
Chapter 13

1. This chapter is based on a paper entitled “Transpeople in Thailand: Acceptance or oppression”, presented at the Tenth International Conference of Thai Studies, “Thai societies in a transnationalised world”, which was held at Thammasat University, Bangkok, in January 2008. In preparing this fuller version, I am grateful to Peter Jackson, Krissana Mamanee (Sana), Prempreeda Pramoj Na Ayutthaya (Bon), and Kosum Omphornuwat (Jigsaw) for their observations and patience in answering my questions.


3. This expression is used, for example, on the “Transgender Women of Thailand” web site at http://www.thailadyboyz.net (accessed 15 September 2008).

4. Nada Chaiyajit of the ThaiLadyboyz group in e-mail communication with the author, 16 May 2008.

5. For a recent review of international transgender hate crime, see Kidd and Witten (2007) and TransGender Europe (2009).

6. Leaving aside the accuracy (or otherwise) of this figure, the prevalence of gender variance is almost certainly higher in Thailand than in many other cultures worldwide. I consider why this might be so in Winter (2002b).

7. For a critique of Thailand’s reputation as a “gay paradise”, see Jackson (1999).


10. See, for example, Costa and Matzner (2007); Gallagher (2005); Jackson (1995); Jenkins et al. (2005); Luhmann (2006); Matzner (2001); Nanda (2000); Totman (2003); Winter (2006a); Cameron (2006).

11. See, for example, Jackson (1995).

12. For more detail on the rights of “people of diverse sexualities” in the current Thai constitution, see Douglas Sanders’ chapter in this volume.

13. This appears to be the view of the United Nations Human Rights Committee, which declared in the 1990s that the Commonwealth of Australia had breached the ICCPR in allowing the state of Tasmania to persist in criminalizing homosexuality. The committee noted that the protected category of “sex” in ICCPR Article 2 is to be taken as including sexual orientation.

14. The other six nations were the United States, the United Kingdom, Malaysia, Singapore, the Philippines, and China. The research is reported in Winter et al. (2009). The Thai version of the questionnaire employed the term “phu-ying phrat sorng” (“second kind of woman”).


16. I use the term “natal” (i.e. “birth”) here. The more commonly used term, “biological” sex, is problematic. There is increasing evidence for a facet of biological sex called brain sex (or brain gender, as in Hines, [2004]), and that individuals may be hard-wired for sex-linked behaviour and personality differences at birth. This hard-wiring may extend to transpeople; they may be born with brains that are in a physical (biological) sense cross-sexed (Gires, 2006). The implication is that transwomen may be viewed as biological women, as are their natal female counterparts (and that transmen may be viewed as biological men).

17. Worldwide, and perhaps in Thailand too, transmen may find it easier to pass socially than transwomen, if only because the cross-sex hormones available to them often induce physical changes faster, and sometimes with longer-term effects, than for transwomen taking female hormones.
18. See Cameron (2006, 29), and Jenkins et al. (2005, 14). Jenkins et al. note that this designation as psychologically damaged has also undermined the possibility of getting a passport. In August 2005, the Thai military, under pressure, indicated that it would no longer use this phrase. The decision appears not to be retrospective, i.e. does not make possible replacement of old Sor. Dor. 43 papers with new ones.

19. See Jackson (2002). It appears that no follow-up study was undertaken to examine the effect of this affair upon the already low numbers of phu-ying kham-phet working as teachers.

20. In Asia, change of legal gender status (as evidenced in the right to a heterosexual marriage) is now possible in Japan, South Korea, the People’s Republic of China, Taiwan, Singapore, Indonesia, Iran, Kyrgyzstan, Kazakhstan, and Saudi Arabia. Reports also suggest it is possible in Indonesia (Dédé Oetomo, e-mail to the author, 22 February 2008).

21. In the United Kingdom these legislative changes were incorporated into the Gender Recognition Act of 2004.

22. Until recently, the perpetrator of rape upon a phu-ying kham-phet could be tried only for physical assault (Cameron 2006, 27).

23. In British English, a “bar fine” is a fee that a customer pays the management of a bar or commercial sex establishment to take a sex worker off the premises. In Australian and American English, this is more commonly called an “off fee”, which is a direct translation of the Thai expression kha off.

