

Surbhi Vinod LGBTQ health report 4

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Addressing health disparities of LGBTQ community

Introduction

The Right to health is viewed worldwide, ensuing from a massive politically aware mobilization of society. Health care, ideally the duty of the state. The fact is that many nations are crossed by way of frames of segregation in addition to abuse of fundamental human rights, specifically for minority group such as Lesbians, Gays, Bisexuals, and Transgenders (LGBT).Eradicating LGBT health inequalities and increasing efforts to progress LGBT health are essential to make sure that LGBT people can lead long, healthy lives.

The advantages of addressing health fears and dropping disparities include:

Drop in disease transmission and progression.

Increasing knowledge and physical well-being.

low health care expenses.

Increased long life.

Studies screen that people of LGBT group are more vulnerable to health complications, along with exploitation of tobacco, alcohol, illegal drugs, obesity, mental disorders, Sexually Transmitted Diseases (STD s) as HIV/AIDS, cervical and breast cancer, bullying also to vicious behaviours. Even though, this is a multifaceted setting, in addition complex for the reason that of the poor access to healthcare services and partial practices of professionals because of from homo-phobia. Ultimately this leads to poor health status of the sexual minorities.

In answer to this circumstance, the LGBT drive has been uniting globally to convict breach of societal and human rights associated with the homosexual people, and ask for equal rights, specifically for access to health facilities, free of bias and discrimination.

It is significant to understand what affects, touches and impacts the LGBTQ people's health, it is ¹ important to understand the design of public health policies focused to the group, consequences of gender problems, the organizing of health services, and overall performance of professionals, considering the fact that ¹ make up the factors that immediately hinder with access and that promise the right to health of the population.

Therefore, the study focusses at the difficulties related to homosexuality while seeking healthcare services through review of the literature already available.

REVIEW OF THE LITERATUREs

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
To analyze the experiences of LGBT health facility users in south Africa Author: Alex Müller	Qualitative study method 16 semi structured interviews 2 focus groups of LGBT health facility users and 14 interviews of individuals as	All interviewees stated experiences of discrimination by healthcare workers based on their sexual orientation	Qualitative study on this subject was lacking in South Africa. It explored the actual experiences of the health	The study lacked the viewpoint of healthcare providers as in what was the reason behind such attitude explained by

	LGBT representatives.	and/or gender identity.	service users in a ground theory approach.	health service users.

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
<p>To identify the health needs, outcomes and lived experiences in nova scotia</p> <p>Author: Jacqueline Gahagan and Emily Colpitts</p> <p>Time:</p>	<p>community consultations for strengths-based approaches to understanding and progressing LGBTQ pathways to health across Nova Scotia.</p>	<p>The study revealed many health encouraging strategies and measurement tools.</p> <p>And also revealed many bad experiences related to health care</p>	<p>It helped informing the future LGBTQ health research by identifying knowledge gaps relative to understanding the LGBTQ health in Nova Scotia from a strengths-</p>	<p>they do not evaluate the quality of the evidence or synthesize the answers.</p> <p>the community consultations were restricted by time and monetary restraints</p>

		system and facilities.	based perspective.	which only ² allowed for two sessions, one in rural and urban each.
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STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
<p>To assess the physical, behavioural and psychological barriers in access to health care services among Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.</p> <p>Author: Anup Adhika</p>	<p>Descriptive cross-sectional study</p> <p>Data was collected through predesigned, pre-tested semi-structured questionnaire through interview.</p>	<p>Out of 87 participants, more than 70% of them were from age group 21 to 38 years.</p> <p>Out of which 58 (66.7%) admitted that healthcare professionals communicated appropriately and were</p>	<p>Almost all aspect of the barriers was considered and were included in the questionnaire.</p>	<p>some of the participants were yet to come out to reveal their sexual orientation.</p> <p>There was no graphical representation of the finding which made it difficult to understand.</p>

