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Perspectives of Thai Transgender Adults on Diagnostic Criteria for Transsexualism, Gender Incongruence, and Gender Dysphoria

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ABSTRACT

Objectives: Our study aimed to assess perspectives of the Thai transgender adults toward three diagnostic criteria: 1) transsexualism (the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, tenth revision; ICD-10), 2) gender incongruence (the International Classification of Diseases, eleventh revision; ICD-11), and 3) gender dysphoria (the Diagnostic and Statistical Manual of Mental Disorders, fifth edition; DSM-5). We also gathered comments and suggestions on these criteria for future refinement, especially specific to Thai sociocultural contexts.

Methods: During February to November 2023, we conducted a survey among transgender individuals from five major Thai transgender communities. Participants were requested to 1) indicate their agreement whether each criterion could describe their identity and be suitable for the Thai transgender community using ten-point Likert scales, 2) select three keywords from each criterion and one most appropriate criterion, and 3) provide additional suggestions.

Results: A total of 266 transgender individuals, participated in the study (62.4% and 25.2% transgender men and women, and 12.4% other identities). Both ICD-10 and DSM-5 criteria received the highest levels of agreement, averaging scores of 8.7 across most categories. Suggestions for refining criteria included a sufficiently long duration, using terms indicating inclusivity of all identities as a person, and noting positive outcomes of transitioning within the criteria.

Conclusions: The DSM-5 criteria garnered the highest levels of agreement in terms of identity description and suitability for the Thai sociocultural contexts. Nonetheless, further refinement can be improved, especially to ensure the inclusivity of transgender individuals with identities beyond the binary.
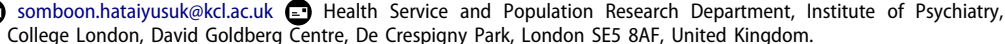
Introduction

It is widely acknowledged that the overall mental health of transgender people is often compromised (Italian Working Group on LGBTQI Mental Health, 2022), and numerous etiological factors have been postulated to account for this phenomenon. One crucial underlying mechanism is stigmatization, which remains a prominent issue among transgender individuals worldwide (Roche & Keith, 2014). Stigmatization within the transgender population can also be attributed to various factors, including a higher prevalence of HIV infection, associated with negative attitudes (Kuete et al., 2016), and increased engagement in

sexual activities, which may encounter reduced acceptance, particularly in specific regions, such as parts of Asia (Wainipitapong et al., 2023). Another fundamental aspect of stigmatization is rooted in medicalization, which invariably leads to pathologization (King, 2019), particularly within the field of psychiatry which when compared to other medical disciplines (Bravo-Mehmedbašić & Kučukalić, 2017).

The medicalization of transgender people is an ongoing process that has garnered significant resistance and rejection from transgender people (Johnson, 2019). A notable aspect of this shift pertains to changes in diagnostic terminology. For instance, the transition from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR) to its fifth Edition (DSM-5) involved a shift from "Gender Identity Disorder" to "Gender Dysphoria," placing less emphasis on the trans identity itself and a greater emphasis on the distress and discomfort associated with that identity. This change may potentially reflect a move toward less pathologizing language (American Psychiatric Association, 2013).

A similar change can be observed in the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10), where the terms "Gender Identity Disorder" and "Transsexualism" have been replaced with "Gender Incongruence" and included under the sexual health condition of the International Classification of Diseases, eleventh revision (ICD-11) (Word Health Organization, 1993, 2022), highlighting that being transgender is not a mental health condition. Despite these changes aimed at reducing stigmatization, diagnostic terminologies remain essential to the medicalization process, as they provide healthcare professionals with precise definitions and facilitate establishment of related diagnosis, guiding further support and interventions.

Interestingly, in addition to the issue of medicalization issue, the characteristics of transgender people around the world may exhibit variations, leading to questions about the suitability of a single set of criteria for global use. While the aforementioned criteria are not specifically tailored to particular cultural contexts, their development has

seen limited inclusion of Asian perspectives, which, as previously mentioned, may be influenced by differing attitudes and environmental factors compared to Western perspectives. For example, due to the social adaptation challenges faced by transgender women in Japan, the country has demonstrated a higher proportion of transgender men compared to transgender women, in contrast to Western findings (Furutani et al., 2021). However, an increase in number of transgender men has been reported in the Western countries (Leinung & Joseph, 2020).

