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Medical Tourism for Gender Identity Affirmation: Transgender Perspectives

Antony King Fung Wong[1] | Thanakarn Bella Vongvisitsin[2] | Brenda Rodriguez Alegre[3]

[1]School of Hotel and Tourism Management, The Hong Kong Polytechnic University, Kowloon, Hong Kong SAR | [2]Lee Shau Kee School of Business and Administration, Hong Kong Metropolitan University, Kowloon, Hong Kong SAR | [3]School of Humanities, Faculty of Arts, The University of Hong Kong, Pok Fu Lam, Hong Kong SAR

Correspondence: Thanakarn Bella Vongvisitsin (btvongvi@hkmu.edu.hk)

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ABSTRACT

Medical tourism offers specialized healthcare services and leisure opportunities, serving as a critical journey for transgender individuals seeking gender affirmation. Drawing upon social identity framework, gender affirmation contributes to membership and belongingness within a gender group, enhancing social acceptance. Medical tourism is often the only option for some transgender individuals due to local social stigma and discrimination, exposing them to greater vulnerability. However, there is limited research that explores transgender perspectives. This study deploys planned behavior and protection motivation theories to identify influential factors in transgender medical travel intentions. Employing a structured survey, rigorously designed and distributed among 435 Thai and Filipino transgender participants, the research quantitatively assessed how attitudes, norms, efficacy, and identity factors significantly influence their decisions, overshadowing health threat perceptions. Findings suggest responsible strategies that promote holistic transgender well-being and highlight the need for a nuanced approach when navigating sociocultural and legal dynamics in transgender medical tourism.

1 | Introduction

The global medical tourism industry, valued at US$108.1 billion in 2023 and projected to reach US$264.4 billion by 2030 with a compound annual growth rate of 13.6% (The Business Research Company 2024), continues to evolve despite challenges from the post-pandemic recovery and ongoing political-economic crises. Medical tourism, which involves individuals traveling outside their home country for medical reasons, integrates medical treatments with vacation elements, thereby benefiting both patients and destination economies (Beladi et al. 2019; Awadzi and Panda 2006). This industry primarily offers specialized medical services such as surgeries, dental work, organ transplants, and cosmetic procedures, catering to international patients who seek both health and leisure experiences at their travel destinations (Smith and Puczkó 2008; Connell 2006; Wong et al. 2024).

While previous medical tourism studies predominantly focus on the general motivations, perceived service quality, perceived destination image, challenges, opportunities, and trends, there is a notable diversity in the needs, motives, and behaviors of medical tourists (Chaulagain, Jahromi, and Fu 2021; Lee, Lim, and Kim 2020). This diversity shows the importance of understanding how different market segments interact with various forms of medical tourism. Medical tourism is not a monolithic market but includes a variety of emerging and expanding sectors. These sectors range from surgeries and aesthetic treatments to specialized niches such as dental tourism, maternity and reproduction tourism, religious medical tourism,

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and diasporic medical tourism (Ahmadimanesh, Paydar, and Asadi-Gangraj 2019; Cheng 2016; Iranmanesh et al. 2018; Mathijsen 2019; Wong et al. 2024). Each of these forms of medical tourism caters to distinct segments, characterized by unique motivations and preferences.

One particularly emerging market is transgender individuals seeking gender-affirming care, a segment with minimal existing research on behaviors and intentions (Zarei et al. 2020). Transgender individuals face unique health needs and considerations that shape their medical service decisions and associated health risks (In-iw 2020; Regmi, van Teijlingen, and Neupane 2021). Also, they often encounter stigma and discrimination in general healthcare settings, leading to health disparities (James et al. 2016). Specific services like medical transitioning-related surgeries, hormonal adjustments, and voice modification are vital yet sometimes inaccessible in their home countries (Coleman et al. 2012). Representing approximately 0.6% of the global population, this group constitutes a significant market for medical tourism, estimated at 40 million individuals seeking gender-affirming and other cosmetic procedures (Herman, Flores, and O'Neill 2022).

Gender-affirming services are perceived by many transgender individuals as vital for acquiring social acceptance. Cosmetic surgeries, in particular, are becoming more prevalent and serve as appealing options for those seeking to align their physical appearance and gender presentations as part of their gender affirmation journey in order to match their gender identities (Rondilla 2012). Furthermore, societal beauty ideals and standards, regardless of if problematic or not, also play a significant role in promoting medical tourism, as they drive the demand for enhancements aimed at attaining higher social status and broader acceptance (Aizura 2018; Chen et al. 2020c). However, in many countries, the lack of legal recognition and inadequate healthcare facilities for transgender individuals compels them to seek gender-affirming services abroad. Medical tourism thus not only facilitates access to necessary medical interventions but also potentially offers pathways to legal and social validation of gender identity for those facing unsupportive healthcare systems at home (Zarei et al. 2020).

In the existing tourism studies, there is a growing body of knowledge on travel motivations, experiences, and constraints of transgender individuals in general (Monterrubio, Madera, and Pérez 2020; Monterrubio et al. 2021; Monterrubio, Rodríguez Madera, and Pérez 2022; Olson and Reddy-Best 2019; Ong, Vorobjovas-Pinta, and Lewis 2023; Reddy-Best and Olson 2020; Usai, Cai, and Wassler 2022). Given the research's exploratory nature and niche population, qualitative approach has been predominantly used in these studies. Specifically, these studies have consistently highlighted motivations like seeking safe places and community integration for transgender travelers, alongside significant challenges such as discrimination and lack of inclusive services. However, there remains a significant gap in terms of the travel intentions of this under-explored market. The current study seeks to fill this conceptual gap by being among the first to conduct a structured quantitative analysis of the decision-making processes of transgender individuals in the context of medical tourism. By this approach, the study uniquely contributes to the field by enabling more precise measurement and a greater understanding of the factors that influence the travel intentions of transgender individuals.

Social identity theory is a particularly instrumental framework employed by this research to explore how individuals are intricately motivated to align their external appearance and behaviors with their internalized gender identity—whether male or female—to gain acceptance within their desired or identified gender group (Cox and Gallois 1996; Tajfel and Turner 1979). This framework is crucial to understanding why transgender individuals might opt for medical transitioning procedures through tourism, which help affirm their physical presentations with their gender identity. This study also integrates the theory of planned behavior (TPB) and protection motivation theory (PMT) to understand the decision-making processes of transgender individuals in medical tourism. By combining these theories, the research provides a nuanced examination of the cognitive and emotional drivers influencing their complex decisions, thereby enriching our understanding of their specific decision-making processes and behavioral intentions. This approach not only aligns with the call for employing multiple theoretical lenses (Seow et al. 2021) but also adeptly adapts established methodologies like TPB and PMT to the unique context of transgender medical tourism. This adaptation, which integrates social identity aspects, bridges the gap between theory and practice and sets the stage for discussing the broader implications of the study.

