเดียว ตั้งแต่ ปิดช่องคลอด ไปถึงการสร้างอวัยวะเพศชายแบบเมดทอยด์ ใส่ลูกอันฑะเทียม ในขั้นตอนเดียว 5 ชั่วโมง
มีความรู้สึกทางเพศเหมือนเดิม

ข้อเสีย:
อวัยวะเพศมีขนาดไม่ใหญ่พอที่จะร่วมเพศได้

Photographic examples of those who have undergone surgery
General surgical information

Metoidioplasty (Small Penis) for Female to Male

FTM surgery is generally divided into three main groups:

1. Chest reconstruction surgeries (also referred to as “top” surgery or Mastectomy);
2. Hysterectomy and Ovary Removal (removal of the uterus and ovaries, respectively; and
3. Genital reconstruction surgeries (also referred to as “lower” or “bottom” surgery or GRS).

Within these three main groupings are different types of procedures and surgical methods that will be further described.

Mastectomy, Hysterectomy, Ovary and Genital reconstruction can be done at the same time.

What is Metoidioplasty (Small penis):

(Also sometimes spelled “metaoidioplasty,” a term meaning “a surgical change toward the male”)

Metoidioplasty is a surgical procedure takes advantage of the fact that ongoing testosterone treatment in a Trans man typically causes his clitoris to grow longer. The amount of clitoral growth varies with each individual. By cutting the ligament that holds the clitoris in place under the pubic bone, as well as cutting away some of the surrounding tissue, the surgeon is able to create a small phallus from the elongated clitoris.

This is why metoidioplasty is sometimes referred to as a “clitoral free-up” or “small penis” or “clitoris release” – the clitoris is freed from some of its surrounding tissue and brought forward on the body in a manner that makes it appear like a small penis. In order to further enhance the result, fat may be removed from the pubic mound and skin may be pulled upward to bring the phallus even farther forward.
Metoidioplasty may also involve the creation of a scrotum (scrotoplasty) by inserting testicular implants inside the labia majora, then joining the two labia to create a scrotal sac. This is often done in two stages, where in the first stage; tissue expanders are inserted in the labia in order to gradually stretch the skin in preparation for the insertion of permanent testicular implants at a later date. However, we may insert the implants in the first procedure, and join the two labia in a later procedure.

Metoidioplasty for female to male may additionally involve a urethral lengthening procedure to allow the patient to urinate through the penis while standing.

Depending on the surgeon and the desires/goals of the patient, the vaginal cavity may or may not be closed or removed (this is typically referred to as a “vaginectomy,” “colpectomy,” or “colpocleisis”). Often, a vaginectomy is performed in conjunction with scrotoplasty and/or urethral lengthening.

The typical operating time for a metoidioplasty procedure is about 2 hours. Time required may differ depending on the options chosen by the patient.

Metoidioplasty:

Summary Metoidioplasty – Testosterone makes your clitoris grow (usually 1-3 cm). Metoidioplasty involves cutting the ligament that hold your clitoris in place under the pubic bone, as well as some of the surrounding tissue. Your clitoris is then freed up so more of it is showing.

Vagina removed or close vagina – Optional.

Result size – small penis 1-3 cm.

Sexual function – Sexual sensation is generally good, as the clitoris is not impacted much. The new penis will get erect on its own when you’re sexually aroused, but won’t be large enough to penetrate a partner with.

Urinate standing up? – Yes.

Visible scarring – Minimal.

In the future, if you want to continue with Long Penis- in other words, you can have a metoidioplasty first, then have phalloplasty later.

You can do by;

Long Penis by using Abdominal Skin; (After Metoidioplasty);

1st Stage: Reconstruction the Urethra tube;

2nd Stage: Reconstruction of Long Penis

a) Microsurgery

b) Pedicled Flap

3rd Stage: Connection of Urethra, Silicone testicles implant; General Anesthesia
Best candidate’s for Metoidioplasty:
- You are physically healthy and emotionally stable with realistic expectations as to what the surgery can and cannot do
- Psychologist’s letter or Hormone therapist may required
- Must undertake hormone at least 6 month
- Real-Life experience
- Physically healthy and emotionally stable with realistic expectations
- Must be over 18 year old with good health condition

3) Example content from Bangkok Cosmetic Surgery Clinic

Source: http://www.bcsclinic.com/index.php/แปลงเพศหญิงเป็นชาย

General surgical information
การผ่าตัดแปลงเพศจากหญิงเป็นชายนั้นเป็นการผ่าตัดที่มีประวัติการดำเนินงาน และได้มีการพัฒนาเทคนิคการผ่าตัดจนปัจจุบันนี้สามารถทำได้ผลดีกว่าในอดีตมาก มีตั้งแต่การใช้เนื้อหนังหน้าท้องหรือห้องทอแทนมาสร้างอวัยวะเพศ
อย่างไรก็ตาม การเตรียมตัวผู้ป่วยก่อนการผ่าตัดนั้น จะใช้หลักการเดียวกันกับการเตรียมผู้ป่วยเพื่อแปลงเพศจากชายเป็นหญิง (หารายละเอียดจาก MTF reassignment surgery) เพียงแต่พิจารณาในทางกลับกันเท่านั้น เมื่อผู้ป่วยได้รับการประเมินสภาพจิตใจเรียบร้อยแล้ว และได้รับใบรับรองจากจิตแพทย์ (psychological assessment licence)

Surgical procedures
ศัลยแพทย์จะวางแผนการดูแลเพื่อผ่าตัดเปลี่ยนแปลงร่างกายจากผู้หญิงให้เป็นผู้ชาย เป็นขั้นตอนดังต่อไปนี้
ขั้นตอนที่ 1
ผ่าตัดหน้าอกออก (subcutaneous mastectomy) เป็นการผ่าตัดเพื่อเอาเนื้อเต้านมออกเพื่อให้เต้านมมีลักษณะใกล้เคียงกับเต้านมเพศชายมากขึ้น โดยการผ่าตัดจะตัดโดยการลงมีดที่บริเวณปานนมครึ่งล่าง (areolar) แล้วผ่าตัดดังกล่าว เมื่อหายแล้วจะซ่อนได้ดีกว่าเดิม ๆ เบื้องจากถึงเส้นไปกับสีของปานนมได้ดี การผ่าตัดใช้เวลาประมาณ 2 ชั่วโมง
หลังการผ่าตัดแล้วแพทย์จะวางท่อระบายเลือดไว้ประมาณ 1 วัน เมื่อไม่มีเลือดหรือน้ําเหลืองออกมาแล้วก็จะเอาท่อระบายเลือดออก แต่ต้องติดตั้งไว้ราวimately วัน 5 ก็จะตัดท่อออกไปได้ ผู้ป่วยที่มีเต้านมค่อนข้างใหญ่หลังผ่าตัดอาจจะมีผิวหนังส่วนเกินบ้านในระยะแรก แต่จะค่อย ๆ ยืดตัวลงจนจะตัดไหมออกได้ในเวลาประมาณ 3-5 วัน

ขั้นตอนที่ 2

ผ่าตัดหลอดสูงและร่างไข่ออก (Total uterus and ovaries removal) เนื่องจากเพศชายไม่มีคลอดและร่างไข่ดังนั้นจึงไม่จำเป็นต้องเอาคลอดและร่างไข่ออกในผู้ป่วยกลุมนี้ เพื่อจะได้มิให้มีปัญหาเรื่องประจำเดือนและเป็นการตัดแหล่งสร้างฮอร์โมนเพศหญิงออก ขั้นตอนนี้จะเป็นการผ่าตัดโดยสูตินรีแพทย์ และสามารถที่จะทำร่วมกันได้กับการผ่าตัดขั้นตอนแรก

เมื่อทำการผ่าตัดทั้งสองขั้นตอนผ่านไปแล้วดีแล้ว โดยแผนผ่าตัดที่หน้าอกและหน้าท้องผ่าสมทิตและผลหายในหลังการผ่าตัดอย่างสมบูรณ์แล้ว (ประมาณ 3 เดือน)

ขั้นตอนที่ 3

เป็นขั้นตอนของการสร้างอวัยวะเพศเด็ก ซึ่งวิธีการทำกันมากในปัจจุบันจะมี 3 วิธีสร้าง คือ

เทคนิคที่ 1 การทำวัณโรคขยายกลางเล็ก (METOIDOPLASTY)

เป็นเทคนิคการผ่าตัดที่มีพัฒนามาจากการผ่าตัดท่อปัสสาวะเปิดผิดปกติผู้ที่จะผ่าตัดชนิดนี้ต้องใช้ฮอร์โมนเพศชายก่อนเป็นระยะเวลา 6 เดือน - 1 ปี จนคลิตอริสนวดใหญ่กว่าปกติมาก การทำผ่านในแนวต่อเนื่อง อาจใช้ผ่าตัดหรือก่อนหรือใช้ยาทำให้ถ่ายท้องหรือในไข่ใหญ่ได้ ทั้งหมด ในบางกรณีสามารถเพิ่มขนาดคลิตอริสได้โดยไม่ต้องใช้การผ่าตัด ซึ่งมีขั้นตอนที่ทำกันโดยใช้ยาทาร์สเทาโรน ยาทาร์สเทาโรนครีม ได้ผลดี ในบางกรณีที่คลิตอริสมีขนาดใหญ่ การผ่าตัดดังกล่าวจะทำให้มีขนาดใหญ่พอที่จะทำเป็นอวัยวะเพศชายได้ นอกจากนี้ยังมีอีก 2 วิธีการที่ทำได้คือ METOXICYSTIS TUBAL (METOXICYSTIS UBERIC) โดยจะเลาะเนื้อเยื่อช่องคลอดกลับไป แล้วใช้ผ่าตัดท่อปัสสาวะที่ทาร์สเทาโรนหรือขั้นตอนที่ 2 ขั้นตอนที่ 2 แล้ว

เทคนิคที่ 2 สร้างอวัยวะเพศชายด้วยผนังท้อง (ไม่ต้องต่อเส้นเลือด)

จะสร้างอวัยวะเพศชายโดยอาศัยผนังท้องส่วนด้านล่างโดยแบ่งขั้นตอนการผ่าตัดเป็น 3 ขั้นตอน แต่ละขั้นตอนจะนับระยะเวลา 3 วัน

ขั้นตอนที่ 1

- สร้างท่อปัสสาวะบริเวณผนังท้อง
- เพิ่มความยาวของท่อปัสสาวะโดยใช้ ผนัง ของ ช่องคลอด เพื่อเตรียมที่จะต่อในขั้นตอนที่ 2 และ

นายเนื้อเยื่อของช่องคลอดออกมา
ขั้นตอนที่ 2
- สร้างอวัยวะเพศชายจากนิ้วท้อง และย้ายต่ำเน้นมาไว้ที่ตรงหัวหน้า
- เปลี่ยนแปลงหน้าท้อง

ขั้นตอนที่ 3
- ตกแต่งปลายอวัยวะเพศ
- ต่อท่อปัสสาวะที่ 2 ปลายเข้ากัน
- ใส่ซิลิโคน (Silicone)

ไม่แนะนำวิธีการเทียมให้สามารถมีเพศสัมพันธ์ได้ตามปกติ

ขั้นตอนที่ 3 ขั้นตอนต่อแยกการผ่าตัด วิธีการดังกล่าว มีข้อดี คือ มีแผลเป็นอยู่ใกล้เคียงกันอวัยวะที่สร้างขึ้นมาใหม่ และไม่ต้องมีแผลเป็นที่แขน แต่มีข้อเสีย คือ รู้เรื่องวิธีการ เช่น อาจต้องมีการผ่าตัดเพิ่มเติม ภายหลังและต้องผ่าตัดหลายครั้ง

เทคนิคที่ 3 มี 2 ขั้นตอน คือ

เป็นการผ่าตัดเพื่อเปลี่ยนแปลงทางเดินของท่อปัสสาวะและปิดของคลอด ทั้งนี้เนื่องจากทิศทางของท่อปัสสาวะในผู้หญิงจะเป็นทิศทางที่พุ่งลงล่าง ส่วนของเพศชายจะพุ่งไปด้านหน้า ดังนั้นเคลียลแพทย์ต้องจึงมีความจำเป็นจะต้องเปลี่ยนแปลงทางเดินของท่อปัสสาวะให้เป็นทิศทางที่พุ่งไปด้านหน้า รวมกับการผ่าตัดปิดของคลอดให้เป็นที่เพิ่ม การทำแผลในขั้นตอนนี้ใช้เวลาประมาณ 2-3 อาทิตย์ ผู้ป่วยมีความเจ็บปวดต่อเนื่องทั้งในโรงพยาบาลประมาณ 2-3 วัน เมื่อแผลผ่าตัดเรียบร้อยแล้วอาจต้องติดใส่สายปัสสาวะไปดีก่อน 1 อาทิตย์ เพื่อให้ท่อปัสสาวะหายสนิทดีก่อนที่จะอดสูญปัสสาวะออก

แพทย์จะใช้วิธีการผ่าตัดโดยการสร้างอวัยวะเพศชายจากเนื้อเยื่อท้องแขน แล้วย้ายไปต่อเส้นเลือดเส้นประสาททางจุลศัลยกรรม (microsurgery) แพทย์จะสร้างอวัยวะเพศชาย (Phalloplasty) ให้โดยการย้ายเนื้อเยื่อท้องแขนมาทำที่อวัยวะเพศชายให้มีรูปและลักษณะของอวัยวะเพศชาย โดยเฉลี่ยจะประมาณ 5 ปี แล้วเลาะแผลเส้นเลือด เส้นประสาทของท้องแขน น้ำมันที่คั่นเข้ากับเส้นเลือดเส้นประสาทที่บริเวณด้านหน้าของอวัยวะเพศ โดยใช้วิธีการจุลศัลยกรรม และพร้อมกันสร้างถุงอัณฑะโดยใช้เนื้อเยื่อด้านล่างของบริเวณด้านล่างของท้องแขน โดยผ่าตัดเนื้อเยื่อด้านล่างของท้องแขน เข้าไปในแคมใหญ่ พร้อมกับนั้นก็ต้องต่อท่อปัสสาวะที่แพทย์เตรียมไว้แล้วในระยะก่อนหน้านี้เข้าด้วยกัน เพื่อให้ผู้ป่วยสามารถปล่อยปัสสาวะไปได้ที่อวัยวะเพศได้ ความรู้สึกของอวัยวะเพศที่สร้างขึ้นใหม่นี้จะได้มาจากเส้นประสาทที่มาเลี้ยงคลิตอริส แต่ผ่าตัดบริเวณท้องแขนที่นำไปใช้สร้างอวัยวะเพศนั้น แพทย์จะใช้ม้วนหน้าบิดปิดคลุมให้ท้องแขน

การเลือกอวัยวะเพศที่ดีที่สุดจะต้องพิจารณาความสามารถของอวัยวะเพศที่ดีที่สุด โดยเฉพาะวัสดุที่มีความคงทน สุทธิ ยูบาร์ม ผลผ่าตัดดีที่สุด และผลเป็นบุคคลตัวแวด และที่สำคัญคือ สำหรับการรักษาความรู้สึกที่อวัยวะเพศใหม่นั้นต้องสามารถรักษาความรู้สึกที่อวัยวะเพศเหมือนเดิม สำหรับการรักษาความรู้สึกกับตัวและความเจ็บปวดได้แล้ว"
Photographic examples of those who have undergone surgery

1.2.2.4 Phalloplasty

1) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/หญิงเป็นชาย/อวัยวะเพศชายแบบฟาโรห์

Source: https://www.kamolhospital.com/en/service/phalloplasty/

General surgical information

การสร้างอวัยวะเพศชายเป็นขั้นตอนสุดท้ายของการแสดงออกของการเป็นเพศชายที่สมบูรณ์แบบ สามารถยืนปัสสาวะได้ หลังจากที่ผ่านการตัดหน้าอกให้แนบ拦 ตัดมดลูกขึ้นไป และปิดช่องคลอดแล้ว จากการสั่งสมประสบการณ์การผ่าตัดแปลงเพศหญิงเป็นชายของ โรงพยาบาลศิริราชกรรมแพทย์กมล โดยมี นายแพทย์ กมล พันธ์ศรีทุม เป็นหัวหน้าทีม ซึ่งทีมของเราได้ความเชี่ยวชาญจากผู้เชี่ยวชาญในด้านจุลศัลยกรรม คือการต่อเส้นเลือดให้ไปหล่อเลี้ยงอวัยวะเพศที่สร้างขึ้นใหม่ และต่อเชื่อมเส้นประสาทเพื่อสร้างความรู้สึกทางเพศได้ และมีการปรับแต่งรูปร่างให้สวยงามเหมือนธรรมชาติ
เป้าหมายของการสร้างอวัยวะเพศชาย
- มีความรู้สึก, ขนาดและรูปทรงเหมือนธรรมชาติ, สามารถร่วมเพศได้
- สามารถเสียวต่อเมื่อปรับเปลี่ยนอวัยวะเพศที่สร้างขึ้นใหม่ เพื่อเป็นปัสสาวะได้
- สามารถอวัยวะเชื้อได้
- เกิดแผลเป็นน้อยที่สุด

*Surgical procedures*

ทีมศัลยแพทย์ตกแต่ง โรงพยาบาลศัลยกรรมตกแต่งกมล ได้ร่วมกันพัฒนาเทคนิค ส่งเสริมประสบการณ์ และความชำนาญในการสร้างอวัยวะเพศชาย (Phalloplasty) โดยมีให้เลือกอยู่ 3 เทคนิค คือ

A. การสร้างอวัยวะเพศชายโดยย้ายเนื้อจากต้นขาด้านนอก (ALT Phalloplasty)

เป็นเทคนิคที่ได้รับความนิยมมากที่สุดในปัจจุบัน เพราะสามารถแก้ปัญหาแผลเป็นจากแขนที่ใหญ่มาก โดยต้องเตรียมสร้างท่อปัสสาวะที่ต้นขาด้านนอกก่อนประมาณ 3 - 6 เดือน แล้วทำการผ่าตัดย้ายเนื้อจากต้นขาด้านนอกที่เตรียมท่อปัสสาวะไว้แล้ว มาสร้างเป็นอวัยวะเพศชาย ด้วยวิธีอุตสาหกรรม พร้อมกับต่อท่อปัสสาวะเดิมกับท่อปัสสาวะที่สร้างไว้ในล่างให้ปัสสาวะออกมาที่ปลายอวัยวะเพศที่สร้างขึ้นใหม่ ทุกกระบวนการนั้นจะสามารถทำได้เสร็จภายในครึ่งเดียว โดยใช้เวลาประมาณ 10 ชั่วโมง ส่วนแผลที่เกิดจากการย้ายเนื้อที่ต้นขาด้านขวาจะเอาผิวหนังที่ต้นขาด้านล่างมาปิด

ข้อดี:
- มีการเตรียมพร้อมท่อปัสสาวะโดยฝังไว้ที่ต้นขาด้านนอกก่อนการผ่าตัดสร้างอวัยวะเพศ จึงทำให้ลดปัญหาการติดตันการเชื่อมต่อท่อปัสสาวะใหม่และเก่าได้
- แหล่งเนื้อที่ต้นขาด้านขวา สามารถเลือกเนื้อได้มาก
- สร้างอวัยวะเพศชายได้ขนาดที่ใหญ่พอได้
- สามารถแก้ไขเครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัวได้ดีกว่าแบบอื่น เพราะมีเนื้อเยื่อมากกว่า
- ไม่สูญเสียระบบความแข็งตัวเนื่องจากน้ำมันสระวิทยาศาสตร์อาจต้านทาน

ข้อเสีย:
- ต้องใช้เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัว

ขั้นตอนในการสร้างอวัยวะเพศชายแบบย้ายเนื้อจากต้นขาด้านขวา
1. ตัดductus urinarius ปิดช่องคลอด และเตรียมย้ายตามเนื้อท่อปัสสาวะมาอยู่ที่หัวเหน่า โดยอาจตัดเนื้อเยื่อจากช่องคลอด
2. ฝังท่อปัสสาวะที่ต้นขาด้านขวาจะเตรียมเสร็จสิ้นประสาท โดยฝังที่ตั้งไว้ 3 - 6 เดือน
3. ผ่าตัดรูปร่างท่อปัสสาวะด้านล่าง เลือกทำเวลา ถ้าหน้าเยื่อจากต้นขาด้านขวาที่ฝังที่ตั้งไว้ เข้ามาสร้างให้เป็นอย่างสมบูรณ์ แล้วต่อท่อร่วมท่อปัสสาวะที่เตรียมไว้หลังเดือนแล้วที่หัวเหน่า
4. ประมาณ 1 เดือน เอาสายปัสสาวะออก คนไข้สามารถปัสสาวะได้ตามปกติ
5. รอนเส้นประสาทสำหรับการทำงานได้ดี แล้วใส่เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัว และสร้างอัณฑะ

รูปที่ 1 แสดงตำแหน่งที่อักเสบเนื่องไปสู่การสร้างอวัยวะเพศชาย

รูปที่ 2 แสดงการสร้างอวัยวะเพศชายที่มาจากต้นขา

B. การสร้างอวัยวะเพศชายโดยใช้เนื้อจากแขนด้านใน

การสร้างอวัยวะเพศชายโดยใช้เนื้อจากแขนด้านใน โดยใช้จุลศัลยกรรม และใส่เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัว

ข้อดี:
- ต่อเส้นเลือดเส้นประสาทง่ายไม่ซับซ้อน
- ท่อปัสสาวะตัวน้อย

ข้อเสีย:
- เห็นแผลเป็นชัด
- ต้องใส่เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัว
- อวัยวะเพศมีขนาดเล็กเนื้อบาง
- อวัยวะเพศมีขนาดเล็ก และเนื้อบาง เมื่อใส่เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัวอาจอักเสบและทะลุ

ขั้นตอนแสดงการสร้างอวัยวะเพศชายที่มาจากแขนด้านใน

1. ตัดมดลูกสำหรับปิดช่องคลอด และเตรียมสร้างตำแหน่งท่อปัสสาวะใหม่ที่หัวแขน และฝังท่อปัสสาวะท่อแขนเพื่อสร้างท่อปัสสาวะใหม่ ประมาณ 3 - 6 เดือน
2. สร้างอวัยวะเพศชายที่มาจากแขน โดยต่อเส้นเลือดเส้นประสาท พร้อมต่อท่อปัสสาวะจากหัวหน้าให้ปัสสาวะออกที่ปลายอวัยวะเพศ
3. ใส่เครื่องมือที่ช่วยให้อวัยวะเพศแข็งตัว

รูปที่ 3 แสดง ตำแหน่งเนื้อแขนด้านในที่ย้ายไป

รูปที่ 4 แสดง ตำแหน่งเนื้อแขนด้านในที่ย้ายไป ถูกปิดด้วยผิวหนัง

การเชื่อมต่อท่อปัสสาวะจะทำพร้อมกับต่อเส้นเลือดเส้นประสาท หรือรอหลังจากนั้น 6 เดือนก็ได้เพื่อลดอัตราการรั่วของท่อปัสสาวะ

C. แสดงอวัยวะเพศชายที่มาจากน่องพร้อมกระดูก Fibular

โดยต้องเตรียมท่อปัสสาวะที่หน่อยไว้ 6 เดือน ก่อน สร้างอวัยวะเพศชายที่มาจากน่องพร้อมกระดูก Fibular โดยการต่อเส้นเลือดเส้นประสาท และต่อเชื่อมท่อปัสสาวะ แล้วเอาผิวหนังมาปิดที่ด้านหน้าที่เอาเนื้อน่องความรู้สึกที่อวัยวะเพศชายที่สร้างขึ้นใหม่จะกลับมาภายใน 6-12 เดือน

ข้อดี
- มีกระดูกช่วยให้อวัยวะเพศแข็งตัวตลอดเวลา
- สร้างอวัยวะเพศชายได้ขนาดที่ใหญ่พอตัว
- ผลเป็นที่น่องสังเกตได้ยากกว่าที่แขน

ข้อเสีย
- ใช้เวลาพักฟื้นนานกว่า 6-8 อาทิตย์
- ต้องซ่อมท่อปัสสาวะที่อวัยวะเพศชายใหม่ ป้องกันการดึงดัน 1-2 ปี หลังผ่าตัด

ขั้นตอน แสดงอวัยวะเพศชายที่มาจากน่องพร้อมกระดูก Fibular

1. เตรียมท่อปัสสาวะที่หน่อย ตัดคอสุญญีใจ ปิดด้วยคลอคลอด
2. สร้างอวัยวะเพศชายที่มาจากน่องพร้อมกระดูก Fibular โดยต่อเส้นเลือดเส้นประสาท
3. ต่อเชื่อมท่อปัสสาวะของใหม่ กับของเดิม
โดยแต่ละขั้นตอนใช้เวลาประมาณ 3 - 6 เดือน

รูปที่ 5 แสดง ตำแหน่งการเตรียมท่อปัสสาวะที่น่อง ใช้เวลาต่อต่อประมาณ 6 เดือน

รูปที่ 6 แสดง ตำแหน่งเนื้อเนื้อท่อที่ย้ายไปสร้างอวัยวะเพศชาย

รูปที่ 7 ตำแหน่งกระดูก Fibula ที่ถูกตัดออกไป

การใส่ลูกอัณฑะ
การใส่ลูกอัณฑะไม่ใช่เพียงแค่ความสวยงามเท่านั้น แต่เป็นการแสดงความเชื่อมโยงในความเป็นชายมากขึ้น โดยใส่ลูกอัณฑะแทนที่ไขมันของแคนนอล หลังจากการผ่าตัดสร้างอวัยวะเพศชายเรียบร้อยอยู่แล้ว ควรเลี่ยงการสัมผัสหรือการติดเชื้อ
หากมีอาการบวม ชา หรือมีเลือดออก ควรปรึกษาแพทย์ เพื่อลดความเสี่ยงและภาวะแทรกซ้อน
Photographic examples of those who have undergone surgery

Radial Forearm technique

Fibula free flap technique

ALT-phalloplasty
1) Example content from Yanhee Hospital

Surgical procedures

ขั้นตอนที่ 2 การผ่าตัดเปิดช่องคลอดรวมกับการยืดท่อปัสสาวะ และการสร้างท่อปัสสาวะที่ท้องแขนโดยใช้ผิวหนังบริเวณสะโพก

การผ่าตัดขั้นตอนที่ 2 นี้ประกอบด้วยการผ่าตัด 2 ตำแหน่ง ได้แก่
การผ่าตัดเปิดช่องคลอด รวมทั้งยืดท่อปัสสาวะ
g) การผ่าตัดสร้างท่อปัสสาวะบริเวณท้องแขนด้วยผิวหนังจากบริเวณใต้สะโพกลำดับ

Post-operative recovery

การผ่าตัดเปิดช่องคลอด รวมทั้งยืดท่อปัสสาวะ หลังผ่าตัดควรปฏิบัติดังนี้
หลังการผ่าตัดผู้ป่วยจะมีท่อระบายเลือดจากบริเวณช่องคลอด และได้รับการปิดแผลเป็นอย่างดี รวมทั้งมีท่อสวนปัสสาวะเพื่อให้น้ำปัสสาวะไม่ปนเปื้อนกับน้ำปัสสาวะ โดยเฉพาะแพทย์จะตรวจดูความสม่ำเสมอของบริเวณแผลผ่าตัดและตรวจจาระบายเลือดจนกว่าจะไม่มีน้ำเลือดหรือเลือดออกจากการผ่าตัด ตลอดจนอาการเลือดออกจะผันผวนได้ โดยเฉพาะในวันแรกประมาณ 4-5 วัน ก่อนจะยอมปล่อยออกได้

ท่อสวนปัสสาวะโดยมากแล้วมีต่อท่อไปเก็บน้ำและแผลผ่าตัด ซึ่งจะใช้เวลาประมาณ 5-7 วันจึงจะสามารถปลูกได้ แพทย์อาจปลูกท่อสวนปัสสาวะหลังจาก 6-7 วันแล้ว ผู้ป่วยจะสามารถปัสสาวะได้ตามปกติ

ในระยะแรกของการปลูกท่อปัสสาวะ ผู้ป่วยอาจยังมีท่อปัสสาวะได้ไม่คล่องเนื่องจากอาจมีความรู้สึกต่อบริเวณแผลผ่าตัด การปลูกท่อปัสสาวะของท่อกล้ามเนื้อ ควรจะรอประมาณ 1-2 สัปดาห์ และหากมีอาการมากขึ้นและจะไม่มีน้ำเลือดออกมาอีก การปลูกท่อปัสสาวะง่ายที่สุดน่าจะต้องใช้เวลาหลายสัปดาห์ แต่หากอาการกล้ามเนื้อดีขึ้นแล้วไม่มีน้ำเลือดออกมา อาจยอมปลูกได้ภายใน 4 สัปดาห์

ไม่ต้องชดเชยน้ำให้ผู้ป่วยมากด้วยการผ่าตัด การปลูกท่อปัสสาวะ อย่างไรก็ตาม ก่อนปลูกท่อปัสสาวะก่อนปลูกท่อปัสสาวะ ควรจะมีการปิดแผลเป็นอย่างดีและท่อปัสสาวะจะมีเพียงพอในการรักษาให้ผู้ป่วยสามารถกินน้ำได้ภายใน 2-3 วัน

การผ่าตัดสร้างท่อปัสสาวะกรดด้วยผิวหนังจากบริเวณใต้สะโพก หลังผ่าตัดควรปฏิบัติดังนี้

เมื่อปลูกท่อแล้วจะมีท่ออยู่อีกอยู่ที่ท้อง และมีการปลูกท่อปัสสาวะที่ท้องผ่าตัด ซึ่งจะทำให้เกิดการท่อปัสสาวะที่ไม่ที่ท้อง แต่ต้องการให้ท่อปัสสาวะสู่ท้องผ่าตัด จึงต้องทำให้ท่อปัสสาวะที่ท้องผ่าตัดที่ทำให้เกิดท่อปัสสาวะที่ท้องผ่าตัดถูกตัดออก แล้วให้ผู้ป่วยสามารถปัสสาวะได้ตามปกติ

