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iHEAR
Initiative For Health Equity, Advocacy and Research

Colours In Your Care

A Guide for Medical Educators to be LGBTQIA+ affirmative

In collaboration with

THE UNIVERSITY OF CHICAGO

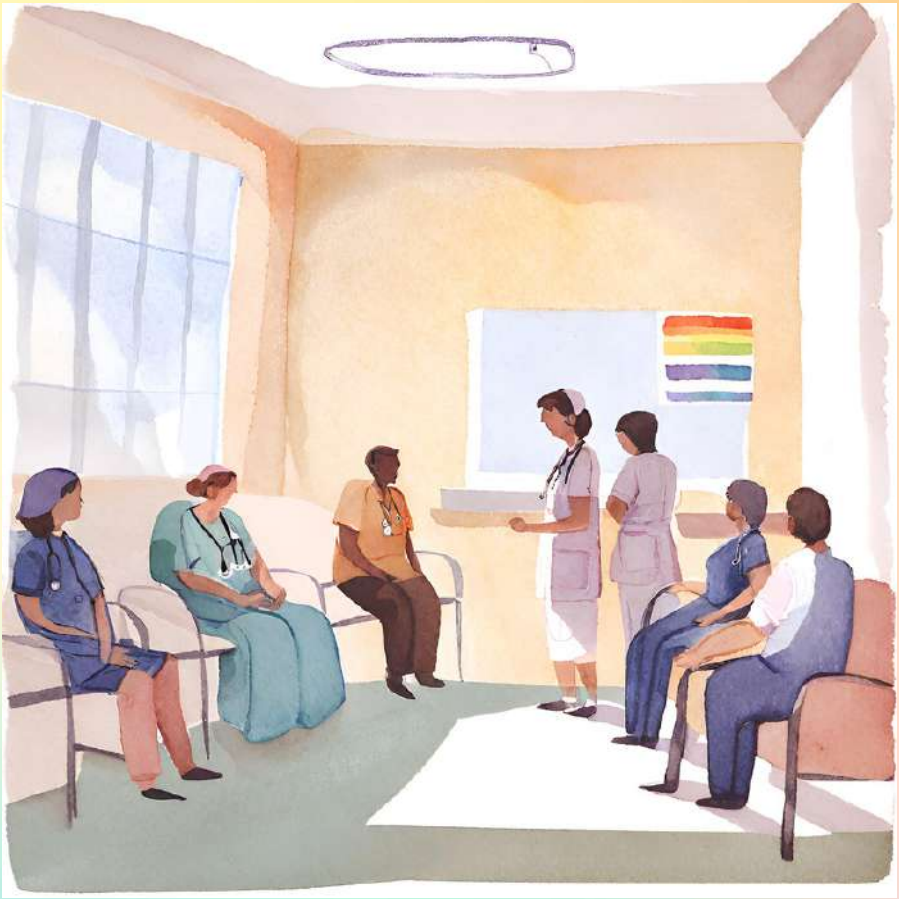
KASTURBA MEDICAL COLLEGE
MANIPAL

UNIVERSITY COLLEGE OF MEDICAL SCIENCES, NEW DELHI

iHEAR

Initiative For Health Equity, Advocacy and Research

DOCTORS FOR EQUITY



A Note to the Readers

Dear Readers,

Learning and teaching about LGBTQIA+ communities is not just an ethical imperative; it is an investment in the well-being of your patients, the advancement of healthcare, and the promotion of a society where everyone, regardless of their sexual orientation or gender identity, can access quality and affirming healthcare.

It's okay not to know everything. What's crucial is your willingness to learn and your commitment to providing the best care possible to all individuals, regardless of who they are. Remember that it's always better to ask than to assume. Each person's experience is unique, and assumptions can lead to misunderstandings. Language matters. Using the right terminology is not just about being politically correct; it's about acknowledging and affirming individuals' identities. In this booklet, you will find guidance on using respectful and inclusive language, ensuring that your communication fosters a sense of safety and trust. A simple shift in language can make a significant difference in how individuals experience healthcare.

Stay informed and be an ally. Stay updated on current research, best practices, and emerging trends. Be an ally not only in your professional capacity but in your personal life as well. Foster a culture of acceptance and understanding within and beyond the healthcare setting.

Thank you for embarking on this transformative journey with the Doctors for Equity project. Together, we can build a more inclusive and compassionate healthcare system for all.

With gratitude,
The iHEAR Team

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"I was lying on a stretcher and the doctor came in and loudly announced my deadname. He told me I don't look like my deadname and stared at my chest, making me very uncomfortable. I explained my symptoms, but instead of responding to them, he said, 'Why is your chest so flat?'" Gautam said.

"We are also human beings and have suffered a lot in healthcare. I'm saying 'human beings' because we are often considered to be out of the society -they pretend that we are like aliens," Reddy said.

"When queer and trans people go to medical facilities, the bad experiences are endless. You go to any hospital, you will face such bad experiences, that the moment you find a little bit of kindness, you're just like, 'Oh my god, this is the best experience I've ever had,'" Jitender said.

"No matter what mental health diagnosis I got, the core of the whole mental distress was that I was a trans person who was trying to erase themself without knowing who they were," Gupta said.

https://www.undp.org/india/publications/trans-affirmative-medical-education-india

Acknowledgements

This booklet, firstly, builds from the lived experiences of some of our team members. Secondly, it builds from earlier and ongoing research and advocacy efforts of the team. Thirdly, it builds from earlier work by the team in developing trans-affirmative competencies.

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In the development of the competencies, we would like to specifically thank all the participants who gave their time and effort in sharing their experiences and perspectives, especially those from the LGBTQIA+ community. We know that sharing your difficult and traumatic experiences is difficult. We would like to thank community members, medical educators, health professionals and collaborators for all their contributions.

In the development of this booklet there were efforts from the team members who are mentioned in alphabetical order here: Aiswarya S, Anant Bhan, Aqsa Shaikh, Ardra Rasmin, Gaurav Prateek, Harikeerthan Raghuram, Kirtana R Nayak, Khan Amir Maroof, Muskan Pradhan, Satendra Singh.
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We welcome feedback on this booklet. You may write to ihear@sangath.in

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Why should I learn and teach about the LGBTQIA+ communities?

Welcome to the journey of fostering LGBTQIA+ sensitivity in medical education. As medical educators, you play a pivotal role in shaping the future of healthcare. By understanding and teaching about the LGBTQIA+ communities, you contribute to the creation of a more inclusive and equitable healthcare environment.
Here's why it matters:

1. Healthcare for All:

LGBTQIA+ individuals deserve healthcare that is sensitive to their unique needs. By learning about their experiences, you ensure that every patient receives quality, respectful care, regardless of their sexual orientation, gender identity, or expression.

2. Reducing Health Disparities:

Members of the LGBTQIA+ communities often face health disparities, including higher rates of mental health issues and medical conditions. By educating yourself and others, you become an advocate for reducing these disparities and promoting health equity.

3. Cultivating Empathy and Understanding:

Knowledge is the foundation of empathy. Learning about the LGBTQIA+ communities fosters understanding, dismantling stereotypes, and building empathy among healthcare providers. This, in turn, leads to more compassionate and patient-centered care.

4. Legal and Ethical Responsibilities:

As a medical professional, you have a legal and ethical responsibility to provide non-discriminatory care. The Transgender Persons (Protection of Rights) Act in India explicitly prohibits discrimination and emphasizes gender identity acknowledgment. Additionally, the National Medical Commission (NMC) in October 2021 mandated that medical teaching is inclusive of the LGTBQIA+ community.

5. Creating Safe Spaces:

Your role as a medical educator extends beyond the classroom. By integrating LGBTQIA+ affirmative competencies into your teachings, you contribute to the creation of safe and welcoming healthcare spaces. This positively impacts both your students and the diverse range of patients they will encounter.

6. Preparing for the Future:

The landscape of healthcare is evolving. Being knowledgeable about LGBTQIA+ health ensures that you are prepared to meet the needs of an increasingly diverse patient population. It positions you as a progressive healthcare professional and a life-long learner.

7. Professional Development:

Continuous learning is an integral part of professional development. By embracing LGBTQIA+ inclusivity, you enhance your skills, enrich your understanding of human diversity, and stay at the forefront of progressive medical education.

Understanding terminologies

Understanding the words used by LGBTQIA+ individuals is important for providing excellent healthcare. This booklet contains glossary of terms related to healthcare and LGBTQIA+ identities. Please remember that definitions may vary among individuals and communities; thus, it's important to prioritize the terms your patients use to express their identities. The terms listed in the booklet is comprehensive but not complete, as language can evolve.

LGBTQIA+ stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and the plus is used to include individuals not covered by the letters in this acronym. It is an umbrella term used to refer to the community as a whole.

SOGIESC is another umbrella term that stands for Sexual Orientation, Gender Identity and Expression, and Sex Characteristics.

QUEER is a multi-faceted word often used to describe individuals who are considered outside cultural norms of gender and/or sexuality. Many, not all within the community have reclaimed the word 'queer' which was once considered as a derogatory term.

LGBTQIA+ people are also referred to as people of diverse SOGIESC or queer people.

An **ALLY** is someone who is heterosexual and/or cisgender, and stands up for, supports and encourages the people around them for the rights of LGBTQIA+ community.

Introduction to Sex, Gender, & Sexual Orientation

Understanding the concepts of sex, gender, and sexual orientation is fundamental to providing affirming and inclusive healthcare. While these terms may seem straightforward, a closer examination reveals their complexity and the need for nuanced comprehension. Here are some basics before we delve more in depth..

Sex: Sex typically refers to the biological attributes that distinguish male and female bodies. Traditionally, sex has been understood as a binary concept—male and female. However, it's essential to recognize that sex exists on a spectrum, and not all individuals neatly fit into the categories of male or female. Some people may be intersex, meaning their biological characteristics do not fit typical definitions of male or female.