This study further distinguishes itself by executing a comparative analysis between Thailand and the Philippines, which were chosen due to their perceived relative progressive attitudes yet differing levels of social acceptance towards transgender communities (Aizura 2010; Winter et al. 2009). Thailand, known for its vibrant "Kathoey" community and inclusive societal norms, serves as a global hub for gender-affirming procedures, attracting transgender medical tourists from around the world (Farber 2022). In contrast, the Philippines showcases a historically significant yet less commercially visible transgender community, with societal recognition deeply rooted in a postcolonial context, reflected in the "Transpinay" identity (Alegre 2022b). This comparative approach aims to uncover how contextual factors in these diverse settings influence the cognitive and emotional drivers of medical tourism among transgender individuals, thereby facilitating the development of tailored, country-specific strategies for marketing transgender medical tourism.

Therefore, the primary aim of this study is to examine how attitudes, emotions, and norms, as conceptualized by the TPB and PMT, influence the intentions of transgender individuals to engage in medical tourism for gender-affirming care. This examination specifically focuses on comparing these dynamics between Thailand and the Philippines, offering insights into the psychological and cultural influences in different contexts. To address these objectives, the study formulates the following research questions:

1. What are the attitudinal factors that influence the travel intention of transgender individuals in medical tourism?

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2. How do protection motivation and planned behavior theories explain the emotional perspectives of transgender individuals and their influences on travel intention?
3. How do the perceptions of medical tourism between Thai and Filipino transgender individuals contribute to their travel intention differently?

2 | Literature Review

2.1 | Transgender Identities

Throughout history, diverse cultures have grappled with defining the relationship between one's body and one's self, often resulting in varied interpretations of gender and sex (Sabala and Gopal 2010). The term "transgender" describes individuals whose gender identity differs from the sex assigned to them at birth. Historically, the term "transsexual" was used to describe individuals undergoing medical transition but has since been largely replaced by "transgender" to encompass a broader range of gender expressions and identities. This term is an umbrella category that includes a spectrum of gender identities, including male-to-female and female-to-male transgender individuals based on a binary framework, as well as non-binary identities, such as tomboys (Health Policy Project et al. 2015; Hines and Tam 2010; Nelson 1992; Pryzgoda and Chrisler 2000). Also, the study recognizes the fluid nature of gender identities during the transitioning journey, shaped by their individuals' sense of gender and societal interactions, encompassing evolving gender identities as men or women along the continuum, or others beyond it. Therefore, gender is understood as not only a complex socio-cultural but also a psychological construct (Richards and Barker 2015; Stryker, Currah, and Moore 2008).

Medical perspectives on transgender identities have evolved significantly. Initially perceived as psychiatric disorders leading to their stigmatization, modern understanding now emphasizes their legitimacy based on genetic and neurological evidence, advocating for more dignified and tailored healthcare approaches (Gonsalves 2020). Despite advancements in recognizing transgender rights under international human rights laws, transgender individuals remain one of the most marginalized and vulnerable groups. They frequently encounter barriers to gender self-determination, marriage legality, and protection from discrimination and criminalization (Dicklitch-Nelson and Rahman 2022; Alibudbud 2023). Discriminatory laws and practices often hinder their access to essential services, including healthcare, education, and employment (Divan et al. 2016). Consequently, many transgender individuals may embrace a variety of approaches including medical services like gender-affirming procedures and non-medical strategies such as adopting a changed lifestyle and non-biological essentialist view as part of their transformative journey (Alegre 2021).

2.2 | Gender Affirmation, Social Identity, and Tourism

Pursuing gender affirmation is one of the most significant transformative journeys for some transgender individuals seeking to construct their gender identity in alignment with their internal sense of self (Bockting et al. 2020; Mills, Astle, and Frazier 2022). Gender affirmation involves various processes, including medical interventions like surgeries and hormonal adjustments, which are crucial for some individuals to alleviate gender dysphoria and enhance social functioning (Akhavan et al. 2021; Kennis et al. 2022). However, not all transgender individuals choose medical procedures for gender affirmation, often due to high complication rates, personal preferences, and the ongoing nature of gender identity development (Puckett et al. 2018; Tristani-Firouzi et al. 2022).

The desire to affirm one's gender identity and gain acceptance within a gender group is deeply connected to the broader concept of social identity. For many transgender individuals, gender-affirming medical procedures are not just about altering physical characteristics but are also crucial for living per their affirmed gender and facilitating a sense of belonging within the desired social group (Hetzel and Mann 2021; Bjørnson and Sagbakken 2023). These medical procedures help reduce the discord between their physical sex characteristics and their internal gender identity, enabling the embodiment of their "true" gender identity (Trithart 2021).

In pursuit of self-actualization and authenticity, tourism has demonstrated its capacity to facilitate profound personal journeys of self-discovery and identity affirmation (Bockting et al. 2020; McWha, Frost, and Laing 2018; Meyer et al. 2023). Travel experiences can contribute to self-development by providing opportunities to escape from hostile environments, explore new perspectives, and express one's authentic self (Manthiou, Luong, and Klaus 2023). In the context of transgender individuals seeking gender affirmation, medical tourism plays a particularly vital role. It not only offers a respite from restrictive daily life but also provides a crucial avenue for accessing specialized medical procedures and achieving social acceptance, which might be lacking in their home environments. Medical tourism addresses significant barriers such as local stigma, legal challenges, and inadequate healthcare resources, offering essential gender-affirming care in more welcoming and specialized settings (Aizura 2018; Goetz and Arcomano 2023; Meyer et al. 2023). This not only facilitates the necessary medical procedures but also supports the psychological well-being of individuals by placing them in environments that affirm their gender identity more openly and positively.

Despite the critical role of medical tourism in facilitating access to these services, there remains a significant gap in quantitative research examining why and how transgender individuals make decisions regarding medical tourism for gender-affirming care. While previous studies using qualitative methods have richly captured the narratives of transgender travelers within general tourism contexts (Monterrubio, Madera, and Pérez 2020; Monterrubio et al. 2021; Monterrubio, Rodríguez Madera, and Pérez 2022; Olson and Reddy-Best 2019), these investigations primarily explored individual experiences and perceptions without quantifying the broader patterns or impacts of various influences on their decision-making processes. To address this conceptual gap, this study integrates the TPB and PMT into a theoretical framework, this study offers a detailed quantitative examination of how attitudes, subjective norms, perceived control, risk perceptions, and coping strategies shape these complex decision-making processes, thereby elucidating the interplay between personal motivations and external influences in the context of medical tourism.

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2.3 | TPB, PMT, and Medical Travel Intention

Building on the discussions of gender affirmation and social identity in medical tourism contexts, this study employs the TPB and PMT to dissect the multifaceted decision-making processes that transgender individuals navigate when considering medical tourism for gender-affirming procedures. These theories are complementary in terms of their exploration of how cognitive and emotional factors shape behavior, yet they are distinct in their focus—TPB examines the role of attitudes and perceptions, while PMT assesses threat responses and coping mechanisms.

Specifically, TPB provides a framework to understand behavioral intentions, focusing on three primary components: attitude, subjective norm, and perceived behavioral control (Ajzen 1991; Conner and Armitage 1998; Ulker-Demirel and Ciftci 2020). In the context of transgender medical tourism, attitude encompasses individuals' overall assessment of medical tourism, ranging from seeing it as essential for accessing gender-affirming care to concerns about safety and ethics abroad. Subjective norm involves the influence of social pressures from family, friends, and transgender community, which can significantly encourage or deter their pursuit of medical care internationally. Lastly, perceived behavioral control reflects the individual's evaluation of their ability to undertake medical tourism, considering factors such as financial constraints and legal barriers. Analyzing these elements offers insights into the complex decision-making process that transgender individuals navigate when considering medical tourism for gender-affirming procedures.