ใช้อุปกรณ์ทางการแพทย์ที่ถูกต้อง เช่น จุก疗法 การท่อปัสสาวะที่ท้องผ่าตัดที่ทำให้เกิดท่อปัสสาวะที่ท้องผ่าตัดถูกตัดออก แล้วให้ผู้ป่วยสามารถปัสสาวะได้ตามปกติ

ใช้อุปกรณ์ทางการแพทย์ที่ถูกต้อง เช่น จุก疗法 การท่อปัสสาวะที่ท้องผ่าตัดที่ทำให้เกิดท่อปัสสาวะที่ท้องผ่าตัดถูกตัดออก แล้วให้ผู้ป่วยสามารถปัสสาวะได้ตามปกติ
หลังตื่นนอน และเย็นก่อนนอน ดอยการใช้น้ำสะอาดล้างภายในท่อ และใส่สายสวนปัสสาวะค้างในท่อเสมอเพื่อป้องกันการตีบตันของท่อปัสสาวะที่สร้างไว้

ระยะแรกของการหายอาจจะมีผิวหนังหลุดลอกออกมาจากรูเปิดเป็นชิ้นผิวหนังสีดำ ซึ่งจะพบได้หลังการใช้น้ำสะอาดล้างภายในท่อ และจะเห็นว่าผิวหนังภายในท่อจะเปลี่ยนเป็นสีน้ำตาลที่สุด จึงไม่ต้องกังวลหากพบว่ามีชิ้นเนื้อดังกล่าวอยู่ หากพบว่ามีผิวหนังสีดำหลุดลอกออกมากเกินไป ควรขอให้แพทย์ติดต่อกันเพื่อให้คำแนะนำ

การใช้จุลเลือดสีน้ำจะทำให้การใส่ท่อยางทำได้สะดวกขึ้น แต่เป็นไปได้เร็วที่สุดที่จะใช้หลังจากแผลหายในท่อปัสสาวะที่สร้างไว้เท่านั้นแล้ว และควรดูแลความสะอาดระหว่างวัน หากมีเหงื่อออกมากหรือมีการแฉะในท่อท้องแขน

โดยทั่วไปการซ่อมท่อยางเป็นไหมละลาย ซึ่งจะหลุดออกได้เองหลังจากผนังท้องแขนแล้วหรือโดยเฉลี่ยประมาณ 4 สัปดาห์ หากพบไหมอยู่ดังกล่าวให้ใช้ผ้าที่สะอาดแล้วล้างท่อยางตามปกติ

ในบางกรณีที่แผลหายไม่ราบรื่นแล้ว ควรต้องได้รับการตรวจและให้ยาปฏิชีวนะเพื่อควบคุมการอักเสบ ควรจะได้รับยาอย่างน้อย 1-2 สัปดาห์ หากมีการอักเสบหรือเกิดการเสียหายแล้วให้ไปโรงพยาบาลที่ดูแลท้องแขนทันที

ผิวหนังที่เย็บในการสร้างท่อปัสสาวะเป็นไหมละลาย ซึ่งจะหลุดออกได้เองหลังจากผนังท้องแขนแล้วหรือโดยเฉลี่ยประมาณ 4 สัปดาห์ หากพบไหมอยู่ดังกล่าวให้ใช้ผ้าที่สะอาดแล้วล้างท่อยางตามปกติ

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แผลเป็นบริเวณสะโพกอาจมีการจุกครวญหรือมีการแฉะรุนแรงในระยะแรก แต่โดยมากแล้วจะยุบลงและปิดลงในเวลาประมาณ 3-6 เดือน แต่สุดท้ายก็จะเห็นแผลเป็นของแผลเป็นบริเวณสะโพกพอจะรับการตรวจแล้วแต่ไม่ควรใส่แผลเป็นเข้าที่ทันที ซึ่งการแก้ไขแผลเป็นจะพิจารณาตามปัญหาของแผลเป็นแต่ละรายเพื่อให้แผลเป็นมีปัญหาน้อยที่สุดเท่าที่จะทำได้

Source: https://th.yanhee.net/หัตถการ/ผ่าตัดแปลงเพศ-จากหญิงเป็นชาย-ขั้นตอนที่-3/
Surgical procedures

ขั้นตอนที่ 3 การผ่าตัดสร้างอวัยวะเพศด้วยเนื้อเยื่อท้องแขนและสร้างถุงอัณฑะโดยใช้เนื้อเยื่อด้วยกลีบใหญ่

การผ่าตัดขั้นนี้เป็นการผ่าตัดสร้างอวัยวะเพศชายจากท้องแขนโดยการย้ายเนื้อเยื่อและท่อปัสสาวะที่สร้างไว้ในขั้นตอนที่ 2 มาทำเป็นส่วนของอวัยวะเพศ (ซึ่งจะต้องมีหัวนมจากการบริเวณส่วนท้องแขนเป็นต้น) จะต้องมีการ
แพทย์จะต้องทำการทำแผลท่อนแขนก่อนท่อปัสสาวะได้จากอวัยวะเพศในตัวแล้วและ
ต้องเลือกกระดูกหรือเนื้อเยื่อท้องแขนที่จะใช้ในการทำอวัยวะเพศที่สร้างขึ้นมีความรู้สึก
เช่นเดียวกับปอดลิฟต์) และแพทย์จะสร้างถุงอัณฑะโดยเอาคุณิยาเนื้อเยื่อจากการบริเวณใหญ่มาเปลี่ยนเป็นก้อน 2 ก้อนซึ่งจะทำให้คุณลักษณะกับปอดลิฟต์ในผู้ชาย

การพักพื้นหลังการผ่าตัด

หลังผ่าตัดควรปฏิบัติตนดังนี้

ผู้ป่วยของมันส์ที่ท้องแขนที่ถูกใช้เนื้อเยื่อด้วยกลีบใหญ่แล้ว ใส่แผลที่สูงเพื่อป้องกันการเคลื่อนไหวของมันส์ที่ท้องแขน ผู้ป่วยควรจะได้รับการควบคุมการระบบที่บริเวณปลายมือและนิ้วมือ

บริเวณท้องแขนอาจจะมีแผลที่เกิดขึ้นเนื่องจากการตัดผิวหนังบางส่วนไปใช้เป็นผิวหนังที่ท้องแขน ซึ่งแพทย์จะใช้
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ปลูกหนังหายดีแล้ว แพทย์จะให้แตัดไหมและออกพยุงตามแซนและสามารถเริ่มใช้แขนได้ทันที จนกลับมาใช้งานแขนได้ตามปกติภายในเวลาประมาณ 1-2 เดือน

ผลในระยะทาง หากผู้ป่วยรักษาเองจะสามารถตัดไหมได้หลังการผ่าตัดประมาณ 7-10 วัน วัยเด็กจะมีเส้นปัสสาวะไว้เพื่อให้แพทย์ซ่อมแซมต่อหากไม่ได้ตามปกติ และจะคืนให้ผู้ป่วยใน 10 วัน แพทย์จะขอตรวจตามเส้นปัสสาวะเพื่อให้ผู้ป่วยสามารถคิดว่าได้ด้วยตนเอง หลังจากออกพยุงตามแซนและแพทย์จะให้ตามเส้นปัสสาวะเพื่อให้คืนกลับตามปกติภายในระยะเวลาจะทำให้เส้นตามแซนแบบกันไว้ก่อนเพื่อป้องกันการติดต่อกันที่ผ่านมา และจะทำให้ผู้ป่วยใน 1-2 สัปดาห์ หลังจากนั้นแพทย์จะเปลี่ยนสายตามแซนใหม่เพื่อป้องกันการติดต่อกันที่ผ่านมาโดยจะทำให้ถ่ายปัสสาวะได้ตามหลักร้อย 6-12 เดือนแรก ดังนั้น การดูแลและตรวจปัสสาวะสิ่งเหล่านี้จะต้องดูแลตามเส้นปัสสาวะออกแล้วถ่ายปัสสาวะตามปกติ หลังจากนั้นจึงทำความสะอาดที่ด้านบนผ่านสัมผัสแล้วใช้ไฟล์สับได้ตามเดิมโดยมีความสัตย์ที่กันที่ผ่านมาของแพทย์

ผลในระยะยาวที่เห็นได้ว่ามีการฟื้นฟูที่ผ่านมาและไข่ขวดตามปกติ สามารถทำงานได้หากแต่เจ็บป่วย ดีแล้ว โดยทำให้ผ่าน 1 เดือนขึ้นไป

ภายในร่างกายที่ขาวต่างชิ้น ปัจจุบันนั้นแพทย์จะใส่ซิลิโคนเที่ยงไว้เพื่อป้องกันการติดต่อกันทางแพทย์และการมีค่าทานаль ดังนั้นเมื่อเห็นสภาพภายนอกแล้ว แพทย์คงจะทำให้ผู้ป่วยใน 1-2 เดือน แต่อาจจะมีความสัตย์ตามเข็มทิศในการรักษา ดังนั้นจึงไม่แนะนำให้ใช้งาน ดังนั้นจะทำให้ผู้ป่วยในร่างกายได้รับการรักษาสภาพภายนอกแล้วจะต้องการรักษาอย่างนี้ ภายในร่างกายจะทำให้ร่างกายวิ่งและดูแลอยู่ในวัยเด็กมีความสัตย์ตามเข็มทิศ โดยใช้การผ่าตัดประมาณ 6-8 เดือนหลังผ่าตัดแล้ว เพื่อจะได้มีความสัตย์ตามเข็มทิศโดยไม่เกิดปัญหาจาก แพทย์ นักเคราะห์จะมีการประคับซิลิโคนพิเศษสำหรับการใส่เป็นแทนของร่างกายเพื่อทำให้ได้ลักษณะของร่างกายเพศตามลำดับ

ผลในระยะยาวได้กล่าวถึงอื่น ๆ ในเรื่องข้อต่อแขน และ ที่ผ่านมา โดยบริษัทจะมีการรักษาเด็กเส้นตามแซนจากภายใน 1-2 เดือน แต่ผลในระยะยาวจะต้องดูแลให้ผู้ป่วยรักษาตามระยะอย่างละเอียด ซึ่งสามารถป้องกันการรูดุมได้โดยการใช้ผ้าอัดรัดแขน (elastic bandage) พร้อมกับการใช้แผ่นซิลิโคนเจล (silicone gel sheet) ช่วยในช่วง 3-6 เดือนแรก

2) Example content from Preecha Aesthetic Institute (PAI)

Source: http://pai.co.th/phalloplasty-big-penis-for-female-to-male/
General surgical information

Phalloplasty (Big Penis) for Female to Male

Female to Male surgery (MTF) is generally divided into three main groups:
1. Chest reconstruction surgeries (also referred to as “top” surgery or Mastectomy);
2. Hysterectomy and Ovary Removal (removal of the uterus and ovaries, respectively; and
3. Genital reconstruction surgeries (also referred to as “lower” or “bottom” surgery or GRS).

Within these three main groupings are different types of procedures and surgical methods that will be further described?

Mastectomy, Hysterectomy, Ovary and Genital reconstruction can be done at the same time.

Phalloplasty FtM (Big Penis)

There are 4 stages for FtM with Phalloplasty. Each stage must require at least 4 months after surgery to continue the next stage.

If FtM with Phalloplasty surgery in Thailand,

Stage 1 = Prepare urethra for abdominal tube (can be perform with Hysterectomy and Ovary Removal).

Stage 2 = Penile Reconstruction from abdominal skin (not recommend reconstruction from back hand because from hand, it will create a lot of scars.

Stage 3 = Connect Urethra and retouch penis.

Stage 4 = Insert Ball Implants (Testicles).

FtM Phalloplasty – The most common involves removing a flap of skin/blood vessels/nerves from waist area to hide the scar. Rolling this to make a tube within a tube and then using microsurgery to attach the new penis to your groin. (over the top of your clitoris). The end is surgically sculpted to look like the head of penis. A skin graft is taken to cover the graft area.

Vagina removed or closed vagina? – Yes.

Result size: An adult male size penis.

Sexual function – Pulling on the penis will stimulate the clitoris that is buried at its base. At least 1 year after phalloplasty, a stiffening device can be inserted to create an erection firm enough for penetrative sex.

Urinate standing up – Yes. As part of phalloplasty urethroplasty is done.

Visible scarring – Large scar on the waist (where the tissue was removed). Scar on the graft sites.
Best candidate’s for Phalloplasty

- You are physically healthy and emotionally stable with realistic expectations as to what the surgery can and cannot do
- Psychologist’s letter or Hormone therapist may required
- Must undertake hormone at least 6 month
- Real-Life experience
- Physically healthy and emotionally stable with realistic expectations
- Must be over 18 year old with good health condition

Phalloplasty preparation :
- Inform us about any allergies, any serious medical condition(s), and all medications you are taking (both prescription and non-prescription)
- Removal of hair on graft site by electrolysis
- Qualify letter from Psychiatrist doctor or Hormone Therapist
- No Aspirin 2 days before surgery
- Stop vitamin E Oil 1 day before surgery
- Stop smoking 2 days and a month after surgery
- Stop Hormone, if taken 2 weeks before surgery date
- Tell doctor if you have any serious medical condition(s)
- Stop meal and water starting from midnight before surgery

1.2.2.5 Facial Masculinization Surgery

1) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/หญิงเป็นชาย/ศัลยกรรมใบหน้าหญิงเป็นชาย

General surgical information

เมื่อคุณตัดสินใจแล้วว่าจะดำเนินการเปลี่ยนแปลงชีวิตจากเพศหญิงเป็นเพศชาย สิ่งแรกที่ควรพิจารณาคือ การปรับเปลี่ยนใบหน้า ให้มีความแข็ง เห็นกระดูกกรามชัดเจน หน้าผากต้องเถิกลาดขึ้นไป ไรผมอยู่สูง มีคิ้วต่ำ มีโหนกคิ้วสูง โหนกแก้มแบน จะมีลักษณะความเป็นเพศชายมากขึ้น โดยทั่วไปปลูกผมโครงสร้างใบหน้าของชายและ
หญิง มีความแตกต่างกันอย่างเห็นได้ชัดเจน คือแพทย์ที่มีประสบการณ์ และความชำนาญอยู่เสมอเท่านั้น ที่จะทำให้คุณมีใบหน้าคล้ายกับที่คุณปรารถนาได้

ลักษณะโครงสร้างใบหน้าของชายและหญิง

หน้าผาก คิ้ว
ผู้หญิง จะมีหน้าผากโค้ง โหนกนูน มีไรผมเล็ก ๆ
ผู้ชาย จะมีหน้าผากกว้างสูง เล็กเล็อกอยู่บนสูงกว่าผู้หญิง
ผู้หญิง คิ้วโค้ง ไม่มีโหนกคิ้ว หรือมีเพียงเล็กน้อย
ผู้ชาย โหนกคิ้งสูงหนา คิ้วอยู่ในบริเวณที่กว้างกว่าผู้หญิง

บริการศัลยกรรม
กรอหน้าผาก กรอโหนกคิ้ว
การตัดโหนกคิ้ว เสริมโหนกคิ้ว

จมูก
ผู้หญิง บริเวณด้านล่างจมูก โหนกนูน
ผู้ชาย โหนกคิ้งสูงหนา แต่ต่ำกว่าผู้หญิง

บริการศัลยกรรม
ปรับแต่งจมูก

โหนกแก้ม
ผู้หญิง โหนกแก้มกลม แต่ด้านล่างดูขยับ
ผู้ชาย โหนกแก้มต่ำและดูแบน เหลี่ยม

บริการศัลยกรรม
เสริมโหนกแก้ม

ริมฝีปาก
ผู้หญิง ปากเอิบอิ่ม เผยอขึ้นเล็กน้อยเห็นไรฟัน
ผู้ชาย ปากบาง เรียบยาวกว่า

บริการศัลยกรรม
ยกริมฝีปากเป็นหญิง

คาง
ผู้หญิง คางแหลมเรียวมน เรียกว่า "คางบาง"
ผู้ชาย คางกว้างยาว ต่อมน้ำลายมากกว่า

บริการศัลยกรรม
ตัดคาง บรรจุ

กราม
ผู้หญิง กรามแคบเล็ก ต่อมน้ำลายน้อยมาก
ผู้ชาย กรามกว้าง ต่อมน้ำลายมากกว่า

บริการศัลยกรรม
ตัดกราม บรรจุ
2) Example content from Siamese Clinic

Photographic examples of those who have undergone surgery

 imagenewmu ได้เก้าวันครัช❗️บวมอยู่น้อยจริง ๆ แพทย์ทราบมาก ไม่ต้องบอกอะไรเยอะคุณหมอจัดให้แบบเข้าใจพวกเรารู้ใจ ๆ จะ👍เสริมทรงไหนให้เข้ากับหน้าและบุคลิกแบบพวกเรา #เสริมจมูก ร้านเดิมชม #เสริมจมูก #Rhinoplasty

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1452937881500417/?type=3&theater

Photographic examples of those who have undergone surgery

เสริมจมูกให้หล่อ ให้เข้ากับหน้า ต้องที่สยามเมสเลยครัช ผมคอนเฟิร์ม #เสริมจมูก #เสริมจมูกทรานส์ #เสริมจมูกทอม #Rhinoplasty

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1398383366955869/?type=3&theater
1.3 Hormone treatment for gender reassignment

1) Example content from Tangerine Community Health Center

Source: https://www.facebook.com/TangerineCenter/photos/a.1704398146448570.1073741827.1704397413115310/2069628126592235/?type=1&theater

General information about hormone treatment

ในกลุ่มชายเป็นหญิง ยาที่แนะนำคือ
กลุ่มยาฮอร์โมนเพศหญิง
ชนิดกิน ได้แก่ ตัวยา Estradiol Valerate, Estradiol Heminydrate เป็นต้น
ชนิดทา ได้แก่ ตัวยา 17B Estradiol

* ไม่แนะนำให้ใช้ยากรดเจริญ ยาฉีด และยาในกลุ่ม Progesterone
กลุ่มยาที่ส่งผลลดฮอร์โมนเพศชาย (กรณีที่แปลงเพศหรือตัดอัณฑะแล้ว ไม่จำเป็นต้องใช้)
ชนิดกิน ได้แก่ ตัวยา Cyproterone Acetate, Spironolactone, Finasteride เป็นต้น

* ไม่แนะนำให้ใช้ยากรดเจริญ ยาฉีด และยาในกลุ่ม Progesterone

ในกลุ่มหญิงเป็นชาย ยาที่แนะนำคือ
กลุ่มยาฮอร์โมนเพศชาย
ชนิดฉีด ได้แก่ ตัวยา Testosterone Enanthate เป็นต้น
ชนิดทา ได้แก่ Transdermal Testosterone เป็นต้น

*ไม่แนะนำให้ใช้ยาฮอร์โมนเพศชายชนิดกิน
General information about hormone treatment

ทำไมควรตรวจวัดระดับฮอร์โมน?
เพื่อทำคำหรือปรับขนาดการใช้ฮอร์โมนให้ถูกต้อง
เพื่อแสดงความเสี่ยงต่าง ๆ ที่อาจเกิดขึ้นจากการใช้ยาเกินขนาด
ผลข้างเคียงจากการใช้ฮอร์โมน
ภาวะลิ่มเลือดในหลอดเลือดต่างๆ
โรคหัวใจและหลอดเลือด
น้ำหนักมากขึ้น
เบาหวานชนิดที่ 2
ภาวะมะเร็งต่อมใต้สมอง
ภาวะไขมันเลือดสูง
การเพิ่มขึ้นของแอสไตรส์
ภาวะระดับโปรแลคตินสูง/เนื้องอกของต่อมใต้สมอง
ภาวะไขมันเลือดสูง
ยิ่งใช้เยอะ ยิ่งมีความเสี่ยงต่ออาการเหล่านี้มากขึ้น
ผู้ที่ใช้ฮอร์โมน
ควรตรวจค่าการทำงานของตับ โดย ระดับโปรตีน น้ำตาล และความสมบูรณ์ของเลือด
ควรตรวจพื้นที่ 3 เดือนในปีแรก หรือทุก 6 เดือนในปีต่อมา หรือตามแพทย์สั่ง
General information about hormone treatment

ใช้ยาฮอร์โมนอย่างไรให้มีผลเสียต่อสุขภาพน้อยที่สุด? หากไม่เคยใช้และต้องการเริ่มใช้ควรปรึกษาแพทย์เพื่อการเริ่มต้นที่ถูกต้องหากใช้ยังไม่อยู่ภายใต้การดูแลของแพทย์ควรมาพบแพทย์เพื่อตรวจร่างกาย วางแผนการใช้ยาและการดูแลตนเองอย่างถูกต้อง

Source: https://www.facebook.com/TangerineCenter/photos/a.1704398146448570.1073741827.1704397413115310/2069628126592235/?type=1&theater

Source: http://www.komchadluek.net/news/edu-health/239940
แพทย์ชี้ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้ยาคุมเพิ่มฮอร์โมน ยาคุมกามเป็นยาที่มีความอันตรายระยะยาว ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้เพิ่มฮอร์โมน อายุเกิน 35 ปี หรือมีโรคประจำตัว เช่น มะเร็งเต้านม ไม่ควรใช้ยาคุมเพิ่มฮอร์โมน  หากการคุมกามทำให้เกิดการเจริญเติบโตของนิวเคลียสทางการแพทย์ไม่แนะนำ ไม่ควรใช้ยาคุมเพิ่มฮอร์โมน

แพทย์ชี้ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้ยาคุมเพิ่มฮอร์โมน ยาคุมกามเป็นยาที่มีความอันตรายระยะยาว ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้เพิ่มฮอร์โมน

นพ.นิพัฒน์ ธีรตกุลพิศาล แพทย์ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย กล่าวถึงการใช้ฮอร์โมนเพื่อการข้ามเพศ วัตถุประสงค์ของการรักษาด้วยฮอร์โมนคือลดฮอร์โมนเพศเดิมและเสริมฮอร์โมนเพศที่ต้องการ โดยฮอร์โมนที่ใช้ในการข้ามเพศดังกล่าว มี 3 กลุ่ม คือ

1. ฮอร์โมนเอสโตรเจน ที่ทางการแพทย์แนะนำให้ใช้ ชนิดยากินได้แก่ 17-เบต้า เอส-tra-di-o-1 (17-beta estradiol) หรือซี-a-dra-di-o-1, เอส-tra-di-o-1, อัซิเตท (Estradiol valerate) หรือซี-a-dra-di-o-1, ก้าม เอส-tra-di-o-1, วาเรล (Estradiol valerate) หรือ ไซพิวเนท (Estradiol Transdermal patch) สำหรับยาที่แนะนำให้ใช้กิน ได้แก่ อี-อี และยาคุม เพาะเมื่อเลือดเมื่อต้องการลดฮอร์โมนเพศไม่ยากและยาคุมนูน บนสุด (Conjugate estrogen) หรือพริมาเวร์ใช้กันน้อยที่สุด

2. ฮอร์โมนต้านฤทธิ์แอนโดรเจน เป็นยาเพื่อลดผลของฮอร์โมนเพศชาย ปกติมักใช้ร่วมกับฮอร์โมนเอสโตรเจน เช่น ไซพิวเนท (Cyproterone acetate) มีการใช้บ่อยในยุโรป แต่ไม่มีในเนเธอร์แลนด์ เพราะอาหารต้องให้ประจ าเดือน

3. ฮอร์โมนโปรเจสเตอโรน ในชื่อการค้า โปรลูตอน (Proluton) เชื่อว่าเป็นฮอร์โมนสำคัญที่ทำให้เกิดผม แต่การใช้ยาเป็นยาที่มีการใช้เป็นยาต้านหลอดเลือดเดี่ยวในผู้ชาย ไม่มีในเนเธอร์แลนด์ เพราะมีการใช้กันน้อย แต่ยังใช้กันในสหรัฐอเมริกา มีการใช้กันน้อย แต่ยังใช้กันในสหรัฐอเมริกา

แพทย์ชี้ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้ยาคุมเพิ่มฮอร์โมน ยาคุมกามเป็นยาที่มีความอันตรายระยะยาว ทางการแพทย์ไม่แนะน าสาวข้ามเพศใช้เพิ่มฮอร์โมน อายุเกิน 35 ปี หรือมีโรคประจำตัว เช่น มะเร็งเต้านม ไม่ควรใช้ยาคุมเพิ่มฮอร์โมน  หากการคุมกามทำให้เกิดการเจริญเติบโตของนิวเคลียสทางการแพทย์ไม่แนะนำ ไม่ควรใช้ยาคุมเพิ่มฮอร์โมน

นพ.นิพัฒน์ ธีรตกุลพิศาล แพทย์ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย กล่าวถึงการใช้ฮอร์โมนเพื่อการข้ามเพศ วัตถุประสงค์ของการรักษาด้วยฮอร์โมนคือลดฮอร์โมนเพศเดิมและเสริมฮอร์โมนเพศที่ต้องการ โดยฮอร์โมนที่ใช้ในการข้ามเพศดังกล่าว มี 3 กลุ่ม คือ

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ต่าง ๆ จะป้องกันไม่ให้ได้รับฮอร์โมนเกินขนาด อย่างไรก็ตามที่ดีที่สุดควรใช้ออร์มินภายใต้การแนะนำของแพทย์ นพ.นิพัฒน์กล่าว

พญ.นิตยา ภานุภาค หัวหน้ากลุ่มงานป้องกัน สภากาชาดไทย เปิดเผยว่า ตามนโยบายของประเทศไทยตอนนี้หากตรวจเจอว่าใครมีเชื้อเอชไอวีจะต้องได้รับยาต้านไวรัสทันที แต่ส่วนกรณีคนที่ตรวจเชื้อแล้วให้ผลเป็นลบ แต่เกิดความเสี่ยงสูงที่จะได้รับเชื้อ อาทิ สาวประเภทสอง ควรให้รับยาต้านไวรัส (Pre-Exposure Prophylaxis, PrEP) วันละ 1 เม็ด เพื่อป้องกันการติดเชื้อ ซึ่งน่าจะได้ผลเกินร้อยละ 90 แต่ปัญหาในทางประเทศที่ทำการศึกษาการให้ยาเพร็บในสาวประเภทสอง พบว่ามีจำนวนหนึ่งที่รับยาไม่สม่ำเสมอเมื่อเทียบกับประชากรกลุ่มอื่น เมื่อวิเคราะห์ไปพบว่าตัวยาประเภทที่รับยาไม่สม่ำเสมอนั้นเป็นกลุ่มที่มีการรับยาต้านไวรัสหญิงด้วย จึงมีการสะสมสถิติจากสาวประเภทสองอาจมีจำนวนเรจฉอร ประสิทธิภาพของยาเพร็บไปarketับไวรัสเอชไอวี แต่ส่วนที่ทำให้การจ่ายยาเพร็บไม่เต็มที่ เลยพยายามลดระดับยาเพร็บ บ่อยโดยใช้วิธีการลดหาทางมั่นคงในประเทศไทยก็มีความกังวลในแนวเดียวกัน หากเป็นกรณีนี้จะส่งผลต่อประสิทธิภาพเป็นป้องกันการติดเชื้อเอชไอวีได้ เพราะจากการที่สภาพแวดล้อมสาวประเภทสองเข้ามารักษา เชื้อ ได้มากขึ้นและพบว่ามีการติดเชื้อเอชไอวีอยู่จำนวนหนึ่ง

ในการทุกกรณีเดี๋ยวดีกว่าให้รับยาเพร็บ ยาเพร็บจะไม่ตีกันกับยาฮอร์โมน แต่เนื่องจากยังไม่มีข้อมูลอย่างเป็นทางการออกมาจริงจังทำให้คนคลั่งขี้ชูมูลต่าง ๆ ที่มีการส่งต่อทางโซเชียล มีเดีย หรือความเชื่อต่าง ๆ ยิ่งป่วยไปยังกลุ่ม ดังนั้นเพื่อให้มีข้อมูลยืนยันชัดเจน ทางสถาบันการแพทย์จึงเตรียมขึ้นไป 2656 เพื่อศึกษาว่าในกลุ่มสาวประเภทสองจำนวน 30-50 คน ที่รับยาเพร็บและยาฮอร์โมนรวมกันเพื่อดูอาการใช้อย่างไร 2 กลุ่มร่วมกันไม่มีติดกัน ตอนนี้มีหลาย ๆ ประเทศที่ศึกษาอยู่ เช่น ที่บราซิล แต่เราได้ต้องทำด้วยเพราะสิริราช ชาติพันธุ์ فقدต้องกัน การขับยา ระดับยาซึ่งจะมีการลดต่างกัน" พญ.นิตยา กล่าว

Source: https://www.facebook.com/TangerineCenter/photos/a.1815026428719074.1073741832.1704397413115310/2100781410143573/?type=3&theater

Photographic examples of those who have hormone treatment

เฉพาะสิ่งการใช้ฮอร์โมนอย่างไรให้สวย สมดุล และสุขภาพดี วันนี้พี่ค่ะ จะได้รู้จาก พรีเซนเตอร์หญิงข้ามเพศคนแรกของซันซิลค์ ปรางค์มีน ที่ Tangerine Community Health Center
Photographic examples of those who have hormone treatment

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Photographic examples of those who have hormone treatment
Photographic examples of those who have hormone treatment
พบกับ 9 เมษายนนี้ ที่ Tangerine Community Health Center

Source: https://www.facebook.com/TangerineCenter/photos/a.1815026428719074.1073741832.1704397413115310/2074764306078617/?type=3&theater

Photographic examples of those who have hormone treatment
พบกับความสดใสของน้องเบส ชัญญภัชร พร้อมตอบทุกข้อสงสัยที่คุณอยากรู้ วันนี้บ่ายสามโมง ห้ามพลาดกันนะคะ #tangerinecommunityhealthcenter #tangerinecenter #tangerine — ที่ Tangerine Community Health Center

