Anxiety and Social Experience Stressors of LGBT in Thailand

Miss Bunatta Aritatpokin

A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Mental Health
Department of Psychiatry
FACULTY OF MEDICINE
Chulalongkorn University
Academic Year 2022

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ความวิตกกังวลและปัจจัยประสบการณ์ความเครียดทางสังคมของกลุ่ม LGBT ในประเทศไทย

น.ส.ปุณณัฏฐา อริย์ธัชโภคิน

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรมหาบัณฑิต
สาขาวิชาสุขภาพจิต ภาควิชาจิตเวชศาสตร์
คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
ปีการศึกษา 2565
ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

Thesis Title	Anxiety and Social Experience Stressors of LGBT in Thailand
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Field of Study	Mental Health
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ปุณณัฏฐา อริย์ธัชโภคิน : ความวิตกกังวลและปัจจัยประสบการณ์ความเครียดทางสังคมของกลุ่ม LGBT ในประเทศไทย . (Anxiety and Social Experience Stressors of LGBT in Thailand) อ.ที่ปรึกษาหลัก : ศ.พญ.บุรณี กาญจนถวัลย์

เป้าหมายการพัฒนาอย่างยั่งยืนของสหประชาชาติ (UN-SDG) ให้ความสำคัญเรื่องความเท่าเทียมกันเพื่อยกระดับคุณภาพชีวิตคน และแม้ประเทศไทยได้รับการยกย่องที่พยายามสร้างความเท่าเทียมเพื่อกลุ่มหลากหลายทางเพศ (LGBT) แต่ทางปฏิบัติยังมีข้อจำกัดที่เสี่ยงก่อให้เกิดความวิตกกังวลความเครียด และปัญหาสุขภาพจิต แก่กลุ่ม LGBT งานวิจัยนี้เป็นงานวิจัยเชิงพรรณนาแบบภาคตัดขวาง ใช้ข้อมูลเชิงปริมาณที่สำรวจความวิตกกังวลและความเครียดจากประสบการณ์ทางสังคมของ LGBT ด้วยแบบสอบถามข้อมูลประชากรทั่วไป แบบสอบถามประสบการณ์ทางสังคมที่เฉพาะเจาะจงของ LGBT ซึ่งกำหนดผ่านการทบทวนวรรณกรรม และ State-Trait Anxiety Inventory (STAI) โดยรวบรวมจากกลุ่มตัวอย่างผ่านระบบออนไลน์ มีผู้เข้าร่วม 100 คน (N=100) เพื่อค้นหาว่า ปัจจัยประสบการณ์ทางสังคมใดที่จะเป็นปัจจัยที่สำคัญที่สุดสำหรับ LGBT ในประเทศไทย จากนั้นทำการประมวลผลข้อมูลผ่านโปรแกรม SPSS V.22 ซึ่งใช้การทดสอบไคสแควร์ของเพียร์สัน (Pearson’s chi-squared test) เพื่อกำหนดปัจจัยสำคัญสำหรับความวิตกกังวลแบบ state และ trait ตามด้วยการเลือกตัวแปรโดยวิธีลดตัวแปร (Backwards stepwise regression) เพื่อวิเคราะห์ความเป็นไปได้ของความสัมพันธ์ระหว่างปัจจัยต่างๆ และความวิตกกังวลแบบ state และ trait ทั้งนี้พบว่า ตัวแปรทางด้านประชากรศาสตร์แทบไม่มีผลกระทบต่อความวิตกกังวลของ LGBT การยอมรับจากพี่น้องและสมาชิกในครอบครัวคนอื่นๆ โดยยกเว้นพ่อแม่ เป็นปัจจัยสำคัญที่มีมีความสัมพันธ์ผกผันกับความวิตกกังวล state anxiety (p = .003), ทำให้มีแนวโน้มที่ state anxiety จะเกิดขึ้น 0.175 เท่าหากผู้ที่เป็น LGBT มีความสัมพันธ์เชิงบวกกับพี่น้องหรือสมาชิกในครอบครัวคนอื่นๆ ขณะที่การเปิดเผยตัวตนของบุคคลกลุ่ม LGBT ต่อสาธารณชน เป็นปัจจัยสำคัญที่มีความสัมพันธ์เชิงบวกกับความวิตกกังวล trait anxiety (p = .001), ทำให้มีแนวโน้มที่ trait anxiety จะเกิดขึ้น 6.047 เท่าหากผู้ที่เป็น LGBT มีความกังวลที่เกี่ยวข้องกับผลสะท้อนของการเปิดเผยตัวตน ส่วนประสบการณ์เชิงลบกับผู้ให้บริการทางการแพทย์ แม้ว่าบุคคลกลุ่ม LGBT จะไม่ได้เปิดเผยสถานะตัวตนว่าเป็น LGBT มีความสัมพันธ์เชิงบวกกับความวิตกกังวล trait anxiety (p = .004), ทำให้มีแนวโน้มที่ trait anxiety จะเกิดขึ้น 5.558 เท่า อย่างไรก็ตามพบว่า ผู้เข้าร่วมงานวิจัยนี้ส่วนใหญ่มีลักษณะวิตกกังวล trait anxiety ทั้งที่ไม่ได้มีประสบการณ์ด้านลบกับผู้ให้บริการทางการแพทย์

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6470104030 : MAJOR MENTAL HEALTH
KEYWORD: Social experience stressors, Anxiety, Mental health, LGBT
Bunatta Aritatpokin : Anxiety and Social Experience Stressors of LGBT in Thailand. Advisor: Prof. BURANEE KANCHANATAWAN, M.D., MSC.

The enhancement of the quality of life, according to the Sustainable Development Goals set by the United Nations (UN-SDG), places importance in equality for all groups of people, in all aspects. In this regard, although the Thailand sphere has been praised for its efforts to demonstrate its progressiveness regarding equality for groups who are more vulnerable to stressors, in practice, it is still quite lacking which could cause issues with mental health, such as anxiety and other stressors. This descriptive cross sectional quantitative research study explores the anxiety and social experience stressors of once such group - those of different sexual orientations and gender identities, otherwise known as the LGBT community. Data was collected from an online sample group of 100 participants (N=100) of the LGBT community through a generalized demographic survey, a survey on LGBT specific social experiences determined through literature review, and the State-Trait Anxiety Inventory (STAI) in order to ascertain which factors would be the most significant stressors for queer people in Thailand. The data was then compiled and processed through the SPSS V.22 program, in which Pearson's chi-squared test was used to determine significant factors for state and trait anxiety, followed by backwards stepwise regression in order to determine the likelihood of correlation between the factors and state or trait anxiety. Contrary to what was assumed, demographic variables had almost no impact on queer anxiety at all. Acceptance of the participant's siblings and other family members, excluding their parents, had a negative correlation with state anxiety (p = .003), and state anxiety was 0.175 times likely to happen if the participant had a positive relationship with their siblings or other family members. The repercussions of publicly coming out had a positive correlation with trait anxiety (p = .001), and trait anxiety was 6.047 times more likely to occur in a participant with these concerns. Negative experiences with medical providers, despite not disclosing their status as a queer person, also had a positive correlation with trait anxiety (p = .004), and trait anxiety was 5.558 times more likely to occur in a participant with these experiences. However, it is important to note that the majority of participants of the survey did not have negative experiences with medical providers.

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Field of Study:	Mental Health	Student's Signature ....
Academic Year:	2022	Advisor's Signature ....

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to my research advisor, Professor Buranee Kanchanatawan, M.D., MSc., for her invaluable expertise and feedback, and my defense commitee, Associate Professor Rasmon Kalayasiri and Associate Professor Sucheera Phattharayuttawat, for their patience and generously provided knowledge.

I am also expecially grateful to the faculty and staff of the Department of Psychiatry of Chulalongkorn University, as well as my classmates for their moral support and for the network that was built in order to help each other through the difficult times during the research. Thanks should also go to the participants of the study, without whom the study would not have been possible.

Finally, I would be remiss in not mentioning my parents and friends, for their emotional support and feedback.

Bunatta Aritatpokin

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Chapter 1

Preface

Background and Rationale

In the year of 2015, the United Nations General Assembly determined the 17 Sustainable Development Goals to be achieved by 2030, a "blueprint to achieve a better … future for all" [49]. In July of 2017, the United Nations Country Team in Thailand signed the UN Partnership Framework (UNPAF) in order to make those goals a reality in Thailand. Two of those goals that tie into the study this proposal wishes to pursue are reduced inequalities and good health and well-being.

Thailand as a nation is in a rather unique position in modern times on the topic of non-heteronormativity, gender expression, and sexuality. In the current age, it is considered to be the "gay paradise" of the world, with documented mentions of homosexuality as far back as the 14th century during the Ayuttaya period, the precursor to the nation of Thailand. However, while this image is proudly touted by authorities on tourism, there are complexities that are often ignored when the conversation on LGBT topics is brought up, if at all. Though behaviors towards the LGBT population are usually not overtly hostile, LGBT people are relegated behind certain existing social frameworks which often leads to the caricaturesque portrayal of the community in various media and creates a negative association in regards to societal values and religious attitudes.

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Historically, the country hadn't considered the criminalization of homosexuality until the adoption of Western norms during the early 19th century, and then afterwards the term of "sodomy" was only decriminalized in 1956. According to

findings, homosexuality is no longer considered a mental illness but transsexuality is still considered to be psychologically abnormal [48]. Transgender women are automatically exempted from military service, but in return they receive a document stating that they were rejected on grounds of "permanent mental disorder" or similar variations [20]. This was amended in 2012 to instead be under "gender identity disorder," but remained a disorder all the same.

When the topic of LGBT health is brought up, the first thing that comes to mind is of course the issue of physical well-being. According to the country report by the UNDP, the top three issues that their findings came across were on HIV, sexual-reassignment surgery, and access to health services. Even in these topics, the effects of HIV in a good majority of sexual minorities weren't as well-documented as those for men who have sex with men and transgender women. Not to mention, much of the issues for the lack of documentation comes from less funding towards programmes and researches which address health issues that LGBT individuals may face outside of HIV, with reported incidents of discrimination and stigmatization towards LGBT people who require medical aid [48]. Not only are there legal issues that the LGBT community face in terms of medical help, there is also the concern of the reaction of medical professionals when their sexual orientation is disclosed. Case studies within the UNDP report also described various incidents in which LGBT individuals felt less inclined to rely on health care providers due to discrimination, prejudice, and accessibility issues which made them feel dehumanized and unsafe.

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This is not an issue singularly localized within Thailand. One of the few methodological researches done to examine the quality of quantitative research for LGBT in nursing settings was taken from a sample of 40 published studies on LGBT

health, with 70% data from the US, and 30% data from various countries outside the US. It was stated that there is limited existing research literature that isn't focused on HIV, AIDS, or STDs, despite the smaller percentage of the LGBT population who actually suffer from the diseases. The same people also have higher health risks because of underutilization of health services and health disparities relating to their sexuality (cultural factors, disclosure of identity, prejudice and discrimination, etc.) that were not only related to sexual behavior [(23)]. In a cross-sectional review on LGBT youth, it is emphasized that despite wider acceptance and generalization of LGBT existence, LGBT youth still face severe mental health concerns. These issues stem from the context created by the intersection between societal acceptance and personal development period for the youth that is "coming out." [(39)].

Mental health is a topic that is notoriously neglected, as Thailand suffers from a lack of relevant mental health policies and LGBT-specific campaigns, as well as necessary training for mental health practitioners. Regarding mental health of LGBT individuals, there seems to be a general through line of the idea of visibility. The majority of the research done outside of Thailand (as well as the glaring scarcity of the same resources in Thailand, by Thai people themselves) agrees that LGBT people suffer from a lack of presence. While this could also be due to an assumption of a heteronormative majority, there is the misconception that the statistical "silence" where, as there are no numbers to be found on the topic, it is assumed to mean that there are no public consequences for this gap in information. This has led to the issue in which there are only so many papers that have conclusive information which can be used as good guidelines for the development of mental health treatments for the LGBT people, and very limited research done specifically on the population of

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countries in the Southeast Asian area. Reading through the research which has already been done on the LGBT population in Thailand, there is already the opportunity to open communication about the factors of mental health which are specific to the community, as well as what can be done about them.

For example, the LGBTI+ and 4P Support Model Study Report is a project focused on developing recommendations for the evolution of models and systems of support for family members, friends, partners and health care providers to promote the well-being of the LGBT population, published by members of the Faculty of Learning Sciences and Education of Thammasat University in Thailand. According to the report, a majority of negative experiences of LGBT community are caused by people and external situations. In particular, parents and family have the greatest impact on, followed by friendships. Other negative experiences stem from behaviors they had experienced from systems and individuals in other social establishments, such as educational institutions and nursing homes. It has been estimated that the most prominent causes of mental health issues for the LGBT population mainly stem from incidents involving familial support, bullying in school, social perceptions of sexual minorities being seen as an abnormality, and the rejection and potential nonacceptance of existing or future partners.

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While health services can be cordial and provide quality service to the LGBT population, it can also be divided into 3 types. The first type provides physical health services. This is divided into services for sex workers, groups of people living with HIV (as a sexually transmitted disease), and gender reassignment surgery (GRS) for transgender people. The second type works on promoting understanding of gender diversity among the target groups. The last type includes other services, such as

campaigning for rights and equality. The issue is that these sectors usually are only able to provide limited service, with limited perspectives on the various definitions of health. This of course includes mental and social dimensions, as long as services remain urban-centric [5].

Research Questions

1. Is there a trend of anxiety from social experience stressors in the LGBT population in Thailand and, if so, at which level of stress are they in, according to the State-Trait Anxiety Inventory?
2. What are the prominent social experience stressors for LGBT in Thailand?

Research Objectives

1. Determining whether the LGBT population in Thailand have a significant level of anxiety from social experience stressors, ascertained through the use of the State-Trait Anxiety Inventory.
2. Determine what the LGBT community believes are the most negative experiences they have as individuals and the population as a whole.