Gender: Gender is a complex interplay of biological, social, cultural, and personal factors that shape one's identity. Unlike sex, gender is a deeply ingrained sense of being male, female, a combination of both, or neither. Gender identity may or may not align with the sex assigned at birth.

Sexual Orientation: Sexual orientation refers to an individual's sexual attraction to people of the same and/or opposite sex. It's important to approach discussions of sexual orientation with sensitivity and openness, acknowledging that it is a spectrum and can be fluid for some individuals.

In the following sections of this booklet, we will explore these concepts in greater detail, offering guidance on creating an inclusive healthcare environment for individuals of all sexes, genders, and sexual orientations.

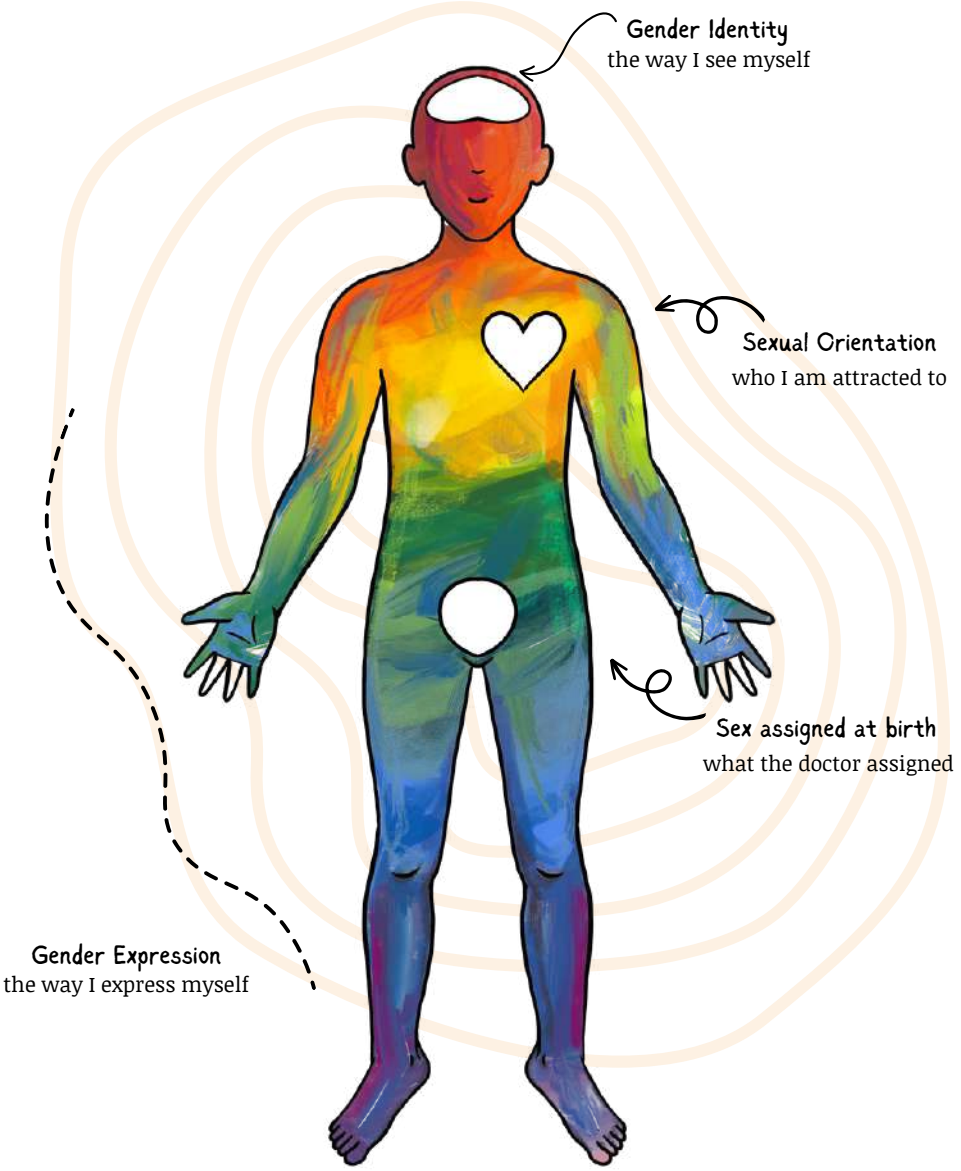


image : designed by Kokila B

PART A : SEX

An intern comes to you flustered. She says a team in labour room is unable to decide the sex of the baby who was just born. The parents of the baby feel that the baby is a boy. They ask you to get a minor surgery done so that there is no "confusion". What will you do?

UNDERSTANDING SEX

Sex Assigned at Birth

refers to a label given to an individual at birth based on their anatomy.

Sex

doesn't just encompass reproductive functions but also phenotypical, hormonal, and other biological characteristics. It is often characterized as male, female, and intersex. So, sex is a spectrum in itself.

Intersex

is an umbrella term that refers to a group of people who have anatomy (including gentials, gonads and chromosomal patterns) that falls outside the typical binary notions of male or female bodies. According to experts, between 0.05% and 1.7% of the population is born with intersex traits.

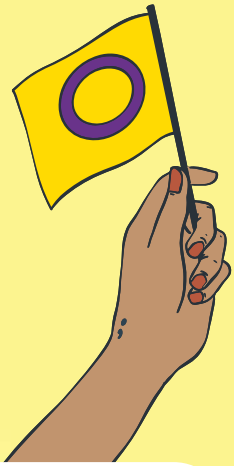
Normalisation Surgeries

These violative and unethical surgeries are performed to align the genitalia of an intersex infant with societal norms of male or female, without the informed consent of the individuals involved. It is crucial to recognize that intersex variations are natural and not abnormalities; thus, medical and surgical interventions are not inherently medically necessary. Rather, they reflect a historical tendency to enforce a binary understanding of sex.

Many intersex adults who underwent such surgeries as children express feeling forced into sex and gender categories that do not align with their identities, further exacerbating the emotional toll. However, it's essential to acknowledge that gender-affirming surgeries (see Section VI), when pursued with the explicit consent of the individual, can play a significant role in helping them navigate the complexities of their gender and sexual identities. Respecting the autonomy of individuals and challenging harmful norms is essential to fostering a more inclusive and ethical approach to intersex healthcare.

Recognizing the irreversible nature of such surgeries and their profound impact on physical integrity and autonomy, there is a growing consensus that medically unnecessary and unsolicited interventions should be unequivocally prohibited.

Legal Developments in Intersex Rights



2015

In a groundbreaking move, Malta became the first country to officially ban normalisation surgeries on intersex infants. This landmark decision recognized the rights of intersex individuals and challenged the longstanding practice of imposing binary gender norms through surgical interventions.

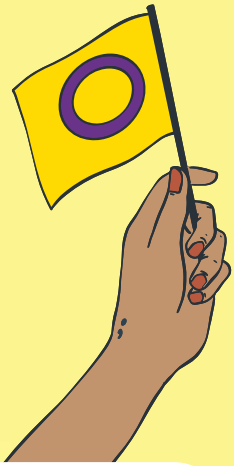
2019

The Madras High Court of India delivered a progressive judgment, explicitly banning normalisation surgeries on intersex children. This landmark decision emphasized the rights of intersex individuals to dignity, bodily autonomy, and protection from unnecessary medical procedures.

2019

Tamil Nadu became the first state in India to outlaw normalisation surgeries on intersex children.

Legal Developments in Intersex Rights



2019

India introduced the Transgender Persons (Protection of Rights) Act, a comprehensive legislation that included provisions protecting the rights of transgender and intersex individuals. Notably, this marks the first central legislation specifically addressing the rights of intersex persons in the country.

2021

The Delhi Commission for Protection of Child Rights (DCPCR) issued a directive, reinforcing the need to protect intersex children from normalisation surgeries.

These legal milestones mark significant progress in recognizing and safeguarding the rights of intersex individuals. They underscore the global shift towards a more inclusive and respectful approach to intersex healthcare, promoting dignity, autonomy, and equality for all.

Language

Understanding and respecting the language related to intersex health is crucial for providing affirming and compassionate care. The medical field currently employs terms such as "differences of sex development (DSD)" and "intersex."Outdated terms that are considered stigmatizing and hurtful and should be avoided unless explicitly requested by an intersex person. Clinicians must refrain from using terms that label a person's anatomy as defective or abnormal.

Language preferences within the intersex community vary. Clinicians are advised to follow the lead of their patients, mirroring the terminology they use or asking about their preferences at the beginning of the clinical relationship. This approach ensures that communication is respectful, affirming, and aligned with the individual's identity and experience.

TERMS TO BE AVOIDED	TERMS TO BE USED
Disorders of sex development	Differences in sex development
Hermaphrodite	Persons with Intersex variations
Ambiguous Genitalia	Diverse Genitalia

COMPETENCIES

Types of competencies

Roles of IMG	Humanistic competency	Suggested tools
Clinician	Narrative competency	Stories, Narrative medicine (illness narratives, life writings) Medical history, Poetry, Literature, Theology, Philosophy
Professional	Critical reflexivity	Bioethics, Theatre of the Oppressed, Reflections, Critical thinking, Professional identity formation
Communicator	Visual literacy	Visual arts, Reading Films, Graphic medicine (Comics), Image theatre, Performance (Street theatre), Creative writing
Leader	Advocacy	Mentoring, Postmodernism, Social Justice studies (disability studies, feminism, gender studies, age studies, dalit rights)
Lifelong learner	Structural humility	Forum theatre, Patients as educators, Identity, Wellness, Music, Dance, Digital humanities

Adapted from:
Singh S, Dhaliwal U, Singh N. Developing Humanistic Competencies Within the Competency-Based Curriculum. *Indian Pediatr*. 2020;57(11):1060-1066

COMPETENCIES

Sex

Role	**COMPETENCY**: The student should be able to:
Clinician	Describe and differentiate between the evolving concepts of the SOGIESC framework
Clinician	Evaluate infants for possible intersex characteristics
Clinician	(PS 13.8) Demonstrate the ability to assess gender incongruence in an individual with intersex variations due to their gender identity.
Leader	Describe the strategies to create a healthcare facility that provides a safe space and inclusive environment for LGBTQIA+ communities
Professional	Discuss the autonomy of intersex children, adolescents and adults in deciding on medical/ surgical interventions and refrain from advocating harmful or unnecessary surgeries for intesex children to their family members

PS - Psychiatric Medicine (National Medical Commission Competencies)

PART B : GENDER

A 12 year old boy is brought to your OPD. Parents complain that they have seen him twice wearing his sister's clothes and playing with her make up. They are "worried". What will you do?

