

# Cultural Meaning and the Experience of Hormone Drug Use Among Transgender Women Undergraduate Students in Southern Thailand

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## Abstract

The practice of feminizing hormone drug use among transgender women is established but not well understood. This study used an interpretive phenomenological approach to explore the significance and experiences of hormone drug use among transgender women (TGW) undergraduate students. The study involved twenty-one participants in semi-structured interviews and applied thematic analysis to the data. Findings reveal that participants view hormone drug use as crucial for personal satisfaction and social acceptance. Their use of these drugs varied, including changes in medication type, dosage adjustments, and intermittent or consistent use, tailored over time to individual needs. These variations were influenced by factors encouraging or discouraging hormone drug use and by perceptions of recent hormone drug use, whether positive or negative. The study highlights the essential role of hormone drug use in transgender individuals' lives, emphasizing the need for greater attention and support in social and healthcare systems. It points to the importance of responsible use of feminizing hormones, addressing the unique needs of transgender women, and promoting a health and well-being supportive environment.

## Keywords

Cultural meaning; hormone drug use; Thailand; transgender women students

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## Introduction

Transgender women (TGW) are one of many diverse genders, sometimes referred to as transwomen or trans; TGW self-identify as female or another gender though they were assigned male at birth (Byne et al., 2018; Clark et al., 2017; United Nations Development Programme [UNDP], 2015; Yan et al., 2019). Currently, the number of TGW in Thailand is growing. According to the Bureau of Epidemiology, Centers for Disease Control, in 2019, there were 62,800 transgender women in Thailand out of a total population of nearly 66.6 million or 1:1,000 of the entire Thai population (Ministry of Public Health [Thailand], 2022).

Previous studies have pointed out that gender is related to life experiences and the complexity of people's health and drug use (Mauvais-Jarvis et al., 2020; Newcomb et al., 2020; Wirtz et al., 2020), including Thai TGW who have experienced discrimination and exclusion based on their non-normative sexes, genders, and sexualities (Ojanen, 2009; Suriyasarn, 2014; World Bank Group, 2018). Some reports revealed that TGW students are usually discriminated against via the use of inappropriately harsh words by teachers, friends, and seniors at school because of their intersectional identity. Some have been discriminated against through physical violence, and some are misunderstood and judged by their outward appearance by friends and teachers at educational establishments, as well as being discriminated against in daily life and at a healthcare facility (Jarernpanit et al., 2019; Srikummoon et al., 2022). The use of hormones is one of the methods that Thai TGW use to combat these social discriminations, especially discrimination that results from an appearance that does not conform to social norms (Poompruek et al., 2014; Srikummoon et al., 2022).

These social problems, including social unacceptance, social discrimination, and dissatisfaction with one's gender, are connected to the issues that can be solved by medication, as well as the concept of medicalization and pharmaceuticalization (Abraham, 2010; Bell & Figert, 2012; Conrad, 2007). As a result, medication has become necessary, and the demand for medicine has increased. According to research by Gooren et al. (2015), TGW mostly prefer oral hormones. Access to hormones through peer recommendations was as high as 96%, but access through professional pharmacists was only 4%. This is comparable to the study conducted by Samakkeekarom et al. (2019), which examined the behavior of hormone drug use among TGW attending public and private universities. In both public and private universities, the most common type of female hormone supplementation used by young transgender students is oral pills. Although there was no difference in the resources available for studying the use of hormone medications, the research participants frequently preferred to learn about the use of hormone drugs from their transgender peers.

Moreover, Regmi et al. (2019) found that TGW engage in hormone use behavior. In instances of drug abuse, it was revealed that TGW altered their diet voluntarily or stopped taking the drugs entirely due to the adverse effects of hormone drugs. Some TGW have temporarily ceased their usage of hormone pills, particularly those who purchased the drugs abroad and those who are due to visit their families. In addition, inappropriate amounts of hormone drugs are administered concurrently in large doses to see the effect of hormone medications quickly. None of the abovementioned research explains the logic for individual actions, sentiments, or experiences deemed significant to the context of the lives of TGW. It raises two questions, including, within the context of young transwomen's lives, how do they define the hormone drugs they use? and how do they take them?

This study examines, firstly, the cultural meaning of hormone drugs and, secondly, the experience of hormone drug use from the perspective of a Thai TGW undergraduate student using 21 informants in the southern university of Thailand as a case study. An experience and perspective of hormone drug use will be elucidated in this study to help advance rational medication uses and offer policy suggestions to ensure that hormone drugs may be used safely and effectively by transgender people.