Source: https://www.facebook.com/TangerineCenter/photos/a.1981599992061716.1073741835.1704397413115310/2061595727395475/?type=3&theater

Photographic examples of those who have hormone treatment
น้องแคนดี้ ปุญชรัสมา ตาเลิศ Miss Queen Rainbow Sky จังหวัดนนทบุรี มาพบบริการตรวจวัดระดับฮอร์โมนที่คลินิกแทนเจอรีนเช้านี้ :) — กับ Tunlayakon Wongloetchanachi
การเปลี่ยนแปลงแบบไม่ถาวร เมื่อหยุดฮอร์โมนก็จะกลับมาเป็นปกติ ได้แก่ ประจำเดือนขาด มวลกล้ามเนื้อเพิ่มขึ้นและแข็งแรงขึ้น เต้านมขนาดเล็กลง อาจมีอารมณ์ทางเพศสูงขึ้น บางคนมีผมร่วงและศีรษะล้านแบบเพศชาย น้ำหนักเพิ่มขึ้น

ข้อดีคือผู้ป่วยไม่ต้องฉีดยาบ่อย ๆ บริหารยาได้ง่าย และการออกฤทธิ์สม่ำเสมอ แต่คนที่ไม่สะดวกหรือมีข้อจำกัดต่อการฉีดยาแพทย์จะให้เป็นยาที่ผู้ป่วยได้รับประทานหรือใช้ชนิดทาภายนอก ซึ่งก็ต้องใช้ยาหยุดประจำเดือนร่วมด้วย เช่น โปรเจสเตอโรน (Progesterone)

เนื่องจากการใช้ฮอร์โมนทดแทนจะเพิ่มคุณลักษณะการเป็นเพศชายมากขึ้น ทำให้การใช้ฮอร์โมนทดแทนกลายเป็นเรื่องปกติ โดยเฉพาะในคนที่ผ่านการผ่าตัดแปลงเพศที่ต้องใช้ฮอร์โมนต่อเนื่องหลังการผ่าตัดต่อเติมต่อมเจริญชาย อย่างไรก็ตาม การใช้ฮอร์โมนทดแทนก็ต้องมีความระมัดระวังเนื่องจากอาจเกิดข้อดีที่ไม่พึงประสงค์ตามมาได้
ผลข้างเคียงไม่พึงประสงค์ที่พบบ่อย ได้แก่ หน้ามัน, สิว ส่วนผลข้างเคียงที่ต้องพึงระวัง ได้แก่ ภาวะเลือดข้นกว่าปกติ, ค่าเอนไซม์ของตับ (Liver enzyme) สูงขึ้น, ไขมันในเลือดสูงขึ้น ไขมันดี (HDL) ลดลง ทำให้เพิ่มความเสี่ยงต่อการเกิดโรคทางระบบหลอดเลือดและหัวใจ, ภาวะคลังสีที่มีปัญหา ผู้ที่มีภาวะอุ่นน้ารังไข่หลายใบ (Polycystic Ovarian syndrome) หรือมีประวัติในครอบครัว นอกจากนี้ยังมีความเสี่ยงต่อการเกิดมะเร็งด้วย บางส่วนของเสี่ยงที่ไม่ควรใช้ฮอร์โมนเทสโทสเตอโรน โดยจะมีการตรวจสอบรายเดือนในผู้ป่วยที่มีปัจจัยเสี่ยง เช่น อ้วน มีภาวะอุ่นน้ารังไข่หลายใบ (Polycystic Ovarian syndrome) หรือมีประวัติในครอบครัว ซึ่งจะทำให้ภาวะเสี่ยงต่อการเกิดมะเร็งด้วย บางส่วนของเสี่ยงที่ไม่ควรใช้ฮอร์โมนเทสโทสเตอโรน ได้แก่ ผู้ป่วยหลอดเลือดผิดปกติ, โรคความดันโลหิตสูงที่ยังควบคุมไม่ได้, โรคตับ, เบาหวานที่ยังควบคุมไม่ได้, โรคทางจิตเวช, หญิงมีประวัติ และผู้ที่มีปัญหาทางเพศและโรคต้อท้องใส ดังนั้น การให้ฮอร์โมนทดแทนจึงควรอยู่ภายใต้การดูแลของแพทย์ผู้เชี่ยวชาญทุกราย โดยจะมีมาตรฐานในการปฏิบัติก่อนเริ่มใช้ฮอร์โมน ดังนี้

แพทย์จะแจ้งให้ทราบถึงข้อดี ข้อเสีย ข้อควรระวัง ของการใช้ฮอร์โมนแทนแทน

แพทย์จะทำการตรวจร่างกายทุกช่วงเวลา ทั้งการตรวจร่างกายทั้งหมด และการตรวจเฉพาะส่วนที่มีปัญหา เช่น ผู้ที่มีประวัติประจำเดือนไม่สม่ำเสมอ อาจมีภาวะผิดปกติที่ประจำเดือน เช่น เลือดข้นผิดปกติ หรือมีปัญหาทางสุขภาพที่รุนแรง เช่น ภาวะผิดปกติของร่างกาย ผู้ที่มีปัญหาเรื่องความดันโลหิตสูง หรือมีภาวะผิดปกติของระบบหลอดเลือด ทั้งนี้จะทำให้ความเสี่ยงต่อการเกิดภาวะผิดปกติที่เกี่ยวกับร่างกายและสุขภาพเพิ่มขึ้น

การตรวจร่างกาย และ PAP smear ในรายที่เคยมีเพศสัมพันธ์ทางช่องคลอด

ตรวจงานของอวัยวะแผนที่มีอาการผิดปกติ เช่น เลือดข้นผิดปกติ การตรวจจะคัดกรองภาวะที่มีความเสี่ยง เช่น ภาวะผิดปกติของร่างกาย ผู้ที่มีปัญหาเรื่องความดันโลหิตสูง หรือมีภาวะผิดปกติของระบบหลอดเลือด ทั้งนี้จะทำให้ความเสี่ยงต่อการเกิดภาวะผิดปกติที่เกี่ยวกับร่างกายและสุขภาพเพิ่มขึ้น

การตรวจร่างกาย และ PAP smear ในรายที่เคยมีเพศสัมพันธ์ทางช่องคลอด

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สำหรับการให้ฮอร์โมนทดแทนในผู้ป่วยที่ต้องการผ่าตัดแปลงเพศจากหญิงเป็นชาย ผู้ป่วยต้องได้รับฮอร์โมนอย่างน้อย 1 ปีก่อนจึงจะสามารถผ่าตัดแปลงเพศได้ หลังผ่าตัดแต่งตัวแล้ว ผู้ป่วยจะต้องได้รับฮอร์โมนทดแทนตลอดไปจนกว่าจะผ่านการตรวจร่างกายทุกปี ทั้งนี้จะทำให้ความเสี่ยงต่อการเกิดภาวะผิดปกติที่เกี่ยวกับร่างกายและสุขภาพเพิ่มขึ้น

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แม้ว่าการได้รับฮอร์โมนทดแทนจะทำให้เสียงทุ้มใหญ่ขึ้น แต่บางท่านที่อยากให้เสียงที่เปล่งออกมาทุ้มต่ำคล้ายผู้ชายมากขึ้น สามารถปรึกษาแพทย์ผ่าตัดเปลี่ยนเสียงได้ ทั้งนี้ขึ้นอยู่กับคุณว่าคุณต้องการเปลี่ยนเสียงให้ตัวเองเป็นผู้ชายหรือไม่มากกว่านี้

2. Information concerning sanatoriums
   1) Example content from King Chulalongkorn Memorial Hospital

   ![Image](http://www.chulasurgery.com/plastic/index.php)

   Name, address or pictures of the building and location

   ภาควิชาศัลยศาสตร์ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ศิริราช โรงพยาบาลจุฬาลงกรณ์ สภากาชาดไทย 1873 ถ.พระราม 4 แขวงวังใหม่ เขตปทุมวัน กรุงเทพฯ 10330 โทร. 02 256 4117 โทรสาร 02 256 4194 Email: info@chulasurgery.com

   2) Example content from the Faculty of Medicine, Siriraj Hospital, Mahidol University

   ![Image](http://www.si.mahidol.ac.th/th/department/surgery/surgery%20new/file/division/plastic.html)

   Source: http://www.si.mahidol.ac.th/th/department/surgery/surgery%20new/file/division/plastic.html
3) Example content from the Faculty of Medicine, Ramathibodi Hospital, Mahidol University


**Name, address or pictures of the building and location**
สาขาวิชาศัลยศาสตร์ตกแต่ง ภาควิชาศัลยศาสตร์ ตึกสยามินทร์ชั้น 12 คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล เลขที่ 2 ถนนพระรามก แขวงศรีราช เขตบางกอกน้อย กรุงเทพฯ 10700 โทร. 0-2419-8002, 0-2419-9518 โทรสาร 0-2412-8019

**Days/times open for service**
เปิดให้บริการแล้ว คลินิกเพศหลากหลายในวัยรุ่น (Gender Variation Clinic/Gen V Clinic)
ให้บริการดูแลวัยรุ่นอายุ 10-24 ปี ที่มีความหลากหลายทางเพศ โดยแพทย์ผู้เชี่ยวชาญและทีมสามขา วิชาชีพ เปิดให้บริการทุกวันศุกร์ที่ 2 ของเดือน เวลา 13.00-15.00 น. ณ หน่วยตรวจโรคเด็ก ชั้น 9 อาคารสมเด็จพระเทพรัตน์ (สำนักงานชั่วคราว) สอบถามเพิ่มเติม โทร. 02-201-1244, 02-201-1241

Source: https://www.thairath.co.th/content/513020

**Services**
โดย ไทยรัฐฉบับพิมพ์ 21 ก.ค. 2558 06:10
"รามาฯ เปิดคลินิกแปลงเพศสาวหล่อ เนรมิตเจ้าโลกจากเนื้อต้นขา"
โรงพยาบาลรามาธิบดีเล็งขยับขยายบริการคลินิกเพศหลากหลายในวัยรุ่น ทำเป็น Excellent Center
cือบริการเรื่องเพศครบวงจร รวมถึงการผ่าตัดเปลี่ยนเพศ คลินิกเพศหลากหลายในวัยรุ่น
คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี ทำเป็น Excellent Center ปัจจุบันคลินิกเพศหลากหลายในวัยรุ่น
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cือบริการเรื่องเพศครบวงจ

จากกระแสความหลากหลายทางเพศและการผ่าตัดแปลงเพศมีเพิ่มขึ้น ผู้สื่อข่าวรายงานเมื่อวันที่ 20
g.ค. พบว่าการเปิดเผยจาก พญ.จิราภรณ์ อรุณากูร กุมารแพทย์เวชศาสตร์วัยรุ่น คลินิกเพศหลากหลายในวัยรุ่น
คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี ว่า ปัจจุบันคลินิกเพศหลากหลายในวัยรุ่นของโรงพยาบาลramerมีการดำเนินการ

การผ่าตัดแปลงเพศที่มีความเข้าใจในเรื่องความหลากหลายทางเพศ รวมไปถึงเรื่องการใช้ฮอร์โมนในการเปลี่ยนแปลง

เพื่อตอบแทน เพิ่มการผ่าตัดเปลี่ยนแปลงเพศนั้น โรงพยาบาลรามาธิบดีมีการดำเนินการให้บริการอยู่แล้ว แต่เป็นคนละส่วน
กับคลินิก แต่ทางโรงพยาบาลอยู่ระหว่างหารือว่าจะมีการดำเนินการให้คลินิกเป็นเอ็กซ์คลันท์ เซ็นเตอร์ (Excellent Center) เพื่อให้บริการอย่างครบวงจรหรือไม่

ขณะที่ พญ.งามเฉิด สิตภาหุล ศัลยแพทย์ผู้เชี่ยวชาญศัลยกรรมพลาสติก โรงพยาบาลรามาธิบดี กล่าวถึง
การผ่าตัดแปลงเพศว่า ไม่ใช่การผ่าตัดแค่ตัวอวัยวะเพศ แต่เป็นการผ่าตัดเพื่อเปลี่ยนแปลงทั้งหมดจากเพศชายกลายเป็น
เพศหญิง หรือจากเพศหญิงกลายเป็นเพศชาย เช่น หน้า หน้าอก รวมไปถึง ทั้งนี้ การแปลงเพศชายเป็นหญิงยากกว่า
g.ว่า เพราะผู้ชายมีเนื้อเยอะกว่า เพื่อนำติดข้อมากถึง สาวรู้ แล้วเอาความรู้สึกส่วนปลายองคชาตมาเป็นปุ่ม
กระสัน หรือครีบเรียกว่าผู้หญิง แล้วเอาเนื้อที่ต้องการที่เหลือมาทำคอมมอน แล้ว

ศัลยแพทย์ผู้เชี่ยวชาญศัลยกรรมพลาสติก กล่าวถึงว่า ส่วนการแปลงเพศหญิงเป็นผู้ชาย จะต้องตัดหน้าอกตัด

ขาด ตัดใจในส่วนที่พบว่าจะดึงรูปผู้หญิงในส่วนที่หน้าท้อง บั้นท้าย และด้านข้าง ส่วนการสร้างอวัยวะเพศชาย

ขึ้นมาต้องการ เพราะผู้หญิงเป็นเนื้อไม่พอ ที่นั่นต้องใช้เนื้อบริเวณท้องแขนมาสร้างอวัยวะเพศชายแล้วต่อส่วน

เลือด แล้วจะนั่น อวัยวะ ที่นิยมคือใช้เนื้อท้องแขนมาสร้างเป็นอวัยวะเพศชาย เพราะจะมองเห็นผ่านกาว่า

ท้องแขน

นพ.พัฒน์ ประกาศิตศรีวัฒนา ภาควิชากุมารเวชศาสตร์ คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี กล่าวถึง การผ่าตัดแปลงเพศว่า ตอนนี้แพทย์จะมีผลกระทบต่อประชากรเมื่อมีการเปิดเผยทราบ โดยแพทย์จะมีผลิตภัณฑ์แพทย์

จากฉันสินบนเพื่อความปลอดภัย หาสติการประเมินแปลงเพศที่ดีกว่าอย่างยิ่งสิ่งต้องคิดไว้ อย่างไร

ก็ตาม ระหว่างการแปลงเพศ ต้องมีการจัดการสุขภาพที่ดี 1 ปี ว่ามีปัญหาหรือไม่ นอกจากนี้ หลังผ่าตัดแปลงเพศ

แล้วต้องดูปัญหาเครื่องไปตลอดชีวิต และการจะเปลี่ยนแปลงเพศต้องมีการประเมินจากเจตนาจรรยา

แปลงเพศหญิงเป็นชายยาก เนื้อน้องสาวไม่พอปั้นจู๋ ดังนั้นต้องใช้ "ยำยับยั้งฮอร์โมน" ตั้งแต่รูปร่างยังไม่ชัด ให้ผลดีกว่าตอบรับผ่านเป็นหญิง - ชายแล้ว ระบุถ้าเกิดแปลงเพศต้องขอให้ใช้ผู้เชี่ยวชาญ 1 ปี ให้ตัดพิสัยตัด แยกคำตอบผู้หญิงเป็นชายหากกว่า เหมือนเนื้อมากไม่พอปั้นจู๋ เล็งปรับคลินิกเพศหลากหลายเป็น Excellent Center เชื่อมบริการเรื่องเพศบางอย่าง

พญ.里拉玛 อนุธุรู ภูมิแพทย์เวชศาสตร์รุ่น คลินิกเพศหลากหลายในรุ่น คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี กล่าวว่า คลินิกเพศหลากหลายในรุ่นแนะนำให้คำปรึกษาเพื่อความเข้าใจในเรื่องความหลากหลายทางเพศ รวมถึงการเข้าใจการใช้อยู่ในในการเปลี่ยนแปลงเพศอย่างเหมาะสม สำหรับการตัดเปลี่ยนแปลงเพศ รพ.รามาธิบดีมีให้บริการ แต่เป็นคนและสวนกับคลินิก อย่างไรก็ตาม เมื่อใด ๆ ถ้ามีการตัดต่อจากคลินิกเพศหลากหลายไปยังภาควิชาศัลยศาสตร์ในการแปลงเพศจากผู้หญิงเป็นผู้ชาย 1 ราย จึงกำลังมีการหารืออยู่ว่าจะมีการดำเนินการให้คลินิกเป็น Excellent Center เพื่อให้บริการอย่างครบวงจร

ศ.นพ.พัฒน์ มาหะกลิ่น ภาควิชาการศึกษา ภูมิแพทย์เวชศาสตร์ คณะแพทยศาสตร์ รพ.รามาธิบดี กล่าวว่า ฮอร์โมนเพศจะส่งผลต่อรูปร่างเมื่อโตเป็นหนุ่มสาว เช่น ผู้ชายเสียงห้าว มีหนวด ส่วนผู้หญิงก็มีหนวด เช่น นมยุก แต่ผู้ชายจะเลือกฮอร์โมนเพศจากอัณฑะ ส่วนผู้หญิงมักจะรักษาขึ้น หากต้องการเปลี่ยนแปลงเพศ ก็ต้องทำยับยั้งฮอร์โมนเพศตั้งแต่เด็ก ซึ่งในอดีตก็ต้องตัดอัณฑะ หรือรับยาอย่างไรก็ตาม ซึ่งมีการใช้แผลติดต่ำฮอร์โมนเพศโดยยาจะไปออกฤทธิ์ต่อต่อมใต้สมองทำให้อัณฑะ หรือรับยาที่ยับยั้งฮอร์โมนเพศ จะต้องตัดอัณฑะนาน 1 ครั้ง ไปจนถึงอายุ 16 ปี ซึ่งทำให้มีโอกาสที่จะมีการเปลี่ยนแปลงเพศระหว่าง 18 ปี เพื่อเริ่มต้นการมีความรู้สึกในการเปลี่ยนแปลงเพศตามประกาศของแพทยสภา ซึ่งระหว่างนี้ต้องทดลองใช้ชีวิตเป็นผู้ชาย 1 ปี ถ้ามีปัญหาหรือไม่ และอยากกลับเป็นเพศเดิม เพราะผลลัพธ์เรียกคืนไม่ได้ นอกจากนี้ หลังผ่าตัดแปลงเพศแล้วต้องได้รับฮอร์โมนข้ามเพศไปตลอดชีวิต

“การเปลี่ยนแปลงเพศขึ้นอยู่กับคนนั้นจะรู้สึกไม่อยากเป็นเพศเดิมหรือ และต้องมีการประเมินจากจิตแพทย์รุ่นต่อมา ซึ่งการเลือกยับยั้งฮอร์โมนเพศตั้งแต่ช่วงเยาว์จะช่วยให้การเปลี่ยนแปลงเพศได้ผลดีกว่า เพราะสำหรับหญิงชาวยังไม่ชัด แต่หากเกิดขึ้นแล้วต้องดูอาการต่างๆ ข้างแย่ห้าว ฮอร์โมนข้ามเพศไม่เหมาะสมเพราะ ไร้ผลต่อการสืบพันธุ์ และอาจทำให้เกิดการเกิดอาการภูมิคุ้มกันได้ แต่ยังเป็นปัญหาที่เกิดกับการเปลี่ยนแปลงเพศจนเสร็จสิ้นไปแล้ว ถ้าจะต้องดูตัวอย่างที่จะเกิดยา” ศ.นพ.พัฒน์ กล่าวว่า สำหรับผู้ที่ต้องออกฮอร์โมนข้ามเพศ คือ มีสิ่ง ขนกบ หนังหนัง ไม่แยกฮอร์โมนเพศ ควรทำแบบภาษาที่มีผลต่อไม่แย่ เพียงผ่าน เช่น เนื้อแข็งขึ้นของเนื้อหงอก ซึ่งเป็นคนที่จะต้องตัดแปลงเพศนั้น แต่ไม่ต้องผ่านจาก.tomorrow.

ด้านพญ.ติราลักษณ์ ศักดิ์สิทธิ์ ศัลยแพทย์ผู้เชี่ยวชาญศัลยกรรมของคลินิก รพ.รามาธิบดี กล่าวว่า การผ่าตัดเปลี่ยนแปลงเพศไม่ผ่าตัดแต่เป็นการผ่าตัดเพื่อเปลี่ยนแปลงมุมมองจากหญิงกลายเป็นผู้ชาย หรือจากผู้ชายกลายเป็นผู้หญิง เช่น หน้า หน้าอก ตามที่เป็นคุณ ซึ่งการผ่าตัดแปลงเพศนั้นมีหลายขั้นตอน ต้องพิจารณาอย่างรอบคอบ แต่ละคนอาจมีความต้องการที่แตกต่างกัน สามารถผ่าตัดแปลงเพศนั้นได้ที่เกิดขึ้น ดังนั้นเนื้อยังคงเป็นอีก สำหรับการผ่าตัดแปลงเพศในไทย
อายุ 18 ปี สามารถทำได้แต่ต้องผ่านการอนุมัติจากผู้ปกครอง สำหรับอายุ 20 ปี สามารถดำเนินการเองได้ ทั้งนี้ การแปลงเพศชายเป็นหญิงนั้นยากกว่า เพราะผู้ชายมีอวัยวะเพศที่ซับซ้อนกว่า เพียงตัดแผลต่อมออก สร้างรู แล้วเอาปุ่มความรู้สึกส่วนปลายของอวัยวะเพศมาเป็นปุ่มประสาน หรือวัสดุที่แข็งแรง แล้วเอาปุ่มที่ติดกับที่ต่อต่อมที่เหลือมาทำแคมนอก แคมใน

พญ.งามเฉิด กล่าวว่า การแปลงเพศผู้หญิงเป็นผู้ชาย ต้องตัดหนังสือเด็กชาย และดูดไขมันออก เพราะศีรษะผู้หญิงมีมันมากเกินไปที่น่าท้อง ปั๊มท้อง และด้านข้าง ส่วนการสร้างอวัยวะเพศชายจึงจะไม่ยาก เพราะรูขุมขนไปถึงท้อง ที่มีความต้องการณ์มากกว่าเป็นอวัยวะเพศชายแล้วต่อเลี้ยงได้ แล้ว รพ.รามาธิบดี กำหนดพันธุ์ยาที่น่าท้องว่าจะเปลี่ยนแปลงได้ยากกว่าทำแบบนั้น โดยการทำแบบนี้ 3 ระยะ คือ 1. ตัดด้านล่าง สร้างท้องสำราญ 2. ปิดรูดด้านหลังร่างกาย และ 3. ทำตัวอวัยวะเพศ เช่น ใช้แคมนอกมาทำไข่ ซึ่งประสบความสำเร็จมากขึ้นกว่าที่น่าท้องที่จะรู้สึกได้ แต่ไม่สามารถหลงเลือกได้แบบผู้ชาย

Credit: ASTVผู้จัดกำรออนไลน์

Source: https://www.youtube.com/watch?v=Kre9jaTnKmU

Services

รามาฯ ตั้งเป้าเป็นศูนย์บริการศัลยกรรมเพศหลากหลายช่วยให้ผู้ข้ามเพศทุกเพศต้องการได้

พญ.งามเฉิด โรงพยาบาลรามาธิบดี กล่าวว่า “Gen-v clinic” เป็น “excellence Center” หรือศูนย์บริการที่สำคัญของRAMA ที่มีความพร้อมในการดำเนินการวิธีการแปลงเพศหลากหลาย ใน 2 ปี ที่ผ่านมาได้รับการยอมรับอย่างสูงจากผู้ที่ต้องการแก้ไข แม้ทั้งนี้จะมีศูนย์ข้อมูลผู้ข้ามเพศที่มากกว่า แต่ให้บริการในราคาที่ эконом่ จึงทำให้ผู้ต้องการแปลงเพศได้พบกับ RAMA ที่มีอยู่ในขอ ทำให้ผู้ที่ต้องการที่จะเป็นและการดำเนินการได้ตามที่ต้องการ
4) Example content from Kamol Hospital

Name, address or pictures of the building and location and Days/times open for service

Kamol Hospital specializes in cosmetic and plastic surgery. It is a private hospital with 31 beds, including 4 operating rooms, 7 patient rooms, and a small operating room. The hospital is located at 1223 Nonthaburi Road, Chatrawa, 94, Wang Thonglang, Bangkok. It provides services in cosmetic and plastic surgery for both inpatients and outpatients, with services available from 9:00 - 18:00. Patients aged 18 and above from both Thailand and international patients are accepted.

Source: https://www.kamolhospital.com/เกี่ยวกับเรา

Source: https://www.kamolhospital.com/บริการของเรา
Sources: https://www.kamolhospital.com/สิ่งอำนวยความสะดวก

Services
บริการของเรา
ศัลยกรรมตกแต่งใบหน้า
ศัลยกรรมตกแต่งรูปร่าง
แปลงเพศ
ศัลยกรรมชายเป็นหญิง
ศัลยกรรมใบหน้าชายเป็นหญิง
เสริมหน้าอกชายเป็นหญิง
แปลงเพศชายเป็นหญิง
ศัลยกรรมหญิงเป็นชาย
ศัลยกรรมใบหน้าหญิงเป็นชาย
ตัดเล็บนิ้วให้เป็นชาย
ตัดผมสุก รัสโซ
สร้างอวัยวะเพศชายแบบฟาร์
สร้างอวัยวะเพศชายแบบเมตาฟอร์
ศัลยกรรมทดแทน และรีฟอร์
ปลูกผม/ปลูกคิ้ว/ปลูกหนวด
ศัลยกรรมใบหน้า ชายเป็นหญิง
ผิวพรรณความงาม
ทันตกรรม
5) Example content from BPK9 International Hospital

Source: http://www.bangpakokhospital.com/contact

Name, address or pictures of the building and location
บริษัท บางปะกอก ฮอลิเดี้ย จำกัด 362 ถนนพระราม 2 แขวงบางมด เขตจอมทอง กรุงเทพมหานคร 10150 โทรศัพท์ 0-2109-9111 โทรสาร 0-2877-2222 Call Center 1745

Source: http://www.bangpakokhospital.com/center/content/ศูนย์ศัลยกรรมตกแต่ง

Services
อิสระแห่งความงาม คือความหมายที่คุณเลือกได้ ศูนย์ศัลยกรรมตกแต่ง โรงพยาบาลบางปะกอก 9 ต้นทอ เบ็ญซ์แอล ให้บริการด้านการดูแลเรือนร่างและใบหน้าให้สวยงาม โดยแพทย์ผู้เชี่ยวชาญด้านศัลยกรรมตกแต่งเฉพาะทาง โดยได้นำเข้าเครื่องมือและอุปกรณ์ที่ได้รับการยอมรับจากทั่วโลกที่ผ่านการรับรองคุณภาพมาตรฐานทั้งจากในประเทศและต่างประเทศ (อย. และ US FDA) เข้ามาให้บริการจึงทำให้คุณได้ว่าท่านจะได้รับการดูแลรักษาอย่างถูกวิธีตามหลักคุณภาพสากล

การให้บริการของเรา
การผ่าตัดบริเวณใบหน้า
แก้ไขตาบล, ตาลาย
ท่าทาง 2 ชั้น, หน้าตาบล
ตัดจมูกนิ่มนิ่ม ได้ดี
เสริมจมูกคั้นแต่งปลายกระดูกอ่อนหลังพู่
เสริมจมูก
แก้ไขจมูก
ตัดปีกจมูก
แก้ไขหูกาง
เสริมโหนกแก้ม
tัดมุมกรามให้เล็กลง
ลักยิ้ม
ทำริมฝีปากบนและล่าง
tัดเอาซิลิโคนออก
ผ่าตัด Filler ที่จมูก
graphic filler บริเวณหน้าท้อง
tัดไขมันหน้าท้อง (ขึ้นอยู่กับน้ำหนักตัว)
แก้ไขหน้าท้องลาย
tัดไขมันหน้าท้อง
graphic filler จากการผ่าตัดคลอด (ขึ้นอยู่กับขนาดและเป็น)
graphic filler ในเด็ก
ปากแหว่ง
ปากแหว่งและเพดานโหว่
การผ่าตัดตกแต่งผิวหนัง
mิวหนังลายจากอุบัติเหตุ
sิ่งตกแต่งผิวหนังโดยตรง
สุญเสียผิวหนังจากความร้อน (ไฟไหม้, น้ำร้อนลวก)
การผ่าตัดภาวะผิวหนังของเพศชายและเพศหญิง
แปลงเพศหญิงเป็นชาย
แปลงเพศหญิงเป็นชาย
epenis cosmetic enlargement
eddy cosmetic enlargement
diy cosmetic enlargement
don cosmetic enlargement
การผ่าตัดแก้ไขผิว
การผ่าตัดแก้ไขร่องแผลเป็น ฯลฯ ของร่างกาย เช่น แขน, ขา, ลำตัว, ใต้คาง
Veser Liposelection
Body Tite
ผ่าตัดแก้ไขร่องแผลเป็น
ผ่าตัดก้อนซีสต์, ไม่ชนิดต่าง ๆ
นำไปมีรายของตัวอย่างเพื่อสัมภาษณ์ที่ปากพร่อง เช่น เต้านม, ใบหน้า
graphic ผ่าตัดบริเวณสำหรับผู้รักษา
ผ่าตัดปลูกย้ายเด็อก
เสริมดวง
ดูแลโดยฝีมือเด็ก
ดึงหน้า
ดึงคอ
ดึงหน้าบันบริเวณมันและแก้ม
เผยลูกกระเดือก
ผ่าตัดหน้าอก
ยกกระชับหัวนมหรือการลดขนาดหัวนม
ยกกระชับหน้าอก
แก้ไขหัวนมบอด
ผ่าตัดยกกระชัยต้นแขน, ต้นขา, บั้นท้าย
ผ่าตัดเสริมบั้นท้าย
ผ่าตัดดึงมันบก
บริการด้วยใจ สร้างความประทับใจแต่ผู้รับบริการ พร้อมให้คำปรึกษาสำหรับลูกค้าทั้งสิ้นให้โปรแกรมวันนี้ ไม่มีค่าใช้จ่ายในการปรึกษา
กับแพทย์ (ในกรณีที่แพทย์ออกตรวจในวันนี้) ทีมแพทย์ประสบการณ์สูง มีชื่อเสียง,เป็นศิลปะแพทย์ที่ดีที่สุด ให้ความรู้ทั้งหมดการทำการทั้งหมด นั่น đảoให้ความปลอดภัย มีมาตรฐาน รพ. ได้รับการรับรองระดับสากล เครื่องมือใหม่พร้อมนวัตกรรมที่ทันสมัยสถานที่พร้อมให้บริการ ถึงความเป็นส่วนตัว
Days/times open for service
วันเวลาทำการ
เปิดทำการวันจันทร์ - วันอาทิตย์ เวลา 08:00 - 20:00 น.
ศูนย์ศัลยกรรมตกแต่ง ตั้ง 9 โรงพยาบาลบางปะกอก 9 ใบเดียวบนชั้นแบบ
tิดต่อสอบถาม
โทรศัพท์: 02-109-9111 ต่อ 10922, 10923 โทรศัพท์: 02-877-2222 Call Center: 1745

Source: http://www.bangpakokhospital.com/procedure/content/แปลงเพศชายเป็นหญิง
Medical and service fees

Female to male

- Using testicles sheath
  Price: 144,000 THB (5 nights in hospital)

- Using penis
  Price: 220,000 THB (5 nights in hospital)

- Using penis
  Price: 165,000 THB (5 nights in hospital)

Notes: Prices may change. Please consult the plastic surgery center directly.