UNDERSTANDING GENDER

Gender refers to attitudes, feelings, and behaviours of individuals that are dependent on the culture and surroundings of that individual which is socially constructed and it can have very real implications for people's identities, relationships, mental health, and safety/ lived experiences. It is typically described in terms of being a woman or being a man.

Gender can be understood in terms of gender identity and gender expression.

Do you think gender expression must always match ones gender identity?

How often does your gender expression align with your gender identity?

Gender

Gender Identity

It refers to how a person perceives themselves and what they call themselves. It is one's internal sense of being any gender like a woman/female, man/male both, neither, agender or any other.

Gender Expression

It is how an individual shows their gender outwardly through different markers like pronouns, clothes, behaviour, etc. It is not necessary that an individual's gender identity should be the same as their expression.

Cisgender

A person whose gender identity is in line with the sex assigned at birth.

Transgender

Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. There exist a diversity of ethno-cultural trans communities. In the Indian context, some of these are Hijra, Kinnar, Kothi, Jogappa, Thirunangai.

Gender Non-Binary

For some people, their identity belongs outside of the conventional gender binary of male and female and they may identify as both male and female, or neither, or their gender identity may change over time. Some use the terms genderqueer or gender fluid or agender or some other term to identify themselves.

Gender Stereotypes

It is a generalized view or preconception about attributes or characteristics, or the roles that are or ought to be possessed by individuals based on their gender. For example, an individual who is assigned male at birth can choose to wear skirts or makeup which have been conventionally considered feminine.

Gender Dysphoria

It is a term used to express the discomfort or distress that some transgender individuals may feel due to the incongruence between their gender identity and the gender assigned at birth. It can also result from societal misperceptions of their gender. It is crucial to note that not all transgender individuals experience dysphoria. Unfortunately, the misconception that dysphoria is a universal aspect of being transgender persists, contributing to a form of gatekeeping in healthcare. It is essential for healthcare professionals to recognize and respect the diverse experiences within the transgender community, acknowledging that gender identity is valid irrespective of the presence or absence of dysphoria.

Gender Incongruence

on the other hand, is a term used in the International Classification of Diseases (ICD-11) by the World Health Organization (WHO). It refers to a condition characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex at birth.

Legal Developments in Transgender Rights

NALSA Judgment

The NALSA judgment, a historic decision by the Supreme Court of India in 2014, recognized the rights of transgender persons. The judgment affirmed the right of transgender individuals to self-identify their gender and recognized them as the 'third gender.' It emphasized the need to eliminate discrimination and provide affirmative action in education and employment.

Mental Healthcare Act, 2017

The Mental Healthcare Act focuses on the rights of individuals with mental illnesses. It prohibits discrimination based on gender identity and sexual orientation in mental healthcare services. The Act recognizes the right to access mental healthcare without discrimination on the basis of gender identity.

Legal Developments in Transgender Rights

The Transgender Persons (Protection of Rights) Act, 2019

This Act is a landmark legislation in India that recognizes and protects the rights of transgender persons. It prohibits discrimination against transgender individuals in areas such as education, employment, healthcare, and the provision of goods and services. The Act recognizes the right of transgender persons to self-perceived gender identity, and it mandates the establishment of welfare measures, including separate identity certificates, for transgender persons.

Medical Termination of Pregnancy Act

On September 29 2022, the Supreme Court of India in a landmark judgment related to the Medical Termination of Pregnancy Act 1971 noted that the use of the term “woman” in the judgment includes “persons other than cis-gender women who may require access to safe medical termination of their pregnancies”.

Gender-affirming Language

Gender-affirming language fosters inclusivity by validating diverse gender identities. Simple changes, like using "friends" instead of gendered labels, create a welcoming atmosphere. Respecting individuals' autonomy in defining their gender and using correct pronouns—be it he, she, or they—communicates understanding and support. For healthcare professionals, integrating gender-affirming language is vital for culturally competent and patient-centered care, building trust and ensuring individuals feel respected on their unique journeys of self-discovery.

TERMS TO BE AVOIDED	TERMS TO BE USED
Biological female/male	Assigned female/male at birth
Female-to-male (FTM) and Male-to-female (MTF)	Transgender man and transgender woman
Preferred name	Chosen name or Name used
Preferred pronouns	Pronouns
Transgendered	Transgender Person

COMPETENCIES

Gender

Role	**COMPETENCY**: The student should be able to:
Clinician	Describe and differentiate between the evolving concepts of the SOGIESC framework
Life long learner	Discuss the evolving legislative guidelines, policies, provisions and schemes related to LGBTQIA+ communities both at state and national levels
Communicator	Describe the appropriate and gender affirming verbal and non-verbal communication techniques while communicating with a person from the LGBTQIA+ community

PART C : SEXUAL ORIENTATION

UNDERSTANDING SEXUAL ORIENTATION

Sexual orientation refers to one's sexual and/or emotional attraction towards others.

Common words to describe sexual orientation are:

Heterosexual

To describe someone who is sexually attracted to people other than their own gender. Conventionally used to describe women who are attracted to men, and men who are attracted to women. The colloquial term is 'straight.'

Homosexual

- Gay – To describe a person who is sexually attracted to people of their own gender. It is more commonly used to describe men who are attracted to men.
- Lesbian – To describe a woman who is sexually attracted to women.

Bisexual
To describe a person who is sexually attracted to people of their own gender and people of other genders.

Pansexual
To describe a person who is sexually attracted to others, regardless of their gender identity or assigned sex.

Asexual
An umbrella term to describe someone experiencing little or no sexual attraction towards others. Asexual individuals might experience attraction or relationships in their own unique ways.

Coming out
To describe the process by which someone reveals their sexual orientation or gender identity, often to family, friends, or others in their social circle. It is a personal and often significant moment in an individual's life.

Outing
The involuntary or unwanted disclosure of another person's sexual orientation or gender identity.

Conversion Therapy

Conversion therapy refers to any emotional or physical interventions aimed at changing an individual's sexual orientation or gender identity. This harmful and violent practice has been widely discredited and condemned by major medical and mental health organizations.

Types of Conversion Therapy:

- **Psychotherapy**:
  - Involves various psychological techniques, including aversion therapies, aimed at altering an individual's sexual orientation or gender identity.
  - Aversion therapies may include exposing individuals to negative stimuli while simultaneously subjecting them to discomfort or pain.

- **Medical Interventions:**
  - Some misguided practitioners may attempt to use hormonal treatments to alter sexual orientation or suppress gender identity.
  - These interventions lack scientific basis and can cause significant harm to an individual's physical and mental well-being.

- **Faith-Based Practices**:
  - Faith-based conversion therapies may involve extreme and harmful practices, such as beatings, shackling, food deprivation, and even exorcism.
  - These practices are not only ethically questionable but also pose severe risks to the individuals subjected to them.

Research and testimonies from individuals who have undergone conversion therapy consistently highlight the severe and lasting harm caused by these practices:

- **Psychological Impact:**
  - Studies, such as those by Shidlo and Schroeder (2002), report significant long-term harm, including depression, anxiety, and internalized homophobia.
  - Individuals may experience self-blame for not achieving the desired change in sexual orientation or gender identity.

- **Suicidal Attempts**:
  - Research by Turban et al. (2019) found that 30% of individuals who underwent conversion therapy reported suicidal attempts.
  - The Trevor Project (2021) reports that individuals subjected to conversion therapy are approximately two times more likely to attempt suicide compared to those who have not undergone such practices.

Numerous professional organizations, including the American Psychiatric Association, American Psychological Association, and World Health Organization, condemn conversion therapy. Many countries and states have taken steps to ban or restrict the practice, recognizing its potential for harm and violation of human rights.

Legal Developments

Repealing Section 377, 2018

The repeal of Section 377 of the Indian Penal Code in 2018 was a landmark moment for LGBTQIA+ rights in India. This legal change decriminalized consensual same-sex relationships, acknowledging the right to love and live without fear of legal persecution. The groundbreaking judgment in Navtej Singh Johar vs Union of India played a pivotal role in this legal transformation.

Position Statement Regarding LGBTQ by the Indian Psychiatric Society, 2020

The Indian Psychiatric Society, in its 2020 position statement, disapproved of all forms of therapy attempting to change sexual orientation. The society emphasized that such orientations are not diseases and urged that these practices must cease.

Madras High Court's Ban on Conversion Therapy, 2021

In a significant move, the Madras High Court banned conversion therapy on June 7, 2021. The court emphasized the importance of sensitization programs for health professionals, urging organizations like the National Medical Commission, Indian Psychiatric Society, and Rehabilitation Council of India to conduct awareness programs.The guidelines explicitly prohibited any attempts to change the sexual orientation of LGBTQIA+ individuals and directed actions against professionals engaging in conversion therapy, including withdrawal of their license to practice.

