

Human Rights Inequality Of LGBT Community In Health Care And Educational Settings In Tamil Nadu: A Descriptive Cross-Sectional Study

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KEYWORDS

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ABSTRACT

Background: The main aim of the study was to unearth the diverse forms of human rights violations encountered by LGBT people in Chennai city. It would help to fill the gap existing between over-understudied subjects of this kind and understanding the inequalities in educational and health settings.

Materials and Methods: A descriptive cross-sectional design was adopted to study 284 LGBT people who were recruited using the snowball sampling technique. The instrument employed to garner information from the study subjects was a semi-structured interview schedule. The data was analysed and a chi-square test was employed to ascertain the association variables.

Results: The study population included males, females and transgenders. The male subjects constituted 56.3%, followed by females (10.6%) and transgenders (33.1%) respectively. Among the LGBTs, 32.7% were transgenders and 32.4%, 31.3%, and 3.5% were bisexuals, gays, and lesbians respectively. 61.6% of them were in the age group of 25-34 years, with a mean age of 29.34. 45.1% of LGBTs faced discrimination at educational institutions. 72.9% of GBT experienced diverse forms of discrimination in hospital settings.

Conclusion: The study clearly demonstrated that a sizable proportion of lesbians, gays, bisexuals, and transgenders face inequalities in their families, educational, and health care settings. Thus, sensitization programs, incorporation of inclusive policies into educational and health care institutions, and inclusion of a separate curriculum in schools and universities, and undertaking research in this field would address their problems.

Introduction:

Human rights are basic and vital rights of every human being, irrespective of sex, sexual orientation, caste, colour, nationality, ethnicity, gender, and faith. Human rights encompassed the right to education and work, freedom from oppression and slavery, the right to live with dignity, the right to employment, etc. Every individual in society is entitled to have these rights without any discrimination(Jha, 2021). The rights pertaining to sexual orientation and gender identity (SOGI) are essential and evident under LGBT rights, encompassing homosexuality and same-sex marriage. International law advocates for these rights and forbids discrimination based on these standards(Ojilere, 2024).

The societal and cultural dynamics in India, including religion, caste, and stigma, intensify the difficulties faced by the LGBT community during the process of coming out(Babu, 2024). Gay and queer people in India are faced with a double standard of life, where they must accept the pressure from conservative families to live in a heteronormative society for married life, while suppressing their original sexual identities(Sharma, 2024).The responses of family members significantly influence the physical and mental health of individuals, as evidenced by the fact that 85.5% of LGBT

individuals report experiencing rejection from their families based on their sexual orientation or gender identity (Reczek & Smith, 2021).

It is evident from the US study that 46% of LGBT individuals refrained from disclosing their sexual identities in the workplace for fear of job loss and other concerns (Aksoy et al., 2023). The Oklahoma study unequivocally illustrates that LGBT individuals encounter wage disparities, harassment, and a scarcity of job opportunities. Productivity and business operations are adversely affected by these discriminations (Mallory et al., 2011). According to (Mane, 2021) disclosed sexual orientation has resulted in workplace exclusion, harassment, and discrimination for 22.33% of LGBT employees in India. Nevertheless, a significant number of LGBT employees in India experience workplace challenges without disclosing their sexual orientation. The fundamental causes of these issues are the absence of inclusive workplace protocols and cultural diversity inclusion policies.

According to studies conducted by (Christou et al., 2024b; Russell et al., 2021; Suarez et al., 2024) Johns et al. (2019), and Suarez et al. (2024), LGBT students in US schools often face challenging experiences, including victimization, which can lead to worse physical and mental health outcomes compared to their peers. Being a victim can have severe consequences. As a result, 73% report a decrease in social connections, 70% report an increase in anxiety and despair, 63% report low academic performance, and 33.2% discontinue school (Priya Menon, 2019). Similarly, among the Canadian college and university students surveyed, over half (47%) experienced some form of sexual orientation or gender identity discrimination. The absence of policies and practices to safeguard students of varied sexual orientations aggravates this ongoing discrimination. (Burczycka, 2020).