## **Materials and methods**

### **Study design**

This qualitative study employed an interpretive phenomenological approach to reveal and interpret the meaning of the lived experience in terms of medication use experience within the context of TGW undergraduate students at the upper Southern University of Thailand (Matua & Van Der Wal, 2015; Peat et al., 2019). The results were analyzed using the principles of interpretation through the researcher's knowledge, understanding, and thoughts about the topics, together with the experience of the context and meaning of the informants (Koch, 1995; Podhisita, 2021). The Consolidated Criteria for Reporting Qualitative Research (COREQ) and the Standards for Reporting Qualitative Research (SRQR) were adopted to ensure transparency of the qualitative methodologies and prepare the manuscript (O'Brien et al., 2014; Tong et al., 2007).

### **Participants and context**

The research field for this study was a section of a university in the upper southern region of Thailand. The study field was chosen using a particular technique (purposive sampling). The attractiveness of this research field consisted of 1) a region where the phenomenon of hormone drug use among adult TGW occurs; 2) a region with a specific context and distinct from other regions, such as a multicultural society with a system of kinship; and 3) a region where the researcher can understand the social system, culture, and context.

Respondents were chosen using purposive sampling, with the researcher specifying criteria to obtain an information-rich person according to the principles of qualitative research (Creswell & Poth, 2016; Denzin & Lincoln, 2017) including six characteristics: 1) a person who identified as male but wanted to transition to female to adhere to their mental state; 2) current student status; 3) has used hormones for transsexual usage for a minimum of one year; 4) has not had sex reassignment surgery; 5) is capable of communicating, understanding, and cooperating to provide information; 6) can be reached to conduct an interview. The data collection begins with members of a campus-based informal meeting of TGW students. The researcher employed the snowball approach by having the informant recommend the next informant for inclusion in the study.

### **Data collection**

One leading researcher had obtained a PhD in health social science and was experienced in qualitative research. Another primary researcher, a fifth-year LGBT pharmacy student, had passed a research methodology course and had previously conducted in-depth interviews in

Thai. After receiving approval to conduct research from the ethics committee in human research, the researcher collected data from each informant.

According to the research objectives in Table 1, the interview questions were divided into two parts. First, there are three main questions to explore the cultural meaning of hormone drugs: How are hormone drugs important for you? What are three words for your hormone drugs? And How do you feel if one day you don't have hormone drugs? Second, there are two primary questions to describe the hormone drug use experience: How do you use hormone drugs? and What is the reason for using such hormone drugs that way?

**Table 1:** Semi-Structured Interview Guide

<b>Objectives</b>	<b>Main and probing questions</b>
Meaning of hormone drugs	1. How are hormone drugs important for you? 2. What are three words for your hormone drugs? 3. How do you feel if one day you don't have hormone drugs?
Hormone drug use experiences	1. How do you use hormone drugs? 2. What is the reason for using such hormone drugs that way?

The interviews were carried out from January to June 2022. They began with broad questions followed by more in-depth inquiries that encouraged informants to explain if an intriguing subject was discussed during the interview, and informants were prompted to elaborate. Each face-to-face interview via video call lasted between 45 and 60 minutes, and audio and video recordings were made with the informants' permission.

## Data analysis

The audio files were transcribed verbatim. The interview transcripts were typed, and then the text files were imported into NVivo (Release 1.5.2), a qualitative research software. Codes were created to identify participants while maintaining individual confidentiality and anonymity. An inductive thematic approach was utilized to analyze the data (Braun & Clarke, 2006; Gale et al., 2013). The researchers read and reread the transcripts to familiarize themselves with the data. Data was created as initial codes and managed into thematic maps. Other researchers cross-checked the codes and thematic maps and summarized the final themes and sub-themes. The research team discussed to reach a consensus and resolve any disagreements. During manuscript writing, one researcher translated the themes and sub-themes, including any selected quotations from Thai to English. All researchers discussed and approved the translation.

## Ethics approval

The study protocol was approved by the Human Research Ethics Committee of Walailak University (No.: WUEC-21-340-01). Primary interviewers invited participants to have face-to-face conversations and asked for verbal consent before each interview.