Despite previous studies on TPB offering valuable insights into travel intentions (Dash 2021; Han, Hsu, and Sheu 2010; Liu et al. 2021; Meng et al. 2022; Soliman 2021; Ramamonjiarivelo, Martin, and Martin 2015; Wang et al. 2018; Wong, Wu, and Kim 2022), they do not address the distinct pressures faced by marginalized communities. For instance, subjective norms within the transgender community may involve unique social pressures that significantly affect their medical tourism decisions (Chen, Boyd, and Cunningham 2020; Goldenberg et al. 2021). Additionally, perceived behavioral control in these communities intersects significantly with unique legal and societal barriers to making their decisions (King and Gamarel 2021).

Meanwhile, PMT offers a robust framework for exploring how perceived threats and coping appraisals influence protective behaviors, particularly in contexts involving significant health-related decisions (Shillair 2020; Rogers 1975). PMT delineates two main components of the appraisal process: threat appraisal and coping appraisal. Threat appraisal involves understanding the perceived severity and vulnerability associated with potential health risks. In the context of transgender individuals seeking medical tourism for gender-affirming procedures, perceived severity encapsulates the serious implications of not undergoing necessary treatments, which can extend beyond physical health to include profound psychological and social distress (Ruan, Kang, and Song 2020). Perceived vulnerability describes the heightened risk that individuals face regarding harm or discrimination due to their gender identity when engaging in medical tourism for gender affirmation. The coping appraisal component evaluates the perceived efficacy of the protective behavior. Response efficacy reflects the belief in medical tourism's potential to effectively facilitate gender affirmation and mitigate the identified threats, a crucial factor in the decision-making process (Thrasher et al. 2016). Self-efficacy pertains to the individual's confidence in their ability to undertake the journey and manage the logistics and challenges of obtaining medical care abroad (Thrasher et al. 2016). Both components of PMT (threat appraisal and coping appraisal) are posited to positively influence the intention to engage in medical tourism for gender-affirming procedures. This influence suggests that the greater the perceived severity and vulnerability, coupled with strong beliefs in response efficacy and self-efficacy, the more likely individuals are to pursue medical tourism as a viable option for gender-affirming care.

Within broader tourism context, PMT has been instrumental in understanding various behavioral intentions such as pro-environmental actions, educational tourism, and responses to health crises (Bhati et al. 2021; Chen et al. 2020b; Seow and Choong 2022). In the realm of medical tourism, the interplay of threat and coping factors similarly guides the intentions of individuals, corroborated by studies that have observed these dynamics in action (Seow et al. 2021, 2022a). The unique risks associated with gender-affirming procedures, including ethical concerns and the variability in procedure efficacy, heighten the perceived threats for transgender individuals (Gerritse et al. 2022).

While both TPB and PMT provide foundational frameworks for analyzing tourist behaviors, their applicability in the context of transgender medical tourism is crucial for addressing the unique challenges posed by internal community pressures and complex coping mechanisms arising from intersecting identities. This study integrates these theories with intersectional insights to enhance the understanding of the decision-making processes of transgender medical tourists. This approach not only addresses a research gap identified by Seow et al. (2021) regarding the use of multiple theoretical lenses but also offers a comprehensive analytical tool for examining behaviors in a highly stigmatized context. Based on the integrated theoretical framework, the study proposes the following hypotheses:

Hypothesis 1. *Attitude (H1a), subjective norm (H1b), and perceived behavioral control (H1c) positively influence transgender medical tourism intentions.*

Hypothesis 2. *Perceived severity (H2a), vulnerability (H2b), response efficacy (H2c), and self-efficacy (H2d) positively affect transgender medical tourism intentions.*

2.4 | Transgender Community in Thailand and the Philippines

The application of the TPB and PMT within the transgender communities in Thailand and the Philippines provides a nuanced understanding of the factors influencing medical tourism intentions. These countries offer rich contexts for empirical investigation thanks to their vibrant transgender communities and extensive public exposure to mainstream media (Alegre 2021; Farber 2023; Inton-Campbell 2022). Both Thailand and the Philippines, despite their highly visible transgender

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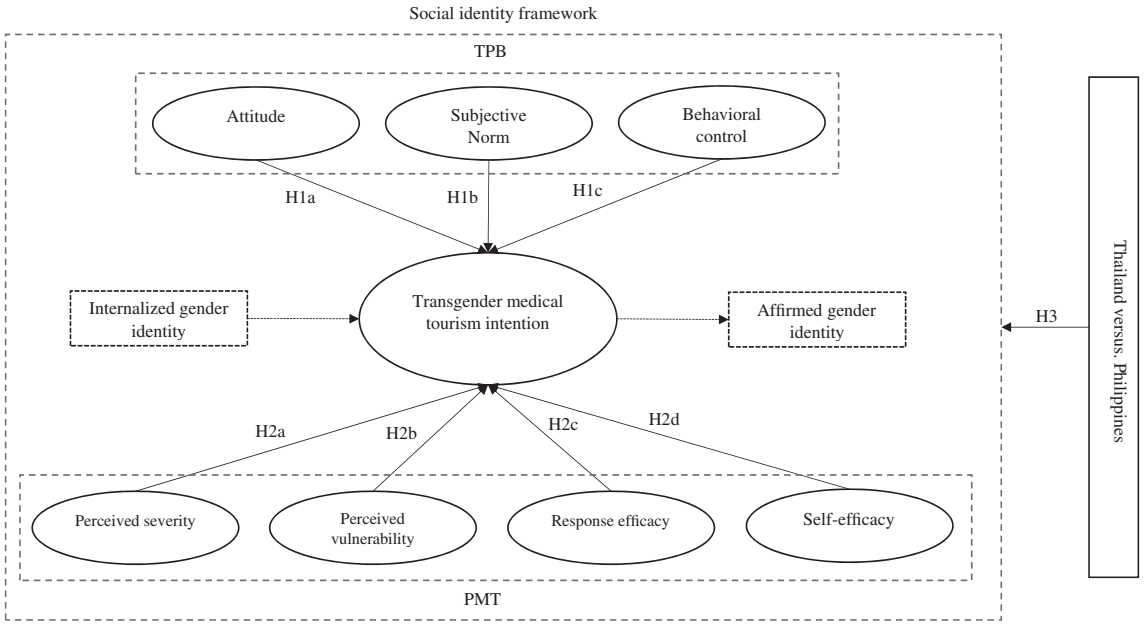

FIGURE 1 | Proposed conceptual model of transgender medical tourism.

communities, lack comprehensive legal protection for transgender rights which is a significant factor propelling individuals toward seeking medical tourism solutions for gender-affirming care (Farber 2023; Inton-Campbell 2022).

On the other hand, Thailand and the Philippines present contrasting socio-cultural and religious landscapes that profoundly influence transgender individuals' medical tourism intentions. Thailand's limited Western colonial influence and predominantly Buddhist culture have fostered a relatively tolerant environment for transgender rights. Conversely, the Philippines, shaped by its history of Spanish and American colonization and a predominantly Catholic ethos, adopts a more conservative stance on transgender issues (Yunyasit and Baybado 2022). These contrasting environments enrich the research by highlighting how different socio-cultural backgrounds affect medical tourism.