Hypothesis & Assumptions

N/A

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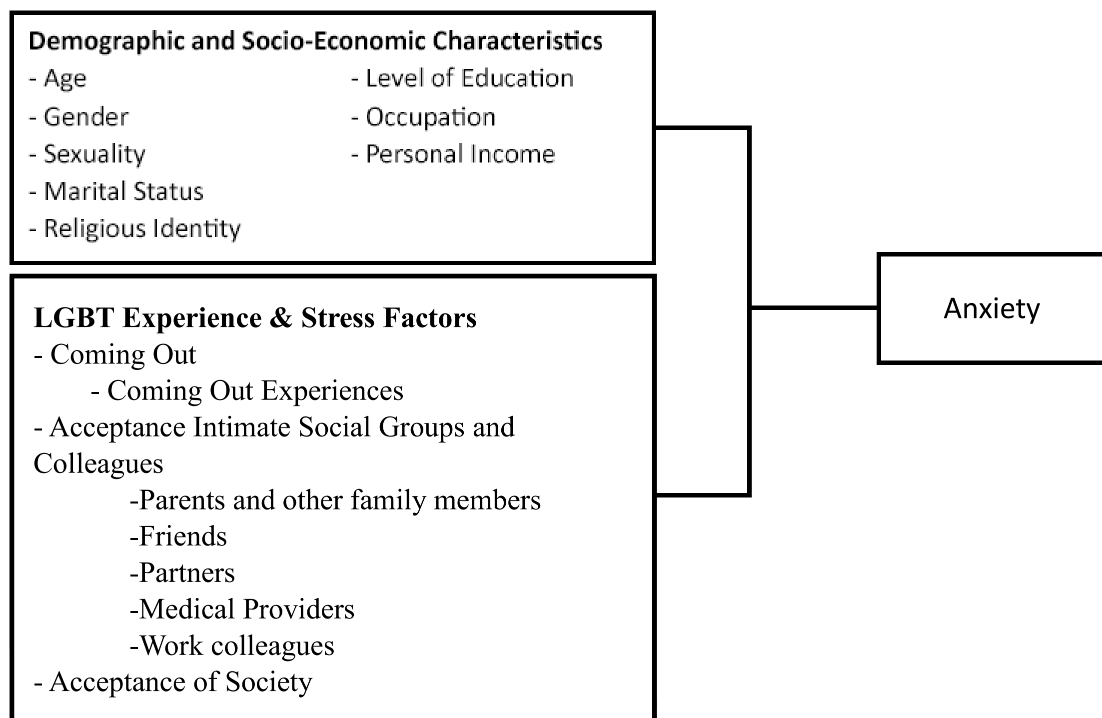
Conceptual Framework



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Operational Definitions and Terminology

1. *LGBT* : Also referred to as LGBT+ or LGBTQ+ or LGBTIQN+. Popularly, the letters in the initialism represent the following groups: lesbian, gay, bisexual, and transgender. However, this is also used as an umbrella term which can cover the majority of different sexual minorities and gender identities, referring to anyone who identifies as non-heterosexual or non-cisgender, for example, intersex, queer/questioning, and non-binary.
2. *Anxiety* : For the purposes of this study, anxiety refers to feelings of unease or worry that are persistent enough to affect a person's daily life and to be considered an actual mental health disorder. This will be determined through the use of the State-Trait Anxiety inventory.
3. *Social Experience Stressors* : Generalized experiences that LGBT may experience that could cause them stress, within the context of culture. For the purposes of this study, the social experience stressors constitute of how the people around them, both within their social circles and out, may react.
4. *Coming Out* : For the purposes of this study, the phrase "coming out" refers to the status of an individual as being "out of the closet", or openly acknowledging the fact that they are a member of the LGBT community.
5. *Support Systems* : For the purposes of this study, the term support system refers to relationships and services which a member of the LGBT community can rely on emotionally, mentally, and physically for issues that they are facing that are specific to the LGBT population. The support systems which this research will be focusing on are the individuals' parents and family members, peers and co-workers, and health care systems.

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6. *Gender* : Also referred to as gender identity. For the purposes of this research, the term will be defined as the individual's expression of identity through the lens of expected societal roles and cultural norms.
7. *Sexuality* : Also referred to as sexual orientation. Sexuality is defined as how people experience and express themselves sexually, and is their identity in relation to the gender(s) to which they are usually attracted to.
8. *Transgender* : As defined by the APA Dictionary of Psychology, a transgendered person has or relates to a gender identity that differs from the culturally determined gender roles for one's birth sex.
9. *Non-Binary* : Also referred to as genderqueer or genderfluid. Falling under the category of gender, this term is used by people who do not wish to be defined within the margins of the gender binary. According to LGBT Foundation, this means they identify as neither male nor female, or both.
10. *Heterosexual (รักเพศตรงข้าม)* : As defined by the APA Dictionary of Psychology, heterosexuality is sexual attraction to or activity between members of the opposite sex.
11. *Homosexual (รักเพศเดียวกัน (หญิงรักหญิง/ชายรักชาย))* : As defined by the APA Dictionary of Psychology, homosexuality is sexual attraction to or activity between members of the same sex. For the purposes of this report, this definition includes both lesbian women and gay men.
12. *Bisexual (รักได้ทั้งสองเพศ (โดยที่ฉันระบุตนเองว่าเป็นเพศใดเพศหนึ่ง))* : As defined by the APA Dictionary of Psychology, bisexuality is generally considered the sexual attraction to or sexual behavior with both men and women. With the

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inclusion of the gender spectrum instead of the gender binary, this term now encompasses attraction to those who do not conform to the binary, as stated by *Sex and Society* published by the Marshall Cavendish Corporation

13. *Pansexual (รักได้ทั้งสองเพศ (โดยที่ฉันระบุตนเองว่าเป็น นอนไบนารี / ไม่ปิดกั้นทางเพศ))* : As defined by *Sex and Society* published by the Marshall Cavendish Corporation, pansexuality is similar to the idea of bisexuality, with the caveat that the person identifying as pansexuality does not conform to traditional ideas of femininity or masculinity, and does not wish to classify themselves under any label of gender identity.
14. Asexual (ไม่มีความสนใจในเรื่องทางเพศ) : As defined by the APA Dictionary of Psychology, asexuality is the lack of a sexual drive.
15. Queer (เควียร์/ปฏิเสธการนิยามตนเองด้วยอัตลักษณ์ทางเพศวิถีทุกรูปแบบ) : As defined by the Oxford English Dictionary, queer is an umbrella term for people who identify as non-heterosexual and non-cisgendered. Originally simply meaning “strange,” it was used as a slur against LGBT individuals until being reclaimed by the community.
16. *Questioning (ยังไม่แน่ใจ)* : For the purposes of this report, the term questioning refers to the state of an individual as still unsure about their gender identity or sexual orientation, or do not wish to settle on one yet.

Expected Benefits and Applications

This information would hopefully then be used to better tailor strategies to handle mental health issues of the LGBT population in the future, as well as opening

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the conversation about mental health issues for the LGBT population and the hopes of using the results to determine a general starting point of which questions to ask in future studies, specifically within Thailand. The information gathered from this study may be used for more issues of the LGBT population which requires more deliberation, and to assuage the perception of sexual minority identities as being a "mental health disorder."

For example, topics that could later be expanded on can touch upon the support system for the members of the LGBT community, and if there have been no such existing systems, what can be done to help build them or to help them cope. If their opinions with medical services are not positive, what would make it possible to promote confidence in relying on them without engaging in negative stressors?

Data Collection & Analysis

The steps for data collection and analysis will be as follows:

1. Literary review and secondary data from various research, articles, and related documents. This will be applied in the formulation of the conceptual framework for the research and in the structuring of preliminary research questions.
2. Acquiring the permission to utilize the Thai translation of the State-Trait Anxiety Inventory through the coordination and preparation of communicating the request through official channels to the Faculty of Psychology, of Chulalongkorn University.
3. Quantitative research will employ the survey tool to determine the opinions of the sample group, consisting of at least 100 individuals

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who identify as a previously defined sexual minority. The details of which are as follows:

1. Developing and evaluating the survey tool by applying the analyzed data from the literary review, and secondary data to be used in a pilot test.
2. Coordinating with website platforms targeting the LGBT community and through appropriate new media and communication channels, specifically in order to distribute the survey and make it more accessible, as well as to better organize and retain information.
3. The dissemination of the survey and eventual compilation of the data through electronic means.

4. Assembling the data through data processing. This step will be the analysis and synthesis of the data through the SPSS V.22 program. The date will then be utilized within the research report and thesis according to the steps specified by the university.

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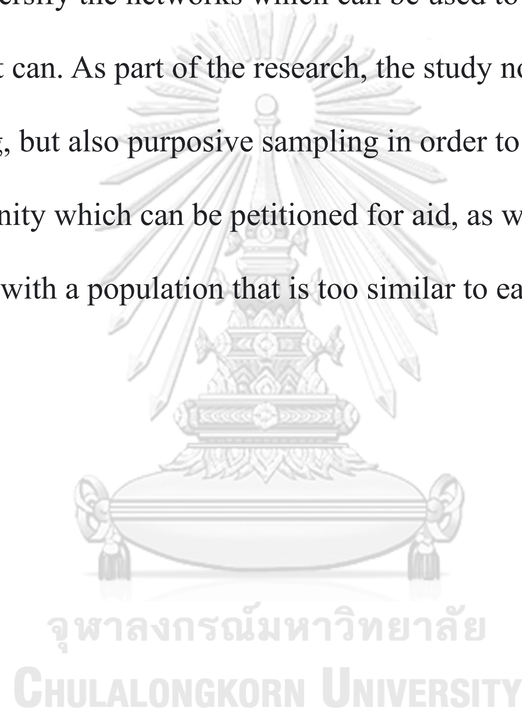
Expected Study Limitations, Obstacles and Problem-Solving Strategies

One of the greater limitations of the study may include the sampling of subgroups in sexual minorities, such as transgender individuals, due to possible non-disclosure of sexual identity for fear of stigmatization, as has been revealed through preliminary literature review and review of other secondary data. This falls into the purview of the ethical considerations that this study took into account due to its' target population. The problem-solving strategy which will be applied to this issue is

through the use of anonymous data gathering through online platforms to reduce the risk of disclosure of identity.

Another topic of limitations to the study is generalizability. This limitation appears to be inevitable, as the purpose of the study is for a specifically niche topic with a limited reach, within the sphere of even its own target population. Because there were constraints in the ability to acquire participants for the research, the study will attempt to diversify the networks which can be used to ascertain its sample groups as best as it can. As part of the research, the study not only requires the use of snowball sampling, but also purposive sampling in order to reach out to networks of the LGBT community which can be petitioned for aid, as well as minimizing the risk of a sample group with a population that is too similar to each other.



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Chapter 2

Literature Review and Related Research

On the literature review, there were very limited resources to draw from, as the topic of mental health within the LGBT community within Thailand itself is a conversation that has yet to be fully explored. Indeed, even the handful of literature in which will be explored in this section, the subject of mental health is quite sparse. Even in international communities, there are no specific prior works which discuss the topic of which was chosen for this thesis, that of which focuses solely on anxiety and social experience stressors, nor using the tool in which this thesis employs.

LGBT History in Thailand

On the topic of queer health, it must first be understood that the idea of being non-heterosexual and non-cisgendered was in and of itself considered to be a mental health issue in the West. Though Thailand was the only Southeast Asian country to avoid becoming colonized by a western country, the modernization of the country came hand in hand with the "westernization" of culture and ideals. This included ideas of gender roles, gender orientation, and sexuality to impose "social order" [(10)], which was exacerbated by the sensationalization of homosexuality, or more specifically in the act of framing homosexuality through the critical lens of strict social norms. This caused the ripple effect of discrimination which not only affected LGBT people socially, but economically, as they became associated with immoral behaviors and in some cases, actual criminal conduct – as seen in the infamous case of

Karun "Thua Dam" Phasuk, in which he not only owned and managed a gay brothel but was also caught engaging in pedophilia [3]. To this day his nickname, which means “Black Bean” in English, is still used as an extremely derogatory term for homosexuality, as it implies that homosexuality is synonymous with being a “felony.”

Observing the status of sexual orientation and gender identity in Thailand, one must first look into the history of LGBT existence and advocacy in the country, as well as the overview on cultural and societal responses, alongside how adopted Western norms have affected them. Though there is no determinable date of the beginning of homosexual behavior in Thai history, non-heteronormative behavior can be observed through various instances of informal documentation. This can be seen in literature dating back to works by famous Thai royal poet, Phra Sunthorn Vohara [2], and painted temple murals of earlier the Rattanakosin era (which covers a period from 1767 AD to the present day), as well as in verbal accounts of homosexual behavior in the Ayutthaya era (1351–1767 AD) – enough that there were terms to describe such behaviors even then: *Len-Peuen* for homosexuality between female courtiers and *Len-Sawat* for male courtiers [15].

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Religion

The two main religions of Thailand are Buddhism and Islam - with Theravada Buddhism being the leading religion in the country - both of which have varying degrees of negativity towards sexual minorities [48]. Theoretically, the idea behind Buddhism enlightenment is that all the values and perceptions that are applied within the mortal realm hold no meaning once enlightenment is achieved. As written within the Buddhist text *Vimalakīrti Nirdeśa*, the Buddha states that, “In all things, there is

neither male nor female." [51]. Among the five precepts in which Buddhism builds upon the topic of morality, which are guidelines in which a person should adhere to in order to reach spiritual enlightenment, the third precept states that one should be "aware of suffering caused by sexual misconduct" [16], though it is never specifically stated to directly reference any sort of gender identity or sexuality, and is typically assumed to convey that all monastic practitioners should refrain from sexual practices of all sorts.

In practice, however, it is rarely the same case as in theory. Ordained practitioners of Buddhism are still separated into male monks and female nuns, and those who don't fit within the binary are often placed in an awkward position or, in extreme cases, might even be turned away. Though times are of course changing and we are now seeing the emergence of more queer people within the religion, such as transgender monastics within some Tibetan Buddhist sects [29], it has not always been the case. Laurence Michael Dillon was a British transgender male physician who, in the course of his later years, would turn to Buddhism for safe harbor from all that he was suffering once he was forcefully exposed as a transgender man - the first ever in history to undergo phalloplasty. However, despite wishing to be ordained and even changing his name once more to do so, he found that Theravada Buddhism would not ordain someone of a "third sex," and that his own guru, who was also an Englishman and a monk, had claimed that, "[Dillon] was not able to beget a child [as a man]. ... To my mind it is this factor that determines the gender to which one belongs." [24].

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Legality and Rights

Official policies have been set in place for the population as part of the basic human rights of LGBT people, but there are societal attitudes and the effects on their well-being to consider, diving deeper into topics such as religion and media portrayal. While society seemingly tolerates the existence of previously defined sexual minorities, they will tolerate it insofar as those sexual minorities are willing to exist within boundaries set by the society and the culture [48], determined by limited definitions which have yet to assimilate true inclusive language. Officially, Thai laws do not quite extend over issues regarding sexual orientation and gender identities, both in the areas of general discrimination and in labor areas. Gaps in legal protection means there is no legal recognition for transgender identities or same-sex partnerships.