6) Example content from Yanhee Hospital

Source: https://th.yanhee.net/contact-us/

Name, address or pictures of the building and location

Yanhee Hospital 454 Jnrarinphongs Road, Bangpakong, Bangpakong District, Nonthaburi 10700 Tel. 02-879-0300, 02-435-7545 Call Center 1723

Source: https://th.yanhee.net/ศูนย์การรักษา
Sources

Medical and service fees

การรักษา
แปลงเพศจากหญิงเป็นชาย ค่าใช้จ่ายในการพบจิตแพทย์ อย่างน้อย 2 ท่าน 3,000-5,000 บาท
แปลงเพศจากหญิงเป็นชาย ค่าใช้จ่ายในการทดสอบystone (ครั้งละ) 6,000-8,000 บาท
อัตราค่ารักษาพยาบาล แพทย์ที่ทำการรักษาเป็นผู้ประเมิน สอบถามข้อมูลเพิ่มเติมโทร. 1723

แปลงเพศจากชายเป็นหญิง (เทคนิคใหม่) 155,000 บาท
ต้องปลูกหนัง (Skin Graft) เพิ่มความลึกช่องคลอด (กรณีอวัยวะเพศเล็ก) เพิ่ม 40,000 บาท
แปลงเพศด้วยสี่เหลี่ยมใหญ่ 250,000 บาท
แก้ไขการแปลงเพศจากที่อื่นด้วยสี่เหลี่ยมใหญ่ 185,000 บาท

Case ผู้หญิง Mullerian agenesis ทำการ Colovaginoplasty 165,000 บาท
Step 2 ตกแต่งแคมหลังแปลงเพศ (แต่ละแคมจะคิดเป็นครั้ง) 60,000 บาท
ตกแต่งแคมหลังเพิ่มเติม (Local) 10,000 บาท
แก้ไขท่อปัสสาวะด้าน (Local) 10,000 บาท
Dilate urethra ขยายท่อปัสสาวะ (ครั้ง) 3,000 บาท
แก้ไขท่อปัสสาวะใหญ่ 60,000 บาท
แก้ไขแคมนอก (Local) 80,000 บาท
แก้ไข Prolapse rectum หลังแปลงเพศ 50,000 บาท

Source: https://th.yanhee.net/ศูนย์แปลงเพศ
<table>
<thead>
<tr>
<th>รายการ</th>
<th>ราคา</th>
</tr>
</thead>
<tbody>
<tr>
<td>คริสตัลเชิญผู้ปลอมอวัยวะเพศ (Circumcision)</td>
<td>6,500 บาท</td>
</tr>
<tr>
<td>ต่อมน้ำชาย (ใช้กล้อง Micro)</td>
<td>60,000 บาท</td>
</tr>
<tr>
<td>การผ่าตัดแก้ไขการหลั่งเจริญ</td>
<td>48,000 บาท</td>
</tr>
<tr>
<td>เสริมอวัยวะเพศชายให้ใหญ่โดยฉีดไขมัน (Lipofilling of Penis)</td>
<td>36,000 บาท</td>
</tr>
<tr>
<td>เสริมอวัยวะเพศชายให้ใหญ่โดยใช้เนื้อถุงอัณฑะ(พอร์ติ) หรือไขมันหัวเหน่า(พอร์ติ)</td>
<td>87,000 บาท</td>
</tr>
<tr>
<td>เสริมอวัยวะเพศชายให้ยาวขึ้น</td>
<td>79,000 บาท</td>
</tr>
<tr>
<td>เสริมอวัยวะเพศชายให้ใหญ่ขึ้นโดยใช้เนื้อชนช้อปไขมันภูมิ</td>
<td>67,000 บาท</td>
</tr>
<tr>
<td>ตัดด้านนอก (Mastectomy)</td>
<td>80,000 บาท</td>
</tr>
<tr>
<td>ตัดด้านนอกแบบแสวงบูรป T</td>
<td>95,000 บาท</td>
</tr>
<tr>
<td>ตัดด้านนอก และไดอารอนม</td>
<td>85,000 บาท</td>
</tr>
<tr>
<td>เย็บท่อปัสสาวะและเย็บปิดช่องคลอด</td>
<td>110,000 บาท</td>
</tr>
<tr>
<td>Step 2 Vaginal Closure หลัง Laparoscopic TAH BSO</td>
<td>140,000 บาท</td>
</tr>
<tr>
<td>เสริมท้องแขนทำท่อปัสสาวะ</td>
<td>66,000 บาท</td>
</tr>
<tr>
<td>สร้างอวัยวะเพศชาย (Total phalloplasty)</td>
<td>250,000 บาท</td>
</tr>
<tr>
<td>ตกแต่งปลายอวัยวะเพศหลังสร้างเป็นรูปเห็ด</td>
<td>50,000 บาท</td>
</tr>
<tr>
<td>Scrotal prosthesis (ไม่รวมค่า Inplant)</td>
<td>55,000 บาท</td>
</tr>
<tr>
<td>Penile prosthesis (ไม่รวมค่า Inplant)</td>
<td>75,000 บาท</td>
</tr>
</tbody>
</table>

7) Example content from Preecha Aesthetic Institute (PAI)

Source: http://pai.co.th/contact/

Name, address or pictures of the building and location
ศูนย์ศัลยกรรมตกเเต่งความงาม พีเอไอ 898/1 สุขุมวิท 55 (ทองหล่อ), ตรงข้ามทองหล่อซอย 23 เขตวัฒนา แขวงคลองตันเหนือ กทม. 10110 Tel: (662)715-0111 Fax: (662) 715-0113
Services
โปรแกรมทั้งหมดของศัลยกรรมแปลงเพศ
การผ่าตัดมดลูกและรังไข่
ดูดไขมัน Vaser
ฟิลเลอร์
ศัลยกรรมตัดเนื้อเยื่อสำหรับผู้ชายเป็นหญิง
ศัลยกรรมแปลงเพศจากผู้หญิงเป็นผู้ชาย
ศัลยกรรมแปลงเพศชายเป็นหญิง
ศัลยกรรมแปลงเพศชายเป็นหญิงโดยตัดกล้ามเนื้อ

B) Example content from Bangkok Cosmetic Surgery

Source: http://www.bcsclinic.com/index.php/contactus
Name, address or pictures of the building and location
บางกอกศัลยกรรมตกแต่ง 59/469 ถนนพระราม 2 ซอย 52 แขวงแสมดำ แขวงบางขุนเทียน เขตบางขุนเทียน กรุงเทพมหานคร 10150 Tel. 02-895-6565 Hotline: 081-925-5525

Days/times open for service
วันจันทร์-วันอาทิตย์ 10.00-18.00 น.

Services
ศัลยกรรมหน้าอก
แปลงเพศชายเป็นหญิง
แปลงเพศหญิงเป็นชาย
ใบหน้า
ดวงตา
จมูก

Source: https://www.facebook.com/pg/BCSclinic/about/?ref=page_internal
Source: http://www.bcsclinic.com/
ริมฝีปาก
คาง
คออวัยวะ
ศัลยกรรมอื่น ๆ
การฉีดสาร
ศัลยกรรมสำหรับเพศชาย
ศัลยกรรมสำหรับเพศหญิง

Source: http://www.bcsclinic.com/index.php/price/ราคาแปลงเพศชายเป็นหญิง

<table>
<thead>
<tr>
<th>Medical and service fees</th>
<th>ราคา</th>
<th>รายการ</th>
<th>ราคา (บาท)</th>
</tr>
</thead>
<tbody>
<tr>
<td>แปลงเพศชายเป็นหญิง (พัก 2 คืน) อายุน้อยกว่า 22 ปี</td>
<td>140,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>แปลงเพศชายเป็นหญิง (พัก 6 คืน) อายุมากกว่า 22 ปี</td>
<td>150,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>แปลงเพศโดยเพิ่มความลึกโดยหนังที่ขาหนีบ</td>
<td>180,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>แปลงเพศ กรณีที่ BMI 24-28</td>
<td>が始ま 30,000 บาท</td>
<td></td>
<td></td>
</tr>
<tr>
<td>แปลงเพศ กรณีที่ BMI 28 ขึ้นไป</td>
<td>が始ま 60,000 บาท</td>
<td></td>
<td></td>
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<tr>
<td>แปลงเพศกรณีที่ผลเลือดผิดปกติ (พัก 2 คืน)</td>
<td>ตามคุณพันธุ์แพทย์</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ทำแคมเล็กหรือตกแต่งอวัยวะเพศหลังการแปลงเพศ (พัก 2 คืน)</td>
<td>80,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>เปลี่ยนตำแหน่งท่อปัสสาวะ (พัก 2 คืน)</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ลดขนาดเนื้อเยื่อรอบท่อปัสสาวะ (ลดตอ) (พัก 2 คืน)</td>
<td>75,000</td>
<td></td>
<td></td>
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<tr>
<td>ฉีดฮอร์โมนเพศหญิง - Proluton</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Progynon</td>
<td>500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ราคาผ่าตัดแปลงเพศชายเป็นหญิง (พัก 2 คืน) ราคา (บาท)
แปลงเพศชายเป็นหญิงด้วยลำไส้ใหญ่ (พัก รพ. 4 คืน) ราคา (บาท) 270,000

ราคาแก้ไขการแปลงเพศชายเป็นหญิง

แก้ไขการแปลงเพศด้วยลำไส้ใหญ่ (พัก รพ. 4 คืน) ราคา (บาท) 240,000

แก้ไขการแปลงเพศด้วยลำไส้ใหญ่ + ตกแต่งภายนอก (พัก รพ. 4 คืน) ราคา (บาท) บวกเพิ่ม 40,000

แก้ไขการแปลงเพศด้วยลำไส้ใหญ่ เคยทำจากคลินิก (พัก รพ. 4 คืน) ราคา (บาท) 220,000

ราคาการตกแต่งลูกกระเดือก ราคา (บาท)

เหลากระเดือก (ฉีดยาชา) ราคา (บาท) 15,000

เหลากระเดือก (ยาสลบ พัก รพ. 1 คืน) ราคา (บาท) 50,000

ราคาเย็บปิดคลิตอลิส ราคา (บาท) 10,000

ราคาการตกแต่งใบหน้าให้เป็นเพศหญิง ราคา (บาท) เริ่มต้น 150,000

ผ่าตัดสร้างอวัยวะเพศ Call

- NEDIBO ราคา (บาท) 9,000
- TESTOVIRION DEPOT ราคา (บาท) 500

ราคาการตัดเต้านม ราคา (บาท)

ตัดเต้านมออก (พัก รพ. 1 คืน) ราคา (บาท) 65,000
- ตัดเต้านม+ดูดไขมัน (เทคนิค 1) ราคา (บาท) 75,000
- ตัดเต้านม+ดูดไขมัน+ตัดผิวหนัง (เทคนิค 2,3,4,5) ราคา (บาท) 80,000
- ตัดเต้านม (เทคนิค 6) ราคา (บาท) 120,000
- ตัดเต้านม (เทคนิค 7,8) ราคา (บาท) 10,000
- ตัดเต้านม (เทคนิค 9) ราคา (บาท) 40,000

BMI 24-28 ราคา (บาท) บวกเพิ่ม 30,000 บาท

BMI 28 ขึ้นไป ราคา (บาท) บวกเพิ่ม 60,000 บาท
9) Example content from Siamese Clinic

Source: https://www.facebook.com/pg/siameseclinic/about/?ref=page_internal

Name, address or pictures of the building and location
สยามเมสคลินิก เฉพาะทางด้านศัลยกรรมตกแต่ง 16/7 เมืองทองธานี ต.บางพูด อ.ปากเกร็ด จ.นนทบุรี 11120 โทร. 098 859 3891

Days/times open for service
วันจันทร์-วันศุกร์ 12.00-20.00 น. วันเสาร์-วันอาทิตย์ 9.00-20.00 น.

Services
คลินิกศัลยกรรมตกแต่งโดยแพทย์ผู้เชี่ยวชาญเฉพาะทางและแปลงเพศครบวงจร

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1267390240055183/?type=3&theater
เรียนกันเลยนะครัช โปรดีๆแบบนี้จองได้ถึง 19 สค. 2560 นี้เท่านั้น ผ่าเดือนสิงหาคมนี้ครัช คิวจะเต็มแล้วว

Source: https://www.facebook.com/siameseclinic/

เริ่มต้นน่าบอก เริ่มต้น 55,000 บาท สนใจปรึกษาคุณหมอฟรี Tel.098-8593891 เรื่องเบื้องต้นตามคลินิกกำหนด

Source: https://www.facebook.com/siameseclinic/

เล่นสงกรานต์แล้วเราจะมาดูแลผิวหน้าและผิวกายกันด้วย!! ด้วยโปรแกรมบารุงผิวหน้า White Facial Aura บารุงผิวกาย Body white perfect พิเศษซื้อโปรแกรม White Facial Aura 16,900 บาท วันนี้ถึงวันที่ 30 เม.ย. 61 รับส่วนลด 3,000 บาท รับจอง โทร. 02045512 Line: @Siameseclinic
10) Example content from Siam Laser Clinic (SLC)

Source: http://www.slcclinic.com/contact.php

Name, address or pictures of the building and location

SLC Siam Laser Clinic CALL CENTRE +662-714-9555
สาขา สยามพาenticator ชั้น 2
ศูนย์การค้า สยามพารากอน ชั้น 2 เลขที่ 991 ถ.พระราม 1 แขวงปทุมวัน กรุงเทพมหานคร 10330
โทร. +66 2 714 9555
สาขา พาราไดซ์ พาร์ค ชั้น G
ศูนย์การค้าพาราไดซ์ พาร์ค ชั้น G เลขที่ 61 ถนนศรีนครินทร์ แขวงคลองตันเหนือ เขตวัฒนา กรุงเทพฯ 10250
โทร. +66 2 780 2104 05
สาขา ฟิวเจอร์พาร์ค รังสิต ชั้น 1
ศูนย์การค้าฟิวเจอร์พาร์ค รังสิต ซอย 28 ถนนพหลโยธิน แขวงลุมพินี เขตปทุมวัน กรุงเทพฯ 10330
โทร. +66 2 381 0383
สาขา สยามสแควร์วัน ชั้น 6
ศูนย์การค้าสยามสแควร์วัน ชั้น 6 เลขที่ 138/29 ถนนสมเด็จ แขวงปทุมวัน กรุงเทพฯ 10330
โทร. +66 2 958 5703
สาขา เซ็นทรัลชิดลม โซนทาวเวอร์ ชั้น 10
อาคารเซ็นทรัลชิดลม โซนทาวเวอร์ ชั้น 10 เลขที่ 22 ถนนเพลินจิต แขวงลุมพินี เขตปทุมวัน กรุงเทพฯ 10330
โทร+ :66 2 655 0995
สาขา เชียงพรพลฯบางนา ชั้น 3
ศูนย์การค้าเชียงพรพลฯบางนา ชั้น 3 เลขที่ 1090 หมู่ที่ 12 ถนนบางนา ตรง แขวงบางบัว-เขตบางนา กรุงเทพฯ 10260
โทร + :66 745 6565 , +66 745 6799
สาขา เชียงพรพลฯปิ่นเกล้า ฟันยาว ชั้น 2
อาคารส่วนกลางศูนย์การค้าเชียงพรพลฯ ปิ่นเกล้า ฟันยาว ชั้น 7 เลขที่ 7/129 ถนนร่มราบชัยนี แขวงอรุณอมรินทร์ เขตบางกอกน้อย กรุงเทพฯ 10700 โทร+ :66 2 884 8610
สาขา เชียงพรพลฯพระรามสอง ชั้น 2
ศูนย์การค้าเชียงพรพลฯพระรามสอง ชั้น 2 เลขที่ 128 หมู่ 6 ถนนพระรามสอง แขวงแสมดำ เขตบางปะกง จังหวัดฉะเชิงเทรา กรุงเทพฯ 10150
โทร+ :66 2 800 4488
สาขา เชียงพรพลฯลาดพร้าว ชั้น 6
ศูนย์การค้าเชียงพรพลฯลาดพร้าว ชั้น 6 ซอยอ่อนนุช ถนน 1691 ถนนพระราม แขวงจุฬาภรณ์เขต จังหวัดกรุงเทพฯ 10900 โทร+ :66 2 937 0341
สาขา เชียงพรพลฯWEENEKET ชั้น 2
199, 199/1 และ 199/2 หมู่ที่ 6 ต.บางหลวง อ.บางใหญ่ จ.นนทบุรี 11140 โทร+ :66 2 194 2742
สาขา เชียงพรพลฯถนนอินทร์ พระรามเก้า ชั้น 9
เชียงพรพลฯถนนอินทร์ พระรามเก้า ชั้น 9 เลขที่ 9/8, 9/9 ถนนพระรามเก้า แขวงห้วยขวาง เขตห้วยขวาง กรุงเทพฯ 10310
โทร + :66 2 108 3177
สาขา เชียงพรพลฯสะพานธารา ฟิสิกส์ ชั้น 3
เลขที่ 22 67, 22/67 ถนนประดิษฐ์มนูธรรม แขวงลาดพร้าว เขตลาดพร้าว กรุงเทพฯ 10230 โทร+ :66 2 553 6120”

Days/times open for service
เวลาทำการ : ทุกวัน 10.00-20.00
Services

Surgery  ศัลยกรรมความงาม  ตลอดจนลายใบมัในจากแพทย์ผู้เชี่ยวชาญ
Post Surgery Program  โปรแกรมฟื้นฟูหน้าหลังการผ่าตัดศัลยกรรม
Fat Transfer  ปรับรูปหน้าให้ดูสวยหรูด้วย "การฉีดไขมัน" เทิมเต็มผิว
Lifting  ยกกระชับความหย่อนคล้อย  ผิวต่างดึงดูดกว่าเดิม
Laser  การใช้แสงดูแลความสวยให้ผิวพรรณ  รักษามิชิวเต็นทางจุด
Treatment  ปรุงผิวอย่างสุขสันต์  ผิวเรียบเนียน  ขาวกระจ่างใส
Wellness  พัฒนาสุขภาพด้วยวัตถุกรรมการใช้เซลล์ซ่อมเซลล์
Filler  เทิมเต็มเรื่องลึก เทรนความสวย สุขภาพมั่นใจ
Hair Removal  กำจัดขนทั่วเรื่องราว แห้งดื่มเรื่องเนียนน่าสัมผัส

11) Example content from Tangerine Community Health Center
Name, address or pictures of the building and location

Tangerine Community Health Center ตึกคลินิกนิรนาม ศูนย์วิจัยโรคเอดส์ สภาการชาติไทย BTS ราชดำเนิน (ทางออก 1) MRT สีลม (ทางออก 2) โทร. 02 253 0995

บริการตรวจวัดระดับฮอร์โมน และสุขภาพอื่น ๆ สำหรับคนข้ามเพศ โดยองค์กรชุมชนที่นั่ง อินดี
ให้บริการ ด้วยความห่วงใยและใส่ใจในทุก ๆ เรื่อง

กรุงเทพฯ สมาคมพี่น้อง รามคำแหง 02 731 6217
เชียงใหม่ มูลนิธิเอ็มพลัส 086 919 4840, 086 919 3432
ชลบุรี มูลนิธิซิสเตอร์ พัทยา 033 035 367
สงขลา สมาคมฟ้าสีรุ้ง หาดใหญ่ 074 232 101

หากไม่สะดวกเดินทางมาคลินิกแทนเจอรีน สามารถไปรับบริการได้ที่ศูนย์สุขภาพชุมชนตามนี้เลยนะคะ😊😊

Days/times open for service

บริการของเรา/ค่าบริการ/วันเวลาทำการ/แผนที่/หมายเลขติดต่อ ติดต่อได้ที่ศูนย์สุขภาพชุมชนตามนี้เลยนะคะ😊😊

วันจันทร์ถึง ศุกร์
เวลาที่เปิดให้บริการ
เปิด 08.30 น.
รับลงทะเบียนผู้มารับบริการคนสุดท้ายเวลา 14.30 น.
ปิดเวลา 16.30 น.

Medical and service fees
ค่าตรวจระดับฮอร์โมนเพศหญิง  400 บาท
ค่าตรวจระดับฮอร์โมนเพศชาย  400 บาท

Source: https://www.facebook.com/TangerineCenter/photos/a.1980290545525994.1073741834.1704397413115310/1980290582192657/?type=3&theater

Medical and service fees
แพคเกจสุขภาพดีสำหรับคนข้ามเพศ แพคเกจฉีดวัคซีนป้องกันไวรัสเอชพีวี ป้องกัน
หูด
มะเร็งปากมดลูก
มะเร็งปากช่องคลอด
มะเร็งปากทวารหนัก
จากเชื้อเอชพีวี ชนิด 4 สายพันธุ์
จากเสื้อเชิ๊ต 4 สายพันธุ์ ราคาขั้นต่ำ 2,150 บาท ซื้อ 3 เข็ม
Days/times and special activities on special days

รับยา PrEP ฟรี ที่คลินิกแทนเจริญ สอบถามรายละเอียดเพิ่มเติม 02 053 0995 พร้อมรับสิทธิประโยชน์ในการตรวจร่างกายหลายรายการ (Trans) ตรวจ HIV, ซิฟิลิส, หาการติดเชื้อไวรัสตับอักเสบ, ตรวจค่าการทำงานของไต ฟรี! ตั้งแต่วันนี้ – 20 กรกฎาคม 2017

รับยา PrEP ฟรีวันนี้! ที่คลินิกแทนเจริญ พร้อมรับสิทธิประโยชน์ในการตรวจร่างกายหลายรายการ 😊

Grab your FREE PreP! today at Tangerine Clinic with Free blood tests! Non-Thai clients are welcomed too 😊) Call 02 253 0995 or inbox us for more details 😊:) ถึงวันที่ 20 กรกฎาคมนี้ ด่วน!

เดือนนี้ : เพียงลุคุณไม่เคยรับยา PrEP ที่คลินิกแทนเจริญและคลินิกนิรนามมาก่อน ก็สามารถใช้สิทธิในการตรวจร่างกายได้ฟรี

Days/times and special activities on special days

โปรโมชั่นวันวาเลนไทน์ 1-28 กุมภาพันธ์เท่านั้น Package 1 ตรวจระดับฮอร์โมนฟรี มูลค่ากว่า 1,000 บาท Package 2 สำหรับคู่ที่พาคู่มาด้วย ตรวจระดับฮอร์โมนฟรี และรับยาพร็อพฟรี และคู่จะได้รับการตรวจสุขภาพฟรี มูลค่ากว่า 1,500 บาท ต้องการข้อมูลเพิ่มเติมติดต่อ 02-253-0995, 061-979-0866
3. Information about physicians and surgeons

1) Example content from King Chulalongkorn Memorial Hospital


First and surname, degrees and specialties

หน่วยศัลยกรรมตกแต่งและเสริมสร้าง

จุดเด่น: ผลงานแต่ละหน่วยศัลยกรรมตกแต่งและเสริมสร้างได้แก่ "ศูนย์แก้ไขความพิการบนหน้าและกะโหลกศีรษะ จุฬาลงกรณ์ (Chulalongkorn Craniofacial Center)" ซึ่งก่อตั้งเมื่อปี พ.ศ.2546 หน่วยศัลยกรรมตกแต่งฯเคยได้รับรางวัลเหรียญทองพระราชทานจากการศึกษาการผ่าตัด "Chula technique" เพื่อแก้ไขความพิการของกะโหลกศีรษะและใบหน้า มีแพทย์ประจำบ้านอยู่ตลอดจากประเทศมาสมัครเรียนอย่างสม่ำเสมอ นอกจากนี้ยังมีผลงานในด้านการผ่าตัดแปลงเพศ ซึ่งเป็นสถาบันที่ได้รับการยอมรับอย่างสูงในระดับนานาชาติ

อาจารย์ประจำหน่วย

รศ. นพ.ศิรชัย จินดารักษ์ (Sirachai Jindarak) หัวหน้าหน่วยฯ
รศ. นพ.นนท์ โรจน์วชิรนนท์ (Nond Rojvachiranonda)
รศ. นพ.อภิชัย อังสพัทธ์ (Apichai Angspatt)
ผศ. นพ.พรเทพ พึ่งรัศมี (Pornthep Pungrasmi)
อ. นพ.พรพินิต ศรีวิไล (Poonpissamai Suwajo)
อ. นพ.เสรี เลิมแขงใส (Seree lamphongsa)
2) Example content from the Faculty of Medicine Siriraj Hospital, Mahidol University

Source: http://www.si.mahidol.ac.th/th/department/surgery/surgery%20new/file/division/plastic.html

First and surname, degrees and specialties

สาขาวิชาศัลยศาสตร์ตกแต่ง (Division of Plastic and Reconstructive Surgery)
ศ.คลินิก นพ.เอกริศ
รศ.นพ.จงดี อาแสงฟง
ศ.คลินิก นพ.สรวุฒิ
อ.นพ.สิทธิโชค หัวหน้าสาขา
อ.นพ.ดร.อาวเจนพงษ์
อ.นพ.สรวุฒิชูอ่องสกุล
อ.นพ.ศิริชัย กมบานศักดิ์
อ.นพ.ณัชชา ภักษา

3) Example content from Kamol Hospital

Source: https://www.kamolhospital.com/
First and surname, degrees and specialties

<table>
<thead>
<tr>
<th>First and Surname</th>
<th>Degrees</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>นายแพทย์กมล</td>
<td>พิทยศิริ</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>นายแพทย์วิชัย</td>
<td>สุรภัสสิน</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>นายแพทย์ปริญ</td>
<td>ทศนีเวศน์</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>นายแพทย์สุทธิ</td>
<td>บุญศรีพิทยศิริ</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>นายแพทย์อดิเรศ</td>
<td>อรรถจิวจิต</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>แพทย์หญิงจันทร์จิรา</td>
<td>แพทย์หญิงจันทร์จิรา</td>
<td>ศัลยแพทย์ตกแต่ง</td>
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<tr>
<td>นายแพทย์ธีระ</td>
<td>โอ้ยมั่น</td>
<td>ศัลยแพทย์ตกแต่ง</td>
</tr>
<tr>
<td>นพ.ท.ร.ชาญชัย</td>
<td>วงษ์ชัยสุนทร</td>
<td>ศัลยแพทย์ช่องปากและใบหน้าขากรรไกร</td>
</tr>
<tr>
<td>นพ.ท.ร.บรรณา</td>
<td>คงศิลป์</td>
<td>ศัลยแพทย์ช่องปากและใบหน้าขากรรไกร</td>
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<td>นายแพทย์นฤมล</td>
<td>มีแก้วบุญช่วย</td>
<td>ศัลยแพทย์ทั่วไป</td>
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<td>ศัลยแพทย์ทั่วไป</td>
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<td>วิสัญญีแพทย์</td>
<td>ตาชัย</td>
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<tr>
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<td>ธันยินเมธี</td>
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<td>นายแพทย์ชัยวัฒน์</td>
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<td>วิสัญญีแพทย์</td>
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<td>สุตินรีเวช</td>
<td>ปลัดหน้า</td>
<td>สุตินรีเวช</td>
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<tr>
<td>นายแพทย์พินท์</td>
<td>วัฒนสิทธิ์</td>
<td>สุตินรีเวช</td>
</tr>
<tr>
<td>พ.ท.น.เจริญศักดิ์</td>
<td>ศรีสุทธิ์พิทยา</td>
<td>สุตินรีเวช</td>
</tr>
<tr>
<td>แพทย์หญิงพิทยา</td>
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<td>สุตินรีเวช</td>
</tr>
<tr>
<td>จิตแพทย์</td>
<td>ศรีสุมนันท์</td>
<td>สุตินรีเวช</td>
</tr>
<tr>
<td>พ.ท.น.เจริญศักดิ์</td>
<td>นารีนพิทยา</td>
<td>สุตินรีเวช</td>
</tr>
<tr>
<td>พ.ท.น.โพธิ์ศักดิ์</td>
<td>เนวินชชเวท</td>
<td>สุตินรีเวช</td>
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<tr>
<td>แพทย์หญิงพิทยา</td>
<td>นิสาสุนทร์</td>
<td>สุตินรีเวช</td>
</tr>
<tr>
<td>พ.ท.น.โพธิ์ศักดิ์</td>
<td>นิสาสุนทร์</td>
<td>สุตินรีเวช</td>
</tr>
</tbody>
</table>

Source: http://www.bangpakokhospital.com/doctor?name=&speciality=38&center=
First and surname, degrees and specialties

เฉพาะทางศัลยกรรมตกแต่ง

นพ.ณัฐพงษ์ ศาสตราธิิต ศิลปะกรรมตกแต่ง
นพ.ธิติ เซาว์ Chỉจิต ศิลปะกรรมตกแต่ง
นพ.ปรีพัตร วงศ์ประจุ ศิลปะกรรมตกแต่ง (Plastic & Hand Reconstruction)
นพ.รุ่งกิตติ ตัดอุ้งพันนังกูร ศิลปะกรรมตกแต่ง

5) Example content from Yanhee Hospital

Source: https://th.yanhee.net/ค้นหาแพทย์/?cat_id=48&ss=

First and surname, degrees and specialties

ศูนย์ศัลยกรรมตกแต่ง

นพ.โชคชัย อมรสวัสดิ์วัฒนา ศัลยศาสตร์ตกแต่ง (ศัลยกรรมตกแต่ง)
นพ.กิตติชัย สิปิยรักษ์ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สุทัศน์ คุณวโรดม ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.ไกรฤทธิ์ ติยะกุล ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ. ธวัชชัย บุญพัฒนพงศ์ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สมศักดิ์ ชูศักดิ์พานทอง ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.วิรัตน์ โอสถาเลิศ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สมบูรณ์ ธรรมรังรอง ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สวัสดิ์ ว่องวงศ์ศรี ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สมพงษ์ โพธิ์พันธุ์ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สมบูรณ์ ธรรมาธิ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สุกิจ วรธารง ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.วิชัย ดวงฤทธิ์ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.สมศักดิ์ จันทร์วิจารณ์ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
นพ.วัชรินทร์ นิยมอัคราภ ศิลปะกรรมตกแต่ง (ศิลปะกรรมตกแต่ง)
เมื่อวันที่ 27 มกราคม 2560 ที่ผ่านมา นักข่าวจากนิตยสาร GEO ประเทศเยอรมนี ได้มาขอสัมภาษณ์นายแพทย์ กรีชาติ พรสินศิริรักษ์ เกี่ยวกับเทคนิคการผ่าตัดแปลงเพศของโรงพยาบาลยันฮี ทางโรงพยาบาลมีความยินดีที่จะเผยแพร่เทคนิค และขั้นตอนการรักษาที่เป็นประโยชน์ต่อองค์กรต่าง ๆ เพื่อประโยชน์สูงสุดของคนไข้

เมื่อวันที่ 9 ก.พ. 2560 นพ.สุกิจ วรธารง แพทย์ผู้เชี่ยวชาญด้านการแปลงเพศหญิงเป็นชาย รพ.ยันฮี ได้รับเชิญให้เป็นวิทยากรร่วมการบรรยาย หัวข้อเรื่อง การแปลงเพศหญิงเป็นชาย ในการประชุมวิชาการนานาชาติเรื่อง The FRESH III International Workshop ณ รพ.รามาธิบดี ซึ่งได้รับความสนใจจากแพทย์ผู้เข้าร่วมประชุมเป็นอย่างมาก
6) Example content from Preecha Aesthetic Institute (PAI)

First and surname, degrees and specialties
Dr. Preecha Tiewtranon, M.D.
Dr. Burin Wangjiraniran, M.D. FRCS
Dr. Sutin Khobunsongserm, M.D.
Dr. Prayuth Chokrungvaranont, M.D.
Dr. Apichai Angspatt, M.D.
Dr. Sirachai Jindarak, M.D.
Dr. Prapas Rachatasumrit, M.D.
Dr. Pongchit Pramuan, M.D.
Dr. Varunee Sangganjanavanich, Ph.D.
Dr. Suwadee Werawatganon, M.D.

