

Medicine and Society

Attitude of medical and nursing students towards lesbian, gay, bisexual and transgender people: A cross-sectional study

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ABSTRACT

Background. Healthcare providers need to be aware of stigma and risks that affect lesbian, gay, bisexual and transgender (LGBT) patients but often lack the experience and may hold homophobic attitudes, making it difficult to care for such patients. We aimed to study the attitudes of medical and nursing students towards LGBT people.

Methods. This observational cross-sectional study was done between November and December 2021 among medical and nursing students of Government Bundelkhand Medical College, Sagar, Madhya Pradesh. Data were collected on sociodemographic variables and attitudes towards LGBT using a semi-structured questionnaire. The attitude was measured using a five-point Likert scale, which included a 14-item questionnaire. Statistical analysis was done using Statistical Package for Social Sciences.

Results. A total of 155 students participated, comprising 91 medical students and 64 nursing students. The mean age of participants was 23.2 (3.6) years, and most participants were female (67.1%). Overall, 96.1% of students believed healthcare providers should care for LGBT patients, and 89.7% believed they deserved equal care. However, 30.3% would prefer not to treat LGBT patients, and 14.8% believed that they should go to LGBT clinics. The gender and sexual orientation of the study participants influenced the responses.

Conclusions. Our study offers preliminary insight into the attitudes of Indian medical and nursing students towards LGBT individuals and reveals mixed responses.

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INTRODUCTION

Diverse sexual orientations and gender identities are normal. Lesbian, gay, bisexual and transgender (LGBT) people are often known as sexual and gender minorities.¹ There is limited public

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information about the total LGBT population in India. According to the LGBT+ Pride 2021 global survey, 3% of the Indian population is homosexual (including gay and lesbian), 9% are bisexual, 1% are pansexual and 2% are asexual. Overall, 17% identified as not heterosexual (excluding 'do not know' and 'prefer not to answer').² Data regarding the total exclusively transgender population are not available. However, as per the Census 2011 of the Government of India, 487 803 people were listed as the 'other' gender, which might include the transgender population.³

The Indian LGBT community has seen many favourable judicial verdicts including the scrapping of section 377 of the Indian Penal Code which criminalized consensual sexual acts between same-sex individuals and passage of the Transgender Persons (Protection of Rights) Act, 2019.^{4,5} However, members of the sexual minority face intolerance even today. LGBT people are exposed to poor health and social outcomes because of marginalization, stigma and normative pressure on sexual and gender minorities.^{6,7} They confront personal and interpersonal issues resulting from the 'coming out' process, which includes several challenging milestones. They are particularly vulnerable since, unlike other minorities, they do not always have the support of their parents or relatives. LGBT persons are subjected to both verbal and physical abuse.⁷ As a result, they have higher levels of psychological discomfort, including depression, anxiety, body image and eating disorders than the general population.⁸

The inadequate knowledge and sensitivity of healthcare professionals towards LGBT individuals, and active discrimination and perpetuation of violence may be contributing to healthcare barriers for this community.^{9,10} Healthcare providers are untrained or uninterested in LGBT people's health problems.^{11,12} Furthermore, professionals find it challenging to discuss sexuality in general, especially sexual orientation or gender identity.^{13,14} As a result of a lack of detailed information and heterosexist attitudes on the part of healthcare providers, LGBT patients face barriers to adequate healthcare.

The WHO identified poor health of LGBT persons as an area for improvement.¹⁵ Providers must be sensitive to and be aware of stigmatization, ongoing hurdles to care access and specific risk factors and health conditions these groups face in order to deliver optimal healthcare and preventive services to sexual and gender minorities. Furthermore, each subgroup has unique healthcare needs that healthcare practitioners must be aware of to provide quality care.

Studies done abroad show medical students lack knowledge and preparedness in LGBT healthcare, with discomfort in discussing sexual history due to inadequate training.^{11,16,17} However, there are few studies on this topic in India, as the majority of the studies done on sexual and gender minorities in

India focus mainly on homosexuality, and not the LGBT community.¹⁸⁻²⁰ Hence, we assessed the attitudes of medical and nursing students towards LGBT people at a tertiary care centre.