24. Cameron (2006, 19) reports anecdotal evidence suggesting that the willingness of partners of phu-ying kham-phet to use condoms is very low.

25. For more information see Jenkins et al. (2005, 17) and Cameron (2006, 17).

26. For example, Luhmann (2006) reports that among his phu-ying kham-phet research participants who had ever had a regular sexual partner, 28 percent had never used a condom with that partner.


28. Andrew Hunter, head of the Asia Pacific Network of Sex Workers, reported in Cameron (2006, 17). Research quoted by Cameron reveals that intravenous drug users are usually thought to be the group with the highest HIV infection rate.

29. See Jenkins et al. (2005, 22) and Cameron (2006, 31).

30. See Luhmann (2006), who found that only 50 percent of his sample had consulted a doctor prior to initiating hormone use, while only 28 percent had gone to a doctor to establish current dose levels. My 2007 study with Chaisuak Lertraksakun (report in progress) revealed that within our sample of 150 phu-ying kham-phet, 139 had taken cross-sex hormones at some time in their lives. Though the vast majority had taken advice before doing so, it was most often from other phu-ying kham-phet. Only 44 had taken advice from qualified nurses or doctors. The figures for medical consultation were hardly better after starting to take hormones; only 68 went to a qualified nurse or doctor for care.

31. Fathers typically appear less accepting than mothers towards their phu-ying kham-phet children. See, for example, Jenkins et al. (2005, 8); and Winter (2006a).

32. See Jenkins et al. (2005, 11) and Winter (2006c). This second study (a sample of 195 young phu-ying kham-phet) found that around 11 percent anticipated presenting themselves as male by the time they were fifty years of age.


34. In an unpublished study of 225 phu-ying kham-phet aged 15 to 55 (mean age 24.6 years), Winter and Vink found that 34.5 percent had at some time in their life thought about killing themselves (usually or all the time for 4.5 percent of them). Even more worrying, over
one in five (22 percent) reported having attempted suicide at least once in their lives; 12.6 percent of the sample had done so more than once.

35. Note, for example, the work done by broad LGBT groups such as Anjaree, the Rainbow Sky Association of Thailand, and Bangkok Rainbow for the promotion of khon kham-phet rights. See Megan Sinnott and Douglas Sanders in this volume.

36. The research team was comprised of Pornthip Chalungsooth (US), Yik Koon Teh (Malaysia), Ying Wuen Wong (Singapore), Anne Beaumont (UK), Loretta Man Wah Ho (Hong Kong, China), Francis “Chuck” Gomez and Raymond Aquino Macapagal (Philippines), Nongnuch Rojanalert and Kultida Maneerat (Thailand), and me. See Winter et al. (2009).

37. Mental pathology correlated with denial as women at 0.55, with social rejection at 0.50, peer rejection at 0.64, and sexual deviance at 0.44. All these correlation co-efficients were statistically significant beyond the 99 percent level of confidence.

38. Mental pathology correlated with denial as women at 0.12, with social rejection at 0.26, peer rejection at 0.18, and sexual deviance at 0.42. The two highest correlations were statistically significant beyond the 99 percent level of confidence, the third-highest was significant beyond the 95 percent level. The lowest correlation fell slightly short of significance.


41. See Bartlett et al. (2000); Hale (2007); Langer and Martin (2004); Newman (2002); Richardson (1999); Vasey and Bartlett (2007); Vitale (2005); Wilson et al. (2002); Winter (2007); Winters (2006).

42. Other possibilities also exist. Some individuals may hold to broad, “essentialist” belief systems about sex and gender (for example, that sex and gender are indivisible and unchangeable), which, in turn, lead them to believe that transpeople are mentally ill, and also to deny them gender rights, to regard them as sexual deviants, and avoid social contact with them.

43. See, for example, Clements-Nolle et al. (2006), and Grossman and D’Augelli (2007).

44. See, for example, the discussion of transwomen in Malaysia in Teh (2002).

45. In our 2007 study, 57 percent of Thai respondents believed that phu-ying kham-phet are sexually perverted (twiparit thang-phet). By contrast, only 22 percent of US students took this view about transwomen.


47. See the US research of Klamen et al. (1999), who found that a quarter century after depathologization, nine percent of second-year medical students still believed homosexuality to be a mental disorder.