ศูนย์ศัลยกรรมตกแต่งความงาม พีเอไอ (Preecha Aesthetic Institute, PAI), คลินิกแห่งแรกของการรวบรวมศัลยกรรมตกแต่งความงามทุกประเภทครบวงจร และมีทีมแพทย์ที่มีความชำนาญมากที่สุดของแต่ละศิลปศาสตร์ และเป็นคลินิกศัลยกรรมตกแต่งแห่งแรกของเมืองไทยที่ทำการผ่าตัดแปลงเพศมากที่สุด และประสบความสำเร็จแห่งแรกในประเทศไทย
การก่อตั้งศูนย์ศัลยกรรมตกแต่ง พีเอไอ เริ่มจากความคิดของ รศ.นพ.ปรีชา เดียวงษ์ แพทย์ศัลยศาสตร์ตกแต่งเสริมความงาม และสัดส่วนประสบการณ์มากกว่า 30 ปี และเป็นคนแรกที่ประสบความสุขจึงเป็นศูนย์ศัลยกรรมตกแต่งเสริมความงาม พีเอไอ (Preecha Aesthetic Institute, PAI) ในปี พ.ศ. 2544 ที่มีการรวบรวมพันธมิตรที่มีประสบการณ์ทางด้านศัลยกรรมตกแต่งความงาม และสัดส่วนของร่างกาย ก่อตั้งศูนย์ศัลยกรรมและสัดส่วนความงาม พีเอไอ (Preecha Aesthetic Institute, PAI) ในปี พ.ศ. 2544

ศูนย์ศัลยกรรมตกแต่งพีเอไอ ได้ให้บริการทางศัลยกรรมตกแต่งเสริมจมูก, เสริมหน้าอก, ดึงหน้า, ดูดไขมัน, ตาสองชั้น, ศัลยกรรมทรวงอก, ศัลยกรรมตกแต่งใบหน้า และศัลยกรรมแปลงเพศชายเป็นหญิง หญิงเป็นชาย ในอนาคตทางทีมแพทย์ของพีเอไอจะเปิดการสอนและบรรยายเทคนิคให้แก่ทีมแพทย์ต่างประเทศ เพื่อแพร่ระบาดที่ศัลยแพทย์ของเมืองไทยเป็นหนึ่งในด้านศัลยกรรมตกแต่งความงาม และแก้ไขสรีระ

Source: http://www.ifortgwomen.org/d.php?id=97

Disseminating information or answering questions of the media

รศ.นพ.ปรีชา เดียวงษ์ แพทย์ศัลยศาสตร์ตกแต่งเสริมความงาม พีเอไอ ชวยในการผ่าตัดแปลงเพศจากชายเป็นหญิง ว่านอกจากการผ่าตัดด้วยวิธีพอดีแล้ว ยังมีการศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ้อน เช่น การศึกษาระหว่างผู้ที่ต้องการที่จะผ่าตัดด้วยวิธีพอดีที่ซับซ่อน
Disseminating information or answering questions of the media

A television production company in The Netherlands, working on a new Dutch TV programme in which we want to follow people with a bit of an unusual lifestyle or hobby and let them tell their story.

We are following Jana, who is a transgender. He is still a boy, but wants to become a female. The last step for Jana is to do a sex change and get a vagina. That’s his/her greatest wish. We want to follow her in this process with our television crew.

Jana asked us to contact you, because he really wants to do this surgery at your clinic. We are making a programme for one of the biggest tv channels in The Netherlands with a lot of viewers and we really want to show them that this is one of the best clinics in the world.

With television production company Netherlands
Honors granted by academic institutions, associations or foundations
This is the largest WPATH symposium in the history of the association.
Dr. Preecha Tievtranon, MD’s received the Award from The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association, HBIGDA), is a professional organization devoted to transgender health to recognize his excellence local organizing chair WPATH 2014 (Bangkok, Thailand). Feb.14-18, 2017

7) Example content from Siamese Clinic

First and surname, degrees and specialties
ถามว่า? วันที่ 1 ปี 2018 เราทำอะไร Siamese clinic ต้อนรับปี 2018 ด้วยการผ่าตัดเคสแรกของปี ผ่านไปอย่างสวยงาม ยินดีที่ได้เป็นสวนหนึ่งของความสุข ความสมปรารถนาของทุกทาน 🎄💖 หมอหวานรักคนไข้ทุกคน ตั้งใจทุกการผ่าตัด มุ่งมั่นพัฒนางานต่อไปค่ะ แอดมินขอบอก FC หมอหวาน

Source: http://pai.co.th/wpath-2014-award/

Source: https://www.facebook.com/siameseclinic/photos/a.863807530413458.1073741829.816771358450409/1403270626467143/?type=3&theater
Disseminating information or answering questions of the media
การดูแลจิตใจกลุ่มบุคคลหลากหลายทางเพศ
The best care for LGBT patients
แพทย์หญิงงามเฉิด สิตภาหุล
APPENDIX D

QUESTIONNAIRE FOR COLLECTING DATA
FROM SERVICE USERS
**Questionnaire for Collecting Data from Service Users**

The approved questionnaire has a total of 43 questions with the original written in Thai and then translated into English, Mandarin Chinese and Japanese.

1. Thai version (original)

การวิจัย
การจัดการสื่อสารกับคุณลักษณะด้านจิตวิทยาตามแนวคิด “จริตหก”
สำหรับธุรกิจบริการศัลยกรรมแปลงเพศ

Communication Management and Customer Classification for The Gender
Reassignment Health Service Industry through The Six Temperaments

แบบสอบถามนี้มีทั้งหมด 43 ข้อ ใช้เวลาทำประมาณ 15 นาที โดยถามเกี่ยวกับข้อมูลส่วนตัว สภาพแวดล้อมและพฤติกรรมการใช้บริการของผู้บริโภคของท่านที่มีความสําคัญต่อความสำเร็จในการจัดการบริการด้านที่มีการวิจัยและแปลงเพศของกลุ่มคนที่สูงที่สุด

สำหรับผลการวิจัยนี้มีการเปิดเผยข้อมูลจากผลการจัดการแบบสอบถามแก่ผู้ตอบแบบสอบถามที่ได้รับข้อมูลทุกอย่างของท่านจะถูกเก็บรักษาเป็นความลับ และนําเสนอผลวิจัยในการประชุมเท่านั้น

คําถามคัดกรอง
โปรดเลือกข้อความที่ตรงกับความจริงของท่าน

1. ท่านเป็นคนข้ามเพศใช่หรือไม่?
   ( ) ใช่
   ( ) ชายเป็นหญิง
   ( ) ใช่ หญิงเป็นชาย
   ( ) ไม่แน่ใจ
   ( ) ไม่ใช่
2. ท่านสนใจการศัลยกรรมเพื่อเปลี่ยนรูปลักษณ์ของตนเองไปเป็นตามเพศที่ต้องการหรือไม่?
( ) สนใจ
( ) ไม่แน่ใจ
( ) ไม่สนใจ

ข้อมูลส่วนตัว
โปรดเลือกข้อความที่ตรงกับความจริงของท่าน

3. อายุ
( ) ต่ำกว่า 20 ปี ( ) 20-29 ปี ( ) 30-39 ปี
( ) 40-49 ปี ( ) 50-59 ปี ( ) 60 ปีขึ้นไป

4. เข้าชาติ
( ) ไทย
( ) อื่น ๆ โปรดระบุ ____________

5. สัญชาติ
( ) ไทย
( ) อื่น ๆ โปรดระบุ ____________

6. รายได้ต่อเดือน
( ) น้อยกว่า 15,000 บาท ( ) 15,001-30,000 บาท ( ) 30,001-45,000 บาท
( ) 45,001-65,000 บาท ( ) 65,001-85,000 บาท ( ) 85,001-100,000 บาท
( ) 100,001 บาทขึ้นไป

7. ระดับการศึกษาสูงสุด
( ) มัธยมศึกษา/ปวช.
( ) ปริญญา/อนุปริญญา
( ) ปริญญาตรี
( ) ปริญญาโท
( ) ปริญญาเอก
( ) อื่น ๆ โปรดระบุ ____________
8. ศาสนา
( ) พุทธ
( ) คริสต์
( ) อิสลาม
( ) พราหมณ์-ฮินดู
( ) อื่น ๆ โปรดระบุ ________

9. ลักษณะงาน
( ) รัฐบาล
( ) รัฐวิสาหกิจ
( ) เอกชน
( ) อื่น ๆ โปรดระบุ ________

ลักษณะนิสัยและบุคลิกภาพ
10. โปรดเลือกข้อความที่ตรงกับลักษณะนิสัยและบุคลิกภาพของท่าน

<table>
<thead>
<tr>
<th>ลำดับ</th>
<th>ลักษณะนิสัย</th>
<th>ใช้มากที่สุด</th>
<th>ใช้น้อยที่สุด</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ท่านคิดว่าบุคลิกภาพและการแต่งกายที่ดีมีผลต่อความสำเร็จในเรื่องต่าง ๆ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>ท่านจะเลือกซื้อสินค้าเมื่อมองแบรนด์ด้วยมากกว่าสินค้าไม่มีแบรนด์ หากมีราคาเท่ากัน</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>ท่านเป็นคนพูดจาไพเราะ เอาอกเอาใจ และปลอบประโลม</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>ท่านเป็นคนพูดจาว่าคุณดีหรือพอใช้ ตรวจสอบความถูกต้อง</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>ท่านชอบซื้อสินค้ามือสองแบรนด์ดังมากกว่าสินค้าใหม่ไม่มีแบรนด์ หากมีราคาเท่ากัน</td>
<td></td>
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<td>ท่านชอบทำงานประจุมากกว่าเปลี่ยนงานใหม่ที่ท้าทายกว่า</td>
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<td>8.</td>
<td>ท่านชอบคิดค้นในเรื่องที่น่าสนใจ</td>
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<td>9.</td>
<td>ท่านเป็นคนมั่นใจในความสามารถของตัวเองมากกว่าพึ่งคนอื่น</td>
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<td>ท่านเป็นคนละเอียดเพื่อดูผู้อื่น</td>
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<td>ท่านมั่นใจในการดำเนินชีวิตอย่างมั่นคง</td>
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<td>12.</td>
<td>ท่านพร้อมโต้แย้งถ้าพบว่ามีคนเข้าใจผิดในสิ่งที่ศรัทธา</td>
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<td>13.</td>
<td>ท่านให้อภัยและมีเมตตากับทุกคนทั้งที่เป็นมิตรและศัตรู</td>
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<td>14.</td>
<td>ท่านเรียงความด้วยคำแนะนำจากคนรอบข้างเสมอ แม้แต่เรื่องส่วนตัวของตัวเอง</td>
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<td>15.</td>
<td>ท่านพูดจาประณีตประโคม ใกล้เคียงตามสภาพความเป็นจริง และคิดตามหลักเหตุผล</td>
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11. โปรดพิจารณาลักษณะบุคลิกภาพทั้ง 6 เพื่อเปรียบเทียบกับตัวท่านเอง แล้วจัดลำดับด้านล่าง 1-6 เรียงลำดับจากน้อยไปมากนัก โดยแบบใด เหมือนกับท่านมากที่สุดใส่ 1 ไปจนถึง เหมือนกับท่านมากที่สุดใส่ 6

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พฤติกรรมการบริโภคสื่อและข่าวสารบริการศัลยกรรมเพื่อการแปลงเพศ โปรดเลือกข้อความที่ตรงกับความจริงของท่าน

12. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อหน้าผ่านทั้งบุคคลที่น้อยอย่างไร

5 = ได้รับบ่อยที่สุด 4 = ได้รับบ่อยมาก 3 = ได้รับบ่อยบาง 2 = ได้รับน้อย 1 = ได้รับน้อยที่สุด 0 = ไม่ได้รับข้อมูลข่าวสารผ่านมาต่อเนื่อง

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</table>
13. ท่านมีความพอใจและเชื่อถือข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่าง ๆ อย่างไร

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14. ระหว่างการหาข้อมูลเพื่อการศัลยกรรมเพื่อการแปลงเพศท่านมีส่วนร่วมเช่นแสดงความคิดเห็นส่งต่อข่าวสารติดต่อสอบถามหรือเข้าร่วมกิจกรรมในสื่อต่าง ๆ อย่างไร

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15. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆ อย่างไร

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16. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆ อย่างไร

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17. ระหว่างการหาข้อมูลเพื่อการศัลยกรรมเพื่อการแปลงเพศ ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข่าวสาร ติดต่อสอบถาม หรือเข้าร่วมกิจกรรม ในสื่อต่างๆ อย่างไร

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18. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆอย่างไร

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\text{การได้รับข้อมูลผ่านทางโทรศัพท์} & & & & & \\
\text{การได้รับข้อมูลผ่านทางอีเมล (E-mail)} & & & & & \\
\text{การได้รับข้อมูลผ่านทาง SMS (Short Message Service) บนโทรศัพท์มือถือ} & & & & & \\
\text{การได้รับข้อมูลผ่านทางข้อความบนแอปพลิเคชั่น (Line, Whatsapp, WeChat)} & & & & & \\
\end{array}
\]

19. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆอย่างไร

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\text{การได้รับข้อมูลผ่านทางจดหมาย} & & & & & \\
\text{การได้รับข้อมูลผ่านทางโทรศัพท์} & & & & & \\
\text{การได้รับข้อมูลผ่านทางอีเมล (E-mail)} & & & & & \\
\text{การได้รับข้อมูลผ่านทาง SMS (Short Message Service) บนโทรศัพท์มือถือ} & & & & & \\
\text{การได้รับข้อมูลผ่านทางข้อความบนแอปพลิเคชั่น (Line, Whatsapp, WeChat)} & & & & & \\
\end{array}
\]

20. ระหว่างการหาข้อมูลเพื่อการศึกษาระบบเพื่อการแปลงเพศ ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น สงสัยข่าวสารติดต่อสอบถาม หรือเข้าร่วมกิจกรรม ในสื่อต่างๆอย่างไร

\[
\begin{array}{ccccccc}
5 & 4 & 3 & 2 & 1 & 0 \\
\hline
\text{การได้รับข้อมูลผ่านทางจดหมาย} & & & & & \\
\text{การได้รับข้อมูลผ่านทางโทรศัพท์} & & & & & \\
\text{การได้รับข้อมูลผ่านทางอีเมล (E-mail)} & & & & & \\
\text{การได้รับข้อมูลผ่านทาง SMS (Short Message Service) บนโทรศัพท์มือถือ} & & & & & \\
\text{การได้รับข้อมูลผ่านทางข้อความบนแอปพลิเคชั่น (Line, Whatsapp, WeChat)} & & & & & \\
\end{array}
\]
21. ท่านใช้โมบายแอพพลิเคชั่นใด (ตอบได้มากกว่า 1 ข้อ)
   (  ) Line
   (  ) Whatsapp
   (  ) WeChat
   (  ) อื่นๆ โปรดระบุ ________

22. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆ อย่างไร
   5 = ได้รับบ่อยที่สุด  4 = ได้รับบ่อยมาก  3 = ได้รับบ่อย
   2 = ได้รับน้อย  1 = ได้รับน้อยที่สุด  0 = ไม่ได้รับข้อมูลข่าวสารผ่านสื่อนี้เลย

<table>
<thead>
<tr>
<th>ประเภทการพิมพ์</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการโทรทัศน์</td>
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<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการวิทยุ</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในหนังสือพิมพ์</td>
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<td>ข่าว บทความ หรือภาพข่าวในนิตยสาร</td>
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<td>ข่าว บทความ หรือภาพข่าวในเว็บไซต์</td>
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23. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆ อย่างไร
   5 = พึงพอใจและเชื่อถือมากที่สุด  4 = พึงพอใจและเชื่อถือมาก
   3 = พึงพอใจและเชื่อถือปานกลาง  2 = พึงพอใจและเชื่อถือน้อย
   1 = พึงพอใจและเชื่อถือน้อยที่สุด  0 = ไม่พึงพอใจและเชื่อถือข้อมูลข่าวสารจากสื่อนี้เลย

<table>
<thead>
<tr>
<th>ประเภทการพิมพ์</th>
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<tbody>
<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการโทรทัศน์</td>
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<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการวิทยุ</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในหนังสือพิมพ์</td>
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<td>ข่าว บทความ หรือภาพข่าวในนิตยสาร</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในเว็บไซต์</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในสื่อสังคมออนไลน์</td>
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</tbody>
</table>
24. ระหว่างการหาข้อมูลเพื่อการศึกษาระบบเพื่อการแปลงเพศ ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข่าวสาร ติดต่อสอบถาม หรือเข้าร่วมกิจกรรม ในสื่อต่างๆอย่างไร

<table>
<thead>
<tr>
<th>ประชำสีสีหมึก</th>
<th>5</th>
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<tbody>
<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการโทรทัศน์</td>
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<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการวิทยุ</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในหนังสือพิมพ์</td>
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<td>ข่าว บทความ หรือภาพข่าวในนิตยสาร</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในเว็บไซต์</td>
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<td>ข่าว บทความ หรือภาพข่าวในสื่อสังคมออนไลน์</td>
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25. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศึกษาระบบเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่างๆอย่างไร

<table>
<thead>
<tr>
<th>ประชำสีสีหมึก</th>
<th>5</th>
<th>4</th>
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<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการโทรทัศน์</td>
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<tr>
<td>การได้รับข้อมูลผ่านการฟังบทสัมภาษณ์หรือข่าวในรายการวิทยุ</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในหนังสือพิมพ์</td>
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<tr>
<td>ข่าว บทความ หรือภาพข่าวในนิตยสาร</td>
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<td>ข่าว บทความ หรือภาพข่าวในเว็บไซต์</td>
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<td>ข่าว บทความ หรือภาพข่าวในสื่อสังคมออนไลน์</td>
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ในสื่อต่างๆ
26. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยผ่านสื่อต่าง ๆ อย่างไร

<table>
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<th>ค่าตอบ</th>
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<td>0</td>
<td>1</td>
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<td>3</td>
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27. ระหว่างการหาข้อมูลเพื่อการศัลยกรรมเพื่อการแปลงเพศ ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข้อมูล หรือเข้าร่วมกิจกรรม ในสื่อต่าง ๆ อย่างไร

<table>
<thead>
<tr>
<th>ค่าตอบ</th>
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28. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

<table>
<thead>
<tr>
<th>ข้อมูลความรู้ตามข้อเท็จจริงเชิงการแพทย์</th>
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<tbody>
<tr>
<td>ความรู้ทั่วไปเกี่ยวกับการศัลยกรรมแปลงเพศ</td>
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<tr>
<td>การเตรียมพร้อมก่อนการศัลยกรรมแปลงเพศ</td>
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<td>กระบวนการการศัลยกรรมแปลงเพศ</td>
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<tr>
<td>การฟื้นฟูหลังการศัลยกรรมแปลงเพศ</td>
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<tr>
<td>ภาพตัวอย่างของผู้ผ่านการศัลยกรรมแปลงเพศ</td>
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29. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารที่เกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

<table>
<thead>
<tr>
<th>ข้อมูลความรู้ตามข้อเท็จจริงเชิงการแพทย์</th>
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<td>ความรู้ทั่วไปเกี่ยวกับการศัลยกรรมแปลงเพศ</td>
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<td>กระบวนการการศัลยกรรมแปลงเพศ</td>
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<td>การฟื้นฟูหลังการศัลยกรรมแปลงเพศ</td>
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<td>ภาพตัวอย่างของผู้ผ่านการศัลยกรรมแปลงเพศ</td>
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</table>

30. ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข่าวสาร ติดต่อสอบถาม หรือเข้าร่วมกิจกรรมเกี่ยวกับข้อมูลข่าวสารที่เกี่ยวกับการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

<table>
<thead>
<tr>
<th>ข้อมูลความรู้ตามข้อเท็จจริงเชิงการแพทย์</th>
<th>5</th>
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<tr>
<td>ความรู้ทั่วไปเกี่ยวกับการศัลยกรรมแปลงเพศ</td>
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<td>ภาพตัวอย่างของผู้ผ่านการศัลยกรรมแปลงเพศ</td>
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31. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

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<tr>
<td>ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร</td>
<td>ได้รับบ่อยที่สุด</td>
<td>ได้รับบ่อยมาก</td>
<td>ได้รับบ่อย</td>
<td>ได้รับน้อย</td>
<td>ไม่ได้รับข้อมูลข่าวสารนี้เลย</td>
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</table>

32. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารที่เกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

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<tr>
<td>ชื่อที่ตั้งหรือภาพประกอบสถานที่ตั้งและอาคาร</td>
<td>พึงพอใจและเชื่อถือมากที่สุด</td>
<td>พึงพอใจและเชื่อถือมาก</td>
<td>พึงพอใจและเชื่อถือปานกลาง</td>
<td>พึงพอใจและเชื่อถือน้อย</td>
<td>พึงพอใจและเชื่อถือน้อยที่สุด</td>
</tr>
</tbody>
</table>

33. ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข่าวสาร ติดต่อสอบถาม หรือเข้าร่วมกิจกรรมกับข้อมูลข่าวสารที่เกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

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<td>มีส่วนร่วมมากที่สุด</td>
<td>มีส่วนร่วมมาก</td>
<td>มีส่วนร่วมปานกลาง</td>
<td>มีส่วนร่วมน้อย</td>
<td>มีส่วนร่วมน้อยที่สุด</td>
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</table>
34. ท่านได้รับข้อมูลข่าวสารเกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

5 = ได้รับบ่อยที่สุด 4 = ได้รับบ่อยมาก 3 = ได้รับบ่อยกลาง 2 = ได้รับบ่อย 1 = ได้รับบ่อยที่สุด 0 = ไม่ได้รับข้อมูลข่าวสารนั้นเลย

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<tr>
<th>ข้อมูลเกี่ยวกับแพทย์</th>
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<tr>
<td>ชื่อ-สกุล ปริญญาวุฒิบัตร และสาขาวิชาชีพของแพทย์</td>
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<td>การแสดงผลงานในการศึกษาธิการหรือในการประชุมวิชาการ</td>
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<td>การแสดงผลงานหรือความก้าวหน้าทางวิชาการและวิธีใหม่ ๆ ในงานวิจารณ์</td>
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<td>การเผยแพร่หรือตอบปัญหาทางสื่อมวลชน</td>
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35. ท่านมีความพึงพอใจและเชื่อถือข้อมูลข่าวสารที่เกี่ยวกับการบริการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

5 = พึงพอใจและเชื่อถือมากที่สุด 4 = พึงพอใจและเชื่อถือมาก 3 = พึงพอใจและเชื่อถือปานกลาง 2 = พึงพอใจและเชื่อถือน้อย 1 = พึงพอใจและเชื่อถือน้อยที่สุด 0 = ไม่พึงพอใจและเชื่อถือข้อมูลข่าวสารนั้นเลย

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36. ท่านมีส่วนร่วม เช่น แสดงความคิดเห็น ส่งต่อข่าวสาร ติดต่อสอบถาม หรือเข้าร่วมกิจกรรมกับข้อมูลข่าวสารที่เกี่ยวกับการศัลยกรรมเพื่อการแปลงเพศแต่ละประเภทอย่างไร

5 = มีส่วนร่วมมากที่สุด 4 = มีส่วนร่วมมาก 3 = มีส่วนร่วมปานกลาง 2 = มีส่วนร่วมน้อย 1 = มีส่วนร่วมน้อยที่สุด 0 = ไม่ได้มีส่วนร่วมกับข้อมูลข่าวสารนั้นเลย

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37. ข้อมูลลักษณะใดที่ท่านต้องการให้นับถือหรือมีเพิ่มเติมมากกว่าในปัจจุบันเพื่อประกอบการตัดสินใจในการทำการศัลยกรรมของท่าน (ตอบได้มากกว่า 1 ข้อ)
( ) ข้อมูลเกี่ยวกับการใช้งานอวัยวะที่ศัลยกรรมขึ้น
( ) ข้อมูลเกี่ยวกับโรคที่อาจเกิดขึ้นในขณะจากการศัลยกรรม
( ) ข้อมูลเกี่ยวกับการรับประกันความพึงพอใจหรือบริการหลังการศัลยกรรม
( ) อื่นๆ โปรดระบุ __________

การตัดสินใจ
โปรดเลือกข้อความที่ตรงกับความจริงของท่าน

38. ท่านมีความสนใจในข่าวสารเกี่ยวกับบริการศัลยกรรมเพื่อการแปลงเพศใดบ้าง (ตอบได้มากกว่า 1 ข้อ)
( ) ศัลยกรรมเสริมหน้าอก
( ) ศัลยกรรมเสริมสะโพก
( ) ศัลยกรรมตัดสุขอนามัย
( ) ศัลยกรรมแปลงย์ระหว่างเพศจากชายเป็นหญิง
( ) ศัลยกรรมตัดเนื้อที่ก้าน
( ) ศัลยกรรมตัดปลายนิ้ว
( ) ศัลยกรรมแปลงย์ระหว่างเพศจากหญิงเป็นชาย
( ) ศัลยกรรมปรับเปลี่ยนโครงหน้า
( ) ศัลยกรรมลดขนาดลูกกระเดือก
( ) ศัลยกรรมเสริมเลือด
( ) ศัลยกรรมปลูกผม
( ) ศัลยกรรมดูดไขมันเพื่อปรับเปลี่ยนสรีระวิส
( ) อื่นๆ โปรดระบุ __________

39. จากข้อมูลข่าวสารที่ท่านได้รับผ่านสื่อต่างๆ ท่านตัดสินใจเข้ารับบริการศัลยกรรมเพื่อการแปลงเพศในประเทศไทยหรือไม่
( ) เข้ารับบริการแล้ว
( ) ตัดสินใจจะเข้ารับบริการ
( ) ยังไม่แน่ใจ ข้ามไปข้อ 41
( ) ตัดสินใจไม่เข้ารับบริการ ข้ามไปข้อ 41
40.เหตุผลหลักที่ทำให้ท่านมีความสนใจเกี่ยวกับบริการศัลยกรรมแปลงเพศในประเทศไทย
( ) ประเทศไทยมีทีมแพทย์ผู้เชี่ยวชาญและอุปกรณ์การแพทย์ที่ทันสมัย
( ) ค่าใช้จ่ายในการทำศัลยกรรมแปลงเพศในประเทศไทยประหยัดกว่า
( ) สามารถเดินทางเข้าและออกประเทศไทยได้สะดวก
( ) ประเทศไทยมีศักยภาพด้านการท่องเที่ยงเชิงการแพทย์ในระดับสูง
( ) อื่นๆ โปรดระบุ __________  --> ข้ามไปข้อ 42

41.สาเหตุใดท่านจึงยังไม่เปลี่ยนหรือตัดสินใจไม่เข้ารับบริการศัลยกรรมแปลงเพศในประเทศไทย (ตอบได้มากกว่า 1 ข้อ)
( ) ข้อมูลข่าวสารประกอบการตัดสินใจไม่เพียงพอ
( ) ปัญหาด้านทุนทรัพย์
( ) ข้อจำกัดด้านสุขภาพ
g) กระแสต่อต้านจากสังคมรอบข้าง
( ) ไม่สะดวกในการเดินทางมาเยี่ยมประเทศไทย
( ) ไม่เชื่อมั่นในแพทย์ อุปกรณ์การแพทย์ และสถานพยาบาลของไทย
( ) เลือกทำศัลยกรรมแปลงเพศที่ประเทศอื่น
( ) อื่นๆ โปรดระบุ __________

ข้อมูลเพื่อดีตกลับ
ข้อมูลที่ได้รับครั้งนี้ถือเป็นความลับและจะถูกนำไปเผยแพร่ในภาพรวมเท่านั้น

42.ท่านยินดีเข้าร่วมการสัมภาษณ์เชิงลึกในลำดับต่อไปหรือไม่
( ) อินดี โปรดระบุ
  ชื่อ _______________________
  เบอร์ติดต่อ ___________________
  Email _______________________
( ) ไม่ยินดี

43.ท่านสนใจทราบผลวิจัยและต้องการให้ผู้วิจัยแจ้งถึงท่านเมื่อเสร็จสิ้นโครงการหรือไม่
( ) ต้องการ โปรดระบุ Email ___________________
( ) ไม่ต้องการ

---- ขอขอบคุณในการตอบแบบสอบถาม ----
Communication Management and Customer Classification for The Gender Reassignment Health Service Industry through The Six Temperaments

The Ph.D. candidate, Puntarika Rawikul, is studying in the Doctor of Philosophy Program in Communication Arts and Innovation at National Institute of Development Administration and is doing the research about consumer behaviors in transgender people, which already passed the ethics committee in human research and is supervised by Dr.Wichian Lattipongpun.