Mamata Praadhan Priya DarshaniGiri Sudip Khanal Time: June-July 2018		friendly to them. 62 participants (71.3%) accepted that providers were sensitive to them and provided them appropriate care irrespective of their sexual orientation. 42.5% felt that doctors are not able to understand their problems and 44.58% were uncomfortable to share their health conditions.		
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		<p>Only 28.7% participants encountered problem due to physical settings of the healthcare centres or hospitals.</p> <p>Most of the problems were absence of lgbt friendly settings.</p>		
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STUDY	METHODOLOGY	RESULTS	STRENGTH	WEAKNESS
<p>The aim of the study was to identify providers' attitude towards the LGBT health.</p> <p>Author: Louise O'Keefe, Yeow Chye Ng and Desiree Crawford, Denise Rowe,</p> <p>Time: 2017</p>	<p>Descriptive, cross sectional method to target doctors, nurse and doctors' assistants.</p> <p>It was a survey named as Perception and Knowledge of Sexual and Gender Minority Health (PKSGM) consisting of 74 questions in which 8 questions were on demography and 66 were lgbt related questions.</p>	<p>72 primary care providers participated in the survey 57 were returned. however, 45 surveys were completely answered and were included.</p> <p>Overall response rate was 62.5%.</p> <p>51.1% of PCPs agreed to be capable towards LGBT care</p> <p>15.5% disagreed.</p> <p>29% of PCPs agreed that they were sufficiently trained to address the lgbt population 51.1% disagree. 98% of PCPs agreed that physicians should be knowledgeable about issues exclusive to LGBT</p>	<p>The study used graphical representations and made it more understanding.</p>	<p>The absence of a survey design that included randomization and blinding could unquestionably prevent participants from offering honest responses.</p> <p>In true-false responses, participants had a 50% chance at guessing the correct answer so it was not dependable for calculating the knowledge level.</p>

		patients and attain the knowledge essential to practice well.		There were no strategies on how to specifically address provider gender differences in LGBT education and training.
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RESEARCH QUESTION AND OBJECTIVE

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The aim of the study is to recognize the problems related with homosexuality in accessing and utilizing the health services.

The following question can be formulated from the review:

‘What are the difficulties associated with homosexual individuals while seeking healthcare services’?

METHODOLOGY

The secondary search method was adopted to conduct the review. The following databases were searched on: pub med-NCBI, Google scholar and Research gate. The following terms

were used to search the articles: LGBTQ health, LGBTQ community access to health. For all the databases same strategy were used.

It followed eligibility criteria. The inclusion criteria were:

Papers that were published from 2015 to 2020 were only included; papers written in English and were available as full text form; articles on the LGBT's access to health were the selected.

The exclusion criteria were:

the papers that were before 2015 were excluded; articles published on non- scientific websites; studies that were already conducted literature reviews and not the original texts; research articles that talked about discrimination with patients regardless of their sexual orientation.

RESULT

The reviewed studies revealed that there are many factors that contribute to barriers towards LGBTQ community while accessing the healthcare services

1. The healthcare providers and primary health care providers lack knowledge and training on the LGBTQ health issues. The accessibility of proper training and education towards LGBTQ health topic is limited therefore health services delivery is difficult for LGBTQ population.
2. Barriers to accessibility also included denying to provide services who openly identify as LGBT.
3. Violation of confidentiality about the gender identity; patients' sexual orientation was frequently shared to other patients or with colleagues by healthcare providers.

Discriminatory behavior was not restricted to providers but also by the managerial and security staff.

4. Regardless of the varied ² health rights violations that they had encountered when get into the public health system, most of them did not know about the patients' rights charter, nor they were aware about the measures for placing a grievance.
5. The physical setting of the healthcare facility also is a major challenge for the LGBTQ group

Most of the problems faced were due to lack of LGBT- friendly settings such as registration forms, toilets, changing rooms, wards, arrangement of separated queues of either male or female, and procedure rooms.

CONCLUSION

The people who recognize as LGBTQ face several challenges while accessing healthcare services. Some of the challenges are because of lack of resources, homophobia among healthcare providers, lack of knowledge about LGBTQ health issues.

Proper training and education play a vital role in improving the accessibility and availability of healthcare services to the sexual minorities group. It can be concluded that other than identifying just the challenges faced by LGBTQ population but also coming up with positive strategies to address these issues.

DISCUSSION

LGBTQ population comprises all races and ethnicities, religions, and social groups. Sexual orientation and gender identity queries are not usually asked on most of the national or State surveys, which makes it difficult for estimation number of LGBTQ

people and their health requirements.

Research proposes that LGBTQ people face health disparities related to social stigma, discrimination, and refusal of their civil and human rights.

Homophobia among individuals makes it more difficult for sexual minority groups to seek healthcare services because of the fear of exclusion in the society.

The above reviews throw light on the some of the issue faced by them:

lack of awareness among health providers.

Lack of proper training of healthcare workers and educating them about LGBTQ health issues.

The physical setting of the health facility not being LGBTQ friendly which makes it uncomfortable for them to access it.

The studies recommend that engaging healthcare providers is the vital step to reduce barriers to healthcare access for individuals who recognize as LGBT.