Despite the fact that Europe and North America have conducted a plethora of studies on health care disparities based on sexual orientation, very few studies have been published in developing countries due to data limitations (Nettuno et al., 2024). It was found that 50% of 289 LGBT individuals experienced interpersonal harassment in healthcare services (Arora et al., 2022). Many incidents as such often causing them to conceal their identities and delay medical treatment. (Pandey et al., 2021). In India, the transgender encounter pertinent problems in accessing quality treatment due to various reasons like dearth of treatment norms, discrimination at diverse departments, extortion, ridiculing, verbal abusing, lack of social protection schemes and insurances, and homophobia (Pandya & Redcay, 2021a). The incidents are the result of factors such as a lack of diversity and inclusive policies in health care settings, culturally competitive healthcare providers, training, exclusive LGBT treatment protocols, and negative attitudes towards them (Agarwal & Thiyam, 2023; Mansh et al., 2015).

Considering these rights violations, the study was undertaken with an attempt to study the various types of human rights violations faced by the LGBT community in Chennai. It would facilitate to fill the gap existing over the understudied subject of this kind and understand the educational and health needs of the LGBT community.

Materials and Methods:

In this study, a descriptive cross-sectional design was undertaken to study LGBT individuals encountering diverse forms of human rights violations in Chennai City, the headquarters of Tamil Nadu State in India. A pilot study was conducted with 30 subjects of diverse sexual orientations, including 11 transgenders, 10 gays, 7 bisexuals, and 2 lesbians. Consequently, the questionnaire was pretested with 5 subjects, and further additions, omissions, and deletions were done with the intention of optimising its quality. Every subject provided their informed written permission after being explained the aim and purpose of the study. They were assured of the fortification of confidentiality of the information shared by them for the study. Self-identified LGBTs, willingness to engage in research, a one-year residence in Chennai, and a productive age range of 15-40 years were the inclusion criteria used to enrol them.

The study population comprised 284 LGBT people who were recruited using the snowball sampling technique. Initially, a transgender person who was interested in participating in the research study was introduced by a volunteer working for an NGO in Chennai. She provided the necessary information for the research and introduced another individual for the interview who she already knew. She, too,

provided facts about human rights abuses she experienced as a transgender person. The same technique was employed in a chain to elicit information from a certain number of LGBT people without interruption. The chain was broken at one point, when it reached 284 samples, which encompassed 94 transgenders, 91 bisexuals, 89 gays, and 10 lesbians. As a result, the interview process was wrapped up due to a lack of an introduction to a new individual by the subjects participating in the interview.

The instrument employed to garner information from the study subjects was a semi-structured interview schedule. The schedule had three core segments that included socio-economic profile, knowledge of constitutional rights, and human rights violations in educational and healthcare settings. Each segment consisted of a series of questions relevant to the perpetration of human rights violations against LGBT people. Before administration of the schedule in the field, content validity was duly done with experts in the field of social science research, NGOs working to secure LGBT rights, law enforcement departments, health and psychiatry settings, and human rights activists. This has facilitated enhancing its quality and having pertinent questions pertaining to study objectives.