This questionnaire has 43 questions and takes approximately 15 minutes to answer. The questions are about your general information, characteristics, and media consumption in the gender reassignment surgery service. All of your answers are significant to the success of the Ph.D. research. Please read the questions carefully and choose the answers that matches you most.

The research results will not reveal the identity of respondents to the public. All information provided will be kept confidential and presented in an overview only.

Screening question
Please choose the best answer matching your reality.

1. Are you a transgender person?
   ( ) Yes, male to female
   ( ) Yes, female to male
   ( ) Not sure
   ( ) No

2. Are you interested in any surgery for your gender reassignment?
   ( ) Yes
   ( ) Not sure
   ( ) No
Basic information
Please choose the best answer matching your reality.

3. Age
   ( ) Under 20
   ( ) 20-29
   ( ) 30-39
   ( ) 40-49
   ( ) 50-59
   ( ) 60 and above

4. Race (please specify) __________

5. Nationality (please specify) __________

6. Monthly Income (35 Thai Baht = 1 US Dollar)
   ( ) Less than 15,000 Thai Baht
   ( ) 15,001-30,000 Thai Baht
   ( ) 30,001-45,000 Thai Baht
   ( ) 45,001-65,000 Thai Baht
   ( ) 65,001-85,000 Thai Baht
   ( ) 85,001-100,000 Thai Baht
   ( ) More than 100,001 Thai Baht

7. Education
   ( ) High school
   ( ) Diploma
   ( ) Bachelor’s Degree
   ( ) Master’s Degree
   ( ) Doctoral degree
   ( ) Others, (please specify) __________

8. Religion
   ( ) Buddhism
   ( ) Christianity
   ( ) Islam
   ( ) Brahmin - Hindu
   ( ) Others, (please specify) __________
9. Type of Work
( ) Government
( ) State Enterprise
( ) Private
( ) Others, (please specify) __________

Personality

10. Please choose the answer that best describes your characters and personalities.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>You think your personality and style of clothing affects successes in your life</td>
<td></td>
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<tr>
<td>You prefer to buy second hand brand name products rather than new generic brand products, if their prices are equal.</td>
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<tr>
<td>You are nice talking, considerate, and good comforter.</td>
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<tr>
<td>You are straight forward and do what you say.</td>
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<tr>
<td>You are frustrated so often, and others told that you are too tense.</td>
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<tr>
<td>You will not change your mind if you contemplated well.</td>
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<tr>
<td>You do not like to be popular, anti-social and do not want to be a leader.</td>
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<tr>
<td>You like working a routine jobs more than risk and challenging jobs.</td>
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<tr>
<td>You are obsessive to yourself and especially think about your faults.</td>
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<tr>
<td>You are skeptical, suspicious, be cautious and defensive.</td>
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<tr>
<td>You are a very meticulous. Often see errors that others cannot see.</td>
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<tr>
<td>You are confident in yourself and rely on yourself rather than relying on others.</td>
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</tr>
</tbody>
</table>
You always admire others' great traits and wish to be like them.

You are a believer and emphasize on what you confidence.

You are ready to argue if people misunderstand what you believe.

You forgive and have mercy on everyone, both friendly and hostile.

You open to any comment and feedback from the people around you even it is your own personal matters.

You are compromised on the reality and reasons of what really happen.

11. Consider the six personality traits then compare to yourself and sort the priority by ascending 1-6 (1 = the least like you to 6 = the most like you). The numbers cannot be duplicated.
Consumer behaviors
Please choose the best answer matching your reality.

12. Searching for the gender reassignment surgery service, **how often did you receive information through the media?**

<table>
<thead>
<tr>
<th>Advertising</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV commercial</td>
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<td>Spot radio</td>
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<tr>
<td>Newspaper ads</td>
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<tr>
<td>Magazine ads</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Billboard</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>City ads (Outdoor ads)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Website</td>
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<td></td>
</tr>
<tr>
<td>Advertisements on social media</td>
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</tbody>
</table>

13. Searching for the gender reassignment surgery service, how you **rate your satisfaction based on the media?**

<table>
<thead>
<tr>
<th>Advertising</th>
<th>5</th>
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<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
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<td>TV commercial</td>
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<tr>
<td>Newspaper ads</td>
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</tr>
</tbody>
</table>
14. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) through the media?

\[
\begin{array}{|c|c|c|c|c|c|}
\hline
\text{Advertising} & 5 & 4 & 3 & 2 & 1 & 0 \\
\hline
TV commercial & & & & & & \\
Spot radio & & & & & & \\
Newspaper ads & & & & & & \\
Magazine ads & & & & & & \\
Billboard & & & & & & \\
City ads (Outdoor ads) & & & & & & \\
Website & & & & & & \\
Advertisements on social media & & & & & & \\
\hline
\end{array}
\]

5 = The most interact  4 = Very interact  3 = Interact  
2 = Rarely interact  1 = The least interact  0 = Not interact through this medium

15. Searching for the gender reassignment surgery service, how often did you receive information through the media?

\[
\begin{array}{|c|c|c|c|c|c|}
\hline
\text{Influencer} & 5 & 4 & 3 & 2 & 1 & 0 \\
\hline
Suggestion from family members and friends & & & & & & \\
Suggestion from people who are famous and relate to gender reassignment surgery & & & & & & \\
Suggestion from people who had an experience on gender reassignment surgery & & & & & & \\
Suggestion from physicians / medical personnel & & & & & & \\
Suggestion from receptionists in gender reassignment surgery businesses & & & & & & \\
\hline
\end{array}
\]

5 = The most often  4 = Very often  3 = Often  
2 = Rarely often  1 = The least often  0 = Not receive any information through this medium
16. Searching for the gender reassignment surgery service, how you **rate your satisfaction based on the media**?

- 5 = The most satisfy
- 4 = Very satisfy
- 3 = Satisfy
- 2 = Rarely satisfy
- 1 = The least satisfy
- 0 = Not satisfied and do not rely on any information through this medium

<table>
<thead>
<tr>
<th>Influencer</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
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<tr>
<td>Suggestion from family members and friends</td>
<td></td>
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<tr>
<td>Suggestion from people who are famous and relate to gender reassignment surgery</td>
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<tr>
<td>Suggestion from people who had an experience on gender reassignment surgery</td>
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</tr>
<tr>
<td>Suggestion from physicians / medical personnel</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Suggestion from receptionists in gender reassignment surgery businesses</td>
<td></td>
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</tr>
</tbody>
</table>

17. Searching for the gender reassignment surgery service, how did you **interact (commenting, sending information, contacting, or attending in activities) through the media**?

- 5 = The most interact
- 4 = Very interact
- 3 = Interact
- 2 = Rarely interact
- 1 = The least interact
- 0 = Not interact through this medium

<table>
<thead>
<tr>
<th>Influencer</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tr>
<td>Suggestion from family members and friends</td>
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<td>Suggestion from people who are famous and relate to gender reassignment surgery</td>
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<tr>
<td>Suggestion from people who had an experience on gender reassignment surgery</td>
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<tr>
<td>Suggestion from physicians / medical personnel</td>
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<tr>
<td>Suggestion from receptionists in gender reassignment surgery businesses</td>
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</tr>
</tbody>
</table>
18. Searching for the gender reassignment surgery service, **how often did you receive information through the media?**

<table>
<thead>
<tr>
<th>Direct marketing</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information through mail</td>
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<tr>
<td>Information through telephone</td>
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<tr>
<td>Information through E-mail</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Information through SMS (Short Message Service) on mobile</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Information through mobile applications (Line, Whatsapp, WeChat, and etc.)</td>
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<td></td>
</tr>
</tbody>
</table>

19. Searching for the gender reassignment surgery service, how you **rate your satisfaction based on the media?**

<table>
<thead>
<tr>
<th>Direct marketing</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information through mail</td>
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<tr>
<td>Information through telephone</td>
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<tr>
<td>Information through E-mail</td>
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</tr>
<tr>
<td>Information through SMS (Short Message Service) on mobile</td>
<td></td>
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</tr>
<tr>
<td>Information through mobile applications (Line, Whatsapp, WeChat, and etc.)</td>
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</tr>
</tbody>
</table>
20. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) through the media?

5 = The most interact  4 = Very interact  3 = Interact
2 = Rarely interact  1 = The least interact  0 = Not interact through this medium

<table>
<thead>
<tr>
<th>Direct marketing</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information through mail</td>
<td></td>
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<td>Information through telephone</td>
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<tr>
<td>Information through E-mail</td>
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<tr>
<td>Information through SMS (Short Message Service) on mobile</td>
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</tr>
<tr>
<td>Information through mobile applications (Line, Whatsapp, WeChat, and etc.)</td>
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</tr>
</tbody>
</table>

21. What mobile applications do you use? (Can choose more than 1)

( ) Line
( ) Whatsapp
( ) WeChat
( ) Others, (please specify) __________

22. Searching for the gender reassignment surgery service, how often did you receive information through the media?

5 = The most often  4 = Very often  3 = Often
2 = Rarely often  1 = The least often  0 = Not receive any information through this medium

<table>
<thead>
<tr>
<th>Public relation</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews, or news on TV</td>
<td></td>
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<tr>
<td>Interviews, or news on radio</td>
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</tr>
<tr>
<td>News, articles, or pictorial on newspaper</td>
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<tr>
<td>News, articles, or pictorial on magazine</td>
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<tr>
<td>News, articles, or pictorial on website</td>
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</tr>
<tr>
<td>News, articles, or pictorial on online social media</td>
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</tr>
</tbody>
</table>
23. Searching for the gender reassignment surgery service, how do you rate your satisfaction based on the media?
5 = The most satisfy  4 = Very satisfy  3 = Satisfy  2 = Rarely satisfy
1 = The least satisfy  0 = Not satisfied and do not rely on any information through this medium

<table>
<thead>
<tr>
<th>Public relation</th>
<th>5</th>
<th>4</th>
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<tr>
<td>Interviews, or news on TV</td>
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<tr>
<td>News, articles, or pictorial on newspaper</td>
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<tr>
<td>News, articles, or pictorial on magazine</td>
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<tr>
<td>News, articles, or pictorial on website</td>
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</tr>
<tr>
<td>News, articles, or pictorial on online social media</td>
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</tbody>
</table>

24. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) through the media?
5 = The most interact  4 = Very interact  3 = Interact
2 = Rarely interact   1 = The least interact  0 = Not interact through this medium

<table>
<thead>
<tr>
<th>Public relation</th>
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<td>News, articles, or pictorial on newspaper</td>
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<tr>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>News, articles, or pictorial on online social media</td>
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</tbody>
</table>
25. Searching for the gender reassignment surgery service, **how often did you receive information through the media?**

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed a special offer or discount on the gender reassignment surgery</td>
<td></td>
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</tr>
<tr>
<td>Informed the buy 1 get 1 free promotion on the gender reassignment surgery</td>
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</tr>
<tr>
<td>Informed information through contest rewards related to the gender reassignment surgery</td>
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</tr>
<tr>
<td>Informed information through the Sister’s Hand project for the gender reassignment surgery</td>
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</tr>
<tr>
<td>Informed information through academic activities (exposition, training, seminar, and conference)</td>
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</tr>
<tr>
<td>Informed information through transgender beauty contests (ex. Miss International Queen, Miss Tiffany’s Universe)</td>
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<tr>
<td>Informed information through transgender associations</td>
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</table>

26. Searching for the gender reassignment surgery service, how you **rate your satisfaction based on the media?**

<table>
<thead>
<tr>
<th></th>
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<td>Informed the buy 1 get 1 free promotion on the gender reassignment surgery</td>
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<td>Informed information through contest rewards related to the gender reassignment surgery</td>
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<td>Informed information through the Sister’s Hand project for the gender reassignment surgery</td>
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<td>Informed information through academic activities (exposition, training, seminar, and conference)</td>
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<td>Informed information through transgender beauty contests (ex. Miss International Queen, Miss Tiffany’s Universe)</td>
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<td>Informed information through transgender associations</td>
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</tbody>
</table>
27. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) through the media?

<table>
<thead>
<tr>
<th>Sales promotion and Event</th>
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</thead>
<tbody>
<tr>
<td>Informed a special offer or discount on the gender reassignment surgery</td>
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</table>

28. Searching for the gender reassignment surgery service, how often did you receive the information?

<table>
<thead>
<tr>
<th>Information of medical facts</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>General information on gender reassignment surgery</td>
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<tr>
<td>Pre-operation information on gender reassignment surgery</td>
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<tr>
<td>Process of gender reassignment surgery</td>
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<td>Recovery after gender reassignment surgery</td>
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<tr>
<td>Pictures of people who had gender reassignment surgery</td>
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</tbody>
</table>
29. Searching for the gender reassignment surgery service, how you rate your satisfaction based on the information?

<table>
<thead>
<tr>
<th>Information of medical facts</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<td>Process of gender reassignment surgery</td>
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<td>Pictures of people who had gender reassignment surgery</td>
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</tbody>
</table>

30. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) with the information?

<table>
<thead>
<tr>
<th>Information of medical facts</th>
<th>5</th>
<th>4</th>
<th>3</th>
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<th>1</th>
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<tbody>
<tr>
<td>General information on gender reassignment surgery</td>
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</tbody>
</table>

31. Searching for the gender reassignment surgery service, how often did you receive the information?

<table>
<thead>
<tr>
<th>Information on enterprise</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, location or picture of the enterprise and building</td>
<td></td>
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<tr>
<td>Business Hours</td>
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<td>Service provided in hospitals</td>
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<tr>
<td>Medical fee or services fee</td>
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<tr>
<td>Date/time and special activities on important days</td>
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</tbody>
</table>
32. Searching for the gender reassignment surgery service, how you rate your satisfaction based on the information?

<table>
<thead>
<tr>
<th>Information on enterprise</th>
<th>5</th>
<th>4</th>
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</table>

5 = The most satisfy 4 = Very satisfy 3 = Satisfy 2 = Rarely satisfy 1 = The least satisfy 0 = Not satisfied and do not rely on any information

33. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) with the information?

<table>
<thead>
<tr>
<th>Information on enterprise</th>
<th>5</th>
<th>4</th>
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</table>

5 = The most interact 4 = Very interact 3 = Interact 2 = Rarely interact 1 = The least interact 0 = Not interact

34. Searching for the gender reassignment surgery service, how often did you receive the information?

<table>
<thead>
<tr>
<th>Information on physician</th>
<th>5</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>Name-surname, degree and certificates, and field of medical professions</td>
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<tr>
<td>Publicize academic works on journals or academic conferences</td>
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<td>Performance on duty and public benefits</td>
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<tr>
<td>Academic advancement and new methodology of treatment showcase</td>
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<tr>
<td>Officially and honorably recognized by academic institute, association, or foundation</td>
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<tr>
<td>Publicizing or giving an interview on mass media</td>
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</tbody>
</table>

5 = The most often 4 = Very often 3 = Often 2 = Rarely often 1 = The least often 0 = Not receive any information
35. Searching for the gender reassignment surgery service, How you rate your satisfaction based on the information?

5 = The most satisfy  4 = Very satisfy
3 = Satisfy            2 = Rarely satisfy
1 = The least satisfy  0 = Not satisfied and do not rely on any information

<table>
<thead>
<tr>
<th>Information on physician</th>
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</table>

36. Searching for the gender reassignment surgery service, how did you interact (commenting, sending information, contacting, or attending in activities) with the information?

5 = The most interact  4 = Very interact  3 = Interact
2 = Rarely interact    1 = The least interact  0 = Not interact

<table>
<thead>
<tr>
<th>Information on physician</th>
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</table>
37. What kind of information did you want to know more for making decision to have gender reassignment surgeries? (Can choose more that 1)
( ) Information about the usage of the surgery organs
( ) Information on the diseases that may occur due to the surgeries
( ) Information about the satisfaction guarantee or after service of the surgeries
( ) Others, (please specify) __________

Decision making
Please choose the best answer matching your reality.
38. What kind of the surgeries are you interested for your gender reassignment?
(Can choose more than 1)
( ) Breast augmentation surgery
( ) Hip augmentation surgery
( ) Testicles removal surgery
( ) Sex reassignment surgery from male to female
( ) Breast removal surgery
( ) Hysterectomy and ovary removal surgery
( ) Sex reassignment surgery from female to male
( ) Face modification surgery
( ) Adam's apple size reducing surgery
( ) Vocal cord surgery
( ) Hair restoration surgery
( ) Liposuction for body modification
( ) Other (please specify) __________

39. According to the information that you received, have you decided to have gender reassignment surgeries in Thailand?
( ) Yes, I already had the surgeries in Thailand
( ) Yes, I will have the surgeries in Thailand
( ) Not sure, yet —> go to 41
( ) No, I will not have the surgeries in Thailand —> go to 41

40. Why are you interested in the gender reassignment surgery service in Thailand?
( ) Thailand has a team of medical professionals and modern medical experts
( ) The lower cost of the surgeries in Thailand
( ) The convenience of travelling in-out of Thailand
( ) Thailand has the high potential of medical tourism
( ) Others, (please specify) __________ —> go to 42
41. Why don’t you have any gender reassignment surgery in Thailand? (Can choose more than 1)
( ) Lack for Information
( ) Financial problems
( ) Health problems
( ) Socially unacceptable
( ) Inconvenient to travel to Thailand
( ) Not trust in physicians, medical equipments, and hospitals in Thailand
( ) Choose to have the surgeries in another country
( ) Don't want any surgery
( ) Others, (please specify) __________

Contact information
The research results will not reveal the identity of respondents to the public. All information will be kept confidential and presented in an overview only.

42. Would you like to further participate in the in-depth interview?
( ) Yes, please give us your contact information.

  Name __________________________

  Contacting number ________________

  Email __________________________

( ) No

43. Would you like to know the research result after finishing the project?
( ) Yes, please give us your Email.

  Email ________________

( ) No

__________________________________________________________

Thank you very much for responding the questionnaire
If you have questions or would like to receive more information,
please contact at cmcgrst.com
Communication Management and Customer Classification for The Gender Reassignment Health Service Industry through The Six Temperaments

大家好！我的名字叫 Punthalika Rawikul，是国家发展管理学院传媒与创新专业的博士生。目前，正在对跨性别者的消费行为进行研究。此研究项目及调查问卷经传媒与创新系委员关于对人类的研究伦理审查的考察，得到了批准。本人的指导老师为 Wichian Lattipongpun 博士。

此问卷共 43 题，大约需要 15 分钟完成。问卷内容包括个人信息、性格以及对提供变性手术服务的行业的新闻消费习惯。您答案对此研究项目的成功程度具有极大的关系决定性。请仔细阅读问题并选择最符合您的答案。

本人承诺绝不会泄露个人信息及身份。您的所有的个人信息将被严格保密，绝不会向外公开。我们将会概述调查的成果。

Screening question
请选择最符合您真实情况的答案。

1. 您是否是跨性别者？
   ( ) 是 男变女
   ( ) 是 女变男
   ( ) 不确定
   ( ) 不是

2. 您对整容您的外表感兴趣吗？
   ( ) 感兴趣
   ( ) 不确定
   ( ) 不感兴趣
Basic information
请选择最符合您的真实情况的答案。

3. 年龄
( ) 20 岁以下
( ) 20-29 岁
( ) 30-39 岁
( ) 40-49 岁
( ) 50-59 岁
( ) 60 岁及以上

4. 种族
( ) 中国       ( ) 台湾       其他 __________

5. 国际
( ) 中国       ( ) 台湾       其他 __________

6. 月薪 (1 泰铢=5.40 人民币)
( ) 低于 15,000 泰铢
( ) 15,001 泰铢-30,000 泰铢
( ) 30,001 泰铢-45,000 泰铢
( ) 45,001 泰铢-65,000 泰铢
( ) 65,001 泰铢-85,000 泰铢
( ) 85,001 泰铢-10,000 泰铢
( ) 100,001 泰铢以上

7. 最高学历
( ) 高中
( ) 大专
( ) 本科
( ) 硕士
( ) 博士
( ) 其他 __________

8. 宗教信仰
( ) 佛教
( ) 基督教
( ) 伊斯兰教
( ) 婆罗门教
( ) 其他 __________
9. 您工作单位的性质
( ) 政府、国家部门
( ) 国营企业
( ) 民营企业
( ) 其他

Personality

10. 请选择最符合您的个性和性格的答案。

<table>
<thead>
<tr>
<th></th>
<th>最多</th>
<th>多</th>
<th>一般</th>
<th>少</th>
<th>最少</th>
</tr>
</thead>
<tbody>
<tr>
<td>您认为良好的性格及注重衣着打扮的习惯影响您人生中各项事业的成败。</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>在两个相同价格的产品中，您会选择购买二手大牌产品，而不会选择购买不出名品牌的新的产品</td>
<td></td>
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</tr>
<tr>
<td>您说话娓娓动听，善于关心照顾别人，会安慰他人。</td>
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<tr>
<td>您说话算数，从不食言，心直口快。</td>
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<tr>
<td>您容易发火，发脾气。有人说过您压力过大。</td>
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<tr>
<td>如果您已下定决心，就绝不会改变。</td>
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<td>您不喜欢成为主角，不喜欢参加群体活动，不想当领导者。</td>
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<tr>
<td>比起频繁辞职、换更有挑战性的工作，您更喜欢稳定的全职工作。</td>
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<tr>
<td>当您有空，您经常想起自己的事情，尤其是那些觉得委屈的事情。</td>
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<tr>
<td>您很谨慎，对外界事物或自己言行密切注意，以免发生不幸的事情。您懂的自我防护。</td>
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<td>一丝不苟，精益求精，心里急躁</td>
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<td>游思妄想，不自信</td>
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<td>高瞻远瞩，注重细节，很挑剔</td>
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<td>尊重自己，坚贞不渝</td>
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<tr>
<td>学习能力和记忆力强，仁慈</td>
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</table>
Consumer behaviors
请选择最符合您的真实情况的答案。

12. 您通过以下渠道得到来泰国做变性手术的信息

5 = 得到最多   4 = 经常得到   3 = 偶尔得到
2 = 很少得到   1 = 最少得到   0 = 从未得到过

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<thead>
<tr>
<th>广告 (Advertising)</th>
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</table>

13. 你对来泰国做变性手术的信息的满意度和可信度

5 = 最满意、最相信   4 = 很满意、很相信   3 = 满意、相信
2 = 不太满意、不太相信   1 = 最少满意、最少相信   0 = 不满意、相信

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14. 当您搜索到来泰国做变性手术的信息时，您与这些渠道（或媒体）的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

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</table>

15. 您怎样从以下渠道得到来泰国做变性手术的信息

<table>
<thead>
<tr>
<th>个人媒体 (Influencer)</th>
<th>5</th>
<th>4</th>
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<tbody>
<tr>
<td>家人和朋友</td>
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<tr>
<td>变性手术领域知名专家</td>
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<tr>
<td>做过变性手术或有直接经验的人士</td>
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<td>医生</td>
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<tr>
<td>提供变性手术服务的行业的工作人员</td>
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</tbody>
</table>
16. 你对来泰国做变性手术的信息的满意度和可信度

5 = 最满意、最相信         4 = 很满意、很相信         3 = 满意、相信
2 = 不太满意、不太相信      1 = 最少满意、最少相信      0 = 不满意、相信

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<thead>
<tr>
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</table>

17. 当您搜索到来泰国做变性手术的信息时，您与这些渠道（或媒体）的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

5 = 互动交流最多       4 = 互动交流较多       3 = 适中互动交流
2 = 互动交流较少       1 = 互动交流最少       0 = 从未交流过

<table>
<thead>
<tr>
<th>个人媒体 (Influencer)</th>
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</table>
18. 您从以下渠道得到来泰国做变性手术的信息

<table>
<thead>
<tr>
<th>营销 (Direct marketing)</th>
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<td>手机短信</td>
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<tr>
<td>聊天 APP (Line, Whatapp, WeChat)</td>
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19. 您对来泰国做变性手术的信息的满意度和可信度

<table>
<thead>
<tr>
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<td>聊天 APP (Line, Whatapp, WeChat)</td>
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20. 当您搜索到泰国做变性手术的信息时，您与这些渠道（或媒体）的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

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21. 您用以下哪一种手机 APP（可多选）

( ) Line
( ) Whatsapp
( ) WeChat
( ) 其他 ________

22. 您怎样从以下渠道得到来泰国做变性手术的信息

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<td>网站上的新闻、文章、图片。</td>
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23. 你对来泰国做变性手术的信息的满意度和可信度

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24. 当您搜索到来泰国做变性手术的信息时，您与这些渠道（或媒体）的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

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<td>广播电台上的新闻或谈话节目</td>
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<tr>
<td>报纸上的新闻、文章、图片</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>杂志上的新闻、文章、图片</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>网站上的新闻、文章、图片</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>社交网络上的新闻、文章、图片</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
25. 您怎样从以下渠道得到来泰国做变性手术的信息

<table>
<thead>
<tr>
<th>5 = 得到最多</th>
<th>4 = 经常得到</th>
<th>3 = 偶尔得到</th>
<th>2 = 很少得到</th>
<th>1 = 最少得到</th>
<th>0 = 从未得到过</th>
</tr>
</thead>
<tbody>
<tr>
<td>经变性手术的促销活动或优惠活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经介绍好友，第二个人免费做手术的活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经有关变性手术的竞赛、抢礼活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经“Sister’s Hand”项目或“变性手术助助”项目 （为了免费提供变性手术服务）得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加学术活动，如：展览、培训、研讨会或学术会议等得信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加跨性别者的竞赛活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经跨性别者的同盟或联合会等得到信息</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

26. 你对来泰国做变性手术的信息的满意度和可信度

<table>
<thead>
<tr>
<th>5 = 最满意、最相信</th>
<th>4 = 很满意、很相信</th>
<th>3 = 满意、相信</th>
<th>2 = 不太满意、不太相信</th>
<th>1 = 最少满意、最少相信</th>
<th>0 = 不满意、相信</th>
</tr>
</thead>
<tbody>
<tr>
<td>经变性手术的促销活动或优惠活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经介绍好友，第二个人免费做手术的活动得到信息</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经有关变性手术的竞赛、抢礼活动得到信息</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>经“Sister’s Hand”项目或“变性手术助助”项目 （为了免费提供变性手术服务）得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加学术活动，如：展览、培训、研讨会或学术会议等得信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加跨性别者的竞赛活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经跨性别者的同盟或联合会等得到信息</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
27. 当您搜索到来泰国做变性手术的信息时，您与这些渠道（或媒体）的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

<table>
<thead>
<tr>
<th>促销活动以及特殊活动 (Sale promotion and Event)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>经变性手术的促销活动或优惠活动得到信息</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>经介绍好友，第二个人免费做手术的活动得到信息</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>经有关变性手术的竞赛、抢礼活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经“Sister's Hand”项目或“变性手术支助”项目（为了免费提供变性手术服务）得到消息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加学术活动，如：展览、培训、研讨会或学术会议等得信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经参加跨性别者间的竞赛活动得到信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>经跨性别者的同盟或联合会等得到信息</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

28. 您在什么程度上得到以下变性手术服务的信息

<table>
<thead>
<tr>
<th>医学知识 (Information of medical facts)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>变性手术的基础知识</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术前的须知</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术的程序</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术后恢复期须知</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>已做过变性手术者的图片</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
29. 你对以下变性手术服务信息的满意度和可信度

<table>
<thead>
<tr>
<th>医学知识 (Information of medical facts)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>变性手术的基础知识</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术前的须知</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术的程序</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术后恢复期须知</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>已做过变性手术者的图片</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

30. 你对以下变性手术服务信息的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

<table>
<thead>
<tr>
<th>医学知识 (Information of medical facts)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>变性手术的基础知识</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术前的须知</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术的程序</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>变性手术后恢复期须知</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>已做过变性手术者的图片</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
31. 您在什么程度上得到以下变性手术服务的信息
5 = 最多收到  4 = 经常收到  3 = 偶尔收到
2 = 少收到  1 = 最少收到  0 = 没收到过

<table>
<thead>
<tr>
<th>提供变性手术商的信息 (Information on enterprise)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>商业名称、位置以及建筑物的图片</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>营业时间</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>所提供的各种服务</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>费用标准</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>优惠活动的信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

32. 你对以下变性手术服务信息的满意度和可信度
5 = 最满意、最相信  4 = 很满意、很相信  3 = 满意、相信
2 = 不太满意、不太相信  1 = 最少满意、最少相信  0 = 不满意、相信

<table>
<thead>
<tr>
<th>提供变性手术商的信息 (Information on enterprise)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>商业名称、位置以及建筑物的图片</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>营业时间</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>所提供的各种服务</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>费用标准</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>优惠活动的信息</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33. You for below sex service information the interactive or communication (provision of opinions, forwarding information, inquiry and participation in activities) to what extent?

