

## Introduction

NACO is committed to achieving the international target of 'zero discrimination' in health care settings. Stigma reduction efforts have been part of NACO's efforts to improve access to and use of HIV prevention, treatment and care services for key populations.

Stigma and discrimination have been shown to reduce access to health services for sexual and gender minorities.

**As part of designing a stigma reduction intervention**, this study was aimed to explore the experiences of MSM and transgender women in accessing healthcare, including HIV related services, in public healthcare facilities in two metro cities in India.

## Objective

To understand the experiences of MSM and transgender women while accessing healthcare services from public hospitals

## Methods

This qualitative study was conducted in January-June 2021 among a purposive sample of MSM and transgender women accessing healthcare services from public hospitals in Chennai and Mumbai in India. We conducted a total of 12 focus group discussions (FGDs) with MSM and transgender women, including two FGDs with MSM living with HIV. Key informant interviews with 3 health care providers and 4 community leaders were also conducted. Data were explored using a combination of framework analysis and grounded theory analytic techniques to identify key themes.

## Results

A total of 37 MSM (median age 31) and 38 transgender women (median age 29) participated in the FGDs. Among them, 40.5% MSM and 10.5% transgender women were living with HIV, and 35.1% of MSM and 63.2% of transgender women engaged in sex work (See Table). **Some of the facilitators of healthcare access identified were the availability of free antiretroviral treatment and quality counselling by some community-friendly counselors. This poster focuses on discrimination experiences.** Several layers of stigma/ discrimination were identified as well: odd stares at transgender women, verbal abuse, body shaming, and sexual harassments from the hospital staff and co-patients. These incidents were more commonly reported by transgender women and *Kothi*-identified MSM (feminine/receptive role). transgender women expected free/affordable gender-affirmative hormone therapy and gender-affirmative surgeries to be provided with minimal waiting time and better quality, which are currently considerably delayed due to bureaucracy/paperwork in the hospital. Other than these, respondents also mentioned incidents of sexual harassment and poor-quality care when they were admitted at public hospitals.

## Socio-demographic

Variables	Total		Chennai		Mumbai	
	TGW n = 38	MSM n = 37	TGW n = 18	MSM n = 18	TGW n = 20	MSM n = 19
<b>Age (years)</b>						
Mean (SD)	29.6 (8.3)	31.8 (7.5)	34.1 (8.9)	30.1 (6.5)	25.5 (5.3)	33.5 (8.1)
<b>Personal Monthly Income</b>						
Mean (SD)	11894 (7741)	12648 (7583)	13500 (10689)	12055 (8348)	10450 (3136)	13210 (6964)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
<b>Education</b>						
Illiterate	2 (5.3)				2 (10.0)	
Less than high school	10 (26.3)	4 (10.8)	4 (22.2)	2 (11.1)	6 (30.0)	2 (10.5)
High school (9 <sup>th</sup> to 12 <sup>th</sup> grade)	18 (47.4)	15 (40.5)	8 (44.4)	8 (44.4)	10 (50.0)	7 (35.6)
College degree	8 (21.1)	18 (48.6)	6 (33.3)	8 (44.4)	2 (10.0)	10 (52.6)
<b>Employment</b>						
Employed	8 (21.0)	29 (78.3)	5 (27.7)	13 (72.2)	3 (15.0)	16 (84.2)
Unemployed/Student	1 (2.6)	6 (16.2)		4 (22.2)	1 (5.0)	2 (10.5)
Sex work	15 (39.5)	1 (2.7)	6 (33.3)	1 (5.6)	9 (45.0)	
Begging/Mangti	14 (36.8)	1 (2.7)	7 (38.9)		7 (35.0)	1 (5.3)
<b>Primary Identity</b>						
Kothi		14 (37.8)		7 (38.9)		7 (36.8)
Bisexual		14 (37.8)		5 (27.8)		9 (47.4)
Double Decker (Versatile)		4 (10.8)		4 (22.2)		
Gay		5 (13.5)		2 (11.1)		3 (15.8)
Thiruvannagai, Kinnar and Jogthi	38 (100)		18 (100)		20 (100)	

Variables	Total		Chennai		Mumbai	
	TGW n = 38	MSM n = 37	TGW n = 18	MSM n = 18	TGW n = 20	MSM n = 19
<b>Relationship Status</b>						
Currently single	32 (84.2)	22 (59.5)	12 (66.7)	10 (55.6)	20 (100)	12 (63.2)
Has a boyfriend	6 (15.8)	5 (13.5)	6 (33.3)	4 (22.2)		1 (5.3)
Married to a woman		10 (27.0)		4 (22.2)		6 (31.6)
<b>Living status</b>						
Living alone	14 (36.8)	6 (16.2)	10 (55.6)	4 (22.2)	4 (20.0)	2 (10.5)
Living with parents and wife/relatives	13 (34.2)	31 (83.8)	2 (11.1)	14 (77.8)	11 (55.0)	17 (89.5)
Living with male sexual partner	3 (7.9)		3 (16.7)			
Living with peers	8 (21.1)		3 (16.7)		5 (25.0)	
<b>Currently using hormone therapy</b>						
No	30 (78.9)		14 (77.8)		16 (80.0)	
Yes	8 (21.1)		4 (22.2)		4 (20.0)	
<b>Had any Gender-affirmative surgery</b>						
No	22 (57.9)		5 (27.8)		17 (85.0)	
Yes	16 (42.1)		13 (72.2)		3 (15.0)	
<b>HIV status</b>						
HIV positive	4 (10.5)	15 (40.5)	2 (11.1)	8 (44.4)	2 (10.0)	7 (36.8)
HIV negative	34 (89.5)	22 (59.5)	16 (88.9)	10 (55.6)	18 (90.0)	12 (63.2)

## • Discrimination experiences

"Since we are going there often, they will fix certain things about us in their mind. They will fix things like, he is having only this work... and they will openly say like he is more interested in sex, so he would go to anyone... Due to this thought they see us in a different manner". (FGD2\_MSM)

"I was crying in pain, she left that place, then I myself went to the duty staff and compliant about her and showed my hand, she did not take any action, she told me to go to my place, later she will come and see. But she never came. Nurses are not good" (FGD2\_transgender women).