## Results

As shown in Table 2, 21 transgender women (TGW) undergraduate students participated in in-depth interviews. They had a mean age of  $22.46 \pm 2.07$  years. The mean duration of hormone drug use for cross-gender was  $6.00 \pm 1.92$  years, with the most prolonged duration being ten years, the shortest time being three years, and the average number of hormone drugs was  $3.00 \pm 0.77$ .

**Table 2:** Informant Characteristics

General Characteristics	Amount (persons)	Percentage
<b>Age</b> (average $22.46 \pm 2.07$ years)		
<b>Academic Year</b>		
Year 1	3	14.30
Year 2	5	23.81
Year 3	5	23.81
Year 4	4	19.04
Year 5	2	9.52
Year 6	2	9.52
<b>Schools</b>		
Schools of Liberal arts	7	33.34
Schools of Sciences	4	19.05
Schools of Management	4	19.05
Schools of Pharmacy	3	14.28
Other	3	14.28
<b>Duration of hormone drug used for transgender purposes</b> (average $6.00 \pm 1.92$ years)		
1-3 years	3	14.28
4-6 years	9	42.86
7-9 years	8	38.10
10 years and above	1	4.76
<b>Number of hormone drugs used for transgender purposes</b> (average $3.00 \pm 0.77$ )		
1	0	0
2	6	28.56
3	9	42.88
More than 3	6	28.56

According to research objectives, the results were reported in two points: cultural meaning of hormone drugs and experience of hormone drug use:

### The cultural meaning of hormone drug

The study found that the most common reasons for hormone usage among TGW participants were their own gender dissatisfaction and social unacceptance. The informants defined their hormone pills into two meanings: self-satisfaction pill and social acceptance pill.

#### Self-satisfaction pill

The informants were informed that their pills are not pharmacologically active compounds used to treat their illnesses. It cures or alters a person's mental state from one of dissatisfaction

with their gender to one of a desire for feminine ideals as the person they have always wanted to be.

*"If it's a medicine, it's a medicine for the mind. I don't like what I have; for example, I don't like my rough skin and beard. The hormone makes those feelings go away. It's awesome. It's an awesome vehicle that takes me to be the person I've always wanted to be. More confident ... My appearance will be like that of a woman in my imagination. I love it, and it makes me more satisfied with myself."*

(T2, age 25, on hormone drugs for six years)

*"For me, as a dark-skinned, long-mustache man who wants to become a woman with big breasts, long hair, and smooth skin, that is acceptable to everyone who sees me. The use of hormones is the best solution. The pills helped me become the woman I wanted to be and helped me become more satisfied with myself and more confident. Hormones are, for me, not a cure but a pleasure pill to build confidence."*

(T10, age 22, on hormone drugs for seven years)

*(What are three words for your hormone drugs?)*

*"Self, Satisfaction, and Pills: I use the word "self" for me, who was never confident in myself; the word "satisfaction" for who I am now; and the word "pills" for all my hormones that have made me the person, who is my feminine ideals, that I have wanted to be for so long."*

(T18, age 23, on hormone drugs for eight years)

## **Social acceptance pill**

The informants referred to their hormone pills as social acceptance pills. They shared that their medicines were a vehicle to help them gain more social acceptance. Even though society has more acceptance of gender differences compared to the past, having a body shape, appearance, and complexion according to society's feminine ideals and beauty standards is still necessary, especially for TGW who need to use their physical appearance for work. As the quotes:

*"I've not been a real woman since birth. If I want to gain recognition and opportunities as a woman, first, I must have a feminine appearance according to my social norm, such as having big breasts and no mustache. For the next step, I need to have feminine beauty, such as smooth skin, white skin, and being skinny. When I take the drugs, I become more beautiful, more like a standard woman. So, people around me accept me more. I am given more opportunities. I get to do lots of university activities. I have more friends. If it's called a drug, it's a drug for my mind, not for disease. Being transgender is not a disease or an anomaly. So, we shouldn't be treated like one."*

(T5, age 24, on hormone drugs for ten years)

*"In the past, my friends always looked at me like a freak and made fun of me as a fake woman. That's why I'm always introverted. After I took hormone pills, my body was more feminine and beautiful. Currently, I am beautiful according to my society's definition. Made me more acceptable*

