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Original article

Anxiety and social experience stressors of LGBT in Thailand

Bunatta Aritatpokin[1, *], Buranee Kanchanatawan[2]

[1]Program in Mental Health, Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
[2]Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Abstract

Background: Lesbian, gay, bisexual, and transgender (LGBT) experiences mean the triggers and stressors for mental health are unique, even without considering cultural factors. This study uses data from the State-Trait Anxiety Inventory (STAI) and a survey on LGBT-specific social experiences in order to determine which factors would be the most significant stressors for LGBT people in Thailand.

Objectives: This study aimed to determine whether LGBT in Thailand have a significant level of anxiety from social experience stressors, using the State-Trait Anxiety Inventory, and what the community believes are their most negative experiences.

Methods: A cross-sectional descriptive study was conducted from 100 LGBT Thai people (age 18 - 60 years) during August 2022 to March 2023. The sample group was asked to complete a self-administered questionnaire, which was separated into three sections: 1) personal information; 2) LGBT specific stressors from LGBT-centric experiences; and 3) state and trait anxiety determined by STAI. The data was then analyzed using descriptive and inferential statistics.

Results: Over half of the sample group of Thai LGBT people were determined to have a level of state or trait anxiety (62.0% and 65.0% respectively). Demographic variables had almost no impact on LGBT anxiety at all. According to the logistic regression analysis, the main contributing factor to state anxiety was the acceptance of siblings and other family members, of the survey taker's status as a LGBT person ($P = 0.003$), excluding parental figures. For trait anxiety, the most prevalent factors included the repercussions from coming out ($P = 0.001$) and general negative experiences with medical providers, regardless of gender identity or sexual orientation ($P = 0.004$).

Conclusion: The LGBT population in Thailand appears to have significant levels of anxiety which have been affected by specific social experience stressors, and supports the theory in which members of the LGBT community may face less stress with the appropriate support systems.

Keywords: Anxiety, LGBT, mental health, social experience stressors.

*Correspondence to: Bunatta Aritatpokin, Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, Bangkok, 10330, Thailand.
E-mail: bunatta.a@gmail.com
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In the year of 2015, the United Nations (UN) general assembly determined the 17 Sustainable Development Goals to be achieved by 2030, a "blueprint to achieve a better … future for all". 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, to the Rattanakosin era (from 1767 AD to the present day).[1] However, while this image is proudly touted by authorities on tourism, there are complexities that are often ignored when the conversation on lesbian, gray, bisexual, and transgender (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

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.[2] 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. This was amended in 2012 to instead be under "gender identity disorder," but remained a disorder all the same. This was perpetuated by the cultural value of the fear of public reproach if the individuals do not submit to performative conformity.[3] 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."[4]

According to the country report by the United Nations Development Programme (UNDP), the top three issues that their findings came across were on the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), sexual-reassignment surgery, and access to health services. Even in these topics, the effects of HIV in other 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. 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.

This is not an issue singularly localized within 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 [5 - 11], 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 it does not consider the social and cultural factors unique to the Thai experience. 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 70.0% data from the US, and 30.0% data from various countries outside the United States. It was stated that there is limited existing research literature that isn't focused on HIV, acquired immunodeficiency syndrome (AIDS), or sexually transmitted diseases (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.[12] 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 acceptance and the personal development period for youth that are "coming out."[10] There are also few legal rights pertaining to the life partnership of queer people.

Mental health is a topic that is commonly 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.[11] 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 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.

The "lesbian, gay, bisexual, transgender, queer (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.

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. There is a notable gap in the study of mental health for the Thai LGBT population, and no studies have been done at all on the population with regards to anxiety and social experience specific stressors. This study aimed to determine whether the LGBT in Thailand would have a significant level of anxiety from social experience stressors. It is the belief that the results found in the study will be able to be used in order to further improve mental health care for the LGBT population in Thailand.

Materials and methods

The study was conducted on an anonymous Thai LBGT population. A cross-sectional descriptive study was collected between August of 2022 to March of 2023. The study protocol was approved by the Institutional Review Board (IRB), the Thesis Ethic Committee of the Faculty of Medicine, Chulalongkorn University (IRB no. 0284/65).