<table>
<thead>
<tr>
<th></th>
<th>5 = Interactive communication most</th>
<th>4 = Interactive communication more</th>
<th>3 = Moderate interactive communication</th>
<th>2 = Interactive communication less</th>
<th>1 = Least interactive communication</th>
<th>0 = Never communicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide sex surgery information (Information on enterprise)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial name, location and building images</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business hours</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The provided各种 services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees standards</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion information</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

34. You what extent have you received the following sex service information:

<table>
<thead>
<tr>
<th></th>
<th>5 = Received most</th>
<th>4 =经常收到</th>
<th>3 = Occasionally received</th>
<th>2 = Relatively less received</th>
<th>1 = Least received</th>
<th>0 = Never received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician information (Information on physician)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name, degree, specialty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Published research papers at academic conferences or in academic journals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional requirements or research activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic innovations or medical advances</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By academic institutions, associations or funds awarded honors, certificates, rewards, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publicity and questions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
35. 你对以下变性手术服务信息的满意度和可信度

5 = 最满意、最相信  4 = 很满意、很相信  3 = 满意、相信  
2 = 不太满意、不太相信  1 = 最少满意、最少相信  0 = 不满意、相信

<table>
<thead>
<tr>
<th>医生的信息 (Information on physician)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>姓名、学历、专业</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>在学术会议或学术刊物上发表的研究成果</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>职业要求或公益性发表的研究成果</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>学术性的创新成果或医疗方法的进步的报告或研究成果</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>由学术机构、协会或基金颁发的荣誉、证书、奖励等情况</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>对外宣传及问答</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

36. 您对以下变性手术服务信息的互动或交流（提供意见、转发信息、询问以及参加活动）达到什么样的程度？

5 = 互动交流最多     4 = 互动交流较多     3 = 适中互动交流
2 = 互动交流较少     1 = 互动交流最少     0 = 从未交流过

<table>
<thead>
<tr>
<th>医生的信息 (Information on physician)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>姓名、学历、专业</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>在学术会议或学术刊物上发表的研究成果</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>职业要求或公益性发表的研究成果</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>学术性的创新成果或医疗方法的进步的报告或研究成果</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>由学术机构、协会或基金颁发的荣誉、证书、奖励等情况</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>对外宣传及问答</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

37. 您认为以下哪一种信息对您决定进行变性手术有帮助并需要更加强调或说明（可多选）

( ) 如何使用经过手术的器官
( ) 手术后可能引发的疾病
( ) 手术后满意保证及手术后服务信息
( ) 其他 __________
Decision making
请选择最符合您的真实情况的答案。

38. 您对以下哪一些提供变性手术服务的行业的新闻感兴趣（可多选）
( ) 隆胸手术
( ) 臀部整形手术
( ) 睾丸切除手术
( ) 生殖器官交换变性手术（男变女）
( ) 乳腺切除手术
( ) 子宫卵巢切除手术
( ) 生殖器官交换变性手术（女变男）
( ) 磨骨手术
( ) 喉结缩小手术
( ) 声带手术
( ) 植发手术
( ) 吸脂手术
( ) 其他 ________

39. 经各种媒体的到的信息是否有助于您决定在泰国做变性手术
( ) 已经做过手术。
( ) 正在决定做手术。
( ) 还不确定。 —> 进入 41
( ) 决定不做手术。 —> 进入 41

40. 以下哪一些原因使您对来泰国进行变性手术感兴趣？
( ) 泰国具有经验丰富的医生队伍、具备先进设备。
( ) 费用便宜、合理
( ) 出入泰国边境方便
( ) 泰国具有较高的医疗旅游潜力
( ) 其他 ________ —> 进入 42
41. 以下哪些原因使您犹豫或决定不到泰国来做变性手术？（可多选）
（ ）信息不够全
（ ）财务问题
（ ）健康问题
（ ）社会反抗和抵制
（ ）不方便来泰国
（ ）对泰国的医疗器件技术及医疗机构不放心
（ ）选择到别的国家做手术
（ ）我不希望任何手术
（ ）其他原因 _________

Contact information
所有的个人信息将被进行严格保密，绝不会向外公开。我们将会概述调查的成果

42. 您是否愿意接受深度采访？
（ ）愿意

姓名 ___________________________

电话号码 ______________________

邮箱 ___________________________

（ ）不愿意

43. 当此项目生成了研究成果，您是否希望援助人员向您提供研究报告？
（ ）希望

邮箱 _________________

（ ）不希望

______________________________________________________________

感谢您参与此次问卷调查
如有疑问或需要了解此研究项目，请联系 cmcgrst.com
ご協力いただきありがとうございます。
本アンケートはトランスジェンダーの人々の消費行動についての調査です。
本調査は、ウィチアン・ラティボンパン教官の指導のもと、タイ国立 National Institute of Development Administration (NIDA) 大学 コミュニケーション学研究科 哲学科の博士課程に在籍するパンタリカ・ラウィクンが行っている調査であり、既に人文研究における倫理委員会の審査を通過しています。

本アンケートには 43 項目の質問があり、所要時間は 15 分程度です。質問内容は、あなたの基本情報、性格、そして性別適合手術におけるメディアの消費について問うものです。全ての回答はこの研究にとって重要となります。質問をよく読んで上、最も当てはまるものをご選択ください。

本研究の結果を回答者さまの個人情報を特定できる形で公開することは決してありません。全ての情報は概要を見せるためにしか使用せず、プライバシーを保護することを約束致しました。

[タイ国立 National Institute of Development Administration (NIDA) 大学 コミュニケーション学研究科 哲学科専攻 博士課程 パンタリカ・ラウィクン]

______________________________________________________________

Screening question
あてはまる項目を選択してください。

1.あなたはトランスジェンダーですか。
   ( ) はい 体の性は男性だが、女性である
   ( ) はい 体の性は女性だが、男性である
   ( ) わからない
   ( ) いいえ

2.性別適合をするに当たって手術を行うことに興味がありますか。
   ( ) はい
   ( ) わからない
   ( ) いいえ
Basic information
あてはまる項目を選択してください。

3.年齢
( ) 20 歳未満
( ) 20-29 歳
( ) 30-39 歳
( ) 40-49 歳
( ) 50-59 歳
( ) 60 歳以上

4.国籍
( ) 日本
その他 (ご記入ください。) __________

5.人種
( ) 日本人
その他 (ご記入ください。) __________

6.月収（0.32バーツ = 1 円）
( ) 1,5000 バーツ (約 5 万円) 未満
( ) 15,001 ～ 30,000 バーツ (約 5 万 ～ 9 万円)
( ) 30,001 ～ 45,000 バーツ (約 5 万 ～ 14 万円)
( ) 45,001 ～ 65,000 バーツ (約 14 万 ～ 20 万円)
( ) 65,001 ～ 85,000 バーツ (約 20 万 ～ 27 万円)
( ) 85,001 ～ 100,000 バーツ (約 27 万 ～ 31 万円)
( ) 100,001 バーツ (約 31 万円) 以上

7.学歴
( ) 高校
( ) 高校卒業資格
( ) 大学（学士）
( ) 大学院（修士課程）
( ) 大学院（博士課程）
( ) その他 (ご記入ください。) __________

8.宗教
( ) 仏教
( ) キリスト教
( ) イスラム教
( ) バラモン教・ヒンズー教
( ) その他 (ご記入ください。) __________
9. 職種
( ) 公務員
( ) 国営企業
( ) 民間企業
( ) その他（ご記入ください。）_______

Personality

10. あなたの性格、考え方や振る舞い方として最もあてはまる項目を選択してください。

<table>
<thead>
<tr>
<th></th>
<th>強くそう思う</th>
<th>どちらともいえない</th>
<th>そう思わないう</th>
<th>全くそう思わないう</th>
</tr>
</thead>
<tbody>
<tr>
<td>所作や服装は、人生の目標達成に影響すると思う。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>もし値段が同じであれば、新しい無名ブランドの商品よりも中古のブランド品を購入する。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>言葉遣いが丁寧で、思いやりがあり、よく友達をなぐさめる。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>直接的にものを言い、言ったことは実行する性格だ。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>よくイライラしたり、挫折したりして、周りからリラックスしたほうがいいと言われる。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>もしこれを考えたことでなければ、自分の決心を変えない。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>非社交的であまり目立たないタイプであり、リーダーになりたいと思わない。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>リスクを負ったり挑戦したりする仕事よりも毎日決まったルーティーンワークを繰り返す方が好きだ。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>自分について心配することが多く、特に自分の欠点についてよく考える。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>疑い深く警戒心の強い性格で、自分を守るために身構えている。</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
幾帳面で注意深い性格で、他の人が気づかない間違いを見つけることが多い。

自分の能力に自信があり、周りの人より自分に信頼をおいっている。

いつも他人の長所に感心しており、その人になろうと思ってている。

信念を貫き通す性格で、自分が自信を持っていることを大事にしている。

もし周りの人が自分の信じていることを誤解していた場合、議論する。

寛大であり、友人でも敵対関係にある人でも全ての人が許すことができる。

自分の個人的なことについてであっても周りの人の意見やアドバイスをよく聞き、参考にする。

現実や起こったことについての理由に対して妥協できる。
11. 以下の6つの性格を自分の性格と比較し、最も近い順から番号をつけてください。
※1 = 最も自分の性格とかけ離れている
※6 = 最も自分の性格に近い

<table>
<thead>
<tr>
<th>性格</th>
<th>番号</th>
</tr>
</thead>
<tbody>
<tr>
<td>おしゃれ、やさしい言葉遣いをする</td>
<td></td>
</tr>
<tr>
<td>神経質、気が短い</td>
<td></td>
</tr>
<tr>
<td>夢見がち、あまり自信がない</td>
<td></td>
</tr>
<tr>
<td>計画的、几帳面</td>
<td></td>
</tr>
<tr>
<td>自尊心がある、信念を持っている</td>
<td></td>
</tr>
<tr>
<td>飲み込みがはやい、礼節を重んじる</td>
<td></td>
</tr>
</tbody>
</table>

Consumer behaviors
あてはまる項目を選択してください。

12. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報をどれぐらいの頻度で受け取っていますか。
5 = とても頻繁に情報を受け取っている  4 = カなり频繁に情報を受け取っている
3 = 頻繁に情報を受け取っている     2 = あまり頻繁に情報を受け取っていない
1 = ほとんど情報を受け取っていない  0 = 全く情報を受け取っていない

<table>
<thead>
<tr>
<th>Advertising (広告)</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>テレビコマーシャル</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>スポーツラジオ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>新聞記事の広告</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>雑誌の広告</td>
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<td></td>
</tr>
<tr>
<td>街頭の大きな看板広告</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>街頭のポスター広告</td>
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<td></td>
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<tr>
<td>ウェブサイト</td>
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<tr>
<td>ソーシャルメディア（SNS）の広告</td>
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</tbody>
</table>
13. 性別適合手術についてリサーチするにあたり、以下 のメディアの情報についてどの程度満足・信用していますか？

5 = とても満足している 4 = かなり満足している
3 = 満足している 2 = あまり満足していない
1 = 満足していない 0 = 全く満足していないし、このメディアによる情報を信じていない

<table>
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</table>
14. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
(例：コメントする、情報を送る、コンタクトをとる、活動に参加するなど？)

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
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<th>2</th>
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15. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報をどれぐらいの頻度で受け取っていますか。

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<th>3</th>
<th>2</th>
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<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influencer (紹介した人・情報源)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>親類や友人による紹介</td>
<td></td>
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</tr>
<tr>
<td>性別適合手術に関連する有名人による紹介</td>
<td></td>
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</tr>
<tr>
<td>性別適合手術を受けた経験のある人々による紹介</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>医師や医療関係の携わる人物による紹介</td>
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<td></td>
</tr>
<tr>
<td>性別適合手術のビジネスの窓口（受付係）による紹介</td>
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</tr>
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</table>
16. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報についてどの程度満足・信用していますか。

<table>
<thead>
<tr>
<th>Influencer (紹介した人・情報源)</th>
<th>5</th>
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<th>3</th>
<th>2</th>
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</tr>
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<tr>
<td>視聴や友人による紹介</td>
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<td>性別適合手術に関連する有名人による紹介</td>
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</tbody>
</table>

17. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
(例: コメントする、情報を送る、コンタクトをとる、活動に参加するなど？)

<table>
<thead>
<tr>
<th>Influencer (紹介した人・情報源)</th>
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<tr>
<td>性別適合手術を受けた経験のある人々による紹介</td>
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</tbody>
</table>
18. 性別適合手術についてリサーチするにあたり、以下のメディアの情報をどれぐらいの頻度で受け取っていますか。
5 = とても頻繁に情報を受け取っている  4 = かなり頻繁に情報を受け取っている
3 = 頻繁に情報を受け取っている   2 = あまり頻繁に情報を受け取っていない
1 = ほとんど情報を受け取っていない   0 = 全く情報を受け取っていない

Direct marketing (ダイレクトマーケティング) | 5 | 4 | 3 | 2 | 1 | 0
--- | --- | --- | --- | --- | --- | ---
ダイレクトメールによる情報
電話のダイレクトマーケティングによる情報
E メールのダイレクトマーケティングによる情報
携帯電話の SMS メッセージのダイレクトマーケティングによる情報
携帯電話のアプリ（LINE、Whatsapp、WeChat など）
のダイレクトマーケティングによる情報

19. 性別適合手術についてリサーチするにあたり、以下のメディアの情報についてどの程度満足・信用していますか。
5 = とても満足している  4 = かなり満足している
3 = 満足している   2 = あまり満足していない
1 = 満足していない   0 = 全く満足していないし、このメディアによる情報を信じていない

Direct marketing (ダイレクトマーケティング) | 5 | 4 | 3 | 2 | 1 | 0
--- | --- | --- | --- | --- | --- | ---
ダイレクトメールによる情報
電話のダイレクトマーケティングによる情報
E メールのダイレクトマーケティングによる情報
携帯電話の SMS メッセージのダイレクトマーケティングによる情報
携帯電話のアプリ（LINE、Whatsapp、WeChat など）
のダイレクトマーケティングによる情報
20. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
（例：コメントする、情報を送る、コンタクトをとる、活動に参加するなど？
5 = とてもよく接触をとった 　 4 = かなり接触をとった
3 = 接触をとった 　 2 = あまり接触をとらなかった
1 = ほとんど接触をとらなかった 　 0 = 全く接触をとらなかった

<table>
<thead>
<tr>
<th>Direct marketing (ダイレクトマーケティング)</th>
<th>5</th>
<th>4</th>
<th>3</th>
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<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>ダイレクトメールによる情報</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>電話のダイレクトマーケティングによる情報</td>
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<tr>
<td>E メールのダイレクトマーケティングによる情報</td>
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<tr>
<td>携帯電話の SMS メッセージのダイレクトマーケティングによる情報</td>
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<tr>
<td>携帯電話のアプリ（LINE、Whatsapp、WeChatなど）のダイレクトマーケティングによる情報</td>
<td></td>
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</tr>
</tbody>
</table>

21. どの携帯電話の SNS アプリケーションを利用していますか？（複数回答可）
( ) Line
( ) Whatsapp
( ) WeChat
( ) その他 (ご記入ください) __________
22. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報をどれくらいの頻度で受け取っていますか。

5 = とても頻繁に情報を受け取っている  4 = かなり頻繁に情報を受け取っている
3 = 頻繁に情報を受け取っている  2 = あまり頻繁に情報を受け取っていない
1 = ほとんど情報を受け取っていない  0 = 全く情報を受け取っていない

<table>
<thead>
<tr>
<th></th>
<th>5</th>
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<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
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<tbody>
<tr>
<td>Public relation (広報)</td>
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<tr>
<td>テレビでのインタビュー、テレビニュース</td>
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<tr>
<td>ラジオでのインタビュー、ラジオニュース</td>
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<tr>
<td>新聞の記事</td>
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<tr>
<td>雑誌の記事</td>
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<td>ウェブサイトの記事</td>
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<td>Facebook などのソーシャルメディア（SNS）でシェアされている記事</td>
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</table>

23. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報についてどの程度満足・信用していますか。

5 = とても満足している  4 = かなり満足している
3 = 満足している  2 = あまり満足していない
1 = 満足していない  0 = 全く満足していないし、このメディアによる情報を信じていない

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<tr>
<th></th>
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24. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
(例: テレビを観る、情報を送る、コンタクトをとる、活動に参加するなど？)

<table>
<thead>
<tr>
<th></th>
<th>5 = とてもよく接触をとった</th>
<th>4 = カなり接触をとった</th>
<th>3 = 接触をとった</th>
<th>2 = あまり接触をとらなかった</th>
<th>1 = ほとんど接触をとらなかった</th>
<th>0 = 全く接触をとらなかった</th>
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</thead>
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<td>Public relation  (広報)</td>
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25. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報をどれくらいの頻度で受け取っていますか。

<table>
<thead>
<tr>
<th></th>
<th>5 = とても頻繁に情報を受け取っている</th>
<th>4 = カなり頻繁に情報を受け取っている</th>
<th>3 = 頻繁に情報を受け取っている</th>
<th>2 = あまり頻繁に情報を受け取っていない</th>
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</thead>
<tbody>
<tr>
<td>Sale promotion and Event  (手術のプロモーションやイベントについての情報)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>性別適合手術の割引やプロモーションについての情報</td>
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<td></td>
</tr>
<tr>
<td>二人で性別適合手術を受ければ一人分の手術費用が無料になるという情報</td>
<td></td>
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</tr>
<tr>
<td>性別適合手術に関連するコンテストによる情報</td>
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<td>シスターズ・ハンド・プロジェクトによる情報</td>
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<tr>
<td>学会、セミナーなどの学術活動を通しての情報</td>
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<td>ミスインターナショナルクイーンやミスティファニーユニバースなどのトランスジェンダーのビューティーコンテストによる情報</td>
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<tr>
<td>トランスジェンダーのコミュニティからの情報</td>
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26. 性別適合手術についてリサーチするにあたり、以下のメディアの情報についてどの程度満足・信用していますか。

5 = とても満足している  4 = かなり満足している  
3 = 満足している      2 = あまり満足していない  
1 = 満足していない    0 = 全く満足していないし、このメディアによる情報を信じていない

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<tbody>
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</table>
27. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
(例: コメントする、情報を送る、コンタクトをとる、活動に参加するなど?)
5 = とてもよく接触をとった  4 = かなり接触をとった
3 = 接触をとった       2 = あまり接触をとらなかった
1 = ほとんど接触をとらなかった  0 = 全く接触をとらなかった

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<thead>
<tr>
<th>Sale promotion and Event (手術のプロモーションやイベントについての情報)</th>
<th>5</th>
<th>4</th>
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<tr>
<td>性別適合手術の割引やプロモーションについての情報</td>
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</table>
28. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報をどれぐらいの頻度で受け取っていますか。

5 = とても頻繁に情報を受け取っている  4 = かなり頻繁に情報を受け取っている
3 = 頻繁に情報を受け取っている       2 = あまり頻繁に情報を受け取っていない
1 = ほとんど情報を受け取ってない       0 = 全く情報を受け取ってない

<table>
<thead>
<tr>
<th>Information of medical facts (医学的な情報)</th>
<th>5</th>
<th>4</th>
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<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>性別適合手術の基本的な情報</td>
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<tr>
<td>性別適合手術を受ける前の準備についての情報</td>
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<tr>
<td>性別適合手術のプロセスについての情報</td>
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<tr>
<td>性別適合手術後の回復についての情報</td>
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<tr>
<td>性別適合手術を受けた人々の写真</td>
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29. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報についてどの程度満足・信用していますか。

5 = とても満足している  4 = かなり満足している
3 = 満足している       2 = あまり満足していない
1 = 満足していない       0 = 全く満足していないし、このメディアによる情報を信じていない

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30. 性別適合手術についてリサーチするにあたり、どのように以下のメディアと接触をとりましたか。
(例：コメントする、情報を送る、コントクトをとる、活動に参加するなど）
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<th>5</th>
<th>4</th>
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<tr>
<td>性別適合手術の基本的な情報</td>
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<td>性別適合手術を受ける前の準備についての情報</td>
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<td>性別適合手術のプロセスについての情報</td>
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<tr>
<td>性別適合手術後の回復についての情報</td>
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<tr>
<td>性別適合手術を受けた人々の写真</td>
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</table>

31. 性別適合手術についてリサーチするにあたり、以下のメディアの情報をどれくらいの頻度で受け取っていますか。
5 = とても頻繁に情報を受け取っている  4 = かなり頻繁に情報を受け取っている
3 = 頻繁に情報を受け取っている        2 = あまり頻繁に情報を受け取っていない
1 = ほとんど情報を受け取っていない    0 = 全く情報を受け取っていない

<table>
<thead>
<tr>
<th>Information on enterprise (病院についての情報)</th>
<th>5</th>
<th>4</th>
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<tbody>
<tr>
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<tr>
<td>院で提供されているサービス</td>
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<tr>
<td>医療費</td>
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<tr>
<td>特別なイベント、イベントの開催日時</td>
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</table>
32. 性別適合手術についてリサーチするにあたり、
以下のメディアの情報についてどの程度満足・信用していますか。

<table>
<thead>
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</table>

33. 性別適合手術についてリサーチするにあたり、
どのように以下のメディアと接触をとりましたか。
(例：コメントする、情報を送る、コンタクトをとる、活動に参加するなど)

<table>
<thead>
<tr>
<th>Information on enterprise (病院についての情報)</th>
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34. 性別適合手術についてリサーチするにあたり、以下のメディアの情報をどれくらいの頻度で受け取っていますか。

<table>
<thead>
<tr>
<th>Information on physician (医師についての情報)</th>
<th>5</th>
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<tbody>
<tr>
<td>名前、学位、資格、医療の専門領域</td>
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<tr>
<td>ジャーナル、学会などにおける学術的な著作物の出版</td>
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<tr>
<td>職務における実績、公益事業の貢献</td>
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<td>学術的な業績または進歩の発表、および最新の治療法の発表</td>
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<tr>
<td>学術機関、協会、財団法人による公式な認定</td>
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<tr>
<td>マスコミを通した情報の報道、もしくはインタビュー</td>
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35. 性別適合手術についてリサーチするにあたり、以下のメディアの情報についてどの程度満足・信用していますか。

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36. 性別適合手術についてリサーチするにあたり、どのように以下のメディアと接触をとりましたか。（例：コメントする、情報を送る、コンタクトをとる、活動に参加するなど）

- 5 = とてもよく接触をとった
- 4 = かなり接触をとった
- 3 = 接触をとった
- 2 = あまり接触をとらなかった
- 1 = ほとんど接触をとらなかった
- 0 = 全く接触をとらなかった

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</tbody>
</table>

37. 性別適合手術をするにあたって、どのような情報が必要だと思いましたか。（複数解答可）

- 手術に使われる臓器の使用についての情報
- 手術によってかかる可能性のある病気についての情報
- 手術の満足保証や手術後のアフターサービスについての情報
- その他 (ご記入ください) __________

Decision making
あてはまる項目を選択してください。

38. 性別適合をするにあたってどのような手術に興味がありますか。（複数回答可）

- 豊胸手術
- 豊尻手術
- 睾丸摘出手術
- 男性から女性への性別適合手術
- 乳房切除手術
- 子宮摘出手術
- 女性から男性への性別適合手術
- 顔の整形手術
喉仏縮小術
声帯手術
育毛手術
脂肪吸引術
その他(ご記入ください。)__________

39.得た情報を通して、タイで性別適合手術をすることに決めましたか。
( ) 既にタイで性別適合手術を受けた。
( ) これからタイで性別適合手術を受ける予定だ。
( ) まだ決めていない。→ 41 に行きます
( ) タイでは性別適合手術を受けない。→ 41 に行きます

40.なぜタイでの性別適合手術に興味を持ちましたか。
( ) タイには医療のプロと現代医療の専門家がいるから
( ) タイでは手術にかかる費用が安いから
( ) タイへの行き来が便利だから
( ) タイのメディカル・ツーリズムには高い可能性があると思うから
( ) その他の理由（ご記入ください。）__________ → 42 に行きます

41.なぜタイで性別適合手術を受けないことになったのですか。
( ) 情報不足だから
( ) 経済面での問題があるから
( ) 健康面での問題があるから
( ) 周囲に抵抗がある（社会的に受け入れられない）と思うから
( ) タイへの交通が不便だから
( ) タイの医師、医療機器、医療機関を信頼できないから
( ) 他の国で手術を受けることにしたから
( ) 手術を受けたくないから
( ) その他の理由（ご記入ください。）__________
本研究の結果を回答者さまの個人情報を特定できる形で公開することはありません。全ての情報は、概要を見せるためにしか使用せず、回答者さまのプライバシーを保護することを約束致します。

42. 詳細を伺うインタビューにご協力いただけますか。
( ) はい。
  お名前 ______________________
  お電話番号 ______________________
  Eメールアドレス ______________________
( ) いいえ

43. 本調査の結果内容の送付を希望されますか。
( ) はい。Eメールアドレス _____________
( ) いいえ

調査にご協力いただきありがとうございます。
ご質問、ご意見、もしくは何か知りたいことがありましたら cmcgrst.com までご連絡いただきますようお願い致します。
APPENDIX E

NEWLY CREATED WEBSITE AND ARTWORK FOR PUBLIC RELATIONS FOR THIS RESEARCH
Newly Created Website and Artwork for Public Relations for this Research

1. Newly created website, www.cmcgrst.com, for collecting online data
   - Web Designer: Mr. Warawut Srisawasdi, owner of Except Co., Ltd.
   - Model: Miss Atichanun Leelanuntachart, freelance model
Communication Management and Customer Classification for the Gender Assignment Health Service Industry through The Six Temperaments

1. The Ledalai
   The first temperament group is the Ledalai, who are popular in appearance, neat, clean, tidy, and neat. They are always found to be better or better in their dressing and they are not generally found to be suitable in terms of beauty or appearance. However, they are suitable for those who are always clean and tidy, such as doctors, nurses, and clean and tidy people.

2. The Duskhon
   The second temperament group is the Duskhon, who are always clever and quick in their actions. They are always found to be more intelligent than others, and they are always found to be more clever than others. They are also found to be more intelligent in their actions, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others. They are also found to be more clever than others, and they are always found to be more clever than others.

3. The Chaba
   The third temperament group is the Chaba, who are always brave and strong. They are always found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave. They are also found to be strong and brave, and they are always found to be strong and brave.
2. Artwork for website public relations, www.cmcgrst.com
   - Art Director: Mr. Warawut Srisawasdi, owner of Except Co., Ltd.
   - Copywriter (original in Thai): Miss Chomkare Hirunrusmee, former, senior copywriter at OgilvyOne Worldwide Ltd.
   - Model: Miss Atichanun Leelanuntachart, freelance model

1) Poster in Thai

![Poster in Thai](image1)

2) Banner in Thai

![Banner in Thai](image2)
3) Poster in English (translation to English by Dr. Wichian Lattipongpun)

4) Banner in English (translation to English by Dr. Wichian Lattipongpun)
APPENDIX F

LETTER OF INVITATION FOR COOPERATION IN RESEARCH PUBLIC RELATIONS
1. Letter of Invitation for Cooperation for Transsexual Association of Thailand

2. Letter of Invitation for Cooperation for Rainbow Sky Association of Thailand
3. Letter of Invitation for Cooperation for Sisters Foundation

4. Letter of Invitation for Cooperation for Transmen Alliance of Thailand
5. Letter of Invitation for Cooperation for Thai Transgender Alliance

6. Letter of Invitation for Cooperation for the Plastic and Reconstructive Surgery Unit, Department of Surgery, King Chulalongkorn Memorial Hospital
7. Letter of Invitation for Cooperation for Gender Variation Clinic (Gen V Clinic), Faculty of Medicine, Ramathibodi Hospital, Mahidol University

8. Letter of Invitation for Cooperation for Preecha Aesthetic Institute
9. Letter of Invitation for Cooperation for Tangerine Community Health Center

10. Letter of Invitation for Cooperation for Corporate Communication and Social Responsibility Section, National Institute of Development Administration
11. Letter of Invitation for Cooperation for the Faculty of Communication Arts and Innovation, National Institute of Development Administration

12. Letter of Invitation for Cooperation for Alcazar Cabaret Pattaya
13. Letter of Invitation for Cooperation for Tiffany’s Show
Pattaya

14. Letter of Invitation for Cooperation for Coliseum Show
Pattaya
15. Letter of Invitation for Cooperation for Calypso Cabaret

16. Letter of Invitation for Cooperation for Mambo Cabaret Show
17. Letter of Invitation for Cooperation for Golden Dome Cabaret Show

18. Letter of Invitation for Cooperation for Phuket Simon Cabaret
APPENDIX G

CONSENT FORM OF SERVICE USERS
Consent Form of Service Users

To protect the 20 interviewees’ privacy, their names were replaced by codes for presenting the research results.