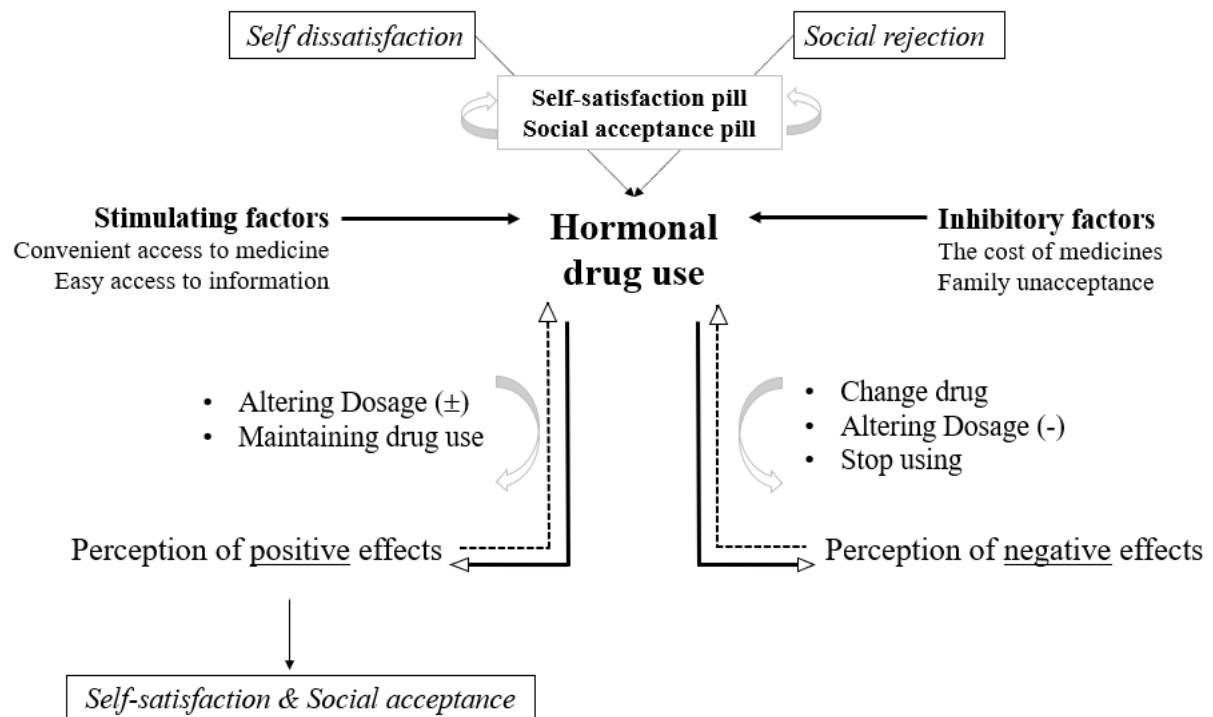
*to my friends. There are more job opportunities, especially since I worked as the MC (master of ceremonies) of my school, and the more hormone drugs have helped me become more accepted. When I'm on stage, everyone pays attention to me."*

(T7, age 24, on hormone drugs for six years)

## The experience of hormone drug use

The results showed that the most common places where informants access hormone drugs are drug stores (61.54%), the internet (30.77%), and hospitals (7.69%), respectively, and the sources from which they received information or advice on using medicines were from friends or known TGW (100%), online media (87.5%), and medical personnel (7.69%). According to the in-depth interviews, all respondents' hormone drug patterns altered with time. Drug utilization changes involve switching medication types, varying doses, taking periodic drug breaks, and maintaining drug use over an extended period. This is attributable to contextual influences, including the meaning of hormone drugs, stimulating factors, inhibitory factors, and perceptions of the consequences of recent hormone drug use, as seen in Figure 1, which depicts the framework of hormone drug use experiences among TGW undergraduate informants.

**Figure 1:** The Framework of Hormone Drug Use Experiences Among Transgender Woman Undergraduate Informants



### Stimulating factors

The informants describe environmental variables that encourage the use of hormone drugs in two themes: convenient access to medicines and easy access to information, both of which generate a desire to try.

### **Convenient access to medicines**

The research field in this study was in the upper southern region. Most of the informants live in rural areas that usually have a small number of pharmacies. The number of medicines in the store is small and not diverse. Traveling to buy medication is not convenient compared to being in the city. The limitation on access to treatment was one factor that affected the informant's drug use experience.