METHODS

Study design, settings and duration

This cross-sectional study was done among medical and nursing students of Government Bundelkhand Medical College, Sagar, Madhya Pradesh, between November and December 2021. The college admits 125 medical and 90 nursing students annually since the year 2020.

Sample size and sampling

As there was no Indian study assessing the attitude of medical or nursing students towards LGBT individuals, we assumed that 50% students would have a positive attitude. Based on this, the sample size was calculated to be 96. Adding 10% non-response/missing data and rounding off the value, the final sample size was estimated to be 110. Purposive sampling was done for this study. All medical and nursing students were eligible for inclusion and those who did not consent or respond were excluded.

Recruitment procedures

Respondents were briefed about the purpose of the study and recruited through WhatsApp messages. To safeguard their anonymity, a self-administered Google form was used. The survey tool incorporated the study’s objectives and an explicit statement emphasising the voluntary nature of participation for all respondents. A timeframe of one month was allocated to students for completing the survey. Data were collected between 1 November and 1 December 2021.

Study tool

A semi-structured, pretested questionnaire with two sections was used. The first section pertained to the demographic profile including data on age, gender, religion, sexual orientation, marital status, study branch (medical/nursing), and year. The second section focused on attitudes towards LGBT individuals. This section used a five-point Likert scale (‘strongly disagree’ to ‘strongly agree’) comprising 14 items (Table 1). As there was no validated standardized scale on this subject, a new scale was created using items that had already been used abroad.^{16,21-23} Among the 14 items, statements 5, 8 and 14 were negative statements and were reversed during analysis. Although the scale’s psychometric properties were not verified, internal consistency and reliability was assessed for the used items, and Cronbach’s alpha was 0.73. It was ensured that responses from each participant were recorded only once.

Statistical analysis

Responses were summarized and described by the following groups: age, gender, religion, branch of study, year of study, marital status, and sexual orientation. Initially, a descriptive analysis of the survey data was performed. Due to the lack of a clear difference between the responses of ‘strongly agree’ and ‘agree’, these were grouped as ‘tend to agree’. Similarly, ‘strongly disagree’ and ‘disagree’ were merged into ‘tend to disagree’. All statistical analyses were based on these combined response groups, i.e. ‘tend to disagree’, ‘neutral’, and ‘tend to agree’. Finally, analysis of each survey item was done individually as the survey tool had not been formally validated. Statistical

TABLE 1. Survey items

1. Same sex sexual attraction is a natural expression of sexuality in humans.
2. Difference between birth sex and gender identity (i.e. how one feels on the inside and how one displays it through dressing, conduct, and personal appearance) is a natural human phenomenon.
3. Bisexuality is a natural expression of sexuality in males and females.
4. LGBT people deserve the same quality of care from health services as heterosexual patients.
5. LGBT people/patients should only seek healthcare from LGBT health clinics.
6. LGBT people/patients should disclose their sexual orientation to their physicians.
7. I would be comfortable if I became known among my professional peers as a doctor/nurse who cares for LGBT people.
8. I would prefer not to treat patients with minority sexual orientation/LGBT people/patients.
9. I am able to empathise with the life experience of an LGBT person/patient.
10. As a future healthcare provider, I feel it is important for me to know about my patients’ sexual orientation, sexual practices, and gender identity.
11. I believe it is the responsibility of all healthcare providers to care for LGBT people/patients.
12. I am motivated to seek out opportunities to learn more about LGBT-specific healthcare issues.
13. A broad diversity of many different gender expressions (how persons present their gender in public through dress, hair, makeup, body language and voice) and identities (person’s internal and individual experience of gender) is natural in humans.
14. It is more challenging to discuss sexual health with LGBT patients than with heterosexual patients.

