

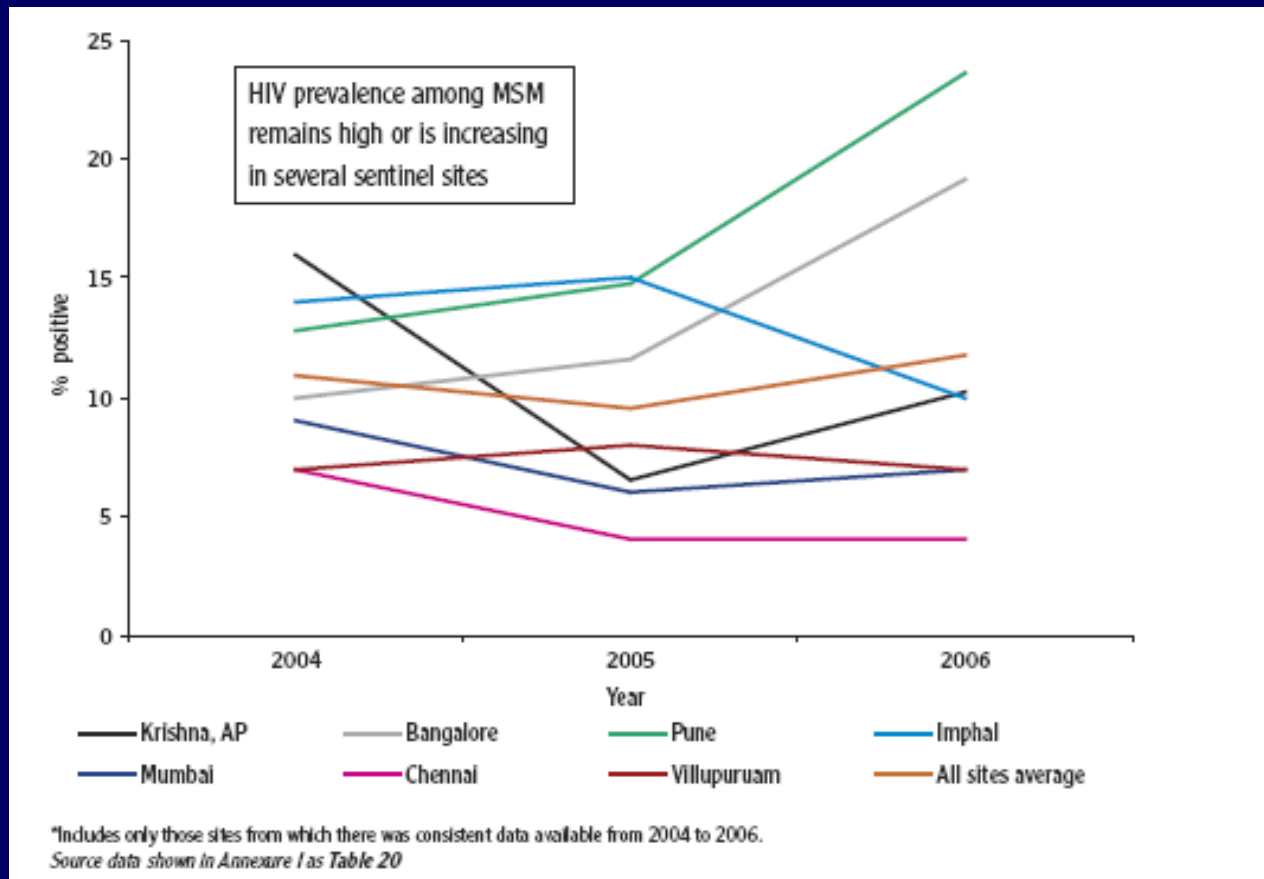
**Involving MSM and TG/Hijras
in programming & services, and addressing
stigma & discrimination in
health care settings**

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Issues

- Men who have sex with men (MSM) and male-to-female transgenders (TGs)/Hijras are at high risk for HIV/AIDS



Issues

- Latest estimates are at about **7%** (NACO, India)
- Estimates show that only about **31% of MSM** in Low and Middle Income Countries (LMIC) had tested for HIV, **33% were reached by HIV prevention** programmes, and **44% had correct HIV knowledge** (Adam, 2009)
- **Fewer than 25% of sexual minorities** in India access health care services for HIV testing (Welles, 2010 & Banik, 2009)

Issues

- Not accessing health care is a way to avoid **perceived risk of unfair and negative treatment by health care providers** (Banik 2009, Welles 2010)
- Discrimination by health care providers further contribute to **non-disclosure of positive test results to partners, poor treatment adherence, and increased risk of disability and drug resistance**
- It may also cause **distress & depression, and associated substance abuse and high risk behavior** (Dandona 2005, Heijnders, 2006, Calin 2007)