Cross-country comparisons are invaluable in tourism research for understanding variations in needs, preferences, perceptions, and intentions (Deng et al. 2019). Such comparisons are essential for planning services and products, devising marketing strategies, and formulating tourist revisit strategies, acknowledging that these factors must be tailored to the unique contextual traits of each destination (Hsu and Huang 2008; Soldatenko and Backer 2019). While previous studies have noted differences in tourist perceptions and behaviors (De La Hoz-Correa and Muñoz-Leiva 2019), cross-contextual comparative studies in medical tourism remain scarce (Soldatenko and Backer 2019). Utilizing cross-country data mitigates the limitations of single-country studies and provides insights into both regional differences and commonalities (Hung et al. 2020).

This comparative approach addresses a critical research gap by exploring how distinct socio-cultural contexts influence the medical tourism intentions of transgender individuals. By integrating TPB and PMT within these diverse settings, this study aims to uncover dynamics often overlooked in single-country analyses. The insights generated are crucial for developing tailored medical tourism strategies that effectively meet the unique needs of transgender medical tourists, thereby enhancing their access to necessary medical care and enriching the overall understanding of medical tourism dynamics in diverse socio-cultural settings. Based on these findings, the following hypothesis is proposed:

Hypothesis 3. *There are significant differences that exist in the perceptions and travel intentions related to medical tourism between Thai and Filipino transgender individuals.*

To illustrate, Figure 1 visually represents these dynamics and the theoretical application of SIT, TPB, and PMT, highlighting the differences in perceptions and intentions between Thai and Filipino transgender individuals.

3 | Methodology

3.1 | Instrument Development and Measure

Measurement items in the final survey were developed through rigorous procedures including a comprehensive literature review, expert interviews, and pilot testing. An initial item pool was constructed through a thorough literature review, where items were derived from established studies in TPB (Ajzen 1991; Han, Hsu, and Sheu 2010; Park, Ahn, and Yoo 2017; Seow et al. 2021), PMT (Seow et al. 2022a, 2022b) and travel intention (Han, Hsu, and Sheu 2010). Specifically, 7 items measured attitude, 4 items measured subjective norms, 3 items measured perceived behavioral control, 5 items measured perceived severity, and 4 items measured perceived vulnerability, 4 items measured response efficacy, 5 items measured self-efficacy, and 3 items measured travel intentions. The items were then modified

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by the researchers to fit the specific research context of investigating travel intentions among the transgender community toward medical tourism. For example, the measurement item for perceived severity was adapted from "the thought of health issues really scares me" to "the thought of health-related problems after gender-affirming medical services scare me" to be more relevant.

Following the development of initial measurement items, online focus group discussions were conducted to evaluate and refine the terms and items for measuring transgender individuals' perceptions of medical tourism. The focus groups included three scholars in medical tourism and gender studies, four transgender activists with experience in medical tourism, and three transgender health experts, all purposively recruited for their expertise. To ensure the relevance and sensitivity of the survey instruments, a pilot study was carried out in Hong Kong, involving 30 transgender individuals originally from Thailand and the Philippines. This location was chosen because Hong Kong is a regional hub with a significant transient population from these countries, allowing for a diverse yet contextually relevant sample pool. Participants were recruited through purposive and snowball sampling techniques. All participants met the following inclusion criteria: they were aged 18 years or older, self-identified as transgender, and had either considered or engaged in medical tourism for gender-affirming care. Responses from the pilot study were analyzed using SPSS to assess item performance, reliability, and validity. Reliability was evaluated using Cronbach's alpha coefficients, retaining items exceeding 0.70. Content validity ratios were also calculated following Lawshe (1975), retaining items above 0.29 to confirm essential content representation. Feedback from both the focus groups and pilot study was used to refine the wording and content of measurement items before their use in the main study. This process ensured the measures were empirically sound while appropriately capturing the unique perspectives and experiences of transgender individuals.

3.2 | Data Collection

To ensure a comprehensive and inclusive approach to data collection, both paper-based and electronic questionnaire surveys were implemented. The combination of these methods accommodated diverse accessibility and privacy preferences within the transgender community. Paper surveys facilitated direct engagement during events where electronic devices might not be practical, while electronic surveys provided a convenient option for those preferring online participation. Recognizing challenges in accessing transgender communities, two research assistants were based in Bangkok and two in Manila, selected for their extensive community connections and demonstrated experience in community engagement initiatives. Notably, all research assistants identify as transgender, providing them with unique insights and facilitating deeper engagement with the communities. Their personal experiences and identities were instrumental in facilitating a deeper engagement, crucial for the nuanced execution of the research protocols. These assistants were central to the distribution of questionnaires and played a key role in customizing the data collection methodologies to align with specific cultural and community contexts. Their contributions were vital in minimizing potential biases and significantly improving the reliability of the data collected.

Data collection occurred from June to August 2023 through partnerships with transgender-focused non-governmental organizations (NGOs), gender clinics, and social media platforms in Bangkok and Manila. The NGOs and clinics were selected due to their direct engagement with the transgender community, ensuring a highly representative sample relevant to the research context of transgender medical tourism. Additionally, social media platforms like Facebook, Instagram, and specialized forums were utilized, capitalizing on their high usage rates among the target demographic. This multi-pronged approach facilitated broad outreach and inclusivity, capturing diverse perspectives and experiences within the transgender community about medical tourism.

Recruitment criteria strictly required participants to (1) be over 18 years of age, (2) live as or have had transgender experience at any stage (i.e., exploring, pre-transitioning, transitioning, post-operative), and (3) have either prior experience with gender-affirming medical tourism or expressed intention to engage in it. A total of 440 completed responses were collected. However, five responses were dispensed because of deceitful reactions (e.g., choosing similar numbers for the whole survey, and finishing the electronic survey within 2 min). As a result, 435 questionnaires were used for further data analysis.

To validate the reliability and internal consistency of the collected data, a series of rigorous statistical analyses were executed. Factor analysis was utilized to evaluate the latent constructs captured by the measurement scales, while Cronbach's alpha tests were employed to confirm the scales' reliability. Furthermore, both inter-item and item-total correlations were scrutinized to detect any items within the survey that might compromise the validity of the results. These comprehensive validation procedures enable a robust level of confidence in the data's accurate representation of the study population's experiences. The data set, thus validated, provided a solid foundation for the subsequent quantitative analyses.

4 | Results, Findings, and Analysis

4.1 | Profiles

The majority of respondents in the study identified as transgender women (59.1%), while a smaller percentage identified as transgender men (23.6%). Although most respondents with transgender experience identified as transgender individuals, the study noticed some respondents identified as other identities across exploration, pre-transitioning, transitioning, and post-operative stages. Accordingly, another small portion (17.3%) identified themselves with other identities, including women, men, third-gender, gay, and tomboy. Also, the largest group of respondents fell within their 20s (41.1%), followed closely by those in their 30s (38.8%). The educational level of respondents varied, with the largest group (41.8%) reporting having a high school education or less, while 27% reported having a university degree. The most common occupation was sales/service/administrative employees (13.6%), followed by entrepreneurs/business

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owners/managers (12.4%), and students (12.2%). Approximately half were Thai nationals (51%), while the remaining half were Filipino nationals (49%). The respondents' demographics are presented in Table 1.