Adding to that, sensitisation trainings, as well as LGBT health-centred professional development courses can help to challenge discriminatory and judgmental behaviour and to build knowledge for providing LGBT care.

There is pressing need to conduct health research on the health needs, actual experiences, and consequences of LGBTQ populations to make sure that present health policies, programs and services are approachable to these populations.

LIMITATION

1. Limited journal articles that actually focusses on the health issues faced by LGBTQ population.

2. There was no such study conducted in India to know the health issues faced by the Indian LGBTQ population.
3. time period of some of the literature reviewed was not given.

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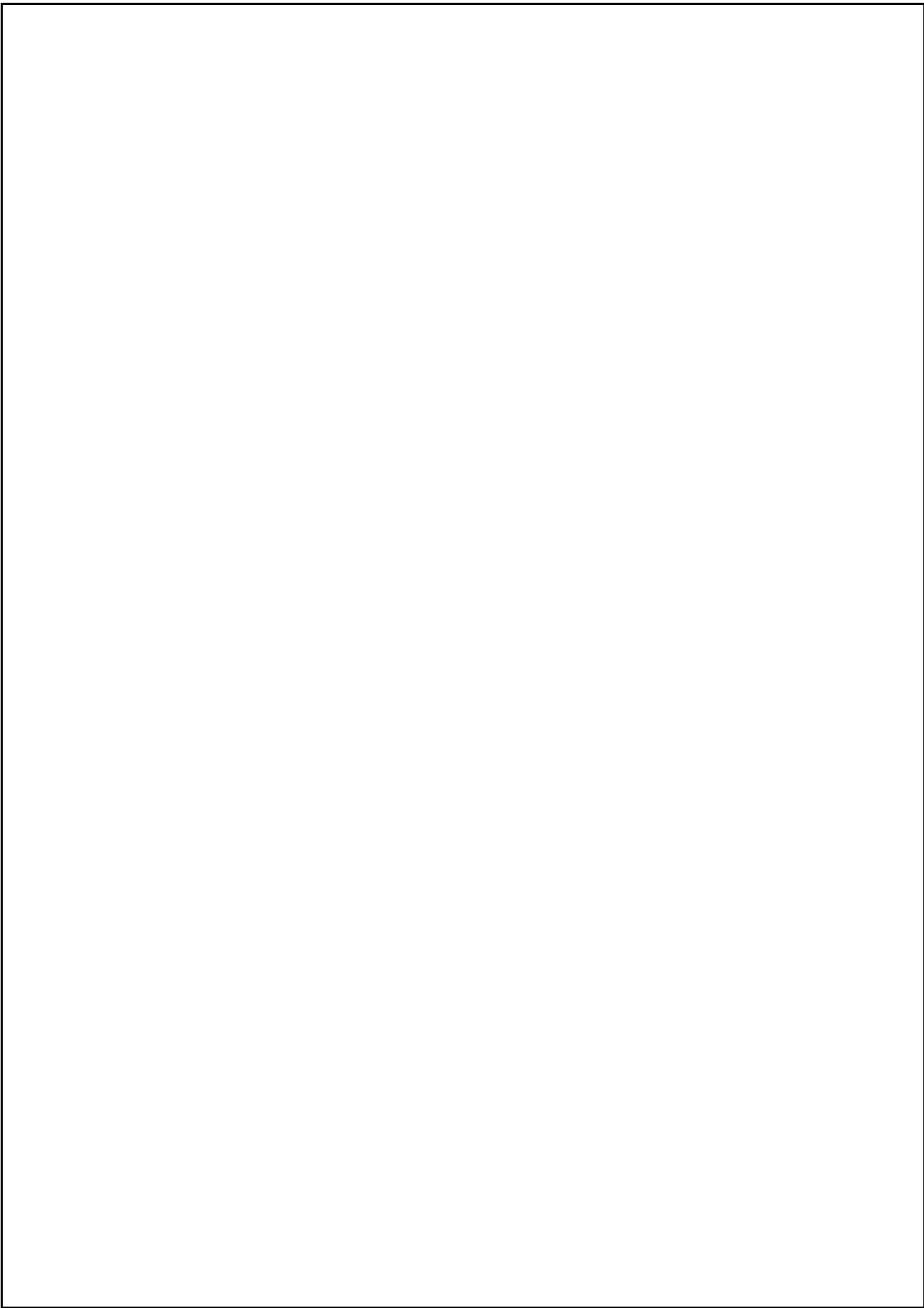
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