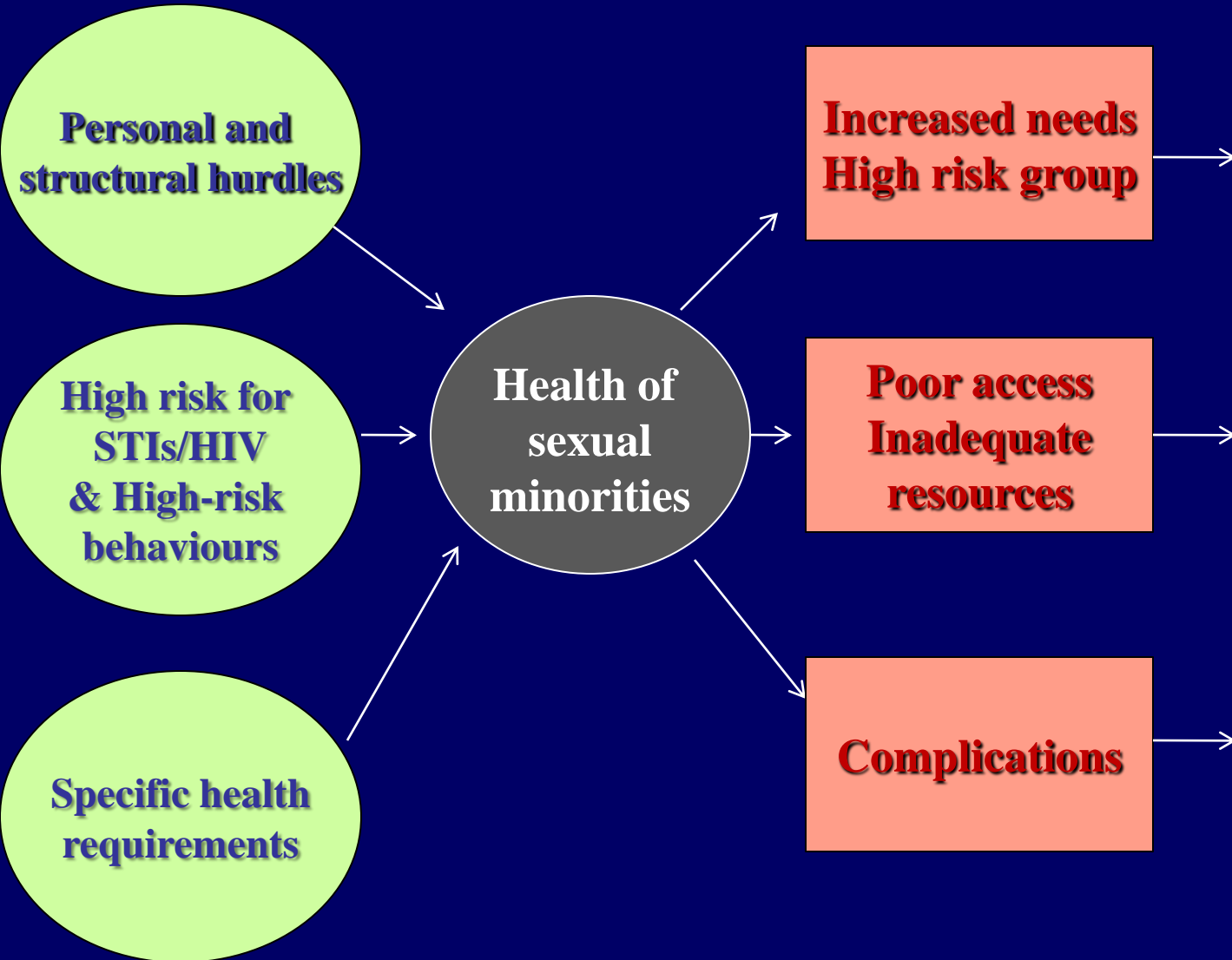
Observations

- MSM and TG/Hijras are **underrepresented** in the health care sector
- Lack of HIV/AIDS knowledge in health care providers (HCPs) is associated with **negative attitudes towards HIV/AIDS patients**
- Furthermore, **sexuality related stigma in the HCPs may be a hurdle to provide services**

