

# REDUCING DISCRIMINATION FACED BY MSM AND TRANSGENDER WOMEN IN PUBLIC HOSPITALS: PRELIMINARY EFFICACY OF A PILOT WORKSHOP-DELIVERED INTERVENTION AMONG HEALTHCARE PROVIDERS IN INDIA

Sudharshini S<sup>1</sup>, Smitha Nair<sup>2</sup>, Ketki Ranade<sup>2</sup>, Ruban Nelson<sup>3</sup>, Murali Shunmugam<sup>3</sup>, Biji RM<sup>4</sup>, Shruta Rawat<sup>4</sup>, Utpal Das<sup>5</sup>, Ramakant G<sup>6</sup>, Amenla Nuken<sup>7</sup>, Vinita Verma<sup>5</sup>, Chinmoyee Das<sup>5</sup>, Venkatesan Chakrapani<sup>3</sup>

<sup>1</sup>Madras Medical College, <sup>2</sup>Tata Institute of Social Sciences, <sup>3</sup>Centre for Sexuality and Health Research and Policy (C-SHaRP), <sup>4</sup>The Humsafar Trust, <sup>5</sup>National AIDS Control Organisation (NACO), <sup>6</sup>AIM Institute, <sup>7</sup>International Centre for Research on Women (ICRW)

Poster: A-AIDS-2022-07984

## BACKGROUND

Indian government is aiming at 'zero discrimination' in public healthcare settings. Studies have documented discrimination experiences of men who have sex with men (MSM) and transgender women in public healthcare settings, hindering access to health/HIV services.

To contribute to scalable interventions, we developed and tested the efficacy of a theory-based pilot intervention to reduce stigma/discrimination faced by MSM and transgender women in public healthcare settings.

## METHODS

In November 2021, we conducted half-day workshops for clinical (n=56) and non-clinical staff (n=42) of two government hospitals in Chennai and Mumbai.

The sessions aimed to improve knowledge and attitude towards MSM and transgender women through interactive sessions, speeches by role models (popular opinion leader strategy), exercises, and discussions with MSM/transgender women activists ('contact' hypothesis).

A self-administered questionnaire assessed knowledge, attitude, practices, and comfort level before and after the workshops. Paired t-tests and chi-square tests were conducted.

Multilevel modelling was used to account for correlated nature of observations and to compare the outcomes before and after the intervention.

## RESULTS

Participants' mean age was 40.3 years, and mean years of practice was 13.5. The majority (86.5%) reported no prior friends/colleagues who are MSM or transgender women, and none had prior training on MSM and transgender women.

Post-intervention, significant changes were observed in mean scores or proportions for most outcomes:

- increase in positive attitudes towards MSM and transgender women (absolute increase in scores = 0.90, 95% CI 0.02 to 1.78, p=.04)
- increase in comfort level providing care to MSM and transgender women (absolute increase in scores = 0.86, 95% CI 0.03 to 1.68, p=.04)
- increase in self-efficacy in referring MSM and transgender women with specific health needs to appropriate hospital departments (absolute increase in % = 37.1%, 95% CI 21.9% to 52.3%, p<.001)
- increase in self-efficacy in clinical management or counselling of specific health/nursing needs (absolute increase in % = 29.3%, 95% CI 12.4% to 46.1%, p=.001)

## CONCLUSIONS

This pilot intervention shows preliminary evidence for improving certain aspects of attitude, efficacy and comfort level among clinical and non-clinical hospital staff.

The findings provide support for potential scale-up of this intervention as a large-scale implementation research study in which other stigma (e.g., in relation to sex work and HIV status) reduction efforts can be added and tested.