The topic of marriage of queer people within Thailand is one of many prominent ongoing conversations concerning legal issues which queer people have to face on a daily basis. The discrimination that the queer community faced was in no way closer to being put to rights, as there were still no systematic frameworks constructed for the social welfare of queer people in mind. What this means is that there were no legal rights pertaining to the life partnership of queer people, and queer people were not allowed to adopt if they are in a partnership which is not gender and sexuality conforming [12]. In 2020, a bill had been approved by the Cabinet but not the parliament to allow civil partnerships [41], but only a year later, Section 1448 of the Civil and Commercial Code (which was stated to only allow for the registration of a marriage between a man and a woman) was ruled as not against people's constitutional rights, therefore dismissing a case for a lesbian couple to be married [28].

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This, however, caused the conversation of the drafting of new laws which would be more inclusive and ensure equal rights for all people to gain traction and, in June of 2022, four bill were approved in order to win queer couples equal legal partnership rights as heterosexual couples [45] - the same week in which the first official pride parade in Thailand was held - including the marriage equality bill, a draft Act to amend the Civil and Commercial Code terms to include legal rights for partnerships that would be inclusive to all genders and sexualities. However, as with the introduction of the Gender Equality Act, B.E. 2558 (2015), there were also still some issues brought up about the inclusivity of the language of the bills themselves, including the issue that making a separate bill instead of amending previous terms would wrongly label queer people as “other” and “different” [27].

Acceptance and “Performative Inclusivity”

On important topics that should be considered when speaking on the foundations of what being a Thai LGBT individual means, the cultural value of the fear of public reproach if the individuals do not submit to performative conformity.[43] As stated by Sullivan and Jackson, “So long as a Thai homosexual 'man' or 'woman' maintains a public face of conforming to normative patterns of masculinity or femininity, respectively, he or she will largely escape sanctions.” [44]. This norm highlights the fact that Thai queerness still enforces a gender binary (for example, gay men, or *kathoey*, are expected to adhere to femininity, such as pronouns for women instead of pronouns for men) and, for the most part, forces the Thai LGBT population that does not comply into hiding what they identify as in public in order to “save

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face," rendering it extremely difficult to collect a true census of the population within the country.

The report "Being LGBT in Asia" for Thailand brings up the conflict between the portrayal of the country by the Tourism Authority as "...a gay paradise but where discussions of sexuality in society are still taboo…" [48] As mentioned before, one of the most important economic sectors in Thailand is the tourism sector and Thailand makes the most out of the perception that foreigners have in order to turn it into a driving force for socio-economic progress. The symbolism and iconography that tourists associate with Thailand and speaks on how to turn those characteristics into products and services to attract tourists [25]. The aspect of catering to LGBT tourists to attract them to a so called "paradise" seems to be dependent on this strategy, with other reports on how the government plans to increase the tourism sector's contribution to the country's GDP from 20% in 2019 to 40% by 2030 [45] combined with how the LGBT's pink money tourism makes up almost 2% of the economy as a whole [11].

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Much of the literature reinforces the through line of the dissociation between the perception of the "gay paradise" that the country is attempting to be and the reality of the fact that there is still no true acceptance of sexual minorities - socially, culturally, or legally [20].

Healthcare for LGBT

One of the major issues for the LGBT community is the fact that the differences in gender, orientation, and identity for sexual minorities greatly affect accessibility in all healthcare. A heteronormative lens is still used when policies are

made, and the lack of the LGBT perspective only exacerbates the problem of sexual minority stigmatization and discrimination. There is a perceived need for specialized channels of support and the development of the well-being of the LGBT community. "LGBTIQN+: Wellbeing Strategies in Thailand" summarizes 5 main well-being strategies that should be focused on for the next two years, including: the protection of their basic rights and dignity, establishment of a fair and accessible health system specifically for LGBT needs, development of a database and knowledge management to enhance well-being, reinforcing LGBT networks and communities to strengthen well-being, and the development of potential of the youth to promote well-being [(47)].

In 2011, there was an attempt to review research from a span of 10 years in order to determine the quality of research on LGBT in a nursing setting in the United States [(23)]. The study speaks on the misconception of a "statistical silence," and how low numbers or no numbers means the population does not exist. This idea is challenged in conjunction with the idea from Storer's work, Performing Sexual Identity: Naming and Resisting 'Gayness' in Modern Thailand, and how this statistical silence ties directly into the Thai culture of not placing the same weight into the Western idea of "coming out" as it directly opposed to the value of saving public face [(43)]. This report, however, was lacking in information from any Asian countries, with only 30% of the research used for examples not originating in the United States and those countries included England (2.5%), Israel (5%), Canada (2.5%), Sweden (10%), New Zealand (7.5%), and Botswana (2.5%). During the time of publishing, the study reported that homosexuality was still illegal in over 80 countries, which limited the pool of LGBT research that could be used for the study.

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However, on the topic of health and well-being, the main focus has primarily been on the physical, specifically how HIV and AIDS affect perception of LGBT individuals. The Thailand Country Report brings up three issues: HIV, sexual-reassignment surgery, and access to health services due to discrimination [48]. In the workplace, the decline of mental health is simply considered to be the aftereffects of workplace discrimination and violence [20], but is not considered to be the emphasis in a conversation about LGBT health.

Of the other aforementioned literature, there is no mention of mental health services under the topic of Thai LGBT health, despite the fact that homosexuality was once considered to be classified to be a mental disorder under the first edition of the DSM, specifically as a "sociopathic personality disturbance" [31]. This classification was removed in writing in 2013 in the DSM-5, with the acceptance of non-heterosexual and non-cisgender norms, but has yet to be completely actualized in practice, especially within the culture of Thailand. Several international research papers reference the idea of minority stress in LGBT groups, as LGBT individuals face different social situations than heterosexual and cisgender individuals do [9] [35] [37] [36] [39], and that those stressors heavily impact the state of LGBT mental health. However, to directly apply the Meyer's Minority Stress Model to the situation would be detrimental, as other factors must be taken in account – specifically social and cultural factors unique to the Thai experience.

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Anxiety Factors in LGBT

The LGBTI+ and 4P Support Model Study Report is a development project, recommending the development of the structure of support systems for people who

identify as LGBT. Exploring social factors that affect the wellbeing of this population, the report concluded that the relationships that were the most prominent in affecting LGBT health were their "4P": parents or other family members, peers, partners, and health service providers. The report focuses on the effects that the 4P have on the LGBT individuals and though it was not primarily geared towards the topic of mental health, there was mention of the importance of health services in general for the LGBT population, and the report provided a baseline of comparison regarding social factors that this report believes to have the most prominent effect on the LGBT individuals. In summary, it appears that whether or not the 4P of the LGBT individuals accepted or rejected them appeared to directly affect their confidence and acceptance of themselves [5]. Specific struggles that the LGBT population face are not yet fully understood and "...the greatest and often most important struggle that a Thai LGBT individual faces is that of family acceptance" [48] as the society emphasizes that a person must be "good" while culture defines being good as being filial to one's parents and fulfilling their duties to the family. This is not even to mention the discrimination and violence against members of the LGBT community in the workplace setting [20].

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Chapter 3

Research Methodology

Research Design

Descriptive cross sectional quantitative research study.

Population and Sample Size

The target population is the community of sexual minorities known as LGBT, which includes the population of lesbian, gay, bisexual, and transgender people and any who identify under the umbrella term “queer”. The population must be of Thai nationality, with a permanent Thai residence. According to the report of LGBT Capital [8], there are approximately 4 million LGBT people in Thailand, or 6% of the population. However, there is no conclusive evidence to this statistic being accurate, as there is no true census for perceived sexual minorities in Thailand.

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Inclusion Criteria

Basic inclusion criteria for the selection of the sample population to be a research participant consisted of the following:

1. Must be a member of the LGBT community. As defined before, the participant must identify under any of the terms that fall under the general term of LGBT or queer, examples of which include lesbian, gay, bisexual, or transgender.
2. Must have a Thai nationality.
3. Must have a permanent Thai residence.

4. Age range of 18-60 years.

Exclusion Criteria

Basic exclusion criteria for the selection of the sample population to be a research participant consisted of the following:

1. Those who choose to omit required information to determine their inclusion into the study group (eg. Not stating both gender identity and sexuality or not fully completing the STAI).
2. Those who do not or are not capable of reading and comprehending the Thai language.

The sample group in the quantitative research will be determined by using the method of purposive sampling, by connecting with online communities of Thai LGBT people. This will be in tandem with snowball sampling through other networks of LGBT people personally.

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Generally, sample size would be determined using the ready-made table established by the Taro Yamane formula, wherein, the variable 'n' signifies the sample size, the variable 'N' signifies the population under study, and the variable 'e' signifies the margin error:

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

However, as stated previously, it is not possible to gain the variable ‘N’ as there is no conclusive evidence of a true population census for the LGBT community within Thailand. The sample size will then therefore be obtained at an unbounded

population size, with a size error of ±10% so that the sample size will be at 100 people ($100{,}000 < N < \infty$). (Appendix, Table 1)

The units of analysis in this study are the individuals who identify under the term of LGBT.

Measurement and Tools

The study employed a survey that was separated into three sections. The initial section was used to determine the relevant personal information of the targeted LGBT demography to be used as factors of correlation in the data analysis, as well as providing electronic writing with regards to the information on the nature of the survey and how the information would be used and approval for the consent for their information to be used.

The second section of the survey incorporated the information accumulated from the various literature reviews to formulate questions on LGBT-centric experiences, and the development and evaluation of the survey tool was accomplished by applying the analyzed data from the literary review, as well as other secondary data. From the data, the stressors were organized into the following categories: coming out and the experiences of coming out, acceptance of intimate social groups and colleagues (which includes the acceptance of parents and family members, friends, partners, medical providers, and colleagues), and acceptance of society. This is due to the fact that, while the STAI identifies individuals with anxiety, the topics that are touched upon within the inventory are less specific to LGBT experiences. Though there have been a handful of research papers on stress levels using the STAI with queer people (such as "Gay Community Stress Scale with Its Cultural

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Translation and Adaptions in Taiwan," published in 2022 by the International Journal of Environmental Research and Public Health), there has not been one done specifically for the LGBT community as a whole. Therefore, the second part of the survey will be used to verify if the information gathered during the interviews are universal stress and anxiety factors or not, within the environment of a queer population in Thailand. This portion of the survey also employed a 4-point Likert scale in order to complement the STAI. This survey tool was then to a small anonymous sample group of the LGBT community to be used as a pilot test.

The third section of the survey was the State-Trait Anxiety Inventory (STAI), to be used to determine the level of anxiety in the individual participating in the survey. The forms for both state and trait anxiety consist of 20 questions each. The STAI employs a 4-point Likert scale, which is preferable to the study as it eliminates the possibility of neutrality, for a total score range of 20-80 calculated from a sum of the total scores (with reverse-coded scores for anxiety absent questions). State and trait anxieties are then grouped into 3 levels:

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20 – 37	Low or no anxiety
38 – 44	Moderate anxiety
45 – 80	High anxiety

The internal consistency for the STAI was determined using the Cronbach alpha coefficient. For the original Form Y, internal consistency coefficients ranged from .86 to .95, with test-retest reliability coefficients ranging from .65 to .75 over a 2 month interval [42]. For the Thai translated Form Y-1, internal consistency coefficients ranged from .79 to .92, with test-retest reliability coefficients of .95 [1]. For the Thai

translated Form Y-2, internal consistency coefficients ranged from .86 to .92, with test-retest reliability coefficients ranging from .73 to .92 [4] [13].

The first reason that the STAI was chosen for this particular research is first due to the relationship of what the inventory was measuring compared to the basis of the purpose of the study. The second reason is that the STAI is an inventory that has already been reliably proven to be an international and domestic baseline for measurement of anxiety, and was already being used by the University of Chulalongkorn in previous research on topics which included factors of anxiety. It was translated into Thai by Assoc. Prof. Sompoch Iamsupasit, Ph.D., from the College of Public Health Sciences, Chulalongkorn University.

Permission to utilize the Thai translation of the State-Trait Anxiety Inventory was acquired through the coordination and preparation of communicating the request through official channels to the Faculty of Psychology, of Chulalongkorn University.

Ethics

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For issues on ethics, the study referred to the framework defined by the American Psychological Association under the topic of the ethical principles of psychologists and code of conduct. This includes beneficence/nonmaleficence, fidelity/responsibility, integrity, justice, and the respect for people’s rights and dignity.

Due to the fact that this study worked with a population of a group of sexual minorities, the major issues to be considered were the concerns of awareness of bias and respect for diversity (cultural vulnerability, with regards to the perception of the general public to the LGBT community). Privacy and participant confidentiality were

of utmost importance, to respect the decision of disclosure or non-disclosure of the individual's sexual identity. The study was responsible for making sure to receive informed consent from the participants, while minimizing any risks the individuals will face through participating as well as retaining the ability to report findings accurately and reliably. Participants were informed in electronic writing prior to the beginning of the survey of any sort of record keeping and utilization of the data they offer during the research.

Data Collection

Secondary data from various research, articles, and related documents was applied in the formulation of the conceptual framework for the research and in the structuring of preliminary research questions. As disclosed prior, much of the framework was done so by analyzing the literature on the topic of LGBT in Thailand that had been done before, as well as some LGBT research done in other countries, to determine what best questions that were still to ask about health and mental health services within the community. Preliminary studies showed that the topic of mental health for the LGBT community as a whole was quite severely lacking in resources, and therefore this is the gap in which this research would attempt to fill.

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Some coordination with website platforms targeting the LGBT community had to be done in order to circulate the survey itself, in an attempt to make it as accessible as possible, as well as to better organize and retain information. This was done through new media and communication channels, as well as directly promoting the survey itself through online forums for the LGBT community and networking with

social media platforms of official groups and communities for the LGBT community in Thailand, such as on Facebook, Twitter, and Discord.

Data Analysis

The finalized information was compiled and processed through the SPSS V.22 program, through the processes as follows:

1. Crosstabulations was used to determine the percentages of the factors in demography and queer specific stressors.
2. Pearson's chi-squared test was used to determine significance from the relevant factors for state and trait anxiety.
3. Backwards stepwise regression was used in order to determine the likelihood of correlation between the factors from the chi-squared test, with state or trait anxiety.