4.2 | Confirmatory Factor Analysis

Confirmatory factor analysis (CFA) was conducted to assess the measurement model before testing the structural relationships. Prior to the CFA, the univariate normality of the items was examined. A normality test revealed all items had an absolute skew value <2, indicating normal distribution according to criteria by West, Finch, and Curran (1995). Additionally, all items demonstrated an absolute kurtosis value <7, further supporting normal univariate distribution based on guidelines by West, Finch, and Curran (1995). With assumptions of normality satisfied, CFA was then performed on the measurement model. The CFA results showed an adequate model fit ($\chi 2(519) = 1300.05$, $p < 0.000$; CFI = 0.94; TLI = 0.93; IFI = 0.94; RMSEA = 0.06). Most factor loadings were significant and above the recommended 0.6 threshold, indicating convergent validity (Hair et al. 2018). A few items had loadings slightly below 0.6 but were retained based on theoretical support and to maintain the content validity of the constructs. Construct reliability assessed using composite reliability (CR) ranged from 0.83 to 0.93, exceeding the cutoff of 0.7 (Fornell and Larcker 1981; Nunnally and Bernstein 1994). The average variance extracted (AVE) for all factors was between 0.58 and 0.76, greater than the 0.5 benchmark. Discriminant validity was supported as the square root of AVE for each construct surpassed inter-construct correlations (Fornell and Larcker 1981). Overall, the CFA results demonstrated that the measurement model exhibited satisfactory reliability, convergent validity, and discriminant validity to evaluate the structural model, despite some items falling slightly below common thresholds. Detailed results from the CFA are presented in Table 2.

4.3 | Structural Equation Modeling

Structural equation modeling (SEM) was conducted to test the hypothesized relationships in the research model using AMOS 26.0. The SEM results showed an adequate model fit ($\chi 2(519) = 1300.05$, $p < 0.000$; CFI = 0.94; TLI = 0.93; IFI = 0.94; RMSEA = 0.06). Reviewing the direct effects, attitude ($\beta = 0.219$, $t = 4.845$, $p < 0.001$) and subjective norm ($\beta = 0.253$, $t = 4.100$, $p < 0.001$) demonstrated significant positive effects on travel intention, supporting H1a and H1b. However, behavioral control did not have a significant effect on intention, leading to the rejection of H1c. For the threat appraisal factors, perceived severity showed no significant impact on travel intention ($\beta = 0.096$, $t = 1.223$, $p > 0.05$) while perceived vulnerability also had no significant effect, contrary to the hypothesis ($\beta = -0.164$, $t = -1.932$, $p > 0.05$). This led to the rejection of both H2a and H2b. Among coping appraisal factors, both response efficacy ($\beta = 0.450$, $t = 7.227$, $p < 0.001$) and self-efficacy ($\beta = 0.215$, $t = 4.749$, $p < 0.001$) positively influenced travel intention, supporting H2c and H2d. The detailed statistical results for these relationships are presented in Table 3. Overall, the SEM results provide partial support for the extended TPB in explaining travel

TABLE 1 | Profiles of the respondents.

Category		Percentage
Gender ($N = 433$)	Transgender man	23.6%
	Transgender woman	59.1%
	Others (e.g., men, women, tomboy, gay)	17.3%
Age ($N = 433$)	18–19	9.0%
	20's	41.1%
	30's	38.8%
	40's	7.4%
	50's	3.5%
	60's or older	0.2%
Occupation ($N = 419$)	Entrepreneur/business owner/manager	12.4%
	Beautician/hairstylist/ makeup artist	6.9%
	Spa or massage therapist	2.9%
	Sales/service/admin employee	13.6%
	Performer/entertainer/ actor/actress	2.4%
	Sex worker/escort	2.9%
	Professional	10.5%
	Factory worker	3.6%
	IT/technician	2.9%
	Freelancer/contractor	8.1%
	Student	12.2%
	Unemployed	6.0%
	Others (e.g., civil servant, social worker, education, etc.)	15.6%
Educational level ($N = 433$)	High school or less	41.8%
	Post-secondary school/ Associate degree/diploma	23.3%
	University degree	27.0%
	Master's degree or above	7.9%
Individual monthly income ($N = 419$)	Less than 2,500 US$	28.9%
	2,500–5,000 US$	18.5%
	5,001–7,500 US$	15.0%
	7,501–10,000 US$	12.2%
	10,001–12,500 US$	6.9%
	12,501–15,000 US$	4.3%
	15,001–17,500 US$	2.1%
	17,501–20,000 US$	3.1%
	20,001 US$ or above	9.0%
Length of stay ($N = 419$)		21.97 days
Nationality ($N = 435$)	Thai	51.0%
	Filipino	49.0%

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TABLE 2 | Results of CFA.

Dimensions and items	Factor loading	Mean	*T*-value	AVE	CR	Cronbach's α
Attitude		5.26		0.73	0.93	0.95
ATT_1	0.798	5.39	20.49			
ATT_2	0.860	5.26	21.98			
ATT_3	0.886	5.29	24.99			
ATT_4	0.811	5.21	21.28			
ATT_5	0.878	5.19	24.48			
ATT_6	0.849	5.2	26.4			
ATT_7	0.858	5.31	a			
Subjective norm		4.57		0.76	0.93	0.93
SN_1	0.838	4.57	a			
SN_2	0.882	4.49	30.36			
SN_3	0.898	4.52	23.58			
SN_4	0.869	4.68	22.46			
Behavioral control		4.85		0.61	0.83	0.79
PC_1	0.670	5.14	11.24			
PC_2	0.767	4.99	16.87			
PC_3	0.897	4.42	a			
Perceived severity		4.51		0.61	0.89	0.88
PS_1	0.745	4.55	a			
PS_2	0.858	4.63	21.45			
PS_3	0.895	4.58	18.55			
PS_4	0.795	4.63	16.53			
PS_5	0.587	4.16	11.98			
Perceived vulnerability		4.3		0.58	0.85	0.84
PV_1	0.873	4.31	14.53			
PV_2	0.879	4.17	14.59			
PV_3	0.628	4.76	11.34			
PV_4	0.636	3.96	a			
Response efficacy		5.03		0.74	0.92	0.92
RE_1	0.818	4.98	a			
RE_2	0.855	4.9	26.02			
RE_3	0.864	5.12	21.14			
RE_4	0.891	5.13	22.02			
Self-efficacy		4.37		0.76	0.93	0.93
SE_1	0.833	4.73	19.31			
SE_2	0.890	4.24	25.32			
SE_3	0.903	4.15	25.45			
SE_4	0.821	4.47	26.31			
SE_5	0.865	4.28	a			

(Continues)

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TABLE 2 | (Continued)

Dimensions and items	Factor loading	Mean	*T*-value	AVE	CR	Cronbach's α
Travel intention		4.83		0.75	0.9	0.89
VI_1	0.894	5.04	a			
VI_2	0.883	4.71	25.85			
VI_3	0.816	4.75	22.31			

Note: Fit indices: $\chi 2(519) = 1300.05$ ($p < 0.000$), CFI = 0.94, TLI = 0.93, IFI = 0.94, RMSEA = 0.06. a. In the measurement model, the parameter estimate was set to a value of 1.0.