Additionally, some Thai transgender women prefer not to identify as transgender but instead use the term "Kathoey," a label rooted in a previous Thai medical term for individuals with disorders of sex development or a more stigmatized term from the past "Hermaphrodite" (Chokrungvaranont & Tiewtranon, 2004). This identity is distinct and is not defined in relation to cisgender women or associated with any gender-affirming framework (Lynne, 2021). This point underscores the significance of the debate regarding the suitability of using such criteria in non-Western settings.

Nonetheless, transgender healthcare in Thailand predominantly adheres to the DSM-5 criteria for diagnosing gender dysphoria (Wainipitapong et al., 2022). DSM-5's gender dysphoria specifically applies to transgender individuals who experience distress, which may stem from social factors such as stigma and discrimination, rather than solely somatic discomfort related to one's body. Importantly, this distress does not necessarily entail a desire for gender-affirming healthcare.

In contrast, the ICD-10 defines transsexualism as involving a strong desire to live as the opposite sex, typically accompanied by significant distress that motivates individuals to seek gender-affirming treatments, using hormone or surgery. Conversely, ICD-11's Gender Incongruence focuses primarily on the mismatch between a person's experienced gender and their assigned sex at birth, without emphasizing distress as a necessary criterion. It also covers broader approaches for gender-affirmation. Detailed criteria for each diagnosis, in both English and Thai, can be found in the Supplementary Material 1.

The suitability of these criteria has not been explored within the Thai context, and the

perspectives of transgender people themselves on these criteria have not yet been investigated. Therefore, our study aimed to assess the viewpoints of Thai transgender people regarding diagnostic criteria for transsexualism, gender incongruence of adolescence and adulthood, and gender dysphoria in adolescents and adults. With the insights gained from our results, we can further develop or refine the criteria used to provide improved support for transgender individuals appropriate for the Thai context.

Materials and methods

A cross-sectional study was conducted within five organizations supporting transgender people (the Gender Health Clinic at King Chulalongkorn Memorial Hospital, SWING, Tangerine clinic, and Thai Transgender Alliance, and the FTM Thailand community), utilizing both online and offline recruitment methods between February and November 2023.

Transgender individuals aged 18 years or older who were competent in Thai reading communication and interested in participating were eligible to enroll into the study. Informed consent was obtained through an online platform. This study was performed in accordance with the ethical standards of the Declaration of Helsinki and received approval from the Institutional Review Board of the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand (COA No. 0091/2023).

Data collection procedures

We collected demographic data, including age, age at social transition, salary, educational level, relationship status, occupation, and religion. The questionnaire was online and provided participants with three diagnostic criteria (ICD-10's transsexualism, ICD-11's gender incongruence of adolescence and adulthood, and DSM-5's gender dysphoria in adolescents and adults), both the original English and translated Thai versions (see supplementary material 1).

Participants were asked to indicate their agreement whether, as a whole, all examined criteria could 1) describe their identity and 2) be suitable for the Thai transgender community using 10-point Likert scales. Subsequently, participants were requested to select three keywords or statements from each criterion that best described their identity and, if applicable, suggest other keywords that better aligned with the Thai context. Finally, participants chose the most appropriate criteria.

As a qualitative approach, we were open to textual responses of comments and suggestions on the themes or keywords, which could help us better understand the characteristics of Thai transgender people.

Data analysis

Descriptive statistics were used to summarize the demographic data of all participants. Categorical variables were presented as counts and percentage, while continuous variables were described using the mean ± standard deviation or the median [interquartile range] depending on data distribution. To compare the perspectives of each identity on each criterion, chi-square tests, student t-tests, one-way ANOVA, and Mann–Whitney U test were used based on the nature of each variable. Pearson or Spearman correlation would be analyzed appropriately to determine the correlation between levels of agreement and associated variables. All tests were two-tailed and a P-value of $\leq.05$ was considered statistically significant. Data analyses were performed using STATA version 17.0. Meanwhile, for the qualitative part, the textual responses were summarized and synthesized into a narrative format.

Results

A total of 384 transgender individuals participated in the study, of which 266 individuals (69.3%) were eligible, while the remaining 118 (31.7%) reported that they did not meet the inclusion criteria after beginning the survey. Based on self-reported identities, three distinct categories were identified: transgender men, transgender women, and transgender individuals defining themselves as other identity. Transgender men constituted the majority of participants, 62.4% (see Table 1). The mean age was

Table 1. Demographic data.