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Chapter 4
Results of Data Analysis

Data from 100 people who identified as the previously defined gender and sexual minorities was analyzed from an actual total of 107 people that responded to the dissemination of the survey, as not all satisfied the qualifications for the study. For the sake of the study, anxiety values above the threshold stated for low or no anxiety with regards to the STAI scoring range was considered as the subject having anxiety, and will be separated into groups which determine whether or not the subject's state and trait anxieties are the same level.

Data analysis will be separated into 6 sections, as follows:

Part 1: Demography : The first part of the survey determines the demography breakdown of survey takers, with 9 generalized questions regarding various demographic factors which were determined could be significant to the survey.

Part 2: Queer-Specific Stressors : The second part of the survey focused on specific stressors that could occur within social experiences using the framework from the aforementioned secondary research and literature reviews, which could be summarized into 20 questions in total.

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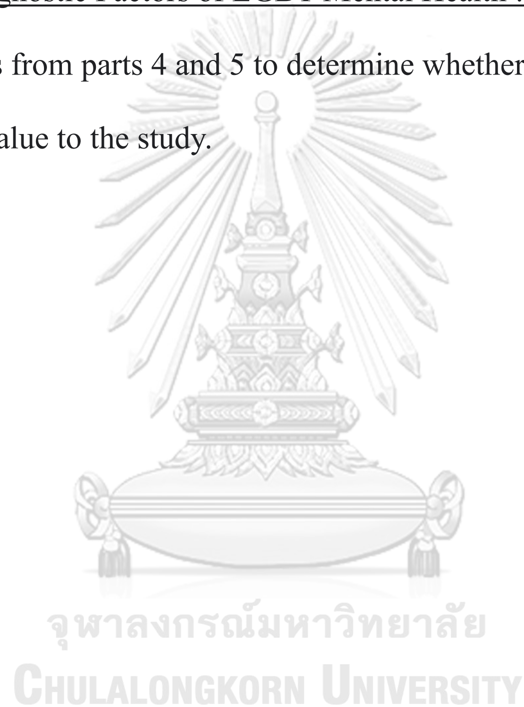
Part 3: State-Trait Anxiety : The third part of the survey focuses on the STAI, which measures anxiety in two forms. The state anxiety form (Y-1) measures temporary anxiety, and anxiety responses to immediate or short-term stressors which depend on the situation. The trait anxiety form (Y-2) measures anxiety that has longer-lasting effects. Both forms adopt the same scoring range.

Part 4: Significance in Survey Questions for State Anxiety : Once the percentages for parts 2 and 3 of the survey were collected, the chi-square analysis was used in order to find the statistical significance of the variables to state anxiety.

Part 5: Significance in Survey Questions for Trait Anxiety : Once the percentages for parts 2 and 3 of the survey were collected, the chi-square analysis was used in order to find the statistical significance of the variables to trait anxiety.

Part 6: Prognostic Factors of LGBT Mental Health : Bivariate regression is used on the factors from parts 4 and 5 to determine whether or not the significant factors have any value to the study.



1. Demography

Table 1 Quantity and percentage of the study demography, including the variables of age (by range), gender identity, sexual orientation, religion, marital status, education, occupation, income (by range) and current address, at a sample size of 100 people.

Study Variable (N = 100)	**Quantity**	**Percentage**
Age		
Average Age = 28.9		
Minimum Value = 18 , Maximum Value = 59		
≤ 20	13	13.5%
21-30	51	53.1%
31-40	23	24%
≥41	9	9.4%
Gender Identity		
Female	53	53%
Male	28	28%
Non-binary	16	16%
Transgender Female	2	2%
Transgender Male	1	1%
Sexual Orientation		
Homosexual	48	48%
Heterosexual	1	1%
Bisexual	25	25%
Pansexual	10	10%
Asexual	9	9%
Questioning	1	1%
Queer	6	6%
Religion		
Buddhism	68	68.7%
Islam	3	3%
Hinduism	1	1%
Christianity	2	2%
Atheism/Agnosticism	25	25.3%

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Table 1 (cont.)

Study Variable	Quantity	Percentage
Marital Status		
Single	80	80%
Married	4	4%
Cohabitation/Partnership	15	15%
Separated	1	1%
Education		
Undergraduate	11	11.2%
Bachelors	63	64.3%
Masters	19	19.4%
Doctorate	5	5.1%
Occupation		
Government Official	12	12.6%
Private Sector Employee	33	34.7%
Freelancer	24	25.3%
Business Owner	6	6.3%
Student	20	21.1%
Income		
Average Income = 59,110.86		
Minimum Value = 4,000 , Maximum Value = 1,000,000		
≤ 10,000	14	18.7%
10,001 – 100,000	52	69.3%
100,001 – 1,000,000	8	10.7%
≥1,000,001	1	1.3%
Current Address		
Bangkok and the surrounding provinces	78	79.5%
Central/East	7	7.1%
South	6	6.1%
Northeast/Isan	5	5.1%
North	2	2%

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In terms of gender identity, 53% identified themselves as cisgender and female, making up the majority of the sample of survey takers. Cisgender and male made up the secondary majority, with 28%, followed by those who identified as

nonbinary/gender fluid, at 16%. Some difficulty arose with the issue of attempting to distribute the survey towards sample groups that were transgender, and therefore the transgender male and transgender female sample sizes were 2% and 1%, respectively.

On the topic of sexual orientation, the majority leaned towards homosexuality (48%). Bisexuality (25%) and pansexuality (10%) were the second largest portion of the study. As stated before in the section for operational definitions and terminology, or the purpose of this study, bisexuality and pansexuality are both defined as the attraction towards both male and female, with the distinction being that those that define themselves as bisexual are generally cisgendered while pansexual individuals tend to lean towards those who have determined themselves to be non-conforming to traditionally defined forms of gender identity. Quite a few members of the study determined themselves to be asexual/aromantic (9%) and several others declined to establish a specific label for themselves, more comfortable with the general umbrella term of queer (6%). This established that most queer Thai people do have a sense of their identity in terms of what they determine their labels to be, as the minority portion of the study chose to describe their sexual orientation as “questioning” (1%).

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1% of the sample identified themselves as heterosexual. While originally by the definition stated within the operational definitions and terminology, heterosexuality itself is not considered to be part of the LGBT community, the inclusivity of this option was done in regards to the variety of gender identities which could still consider themselves heterosexual. For example, transgender, nonbinary, or genderqueer individuals would still have the freedom of having romantic or sexual attraction to those who are either a gender opposite or different from themselves, but would still be regarded as a member of the queer community. Further analysis of the

heterosexual descriptor in the study further supports this distinction as the sample which chose this option was also entirely composed of the transgender female identity.

The most prominent religious belief in Thailand is generally considered to be Theravada Buddhism (Office of International Religious Freedom, 2022), and the study reflects this as most of the sample were Buddhist (68.7%). According to the Office of International Religious Freedom of the U.S. Department of State, the second largest religious demography in Thailand is Islam as it is a dominating religion in several large southern provinces. However, the percentage of those in the study stating Islam as their religion only amounted to 3%. The minority in religious beliefs were Christianity and Hinduism (2% and 1%, respectively), with state and trait anxiety trending towards moderate and high. A surprising portion of the sample actually defined themselves as either atheist or agnostic (25.3%).

80% of those involved in the study stated a single relationship status. 15% reported a partnership or cohabitation without marriage. 4% were married. There is only 1% of survey takers who were separated and no percentage who had been divorced.

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There was a range of education groups but the majority of survey takers had higher education consisting of Bachelors' degrees (64.3%, age range 18 to 43), Masters' degrees (19.4%, age range 22 to 59), and Doctorates (5.1%, age range 34 to 46). Undergraduates made up 11.2% of the sample size population, with a 18-40 age range. 2% of the study declined to state their education level.

Private sector employees make up the majority of the occupation section of the survey at 34.7%, with a general income range of 9,000-250,000 baht. Freelancing is

the second most popular occupation, at 25.3%, with an income range at 8,000-200,000 baht. A large portion of the survey takers were also mostly students (21.1%), who mostly declined to specify income. 12.6% of the survey takers were government officials (income range at 13,000-150,000 baht), while the minority (6.3%) were private business owners (income range at 50,000-1,000,000 baht). 5% of survey takers declined to state their income.

Almost 79.6% of the study's sample size currently lives within Bangkok, the Bangkok Metropolitan area, and its surrounding provinces, making it the overwhelming greater part in comparison to the other provinces that are stated in the study. These provinces include those in the North (2%), Northeast (5.1%), South (6.1%), as well as other parts of Central and Eastern Thailand (7.1%). 2% declined to state their current address.

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2. Queer-Specific Stressors

Table 2 Quantity and percentage of the study demography in response to 20 questions about queer specific situations and stressors, at a sample size of 100 people.

Study Variable	Quantity	Percentage
1. การเปิดเผยที่ตนเองเป็น **LGBT** แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด **(Coming out accidentally would be considered stressful.) (N= 100)**		
Disagree	24	24%
Partially Disagree	24	24%
Partially Agree	32	32%
Agree	20	20%
2. การเปิดเผยว่าตนเองเป็น **LGBT** เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา **(You are worried about the repercussions of the results of coming out.) (N= 100)**		
Disagree	24	24%
Partially Disagree	24	24%
Partially Agree	36	36%
Agree	16	16%
3. ท่านมีความมั่นใจในการเปิดเผยว่าตนเองเป็น **LGBT** กับคนที่ไม่รู้จักมากกว่าคนใกล้ตัว **(You feel that it would be easier to come out as LGBT to someone you didn't know, moreso that you would to someone you knew.) (N= 100)**		
Disagree	25	25%
Partially Disagree	31	31%
Partially Agree	21	21%
Agree	24	24%
4. พ่อและ/หรือแม่ของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น **LGBT (Your father and/or mother were accepting of the fact that you are LGBT). (N= 99)**		
Disagree	16	16.2%
Partially Disagree	20	20.2%
Partially Agree	25	25.3%
Agree	38	38.4%

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Table 2 (cont.)

Study Variable	Quantity	Percentage
5. พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น **LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.) (N= 99)**		
Disagree	11	11.1%
Partially Disagree	23	23.2%
Partially Agree	32	32.3%
Agree	33	33.3%
6. บุคคลในกลุ่มเพื่อนสนิทของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น **LGBT (Your close friends were accepting of the fact that you are LGBT) (N= 100)**		
Disagree	1	1%
Partially Disagree	5	5%
Partially Agree	20	20%
Agree	74	74%
7. บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น **LGBT (Your co-workers were accepting of the fact that you are LGBT.) (N= 93)**		
Disagree	5	5.4%
Partially Disagree	15	16.1%
Partially Agree	29	31.2%
Agree	44	47.3%
8. ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น **LGBT** กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ **(You are willing to come out to medical providers eg. for check-ups and medical purposes.) (N= 99)**		
Disagree	7	7.1%
Partially Disagree	5	5.1%
Partially Agree	32	32.3%
Agree	55	55.6%

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Table 2 (cont.)

Study Variable	Quantity	Percentage
9. ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences with medical providers as a result of coming out as LGBT.) (N= 97)**		
Disagree	62	63.9%
Partially Disagree	19	19.6%
Partially Agree	12	12.4%
Agree	4	4.1%
10. ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences with medical providers even without coming out as LGBT.) (N= 98)**		
Disagree	48	49%
Partially Disagree	15	15.3%
Partially Agree	19	19.4%
Agree	16	16.3%
11. ท่านเคยมีประสบการณ์เชิงลบ ในระหว่างการศึกษาเล่าเรียน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences during your school years as a result of coming out as LGBT.) (N= 99)**		
Disagree	44	44.4%
Partially Disagree	23	23.2%
Partially Agree	22	22.2%
Agree	10	10.1%
12. ท่านเคยมีประสบการณ์เชิงลบในระหว่างการศึกษาเล่าเรียน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences during your school years because it was known that you were LGBT, even though you had not come out.) (N= 99)**		
Disagree	47	47.5%
Partially Disagree	21	21.2%
Partially Agree	21	21.2%
Agree	10	10.1%

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Table 2 (cont.)

Study Variable	Quantity	Percentage
13. ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences while applying for a job as a result of coming out as LGBT.) (N= 93)**		
Disagree	56	60.2%
Partially Disagree	21	22.6%
Partially Agree	10	10.8%
Agree	6	6.5%
14. ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เพราะมีคนอื่นทราบแม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences while applying for a job because it was known that you were LGBT, even though you had not come out.) (N= 91)**		
Disagree	56	61.5%
Partially Disagree	20	22%
Partially Agree	6	6.6%
Agree	9	9.9%
15. ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences at work as a result of coming out as LGBT.) (N= 95)**		
Disagree	56	59%
Partially Disagree	24	25.3%
Partially Agree	12	12.6%
Agree	3	3.2%

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Table 2 (cont.)

Study Variable	**Quantity**	**Percentage**
16. ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น **LGBT (You have had negative experiences at work because it was known that you were LGBT, even though you had not come out.) (N= 95)**		
Disagree	55	57.9%
Partially Disagree	22	23.2%
Partially Agree	10	10.5%
Agree	8	8.4%
17. การเปิดเผยที่ตนเองเป็น **LGBT** จะมีประโยชน์ต่อการได้รับบริการทางสังคมมากขึ้น เช่น บริการด้านสุขภาพ/การรักษาพยาบาล **(Coming out as LGBT will give you more social benefits eg. healthcare.) (N= 99)**		
Disagree	29	29.3%
Partially Disagree	23	23.2%
Partially Agree	26	26.3%
Agree	21	21.2%
18. บริการทางสังคมควรมีช่องทางเฉพาะสำหรับ **LGBT** เช่น คลีนิคและบุคลากรการแพทย์ ซึ่งเป็นผู้เชี่ยวชาญที่ได้รับการฝึกอบรม ฯลฯ **(Social services should have dedicated avenues for LGBT eg. clinics and medical providers, who are trained professionals with regards to LGBT specific issues.) (N= 100)**		
Disagree	21	21%
Partially Disagree	6	6%
Partially Agree	31	31%
Agree	42	42%

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Table 2 (cont.)