*"Access to medications has become simpler. It was difficult to do when I was twelve. It was challenging to purchase medications in the city. I seldom ever resumed my drug use at that time. We can now simply order medications, contact pharmacies, and deliver them to our homes. I occasionally request that my friends purchase them for me. My friends can quickly and easily buy and deliver the pills to me. I never run out of medication and can take any amount I want. Additionally, trying new medicines is no longer difficult."*

(T5, age 24, on hormone drugs for ten years)

*"Nowadays, it's very easy to access. I can just order online and walk to the pharmacy around the corner. It's easier than before. I saw many of my friends using it, so it made me want to try it. It's easier for me to use the same drugs as my friends, which is part of the stimulating factors for me to continue using the drugs until these days."*

(T17, age 21, on hormone drugs for five years)

### **Easy access to information**

The informants provided information that they had always searched for and understood details about hormone drugs before deciding what to use, how to change the type, and how to adjust the dose. The informants gave details, saying that ease of access to drug information is one of the factors that ultimately encourages their use of hormone drugs.

*"Currently, there is much information about hormone pills online. There are seniors who have tried many pills and recommend them on TikTok. I also read and understood the data of the pills myself before I decided to use them. For example, this one is a natural extract and stuff like that. Its ingredients made me curious and wanted to try."*

(T8, age 22, on hormone drugs for seven years)

*"Each person (her transgender friends) shares the knowledge with the others. These have evolved into a source of information that we frequently utilize, particularly in light of the existence of internet media like TikTok or even just Google ... In addition, I've seen other people online utilizing this one; I see whether they (the pills) had worked, and if they had, I'd keep using them. As well as if they do not work out or if I am dissatisfied with the outcome. I will either quit taking them altogether or switch them out for something else. Therefore, having easy access to knowledge was one of the elements that led me to begin to utilize hormones and continue to use them today."*

(T12, age 23, on hormone drugs for five years)



However, from in-depth interviews, all informants expounded on the same thing. Although easier access to drug information resulted in more opportunities for them to get to know and choose more drugs, they did not evaluate the correctness of the data according to academic principles. This is because knowledge about medicine is not public knowledge. Even those who are educated and can read and write cannot fully understand the details of medicine, so with increased drug use comes increased risk as well.

## Inhibitory factors

Respondents explained that in addition to stimulating factors influencing their decision to use hormones, some factors inhibit or hinder their use. The study showed two barriers to hormone medication use among TGW, including the cost of the medicines and family unacceptance.

### The cost of medicines

Five respondents switched hormone types, and the other three took periodic breaks because of the high price that they could not pay.

*“The cost of medicines in the drugstore in the province is expensive, but in the city or Bangkok, the prices are much cheaper. I must use it every day. I must use it for the rest of my life. That’s why pretty ladyboys have to live in the city. When I don’t have money or can’t have friends buy the drugs from the city, I have to switch to another one that is cheaper. During the switch, I had to endure side effects like vomiting and dizziness.”*

(T20, age 22, on hormone drugs for seven years)

*“The cost of hormone drugs is high – the cost of a drug increases with its quality and fewer adverse effects. For a university student like me, it is not paid; it is at least pricey. I must thus cease using the medicine while I’m short on cash. I’ll keep purchasing those medications when I have enough money. The cost of the tablets is a significant factor in how I continuously modify how I take them.”*

(T15, age 19, on hormone drugs for three years)

### Family unacceptance

Family unacceptance was why the two respondents had to stop using the drug for a period to hide it from family members.

*“My mom is an anti-type of person. She’s anti-plastic surgery, drugs, dietary supplements, those kinds of things. She’s scared of the side effects. So, I cut the losses. I hid from her. Sometimes, I don’t take the drugs at all while I’m home. So, it’s been on and off. It’s quite a barrier.”*

(T17, age 21, on hormone drugs for five years)

*“My family is one of the barriers preventing me from using hormone medications. They disagree with it. They appear to comprehend who I am and how I don’t like my gender, and they won’t stop me from changing into a woman. However, they disapprove of and disagree with drug use. They described it to me as being injected with strange chemicals. They are*

*concerned. Every time they caught me taking drugs, they'd become upset and tell me to quit. To avoid the conflict, I stopped taking the medicines when I'm at home."*

(T6, age 20, on hormone drugs for four years)

### **Perception of positive effects**

The study revealed that hormone usage among TGW positively affected three areas: physical, psychological, and social. Self-satisfaction and societal acceptance are the results of these three beneficial effects.