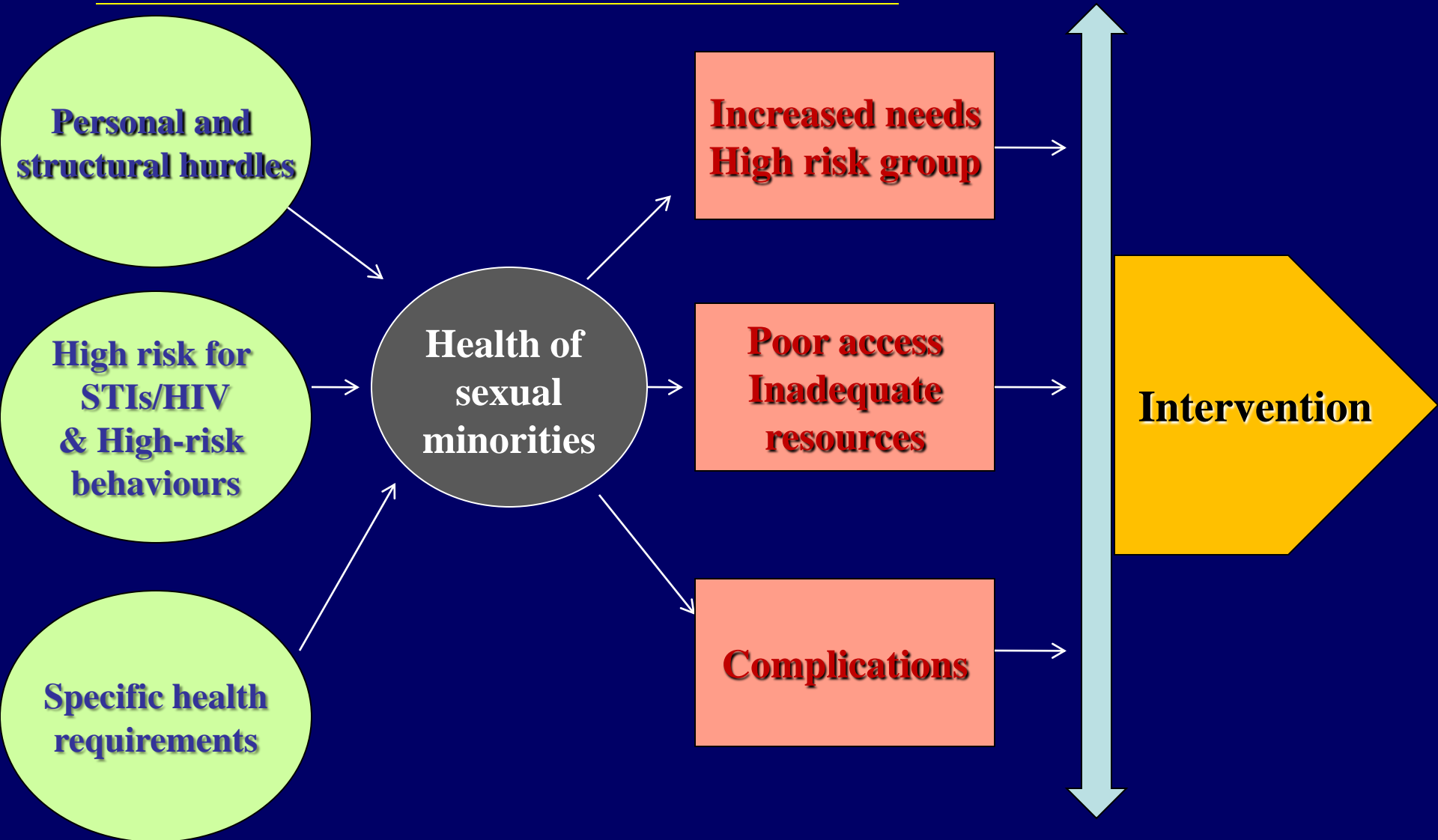
Observations

- **HCPs are positioned to respond** with needed services, and treatment and knowledge; yet prejudicial and discriminatory attitudes may prevent them from providing adequate care and services
- If the health care worker has positive attitudes towards the sexual minorities and their family, **s/he can become a key source of social support for them**

Model of intervention



Model of intervention



Types of intervention

LEGAL

- ambiguity of legal status vis-à-vis the medical community

PERSONAL

- homophobia
- transphobia
- prejudice

Intervention

KNOWLEDGE

- medical curriculum
- training sessions

STRUCTURAL

- inadequate resources
- invisibility in the structure

PERSONAL

- Create **awareness** about homophobia and transphobia
- What are the **'prejudices'**?
- Creation of **'sensitisation programmes'** to influence the attitudes of HCPs and other personnel in health care settings
- Encourage **'interpersonal contact'** between the service seekers and service providers

STRUCTURAL

- **Allocation of resources** to create centres for testing and care of the MSM and TG/Hijra population
- Create **spaces within the existing resources** to take care of the population
- Pillars of services: a) **Utilitarian**; b) **Timely**
c) **Non-discriminatory**; and
d) **Sensitive**
- **Specific services** for TG/Hijra population

STRUCTURAL

- Need for **standardised procedures and guidelines** for care of sexual and gender minorities
- Need for having them in **medical statistics**, particularly TGs/Hijras

KNOWLEDGE

- Need for training on MSM and TG/Hijra in the **medical curriculum**: history taking, clinical examination, and treatment guidelines
- Understanding of sexuality and gender issues in a **'non-medicalised'** way
- Training session by the **community members**, case scenarios, sensitisation programmes

LEGAL

- **Clarification of the legal status** with the medical community
- What is the **way out if there is discrimination** at a health care level?
- **Legal status of certain procedures:** sex reassignment surgeries?

RECOMMENDATIONS

- **Advocacy with the Medical Councils** for reforms in medical education
- **Develop guidelines for care and management** of MSM and TG/Hijras
- **Sensitisation of HCPs and other workers** in health care settings
- **Policies of nondiscrimination** in health services delivery

RECOMMENDATIONS

- **Creation of physical spaces** for care of sexual minorities by including them in national health programmes
- **Enabling legal environment** to register cases with consumer courts for issues of medical neglect and discrimination from health providers
- Create a **space for third gender in the medical records**
- **Encourage service delivery and operational research** in these communities

THANK YOU