Study Variable	**Quantity**	**Percentage**
19. การไม่เปิดเผยที่ตนเองเป็น **LGBT** ทำให้ท่านมีความสบายใจในการที่ได้รับการยอมรับจากสังคมมากกว่าการเปิดเผยตัวตน **(You feel more comfortable with acceptance from a societal standpoint if you do not come out as LGBT.)** (**N= 100**)		
Disagree	29	29%
Partially Disagree	30	30%
Partially Agree	21	21%
Agree	20	20%
20. การนำเสนอเรื่องราว **LGBT** ผ่านสื่อต่างๆในปัจจุบันช่วยให้สังคมยอมรับคนที่เป็น **LGBT** มากขึ้น **(If LGBT had more exposure in multimedia, it will result in more acceptance of LGBT as a whole.)** (**N= 100**)		
Disagree	9	9%
Partially Disagree	14	14%
Partially Agree	32	32%
Agree	45	45%

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A 52% total of survey takers agreed that coming out accidentally would be considered stressful significant stress. A of 52% total were worried about the future repercussions of coming out. A of 56% total did not think that it would be easier to come out as LGBT to someone they didn't know, compared to someone that they did. The majority of survey takers had a positive relationship with coming out to the people around them, with acceptance from their parents (63.7% total), siblings or other family members (65.6% total), close friends (94% total), and co-workers (78.5% total).

A 87.9% total of survey takers were willing to come out to providers for check-up and medical purposes. In terms of the relationship with medical providers and situations that require medical services, 83.5% of survey takers did not have negative experiences as a result of coming out as LGBT and 64.3% did not have

negative experiences in general. A 73% total believe that social services should have dedicated avenues for queer people, such as clinics and medical providers who are trained professionals with regards to LGBT specific issues.

A 52.5% total do not agree that coming out will give them more social benefits, such as with healthcare. A 59% total would not feel more comfortable not coming out as LGBT. A 77% total believe that if the LGBT community had more exposure in multimedia channels, it would result in more acceptance of LGBT as a whole.

A 67.6% total of survey takers did not have negative experiences as a result of coming out as LGBT during their school years and 68.7% did not have negative experiences during their school years in general, despite others knowing that they were queer.

A 82.8% total of survey takers did not have negative experiences as a result of coming out as LGBT while applying for a job and 83.5% did not have negative experiences while applying for a job in general, despite others knowing that they were queer.

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A 84.3% total of survey takers did not have negative experiences as a result of coming out as LGBT at work and 81.1% did not have negative experiences while at work in general, despite others knowing that they were queer.

3. State-Trait Anxiety

Table 3 Quantity and percentage of the study sample's levels of anxiety for state anxiety and trait anxiety, at a sample size of 100 people.

Study Variable (N=100)	Quantity	Percentage
State Anxiety		
- No or Low Anxiety	38	38%
- Moderate Anxiety	22	22%
- High Anxiety	40	40%
Trait Anxiety		
- No or Low Anxiety	35	35%
- Moderate Anxiety	22	22%
- High Anxiety	43	43%

As stated prior, both state and trait anxiety had the same three levels of classification, and for both, the high anxiety level was the most prevalent anxiety level (40% and 43% respectively). This leads to a total of 62% of survey takers having a level of state anxiety and 65% total having a level of trait anxiety.

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4. Significance in Survey Questions for State Anxiety

Table 4 The demography's significance in correlation to State Anxiety was determined according to the chi-square analysis, as follows:

	State Anxiety			
Demography	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
1. Age (N=96)			.397	.529
• ≤20	6 (6.3%)	8 (8.3%)		
• >20	28 (29.2%)	54 (56.3%)		
2. Sexuality (N=100)			2.072	.722
• Homosexual	18 (18%)	30 (30%)		
• Heterosexual	0 (0%)	1 (1%)		
• Bisexual or Pansexual	13 (13%)	22 (22%)		
• Asexual	3 (3%)	6 (6%)		
• Questioning or Queer	1 (1%)	6 (6%)		
3. Gender Identity (N=100)			2.245	.326
• Female	16 (16%)	37 (37%)		
• Male	13 (13%)	15 (15%)		
• Trans Identity	6 (6%)	13 (13%)		

*Statistically significant at α = .05

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Table 4 (cont.)

State Anxiety				
Demography	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
4. Religion (N=99)			4.882	.087
• Buddhism	28 (28.3%)	40 (40.4%)		
• Other	0 (0%)	6 (6.1%)		
• Atheism/Agnosticism	7 (7.1%)	18 (18.2%)		
5. Relationship Status (N=100)			.5521	.471
• No current existing partnership	27 (27%)	54 (54%)		
• Existing partnership, cohabitation, or marriage	8 (8%)	11 (11%)		
6. Education (N=98)			.512	.474
• Undergraduate	5 (5.1%)	6 (6.1%)		
• Higher Education	30 (30.6%)	57 (58.2%)		
7. Occupation (N=95)			6.462	.011*
• Currently Employed	22 (23.2%)	53 (55.8%)		
• Student	12 (12.6%)	8 (8.4%)		
8. Income (N=76)			.227	.634
• ≤10,000	2 (2.6%)	5 (6.6%)		
• >10,000	26 (34.2%)	43 (56.6%)		

*Statistically significant at $\alpha = .05$

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Table 4 (cont.)

State Anxiety				
Demography	**No or Low Anxiety**	**Anxiety**	**$\chi 2$**	**p-value**
9. Address (N=92)			4.882	.087
• Bangkok and surrounding provinces	28 (28.3%)	40 (40.4%)		
• Outside Bangkok	0 (0%)	6 (6.1%)		

*Statistically significant at α = .05

The only demographic variable that was found to be statistically significant in correlation to State Anxiety was occupation (p = .011), with the largest group being those who were currently under employment and had a level of anxiety (55.8%).

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Table 5 The survey questions' significance in correlation to State Anxiety, according to the chi-square analysis.

	State Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q1	การเปิดเผยที่ตนเองเป็น LGBT แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด (Coming out accidentally would be considered stressful.) (N=100)			4.762	.029*
	• Agree	13 (13%)	39 (39%)		
	• Disagree	22 (22%)	26 (26%)		
Q2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา (You are worried about the repercussions of the results of coming out.) (N=100)			4.762	.029*
	• Agree	13 (13%)	39 (39%)		
	• Disagree	22 (22%)	26 (26%)		
Q3	ท่านมีความมั่นใจในการเปิดเผยว่าตนเองเป็น LGBT กับคนที่ไม่รู้จักมากกว่าคนใกล้ตัว (You feel that it would be easier to come out as LGBT to someone you didn't know, moreso that you would to someone you knew.) (N=100)			.350	.554
	• Agree	14 (14%)	30 (30%)		
	• Disagree	21 (21%)	35 (35%)		

*Statistically significant at α = .05

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Table 5 (cont.)

	State Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q4	พ่อและ/หรือแม่ของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your father and/or mother were accepting of the fact that you are LGBT). (N=100)			5.569	.018*
	• Agree	27 (27.3%)	36 (36.4%)		
	• Disagree	7 (7.1%)	29 (29.3%)		
Q5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.) (N=100)			12.608	.000*
	• Agree	31 (31.3%)	34 (34.3%)		
	• Disagree	4 (4%)	30 (30.3%)		
Q6	บุคคลในกลุ่มเพื่อนสนิทของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your close friends were accepting of the fact that you are LGBT) (N=100)				
	• Agree	35 (35%)	59 (59%)	3.437	.064
	• Disagree	0 (0%)	6 (6%)		

*Statistically significant at α = .05

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Table 5 (cont.)

	State Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q7	บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your co-workers were accepting of the fact that you are LGBT.) (N=100)			6.242	.012*
	• Agree	29 (31.2%)	44 (47.3%)		
	• Disagree	2 (2.2%)	18 (19.4%)		
Q8	ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น LGBT กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ (You are willing to come out to medical providers eg. for check-ups and medical purposes.) (N=100)			4.362	.037*
	• Agree	34 (34.3%)	53 (53.5%)		
	• Disagree	1 (1%)	11 (11.1%)		
Q9	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers as a result of coming out as LGBT.) (N= 97)			.050	.822
	• Agree	6 (6.2%)	10 (10.3%)		
	• Disagree	28 (28.9%)	53 (54.6%)		

*Statistically significant at α = .05

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Table 5 (cont.)

	State Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q10	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers even without coming out as LGBT.) (N= 98)			3.920	.048*
	• Agree	8 (8.2%)	27 (27.6%)		
	• Disagree	27 (27.6%)	36 (36.7%)		
Q11	ท่านเคยมีประสบการณ์เชิงลบ ในระหว่างการศึกษาเล่าเรียน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences during your school years as a result of coming out as LGBT.) (N= 99)			2.746	.097
	• Agree	15 (15.2%)	17 (17.2%)		
	• Disagree	20 (20.2%)	47 (47.5%)		
Q12	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการศึกษาเล่าเรียน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences during your school years because it was known that you were LGBT, even though you had not come out.) (N= 99)			.189	.664
	• Agree	10 (10.1%)	21 (21.2%)		
	• Disagree	25 (25.3%)	43 (43.4%)		

*Statistically significant at $\alpha = .05$

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Table 5 (cont.)

	Survey Question	No or Low Anxiety	Anxiety	χ2	p-value
	State Anxiety				
Q13	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences while applying for a job as a result of coming out as LGBT.) (N= 93)			.038	.846
	• Agree	5 (5.4%)	11 (11.8%)		
	• Disagree	26 (28%)	51 (54.8%)		
Q14	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences while applying for a job because it was known that you were LGBT, even though you had not come out.) (N= 91)			1.582	.208
	• Agree	3 (3.3%)	12 (13.2%)		
	• Disagree	28 (30.8%)	48 (52.7%)		
Q15	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences at work as a result of coming out as LGBT.) (N= 95)			.512	.474
	• Agree	4 (4.2%)	11 (11.6%)		
	• Disagree	29 (30.5%)	51 (53.7%)		

*Statistically significant at α = .05

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Table 5 (cont.)

	Survey Question	No or Low Anxiety	Anxiety	χ2	p-value
	State Anxiety				
Q16	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences at work because it was known that you were LGBT, even though you had not come out.) (N= 95)			3.199	.074
	• Agree	3 (3.2%)	15 (15.8%)		
	• Disagree	30 (31.6%)	47 (49.5%)		
Q17	การเปิดเผยที่ตนเองเป็น LGBT จะมีประโยชน์ต่อการได้รับบริการทางสังคมมากขึ้น เช่น บริการด้านสุขภาพ/การรักษาพยาบาล (Coming out as LGBT will give you more social benefits eg. healthcare.) (N= 99)			1.007	.316
	• Agree	19 (19.2%)	28 (28.3%)		
	• Disagree	16 (16.2%)	36 (36.4%)		
Q18	บริการทางสังคมควรมีช่องทางเฉพาะสำหรับ LGBT เช่น คลีนิคและบุคลากรการแพทย์ ซึ่งเป็นผู้เชี่ยวชาญที่ได้รับการฝึกอบรม ฯลฯ (Social services should have dedicated avenues for LGBT eg. clinics and medical providers, who are trained professionals with regards to LGBT specific issues.) (N= 100)				
	• Agree	23 (23%)	50 (50%)	1.450	.229
	• Disagree	12 (12%)	15 (15%)		

*Statistically significant at α = .05

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Table 5 (cont.)

	State Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q19	การไม่เปิดเผยที่ตนเองเป็น LGBT ทำให้ท่านมีความสบายใจในการที่ได้รับการยอมรับจากสังคมมากกว่าการเปิดเผยตัวตน (You feel more comfortable with acceptance from a societal standpoint if you do not come out as LGBT.) (N= 100)			.331	.565
	• Agree	13 (13%)	28 (28%)		
	• Disagree	22 (22%)	37 (37%)		
Q20	การนำเสนอเรื่องราว LGBT ผ่านสื่อต่างๆในปัจจุบันช่วยให้สังคมยอมรับคนที่เป็น LGBT มากขึ้น (If LGBT had more exposure in multimedia, it will result in more acceptance of LGBT as a whole.) (N= 100)			1.043	.307
	• Agree	29 (29%)	48 (48%)		
	• Disagree	6 (6%)	17 (17%)		

*Statistically significant at α = .05

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The survey questions that were found to be statistically significant in correlation to State Anxiety, in order from highest to lowest, were determined to be as follows:

Q5. **Your siblings and/or other family members were accepting of the fact that you are LGBT.** 65 (65.7%) people from the sample agreed with this statement and 34 (34.3%) disagreed. Of those who were in agreement, 34 (52.3%) had state anxiety and

31 (47.7%) had no or low state anxiety. Of those who were in disagreement 30 (88.2%) had state anxiety and 4 (11.8%) had no or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (34.3%).

Q7. **Your co-workers were accepting of the fact that you are LGBT.** 73 (78.5%) people from the sample agreed with this statement and 20 (21.5%) disagreed. Of those who were in agreement, 44 (60.3%) had state anxiety and 29 (39.7%) had no or low state anxiety. Of those who were in disagreement 18 (90%) had state anxiety and 2 (10%) had no or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (47.3%).

Q4. **Your father and/or mother were accepting of the fact that you are LGBT.** 63 (63.6%) people from the sample agreed with this statement and 36 (36.4%) disagreed. Of those who were in agreement, 36 (57.1%) had state anxiety and 27 (42.9%) had no or low state anxiety. Of those who were in disagreement 29 (80.6%) had state anxiety and 7 (19.4%) had no or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (36.4%).

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Q1. **Coming out accidentally would be considered stressful.** 52 (52%) people from the sample agreed with this statement and 48 (48%) disagreed. Of those who were in agreement, 39 (75%) had state anxiety and 13 (25%) had no or low state anxiety. Of those who were in disagreement 26 (54.2%) had state anxiety and 22 (45.8%) had no

or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (39%).

Q2. **You are worried about the repercussions of the results of coming out.** 52 (52%) people from the sample agreed with this statement and 48 (48%) disagreed. Of those who were in agreement, 39 (75%) had state anxiety and 13 (25%) had no or low state anxiety. Of those who were in disagreement 26 (54.2%) had state anxiety and 22 (45.8%) had no or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (39%).

Q8. **You are willing to come out to medical providers eg. for check-ups and medical purposes.** 87 (87.9%) people from the sample agreed with this statement and 12 (12.1%) disagreed. Of those who were in agreement, 53 (60.9%) had state anxiety and 34 (39.1%) had no or low state anxiety. Of those who were in disagreement 11 (91.7%) had state anxiety and 1 (8.3%) had no or low state anxiety. The largest group from this factor are those who were in agreement and had state anxiety (53.5%).