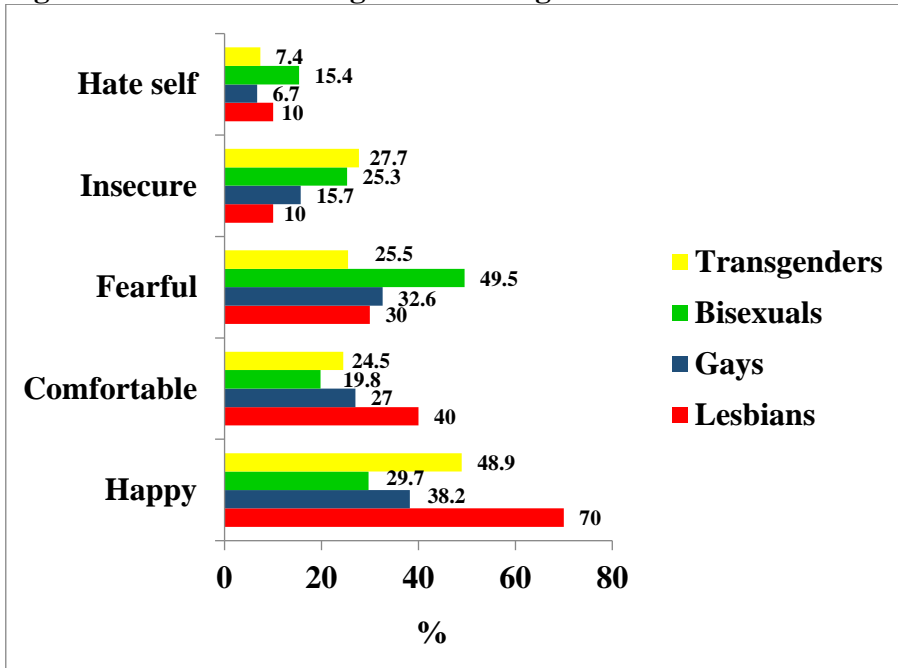
The actual data collection work lasted a year with great challenges in identifying lesbians for the study. At the end of every field survey, the data collector verified all the information collected from the study subjects and revisited a few houses the next day to collect the omitted information from them. After the completion of data collection work, each variable and attribute in the schedule were codified with numbers, entered into an Excel sheet, and then uploaded into SPSS-22 for analysis. The results were portrayed in the form of cross tables and pictorial diagrams. The Chi-square test was employed to ascertain the association between socio-economic profiles and the perpetration of human rights violations in educational and health care settings. The significance level for all statistical tests is fixed at $P < 0.05$.

Results:

The study population included males, females and transgenders. The male subjects constituted 56.3%, followed by females with 10.6% and transgenders with 33.1% respectively. Concerning their varied sexual orientations, 32.7% identified as transgender, while 32.4%, 31.3%, and 3.5% identified as bisexual, gay, and lesbian, respectively. 61.6% of them were in the age group of 25-34 years, with a mean age of 29.34.

A majority of the subjects (81%) professed the Hindu religion. 76.2% of them studied up to high secondary school level. 63.7% lived as singles. 56.4% of the transgenders were engaged in full-time beggary work and 27.1% of GBT were involved in commercial sex work. 90.1% of LGBT people earned Rs. 9999 as a monthly income. 52.8% resided in rented houses. 65.1% had no habit of saving. 34.5% had borrowed money from diverse sources, among whom 86.7% availed of loans up to Rs. 50000/-to meet the family and castration surgery expenses. 52.8% lived in houses that were made up of terraced roofs.

Figure: 1 Personal Feelings about Being LGBT



90.2% of the LGBT incurred expenses ranging from Rs. 500 to Rs.3000 for their food. There was a strong relationship between the percentages of LGBTs incurring expenses for food as well as their entertainment. A vast majority of bisexuals (85.7%) and transgenders (85.1%) had a strong link with local community organisations working for their welfare and securing their rights. 42.6% of LGBTs were aware of basic constitutional rights such as equality before the law, equal opportunity in public employment, freedom of speech and protection of personal life, and the prohibition of discrimination based on sexual orientation, caste, creed, colour, etc.

83% of transgenders were very out to everyone about their sexual identity, followed by bisexuals (73.6%) and gays (66%) respectively. However, there was an inconsistency in lesbians revealing their identity to everyone, fearing discrimination. Only half of them disclosed their identities only to their family members. There was a statistically significant association between LGBTs with regards to disclosing their sexual identities to others in the community. $P < 0.001^{**}$. Among the subjects who revealed their sexual identities to their family members, 69.7% experienced intimidation as a reaction from them. In contrast, 63.4% of them picked up quarrels with their family members.