	N (%) or mean ± s.d. or median [IQR]			
Variables	TM (n = 166, 62.4%)	TW (n = 67, 25.2%)	TO (n = 33, 12.4%)	All (n = 266)
Age (year)	31.1 ± 7.4	31.0 ± 8.3	28.0 [24.0,34.0]	30.9 ± 7.7
Age at transition (year)	15.0 [10.0,20.8]	16.0 ± 7.2	16.0 [10.0,19.0]	15.0 [10.0,20.1]
Salary (x 1k Baht/month)	2.0 [1.5,3.0]	2.6 ± 3.8	1.8 [1.0,3.0]	2.0 [1.2,3.0]
Educational level				
• Under bachelor	57 (21.4)	22 (8.3)	16 (6.0)	95 (35.7)
• Bachelor's degree	87 (32.7)	40 (15.0)	14 (5.3)	141 (53.0)
• Above bachelor	22 (8.3)	5 (1.9)	3 (1.1)	30 (11.3)
Relationship status				
• Single	98 (36.8)	48 (18.1)	28 (10.5)	174 (65.4)
• In a relationship	68 (25.6)	19 (7.1)	5 (1.9)	92 (34.6)
Occupation				
• Student	15 (5.6)	15 (5.6)	3 (1.1)	33 (12.4)
• Employee	85 (32.0)	24 (9.0)	15 (5.6)	124 (46.6)
• Self-employed	43 (16.2)	15 (5.6)	5 (1.9)	63 (23.7)
• Others	43 (16.2)	15 (5.6)	5 (1.9)	63 (23.7)
Religion				
• Buddhism	136 (51.1)	59 (22.2)	25 (9.4)	220 (82.7)
• Christian/Islam	7 (2.6)	2 (0.8)	1 (0.4)	10 (3.8)
• Non-religion	23 (8.7)	6 (2.3)	7 (2.6)	36 (13.5)

s.d.: standard deviation; IQR: interquartile range; TM: transgender men; TW: transgender women; TO: transgender individuals defining themselves as other identity.

Table 2. Levels of agreement with diagnostic criteria for transsexualism, gender incongruence, and gender dysphoria.

	Mean score ± s.d.					
Variables	TM (n = 166)	TW (n = 67)	TO (n = 33)	All (n = 266)	P-value	Post hoc 95% CI
Transsexualism (ICD-10)						
Identity description	8.9 ± 1.7	8.7 ± 1.8	7.7 ± 2.5	8.7 ± 1.9	0.025*	TO vs TM −2.08 to −0.39 TW −2.01 to −0.12
Suitability	8.5 ± 2.1	7.7 ± 2.5	7.7 ± 2.2	8.2 ± 2.2	0.019*	TW vs TM −1.59 to −0.33
Gender incongruence (ICD-11)						
Identity description	8.6 ± 1.9	8.4 ± 1.8	7.5 ± 2.3	8.4 ± 1.9	0.009*	TO vs TM −2.01 to −0.26
Suitability	8.5 ± 1.8	8.1 ± 2.1	7.8 ± 2.4	8.3 ± 2.0	0.14	
Gender dysphoria (DSM-5)						
Identity description	8.8 ± 1.7	8.7 ± 2.1	8.4 ± 2.0	8.7 ± 1.8	0.41	
Suitability	8.8 ± 1.7	8.6 ± 2.2	8.3 ± 1.9	8.7 ± 1.9	0.44	

s.d.: standard deviation; CI: confidence interval; TM: transgender men; TW: transgender women; TO: transgender individuals defining themselves as other identity; ICD-10: the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, tenth revision; ICD-11: the International Classification of Diseases, eleventh revision; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

30.9 years, and the median age at transition was 15.0 years. Most participants were single (65.4%) and identified as Buddhists (82.7%). Less than a half of the participants were employed (46.6%).

The highest levels of agreement were observed with ICD-10 and DSM-5 criteria, both receiving average scores of 8.7 in all categories, except for a slightly lower score (8.2) for the suitability of ICD-10 (see Table 2). The agreement on the description abilities of both ICD versions received significantly lower scores among transgender individuals with other identities compared to transgender women and transgender men for ICD-10 (TO 7.7 ± 2.5 vs TM 8.9 ± 1.7 (95% CI −2.08 to −0.39) and TW 8.7 ± 1.8 (95% CI −2.01 to −0.12)) and to transgender men for ICD-11 (TO 7.5 ± 2.3 vs TM 8.6 ± 1.9 (95% CI −2.01 to −0.26)). Additionally, the suitability of ICD-10 in the perspectives of transgender women received significantly lower scores than transgender men (TW 7.7 ± 2.5 vs TM 8.5 ± 2.1 (95% CI −1.59 to −0.33)).