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Q10. **You have had negative experiences with medical providers even without coming out as LGBT.** 35 (35.7%) people from the sample agreed with this statement and 63 (64.3%) disagreed. Of those who were in agreement, 27 (77.1%) had trait anxiety and 8 (22.9%) had no or low trait anxiety. Of those who were in disagreement 36 (57.1%) had trait anxiety and 27 (42.9%) had no or low trait anxiety. The largest group from this factor are those who were in disagreement and had trait anxiety (36.7%).

Table 6 Correlation matrix of variables with statistical significance and state anxiety.

	Study Variable	Q1	Q2	Q4	Q5	Q7	Q8	Q10	State Anxiety
Q1	การเปิดเผยที่ตนเองเป็น LGBT แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด (Coming out accidentally would be considered stressful.) (*p* = .029)	1.00	.559	-.340	-.276	-.297	-.236	.247	.218
Q2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา (You are worried about the repercussions of the results of coming out.) (*p* = .029)		1.00	-.340	-.446	-.372	-.298	-.009	.218
Q4	พ่อและ/หรือแม่ของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your father and/or mother were accepting of the fact that you are LGBT). (*p* = .018)			1.00	.512	.293	.297	-.134	-.237
Q5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.) (*p* = .000)				1.00	.432	.318	-.173	-.357
Q7	บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your co-workers were accepting of the fact that you are LGBT.) (*p* = .012)					1.00	.345	-.058	-.259
Q8	ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น LGBT กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ (You are willing to come out to medical providers eg. for check-ups and medical purposes.) (*p* = .037)						1.00	.019	-.210

Table 6 (cont.)

	Study Variable	Q1	Q2	Q4	Q5	Q7	Q8	Q10	State Anxiety
Q10	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers even without coming out as LGBT.) (*p* = .048)							1.00	.200
State Anxiety									1.00

From the table, it can be determined that state anxiety has a positive correlation to accidentally coming out and the repercussions of coming out. State anxiety has a negative correlation to factors with regards to a person who identifies as LGBT and the relationship they have with others, specifically parents, siblings or family members, co-workers, and medical providers.

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5. Significance in Survey Questions for Trait Anxiety

Table 7 The demography's significance in correlation to Trait Anxiety was determined according to the chi-square analysis, as follows:

Trait Anxiety				
Demography	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
1. Age (N=96)			.001	.980
• ≤20	5 (5.2%)	9 (9.4%)		
• >20	29 (30.2%)	53 (55.2%)		
2. Sexuality (N=100)			2.351	.671
• Homosexual	18 (18%)	30 (30%)		
• Heterosexual	0 (0%)	1 (1%)		
• Bisexual or Pansexual	12 (12%)	23 (23%)		
• Asexual	4 (4%)	5 (5%)		
• Questioning or Queer	1 (1%)	6 (6%)		
3. Gender Identity (N=100)			.060	.971
• Female	18 (18%)	35 (35%)		
• Male	10 (10%)	18 (18%)		
• Trans Identity	7 (7%)	12 (12%)		

*Statistically significant at α = .05

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Table 7 (cont.)

Trait Anxiety				
Demography	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
4. Religion (N=99)			4.882	.087
• Buddhism	28 (28.3%)	40 (40.4%)		
• Other	0 (0%)	6 (6.1%)		
• Atheism/Agnosticism	7 (7.1%)	18 (18.2%)		
5. Relationship Status (N=100)			.521	.471
• No current existing partnership	27 (%)	54 (%)		
• Existing partnership, cohabitation, or marriage	8 (%)	11 (%)		
6. Education (N=98)			.002	.962
• Undergraduate	4 (4.1%)	7 (7.1%)		
• Higher Education	31 (31.6%)	56 (57.2%)		
7. Occupation (N=95)			6.462	.011*
• Currently Employed	22 (23.2%)	53 (55.8%)		
• Student	12 (12.6%)	8 (8.4%)		
8. Income (N=76)			1.519	.218
• ≤10,000	1 (1.3%)	6 (7.9%)		
• >10,000	26 (34.2%)	43 (56.6%)		

*Statistically significant at α = .05

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Table 7 (cont.)

Trait Anxiety				
Demography	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
9. Address (N=92)			1.206	.272
• Bangkok and surrounding provinces	27 (29.3%)	51 (55.4%)		
• Outside Bangkok	7 (7.6%)	7 (7.6%)		

*Statistically significant at α = .05

The only demographic variable that was found to be statistically significant in correlation to Trait Anxiety was occupation (*p* = .011), with the largest group being those who were currently under employment and had a level of anxiety (55.8%).

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Table 8 The survey questions' significance in correlation to Trait Anxiety, according to the chi-square analysis.

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q1	การเปิดเผยที่ตนเองเป็น LGBT แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด (Coming out accidentally would be considered stressful.) (N=100)			9.129	.003*
	• Agree	11 (11%)	41 (41%)		
	• Disagree	24 (24%)	24 (24%)		
Q2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา (You are worried about the repercussions of the results of coming out.) (N=100)			9.129	.003*
	• Agree	11 (11%)	41 (41%)		
	• Disagree	24 (24%)	24 (24%)		
Q3	ท่านมีความมั่นใจในการเปิดเผยว่าตนเองเป็น LGBT กับคนที่ไม่รู้จักมากกว่าคนใกล้ตัว (You feel that it would be easier to come out as LGBT to someone you didn't know, moreso that you would to someone you knew.) (N=100)			2.062	.151
	• Agree	12 (12%)	32 (32%)		
	• Disagree	23 (23%)	33 (33%)		

*Statistically significant at α = .05

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Table 8 (cont.)

Trait Anxiety

	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q4	พ่อและ/หรือแม่ของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your father and/or mother were accepting of the fact that you are LGBT). (N=100)			5.569	.018*
	• Agree	27 (27.3%)	36 (36.4%)		
	• Disagree	7 (7.1%)	29 (29.3%)		
Q5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.) (N=99)			7.104	.008*
	• Agree	29 (29.3%)	36 (36.4%)		
	• Disagree	6 (6.1%)	28 (28.3%)		
Q6	บุคคลในกลุ่มเพื่อนสนิทของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your close friends were accepting of the fact that you are LGBT) (N=100)			.943	.332
	• Agree	34 (34%)	60 (60%)		
	• Disagree	1 (1%)	5 (5%)		

*Statistically significant at α = .05

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Table 8 (cont.)

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q7	บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your co-workers were accepting of the fact that you are LGBT.) (N=93)			3.854	.050*
	• Agree	28 (30.1%)	25 (48.4%)		
	• Disagree	3 (3.2%)	17 (18.3%)		
Q8	ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น LGBT กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ (You are willing to come out to medical providers eg. for check-ups and medical purposes.) (N=99)			4.362	.037*
	• Agree	34 (34.3%)	53 (53.5%)		
	• Disagree	1 (1%)	11 (11.1%)		
Q9	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers as a result of coming out as LGBT.) (N=97)			.695	.405
	• Agree	4 (4.1%)	12 (12.4%)		
	• Disagree	29 (29.9%)	52 (53.6%)		

*Statistically significant at α = .05

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Table 8 (cont.)

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q10	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers even without coming out as LGBT.) (N=98)			3.920	.048*
	• Agree	8 (8.2%)	27 (27.6%)		
	• Disagree	27 (27.6%)	36 (36.7%)		
Q11	ท่านเคยมีประสบการณ์เชิงลบ ในระหว่างการศึกษาเล่าเรียน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences during your school years as a result of coming out as LGBT.) (N= 99)			1.459	.227
	• Agree	14 (14.1%)	18 (18.2%)		
	• Disagree	21 (21.2%)	46 (46.5%)		
Q12	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการศึกษาเล่าเรียน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences during your school years because it was known that you were LGBT, even though you had not come out.) (N= 99)			.789	.374
	• Agree	9 (9.1%)	22 (22.2%)		
	• Disagree	26 (26.3%)	42 (42.4%)		

*Statistically significant at α = .05

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Table 8 (cont.)

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q13	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences while applying for a job as a result of coming out as LGBT.) (N= 93)			.038	.846
	• Agree	5 (5.4%)	11 (11.8%)		
	• Disagree	26 (28%)	51 (54.8%)		
Q14	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences while applying for a job because it was known that you were LGBT, even though you had not come out.) (N= 91)			1.582	.208
	• Agree	3 (3.3%)	12 (13.2%)		
	• Disagree	28 (30.8%)	48 (52.7%)		
Q15	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences at work as a result of coming out as LGBT.) (N= 95)			.512	.474
	• Agree	4 (4.2%)	11 (11.6%)		
	• Disagree	29 (30.5%)	51 (53.7%)		

*Statistically significant at α = .05

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Table 8 (cont.)

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q16	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences at work because it was known that you were LGBT, even though you had not come out.) (N= 95)			3.199	.074
	• Agree	3 (3.2%)	15 (15.8%)		
	• Disagree	30 (31.6%)	47 (49.5%)		
Q17	การเปิดเผยที่ตนเองเป็น LGBT จะมีประโยชน์ต่อการได้รับบริการทางสังคมมากขึ้น เช่น บริการด้านสุขภาพ/การรักษาพยาบาล (Coming out as LGBT will give you more social benefits eg. healthcare.) (N= 99)			2.029	.154
	• Agree	20 (20.2%)	27 (27.3%)		
	• Disagree	15 (15.2%)	37 (37.4%)		
Q18	บริการทางสังคมควรมีช่องทางเฉพาะสำหรับ LGBT เช่น คลีนิคและบุคลากรการแพทย์ ซึ่งเป็นผู้เชี่ยวชาญที่ได้รับการฝึกอบรม ฯลฯ (Social services should have dedicated avenues for LGBT eg. clinics and medical providers, who are trained professionals with regards to LGBT specific issues.) (N= 100)				
	• Agree	23 (23%)	50 (50%)	1.450	.229
	• Disagree	12 (12%)	15 (15%)		

*Statistically significant at α = .05

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Table 8 (cont.)

	Trait Anxiety				
	Survey Question	**No or Low Anxiety**	**Anxiety**	**χ2**	**p-value**
Q19	การไม่เปิดเผยที่ตนเองเป็น LGBT ทำให้ท่านมีความสบายใจในการที่ได้รับการยอมรับจากสังคมมากกว่าการเปิดเผยตัวตน (You feel more comfortable with acceptance from a societal standpoint if you do not come out as LGBT.) (N= 100)			.331	.565
	• Agree	13 (13%)	28 (28%)		
	• Disagree	22 (22%)	37 (37%)		
Q20	การนำเสนอเรื่องราว LGBT ผ่านสื่อต่างๆในปัจจุบันช่วยให้สังคมยอมรับคนที่เป็น LGBT มากขึ้น (If LGBT had more exposure in multimedia, it will result in more acceptance of LGBT as a whole.) (N= 100)			12.309	.129
	• Agree	30 (30%)	47 (47%)		
	• Disagree	5 (5%)	18 (18%)		

*Statistically significant at α = .05

The survey questions that were found to be statistically significant in correlation to Trait Anxiety, in order from highest to lowest, were determined to be as follows:

Q1. **Coming out accidentally would be considered stressful.** 52 (87.9%) people from the sample agreed with this statement and 48 (12.1%) disagreed. Of those who

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were in agreement, 41 (78.8%) had trait anxiety and 11 (21.2%) had no or low trait anxiety. Of those who were in disagreement, those who had trait anxiety and had no or low trait anxiety were equally split at 50%. The largest group from this factor are those who were in agreement and had trait anxiety (41%).

Q2. **You are worried about the repercussions of the results of coming out.** 52 (87.9%) people from the sample agreed with this statement and 48 (12.1%) disagreed. Of those who were in agreement, 41 (78.8%) had trait anxiety and 11 (21.2%) had no or low trait anxiety. Of those who were in disagreement, those who had trait anxiety and had no or low trait anxiety were equally split at 50%. The largest group from this factor are those who were in agreement and had trait anxiety (41%).

Q5. **Your siblings and/or other family members were accepting of the fact that you are LGBT.** 65 (65.7%) people from the sample agreed with this statement and 34 (34.3%) disagreed. Of those who were in agreement, 36 (55.4%) had trait anxiety and 29 (44.6%) had no or low trait anxiety. Of those who were in disagreement 28 (82.4%) had trait anxiety and 6 (17.6%) had no or low trait anxiety. The largest group from this factor are those who were in agreement and had trait anxiety (36.4%).

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Q8. **You are willing to come out to medical providers eg. for check-ups and medical purposes.** 87 (87.9%) people from the sample agreed with this statement and 12 (12.1%) disagreed. Of those who were in agreement, 53 (60.9%) had trait anxiety and 34 (39.1%) had no or low trait anxiety. Of those who were in disagreement 11

(91.7%) had trait anxiety and 1 (8.3%) had no or low trait anxiety. The largest group from this factor are those who were in agreement and had trait anxiety (53.5%).

Q10. **You have had negative experiences with medical providers even without coming out as LGBT.** 35 (35.7%) people from the sample agreed with this statement and 63 (64.3%) disagreed. Of those who were in agreement, 27 (77.1%) had trait anxiety and 8 (22.9%) had no or low trait anxiety. Of those who were in disagreement 36 (57.1%) had trait anxiety and 27 (42.9%) had no or low trait anxiety. The largest group from this factor are those who were in disagreement and had trait anxiety (36.7%).

Q7. **Your co-workers were accepting of the fact that you are LGBT.** 73 (78.5%) people from the sample agreed with this statement and 20 (21.5%) disagreed. Of those who were in agreement, 45 (61.6%) had trait anxiety and 28 (38.4%) had no or low trait anxiety. Of those who were in disagreement 17 (85%) had trait anxiety and 3 (15%) had no or low trait anxiety. The largest group from this factor are those who were in agreement and had no or low trait anxiety (30.1%).

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Table 9 Correlation matrix of variables with statistical significance and trait anxiety

	Study Variable	Q1	Q2	Q5	Q7	Q8	Q10	Trait Anxiety
Q1	การเปิดเผยที่ตนเองเป็น LGBT แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด (Coming out accidentally would be considered stressful.) (*p* = .003)	1.00	.559	-.276	-.297	-.236	.247	.302
Q2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา (You are worried about the repercussions of the results of coming out.) (*p* = .003)		1.00	-.446	-.372	-.298	-.009	.302
Q5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.) (*p* = .008)			1.00	.432	.318	-.173	-.268
Q7	บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT (Your co-workers were accepting of the fact that you are LGBT.) (*p* = .05)				1.00	.345	-.058	-.204
Q8	ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น LGBT กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ (You are willing to come out to medical providers eg. for check-ups and medical purposes.) (*p* = .037)					1.00	.019	-.210

Table 9 (cont.)