Subjects

The results were collected from an online study questionnaire from a sample size of exactly 100 anonymous subjects, which was disseminated through a link posted on various channels of social media groups whose primary population were Thai LGBT

people, such as on Twitter and Facebook, in order to allow them the option to retain anonymity. This sample size was obtained using the Yamane T. table, at an unbounded population and a size error of ±10.0%, as there is no conclusive population for the Thai LGBT community. The subjects were given an electronic information sheet with regards to the nature of the questionnaire, the objective of the study, and how the information would be used, and had to give their approval for the consent for the information to be used. Participation in the study was voluntary and were allowed to withdraw at any time with no repercussions. The questionnaire was completely anonymously. Inclusion criteria included those who identified themselves as a member of the LGBT community, was a Thai national with a permanent Thai residence, and had to be between the ages of 18 to 60 years.

Materials

Data was collected through a self-administered, online questionnaire which could be completed anonymously. The questionnaire was separated into 3 sections:

1. Personal information, which consisted of 8 questions on age, gender identity, sexual orientation, religion, marital status, education, occupation and income, and current address.

2. LGBT and queer specific stressors, which consisted of 20 questions including stress from coming out, the repercussions of coming out, the acceptance of parents, siblings, other family members, close friends, co-workers, and medical providers, situations on which coming out intentionally or unintentionally might affect the reactions from the people in different environments such as school and work, the social benefits of coming out, social services for LGBT specific issues, and the acceptance of queer people through media exposure. These questions were developed through extensive review of literature. This section was measured using a 4 - point Likert scale to eliminate neutrality. The Cronbach's alpha coefficient for this questionnaire was 0.71.

3. State-Trait Anxiety Inventory (STAI)[13] - Thai version[14], which is an inventory of 2 forms of 20 questions each, using a 4 - point Likert scale to determine levels of state and trait anxiety. Both types of anxiety have 3 levels of interpretation: low or none, moderate, and high. It was translated by Iamsupasit S. from the College of Public Health Sciences, Chulalongkorn University, with Cronbach's alpha coefficient 0.95 and > 0.73 for Form Y - 1 and Y - 2 respectively.

Statistical analysis

The collected data was analyzed using Statistical Package for the Social Sciences (SPSS) version 22.0. Descriptive statistics defined the demography of the sample group, the quantity of responses for queer specific situations and stressors, and prevalence of state and trait anxiety in the sample group, including percentages. Data was expressed as mean ± standard deviation (SD) and median with interquartile range (IQR). Odd ratio (OR) and 95% confidence intervals (CIs) were executed. $P < 0.05$ was considered as statistically significant. Inferential statistics for LGBT specific stressors were then determined through Pearson's Chi-square, and Fisher's exact test. The most significant variables for LGBT anxiety were then determined through the use of correlation and binary logistic regression.

Results

Pertaining to the demography of survey takers **(Table 1),** the gender majority was cisgender and female at 53.0%. The sexuality majority was homosexual at 48.0%. The religion majority was Buddhism at 68.7%. The relationship status majority was single or separated at 81.0%. The education level majority was in the higher education group at 87.8%. The majority of subjects were employed (78.9%). The majority of subjects stated their current address to be within Bangkok and its surrounding provinces, at 79.5%.

According to the STAI a total of 62.0% of the subjects had some level of state anxiety, and a total of 65.0% had some level of b anxiety **(Table 2).**

Of the queer-specific stressors from the second section of the survey, the factors which were statistically significant to the state and trait anxiety of Thai queer people at $P < 0.05$ included the acceptance of siblings and other family members ($P < 0.001$, $P = 0.008$), and co-workers ($P = 0.0012$, $P = 0.05$), coming out accidentally ($P = 0.029$, $P = 0.003$), the repercussions of coming out ($P = 0.029$, $P = 0.003$), and the willingness to come out to medical providers ($P = 0.037$). A factor which was only related to state anxiety was the acceptance of parents ($P = 0.018$) **(Table 3).** A factor which was only related to trait anxiety was negative experiences with medical providers, even without coming out as LGBT ($P = 0.048$) **(Table 4).**