Due to non-normal data distribution, the Mann–Whitney U test was analyzed to compare levels of agreement between each pair of criteria. Concerning identity description, ICD-10 and DSM-5 criteria were found to be more favorable among most populations, with neither ICD-10 nor DSM-5 criteria appearing superior. DSM-5 criteria remained the highest preferred in terms of suitability; meanwhile, ICD-11 criteria was rated more suitable for transgender women, compared to ICD-10 criteria, which was still less favored than DSM-5 criteria across all participants. Table 3 illustrates six pairs of criteria based on identity descriptions, suitability, and transgender populations.

Table 3. Comparing of agreement between each diagnostic criteria.

	P-value							
	Identity description				Suitability			
Variables	ICD-11	Favour	DSM-5	Favour	ICD-11	Favour	DSM-5	Favour
ICD-10	0.001*	ICD-10	0.44	–	0.69	–	<0.001*	DSM-5
TM	0.006*	ICD-10	0.08	–	0.42	–	0.10	–
TW	0.08	–	0.32	–	0.026*	ICD-11	<0.001*	DSM-5
TO	0.28	–	0.58	–	0.84	–	0.029*	DSM-5
ICD-11	■	■	0.001*	DSM-5	■	■	<0.001*	DSM-5
TM			0.16	–			0.016*	DSM-5
TW			0.009*	DSM-5			0.007*	DSM-5
TO			0.008*	DSM-5			0.021*	DSM-5

TM: transgender men; TW: transgender women; TO: transgender individuals defining themselves as other identity; ICD-10: the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, tenth revision; ICD-11: the International Classification of Diseases, eleventh revision; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

Table 4. Most selected keywords for first to third ranking of each criterion.

Criteria	Rank	Keyword
ICD-10	1	A desire to live as a member of the opposite sex
	2	To be accepted as a member of the opposite sex
	3	A wish to have surgery
ICD-11	1	A marked incongruence between an individual's experienced gender and the assigned sex (note: 'a persistent incongruence' was listed in another choice)
	2	To live as a person of the experienced gender (note: 'to be accepted' was listed in another choice)
	3	A desire to 'transition'
DSM-5	1	A strong desire to be rid of one's primary and/or secondary sex characteristics
	2	A strong desire for the primary and/or secondary sex characteristics of the other gender
	3	A strong desire to be of the other gender

ICD-10: The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems, tenth revision; ICD-11: the International Classification of Diseases, eleventh revision; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

Most participants ranked DSM-5 as the most appropriate criteria (49.3%), followed by ICD-10 (31.6%). However, almost a half of transgender individuals with other identities (45.5%) rated ICD-10 the highest, followed by ICD-11 (30.3%), and DSM-5 (24.2%), respectively.

In terms of the best identity description, all participants were asked to rank first to third keywords from all criteria. The most selected keywords for the first to third ranking of each criterion are presented in Table 4.

Qualitative data of 91 textual responses provided by participants were reviewed, giving insight into rationale for their criterion ranking decisions. Disagreement with the term "opposite sex" (ICD-10) was reported. Participants highlighted the fact that the criterion focused on binary identities (i.e. transgender men and transgender women), leaving out those with non-binary or other identities. As identity extends beyond the binary, it is better to focus on not aligning with the sex assigned at birth.

> "Opposite sex is not a must. Gender and sex are not binary. Desire to live and be accepted as the opposite sex do not include all diversity (non-binary, agender, and gender fluid …). 'Gender that one is' better represent what one needs." – Transgender non-binary A

Furthermore, participants sought acceptance, not solely (or at all) as a person not a particular identity or a member of opposite sex (ICD-10), the experienced gender (ICD-11), or the other gender (DSM-5). The essence lies in being accepted as an ordinary person, treated equally, regardless of gender identity.

A duration of six months (DSM-5) is considered insufficient for some participants (n = 6), given that identities can be influenced by several social determinants, such as media and showgirls, for which the country is particularly famous. A longer duration is necessary for certainty, especially gender-affirmation leading to irreversible changes such as voice alterations by hormone. This becomes crucial in case of regret and the need for detransition.