	Study Variable	Q1	Q2	Q5	Q7	Q8	Q10	Trait Anxiety
Q10	ท่านเคยมีประสบการณ์เชิงลบในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers even without coming out as LGBT.) (*p* = .048)						1.00	.200
Trait Anxiety								1.00

From the table, it can be determined that trait anxiety has a positive correlation to accidentally coming out and the repercussions of coming out, as well as having negative experiences with medical providers. Trait anxiety has a negative correlation to factors with regards to a person who identifies as LGBT and the relationship they have with others, specifically siblings or family members, co-workers, and medical providers.

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6. Prognostic Factors of LGBT Mental Health

Table 10 Stepwise regression on study variables for state and trait anxiety which showed statistical significance according to the chi-square analysis.

	Study Variable	Odd Ratio	p-value	95% CI
State Anxiety				
Q5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT (Your siblings and/or other family members were accepting of the fact that you are LGBT.)	.175	.003	.055-.561
Trait Anxiety				
Q2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา (You are worried about the repercussions of the results of coming out.)	6.047	.001	2.157-16.955
Q10	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT (You have had negative experiences with medical providers even without coming out as LGBT.)	5.558	.004	1.721-17.947

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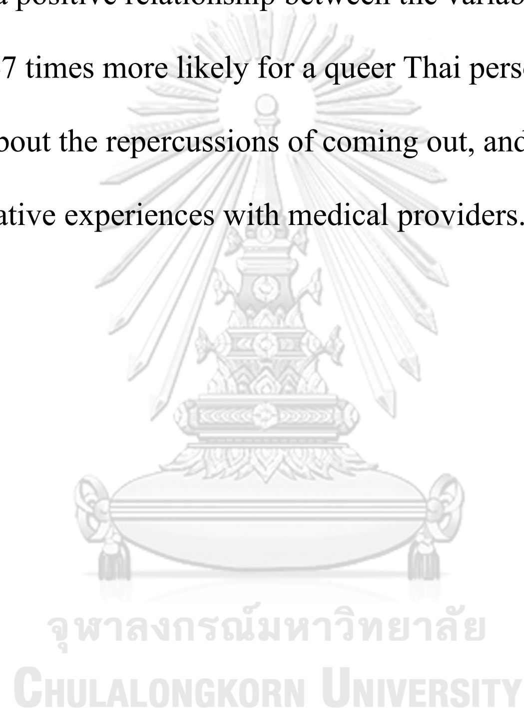
Stepwise regression was used to isolate plausible variables from the factors of anxiety and social stressors, from the list of factors that had statistical significance. It could then be determined that there was one social stressor which had a great effect on state anxiety and two stressors which affected trait anxiety.

In terms of state anxiety, the factor which most affected state anxiety was the acceptance of being LGBT from siblings or family members. In terms of trait anxiety, the factors which most affected trait anxiety were the long-term repercussions of

coming out, as well as the fact that even without coming out, there had been negative experiences with medical providers.

The beta coefficient for variable on the acceptance of sibling and other family members is less than 1, it can therefore be determined that the variable and anxiety are inversely related, so a negative correlation is assumed and is .175 times more likely to happen. The beta coefficient for both variables for trait anxiety were a positive number, in which a positive relationship between the variables and trait anxiety can be assumed. It is 6.047 times more likely for a queer Thai person to have trait anxiety if they are worried about the repercussions of coming out, and 5.558 times more likely if they have had negative experiences with medical providers.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Chapter 5

Summary and Suggestions

Conclusions and Discussion

In summary, the data was analyzed from a total of 100 queer Thai people on the topic of social experience stressors and their level of anxiety, stemming from the fact that they are a member of the LGBT community within Thailand.

Pertaining to the demography of survey takers, the gender majority was cisgender and female at 53%. The sexuality majority was homosexual at 48%. The religion majority was Buddhism at 68.7%. Despite the fact that Islam is stated to be the second most prominent religion in the country, the percentage of Islamic survey takers (3%) was lower than those that determined themselves to be atheist or agnostic (25.3%). The relationship status majority was single at 80%. The education level majority was in the higher education group, with those having their Bachelors' degrees at 64.3%, at an age range of 18 to 43 years old. The occupation majority was private sector employees at 34.7%. The majority of survey takers stated their current address to be within Bangkok and its surrounding provinces, at 79.6%.

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The only demographic factor which showed any statistical significance was that of occupation, in relation to both state and trait anxiety. Upon further investigation, it appeared that the relationship between occupation and both state and trait anxiety was inversely related and therefore excluded in further studies as it is not pertinent to the study's research objective.

Pertaining the survey which focused on LGBT specific stressors, the majority agreed with the statement that coming out accidentally was a factor of stress. The

majority were also, however, worried about the repercussions of coming out. The majority had a positive reaction to the idea of coming out to the people around them, and thought that it would be easier to come out to the people they knew than to strangers. It is of note that while the majority were in agreement that the people around them were supportive of their existence as a queer person, acceptance of the close friends' group was at 94%, which was almost 10% higher than the rate of acceptance of co-workers (78.5%), and 30% higher than the rate of acceptance of parents (63.7%) and siblings and other family members (65.6%). This variable was also the only one from the questions about close relationships that did not end up having any statistical significance according to the chi-square analysis. The majority did not have negative experiences as a result of coming out, during their school or work years or during job application, nor did they have negative experiences in the same areas in general, even though the people around them were aware of the fact that they were queer.

A vast majority of survey takers (87.9%) were prepared to disclose their status as a queer person for medical purposes. Most also did not have negative experiences with medical providers in general, whether they disclosed themselves (83.5%) or not (64.3%). However, the majority (73%) still believed that social services needed separate procedures and services for queer people, for LGBT specific issues.

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Slightly over half (52.5%) do not agree that coming out would give them more social benefits, for example, such as within healthcare. However, at the same time, a slightly larger percentage (59%) would also not feel more comfortable not coming out as LGBT, in spite of the perceived fact that they would likely be more accepted, socially. A majority (77%) believe that the appearance of queer people and the

community in multimedia channels would benefit the LGBT and result in more acceptance of the queer community as a whole.

Pertaining to the STAI survey forms, according to table 3, over half of the survey takers for both state and trait anxiety were revealed to have some level of anxiety (62% and 65%, respectively).

Through the use of chi-square analysis and stepwise regression, the study was able to narrow down the social experience stressors which were the most important to the anxiety levels of Thai LGBT people.

The factors which were statistically significant to the state and trait anxieties of Thai queer people included the acceptance of siblings, family members, and co-workers, coming out accidentally, the repercussions of coming out, the willingness to come out to medical providers, and the negative experiences a Thai queer person had with medical providers, even without coming out as LGBT. A factor which was only related to state anxiety was the relationship of a Thai queer person with their parents.

According to the information from the correlation matrices, anxiety and the relationship a Thai queer person have their siblings, family members, parents, and co-workers, as well as their comfort level with their medical providers, are inversely related. Coming out, the repercussions of doing so, and the impact of negative experiences with medical providers are all positively correlated to both state and trait anxiety as well.

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From the regression in table 10, as the beta coefficient for variable on the acceptance of sibling and other family members is less than 1, it can therefore be determined that the variable and anxiety are inversely related. This means that state anxiety will decrease the more positive the relationship between a Thai queer person

and their family members is. As illustrated by the odd ratio, the probability of this occurrence happening is .175 times more likely.

The beta coefficient for both variables for trait anxiety were a positive number, in which a positive relationship between the variables and trait anxiety can be inferred. As illustrated by the odd ratio, the probability of a queer Thai person who is worried about the repercussions of coming out having trait anxiety is 6.047 times more likely to occur. As illustrated by the odd ratio, the probability of a queer Thai person who has had negative experiences with medical providers having trait anxiety is 5.558 times more likely to occur.

Additional research was done during the timeline of the study, as during early June of 2023, Thailand's demand for equality for the LGBT was once again been brought into focus with the recent Bangkok Pride Parade. The discussion of important issues has always been one of the main concerns, including the topics of acceptance of LGBT people, creating a safe space within general society that could lead to a reduction of stressors and anxiety, and building confidence in being able to develop emotionally for better mental health overall.

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A popular topic is marriage equality for LGBT people. For example, the Juvenile and Family Court once referred the case of a lesbian couple to the ruling of the Constitutional Court [(54)]. The couple had been cohabiting for over 10 years, but had denied the couple's request to register their marriage, as officials claimed that it was not in accordance with the conditions required to fulfill marriage, according to the Thailand Civil and Commercial Code, Section 1448, which stipulates that marriage was only possible between a man and a woman who were of age [(55)]. The implementation of the aforementioned law affected the rights of the LGBT couple,

which could then be considered to be inconsistent with sections 25, 26, and 27 of the 3rd chapter in the Constitution of the Kingdom of Thailand, the Rights and Liberties of Thai People, which are as follows:

> Section 25. As regards the rights and liberties of the Thai people, in addition to the rights and liberties as guaranteed specifically by the provisions of the Constitution, a person shall enjoy the rights and liberties to perform any act which is not prohibited or restricted by the Constitution or other laws, and shall be protected by the Constitution, insofar as the exercise of such rights or liberties does not affect or endanger the security of the State or public order or good morals, and does not violate the rights or liberties of other persons.
>
> Any right or liberty stipulated by the Constitution to be as provided by law, or to be in accordance with the rules and procedures prescribed by law, can be exercised by a person or community, despite the absence of such law, in accordance with the spirit of the Constitution.
>
> Any person whose rights or liberties protected under the Constitution are violated, can invoke the provisions of the Constitution to exercise his or her right to bring a lawsuit or to defend himself or herself in the Court. Any person injured from the violation of his or her rights or liberties or from the commission of a criminal offense by another person, shall have the right to remedy or assistance from the State, as prescribed by law.

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> Section 26. The enactment of a law resulting in the restriction of rights or liberties of a person shall be in accordance with the conditions provided by the

Constitution. In the case where the Constitution does not provide the conditions thereon, such law shall not be contrary to the rule of law, shall not unreasonably impose burden on or restrict the rights or liberties of a person and shall not affect the human dignity of a person, and the justification and necessity for the restriction of the rights and liberties shall also be specified.

The law under paragraph one shall be of general application, and shall not be intended to apply to any particular case or person.

Section 27. All persons are equal before the law, and shall have rights and liberties and be protected equally under the law.

Men and women shall enjoy equal rights.

Unjust discrimination against a person on the grounds of differences in origin, race, language, gender, age, disability, physical or health condition, personal status, economic and social standing, religious belief, education, or political view which is not contrary to the provisions of the Constitution or on any other grounds, shall not be permitted.

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Measures determined by the State in order to eliminate an obstacle to or to promote a person’s ability to exercise their rights or liberties on the same basis as other persons or to protect or facilitate children, women, the elderly, persons with disabilities or underprivileged persons shall not be deemed as unjust discrimination under paragraph three.

Members of the armed forces, police force, government officials, other State officials, and officers or employees of State organizations shall enjoy the same rights and liberties as those enjoyed by other persons, except those

restricted by law specifically in relation to politics, capacities, disciplines or ethics. (56)

This brought up concerns of inequality, affecting the livelihood and dignity of the LGBT community, as well as the rule of law.

As of Ruling No. 20/2564 (57), the Constitutional Court ruled that Section 1448 of the Civil and Commercial Code, was not inconsistent with the Constitution in regards to the aforementioned issues. Moreover, it was stated that the current Constitution and laws did not forbid cohabitation, partnerships, or marriage ceremonies for sexual minorities, nor did it prohibit making them beneficiaries of life insurance, inheritors of wills, or disallow them to jointly own property. However, it was admitted that the LGBT community experienced unique obstacles (such as medical treatments, welfare benefits for spouses, rights in claiming infringement compensation, rights as statutory heirs, etc.) but these impediments were capable of being resolved with the provision of specific laws. For example, the Constitutional Court proposed in a draft of the civil union law, in the context of both international and domestic societies, that in the occasion of global open-mindedness of sexual and gender identities is when the state will take the appropriate measures in facilitating LGBT normalcy in terms of relationships and general wellbeing.

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As stated, prior, one of the reasons in which there was perceived inequality was due to the fact that there are no clear laws which recognize the differences of status of sexual minorities and those of other gender identities, and the general public. The perception of infringement of their rights could therefore become a stressor or a factor of anxiety, as they will recoil from fully associating with their identity.

Therefore, part of the reduction of stressors and anxiety relies on amendments to the law.

Additional recommendations include conducting further studies, with regards to social, legal, economic, and other factors, to be used in determining the relevant policies and laws. This in turn can encourage studies on mental health, and medical and other general social services, for the benefit of the public and for the development of social acceptance of the LGBT community moving forward.

Study Limitations, Obstacles and Problem-Solving Strategies

Much of the distribution of the survey was done through isolated groups specializing in the different branches of the LGBT and through word of mouth, and it was discovered that much of the aforementioned groups that tended to form online groups leaned more towards cisgendered women, which created a disproportionate amount of them in comparison to many of the other members of the LGBT community who were willing or available to respond to the call. Also within this limitation is the fact that the religious breakdown was less varied than was initially expected, due to the aforementioned restraints, where certain religions have a less flexible standard of faith in terms of gender and sexuality.

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The low number of responses for the Islamic population was mostly expected, as research on traditional Islamic beliefs reported a more rigorous adherence to religious texts and beliefs which state in the absolute of a gender binary, the significance of the stability within a family unit and lineage, and the moderation of pleasure and sexual relations between even married men and women [(53)]. However, as it is with the views on the LGBT community in Buddhism, there is still the

opportunity for these views to shift as more queer Muslims discover a community of similarly aligned people. Amanullah De Sondy, a senior lecturer on Contemporary Islam at University College Cork, states that within the topic on queer Muslims and the pushback and fear from Muslim communities, “[The Qur'ran] is not black and white; it allows for grey.” [(32)].

The third limitation to this study would be the nature of the fact that the study was done in such a way that omission of information was allowed, in the case that the questions either did not apply to the survey taker, or if such information was not something that the survey taker was comfortable with sharing. While most of the survey was generally answered in full, there were a few exclusions which, in hindsight, could have been arranged in a more concise form to rectify the gaps in the data collection itself. For example, as stated within the data collection portion of this report, 21.1% of the sample identified themselves as students in the section for occupation, correlating with the fact that they did not fill in anything in the income section. In the same vein, several of the questions within the second part of the survey directly referenced situations in the workplace for a person of the LGBT community, which some of them might yet to have experienced.