According to the binary logistic regression analysis, only one factor affected LGBT state anxiety, which is the acceptance of siblings and other family members that did not include parental figures specifically ($P = 0.003$). With an odd ratio of 0.175, state anxiety levels are 5 - 6 times more likely to decrease with a higher rate of acceptance from the aforementioned population. The two factors which affected trait anxiety were the repercussions of coming out, ($P = 0.001$) and negative experiences with medical providers, regardless of the fact that they had not come out in those situations ($P = 0.004$). The concern for repercussions is a factor in making trait anxiety 6 times more likely to occur, and negative experiences with medical providers makes trait anxiety 5 times more likely to occur **(Table 5).**

Table 1. Personal information.

Study variable (n = 100)	Quantity	Percentage
Age (year)		
Average age = 28.9, SD = 8.2		
Minimum value = 18, Maximum value = 59		
≤ 20	13	13.5
< 20	83	86.5
Gender identity		
Female	53	53.0
Male	28	28.0
Non-binary	16	16.0
Transgender female	2	2.0
Transgender male	1	1.0
Sexual orientation		
Homosexual	48	48.0
Heterosexual	1	1.0
Bisexual/pansexual	35	35.0
Asexual	9	9.0
Queer or questioning	7	7.0
Religion		
Buddhism	68	68.7
Islam	3	3.0
Hinduism	1	1.0
Christianity	2	2.0
Atheism/agnosticism	25	25.3
Marital status		
Single or separated	81	81.0
Married or cohabitation/partnership	19	19.0
Education		
Undergraduate	11	11.2
Higher education	87	87.8
Occupation		
Employed	75	78.9
Student	20	21.1
Income (Baht)		
IQR = 37,000, Median = 30,000		
Minimum value = 4,000, Maximum value = 1,000,000		
≤ 100,000	66	88.0
< 100,000	9	12.0
Current address		
Bangkok and the surrounding provinces	78	79.5
Other provinces	20	20.3

Table 2. Level of state anxiety and trait anxiety.

Study variable (n = 100)	Quantity	Percentage
State anxiety		
No or low anxiety	38	38.0
Moderate to high anxiety	62	62.0
Trait anxiety		
No or low anxiety	35	35.0
Moderate to high anxiety	65	65.0

Table 3. Significance for state anxiety.

Study variable	No or low anxiety	Anxiety	*P* - value
Q5 Your siblings and/or other family members were accepting of the fact that you are LGBT. (n = 99)			< 0.001*
Agree	31 (31.3)	34 (34.3)	
Disagree	4 (4.0)	30 (30.3)	
Q7 Your co-workers were accepting of the fact that you are LGBT. (n = 93)			0.012**
Agree	29 (31.2)	44 (47.3)	
Disagree	2 (2.2)	18 (19.4)	
Q4 Your father and/or mother were accepting of the fact that you are LGBT. (n = 99)			0.018**
Agree	27 (27.3)	36 (36.4)	
Disagree	7 (7.1)	29 (29.3)	
Q1 Coming out accidentally would be considered stressful. (n = 100)			0.029**
Agree	13 (13.0)	39 (39.0)	
Disagree	22 (22.0)	26 (26.0)	
Q2 You are worried about the repercussions of the results of coming out. (n = 100)			0.029**
Agree	13 (13.0)	39 (39.0)	
Disagree	22 (22.0)	26 (26.0)	
Q8 You are willing to come out to medical providers eg. for check-ups and medical purposes. (n = 100)			0.037**
Agree	34 (34.3)	53 (53.5)	
Disagree	1 (1.0)	11 (11.1)	
Q10 You have had negative experiences with medical providers even without coming out as LGBT. (n = 98)			0.048**
Agree	8 (8.2%)	27 (27.6%)	
Disagree	27 (27.6%)	36 (36.7%)	

*$P < 0.01$, **$P < 0.05$

Table 4. Significance for trait anxiety.