TABLE 3 | Direct path for the structural model ($N = 435$).

Hypothesis	Regression paths			Standard coefficient	*t*-value	Decision
H1a	Attitude	→	Travel intention	0.219	4.845***	Accept
H1b	Subjective norm			0.253	4.100***	Accept
H1c	Behavioral control			0.000	−0.005	Reject
H2a	Perceived severity			0.096	1.223	Reject
H2b	Perceived vulnerability			−0.164	−1.932	Reject
H2c	Response efficacy			0.450	7.227***	Accept
H2d	Self-efficacy			0.215	4.749***	Accept

Note: $\chi 2(519) = 1300.05$ ($p < 0.000$), CFI = 0.94, TLI = 0.93, IFI = 0.94, RMSEA = 0.06.
***$p < 0.001$.

TABLE 4 | Measurement invariance for two nationality groups.

	The Philippines versus Thailand		
Models	**χ2/df**	**Δχ2/df**	**CFI (RMSEA)**
Non-restricted	2102.10/1038		0.92 (0.048)
Full metric invariance of CFA model (L(X)Y=IN*)	2145.64/1065	43.54/27[a]	0.92 (0.049)
Partial metric invariance of CFA	2132.21/1062	30.11/24[b]	0.92 (0.048)

[a]Chi-square difference test: Δχ2 (df) > χ2 0.05 (27) = 40.11. Full metric invariance model not supported.
[b]Chi-square difference test: Δχ2 (df) < χ2 0.05 (24) = 36.42. Partial metric invariance model supported after releasing invariance constraints for 3 items.

intention during disease outbreaks. Attitude, subjective norm, response efficacy, and self-efficacy are key drivers, while perceived behavioral control, perceived severity, and vulnerability had negligible or negative effects.

4.4 | Multi-Group Analysis

Multi-group analysis was conducted to evaluate the moderating effect of nationality (Thailand vs. Philippines) on the structural relationships in the research model. To determine measurement invariance across the Thailand and Philippines groups, multiple model configurations were tested. First, a baseline unconstrained model was estimated using CFA which demonstrated adequate fit. Next, a full metric invariance model was tested by constraining all factor loadings to be equal across groups. However, imposing full factor loading equality significantly worsened model fit compared to the unconstrained baseline, indicating differences existed between groups. Following recommendations from prior research, partial metric invariance was then examined to identify a partially constrained model that still achieved equivalence (Yi and La 2004; Yoo 2002). This was done by iteratively releasing factor loading constraints based on modification indices and expected parameter changes (Han, Back, and Barrett 2009). After releasing three non-invariant factor loadings, the partial metric invariance model achieved fit not significantly worse than the unconstrained model. Since this partial metric invariance model sufficiently established measurement equivalence across the two groups, it was used as the baseline for proceeding with multi-group comparisons and testing differences in structural path coefficients (Table 4).

The results of the invariance tests for the paths between the two groups, as shown in Table 5, indicate significant differences in three out of seven paths when comparing Filipino and Thai respondents. A series of independent sample *t*-tests revealed that the Filipino group had significantly higher mean scores across all factors. Specifically, Filipino respondents showed a more positive attitude (t (433) = 2.597, $p < 0.01$), subjective norm (t (433) = 2.996, $p < 0.01$), behavioral control (t (433) = 3.923, $p < 0.001$), perceived severity (t (433) = 3.310, $p < 0.001$),

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TABLE 5 | Invariance tests for travel intention between Thailand and The Philippines.

	Thailand versus The Philippines		Regression weights		Mean			
Path	$\chi 2$/df	$\Delta\chi 2$/df	Thailand	The Philippines	Thailand (T)	The Philippines (P)	Difference (T–P)	*t*-value
Free model	2132.21/1062				5.09	5.44	−0.35	−2.597**
Attitude to travel intention	2135.61/1063	3.40†/1	0.334***	0.166**	4.36	4.77	−0.41	−2.996**
Subjective norm to travel intention	2132.31/1063	0.10/1	0.258**	0.221*	4.60	5.11	−0.51	−3.923***
Behavioral control to travel intention	2136.92/1063	4.71††/1	0.182*	−0.068	4.32	4.72	−0.40	−3.310***
Perceived severity to travel intention	2132.42/1063	0.21/1	0.01	0.084	4.05	4.55	−0.50	−4.138***
Perceived vulnerability to travel intention	2132.28/1063	0.07/1	−0.172	−0.128	4.85	5.25	−0.40	−3.266**
Response efficacy to travel intention	2154.22/1063	22.01†††/1	0.117	0.684***	4.18	4.57	−0.38	−2.649**
Self-efficacy to travel intention	2132.25/1063	0.039	0.209***	0.19**	4.54	5.17	−0.63	−4.681***

*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.
†Significant differences $\Delta\chi 2$/df > $\Delta\chi 2$ 0.1 (1) = 2.701; †† Significant differences $\Delta\chi 2$/df > $\Delta\chi 2$ 0.05 (1) = 3.842; ††† Significant differences $\Delta\chi 2$/df > $\Delta\chi 2$ 0.01(1) = 6.635.

perceived vulnerability (t (433) = 4.138, $p < 0.001$), response efficacy (t (433) = 3.266, $p < 0.01$), self-efficacy (t (433) = 2.649, $p < 0.01$), and travel intention (t (433) = 4.681, $p < 0.001$). As a result, Hypothesis 3 was accepted.

Table 5 also reveals the direct path coefficients for the structural model for both groups. Specifically, the results were generally consistent in both cases, demonstrating that travel intention was significantly influenced by attitude, subjective norm, and self-efficacy. However, response efficacy was found to have a significant impact only in the Philippines ($\beta = 0.684$, $t = 7.623$, $p < 0.001$), while perceived behavioral control had a significant influence only in Thailand ($\beta = 0.182$, $t = 1.963$, $p < 0.05$). Figure 2 summarizes the direct paths in the structural model, illustrating the comparative results for the overall sample, and the distinct outcomes for Thailand and the Philippines.

5 | Discussion and Conclusions

5.1 | Discussion

The findings of this study offer valuable insights into the complex decision-making processes and motivations of transgender individuals regarding medical tourism for gender-affirming care. The unique revelation that threat appraisal does not significantly impact their medical travel intentions challenges conventional assumptions and warrants a deeper examination of the underlying drivers. This contrasts with previous medical tourism research, claiming that perceived health risks prevent individuals from participating in medical tourism (Seow et al. 2021, 2022a). Rather than focusing on medical risks, transgender individuals prioritize gender affirmation, personal fulfillment, and belonging within their desired or identified gender group (Alegre 2022a). However, it is important to not oversimplify these decisions as merely superficial or irrational. Transgender individuals, especially in legally restrictive environments, face considerable structural and social obstacles limiting access to desired gender-affirming treatments domestically (Eustaquio et al. 2022). Even where procedures are available, the perceived quality and specialization of overseas options may outweigh risk considerations. Within this context, the necessity of travel to obtain the desired care appears to outweigh the risks associated with medical tourism. Therefore, transgender individuals' decision to pursue medical travel does not disregard the risks, but rather a deep-seated need for gender-affirming care and the pursuit of social acceptance (Fontanari et al. 2020).