LGBT lesbian, gay, bisexual and transgender

analysis was performed using IBM Statistical Package for the Social Sciences software (Version 26). There was no incomplete response, as all questions were marked as mandatory.

Ethical considerations

This study was approved by the Institutional Ethics Committee of Government Bundelkhand Medical College, Sagar, Madhya Pradesh (IECBMC/2021/54). Informed consent was obtained from all participants prior to their participation. To ensure anonymity and reduce refusal rates, no personally identifiable information was collected.

RESULTS

A total of 155 students completed the survey, with a mean (SD) age of 23.2 (3.6) years, ranging from 19 to 37 years (Table 2). Overall, 96.1% (149/155) of students believed that it is the responsibility of all healthcare providers to care for LGBT people/patients, and 89.7% (139/155) of students tend to agree that LGBT people/patients deserve the same quality of care from the health services as heterosexuals (Fig 1). However, 30.3% (47/155) of students tend to agree that they would prefer not to treat any LGBT patients, and 14.8% (23/155) tend to agree that LGBT persons should seek healthcare from LGBT health clinics.

DISCUSSION

We assessed the attitudes of medical and nursing students towards LGBT individuals, and the results showed mixed responses among the study participants. Students had a supportive view towards same-sex attraction, as most

participants agreed that same-sex attraction is a natural expression of sexuality. Other studies done outside India also showed a mixed response from participants.^{22,23} Most participants believed that an LGBT person deserves the same level of care as a heterosexual person. This finding was consistent with earlier studies.^{16,21} Among the study participants, 14.8% tended to agree that LGBT persons should seek healthcare from LGBT

health clinics, which was in contrast to the previous studies.^{16,21} Though most of the study participants believed that it is the responsibility of healthcare providers to care for LGBT, 30.3% of participants would prefer not to treat any LGBT patients. The possible explanations for this disparity and this disinterest could be due to the lack of knowledge regarding LGBT health issues. Additionally, it may be because the LGTB community is still stigmatized and considered taboo in Indian society, as attitudes are shaped by knowledge, social impact, formal education, and observation.^{19,24,25} Some previous studies show that knowledge regarding LGBT health issues improves students' attitudes towards LGBT.^{17,26}

The gender and sexual orientation of the study participants influenced the responses in this study. For example, responses to 'LGBT people/patients should only seek healthcare from LGBT health clinics' were varied across gender, and more females tended to disagree with this statement than males. In addition, most females tended to agree that they can empathise with the life experience of an LGBT person. While our data cannot explain these differences, it is possible that females have a more personal experience with the impact of gender on health and therefore, recognise the importance of LGBT-specific health issues.²⁷⁻³⁰

There is a scarcity of Indian literature that investigates topics concerning the LGBT population, and this is an attempt to assess medical and nursing students' attitudes towards LGBT people.¹⁸⁻²⁰ Most studies have been done abroad and aimed to determine the attitudes of medical and nursing students towards LGBT individuals, using various scales and analysis plans.^{16,21,22}

Although we did not assess the participants' knowledge, the possible reason for a poor attitude in a few areas could be due to a lack of knowledge, as seen in some previous studies where short lectures improved attitudes.^{17,26} The undergraduate medical and nursing curriculum of India is not gender-inclusive.³¹ The Madras High Court took cognisance of the 'queerphobic' information in standard textbooks used by medical students throughout their undergraduate courses in September 2021.³² In response, the National Medical Commission (NMC) issued rules requiring any such unscientific assertions to be removed from textbooks.³³

TABLE 2. Demographic characteristics of the participants (n=155)

Category	Frequency	Percentage
<i>Age group (in years)</i>		
≤20	29	18.7
21–30	115	74.2
>30	11	7.1
<i>Gender</i>		
Male	51	32.9
Female	104	67.1
<i>Religion</i>		
Hindu	130	83.9
Jain	11	7.1
Christian	6	3.9
Muslim	5	3.2
Others	3	1.9
<i>Branch</i>		
Medical	91	58.7
Nursing	64	41.3
<i>Year of study</i>		
First	31	20.0
Second	53	34.2
Third	41	26.5
Fourth	30	19.3
<i>Marital status</i>		
Married	21	13.5
Unmarried	134	86.5
<i>Sexual orientation</i>		
Heterosexual	144	92.9
Bisexual	7	4.5
Homosexual	4	2.6

