Barriers in Access to Health Care Services among Lesbian, Gay, Bisexual, Transgender (LGBT)

Priya Darshani Giri, Anup Adhikari, Mamata Pradhan, Ishu Yogi, Sudip Khanal

***Abstract*—Health is one of the fundamental rights of every human being without distinction on any basis. Yet,the Lesbian, Gay, Bisexual, and Transgender population still suffer from prejudice and discrimination in access and use of these serviceswhich place disparities in health status between sexual- and gender-minority and heterosexual individuals. The purpose of this Descriptive cross-sectional study was to assess the barriers in access to health care services among the Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals within the Kathmandu Valley using Semi-structured questionnaires. This study was conducted among 87 LGBT participants including 49.9% Cisgender, 50.6% Transgender,50.6% heterosexual, 46% homosexual, and 3.4% bisexual individuals. Only28.7% of them faced physical barriersi.e.,toilet 76% and registration forms 76%, changing room 36%, wards 24%, gender binary queues 20%, and Age of <21 (p=0.035)and Homosexual group (p=0.021) statistically significant with behavioral barriers. However, Age of group >38(p=0.001), respondent with secondary level (p=0.005) and socially open about own sexual orientation and gender identity associated with Psychological barriers.**

***Index Terms*—Access, Barriers, Health care services, LGBT**

I. INTRODUCTION

Lesbian, gay, bisexual, and transgender (LGBT) is an umbrella term, which includes a number of groups: lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, allies, two spirits, and pansexual.About 3.5% Americans identify themselves aslesbian, gay, or bisexual while 0.3% identify themselves as transgender [1].

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The facts regarding the situation of LGBT in Nepal are rare; however, there are estimated to be more than 4000,000 people who belong to sexual and gender minorities [2] in Nepal. According to The Williams Institute/BDS survey 2013 done among 1,178 participants from 32 out of 75 districts of Nepal, there were 64.5% transgender female, 7.1% transgender males, 22.1% people were considered as male at birth who identified as gay/bisexual and6.4% people were assigned female role at birth thatlater identified as lesbian/bisexual [3].

The LGBT community is diverse. What binds them together as social and gender minorities are common experiences of stigma and discrimination, with respect to health care, a long history of discrimination and lack of awareness of health needs by health professionals [4]. Currently, in Nepal, there is a lack of understanding of health and well-being, social exclusion, stigma, and discrimination as experienced by these populations [5].

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"[6].

Yet, there are various factors that prevent an individual from gaining access to health, social care and early year services[7], such as High cost of care, Lack of availability of services, Lack of infrastructure, inadequate resources and health workers' motivation[8], financial barriers, discrimination, lack of cultural competence by providers, health systems barriers and socioeconomic barriers[9]. While sexual and gender minorities have many of the same health concerns as the general population, the LGBT population exceptionally face stigma, discrimination, the provision of substandard care, outright denial of care because of an individual's sexual orientation or gender identity[3,10] reluctance to Disclose Gender Identity, and Other Barriers (Health insurances)[11].

This study was carried out using semi-structured questionnaire through interview method to assess the physical, behavioral and psychological barriers in access to health care services among Lesbian, Gay, Bisexual and Transgender (LGBT) individuals who are currently working in the Blue Diamond Society and its associated organizations within the Kathmandu Valley.

II. METHODOLOGY

A descriptive cross-sectional study was conducted over the months of June- July 2018 among theLGBT individualswithin Kathmandu Valley. The study included a total of 87 LGBT participants who are currently working in the LGBT organizations within the valley namely Federation of Sexual & Gender Minorities –Nepal (FSGMN), Blue Diamond Society, ParichayaSamaj, Cruise aids, Pink Triangle Nepal, Our Equal Access and Care Nepal. Census was carried out in the purposively selected organizations. Data was collected through predesigned, pre-tested semi-structured questionnaire through interview.

Research instrument was developed after literature review, consultation with supervisors and subject experts from the FSGMN student forum. Pretesting of the developed tool was done in ParichayaSamaj, Sanepa, Lalitpur and necessary modifications were made to assess the understanding and accuracy of test instrument.