Madras High Court Guidelines for LGBTQIA+ Protection, 2021

Alongside the ban on conversion therapy, the Madras High Court laid down guidelines on June 7, 2021, to protect the rights of the LGBTQIA+ community. The guidelines recommended sensitization programs for health professionals, effective changes in educational curricula to promote understanding of the LGBTQIA+ community, and infrastructural policies to foster inclusivity.

Kerala High Court Directives on Conversion Therapy, 2021

On December 10, 2021, the Kerala High Court directed the state government to formulate guidelines for preventing conversion therapy. This decision came after considering a plea and a study report from the Indian Psychiatric Society, emphasizing the need for government policies to prevent the misuse of conversion therapy against LGBTQIA+ individuals.

NMC's Notification on Conversion Therapy, 2022

On August 25, 2022, the National Medical Commission (NMC) declared conversion therapy as professional misconduct under the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.This move by the NMC further reinforces the stance against conversion therapy within the medical profession.

COMPETENCIES

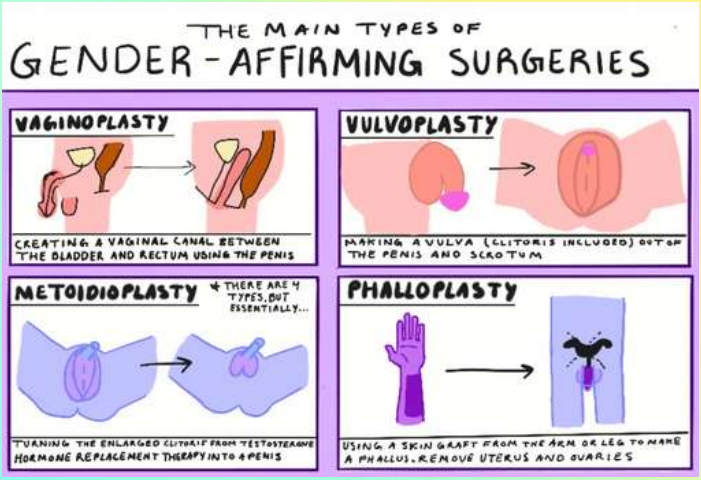
Sexual Orientation

Role	**COMPETENCY**: The student should be able to:
Clinician	Describe and differentiate between the evolving concepts of the SOGIESC framework
Leader	Demonstrate an understanding of the adverse effects of conversion therapy (sexual orientation and gender identity change efforts) by describing and discussing evidence-based guidelines and related rules and verdicts.
Life long learner	(FM 3.16) Describe history of decriminalisation of 'adultery' and consensual adult homosexual sexual behaviour.
Communicator	(PS 13.3) Describe and understand how to discuss sexual orientation, sexuality identity, gender identity, as well as intersex identity (differences in sex development) as part of routine history taking.

FM - Forensic Medicine (National Medical Commission Competencies)
PS - Psychiatric Medicine (National Medical Commission Competencies)

PART D : GENDER AFFIRMATION SERVICES

Gender affirmation services encompass a range of medical, psychological, and social support to help individuals align their gender identity with their outward expression and overall well-being. These services can include hormone therapy, gender-affirming surgeries, mental health support, and other forms of gender-affirming care.



Healthcare providers play a pivotal role in ensuring access to gender affirmation services without acting as gatekeepers. It is essential to adopt an approach that prioritizes open communication and shared decision-making. Providers should refrain from pushing for gender-affirming therapies and instead engage in discussions with patients about their goals, preferences, and options for gender-affirming care. This collaborative approach involves respecting the autonomy of transgender and gender-diverse individuals in making decisions about their healthcare journey.

Transitioning

refers to the process that a transgender person undergoes to affirm their gender identity. This process can encompass various aspects, including social, legal, and medical changes, depending on the individual's preferences and needs.

1. **Social Transition**:
    a. Name and Pronouns: Many individuals start by adopting a name and pronouns that align with their gender identity.
    b. Gender Expression: This involves changes in clothing, hairstyle, and other aspects of appearance to match one's affirmed gender.
2. **Legal Transition**:
    a. Official Documents: Some people update their identification documents (such as driver's license or passport) to reflect their affirmed gender.
    b. Name Change: Legal processes may be followed to change one's name officially.
3. **Gender Affirmation Therapies**:
    a. Hormone Therapy: This involves taking hormones (testosterone for transmasculine individuals and estrogen for transfeminine individuals) to induce physical changes like voice deepening or breast development.
    b. Gender-affirming surgeries: Some individuals opt for surgeries like masculinizing chest surgery or feminizing breast surgery, vaginoplasty, or phalloplasty to align their bodies with their gender identity.
4. **Other Procedures**: Laser hair removal, voice training, and other procedures may be part of medical transitioning.

It's important to note that not all transgender individuals choose the same path or undergo every aspect of transitioning. The decision to transition and the specific steps taken are deeply personal and vary from person to person. Additionally, some individuals may choose not to undergo medical transitioning and focus on social or legal aspects.

Gender-affirming surgery (GAS) – Surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal.

Gender-affirming chest surgery – Surgeries to remove and/or construct a person's chest to be more aligned with that person's gender identity. Also referred to as top surgery. Types of chest surgeries include:

- Feminizing breast surgery: breast augmentation, chest construction, or breast mammoplasty
- Masculinizing chest surgery: mastectomy (removal of breast tissue) and chest contouring

Gender-affirming genital surgeries – Surgeries that help align a person's genitals and/or internal reproductive organs with that person's gender identity, including:

- Clitoroplasty (creation of a clitoris)
- Hysterectomy (removal of the uterus; may also include removal of the cervix, ovaries, and fallopian tubes)
- Labiaplasty (creation of inner and outer labia)
- Metoidioplasty (creation of a masculine phallus using testosterone-enlarged clitoral tissue)
- Oophorectomy (removal of ovaries)
- Orchiectomy (removal of testicles)
- Penectomy (removal of the penis)
- Phalloplasty (creation of a masculine phallus)
- Scrotoplasty (creation of a scrotum and often paired with testicular implants)
- Urethral lengthening (to allow voiding while standing)
- Vaginectomy (removal of the vagina)
- Vaginoplasty (creation of a neo-vagina)
- Vulvoplasty (creation of a vulva)

COMPETENCIES

Gender affirming services

Role	**COMPETENCY**: The student should be able to:
Clinician	Discuss the standard of care for the health of transgender and gender diverse persons
Clinician	Discuss the physical, mental and social health outcomes of gender reaffirming services
Clinician	Discuss the importance of mental health services throughout the life course of persons from LGBTQIA+ communities, especially around coming out and around gender affirming services
Clinician	Assess the gender affirmation needs of a transgender, non-binary person and intersex individuals and be able to refer them for appropriate specialist gender affirming services when needed.

COMPETENCIES

Gender affirming services

Role	**COMPETENCY**: The student should be able to:
Clinician	Describe the guidelines for gender affirming surgery including relevant provisions in the Transgender Persons (Protection of Rights) Act, 2019
Clinician	Discuss situations where there is a role for mental health support in Gender Dysphoria i.e., discussing with family, deciding on hormonal treatments or Sex Reassignment Surgery (Gender Affirming Care or Gender Affirmative Therapies or Gender Confirmation Surgery).
Communicator	Counsel persons from LGBTQIA+ communities who intend to undergo Gender Affirming Healthcare Services
Leader	Describe the importance of interprofessional teamwork to provide inclusive and affirmative care for persons of LGBTQIA+ communities

PART E : QUEER HEALTH STRUGGLES

Raj and AKash, a gay couple in their mid-30s, seeK a consultation expressing that they engaged in unprotected sex for the first time. Neither has a history of sexual health assessments, and they are concerned about potential risKs. What will you do?

UNDERSTANDING QUEER HEALTH STRUGGLES

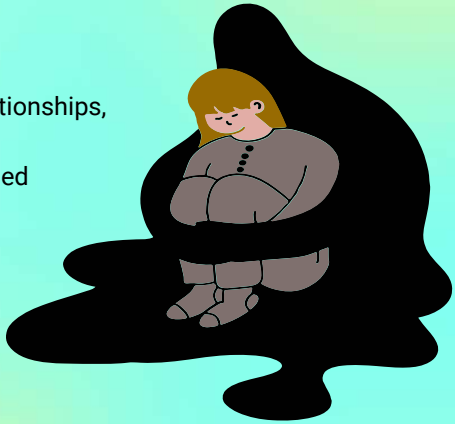
Intersectionality of Identity

Intersectionality, introduced by Kimberlé Williams Crenshaw in 1989, acknowledges that individuals have multiple dimensions of identity—such as gender, caste, class, race, and sexual identity—that interact and influence each other. This analytical framework helps us understand how these diverse identities lead to unique combinations of discrimination and privilege. In healthcare, research reveals the prevalence of racism, discrimination, and unconscious bias, resulting in unequal treatment for various populations. For members of the LGBTQIA+ community, concerns about discrimination based on stigmas and bias hinder access to medical care. Intersectionality in healthcare is not merely theoretical; it is a practical application empowering caregivers to consider all factors influencing a patient's health.

Consider a scenario where Priya, a transgender woman belonging to a marginalized caste and low-income background, seeks mental health support in an Indian healthcare setting. Priya faces discrimination not only due to her gender identity but also encounters bias associated with her caste background. As a result of intersectionality, Priya's experiences are shaped by the confluence of gender and caste dynamics. Healthcare providers, by understanding these intersecting identities, can offer more empathetic and effective care, addressing the unique challenges posed by both her transgender identity and caste background.

Unconscious bias in healthcare has been demonstrated to perpetuate unequal treatment therefore it is important for health care professionals to consistently check their biases and ensure equal care for individuals with intersecting identities.