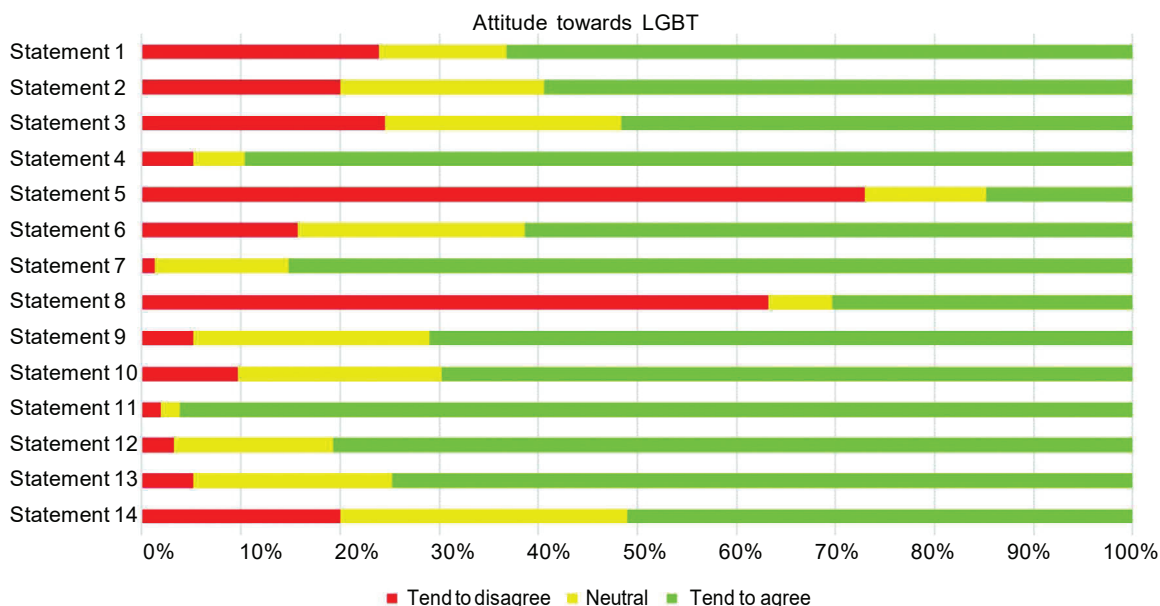


FIG 1. Distribution of survey response from all respondents (this figure uses statement number of survey items: see Table 1 for full survey items.) LGBT lesbian, gay, bisexual and transgenders

While NMC has started promoting LGBT inclusivity in medical education by revising books, there is still a long way to go.

Strengths and limitations

Our study fills a gap that previously focused solely on homosexuality. The use of an anonymous, web-based, self-administered questionnaire to collect data enhanced the quality of the information obtained. However, more psychometric testing is required to standardise this scale, an issue that could be explored further in future studies. While the current findings provide helpful information, it is crucial to recognise the study’s limitations, which include the low participant response rate considering the total number of students in the college. In addition, the study’s focus on a single teaching institute impedes the generalizability of the results to the broader population of medical and nursing students in India.

Conclusion

Our study provides preliminary insight into the mindset of Indian medical and nursing students towards LGBT people and shows a mixed response. Adequate inclusion of LGBT problems in the curriculum may increase medical and nursing students’ understanding of this topic. However, further research is needed across the country to gain a more comprehensive understanding of the stance of medical and nursing students on the issue, which could help inform the development of a gender-inclusive curriculum. In addition, future studies should focus on evaluating the scale’s psychometric properties to establish its standardization.

Conflict of interest. None declared

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