> "Media strongly influences gender awareness, lead to confusion, and (transgender) adolescent, they are spineless, easily influenced by showbiz and showgirl." – Transgender woman B

The aim of physical changes is not merely to undergo surgery or hormonal treatment (ICD-10), but rather to enhance individuals' confidence in daily living. Similarly, a strong desire to get rid of primary and/or secondary sex characteristics (DSM-5) is aimed at boosting confidence. These positive outcomes of transition were suggested by our participants.

Finally, significant distress (DSM-5) may not be found in individuals who are well-adapted, exhibit comparatively lower levels of non-conformity, or exist in an open-minded and supportive environment.

> "Sometimes, it's not about distress; it's just about wanting a change in appearance and hairstyle to

match one's identity. It's all about gaining confidence and meeting personal needs." – Transgender man C

Additionally, beyond comments on each diagnostic criterion, there were extensive suggestions on the social empowerment needs of the transgender community in Thailand. This encompassed topics such as the ability to change of name title, legalization of same-sex marriage, and flexibility in dressing uniforms not restricted to their sex assigned at birth.

Discussion

The overall agreement levels on three investigated diagnostic criteria among transgender individuals, encompassing all identities, ranged approximately from 8.4 to 8.7 for identity description and 8.2 to 8.7 for suitability within the Thai context. DSM-5 criteria were judged to best describe identities and be contextually suitable.

Generally, the DSM-5 is widely utilized by psychiatrists in the country, whereas non-mental healthcare providers seem to be more acquainted with the ICD system, which is also used for statistical purposes (Nitsuwat & Paoin, 2012). Our findings supported the use of DSM-5 or its text revision, DSM-5-TR, which maintains similar gender dysphoria criteria, for diagnoses in this country. The highest level of agreement could be attributed to the fact that the criteria in DSM-5 do not solely focus on procedural aspects, such as hormone therapy or surgery, but encompass broader terms related to transitioning, including the desire to alter sex characteristics.

Moreover, DSM-5 provides a clear and specific set of symptoms that reflect the experiences of transgender individuals, unlike ICD-10 and ICD-11. The inclusion of important features such as persistence duration is clearly noted. The term "distress" can be interpreted variably and is highly subjective. Such consequences have been neglected in both ICD-10 and ICD011. DSM-5's gender dysphoria, therefore, encompasses a range of phenomenological experiences, while also considering the duration and flexible impact of distress or impairment, positioning it the most suitable as noted in our study.

Additionally, qualitative responses emphasized the inappropriateness of binary terminology found in the ICD-10, such as "opposite sex." In contrast, the DSM-5's use of a broader term, such as "other gender," was preferred. Alternatively, the screening instrument for gender dysphoria using a non-binary term, which has been translated, validated, and examined for psychometric properties such as the Utrecht Gender Dysphoria Scale – Gender Spectrum (UGDS-GS) in its Thai version, could be considered (Jamneankal et al., 2023). However, this measure is a screening tool, and other established diagnostic criteria are still required.

Our findings also suggest that this preference was particularly notable among transgender individuals with identities beyond the binary, whose agreement scores were significantly lower than those of transgender men and transgender women, especially in relation to the ICD diagnostic criteria.

The comparison between the ICD-10 and the revised ICD-11 revealed a preference for ICD-11 among transgender women participants concerning its suitability in the Thai context. However, the ICD-10 remained significantly more favorable than the ICD-11 in overall agreement, specifically in terms of identity description. We believed that this discrepancy can be explained by the ICD-10's use of action-oriented language, employing the term "a desire to," which is more easily comprehensible and compelling (Wansink & Robbins, 2016). This writing style aligns with the most chosen keywords for both ICD-10 and DSM-5.

Regarding the preference for ICD-11 among transgender women, the ICD-10 includes a statement of surgical procedure, which is rather expensive and not covered by national health service policies. In contrast, ICD-11 outlines broader approaches to transitions that transgender women may find more accommodating. However, participants across various gender identities consistently rated higher agreement levels with the DSM-5 criteria, as discussed earlier. It is noteworthy that neither the ICD nor DSM-5 explicitly addressed non-binary transgender individuals (Moser, 2017).

Few participants raised issues about ICD-11 in their textual responses. It is surprising why ICD-11 garnered the lowest score compared to the other criteria. Despite mentioning broader methods of transition beyond surgery and hormones, which are not explicitly noted, ICD-11 uses the

term "experienced gender." This may refer to the process of identity formation through one's gender identity but can be challenging to understand. Therefore, terms like "one's preferred sex" in ICD-10 or "expressed gender" in DSM-5 seem easier to grasp.

