Understanding Indian Medical Students' Perceptions of LGBTQ+ Healthcare: Bridging Gaps in Culture, Education, and Training

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Background

Studies have shown that sexual minority populations in India are particularly vulnerable to poorer aftercare experiences due to cultural norms and stigmas related to perceptions of LGBT+ individuals in healthcare settings as well as lack of training in LGBT+ care 1,2,9. One main factor that affects this is access and gender-affirming care from individual healthcare providers. Unfortunately, medical schools' curriculum does not include knowledge specific to the unique needs of LGBT+ populations living in across Indian contexts 1,6,7.This is concerning given lesbian, gay, bisexual, transgender, Queer, and plus (LGBTQ+) patients' ability to receive equitable healthcare depends upon medical professionals' knowledge towards these patients 3,6. Research shows that while medical students have expressed a desire to combat their lack of knowledge about LGBTQ+ healthcare, there is still a lot of resistance to new training likely due to social and cultural barriers and stigma 14.

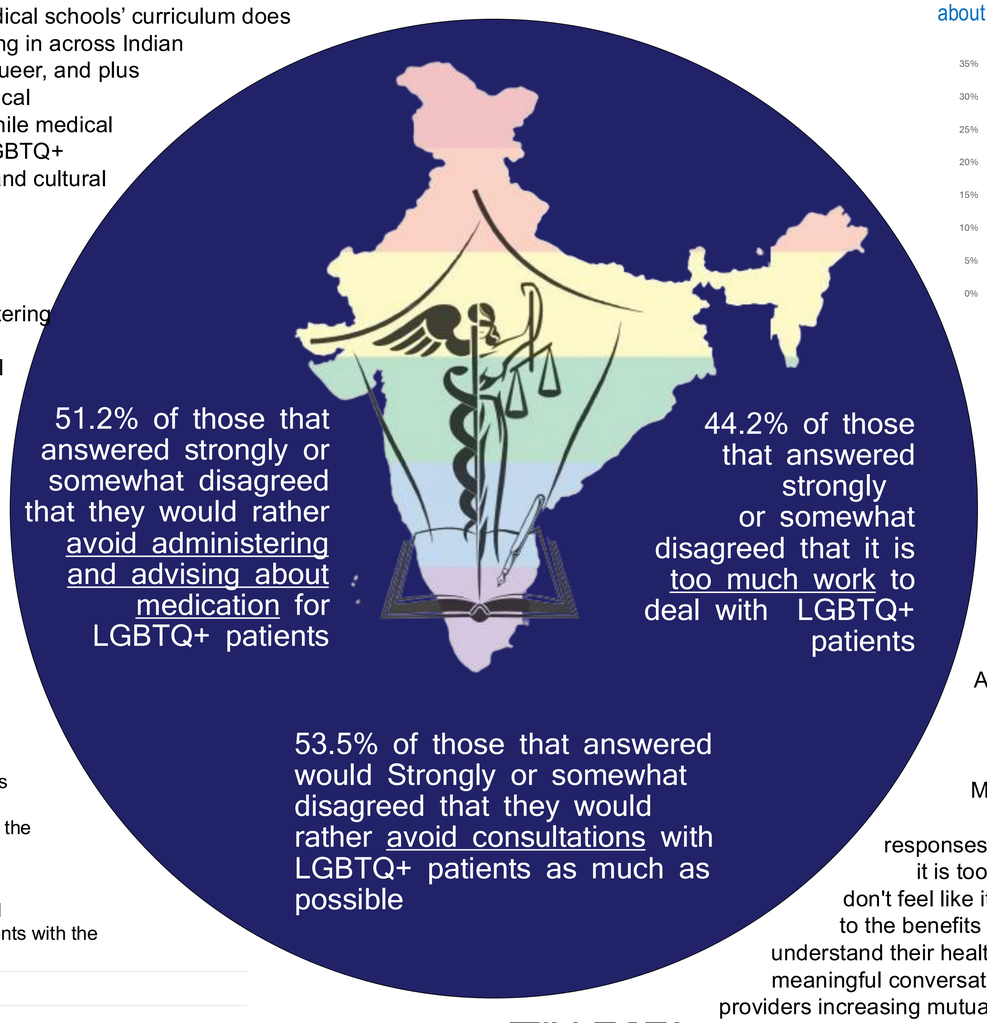
Purpose.This study examines Indian medical students perceptions about about their ability and comfort level in addressing LGBTQ+ patients needs. We specifically focused on the students response to questions about administering medications for LGBT+ populations and providing consultations to them, as well as their perceived notions of the work level needed. In identifying medical students' perceptions of these issues, we hope to help in the formatio9n of targeted interventions that increase the ability of current and future medical professionals in providing equitable and effectual care for all LGBT+ patients in numerous parts of India.