Minority Stress



In addition to the daily stresses of job, relationships, and peer dynamics, members of the queer community face severe discrimination based on their identities from family, society, and the legal system. This distinct yet additional strain is referred to as "minority stress," a concept that describes the extra stress that people experience as a result of their minority status.

Model of Minority Stress:

Meyer (2003) developed a model of minority stress that states - people who identify as LGBTQIA+ face regular stresses in addition to new ones, which increases their vulnerability to mental health problems. Concealment stress (i.e., staying closeted or coming out), familial rejection or pressure to fit into heterosexual relationships, societal and internalized homophobia, gender dysphoria, and legal discrimination are common examples of stressors that affect mental health within the queer community.

Why is Minority Stress Important?

Healthcare providers should ensure that the clinic or hospital should not be another source of stress but rather a safe and affirming space for the LGBTQIA+ patients accesing care. Health care providers can play a pivotal role in mitigating mental health stressors by being attentive to the unique challenges faced by queer individuals. A comprehensive approach involves understanding the historical context of discrimination and stigma that queer individuals have endured. Regular screening for mental health concerns related to minority stress can be integrated into healthcare practices, allowing for early identification and intervention. When mental health stressors are identified, healthcare professionals should facilitate access to queer-affirmative Mental Health Professionals who have expertise in addressing the specific needs and experiences of the LGBTQIA+ community. This proactive approach contributes to a healthcare environment that actively supports the mental well-being of queer individuals.

Discrimination, Stigma And Bullying

Many people from the queer community are subjected to a number of discriminatory practices that arise out of the stigma prevalent in a heteronormative society. This varies from online bullying to hate crimes. The constant burden of hiding your identity from the world(including biological families at times) in order to stay safe can be extremely distressing.

Staying in the Closet vs Coming Out

Being in the closet refers to when an individual does not disclose their sexual and gender identity with others. People find this to be safer than coming out but it also keeps the person away from embracing their true selves socially. On the other hand, coming out is an emotionally complex process. The fear of rejection and judgement often induces a lot of stress and anxiety. Another factor to consider is the stress of repeatedly coming out in different contexts leaves an individual in a state of constant unrest.

Gender Dysphoria

Being queer comes with varying degrees of self acceptance ranging from self identity to the physical body. Many studies show that gay men struggle with eating disorders. Transgender people face multiple difficulties because of one's gender identity and assigned sex at birth. The lack of affordable gender affirmative services exacerbates gender dysphoria. It is important to understand that each experience is different.

> I'm a part of a large queer community that includes many, many trans people of all genders. Many, many men, masculine people, trans people, etc. menstruate. We all talk about it all the time. It's not a big deal .... Men bleed, have breasts, give birth, etc. I'd like to live in a world where ideas about what makes a 'man' isn't contingent on essentialist physiological characteristics.
> –(Chrisler, et al., 2016)

Ensuring menstrual health for individuals in the LGBTQIA+ community demands a paradigm shift in the current discourse, which predominantly revolves around cisgender women and adolescent girls. To address this exclusion, a crucial aspect lies in the language used. Embracing inclusivity starts with recognizing and respecting diverse gender identities. The term 'menstruators' has been introduced to encompass women, adolescent girls, transgender men, non-binary, and agender people. However, it's essential to move beyond reducing individuals to bodily functions and body parts. The language extends to period products, challenging the categorization as "women's hygiene products." Advocates propose relabeling them as "period products" to foster inclusivity and reduce gender dysphoria associated with menstruation.

Recent survey studies reveal a significant gap in the training of certified obstetricians and gynaecologists in providing sensitized care for transgender patients. This lack of training contributes to an alarming trend where many trans and non-binary individuals avoid seeking gynaecological care due to genuine fears of encountering misgendering, invalidation, humiliation, and disrespect. Mitigating dysphoria related to menstruation among transmasculine individuals involves creating supportive and normalized spaces within communities and healthcare settings.

Sexual and Reproductive Health

> People in these identity categories might not be seeing medical professionals especially related to sexual health. It's stressful, humiliating, and easier to just not go at all.
> –(Chrisler, et al., 2016)

Studies on health disparities faced by transmasculine and assigned female at birth (AFAB) queer individuals reveal concerning patterns, including infrequent screenings for sexually transmitted infections (STIs), less frequent cervical cancer screenings, a reduced likelihood of receiving appropriate contraceptive counseling, and lower rates of contraceptive use. These disparities are rooted in systemic issues such as inadequate representation in sexual education and reproductive health promotion, misinformation among healthcare providers, and pervasive stigma and discrimination within the healthcare system. The mislabeling of sexual and reproductive health care as exclusively "women's health care" erases the unique experiences of transmasculine individuals, perpetuating a cisnormative perspective.

STIs

LGBTQIA+ individuals face an elevated risk of HIV and sexually transmitted infections (STIs). Rates of HIV, syphilis, and gonorrhea in this demographic exceed those in the general population. Transfeminine individuals also face an increased risk, with 49 times greater odds of HIV infection compared to all adults. The epidemiology of these infections among lesbians, other women who have sex with women (WSW), transmasculine, and non-binary individuals is not as thoroughly researched.

This heightened risk in LGBTQIA+ populations is influenced by a complex interplay of social and biological factors. Stigma and discrimination contribute to unhealthy coping mechanisms, including risky sexual behavior, and can impede access to healthcare, limiting opportunities for screening and prevention. Health care providers play a crucial role in addressing HIV and STIs among LGBTQIA+ individuals by conducting appropriate screenings based on a comprehensive sexual history, offering culturally sensitive safer sex counseling, and providing biomedical prevention strategies such as vaccinations and Pre-Exposure Prophylaxis for HIV (PrEP).

Pre-Exposure Prophylaxis (PrEP)

PrEP is a highly effective HIV prevention strategy, as outlined in the National Technical Guideline for PrEP. It has been shown to significantly reduce the risk of HIV transmission, offering over 90% protection for individuals who are sexually exposed and approximately 70% risk reduction for those who inject drugs. Eligibility for PrEP includes being HIV negative, being at high risk of HIV exposure, and having no contraindications to the medication. This preventive approach is a crucial component of comprehensive HIV prevention efforts, providing a proactive and effective means of reducing the transmission of HIV in high-risk populations.

Pregnancy and Contraception

> *They asked how I got pregnant, how it works, how do other lesbians do it, where do you find sperm, and I was like, "Well, don't you work with pregnant people all day?" She was well-meaning in the questions she was asking because she wanted to be a better provider but, at the same time, that is not my job to teach her.*
> – (Gómez et al., 2020)

Queer individuals assigned female at birth (AFAB) may have a heightened risk of unintended pregnancies due to factors such as limited access to inclusive sexual education, healthcare disparities, and societal challenges linked to queer identities. Research indicates that AFAB queer individuals may experience pregnancies at a younger age, facing a significantly higher risk (2-10 times) compared to their heterosexual counterparts. Recognizing these factors is crucial for developing targeted interventions. The elevated incidence of unintended pregnancies may contribute to higher abortion rates among AFAB queer individuals, emphasizing the need for accessible and non-judgmental reproductive healthcare services. Additionally, AFAB queer individuals involved in sex work may encounter additional reproductive health challenges, including an increased risk of unintended pregnancies.

During HIV/STI and pregnancy risk assessments, healthcare providers often make inaccurate assumptions based on the female sex assigned at birth, neglecting the diverse experiences of transmasculine individuals. Some studies emphasized the necessity of direct, non-assumptive inquiries about body parts and the use of degendered, person-centered language during risk assessments. For example: in a study, an Asian non-binary participant mentioned that the healthcare provider asked, '"Do you have specific names for parts of your body that you would like me to use?' Which was really pleasantly surprising."

Fertility Preservation

It is important to recognize the diverse reproductive needs and aspirations ofLGBTQIA+ individuals. Here are a few key points related to fertility and gender-affirming services:

Research indicates that 1 in 3 Transgender and non-binary persons expresses a hope to have children. Understanding and addressing their fertility goals is crucial in providing holistic healthcare. Hormone therapy and gender-affirming surgeries can have varying effects on fertility. It's essential for healthcare providers to discuss these potential impacts with individuals undergoing gender-affirming services. Thus, pre-service counseling is crucial, particularly regarding fertility preservation options. Providing information about cryopreservation (such as sperm, oocyte, or embryo freezing) before starting gender-affirming treatments allows individuals to make informed decisions about their reproductive future.

For transmen, preserving embryos and oocytes may be viable options. On the other hand, transwomen may consider preserving semen or testicular tissue. These methods offer a potential pathway for individuals to have biological children in the future.

Healthcare Providers should:

- Accept non-normative sexualities without judgment.
- Provide comprehensive STI prevention and screening services.
- Address menstrual health concerns for transmen with sensitivity and inclusivity.
- Offer information and options for fertility preservation, particularly for individuals undergoing treatments affecting fertility.
- Implement screening and provide support for individuals experiencing Intimate Partner Violence (IPV).
- Avoid conducting an HIV test without obtaining informed consent through open and respectful communication with the individual. Always prioritize communication and consent in HIV testing procedures to ensure the individual's autonomy and understanding of the process.

Barriers to LGBTQIA+ Cancer Screening

Cancer screening plays a crucial role in reducing mortality and the prevalence of diseases, yet LGBTQIA+ individuals face significant barriers in accessing such preventive measures. Research indicates that they exhibit higher rates of tobacco and alcohol use, elevating their risk for various cancers. However, inadequate representation in sexual education, misinformation among healthcare providers, and pervasive stigma contribute to lower rates of cancer screening among LGBTQIA+ individuals. Knowledge gaps, particularly about LGBTQIA+-specific screening guidelines and transmission modes of diseases like HPV, lead to suboptimal screening activity. Psychosocial factors, such as psychological distress, adversely affect transgender individuals, impacting their willingness to undergo specific screenings. Provider-related barriers, including lack of knowledge, poor communication skills, and perceived discrimination, hinder effective cancer screening. The absence of cultural competency and teamwork further exacerbates the challenges faced by LGBTQIA+ populations. Fear of discrimination, unwelcoming environments, and negative experiences with healthcare providers contribute to nondisclosure of gender identity, sexual orientation and, consequently, poor screening adherence. Addressing these multifaceted barriers is crucial for improving cancer screening rates and promoting the overall health and well-being of LGBTQIA+ individuals.