*"After using hormone drugs, my body and skin changed from being a man to being more like a woman. Having bulging breasts and smoother skin can give me more self-confidence, self-acceptance, and social acceptance. It's like a bill of lading: once I look like a lady on the outside and dress and act like a lady, society won't give me biased treatment but will treat us like any other normal woman, which is the goal for all of me. You don't have to treat me like I'm special. It's like separating me one step further. Just treat me like a normal woman. Just that, it makes me feel great already."*

(T16, age 21, on hormone drugs for six years)

The informants went into further depth about how favorable the benefits of hormone use were for them. This favorable experience leads to drug use behavior that maintains the drug's use to preserve the drug's physical, psychological, and social well-being. TGW who have already obtained the desired outcomes would reduce the dose, while those who have yet to achieve the expected results (or who seek faster or more favorable effects) would raise the dosage.

*"For me, if I'm satisfied with the beauty that I have, I will maintain the dosage. I take the same drug, same amount, same brand to keep myself like this."*

(T13, age 21, on hormone drugs for four years)

*"When I'm on a hormone drug, I can feel that my skin is smoother. My hair and my arms' hair look very feminine. I want to look more beautiful than this. At some point, I have to work. I have to go on stage. I want my skin to shine, and I want to have some boobs instantly. What I would do is increase the dosage of my hormone drugs. It's like a fast track for beauty. Once I'm done with the job or pageant, I can gradually reduce the dosage to be the same as before."*

(T10, age 22, on hormone drugs for seven years)

### **Perception of negative effects**

Eighteen of the twenty-one respondents indicated two negative consequences linked to their hormone medication use, including physical and psychological problems. The adverse effects of long-term hormone use include physical consequences such as forgetfulness and loss of focus and psychological issues such as anxiety. These unfavorable consequences caused the informants to change their drug usage patterns, such as changing the drug type, adjusting the dose, and stopping using the drug on their own, hoping to reduce the severity or probability of adverse drug reactions.

*"I occasionally sit and drift away for a bit. I'm forgetful as well. I can distinguish between me before and after taking the hormones. I was never a forgetful person. Now, I'm having difficulty concentrating. When I noticed I had this symptom, I would lower the dosage, for example, from two tablets a day to one tablet a day. I sometimes stopped taking the medications for a spell. When the symptoms subsided, I gradually resumed taking them."*

(T6, age 20, on hormone drugs for four years)

*"I'm quite scared of taking the hormone drugs for a long time. I'm scared it would have negative effects on the liver, kidneys, and other organs. It hasn't happened yet, but I'm worried it will happen one day. So, I choose to change the drug all the time. Hopefully, it will help reduce liver and kidney failure."*

(T20, age 22, on hormone drugs for seven years)

## Discussion

Self-satisfaction and social acceptance pills are the meanings of hormone drugs given by the TGW informants. Using hormone drugs is a favorable practice to affirm their desire for feminine ideals. Drugs are not just substances that could be utilized to treat diseases or any physical symptoms but also pills to relieve self-dissatisfaction and social rejection. Consistent with what Nichter and Vuckovic (1994), Prasertsuk and Wattananamkul (2011), Sottiyotin et al. (2020), and Sringernyuang and Sottiyotin (2022) described that medicine is a vehicle of ideology that can be implied more than legal or medical has been definite; some people use drugs to satisfy their mental needs, and some use drugs as an indicator of social status.

According to the study's findings, informants identifying as TGW are unhappy and dissatisfied with their assigned sex at birth. They have been connected to sentiments of being unworthy or not belonging to a culture, perceptions of discrimination, and other behaviors. Using hormone medications has emerged as the most effective option to solve the problems. This phenomenon aligns with the concept of pharmaceuticalization, in which, in contemporary society, medicine is utilized to solve social issues (Bell & Figert, 2012). However, the use of drugs to solve social problems has also led to irrational drug use concerns (Kaczmarek, 2019; Meneu, 2018).

The experience of hormone drug use among TGW is consistent with the Theory of Reasoned Action (LaCaille, 2013), which states that people will express their healthy or unhealthy behaviors due to an intention. According to the Theory of Reasoned Action, intentions are predicted by subjective norms and attitudes with background factors such as individual factors, social factors, and information supporting the weighting. The results showed that the socio-economic factor is an essential factor that informants use to decide whether to use hormone drugs. In Thailand, medication prices in private healthcare facilities are not determined by state rules; they usually depend on the market mechanism. In the provinces or rural areas, there are a small number of drug stores, and the list of medicines is limited. As a result, the price of some drugs in provincial pharmacies is higher than in the city.