Several factors may further contextualize the study's findings regarding threat appraisal. These include the potential influences of entrepreneurial attitudes, social identity imperatives, and subjective community norms. First, an entrepreneurial attitude emphasizing individualism and self-reliance appears

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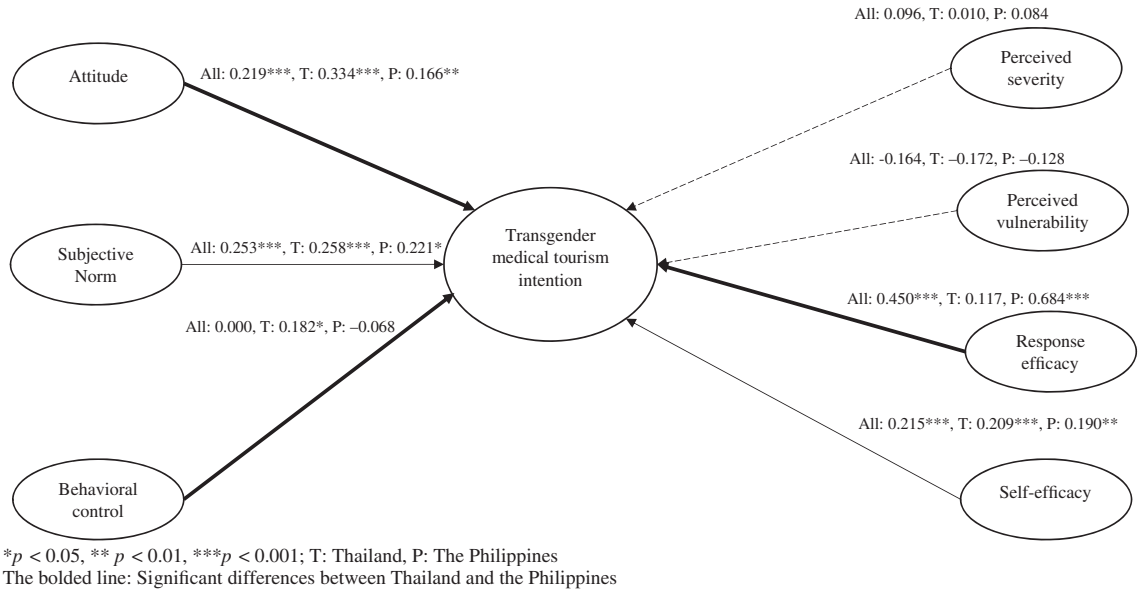

FIGURE 2 | Direct paths in structural model for overall, Thailand, and Philippines samples.

influential among transgender medical tourists (Aizura 2018). This aligns with neoliberal rationality that promotes personal responsibility and calculative choices to attain one's goals despite potential risks. For transgender individuals facing substantial barriers to domestic care, whether due to legal restrictions or perceived quality, medical tourism may become construed as a strategic investment rather than a risky decision. However, while entrepreneurialism helps explain why threat appraisal may be outweighed, solely focusing on individualism obscures larger structural constraints on healthcare access that many transgender individuals face. Therefore, responsible promotion requires going beyond individual calculus to address systemic barriers through legal reform, anti-discrimination protection, quality assurance and innovative delivery models.

Second, according to the social identity framework, the profound personal significance of gender affirmation for actualizing the desired gender identity may override perceived threats of medical tourism for transgender individuals. The psychological necessity of aligning physicality with gender identity has been characterized as life-saving and critical to well-being (Hughes et al. 2021). From a social identity perspective, risks associated with medical travel may be considered negligible compared to the imperative of accessing gender-affirming treatments to manifest one's inner identity (Chong et al. 2021). However, while the social identity framework elucidates reasons for diminishing threat appraisal, ethical imperatives remain for healthcare providers given constraints on domestic options. Transgender medical tourists' vulnerability must be recognized and informed consent ensured when travel is the singular avenue for desired procedures.

Third, the findings reveal the significant influence of subjective norms, demonstrating transgender individuals' reliance on advice from influential community members when considering medical tourism for gender-affirming care (Alegre 2013; Poompruek, Boonmongkon, and Guadamuz 2014). In contexts where comprehensive local knowledge and resources are limited, transgender individuals look to those with first-hand experience navigating medical transition abroad for guidance. Through the lens of social identity, influential members who hold prestigious roles like beauty pageant titles, trans celebrities, or resourceful figures establish influential norms within the transgender community. Their validation and referrals may override perceived risks for inexperienced transgender individuals considering medical tourism. However, an over-reliance on subjective norms from prominent community members raises ethical concerns (Alegre 2022a). Despite growing access to health information, many transgender individuals still lack education and empowerment for their informed medical decisions. Influential community members must exercise discretion when endorsing medical services. Additionally, comprehensive policies and resources should be developed to equip transgender communities with the knowledge to evaluate medical tourism based on objective facts, rather than over-reliance on subjective norms.

Lastly, the observed differences across socio-demographic backgrounds in factors influencing transgender medical tourism intentions underscore the critical role of broader contextual factors in shaping healthcare experiences and decisions. Specifically, response efficacy strongly impacted intentions among Filipino but not Thai participants, while perceived behavioral control was more influential for Thais. This suggests complex interactions between systemic barriers, availability, and access in shaping how transgender individuals in varying contexts perceive and pursue medical tourism. Among Thai respondents, strong perceived behavioral control over medical tourism likely stems from greater confidence in domestic healthcare access and quality, which reduced the need to travel abroad (Boonyapisomparn et al. 2023). Thailand's promotion and investment in transgender care expands local options (Aizura 2010), though some may still choose medical tourism for perceived superior procedures. In contrast, medical limitations in the Philippines appear to necessitate foreign alternatives to achieve the desired results (Abesamis 2022). This aligns with response efficacy being most influential for Filipino respondents, as medical tourism is perceived as more effective given domestic constraints. Systemic

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barriers reduce perceived control over accessing quality care. These findings demonstrate the need for tailored strategies for addressing context-specific barriers to accessing desired gender-affirming care.

5.2 | Theoretical Implications

This study offers valuable theoretical contributions by providing empirical evidence that expands and refines the applicability of TPB and PMT in the context of transgender medical tourism. Notably, the findings validate the predictive power of key constructs like attitude, subjective norm, response efficacy, and self-efficacy in significantly influencing medical travel intentions within this important segment. By demonstrating the significant roles played by these factors, the study reinforces the relevance and explanatory capacity of TPB and PMT models for understanding medical travel behaviors. However, the results also challenge conventional assumptions and highlight potential limitations in the threat appraisal components of PMT. While perceived severity and vulnerability have been identified as crucial factors in previous medical travel studies (Chaulagain, Pizam, and Wang 2021; Seow et al. 2021, 2022a), this research argues that their nonsignificant effects among transgender communities suggest the need for a more nuanced application of PMT constructs.

Second, this study highlights the integral role of the social identity framework in providing explanatory insights into the complex decision-making processes underlying transgender medical tourism. For a marginalized community grappling with systemic discrimination and challenges, the profound need for gender affirmation to acquire social acceptance and validation emerges as a paramount concern (Alegre 2013; Poompruek, Boonmongkon, and Guadamuz 2014). The identification with a gender group that values or normalizes medical tourism can significantly shape threat perceptions and responses. In this context, the perceived threats of foregoing gender-affirming healthcare may overshadow risks associated with medical travel itself.