Tailored Cancer Prevention for TGNB patients

In addressing the specific healthcare needs related to cancer prevention in transgender individuals, a comprehensive approach is recommended. For cervical cancer, transmasculine persons should commence PAP smear screening from the age of 21, with additional consideration for HPV vaccination as a preventive measure. Breast cancer screening, involving annual mammography, is advised for both transfeminine and transmasculine individuals, commencing at the age of 50 or after 5 years of Hormone Replacement Therapy (HRT). Additionally, individuals can benefit from HPV vaccination to reduce the risk of anal cancer. This tailored approach ensures that the healthcare protocols align with the unique needs and health considerations of transgender individuals, promoting proactive and inclusive cancer prevention strategies.

COMPETENCIES

Queer health struggles

Role	**COMPETENCY**: The student should be able to:
Clinician	Recognize the social determinants affecting the health of LGBTQIA+ communities through the lens of intersectionality
Clinician	Conduct screening and provide primary care for the common mental health problems including minority stress and explain its effects on the lives of persons from LGBTQIA+ communities
Communicator	(PS 13.3) Demonstrate in a simulated environment the ability to provide LGBTQIA+ affirmative counselling to individuals and their family members
Clinician	Describe screening and management guidelines for cancers which are more common among persons from the LGBTQIA+ communities
Clinician	Discuss the sexual and reproductive health concerns of LGBTQIA+ individuals about aspects related to intimacy, fertility, contraception, STIs, safe sex practices, etc.
Communicator	Provide health education about the basic preventive and curative care for Sexually transmitted diseases including HIV tailored to the LGBTQIA+ communities at individual, family and community level

PS - Psychiatric Medicine (National Medical Commission Competencies)

COMPETENCIES

Gender based violence

Role	**COMPETENCY**: The student should be able to:
Clinician	Discuss the guidelines applicable for healthcare providers in cases of gender based violence
Professional	(FM 3.13) Describe various sections of IPC & CrPC related to definition of rape and sexual assault, medical examination of rape victim and accused of rape, police information by the doctors and medical care with recent amendments notified till date (i.e., Section 375 IPC, 166 B IPC, 357 C & 164 A, 53 A of crPC).
Professional	(FM 3.13) Describe the relevant provisions of POCSO act related to medical examination, emergency medical care and police information
Clinician	(FM 14.15) To examine and prepare medicolegal report on an alleged victim of various sexual offences in a simulated/ supervised environment. (Guidelines and Protocols of Medico Legal Care for Survivors Victims of Sexual Violence. Ministry of Health & Family Welfare, GOI- with latest modifications if any).
Clinician	(FM 14.15) Describe and discuss empathetic examination and interview of victims of sexual assault, including presence of trusted adult figure in cases of minor victims,

FM - Forensic Medicine (National Medical Commission Competencies)

COMPETENCIES

Health access

Role	**COMPETENCY**: The student should be able to:
Leader	Describe the historical marginalisation within the healthcare system which created barriers for healthcare access by LGBTQIA+ communities
Leader	Plan and conduct community awareness programs to promote social inclusion of LGBTQIA+ communities
Professional	Identify the difference in the privileges, if any, between the healthcare provider themselves and persons from LGBTQIA+ communities visiting the health facility
Professional	Demonstrate empathy, dignity, and respect with consideration for autonomy, privacy and confidentiality for persons from LGBTQIA+ communities in clinical settings
Professional	Demonstrate shared decision making in all health care services provided to persons from LGBTQIA+ communities
Life long learner	Explain the significance of participatory research on topics relevant to LGBQIA+ communities
Clinician	Interpret diagnostic tests in the context of SOGIESC of the patient

PART F : OLD AGE

PanKaj, an elderly resident in an old age home, has spent much of his life concealing his identity as a gay man. Within the close-Knit community, he has found a deep connection and relationship with another resident, Kumar, and the two share a discreet yet profound companionship. Unfortunately, PanKaj falls ill, prompting concerned staff to taKe him to the community's doctor for medical attention. In the doctor's office, the atmosphere shifts from concern to discomfort when PanKaj's relationship with Kumar is discovered. The doctor, taKen abacK, dismisses their bond and reacts insensitively. He threatens to disclose their sexual orientation to the old age home, exposing both the elders to the risK of displacement and potential discrimination. What are the potential consequences of the doctor's actions? How can healthcare providers support LGBTQIA+ elders in such settings?

UNDERSTANDING OLD AGE

Challenges Faced by LGBTQIA+ Elders

LGBTQIA+ adults in their older age have endured years of societal bias and discrimination. They were often considered mentally ill, faced rejection from families and communities, and were even subjected to arrests. The consequences of concealing one's sexual orientation or gender identity, living in constant fear of disclosure, estrangement from family and communities, and exposure to arrest, harassment, violence, and discrimination can impact both short-term and long-term health and well-being.

Health Disparities Among LGBTQIA+ Elders

While LGBTQIA+ elders share many health needs with their non-LGBTQIA+ counterparts, they experience greater disparities in various physical health outcomes, such as a higher prevalence of disability, poor general health, and chronic conditions. Behavioral health outcomes also differ, including higher rates of mental distress, smoking, and excessive drinking. Isolation poses a particular concern for LGBTQIA+ elders compared to heterosexual and cisgender elders. The typical support systems that older individuals rely on to alleviate loneliness and access care and services may be less accessible to LGBTQIA+ adults due to various reasons.

Language Sensitivity in Elder LGBTQIA+ Care

While providing care to elders from the LGBTQIA+ communities, it is essential to recognize that they may use terms that younger generations consider outdated, such as "transition" or "sex change" instead of "gender affirmation," and "transsexual" instead of "transgender." When providing care to LGBTQIA+ patients, it is crucial to mirror the terms they use to describe themselves and their relationships, fostering an inclusive and respectful healthcare environment.

Making health care spaces inclusive for LGBTQIA+ elders

To provide services and programs that foster the health of LGBTQIA+ elders, health providers must be well-informed ~

- about the specific disparities facing LGBTQIA+ elders. Cultural competence training is essential to prepare caregivers adequately, fostering a welcoming environment in residential facilities.
- about tailored healthcare interventions and increased awareness that can address the specific mental and physical health disparities faced by LGBTQIA+ elders in India.
- connecting them to supportive communities emerges as an effective strategy.
- taking an inclusive and sensitive sexual health history and explain why this information is relevant for their healthcare.
- about the sources of functional, social, and emotional support; validate the role of unmarried partners, chosen families of friends, and pets, as sources of support.
- that stigma related to LGBTQIA+ community, agism and HIV creates complex barriers to social and emotional support.
- about comorbid conditions, such as lipodystrophy, metabolic issues, cardiovascular disease, chronic kidney disease, osteoporosis, liver disease, and neurocognitive dysfunction.

COMPETENCIES

Older age

Role	**COMPETENCY**: The student should be able to:
Life long learner	Describe the evolving concepts of kinship and families among LGBTQIA+ communities

CASE STUDIES

Noel, identifying as transmasculine, faces a situation where an intern, during preparations for a medical examination, instructs Noel, "Please change into this gown. You need to remove your bra and panties because you are due for a mammography."

What did the intern say that might make Noel feel uneasy? What could the intern have said instead?

The intern's use of words traditionally associated with the female gender, such as "bra," and "panties," might make Noel feel uneasy. as Noel identifies in the masculine gender. Some transgender individuals experience dysphoric feelings about body parts that don't align with their gender identity, and hearing these words during a medical exam can heighten discomfort. A more respectful approach for the intern would be to use gender-neutral terms. For instance, the intern could have said, "We will be doing cancer screening, and asks that you please remove all of your clothes, including any underwear. You should wear the gown for the mammography." Moreover, medical providers should proactively inquire about the words transgender patients use to describe their body parts and consistently use those terms to ensure a more inclusive and affirming healthcare experience.

Anjali, a college student, is apprehensive about her annual health checkup but decides to go for it. Anjali identifies as bisexual, and her primary care provider has made comments in the past, such as, "Is that what the young generation is calling it now? It's hard to keep up with all these new terms. But, well, you know, we're from a different era!"

What did the provider do wrong in this encounter? What could the provider have said instead?

The provider's comments might convey a lack of understanding or acknowledgment of Anjali's sexuality, potentially making her feel invalidated. This could lead to a breakdown in trust between the patient and the provider. The provider could have refrained from making dismissive remarks and taken a more open approach. Instead of expressing difficulty in keeping up with new terms, the provider could have asked Anjali to share her perspective on what being bisexual means to her. It's essential for healthcare providers to show respect and interest in understanding the diverse experiences of their patients, fostering a supportive and trusting healthcare environment. Additionally, the provider could take the initiative to educate themselves about different terms used by individuals to identify their sexuality, demonstrating a commitment to cultural competence and patient-centered care.

Raj visits the health center for his annual checkup. The intake form includes questions about sexual orientation and gender identity. Raj indicates "heterosexual/straight" on the form. During the examination, the primary care provider, as part of the sexual history, asks, "Are you using condoms, or comfortable with the idea of a partner getting pregnant?" Raj, who has had male partners for the past year, responds, "I have been sleeping with men lately." The primary care provider then comments, "Oh, it says here you are straight. You must have filled out the form incorrectly." Raj firmly asserts, "No, I didn't."