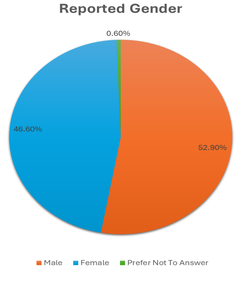
Methods

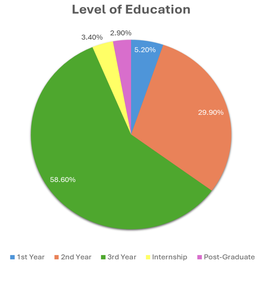
Institutional Review Board approval was secured through both Florida International University (FIU) and Public Health Research Institute of India (PHRII).

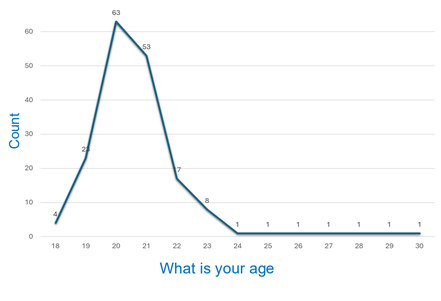
Procedures. In 2023, A total of 212 medical students were recruited for this quantitative study, but only 174 qualified to participate. Of these, 92 were male (52.9%) and 81 were female (46.6%), with 1 participant not providing their gender (0.6%). The age of the sample ranged from 18 to 30 (*M* = 20.69, *SD* = 1.59). This included 5.2% 1st year students (*N* =9), 29.9% 2nd year students (*N* = 52), 58.6% 3rd year students (*N* = 102), 3.4% Interns (*N* = 6), and 2.9% Post-Graduates (*N* = 5) in Mysore, India. Faculty in approved courses distributed an online Qualtrics survey link to the pilot test which included demographics and a consent form. After consent was obtained, participants read instructions and completed the questionnaire through measures which focused on how perceptions of knowledge and training preparation influences stigma when serving LGBTQ+ populations in the medical field. Upon completion of the survey, participants were debriefed and received compensation.

Analysis. Descriptive statistics such as frequencies were used to analyze demographic and questionnaire data. Specifically, this was used to assess the degree of participants agreements with the three key research questions.









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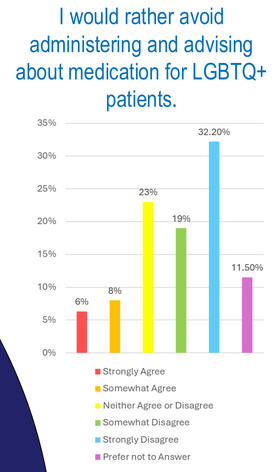
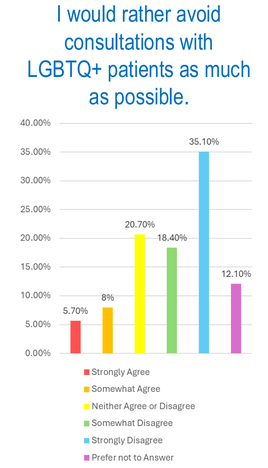
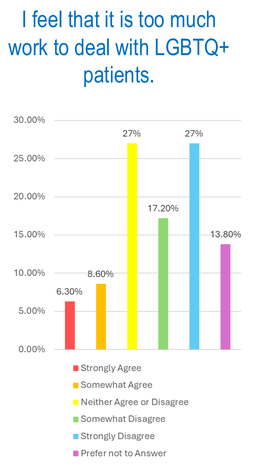
References

Results







Discussion

Overall, participants' responses show differences in their willingness to treat LGBTQ+ patients and the training on LGBTQ+ healthcare provided. If you include participants who were neutral on their responses, 74.2% of the participants strongly or somewhat disagreed with the statement of preferring to avoid advisement for LGBTQ+ patients. Some research suggests this is due to the lack of education and training about LGBTQ+ healthcare as well as stigma surrounding those in the LGBT+ community 14. Additionally, research shows a lack of training leads to physicians feeling that management of patients with diverse identities is complicated due to a lack of knowledge, and ethical treatment considerations 11,13.

Most of the participants did not feel like it was too much work to deal with LGBTQ+ patients .Including participants who were in between on their responses, about 70% stated some level of disagreement with the statement that it is too much of a hassle to assist LGBTQ+ patients. While most professionals don't feel like it is too much work, research shows a lack of comfortability. This speaks to the benefits of being able to speak with patients and building a relationship to better understand their health trajectories and potential adherence to treatments 6, 11. Partaking in meaningful conversations have been identified as beneficial for both patients and healthcare providers increasing mutual comfort with each other 6, 11- 13. The next step would be to increase comfortability levels through education.

IMPLICATIONS. These findings challenge assumptions that Indian medial students are widely uncomfortable addressing LGBT+ patients' needs. Although there is a need to increase their ability to conduct physical exams, their confidence around gathering sexual and social histories may indicate greater comfort and willingness to support these patients holistically. Training that not only provides skills, but cultural humility and awareness specific to these populations unique needs would be critical for ensuring health providers are able to effectively and empathically care for LGBTQ patients. Future research should focus on nuanced attitudes and cultural factors that would motivate medical students' willingness to gain skills in these areas