Study variable	No or low anxiety	Anxiety	*P* - value
Q1 Coming out accidentally would be considered stressful. (n = 100)			0.003*
Agree	11 (11.0)	41 (41.0)	
Disagree	24 (24.0)	24 (24.0)	
Q2 You are worried about the repercussions of the results of coming out.(n = 100)			0.003*
Agree	11 (11.0)	41 (41.0)	
Disagree	24 (24.0)	24 (24.0)	
Q5 Your siblings and/or other family members were accepting of the fact that you are LGBT.(n = 99)			0.008*
Agree	29 (29.3)	36 (36.4)	
Disagree	6 (6.1)	28 (28.3)	
Q8 You are willing to come out to medical providers eg. for check-ups and medical purposes.(n = 100)			0.037**
Agree	34 (34.3)	53 (53.5)	
Disagree	1 (1.0)	11 (11.1)	
Q10 You have had negative experiences with medical providers even without coming out as LGBT.(n = 98)			0.048**
Agree	8 (8.2)	27 (27.6)	
Disagree	27 (27.6)	36 (36.7)	
Q7 Your co-workers were accepting of the fact that you are LGBT.(n = 93)			0.05
Agree	28 (30.1)	25 (48.4)	
Disagree	3 (3.2)	17 (18.3)	

*$P < 0.01$, ** $P < 0.05$

Table 5. Prognostic factors of LGBT mental health using binary logistic regression.

Study variable	Odd ratio	*P* - value	95% CI
State anxiety			
Q5 Your siblings and/or other family members were accepting of the fact that you are LGBT.	0.175	0.003*	0.055 - 0.561
Trait anxiety			
Q2 You are worried about the repercussions of the results of coming out.	6.047	0.001*	2.157 - 16.955
Q10 You have had negative experiences with medical providers even without coming out as LGBT.	5.558	0.004*	1.721 - 17.947

*$P < 0.01$

Discussion

The purpose of this study was to determine whether the LGBT population in Thailand had significant levels of anxiety from social experience stressors, and what the LGBT community believed were the most negative experiences factors from those stressors. 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

For the purposes of this study, the subject is considered to have a level of anxiety if their scores exceed the threshold for moderate anxiety or higher, according to the State-Trait Anxiety Inventory. Sixty-two percent of the total population had levels of state anxiety and 65.0% had levels of trait anxiety. It can therefore be extrapolated that a majority of the Thai LGBT population have moderate to high anxiety levels. The only demographic factor which showed statistical significance was occupation, to both state and trait anxiety, but did not end up being one of the prognostic factors of LGBT mental health as per logistic regression.

Pertaining to the survey focusing on LGBT specific stressors, the majority agreed with the statement that coming out accidentally was a factor of stress, as well as 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. The variable of the acceptance of close friends was the only factor from the questions about close relationships that did not end up having 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 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 or not. However, the majority still believed that social services needed separate procedures and services for queer people, for LGBT specific issues. Slightly over half do not agree that coming out would give them more social benefits. However, at the same time, a slightly larger percentage 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 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.

The acceptance of siblings and family members is inversely related to state anxiety. Therefore, it can be inferred that a higher rate of acceptance would result in lower state anxiety. The reverse would also be true and this variable could become a risk factor to the subject, if a lower rate of acceptance occurred. For trait anxiety, both the factor of repercussions after coming out and negative experiences with medical providers can be inferred to have a positive relationship with anxiety and are therefore more likely to occur in conjunction with each other, and harsher repercussions and more negative experiences would result in higher trait anxiety.

Limitations of this study includes the sampling of subgroups in sexual minorities, such as transgender people (due to possible non-disclosure of sexual identity for fear of stigmatization) and Muslim individuals, limited generalizability from snowball

sampling, and the fact that as an online survey, there was only one avenue of access. Strengths of the study include the fact that it will hopefully bring more awareness to LGBT mental health and to the existence of sexual minorities and gender identities in Thailand beyond what was already known. 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.

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Conflicts of interest statement

The author had completed an ICMJE disclosure form. No any potential or actual relationship, activity or interest related to the content of this article.

Data sharing statement

Data sharing statement. All data generated or analyzed during the present study are included in this published article. Further details are available for noncommercial purposes from the corresponding author on reasonable request.

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