What assumption did Raj's primary care provider make? Why was it incorrect? What should Raj's primary care provider have done instead?

Raj's primary care provider assumed Raj identified as gay based on his sexual behavior. This assumption overlooks the complexity of sexual orientation and the fact that individuals may engage in relationships that do not align with societal expectations associated with their self-identified orientation. Additionally, cultural variations and personal comfort with labels contribute to the diversity of experiences.

The primary care provider should have asked Raj to specify the gender of his sexual partner(s) without making assumptions based on the intake form. Rather than assuming Raj's sexual orientation, the provider could inquire, "It says in your record that you identify as heterosexual. Is that correct?" This open-ended question allows patients to share their experiences without the imposition of assumptions. Regularly seeking updated information about sexual orientation and gender identity is crucial for providing inclusive and patient-centered care.

Amit, who identifies as gay, is a new patient in his health center's primary care department. The doctor assigned to Amit has a moral objection to same-sex relationships but acKnowledges his obligation to treat all patients. During the exam, the doctor is polite but not friendly, avoiding eye contact by focusing on his computer screen most of the time. He chooses to sKip asKing Amit any family or sexual history questions, citing discomfort and noting that Amit recently underwent an HIV test. Amit leaves the health center feeling disheartened about his care and unsure if he will return. Meanwhile, the doctor feels proud of himself for agreeing to treat Amit regardless of his sexual orientation, believing he avoided saying anything offensive or judgmental.

What are the implications of the doctor's behavior? How can the doctor shift his approach to caring for LGBTQ people?

While the doctor did not overtly refuse to treat a gay patient or express explicit bias, his tone and body language conveyed disapproval, causing Amit to feel rejected. By avoiding discussions about social or sexual history, the doctor missed opportunities to assess Amit's risks for STIs, intimate partner violence, and other aspects related to sexual and social health.

The physician likely requires additional training in providing equitable healthcare to LGBTQIA+ individuals, especially given his strong objections. Basic education and skills building may not be sufficient. Techniques such as perspective-taking, encouraging the doctor to empathize with patients by imagining analogous situations related to his own identity, can be beneficial. Additionally, challenging negative thoughts about LGBTQIA+ people and recognizing the value of individuals irrespective of disapproval of certain actions can contribute to more compassionate and appropriate care.

Creating Inclusive Medical College Campuses: A Vital Step Towards Healthcare Equity

In the pursuit of comprehensive healthcare, it is imperative to recognize the significance of fostering inclusivity within the educational spaces that shape future healthcare providers.

The non-inclusivity on medical college campuses stems from several interconnected factors. Limited representation of diverse identities within the academic curriculum, faculty, and leadership, coupled with insufficient awareness and sensitivity training, contributes to an environment that may unintentionally exclude LGBTQIA+ individuals. The absence of explicit anti-discrimination policies, coupled with a scarcity of resources such as gender-neutral facilities and inclusive health services, creates hurdles for fostering inclusivity. Additionally, the lack of visible and accessible support systems leaves individuals without essential resources, perpetuating an atmosphere that falls short of being truly inclusive.

Drawing inspiration from campus best practices in LGBTQIA+ inclusivity, such as the University of Chicago, and acknowledging the progressive initiatives undertaken by institutions like the University College of Medical Sciences Delhi (UCMS), we explore best practices and transformative measures.

UNIVERSITY OF CHICAGO

The University of Chicago (UChicago) stands as a global leader in LGBTQIA+ inclusivity, exemplifying a commitment to fostering an inclusive campus environment. Noteworthy recent initiatives include the establishment of the LGBTQ Mentoring Program, LGBTQ programming internship position, and the ongoing dedication to faculty diversity. UChicago's proactive policies, such as the addition of sexual orientation to its non-discrimination policy in 1998 and the Preferred Name Policy introduced in 2013, showcase a commitment to creating a safe and supportive space for LGBTQIA+ individuals. These initiatives serve as a model for prestigious medical colleges in India, emphasizing the importance of recent strides in faculty involvement, mentorship programs, and progressive policies in building inclusive educational environments.

UNIVERSITY COLLEGE OF MEDICAL SCIENCES, DELHI (UCMS)

Through impactful research and academic initiatives, such as the Trans-Affirmative Curriculum pilot study led by Dr. Athul KM, UCMS integrates trans-affirmative competencies into its physiology curriculum. This pioneering effort, guided by continuous refinement and feedback mechanisms, contributes significantly to progressive medical education.

UCMS also stands out for establishing LGBTQIA+ support groups, notably the Iridescence Club. This student-led initiative promotes awareness & understanding through near-peer teaching sessions & advocates for SOGIESIC rights in medicine. Other medical colleges can draw inspiration from UCMS's initiatives, fostering similar support groups to enhance connection, shared experiences, and mutual support within their academic communities.

TRANSCARE QUEER AMBASSADOR INITIATIVE: ADVOCATING FOR CAMPUS INCLUSIVITY

In response to the need for a more inclusive campus environment, TransCare Queer Ambassador (QA) Studentship was introduced by the Sangath, aiming to make health professional education campuses in India queer/trans-affirmative. The initiative worked with students from health professional education colleges to increase LGBTQIA+ inclusivity across campuses. The efforts of the Queer Ambassadors led to the incorporation of queer identities in the official documents and gender neutral spaces in their campuses.

STEPS TOWARD CAMPUS INCLUSIVITY

1. Introduce **Inclusive Curricular Reforms** by incorporating LGBTQIA+ perspectives and contributions across various disciplines.
2. Conduct **Regular Faculty Training Programs** on LGBTQIA+ Inclusivity to enhance awareness, sensitivity, and understanding.
3. Establish clear **Anti-Discrimination Policies** that explicitly prohibit discrimination based on sexual orientation, gender identity, or expression.
4. Implement **Awareness Initiatives** through Posters and Signages across the campus to address harmful language and stereotypes, fostering an inclusive environment.
5. Launch an **LGBTQIA+ Mentorship Programme** providing pastoral care and academic peer support.
6. Initiate **Advocacy and Awareness Campaigns** within the institution to foster a culture of acceptance.
7. Organize **Inclusive Events and Celebrations** that recognize and celebrate LGBTQIA+ milestones and contributions.
8. Ensure **Diverse Representation** in Campus Leadership, Committees, and Decision-Making Bodies to reflect the varied voices within the LGBTQIA+ community.
9. Establish **Regular Feedback Mechanisms** to gather input from LGBTQIA+ individuals on campus inclusivity efforts and continuously improve practices.

IN CLOSING

This introductory exploration into the realms of sex, gender, and sexual orientation serves as a foundation for the inclusive healthcare journey ahead.

As you delve deeper into the complexities of queer affirmative care, remember that embracing diversity, fostering open communication, and staying committed to ongoing education are paramount.

By incorporating these principles into your practice and by teaching them to your students, you contribute to a healthcare environment that respects and celebrates the rich tapestry of human identity.

Your commitment to inclusivity is a powerful force for positive change, and we are grateful for your dedication to providing affirming care for all.

About Us

Sangath India is a non-governmental, not-for-profit organisation working in Goa, and other Indian states, for 25 years. We are committed to improving health across the lifespan by empowering existing community resources. We address the psychological and social needs of people through comprehensive interventions. The people within Sangath are committed to bringing positive change in society by amalgamating humanitarian approaches with science and innovative technological solutions.

iHEAR is a collaborative effort hosted at Sangath Bhopal that brings together academics, researchers, activists, practitioners, and marginalised community representatives to conduct participatory research, advocacy and education at the intersection of marginalised identities, health access and mental health.
If you would like to know more about us or collaborate with us, please visit sangath.in/ihear

The Doctors for Equity project (DfE) builds on Sangath's ongoing participatory work with the LGBTQIA+ community. DfE aims to train medical educators across different parts of North India on LGTBQIA+ inclusive health care. The training will focus on LGBTQIA+ affirmative competencies and care, basics of sex, gender, and sexuality. The trained medical college faculty will be then able to pilot these learnings in their own colleges. They can thus benefit their own students and patients as well as develop potentially scalable models of LGBTQIA+ affirmative medical education. This work will help achieve LGBTQIA+ inclusive and affirmative healthcare in India and combat the health inequities faced by this marginalized population.

www.sangath.in/ihear
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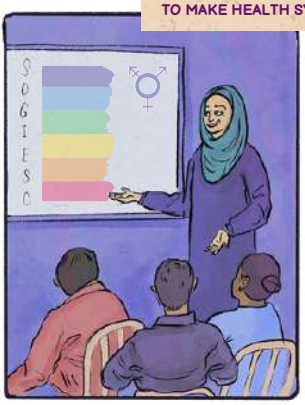
ihear@sangath.in

RESOURCES & REFRENCES

SCAN THE QR CODE TO BE REDIRECTED TO A LIST OF RESOURCES AND REFERENCES.

MY FRIENDS AND I HAVE A FEW RECOMMENDATIONS TO MAKE HEALTH SYSTEMS SENSITIVE TO THE NEEDS OF THE TRANSGENDER COMMUNITY.



UNDERSTAND THE BASICS OF SEX, GENDER, SEXUALITY AND THE DIVERSE IDENTITIES UNDER THE SOGIESC FRAMEWORK

CREATE A **BIAS AND DISCRIMINATION FREE, INCLUSIVE AND SAFE ENVIRONMENT**, USING APPROPRIATE LANGUAGE AND TERMINOLOGY, AND PROVIDING CULTURALLY COMPETENT CARE.

ENACT AND IMPLEMENT POLICIES THAT ADDRESS REFUSAL OF TREATMENT, DENIAL OF GENDER-AFFIRMING CARE, AND DISRESPECTFUL BEHAVIOUR BY HEALTHCARE PROFESSIONALS.