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A fourth limitation to this study was both the limitations of the researcher as well as the method in which the survey could be distributed. The survey was made to be solely an online version to allow the members of the survey anonymity, as well as in an attempt to ensure the ease of access to the survey itself. The survey itself was therefore limited through one avenue of access, to those who had the electronic devices and internet connection to access it. It is believed that this is also one of the

root causes of the fact that the majority of survey-takers ended up being from the Bangkok and Bangkok Metropolitan areas, with the outliers from different provinces.

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APPENDIX

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1. Survey

คำชี้แจงสำหรับการตอบแบบสอบถาม แบบสอบถามนี้มีทั้งหมด 3 ส่วน คือ ส่วนที่ 1 ข้อมูลส่วนบุคคล ส่วนที่ 2 แบบสอบถามข้อมูลเฉพาะที่มีความเกี่ยวข้องกับ LGBT (ผู้มีความหลากหลายทางเพศ) และ ส่วนที่ 3 แแบบประเมิณวัดภาวะความเครียดและความวิตกกังวล (State-Trait Anxiety Inventory) กรุณากรอกแบบสอบถามให้ครบถ้วนที่สุดตามความสะดวกของท่าน

<u>ส่วนที่ 1:</u> ข้อมูลส่วนบุคคล

1. อายุ (Age) ……………. ปี

2. เพศภาวะ (Gender Identity)

☐ ชาย (Male) ☐ หญิง (Female) ☐ นอนไบนารี / ไม่ปิดกั้นทางเพศ (Non-binary)

☐ ชายข้ามเพศ (FTM) ☐ หญิงข้ามเพศ (MTF)

3. เพศวิถี (Sexual Orientation)

☐ รักเพศตรงข้าม (Heterosexual)

☐ รักเพศเดียวกัน (หญิงรักหญิง/ชายรักชาย) (Homosexual)

☐ รักได้ทั้งสองเพศ (โดยที่ฉันระบุตนเองว่าเป็นเพศใดเพศหนึ่ง) (Bisexual)

☐ รักได้ทั้งสองเพศ (โดยที่ฉันระบุตนเองว่าเป็น นอนไบนารี / ไม่ปิดกั้นทางเพศ) (Pansexual)

☐ ฉันไม่มีความสนใจในเรื่องทางเพศ (Asexual)

☐ ฉันยังไม่แน่ใจ (Questioning)

☐ เควียร์/ฉันปฏิเสธการนิยามตนเองด้วยอัตลักษณ์ทางเพศวิถีทุกรูปแบบ (Queer)

☐ อื่น ๆ (โปรดระบุ)

………………………………………………………………………………………

4. ศาสนา (Religion)

☐ ศาสนาพุทธ (Buddhism) ☐ ศาสนาอิสลาม (Islam) ☐ ศาสนาฮินดู (Hinduism) ☐ ศาสนาคริสต์ (Christianity)

☐ ไม่นับถือศาสนา (Atheism / Agnosticism) ☐ อื่น ๆ (โปรดระบุ) ………………………………

5. สถานภาพการสมรส (Marital Status)

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☐ โสด (Single) ☐ แต่งงานแล้ว (Married) ☐ อยู่ร่วมแบบไม่แต่งงาน (Cohabitation without marriage / Partnership) ☐ แยกกันอยู่ (Separated)

☐ หย่าร้าง (Divorced) ☐ อื่น ๆ (โปรดระบุ) ………………………………

6. ระดับการศึกษาขั้นสูงสุด (Education)

☐ มัธยมปลาย (Undergraduate) ☐ ปริญญาตรี (Bachelors) ☐ ปริญญาโท (Masters) ☐ ปริญญาเอก (Doctorate)

☐ อื่น ๆ (โปรดระบุ) ……………………………………………………………

7. อาชีพ (Occupation)

☐ รับราชการ (Government Official) ☐ ลูกจ้างเอกชน (Private Sector Employee) ☐ อาชีพอิสระ (Freelance) ☐ อื่น ๆ (โปรดระบุ) …………………… ……………………

7.1. รายได้ (ต่อเดือน) (Income) ……………………………………………… บาท

8. ที่อยู่ปัจจุบัน (Current Address) ☐ กรุงเทพฯ และปริมณฑล (Bangkok and the surrounding provinces) ☐ อื่น ๆ (โปรดระบุ) ………………………………

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<u>ส่วนที่ 2:</u> แบบสอบถามข้อมูลเฉพาะที่มีความเกี่ยวข่องกับ LGBT (ผู้มีความหลากหลายทางเพศ)

ข้อ	คำถาม	ไม่เห็นด้วย	ค่อนข้างไม่เห็นด้วย	ค่อนข้างเห็นด้วย	เห็นด้วย
1	การเปิดเผยที่ตนเองเป็น LGBT แบบไม่ได้ตั้งใจ อาจทำให้ท่านเกิดความเครียด				
2	การเปิดเผยว่าตนเองเป็น LGBT เป็นเรื่องที่ท่านมีความกังวลถึงผลที่จะตามมา				
3	ท่านมีความมั่นใจในการเปิดเผยว่าตนเองเป็น LGBT กับคนที่ไม่รู้จักมากกว่าคนใกล้ตัว				
4	พ่อและ/หรือแม่ของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT				
5	พี่น้องและ/หรือญาติของท่านยอมรับ เมื่อทราบว่าท่านเป็น LGBT				
6	บุคคลในกลุ่มเพื่อนสนิทของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT				
7	บุคคลที่ทำงานของท่านยอมรับได้ เมื่อทราบว่าท่านเป็น LGBT				
8	ท่านพร้อมที่จะเปิดเผยข้อมูลว่า ตนเป็น LGBT กับบุคลากรทางการแพทย์ที่ท่านต้องพบเพื่อรับบริการด้านสุขภาพ				
9	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT				
10	ท่านเคยมีประสบการณ์เชิงลบ ในการเข้ารับบริการด้านสุขภาพ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT				
11	ท่านเคยมีประสบการณ์เชิงลบ ในระหว่างการศึกษาเล่าเรียน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT				
12	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการศึกษาเล่าเรียน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT				
13	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT				
14	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการสมัครงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT				
15	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เนื่องจากท่านเปิดเผยข้อมูลว่าตนเป็น LGBT				
16	ท่านเคยมีประสบการณ์เชิงลบในระหว่างการทำงาน เพราะมีคนอื่นทราบ แม้ว่าท่านไม่ได้เปิดเผยข้อมูลว่าตนเป็น LGBT				
17	การเปิดเผยที่ตนเองเป็น LGBT จะมีประโยชน์ต่อการได้รับบริการทางสังคมมากขึ้น เช่น บริการด้านสุขภาพ/การรักษาพยาบาล				
18	บริการทางสังคมควรมีช่องทางเฉพาะสำหรับ LGBT เช่น คลีนิคและบุคลากรการแพทย์ ซึ่งเป็นผู้เชี่ยวชาญที่ได้รับการฝึกอบรม ฯลฯ				
19	การไม่เปิดเผยที่ตนเองเป็น LGBT ทำให้ท่านมีความสบายใจในการ				

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	ที่ได้รับการยอมรับจากสังคมมากกว่าการเปิดเผยตัวตน				
20	การนำเสนอเรื่องราว LGBT ผ่านสื่อต่างๆในปัจจุบันช่วยให้สังคมยอมรับคนที่เป็น LGBT มากขึ้น				

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ส่วนที่ 3: แบบประเมินวัดภาวะความเครียดและความวิตกกังวล (State-Trait Anxiety Inventory)

แบบสอบถามชุดที่ 1

คำแนะนำในการตอบคำถามข้อ 1-20: ข้อความข้างล่างต่อไปนี้เป็นข้อความที่ท่านจะใช้บรรยายเกี่ยวกับตัวท่านเอง โปรดอ่านข้อความในแต่ละข้อและทำเครื่องหมายกากบาทในช่อง ซึ่งอยู่ทางด้านขวาของข้อความ ซึ่งท่านพิจารณาว่าตรงกับความรู้สึกของท่านในขณะนี้ ข้อความต่อไปนี้ไม่มีคำตอบถูกหรือผิด ดังนั้นโปรดอย่าใช้เวลาในการพิจารณาคำตอบข้อหนึ่งข้อใดนานเกินควร แต่จงเลือกคำตอบที่ท่านคิดว่าบรรยายความรู้สึกของท่านในขณะนี้ได้ชัดเจนที่สุดเพราะคำตอบที่ได้จากท่านจะนำมาใช้เป็นประโยชน์ต่อตัวท่านและในวงการศึกษาต่อไป

		ไม่เลย	มีบ้าง	ค่อนข้างมาก	มากที่สุด
1	ข้าพเจ้ารู้สึกสงบ				
2	ข้าพเจ้ารู้สึกมั่นคง-ปลอดภัย				
3	ข้าพเจ้ารู้เป็นคนเครียด				
4	ข้าพเจ้ารู้สึกเกร็งและเครียด				
5	ข้าพเจ้ารู้สึกสบายๆ				
6	ข้าพเจ้ารู้สึกอารมณ์เสีย				
7	ข้าพเจ้าวิตกกังวลกับสิ่งร้ายที่อาจจะเกิดขึ้น				
8	ข้าพเจ้ารู้สึกพึงพอใจ				
9	ข้าพเจ้ารู้สึกตื่นกลัว				
10	ข้าพเจ้ารู้สึกสะดวกสบาย				
11	ข้าพเจ้ารู้สึกเชื่อมั่นในตนเอง				
12	ข้าพเจ้ารู้สึกตื่นเต้น				
13	ข้าพเจ้ารู้สึกกระสับกระส่าย				
14	ข้าพเจ้ารู้สึกลังเลใจ				
15	ข้าพเจ้ารู้สึกผ่อนคลาย				
16	ข้าพเจ้ารู้สึกพึงพอใจ				
17	ข้าพเจ้าวิตกกังวล				
18	ข้าพเจ้ารู้สึกสับสน				
19	ข้าพเจ้ารู้สึกมั่นคง				
20	ข้าพเจ้ารู้สึกเป็นคนน่าคบ				

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แบบสอบถามชุดที่ 2

คำแนะนำในการตอบคำถามข้อ 21-40: ข้อความข้างล่างต่อไปนี้เป็นข้อความที่ท่านจะใช้บรรยายเกี่ยวกับตัวท่านเอง โปรดอ่านข้อความในแต่ละข้อและทำเครื่องหมายกากบาทในช่อง ซึ่งอยู่ทางด้านขวาของข้อความ ซึ่งท่านพิจารณาว่าตรงกับความรู้สึกทั่งๆไปของท่านที่สุด ข้อความเหล่านี้ไม่มีคำตอบถูกหรือผิด ดังนั้นโปรดอย่าใช้เวลาในการพิจารณาคำตอบข้อหนึ่งข้อใดนานเกินควร แต่จงเลือกคำตอบที่ท่านคิดว่าบรรยายความรู้สึกของท่านให้มากที่สุด

		เกือบไม่มีเลย	บางครั้ง	บ่อยครั้ง	เกือบตลอดเวลา
21	ข้าพเจ้ารู้สึกเป็นคนน่าคบ				
22	ข้าพเจ้ารู้สึกตื่นเต้นและกระวนกระวาย				
23	ข้าพเจ้ารู้สึกมีความพอใจในตัวเอง				
24	ข้าพเจ้าอยากเป็นสุขเท่ากับที่คนอื่นๆเป็นอยู่				
25	ข้าพเจ้ารู้สึกเหมือนเป็นคนล้มเหลว				
26	ข้าพเจ้ารู้สึกปลอดโปร่ง				
27	ข้าพเจ้าสงบ-ใจเย็น-มีสติ				
28	ข้าพเจ้ารู้สึกว่าปัญหามากขึ้นทุกทีจนสู้ไม่ไหว				
29	ข้าพเจ้ากังวลมากเกินไปในสิ่งที่จริงจริงแล้วไร้สาระ				
30	ข้าพเจ้ารู้สึกเป็นสุข				
31	ข้าพเจ้ามีความคิดที่ทำให้ตนเองไม่สบายใจ				
32	ข้าพเจ้าขาดควมามั่นใจในตนเอง				
33	ข้าพเจ้ารู้สึกมั่นคงปลอดภัย				
34	ข้าพเจ้าเป็นคนตัดสินใจได้อย่างง่ายดาย				
35	ข้าพเจ้ารู้สึกมีความสามารถไม่เพียงพอ				
36	ข้าพเจ้ารู้สึกพึงพอใจ				
37	ข้าพเจ้ารู้สึกวิตกกังวลในการที่ข้าพเจ้ามีความคิดที่ไร้สาระ				
38	ข้าพเจ้ารับความผิดหวังอย่างจริงจังจนกระทั่งไม่สามารถที่จะลืมมันได้				
39	ข้าพเจ้าเป็นคนมั่นคง				
40	เมื่อข้าพเจ้าคิดถึงสิ่งที่เกี่ยวข้องหรือสนใจในระยะหลังๆนี้ ทำให้ข้าพเจ้าอยู่ในภาวะความตึงเครียด และสับสน				

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2. Table 1 Taro Yamane Table [52]

ขนาดประชากร (N)	ขนาดกลุ่มตัวอย่าง ในแต่ละระดับความคลาดเคลื่อน (e)					
	±1%	±2%	±3%	±4%	±5%	±10%
500					222	83
1,000				385	286	91
1,500			638	441	316	94
2,000			714	476	333	95
2,500		1,250	769	500	345	96
3,000		1,364	811	517	353	97
3,500		1,458	843	530	359	97
4,000		1,538	870	541	364	98
4,500		1,067	891	549	367	98
5,000		1,667	909	556	370	98
6,000		1,765	938	566	375	98
7,000		1,842	959	574	378	99
8,000		1,905	976	580	381	99
9,000		1,957	989	584	383	99
10,000	5,000	2,000	1,000	588	385	99
15,000	6,000	2,143	1,034	600	390	99
20,000	6,667	2,222	1,053	606	392	100
25,000	7,143	2,273	1,064	610	394	100
50,000		2,381	1,087	617	397	100
100,000		2,439	1,099	621	398	100
∝		2,500	1,111	625	400	100

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