They speak disrespectfully....They will give respect initially. But when we start talking to them, their behaviour will change. Both nurses and the person who is giving tokens and who is sending patients will speak disrespectfully. (FGD2\_MSM)

"When we are standing with other persons, they ask us to stand behind and permit others in the line to complete their treatment... like this they are treating them first. Only after checking them they come to us. They should not do like that." (FGD3\_MSM)

## • Body Shaming

"For any test they see the 'Bomma' [sexual organ]. Non-operated transgender persons who are in saree, they feel uneasy, it is not a matter if they did it to everyone, but they are specifically doing this for Transgenders" (FGD2\_transgender women)

"They just tell us to do quickly, lower down the pant and show your part. It gives weird feeling. Some ladies are also sitting there. It's okay that doctor is there and they have studied same thing but would a lady stand in front of gents to show private parts?" (FGD2\_MSM)

## • Perceived Quality of Gender-Affirmative Surgeries

If you ask those who have done the surgery (meaning SRS) and breast implantation in government hospitals, they may tell you. The sutures seem very hard....In government hospitals, they do not do it properly. They put stitches just like stitching a gunny bag. (FGD1\_transgender women)

"In GH even the first hole is not done properly, again they did second hole at the bottom side, is there any use for her.? What purpose they are having the surgery, it is not in shape." (FGD2\_transgender women)

## • Experience with counselling services

Some are not giving counselling properly. If twenty or thirty persons are counselled in a day, it is not counselling. If you counsel five people a day, you can clearly understand the issues. You can take 30 minutes and give counselling for me and give hope. There is no problem with it. But if you spend only five minutes instructing us, saying, hey, you will have to be like this only. Do it safely. If you spend only 5 to 10 minutes means, nothing will happen. Anyone can do it. (FGD2\_MSM)

"I took him to ICTC centre for HIV testing then counsellor asked him his name, age etc. Then he asked his gender. He said I am a TG. Then counsellor said, what are you saying? No, you are a male and stay like a male" (FGD2\_transgender women)

## • Privacy & Confidentiality

"One ward boy is standing and he asks about you openly, without any privacy he loudly asks, which category you are? Are you a Kothi?" (FGD1\_MSM)

"For Transgender only 10% of the female doctor will attend the case, rest will be attended by the male doctor, that too they will do it without putting the screen. If they want to remove our dress, just like that they will remove openly, this will lead to inferiority complex. In case for a female, they are doing it safely and secretly, but that was not present in the Transgender" (FGD2\_transgender women)

"Doctor only check us... and they will say that it is a personal advice... but if they do the advice directly means, what will I do, I feel like saying that it's my sexual life, and it's my wish... so do not interfere in my personal life...but we will say okay in that situation and leave" (FGD2\_MSM)

## Major Findings

- **Stigma** of HCPs towards key populations resulted in discrimination at health care settings
- **Body shaming** prevented most transgender women from availing health care services.
- Transgender women in our sample were **dissatisfied with the quality of Gender-Affirmative Surgeries** at Government Hospitals.
- **While most MSM and transgender women found HIV related counselling services at public hospitals useful, a few of them were not satisfied with the duration and quality of counselling services.**
- Both MSM and transgender women felt that **their privacy was being invaded** at Public hospitals

## Discussion

This study examined the experiences of the sexual minorities, specifically transgender women and the MSM community at public hospitals. In spite of the strenuous efforts by NACO with its NACP-IV specifically focussing on elimination of discrimination and the existence of 2019 Act for protection of transgender persons, stigma and discrimination still exist in the healthcare settings in India. Studies have shown that stereotypes, prejudices, and misinformation among health care workers about transgender women and MSM lead to shaming, insulting behaviours, refusal to engage/treat, and insensitive behaviour. Apart from this, lack of inclusive hospital policies and lack of knowledge among the hospital staff can also trigger improper treatment of key populations by the health care providers. But studies have shown that continuous interactions can elicit positive behaviours. Hence it is recommended that a multilevel intervention at individual, group and institution level with health care providers will facilitate access to health care services among key populations

## Conclusion

The findings highlight that there exists several barriers in the form of lack of quality GAS, inaccessibility to hormone therapies, high cost of implants, poor post-surgical follow-ups etc when key populations accessed services from public hospitals.

Findings underscore that stigma experiences could delay or prevent access to healthcare services, or reduce the perception of service quality in public hospitals; highlighting the need for necessary action to ensure access and quality care for MSM and transgender women communities by informing and designing theory-driven multi-level stigma reduction initiatives to reduce discrimination faced by MSM and transgender women in public health care settings.

**Note.** Based on these findings, NACO supported a multi-level stigma reduction intervention among healthcare settings.