1. Consent form of FTM01
ในการสามารถเพื่อให้เข้าใจและรับรู้วิทยาศาสตร์

ขอรับ ภูมิทัศน์ จุลเรศ ได้รับความเกี่ยวกับเรื่องวิทยาศาสตร์เรื่อง การจัดการเสียงตามเจนบริเวณ ดำเนินงานตามแนวทิศ "ทรีโอตา" สำหรับธุรกิจบริการกระจายสิ่งเสียง (Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments) ของ นางสาวภูมิทัศน์ จุลเรศ หลักสูตรปรึกษาดูแลผู้ป่วยในเตียง สำหรับนิทรรศการส่งเสริม และบริการ สถาบันการแพทย์ศิริราชวิทยาศาสตร์ ที่จะกล่าวถึงในนี้และวิถีในการจัดการวิจัย ทั้งหมดที่ต้องปฏิบัติ และได้รับการปฏิบัติตามระเบียบที่ได้รับและประมวลผลเกี่ยวกับการจัดเรียงนี้ โดยการเข้าถึงและมีผลใน เอกสารเพื่อและการได้รับคำรับรองจากผู้ทรงช่วยจัดทำเป็นเอกสารได้

ขอให้ ช่างเจ้าประสงค์จริงจิตของข้อกำหนดนี้จะแสดงให้ อย่างไรก็ตาม ช่างเจ้าได้รับผลกระทบน้อยที่จากการ วิจัยนี้ได้ไม่ต้องแจ้งต่อหน่วย ซึ่งการมอบหมายจากวิจัยจะไม่ส่งผลกระทบต่อช่างเจ้าทั้งสิ้น

(๑) ช่างเจ้า รับหน้าที่ปฏิบัติตามข้อ ที่ดีของข้อกำหนดรายละเอียด
(๒) ช่างเจ้า รับหน้าที่ปฏิบัติตามข้อ ที่ดีของข้อกำหนดรายละเอียด
(๓) ช่างเจ้า รับหน้าที่ปฏิบัติตามข้อ ที่ดีของข้อกำหนดรายละเอียด
(๔) ช่างเจ้า รับหน้าที่ปฏิบัติตามข้อ ที่ดีของข้อกำหนดรายละเอียด

(๑) ช่างเจ้า ไม่รับหน้าที่ปฏิบัติตามข้อ ที่ดีของข้อกำหนดรายละเอียด

ขอแสดงความนับถือ

ลงชื่อ ภูมิทัศน์ จุลเรศ ลงชื่อ (ภูมิทัศน์ จุลเรศ)
(นางสาวภูมิทัศน์ จุลเรศ) ผู้ทรงคุณค่า

22 กรกฎาคม พ.ศ.2559

ลงชื่อ (ภูมิทัศน์ จุลเรศ)
(ภูมิทัศน์ จุลเรศ)

22 กรกฎาคม พ.ศ.2559
3. Consent form of MTF03

ผู้มีอำนาจ ให้ลงลายมือชื่อตามต่อไปนี้

ชื่อ:

(ลงลายมือชื่อ)

(นายสถานพยาบาล วิศวสกุล)

ผู้มีอำนาจ

(ลงลายมือชื่อ)

(นายสถานพยาบาล วิศวสกุล)

ผู้มีอำนาจ

3 ตุลาคม พ.ศ. 2559

3 ตุลาคม พ.ศ. 2559
4. Consent form of FTM04
5. Consent form of MTF05

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>น.ส.รศ.นันทิมา วิภักดิ์</td>
<td>ผู้อำนวยการ</td>
</tr>
<tr>
<td>3 ตุลาคม พ.ศ.2559</td>
<td>3 ตุลาคม พ.ศ.2559</td>
</tr>
</tbody>
</table>
6. Consent form of MTF06

เรียน การสัมภาษณ์ เพื่อเก็บข้อมูลในการศึกษาและวิจัยวิทยานิพนธ์

ชื่อผู้ส่ง [*****] ได้รับทราบถึงรายละเอียดในหน้าวิทยานิพนธ์เรื่อง การจัดการสื่อสารกับคุณลักษณะด้านวิทยาศาสตร์แนวคิด “การทำงาน” สำหรับบริษัทบริการเครือข่ายโทรศัพท์ (Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temportaments) ของ นางสาวรุนเสถียร์ รังคู หลักสูตรปริญญาโทปัญญาเดช สาขาวิชา
นิเทศศาสตร์และสื่อสารมวลชน สถาบันบัณฑิตพัฒน์มหาราชาธิการ ที่ราคาจะสื่อความหมายและสิ่งต่างๆของภาษาจีน
ชื่อคนที่ต้องปฏิบัติตามได้การปฏิบัติ ผลกระทบที่ได้รับและประโยชน์เกิดจากการวิจัยเชิงนี้ โดยการช่วย
รายละเอียดในเอกสารชี้แจงและการได้รับการรับทราบเรื่องจดจำเป็นอย่างดี

ตัวนี้ ชื่อผู้ส่งจะร่วมโครงการวิจัยนี้โดยสมัครใจ อย่างไรก็ตาม ชื่อผู้ส่งมีสิทธิ์ถอนด้วยการบอก
วิจัยนี้แม้จะได้รับค่าตอบแทนหรือไม่ ที่จะรายงานล่วงหน้าจากการวิจัยจะไม่ส่งผลกระทบใดต่อชื่อผู้ส่งที่สิ้น

( ) ชื่อผู้ส่ง อินทรีย์ไปเปิดเผยชื่อ-สกุล ของชื่อผู้ส่งในวิทยานิพนธ์ดังกล่าว

( ) ชื่อผู้ส่ง อินทรีย์ไปเปิดเผยชื่อ-สกุล ของชื่อผู้ส่งในวิทยานิพนธ์ดังกล่าว เพื่อประโยชน์ต่างกันวิจัยของผู้ศึกษา ในกรณีเฉพาะใน

( ) ชื่อผู้ส่งอนุญาตให้ใช้หลักฐานทางความคิดและบันทึกเอกสารที่เกี่ยวข้องไปในงานวิจัยที่กำหนดเฉพาะนี้

( ) ชื่อผู้ส่งยินยอมให้ชื่อและที่อยู่ในการสื่อสารและวิจัยที่กำหนด

( ) ชื่อผู้ส่งอนุญาตให้เปิดเผยชื่อ-สกุล ในการวิทยานิพนธ์ดังกล่าว

ขอแสดงความนับถือ

ลงชื่อ [*****]

(นางสาวรุนเสถียร์ รังคู)

ผู้ส่งความ

ลงชื่อ [*****]

ผู้ให้ความ

๓ สิงหาคม พ.ศ.2559

๓ สิงหาคม พ.ศ.2559
7. Consent form of MTF07

เรื่อง การส่งสมุดเพื่อเก็บข้อมูลในการศึกษาและวิจัยวิทยานิพนธ์

ขอให้ทราบช่วยกันเบื้องต้นว่ากรณีที่มีการร้องเรียนเรื่อง การจัดการข้อมูลเกี่ยวกับ
คุณลักษณะด้านจิตวิทยาตามแนวคิด "จิตวิทยา" สำหรับสุขภาพการพิการกรรมแฝงเพศ (Communication
Management and Customer Classification for the Gender Reassignment Health Service Industry
through The Six Temperaments) ของ นางสาวธัญมนตรี วิริยะ หลังจากบัตรบุคคลสุขภาพสังคม สำนักงาน
แพทยศาสตร์และวิทยาศาสตร์ สถาบันบัณฑิตแห่งชาติทหารสังคม ที่ต้องระลอกที่มาและวัตถุประสงค์ของการวิจัย
รับมอบต่อสืบทอดปฏิบัติและได้รับการปฏิบัติ และทบวงที่ได้รับและประโยชน์เกี่ยวกับการวิจัยเรื่องนี้ โดยการขอรับ
รายละเอียดในเอกสารข้อมูลและจะได้รับการรับรองจากผู้มีอำนาจตาม

ดังนี้ ขอให้ส่งสมุดเพื่อเก็บข้อมูลไปยังท่านที่ได้รับสมุดค่ะ ถึงทางไปรษณีย์ ท่านได้รับสมุดต่อไปที่จะทำการติดต่อ
( ) ขอให้ส่งสมุดไปยังที่อยู่ของท่าน
( ) ขอให้ส่งสมุดไปยังที่อยู่ของท่าน
( ) ขอให้ส่งสมุดไปยังที่อยู่ของท่าน
( ) ขอให้ส่งสมุดไปยังที่อยู่ของท่าน
( ) ขอให้ส่งสมุดไปยังที่อยู่ของท่าน

ขอแสดงความนับถือ

ลงชื่อ

(นางสาวธัญมนตรี วิริยะ)
ผู้มีอำนาจ

ลงชื่อ

ผู้ให้สัมภาษณ์

๙ ลิฟท์ หมู่ 259
๙ ลิฟท์ หมู่ 259
8. Consent form of MTF08

ข้อความที่ปรากฏในเอกสารที่ส่งให้ครั้งนี้

(ชื่อ)
(นามสกุล)
(ตำแหน่ง)
(หน่วยงาน)

(คนยอมรับ)
(ตำแหน่ง)
(หน่วยงาน)

(ลงลายมือชื่อ)
(วันที่)

(ลงลายมือชื่อ)
(วันที่)
9. Consent form of MTF09

เรื่อง การส่งมอบข้อมูลเพื่อการศึกษาและวิจัยวัฒนธรรม

ছ้าว๋ำ [ชื่อเป็นส่วนตัว] ได้รับทราบเกี่ยวกับนโยบายการส่งมอบข้อมูลเกี่ยวกับคุณลักษณะด้านจิตวิทยาและแนวคิด “จิตรบุรุษ” สำหรับโครงการวิจัยการท่องเที่ยวที่มีความหลากหลายที่เต็มไปด้วยข้อข้อความที่สำคัญ ทั้งในเรื่องที่เกี่ยวกับความรู้ที่มีอยู่แล้วในการเรียนรู้และประสบการณ์จากการทำงานที่ให้ได้รับการจัดการอย่างมีประสิทธิภาพ โดยการอ่านรายละเอียดเอกสารข้างล่างและกรุณาระบุว่าคุณต้องการให้ข้อมูลเกี่ยวกับคุณที่จะถูกส่งมอบให้กับผู้รับข้อมูลโดยถูกต้องอย่างไร

ทั้งนี้ ขอให้คุณระบุว่าคุณยินยอมหรือไม่ยินยอมให้ข้อมูลของคุณ ถ้าไม่ยินยอม คุณต้องระบุว่าคุณจะให้ข้อมูลของคุณถูกส่งมอบให้กับผู้รับข้อมูลหรือไม่

( ) ข้าว๋ำ ยินยอมให้เปิดเผยข้อมูล

( ) ข้าว๋ำ ไม่ยินยอมให้เปิดเผยข้อมูล

ข้าว๋ำ ยินยอมให้เปิดเผยข้อมูล

ชื่อ: [ชื่อ]

ตำแหน่ง: [ตำแหน่ง]

ที่อยู่: [ที่อยู่]

ลงชื่อ: [ชื่อ]

ลงวันที่: [วันที่]

(นางสาวมุ่งมั่น บริษัท)

ผู้ให้ข้อมูล:

ลงชื่อ: [ชื่อ]

ลงวันที่: [วันที่]

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5 สิงหาคม พ.ศ.2559
10. Consent form of MTF010

ปิดตัวการผู้ควรทราบ

ขอรับคำร้องเกี่ยวกับการให้การสร้างจาก

1. ตัวผู้

2. ตัวผู้

และ

ผู้ให้การ

10 สิงหาคม พ.ศ.2559

ผู้ให้การ

10 สิงหาคม พ.ศ.2559
11. Consent form of MTF11

The following are the consent forms for elective procedures and treatments for individuals undergoing gender reassignment surgery under the auspices of the Medical and Health Services Act. These forms are designed to ensure that patients are fully informed of the risks and benefits of the procedures and are provided with the necessary consent before proceeding.

---

[Signature]
Date: 10 ตุลาคม 2559

[Signature]
Date: 10 ตุลาคม 2559

---

The consent forms are divided into two parts: Part A and Part B. Part A contains the general information about the procedure, including the risks, benefits, and alternative treatment options. Part B includes the specific details of the procedure, such as the proposed surgical techniques, expected outcomes, and any potential complications.

---

The consent forms are designed to be clear and concise, ensuring that patients can easily understand the information provided. The forms are reviewed by medical professionals and patients are encouraged to ask questions if they have any concerns.

---

The consent forms are an important part of the medical process, ensuring that patients are fully informed and are able to make informed decisions. They are a legal document, and patients are asked to sign the forms to acknowledge their understanding of the information presented.

---

The consent forms are available in both Thai and English, ensuring that patients who are not fluent in Thai are still able to understand the information provided. The forms are reviewed by medical professionals, and patients are encouraged to ask questions if they have any concerns.
Consent form of MTF12

ชื่อ การสมัครเข้ามารับการศึกษาและวิจัยวิทยาศาสตร์

ราชการ หน่วยงาน องค์กรที่มี ได้รับความยินยอมจากศูนย์วิทยาศาสตร์การรักษา ชื่อหน่วยงาน สำนักงานบริหารการศึกษาแพทย์ (Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments) ของ นางสาวภูมิชีริน รัฐบาล หลักสูตรปริญญาศูนย์บริการ สำนักงาน กรมการแพทย์และสาธารณสุข กรมการแพทย์และสาธารณสุข สำนักงานพยาบาล และงานรักษา ราชการที่มีการรับการปฏิบัติ และได้รับการรักษาตามที่กำหนด

ที่นี้ ราชการประกาศรับการรักษาโดยมีมูลค่า อย่างไรก็ได้ ชื่อเจ้าหน้าที่อยู่ด้วยจากการ รักษาโดยไม่ได้ต่อเวลาร่วมกัน ซึ่งการรักษาต่อจากการรักษาจะต้องมีผลต่อการรักษาที่ถูกส่งกลับไปคัดร่างเข้าที่สุด

(กรุณาลงลายมือชื่อ ไทย ของชื่อเจ้าหน้าที่ในการรักษา)

(กรุณาลงลายมือชื่อ ไทย ของชื่อเจ้าหน้าที่ในการรักษา)

ขอแสดงความนับถือ

ลงชื่อ: [ลายมือชื่อ] ผู้สมัครเข้ารับการศึกษาและวิจัย

ลงชื่อ: [ลายมือชื่อ] ผู้ให้การรักษา

13 สิงหาคม พ.ศ.2559

13 สิงหาคม พ.ศ.2559
13. Consent form of FTM13

เนื่องจากการดำเนินการ เพื่อขับเคลื่อนการศึกษาและวิจัยวิทยานิพนธ์

ขอให้คุณ [นามสกุล] ได้รับความเห็นชอบให้เป็นวิทยานิพนธ์เรื่อง การจัดการสื่อสารกับคุณลักษณะด้านจิตวิทยาตามแนวคิด "จิตวิทยา" สำหรับธุรกิจบริการด้านการสื่อสาร (Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments) ของ [นามสกุล] ข้าพเจ้า หลักสูตรปริญญาตรีวิทยาการจิตวิทยา สาขาวิชานิเทศศาสตร์และสังคมศึกษา มหาวิทยาลัยศรีนครินทรวิโรฒ ที่จะต้องมีผลต่อการวิจัยขั้นตอนที่ต้องปฏิบัติและได้รับการปฏิบัติต่อระหว่างที่ได้รับการอบรมและประสบการณ์เกี่ยวกับการวิจัยนี้ โดยการเข้าร่วมร้อยละของเอกสารจดหมายและการได้รับคำยินดีจากผู้วิจัยเจ้าหน้าที่อย่างต่ำดังนี้

ทั้งนี้ ข้าพเจ้าขอต้องแจ้งว่า การวิจัยนี้เป็นการวิจัยฉุกเฉิน อย่างไรก็ตาม ข้าพเจ้ามีสิทธิ์ในการตัดสินใจจากการวิจัย ถ้าถูกต้องไม่ได้ดำเนินการไปตามเดิม ข้าพเจ้าขอต้องแจ้งให้ทราบทันทีโดยต่อต่อข้างล่างกล่าว

( ) ข้าพเจ้า ยินยอมให้มีการแพร่ข้อมูล ของข้าพเจ้าในวิทยานิพนธ์กล่าว
( ) ข้าพเจ้า ยินยอมให้มีการแพร่ข้อมูลข้อความ เพื่อประโยชน์ต่องานวิจัยของผู้ศึกษา ในการเผยแพร่ในวิทยานิพนธ์กล่าว
( ) ข้าพเจ้ายินยอมให้ข้อมูลตามผลข้อมูลของข้าพเจ้าต่อไปในงานวิจัยที่ก้าวหน้าต่อไป และจะต้องไม่ได้เป็นผลข้อมูลที่ได้รับประโยชน์จากข้าพเจ้า
( ) ข้าพเจ้ายินยอมให้ทั้งข้อมูลไปที่การศึกษาและวิจัยต่อไป

( ) ข้าพเจ้า ยินยอมให้มีการแพร่ข้อมูล ในวิทยานิพนธ์กล่าว

ขอแสดงความนับถือ

[ลายเซ็น][นามสกุล][ตำแหน่ง]
[ชื่อ][ลายเซ็น][ตำแหน่ง]

24 สิงหาคม พ.ศ.2559
24 สิงหาคม พ.ศ.2559
14. Consent form of MTF14

ชื่อ การกิจกรรม เพื่อเก็บข้อมูลในการศึกษาและวิจัยวิทยาการ

ขอให้สำนักงาน โรคจิต ได้รับทราบถึงการเก็บข้อมูลในเรื่อง การจัดการฟังการบุคคลและ
ผู้วิจัยตามแนวคิด "ฟิวชั่น
สำหรับผู้ที่มีการรับการดูแลรักษาทางจิตวิทยา (Communication Management
and Customer Classification for the Gender Reassignment Health Service Industry through The Six
Temperaments) ของ นางสาวปณัฐพร รัตนา ผลิตภัณฑ์ผู้ที่มีการรักษา สำหรับวิทยาการลักษณะและ
บริการ สถาบันมีผลเพื่อผู้ที่มีการรักษา ที่จะมีผลหรือไม่ที่มีการรักษาช่วงการวิจัย ขึ้นดังที่ต้อง
ปฏิบัติตามการปฏิบัติ ตลอดทั้งที่มีผลหรือไม่ที่มีการรักษาช่วงการวิจัย เนื่องจากการเข้าร่วมเป็นมิ
แรกตัวชั่วเวลาและการได้รับการรับรู้จากผู้วิจัยที่จะไม่แห่งเรื่อง

ทั้งนี้ ข้าพเจ้าประสงค์ที่จะร่วมโครงการวิจัยและศึกษา อย่างไรก็ได้ ข้าพเจ้านี้มีสิทธิ์ตัดสินใจจากการ
วิจัยเบื้องต้นโดยได้รับการแจ้งคัดค้าน ซึ่งการดำรงค์ตัดสินใจจากการวิจัยจะไม่ได้ขับขวางใจข้าพเจ้าที่จะยินดี

( ) ข้าพเจ้า ยอมให้เป็นเรื่องที่จะ ขอร้องไม่ให้ในกรณีที่ไม่ประสงค์

( ) ข้าพเจ้า ยอมให้เป็นเรื่องที่จะ ขอร้องไม่ให้ในกรณีที่ไม่ประสงค์

( ) ข้าพเจ้า ไม่ยอมให้ในกรณีที่จะ ขอร้องไม่ให้ในกรณีที่ไม่ประสงค์

ขอแสดงความนับถือ,

[ลงชื่อ นางสาวปณัฐพร รัตนา]
[ลงชื่อ นางสาวปณัฐพร รัตนา]

26 ธันวาคม พ.ศ.2559
26 ธันวาคม พ.ศ.2559
15. Consent form of MTF15

ชื่อ (ชื่อสกุล)  นางสาวศุภมาศ รัตนา

ผู้ลงลายมือชื่อ  ผู้ให้การรักษา

31 สิงหาคม พ.ศ.2559  31 สิงหาคม พ.ศ.2559
16. Consent form of MTF16

Subject: The interview to collect data and information for the study and research dissertation.

I, Barbara [redacted], have been informed about the contents of thesis in Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments researching by Ms. Puntarika Rawikul, the student of Doctor of Philosophy (Communication and Innovation) Faculty of Communication and Innovation Management of National Institute of Development Administration, including the details and the purposes of the research, processes to follow and be treated, the effects and benefits from participate in this research by reading the details in clarification document and had been clearly informed from the researcher.

I volunteered to participate in this research project. However, I do have rights to withdraw from this research study anytime without telling any reason and the withdrawal will not effect to me by all means.

☑ I consent to disclose my name in this research study. Please check ☐
☑ I consent to disclose my information for the researcher to reveal in the research study.
☑ I consent to disclose my voice record and my associated documents to the researcher for this research study ONLY and should disclose to anywhere else without my permission.
☑ I consent to reveal the data base to use in this research study ONLY.
☐ Others, please explain: [Redacted]
☐ I DO NOT consent to disclose my information in this research study.

Best regards,

Name [Redacted] (Puntarika Rawikul) 
Interviewer

Name [Redacted] (Barbara) 
Interviewee

September 7, 2016
17. Consent form of MTF17

Subject: The interview to collect data and information for the study and research dissertation.

I, Karen [redacted], have been informed about the contents of thesis in Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments researching by Ms. Puntarika Rawikul, the student of Doctor of Philosophy (Communication and Innovation) Faculty of Communication and Innovation Management of National Institute of Development Administration, including the details and the purposes of the research, processes to follow and be treated, the effects and benefits from participate in this research by reading the details in clarification document and had been clearly informed from the researcher.

I volunteered to participate in this research project. However, I do have rights to withdraw from this research study anytime without telling any reason and the withdrawal will not effect to me by all means.

( ) I consent to disclose my name in this research study.
( ) I consent to disclose my information for the researcher to reveal in the research study.
( ) I consent to disclose my voice record and my associated documents to the researcher for this research study ONLY and should disclose to anywhere else without my permission.
( ) I consent to reveal the data base to use in this research study ONLY.
( ) Others, please explain: [redacted] only the first name.
( ) I DO NOT consent to disclose my information in this research study.

Best regards,

Name: P. Rawikul
(Funtarika Rawikul) Interviewer

Name: [redacted]
(Karen) Interviewee

September 7, 2016                 September 7, 2016
18. Consent form of MTF18

Subject: The interview to collect data and information for the study and research dissertation.

I, Tina Recio Rojas, have been informed about the contents of thesis in Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temporaments researching by Ms. Puntanka Rawiku, the student of Doctor of Philosophy (Communication and Innovation) Faculty of Communication and Innovation Management of National Institute of Development Administration, including the details and the purposes of the research, processes to follow and be treated, the effects and benefits from participate in this research by reading the details in clarification document and had been clearly informed from the researcher.

I volunteered to participate in this research project. However, I do have rights to withdraw from this research study anytime without telling any reason and the withdrawal will not effect to me by all means.

☒ I consent to disclose my name in this research study.
☒ I consent to disclose my information for the researcher to reveal in the research study.
☒ I consent to disclose my voice record and my associated documents to the researcher for this research study ONLY and should disclose to anywhere else without my permission.
☒ I consent to reveal the data base to use in this research study ONLY.
☐ Others, please explain ______________________________
☐ I DO NOT consent to disclose my information in this research study.

Best regards,

Name ________________________________
(Puntanka Rawiku)
Interviewer

Name ________________________________
(Tina Recio Rojas)
Interviewee

September 26, 2016         September 26, 2016
19. Consent form of FTM19

ตรงนี้ การกลั่นกลืนเพื่อให้เข้าใจในอาการที่เกิดขึ้นและวิธีการดูแล

ชื่อผู้ได้รับการตัดสินใจ: [ชื่อ]

ดิฉัน, ผู้มีอำนาจตัดสินใจ ยอมให้ ช่างซีจีมีสิทธิ์เติบโตจากอาการ

( ) ช่างซีจี ยืนยันขอให้ผู้พยาบาลข้าราชการ

( ) ช่างซีจี ยืนยันขอให้ผู้พยาบาลข้าราชการ

( ) ผู้มีอำนาจตัดสินใจขอให้ผู้พยาบาลข้าราชการ

( ) ผู้มีอำนาจตัดสินใจขอให้ผู้พยาบาลข้าราชการ

( ) ผู้มีอำนาจตัดสินใจขอให้ผู้พยาบาลข้าราชการ

ชื่อผู้มีอำนาจตัดสินใจ: [ชื่อ]

(นางสาว/บุตร/บุตร)

ผู้มีอำนาจตัดสินใจ: [ชื่อ]

31 สุภาพคม พ.ศ.2559

31 สุภาพคม พ.ศ.2559
20. Consent form of MTF20

Subject: The interview to collect data and information for the study and research dissertation.

I, Susan Larson, have been informed about the contents of thesis in Communication Management and Customer Classification for the Gender Reassignment Health Service Industry through The Six Temperaments researching by Ms. Puntarika Rawiku, the student of Doctor of Philosophy (Communication and Innovation) Faculty of Communication and Innovation Management of National Institute of Development Administration, including the details and the purposes of the research, processes to follow and be treated, the effects and benefits from participate in this research by reading the details in clarification document and had been clearly informed from the researcher.

I volunteered to participate in this research project. However, I do have rights to withdraw from this research study anytime without telling any reason and the withdrawal will not effect to me by all means.

( ) I consent to disclose my name in this research study.
( ) I consent to disclose my information for the researcher to reveal in the research study.
( ) I consent to disclose my voice record and my associated documents to the researcher for this research study ONLY and should disclose to anywhere else without my permission.
( ) I consent to reveal the data base to use in this research study ONLY.
( ) Others, please explain __________________________________________
( ) I DO NOT consent to disclose my information in this research study.

Best regards,

Name ____________________________  Name ____________________________
(Puntarika Rawiku) Interviewer  (Susan Larson) Interviewee

February 6, 2017

February 6, 2017
APPENDIX H

PHOTOGRAPHY OF ENTIRE DISSERTATION PROCESS
Photography of Entire Dissertation Process

1. Photos of service providers participating in the research

I wish to thank Assoc. Prof. Dr. Apichai Angspatt, MD.

I wish to thank Assoc. Prof. Dr. Chongdee Aojanepong, MD.

I wish to thank Dr. Ngamcherd Sitpahul, MD.
I wish to thank the Preecha Aesthetic Institute team.

I wish to thank Dr. Theerapong Boonyakariyakorn, MD, and the clinic staff.

I wish to thank Dr. Jakkapart Manonukul, MD.
I wish to thank the Tangerine Community Health Center team.

2. Photos of service users participating in the research with their approval

I wish to thank all of you.
3. Photos of transgender networks

Thanking Alcazar Cabaret Pattaya manager for their cooperation in collecting research data

Thanking Tiffany's Show Pattaya manager for their cooperation in collecting research data

Thanking Coliseum Show Pattaya manager for their cooperation in collecting research data
International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) World Conference 2016, Bangkok, Thailand

Asia Pacific Transgender Network 7th Anniversary; Regional Strategic Planning Meeting in 2016, Bangkok, Thailand

Movie Premiere “About Ray” in 2016, Bangkok, Thailand
International Day Against Homophobia, Transphobia and Biphobia (IDAHOT) 2017, Bangkok, Thailand

4. Photos dissertation chairperson and committee members during examination
   I wish to thank all of you.
# BIOGRAPHY

<table>
<thead>
<tr>
<th>NAME</th>
<th>Puntarika Rawikul</th>
</tr>
</thead>
</table>
| ACADEMIC BACKGROUND | Bachelor’s Degree (First-class Honor), with major in Advertising from the School of Communication Arts, Bangkok University, Bangkok, Thailand in 2004  
Master’s Degree (English Program) with a major in Marketing from the School of Business Administration, National Institute of Development Administration, Bangkok, Thailand in 2007, and a Master’s Degree in Advertising at Academy of Art University, San Francisco, CA, U.S.A. in 2012  
Certificate in English at University of North Texas, Denton, TX, U.S.A. in 2009 |
| EMPLOYMENT       | Communications Executive at OgilvyOne Worldwide Ltd., Bangkok, Thailand between 2013-2014  
Sales Promotion Assistant at American International Assurance Co., Ltd., Bangkok, Thailand in 2004 |
EXPERIENCE

Received the government grant for the doctoral dissertation awarded by National Institute of Development Administration in 2016

Received the third prize winner of the advertising campaign competition awarded by the School of Communication Arts, Bangkok University in 2003

Received the academic excellence scholarships awarded by Bangkok University in 2000 and 2001

Guest speaker on the topic of digital advertising at the Faculty of Communication Arts, Nation University, Bangkok, Thailand in February 2015

PUBLICATION AND CONFERENCE PRESENTATIONS

Clients’ Information Seeking Processes for the Gender Reassignment Health Service Industry in Thailand, paper published in Journal of Communication Arts Review in May-October 2019

Communicating the Gender Reassignment Surgical Service Among Transgenders in Thailand, paper presented at the Asian Conference on Media, Communication & Film of the International Academic Forum, Tokyo, Japan in October 2019
Summary of Marketing Communication with the Six Buddhist Temperaments for the Gender Reassignment Surgery in Thailand, paper presented at the Group Study 1/2019 of Interdisciplinary Center of Community Studies (STOU), Ramkhamhaeng University, Bangkok, Thailand in February 2019

Integrated Marketing Communication: Exposing and Discovering Gender Reassignment Surgery Service Information in Thailand, paper presented at the International Conference on New Media, Communication & Technology of the Faculty of Communication Arts, Chulalongkorn University, Bangkok, Thailand in January 2019