ENCOURAGE FOR **INCLUSION** OF TRANS PERSONS **WITHIN THE HEALTHCARE COMMUNITY** BOTH AMONG STAFF AND STUDENTS

LEARN TO **PROVIDE SPECIFIC HEALTHCARE SERVICES** REQUIRED BY TRANSGENDER PERSONS RELATED TO GENDER TRANSITION, SUCH AS HORMONE THERAPY, GENDER-AFFIRMING SURGERIES, AND MENTAL HEALTH SUPPORT.

DEMONSTRATE EMPATHY, DIGNITY, AND RESPECT WITH CONSIDERATION FOR AGENCY, PRIVACY AND CONFIDENTIALITY FOR THE TGNB PERSONS ESPECIALLY IN CLINICAL SETTINGS

DEMONSTRATE **INTEGRITY** IN TREATING TRANS PATIENTS WHO ARE VULNERABLE TO PHYSICAL, MENTAL, SEXUAL, SOCIAL AND FINANCIAL EXPLOITATION

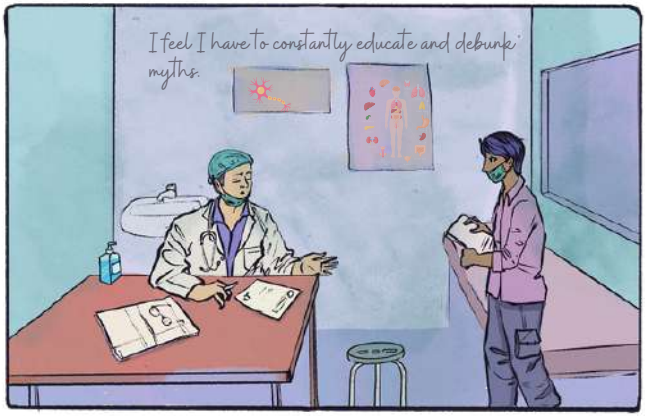
PROMOTE AWARENESS AND EDUCATION ABOUT TRANSGENDER HEALTHCARE ISSUES AMONG HEALTHCARE PROFESSIONALS, POLICYMAKERS, AND THE GENERAL PUBLIC. ENCOURAGE RESEARCH AMONG THE TRANS COMMUNITY USING PARTICIPATORY APPROACHES

THIS HELPS IN REDUCING BIASES, IMPROVING UNDERSTANDING, AND **CREATING A SUPPORTIVE ENVIRONMENT** FOR TGNB INDIVIDUALS WITHIN THE HEALTHCARE SYSTEM

NAVIGATING THE HEALTHCARE SYSTEM IN INDIA CAN BE A **TRAUMATISING** EXPERIENCE FOR TGNB PERSONS DUE TO VARIOUS **SYSTEMIC BARRIERS.**

THE BARRIERS COULD **BEGIN** BEFORE REACHING A HOSPITAL; EX: LACK OF SAFE PUBLIC TRANSPORT

BECAUSE WE STRUGGLE WITH **LEGAL RECOGNITION** OF OUR AFFIRMED GENDER WE'RE OFTEN WITHOUT IDENTITY DOCUMENTS. MY CHOSEN NAME AND IDENTITY IS FURTHER IGNORED.



LACK OF KNOWLEDGE ABOUT OUR BODIES IS ANOTHER COMMON BARRIER. CONVERSION THERAPY IS STILL A COMMON PRACTICE. SOME TRANS FOLX SEEK MEDICAL OR GENDER AFFIRMING CARE, WHILE OTHERS DO NOT, BUT THIS DECISION IS NOT OFTEN EXPLAINED WELL OR RESPECTED. FURTHER, MY BODY AND PRIVACY CAN BE VIOLATED DURING EXAMINATION.

WITHOUT **ACCESS TO FORMAL & AFFORDABLE HEALTHCARE** SERVICES, WE ARE COMPELLED TO RELY ON POTENTIALLY UNSAFE SOURCES OF HEALTHCARE—THIS CAN LEAD TO SERIOUS HEALTH RISKS AND COMPLICATIONS.

EVIDENCE SUGGESTS THAT TGNB PERSONS OFTEN EXPERIENCE A DISPROPORTIONATELY **HIGH BURDEN** OF DISEASE, ACROSS THE DOMAINS OF MENTAL, SEXUAL, AND REPRODUCTIVE HEALTH.

MANY QUEER AND TRANSGENDER PEOPLE ARE REFUSED HEALTH CARE AT PUBLIC HOSPITALS, AND MANY **CANNOT AFFORD** EXPENSIVE PRIVATE HOSPITALS. ACCESS IS FURTHER DENIED TO RELIGIOUS MINORITIES, THE.DALIT, BAHUJAN AND ADIVASI COMMUNITIES OR LOW INCOME GROUPS. THERE IS **LITTLE STRUCTURAL SUPPORT** LIKE POLICY OR MEDIA REPRESENTATION TO AMPLIFY THOSE CONCERNS.

MY JOURNEY

MY NAME IS NINA. I'M TRANS (HE/THEY)
I LOOK LIKE THIS AND YOU MAY THINK
YOU CAN IDENTIFY I'M TRANS.

BUT THE TRUTH IS THAT MY IDENTITY, LIKE THAT OF THE OVER 4.8 MILLION*
TRANSGENDER POPULATION IN INDIA, IS OFTEN INVISIBILIZED.
*(AN UNDERCOUNT)

I WAS LABELLED WITH CHARACTERISTICS
BASED ON A SOCIETAL CONCEPT.
IT CREATED EXPECTATIONS I DID
NOT CONSENT TO.

GROWING UP, MY NEEDS WERE EITHER
DISMISSED OR ERASED. I FELT
DISSOCIATED. I DID NOT KNOW I WAS
GOING TO LIVE A LONG DYSPHORIC* LIFE.

I REGULARLY FACED BULLYING,
HARASSMENT, JUDGEMENT AND
ABUSE.

EVERY PART OF ME, MY VOICE,
CHOICES, THE SPACES I OCCUPY,
AND MY NEEDS AND DREAMS, IS
SUBJECTED TO SCRUTINY.

**TGNB INDIVISUALS LIKE ME OFTEN FACE
SOCIAL EXCLUSION, ECONOMIC
VULNERABILITY, AND CHALLENGES IN FINDING
EMPLOYMENT DUE TO OUR GENDER IDENTITY.

AS A RESULT, WE EXPERIENCE AN
INCREASED RISK OF MENTAL HEALTH
ISSUES DUE TO TRANSPHOBIA,
DISCRIMINATION, AND VIOLENCE.

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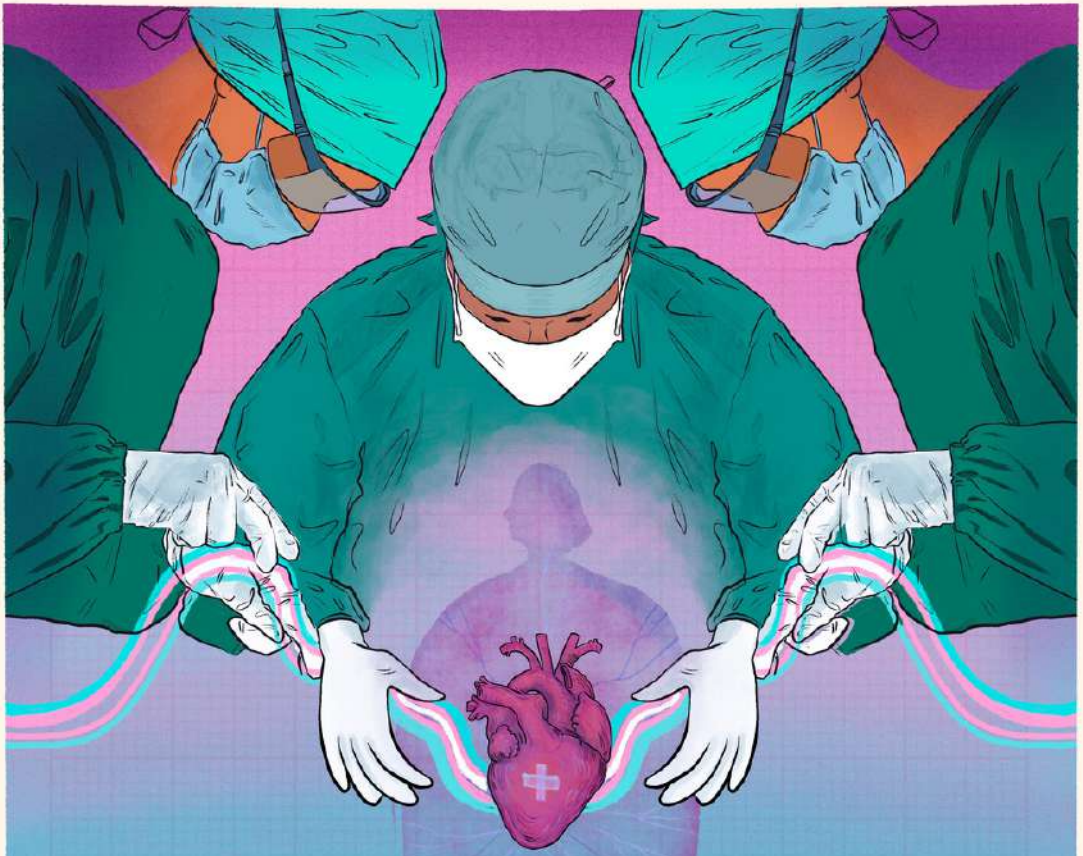
*a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.
**Transgender and Non-Binary.



NINA'S GUIDE TO

trans-affirmative health care

Designed by Kokila B

25 years of service
SANGATH
Healing Minds, Inspiring Lives

iHEAR
Initiative For Health Equity, Advocacy and Research