Considering the proportion of each identity included in our study, transgender individuals with other identities seemed to be the smallest in number ($n = 33$, 12.4%), and a greater sample size should be considered for future studies. Up until now, Thai transgender individuals with identities beyond the binary have received minimal academic attentions (Newman et al., 2021), despite evidence indicating a heightened vulnerability to distress and alcohol misuse within this population, compared to binary transgender individuals (Reisner & Hughto, 2019). The number of Thai gender-diverse individuals who identify as non-binary was less than 1%, resulting in limited study on this specific population (Wainipitapong et al., 2023).

Nevertheless, conflicting findings exist (Jones et al., 2019), showing better mental health because of lower levels of sex characteristics or body dissatisfaction, as described in all examined diagnostic criteria. To contribute to a more comprehensive understanding, further investigations tailored to specific sociocultural contexts are crucial for advancing global knowledge on this population. As highlighted by our findings, the DSM-5 is recommended as a promising set of criteria for use in this particular population.

Our additional suggestions, derived from the qualitative responses, can serve as valuable guidance for revising the criteria or understanding expected attitudes toward Thai transgender community. The duration for establishing a diagnosis should be sufficiently long to ensure the formation of identities. However, determining the optimal duration poses a significant challenge. While, the ICD-10 suggests a 2-year timeframe, none of our participants specifically mentioned this duration. Nevertheless, several participants expressed that a six-month duration from the DSM-5 is insufficient.

The persistence duration is crucial, especially given the fluidity of identity influenced by social factors like media industry and legal barriers in Thailand (Ringo, 2002). These influences can lead to uncertainties and even regrets among transgender individuals, prompting some to reconsider and re-identify as cisgender individuals with non-heterosexual orientations (Nimitpanya et al., 2022). A longer persistence duration allows for a more thorough assessment of gender identity stability, ensuring informed decisions about gender-affirming care.

A suggestion emerged to use the more fundamental term "being accepted as a person" rather than specifying a particular gender aligns with the cultural context in Thailand, where gender-neutral words, including pronouns and nouns, are widely embraced and have proven advantageous for Thai transgender individuals (Gustafsson Sendén et al., 2015). The concept of being accepted as a person, transcending gender, was recommended, emphasizing empathetic understanding, and recognizing the tailored and unique needs of each transgender individuals.

Finally, our participants suggested the positive outcomes of transitioning, such as an increase in self-confidence. This aspect underscores participants' perspectives on the reasons for transitioning and is particularly relevant for non-binary transgender individuals as well.

Our study offers insights from the transgender community in Thailand, where the sociocultural context differs from that of previous studies or countries that have developed such criteria. By enrolling participants from centers that advocate for the social movements of the Thai transgender community, we gathered perspectives that extend beyond medical viewpoints. This supports the global trend toward demedicalizing transgenderism, marking a crucial first step toward achieving comprehensive inclusivity of transgender individuals (Cannoot, 2019).

Limitations

Some limitations should be mentioned. First, the sample size was relatively small. Secondly, caution should be exercised when generalizing our findings, especially since the centers involved primarily cater to urban areas and may not represent rural populations. Replying solely on textual responses might not provide adequate evidence to define or establish diagnostic criteria specific

to Thai transgender individuals. Moving forward, a consensus involving comprehensive input from both medical professionals and transgender communities is essential. This collaborative approach or qualitative research will be invaluable in developing a Thai-specific consensus and informing future policies, particularly those related to the inclusion of transition services in universal healthcare coverage.

Conclusions

The DSM-5 garnered the highest levels of agreement in terms of identity description and its suitability for the Thai sociocultural contexts. Transgender individuals with identities beyond binary expressed lower levels of agreement, compared to transgender men and transgender women. Suggestions for future refinement of diagnostic criteria related to transgender included defining a sufficiently long duration, using terms indicating inclusivity of all identities as a person, and noting positive outcomes of transtitioning within the criteria.

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Authors contributions

T.B. was involved in conceptualization (lead); data curation; writing—original draft (supporting); formal analysis (equal); and writing—review and editing (equal). S.H. was involved in conceptualization (supporting); data curation; writing—original draft (supporting); formal analysis (equal); and writing—review and editing (equal). A.S. was involved in writing—original draft (supporting); methodology; formal analysis (equal); and writing—review and editing (equal). K.P. was involved in conceptualization (supporting); supervision; and resources. S.W. was involved in conceptualization (supporting); investigation; writing—original draft (lead); formal analysis (lead); and writing—review and editing (equal).

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