The internal consistency of the Likert scales for behavioral and psychological barriers was tested by calculating Cronbach alpha in SPSS version 22. The obtained value was Cronbach alpha 0.947 which was in excellent range. So, all the developed research instruments were used for data collection. Study was conducted after the approval of research committee of Asian college for Advance Studies (ACAS). Similarly, an official letter was submitted to Blue Diamond Society (BDS) regarding this research work. Consent was taken from participants prior to the study.

LGBT individuals who were not available at the time of data collection were excluded. Collected data was entered into Epi-data software and then transferred to Statistical Package for Social Sciences (SPSS)version 22. Descriptive statistics like frequency, mean,standarddeviation, percentage andKruskal Wallis test and Mann-Whitney U test were used for analysis.

III. FINDINGS

This study comprised 87 participants including 75 (86.2%) biologically born male and 12(13.8%) biologically born female, mostly (70%) from the age group 21 to 38 years of age (mean 29.61±8.55).The study had 35(40.2%) transgender females and 9(10.3%) transgender males, 40(46.0%) homosexuals and 3(3.4%) bisexual participants. However, 56 (64.4%) among the total participants reported to be socially open about their sexual orientation and gender identity and 31(35.6%) of them are yet to come out. Total 28(32.2%) had completed secondary level education while only 6(6.9%) of them were illiterate. (SeeTableI)

Table I. Demographic information of participants

Variables(N=87)	Frequency	Percent
Age in Years		
< 21	10	11.5
21-38	63	72.5
> 38	14	16.1
Mean Age ± SD (29.6±8.5)		
Sex		
Male	75	86.2
Female	12	13.8
Gender identity		
Cisgender male	40	46.0
Cisgender female	3	3.4
Transgender male	9	10.3
Transgender female	35	40.2
Sexual orientation		
Heterosexual	44	50.6
Homosexual	40	46.0
Bisexual	3	3.4
Socially open about own sexual orientation and gender identity		
Yes	56	64.4
No	31	35.6
Level of education		
Illiterate	6	6.9
Primary	12	13.8
Secondary	28	32.2
Higher secondary	27	31.0
Bachelors and higher	14	16.1

Table II shows that out of 87 participants, only 28.7% participants faced problems due the physical setting of the health care centers. Most of the problems faced were due to lack of LGBT- friendly settings such as registration forms (76%), toilets (76%), changing rooms (36%), wards (24%), arrangement of separated queues of either male or female (20%), and procedure rooms (5.3%).

Table II. Physical barriersin access to health care services

Variables	Frequency	Percent
Problems faced	25	28.7
Problems not faced	62	71.3
If yes, types of problems faced*		
lack of LGBT-friendly registration forms	19	76
lack of LGBT-friendly toilets	19	76
Separated arrangement of only male and female queues	19	76
Problems due to lack of LGBT-friendly changing rooms	9	36
Problems due to lack of LGBT-friendly wards	6	24
Problems due to lack of LGBT friendly procedure rooms	1	5.3

*Multiple responses

Out of 87 participants, 58 (66.7%) participantsadmitted that the health care personnel were friendly and are communicated properly (68.9%) and showed respect towards them (66.7%). Moreover to it, 62 (71.3%) of the participants accepted that the health care personnel were sensitivetowards their health needs, kept their sexualand gender status confidential (57.4%) and accepted to provide care to them regardless of their sexual and gender identity (75.8%). (SeeTable III)

Table III. Behavior of Health workers as barriers in access to health care services

Statements	SA %	A %	N %	D %	SD %
Health personnel are friendly to me	4.6	62.1	18.4	12.6	2.3
Health personnel communicate properly to me	8.0	60.9	14.9	14.9	1.1
Health personnel show respect towards me	9.2	57.5	14.9	18.4	0.0
Health personnel are sensitive towards my health needs	6.9	64.4	8.0	17.2	3.4
Health personnel accept to provide care to me	12.6	63.2	12.6	11.5	0.0
Health personnel have kept my sexual and gender status confidential	14.9	42.5	19.5	16.1	6.9
Health personnel have not discriminated me in providing health care services	11.5	55.2	13.8	14.9	4.6
Health personnel have not blamed me about me sexual and gender identity	16.1	48.3	17.2	13.8	4.6
Health personnel have not denied admitting me to the hospital	19.5	64.4	5.7	9.2	1.1
Health personnel have not done any verbal harassment to me	16.1	52.9	9.2	16.1	5.7

SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Agree

Out of total participants, 47.1% of the participants wereembarrassed and unwilling to disclose their sexual and gender identity, (58.6%) participants fear of being discriminated, blamed (46%,), verbally harassed (62.1%),misbehaved (39.1%), and had bad experiences (37.9%) at health care settings due to their gender identity and sexual orientation.

Table IV. Psychological barriersin access to health care services

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
Embarrassed to disclose my sexual and gender identity	11.5	35.6	8.0	24.1	20.7
Unwilling to disclose sexual and gender identity	9.2	37.9	4.6	37.9	10.3
Fear of discrimination due to sexual and gender identity	16.1	42.5	11.5	24.1	5.7
Fear to be blamed about sexual and gender identity	11.5	34.5	13.8	36.8	3.4
Fear of being verbally harassed due to sexual and gender identity	16.1	46.0	8.0	26.4	3.4
Fear of being misbehaved due to sexual and gender identity	6.9	32.2	17.2	37.9	5.7
Feel uncomfortable to share health problems	9.2	35.6	5.7	40.2	9.2
Doubt of confidentiality about sexual and gender identity	10.3	31.0	26.4	25.3	6.9
Feel that HC professionals are unable to understand health issues	9.2	33.3	12.6	42.5	2.3
Had bad experiences related to sexual and gender identity at health care centers	11.5	26.4	5.7	40.2	16.1

SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Agree

A total of 42.5% participants felt that health care professionals are unable to understand their health issues, and44.8% felt uncomfortable to share health problems and only 41.3% of them doubt that their sexual and gender identity would be kept confidential. (See Table IV).

Table V. Association between socio-demographic variables and behavioral barriers

Kruskal Wallis Test				
Factors	Median	H	Df	p
Age in years		6.71	2	
<21	59.4			0.035*
21-38	44.4			
>38	33.6			
Gender identity		6.12	3	
Cisgender male	50.5			0.107
Cisgender female	50.2			
Transgender male	32.3			
Transgender female	39.1			
Sexual orientation		7.68	2	
Heterosexual	37.7			
Homosexual	48.9			0.021*
Bisexual	70.7			
Level of education		3.47		
Illiterate	53.1			
Primary	51.9			
Secondary	39.0			0.481
Higher secondary	45.6			
Bachelors and higher	40.3			
Mann-Whitney U Test				
	Median	U		
Sex		363.5		0.284
Male	45.2			
Female	36.8			
Socially open about own sexual orientation and gender identity		853.5		
Yes	43.7			0.897
No	44.5			

* Significant at 5%

The table V shows that Behavioral barrier is strongly associated with age groups of < 21 years (p=0.035) and sexual orientation at homosexual group (p=0.021). However, Behavioral barrier is not statistically significant with gender identity, level of education, biological sex and socially open about own sexual orientation and gender identity.

Table VI.Association between sociodemographic variables and psychological barriers

Kruskal Wallis Test				
Factors	Median	H	df	p
Age in years		17.78	2	
<21	53.6			
21-38	48.3			
>38	23.2			0.001*
Gender identity		5.59	3	
Cisgender male	49.2			0.134

Cisgender female	18.2			
Transgender male	44.1			
Transgender female	40.3			
Sexual orientation		2.45	2	
Heterosexual	41.1			
Homosexual	45.8			0.294
Bisexual	62.7			
Level of education		14.97		
Illiterate	27.3			
Primary	31.8			
Secondary	37.1			0.005*
Higher secondary	55.3			
Bachelors and higher	53.5			
Mann-Whitney U Test				
	Median	U		
Sex		373.5		
Male	45.0			0.346
Female	37.6			
Socially open about own sexual orientation and gender identity		853.5		
Yes	49.3			0.009*
No	34.5			

* significant at 5%

The table VI shows that psychological barrier is strongly significant with age group of >38 years (p=0.001) and level of education with higher secondary (p=0.005). Moreover, socially open about own sexual orientation and gender identity(p=0.009). However, psychological barrier was not associated with gender identity,sexual orientation and biological sex.

