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DRIVE TO SENSITISE HEALTH WORKERS TOWARDS TRANSGENDER WOMEN, GAY MEN

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The effort is to reduce discrimination and improve outcomes. | Photo Credit: Getty Images/iStockphoto

A group of researchers set out to find if interventions among healthcare providers can help in improving their understanding and attitude towards transgender women (TGW) and men who have sex with men (MSM). They have demonstrated that a specifically designed intervention module comprising workshops and explainer videos had positive outcomes among healthcare workers in two government hospitals in Tamil Nadu and Maharashtra.

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The intervention showed preliminary evidence for improving positive attitudes, comfort level and understanding of the healthcare issues of MSM and TGW among healthcare workers (HCW), warranting large-scale implementation research.

In an article - "Efficacy of a multi-level pilot intervention ('Harmony') to reduce discrimination faced by men who have sex with men and transgender women in public hospitals in India: Findings from a pre-and post-test quasi-experimental trial among healthcare workers" - published in *Venereology* recently, the researchers have elaborated how they tested the efficacy of an intervention among 98 healthcare workers (HCW) to reduce sexual orientation and gender identity-related stigma and discrimination faced by MSM and TGW in the two centres. The HCWs included clinicians, nurses, counsellors and other staff such as lab technicians.

One of the collaborators of the study, Sudharshini S., Associate Professor, Institute of Community Medicine, Madras Medical College/Rajiv Gandhi Government General Hospital, said that TGW and MSM often felt that there was discrimination and lack of access to hospital services, both in the government and private sectors.

"Some of the issues faced by Sexual and Gender Minorities (SGM) are limited knowledge and understanding about them among healthcare staff, resulting in suboptimal care, increased chances of negative interactions and discrimination. Some healthcare providers/staff (not all staff) look down upon SGM because of their sexual orientation/behaviour, gender identity or gender expression," principal investigator Venkatesan Chakrapani, chairperson, Centre for Sexuality and Health Research and Policy, Chennai, said.

The researchers developed an intervention - Harmony: a half-day workshop at the group-level and four videos at the individual levels.

"We roped in MSM and TGW as co-trainers to share their stories with the healthcare staff. Next, we created four short videos detailing the issues faced by MSM and TGW in healthcare settings. These videos were shared with healthcare staff (one per week for four weeks)," Dr. Sudharshini said.

Dr. Chakrapani added that a checklist was shared with the hospital administration of the potential steps to make the hospital friendly for SGM and to enhance the quality of care for them.

Assessing the efficacy of the intervention, the researchers found that the positive attitude scores increased by 20% from baseline to follow-up and by 30% from post-intervention to follow-up. There was a significant increase of 23% in the comfort level in providing care to MSM and TGW from baseline to post-intervention. There was increased support for non-discriminatory hospital policy.

Client surveys were conducted among 400 MSM/TGW attending the intervention hospitals, before the intervention among HCWs and three months after the intervention.

RGGGH dean E. Theranirajan said it was important to sensitise doctors, nurses and paramedical staff to do away with the stigma and discrimination. "Sensitising them is important as it would have an impact on the healthcare provided for TGW and MSM," he said.

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