Therefore, the findings accentuate how shared values, norms, and the pursuit of social validation within transgender communities, illuminated through the lens of social identity, can account for variances unexplained by the cognitive model of TPB and PMT (Silva et al. 2020). This highlights the necessity of an intersectional approach that integrates sociocultural identity factors with decision-making frameworks to holistically capture the nuances driving medical travel intentions across diverse segments. Complementary theoretical perspectives like entrepreneurialism, which examines how neoliberal "invest-in-yourself" mentalities could outweigh threat appraisal, as well as minority stress theory, queer theory, and intersectionality theory that probe the socio-cultural construction of gender identity and community belonging, offer fertile grounds for enriching the understanding of the existential significance of gender-affirming care, as a need that may supersede conventional risk–benefit calculations.

Third, this research offers critical insights into the contextual nuances that shape the varying effects of response efficacy and perceived behavioral control constructs from TPB and PMT on medical travel intentions. By underscoring the role of contextual differences, specifically the availability and accessibility of domestic gender-affirming healthcare services (Johnston et al. 2010; Yu and Ko 2012), the study illuminates how the systemic landscape can profoundly influence perceptions and behaviors surrounding medical tourism. Specifically, the unique contextual backdrop of this study, contrasting Thailand's well-established and accessible transgender healthcare infrastructure with the relative limitations in the Philippines, provides a compelling lens to examine these dynamics. This implies that Thai transgender individuals have a greater ability to control their behavior in seeking gender-affirming healthcare services abroad, possibly due to the relative accessibility and familiarity with such services in their home country In contrast, Filipino transgender individuals may have a higher belief in the effectiveness of seeking gender-affirming healthcare services overseas due to the perceived lack of domestic facilities, leading to a greater sense of response efficacy. These findings offer a compelling argument for incorporating more nuanced, context-specific factors into the analysis of TPB and PMT. It is suggested that these theories could be expanded to better account for the role of local healthcare infrastructure in shaping health-related behaviors. This could open new avenues for future research, encouraging scholars to explore how other contextual factors might interact and complement the existing and newly adopted theories.

This significant implication further reinforces the critical argument that market segments are inherently different, each characterized by its unique socio-cultural, political, and systemic factors that shape customer behavior patterns, and variables. Rather than relying on broad generalizations, an in-depth contextual analysis becomes imperative to illuminate how the intricate interplay of sociocultural factors, political landscapes, and healthcare system dynamics inform transgender individuals' medical decision-making processes (Hung et al. 2020). Sensitive investigation of the unique intersections of gender identity, structural constraints, and local contexts that inform intentions and behaviors is critical. Countries may vary substantially in their cultural norms, regulatory environments, economic structures, technological advancements, and societal values. Therefore, cautious consideration of contextual differences should be exercised when applying theories across different market segments.

5.3 | Practical Implications

The findings from this study offer several practical implications for stakeholders involved in the transgender medical tourism industry. First, medical tourism promotion efforts should aim to emphasize the holistic well-being of transgender individuals (Wylie et al. 2016). Although beauty and gender affirmation may be perceived by transgender individuals as more important than physical health, it is crucial for the government and policymakers to consider the unique challenges faced by transgender individuals and develop targeted policies and programs that prioritize their holistic well-being. These findings also have implications for segmenting the medical tourism market and developing tailored products, who emphasized the importance of aligning marketing efforts with the specific interests of target groups. For example, the government can partner with

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transgender-specific medical service providers in disseminating transgender healthcare knowledge and offering professional advice on both the benefits and potential risks of medical tourism. Both public and private sectors can also be in consultation with civil society groups and organizations that work with transgender communities to understand the unique needs and struggles of transgender individuals.

Second, given the pivotal role of self-efficacy in driving medical tourism intentions highlighted by the findings, providing transgender individuals with robust resources and support systems to facilitate their pursuit of medical travel emerges as an imperative. For example, support services could provide comprehensive information on the medical tourism process, connect patients to others in the transgender community who have experience with medical tourism, and provide personalized services, such as travel guidance and follow-up care. Enhancing self-efficacy by breaking down the planning and tripping process into more manageable steps and providing a structural supportive system, creating more accessible medical tourism for all transgender individuals (Seo and Sam-Hun 2018).

Third, the non-significant influence of perceived vulnerability and severity on medical tourism intentions revealed in this research suggests a crucial divergence from conventional fear-based persuasive strategies. Instead, the significant effects of self-efficacy indicate that interventions should focus on building confidence in one's ability to engage in medical tourism. Therefore, it is important to provide reliable sources of medical tourism options for the transgender community, the focus should be on self-determination and autonomy. For example, collaborations between the government and healthcare providers can be used to disseminate reliable and objective information through existing social media channels. Additionally, highlighting real experiences or personal stories from other transgender medical tourists can enhance their knowledge of medical care services. By equipping transgender individuals with accurate and compassionate information from trustworthy sources, they can make adequately informed choices about their medical options, thereby increasing their self-efficacy. Such strategies can be more effective than fear-inducing approaches.

Lastly, the findings of this study accentuate the need for tailored, context-sensitive approaches (Connell 2013), highlighting the importance of customized marketing and communications strategies that account for the unique sociocultural influences shaping transgender medical decision-making across diverse environments. The criticality of gender-affirming care in improving quality of life, self-esteem, and reducing depression has been established in prior research; however, some young transgender individuals have reported adverse post-operative sexual experiences, leading to significant depression (Nimitpanya et al. 2022), broadly applying generic strategies is unlikely to be effective. Considering sensitivities around stigma and discrimination, it is imperative for healthcare providers to consider a more responsible and inclusive promotion of transgender medical tourism by offering comprehensive transgender health knowledge, including available medical options, mental coping support, as well as health complications and solutions after medical tourism (Regmi, van Teijlingen, and Neupane 2021).

5.4 | Limitations and Further Research

This study has several limitations that should be acknowledged. First, it focuses solely on Thai and Filipino transgender communities. As a result, the generalizability of the findings to other regions may not be the goal. Second, the sample does not distinguish respondents based on sexual orientation, gender expressions, sex characteristics, and type of medical services seeking, hindering the potential development of knowledge from intersectional perspectives. Third, this study focuses on transgender experiences within the binary spectrum. It is worth exploring the perceptions and behavior of non-binary individuals among others. Fourth, the study only examines the perceptions and medical travel intentions of transgender individuals. Future studies can further explore the perspectives of medical tourism practitioners; for example, adopting dyadic analysis to examine the mediating or moderating roles of clinical employees' gender-affirming language and non-judgmental communication before and during the service/consultation period (World Health Organization 2013). Last, the perceived beauty ideals are another significant motivation for medical tourism. Recent studies (Arian et al. 2023; Samizadeh 2022) have argued that diverse cultural and ethnic variations could be leading to differences in facial, breast, and gluteal aesthetics. Future studies can examine the various perceived beauty ideals in the choice of medical tourism destination.

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Ethics Statement

The study was approved by The Hong Kong Polytechnic University's Institutional Review Board (Reference No. HSEARS20241009003).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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