IV. DISCUSSION

The socio demographic information of the current study showed that that out of 87 participants, more than 70% of them were from the age group 21 to 38 years of age. The mean age of the participants was 29.6years. Similar finding is found in a recent cross sectional study in Nepal conducted among 232 Male to Female(MtF) transgender persons shows that the median age of the participants was 25 years and most of the respondents (56.5%) were aged 25 years and above[12]. Nearly half (49.4%) of the participants were Cisgender while 50.6% of them identify themselves as Transgender individuals. Likewise, half of the total participants (50.6%) were heterosexual, and 46 percent of them report their sexual orientation to be homosexual and only few (3.4%) of the participants say that they are. Bisexual. In another similar study about 3.5% Americans identify themselves as lesbian, gay, or bisexual while 0.3% identify themselves as transgender [1]. Regarding the status of coming out, the study findings show that more than half (64.4%) among the total participants reported to have come out about their sexual orientation and gender identity in the society and friends. However, more than one fourth (35.6%) of them are yet to come out. The study findings also indicates that most of the participantshad completedsecondary (32.2 %) and higher secondary (31%) level of education. As stated in a report on the Nepal National LGBTI Community Dialogue held in Kathmandu in April 2014, Some LGBT students dropped out of school due to bullying and harassment [4]. In the study of 232 transgender females in Nepal, more than half (57.3%) of the total sample had a secondary or higher level of education [12].

The types of physical barriers identified in the study are problems due to physical setting of the health facility mainly barriers due to lack of LGBT- friendly registration forms (76%), toilets (76%) and the system of arrangement of queues in either male of female (20%) which causes problems to these individuals while accessing the health care service center. Similarly, nearly half (47.4%) of the problems faced by the LGBT individuals was due to lack of LGBT friendly changing rooms. Similar findings are found in a qualitative study among Lesbians of Nepal, theparticipants commonly reported that it is difficult to make an appointment with the doctors because the disclosure of male or female identity is required in most cases. In addition, they also argued that they did not find it comfortable to be in a male or female ward. It has often made it difficult for them to decide whether to get admitted or not [13].

Similarly, behavior of health care provider was also identified as the barriers in access to health care. A total of 63.2% participants experienced lowlevels of behavioral barriers in access to health care services. Significant associations were also seen between theparticipants' age, sexual orientation, gender identity with how the health care providers behave with the client from sexual and gender minority group. The study conducted by Williams Institute/BDS across 32 districts of the country also presents that over 60 percent of the participants reported experiencing at least one incident related to verbal harassment, physical abuse and denial of service in health care settings [3]. Similar kind of finding was also seen in the report of the National Transgender Discrimination Survey of transgender individuals. It was found that 19% of the sample reported being refused medical care due to their transgender or gender non-conforming status. Survey participants also reported that when they were sick or injured, many postponed medical care due to discrimination (28%) or inability to afford it (48%) which clearly indicates discrimination in health care and poor health outcomes [14]. Systematic review conducted using PubMed, Cochrane, SciELO, and LILACS, considering the period from 2004 to 2014 reveals that the homosexual

population have difficulties of access to health services as a result of heteronormative attitudes imposed by health professionals [15].

Apart from the physical and behavioral barriers, psychological barriers also play vital role in access to health care among LGBT population. The psychological barriers were found to be high in 52.9% study participants out of 87. Study participantsexperienced ahigh level of psychological barrier. The study findings reveal that 10 out of 87 of the study participants confessed that they did not go for regular health checkups due to the fear of being misbehaved by the health care personnel. About 60%of the participants stated 'experience of fear of being misbehaved by health care staff' as the main reason for postponing their health care treatment. Similarly, 42.5% agreed that they had fear of being discriminated on the basis of their sexual orientation and gender identity. As a result, LGB persons' previous negative experiences with the health care system or perceptions of discrimination in the system may cause them to delay seeking health care [16].

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