Moreover, Thailand's health welfare system does not entirely cover the use of drugs for transgender people, especially in the form of self-medication (Farber, 2023; Vacharith et al.,

2021). The influence of economic factors on TGW drug use decisions and behavior may be explained by previous research. They revealed a clear message that the high cost and difficulty of accessing healthcare for transgender and gender-diverse people are significant factors associated with their health and practices. For example, for people already living in poverty, the steps needed for social or medical gender affirmation may be an impossibility if not subsidized in some way via national healthcare systems or health insurance (Gordon et al., 2016; Koch et al., 2019; Roberts et al., 2022).

From a social science perspective, Cooley (2006) asserted that individuals will always view themselves through the eyes of others. In other words, an individual's perception of themselves is influenced by how society perceives them. In this study, TGW see themselves as flawed individuals, and they are eager and content to utilize transsexual medicines to satisfy their own needs and obtain social approval. They employ a socially defined notion of "feminine," such as having large breasts, smooth skin, or no mustache. They accepted these definitions of femininity and the practice of changing their gender through medications (Harper et al., 2021; Poompruek et al., 2014; Srikummoon et al., 2022).

The last factor is an attitude toward the use of hormone drugs; according to the findings of this study, informants viewed hormone medications favorably. All TGW who participated in this study were continually aware of and evaluated the threats, benefits, and barriers associated with hormone drug usage, as well as the refusal from family members to use hormone drugs. As a result of these perceptions of both positive and negative effects on their biological, psychological, and social health, their practices for taking hormone medications have changed periodically (Chen et al., 2019; Mohamed & Hunter, 2019).

This study also showed that the development of transportation and communication technologies has increased TGW's access to hormone pills. A borderless world, or globalization, makes interactions between individuals limitless. TGW may easily stay updated, view instances of transgender friends on hormone drugs, watch pharmaceutical company advertisements, and discuss their experiences with other TGW. This is resulting in an abundance of information flow. Most of the content is unreliable, unsupported by scholarly research, and is affected by inappropriate self-medication (Augustaitis et al., 2021; Goldwire et al., 2023).

The viewpoint of TGW about using hormone medications is an interesting finding of this study. Defining drugs as "self-satisfaction pills" and "social acceptance pills" may bring them to the life they have always desired; however, along the journey, they encounter several hurdles and dangers. Hormone medication remains the preferred option (Harper et al., 2021; Poompruek et al., 2014; Srikummoon et al., 2022) despite inequalities in access to medicines and reliable medical information. The suggestion for the use of hormone drugs among TGW is to reconstruct society's notion that hormone medications are an integral part of their lives. The healthcare system should examine the inequality of health systems, rural and urban access to hormones, service quality, and providing comprehensive, accessible, and equitable medical knowledge and information. The social system should shift to view people as having a diversity of variances; do not define everything in terms of opposites that have only two sides, such as femininity and masculinity or normal and abnormal, that can reduce the pressure on TGW to use hormones under a variety of risks.

This study had some limitations. Firstly, using a snowball sampling technique, while appropriate for recruiting participants in contexts involving sensitive issues, poses limitations in asserting the generalizability of the investigated phenomenon. Lastly, all in-depth

interviews were exclusively conducted through online video conferencing, constraining the ability to observe non-verbal communication cues.

## Conclusions

Hormone drug utilization is essential for transgender women (TGW), who often experience gender dissatisfaction and societal non-acceptance. For these individuals, hormone pills transcend the mere definition of medication, becoming a vital component of their identity and daily life. The administration of hormone pills typically involves a process of self-adjustment, which includes switching types of medication, modifying dosages, taking periodic breaks from the drugs, and maintaining long-term usage. This behavior is influenced by various contextual factors, including stimulants, inhibitors, and perceptions surrounding the recent use of hormone drugs, whether these perceptions are positive or negative. For transgender individuals, hormone pills are not merely optional; they are a necessity. This finding underscores that hormone medication remains the primary choice for transgender women despite ongoing disparities in access to these medications and reliable medical information. To foster a social paradigm shift towards embracing diversity and promoting health equity within Thailand's healthcare system, it is crucial to develop sustainable strategies that enhance the quality of life and medication use among TGW in Thailand.

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