Among the 45.1% of LGBTs who faced discrimination at educational institutions for their sexual orientations and gender identities, only one lesbian was subjected to discrimination from their peers and staff in the forms of teasing, verbal abuse, isolation and sexual abuse. It differed moderately from the entire sample of gay (N=43), bisexual (N=40), and transgender (N=44) subjects in terms of teasing and verbal abuse. A statistically significant difference was found between LGBTs in regards to discrimination encountered in educational settings ($P < 0.001^{**}$). The odds of perpetrations of human rights towards gays in educational institutions by other students due to their preferred sexual orientation and gender identity were nearly one time higher in comparison with other gays and transgenders [OR: 1.9189, 95%CI: 0.3265-2.5860].

Although 90% of the lesbians were not comfortable with revealing their identities to health care providers, this portion was comparatively higher in percentage than the transgenders (79.8%), bisexuals (69.2%) and gays (64%) who were comfortable doing so. On an average, 69% of LGBTs were comfortable with revealing their identities to health care providers. 68.4% of the transgenders reported fear was the main reason for not disclosing their sexual orientation to health care providers in hospital settings, followed by 60.7% of the bisexuals, 62.5 of the gays, and 55.6% of the lesbians respectively. In general, 62.5% of LGBT stated that fear was the main reason for not disclosing their identities.

87.9% of bisexuals stated that health care providers were sensitive to the health needs of LGBT, followed by 83.5% of transgenders, 80% of lesbians, and 79.8% of gays. On the whole, 83.5% of the LGBT considered the healthcare providers responsive and sensitive to their health needs. 87.9% of bisexuals and 80.9% of transgenders and 69.7% of gays were able to freely discuss their health-related needs with doctors, but over half of lesbians (60%) were not. 72.9% of GBT experienced diverse forms of discrimination in hospital settings. Although there were slight differences in the percentage of GBT experiencing ill-treatment, none of the lesbians faced any such problems, as they had concealed their identities. A statistically significant association was found between GBT with regards to ill-treatment in hospital settings ($P < 0.001^{**}$).

Table 1: Association between Income of GBT and Human Rights Violations in Educational and Hospital Settings

Preferred Sexual Orientation	Incidence of Human Rights Violations	Income		OR	95%CI	P-Value
		≤ Rs. 7499	> Rs. 7499			
Educational Settings						
Gays	Yes	34	9	0.9189	0.32-2.58	0.872
	No	37	9			
Bisexuals	Yes	22	18	0.1329	0.04-0.40	<0.001**
	No	46	5			
Transgenders	Yes	26	18	0.2781	0.10-0.72	<0.008**
	No	42	8			
Hospital Settings						
Gays	Yes	53	8	3.68	1.25-10.75	<0.0172*
	No	18	10			
Bisexuals	Yes	53	10	4.59	1.68-12.53	<0.0029**
	No	15	13			
Transgenders	Yes	63	20	3.78	1.04-13.71	<0.0432*
	No	5	6			

Odds Ratio (OR), Confidence Interval (CI), & Gays, Bisexual and Transgenders (GBT)

Table-2: Types of Ill-treatments encountered by GBTs

Types of Ill Treatment	Preferred Sexual Orientation			Total (N=207)%
	Gays (N=61)%	Bisexuals (N=63) %	Transgenders (N=83) %	
Refused treatment	19(31.1)	31(49.2)	53(63.9)	103(49.8)
Ridiculed during filling the gender column in case history sheet	11(18)	22(34.9)	61(73.5)	94(45.4)
Aversion Therapy	22(36.1)	19(30.2)	32(38.6)	73(35.3)
Exhibited behaviour of disgust for treating LGBT	14(23)	27(42.9)	47(56.6)	88(42.5)
Make LGBT to wait for a long time in a queue	9(14.8)	17(27)	26(31.3)	52(25.1)
Change of queue	0	0	37(44.6)	37(17.9)
Referring to other hospitals without giving proper information	12(19.7)	27(42.9)	39(47)	78(37.7)
Verbal Abuse	49(80.3)	57(90.5)	73(88)	179(86.5)
Forced to undertake HIV test	18(29.5)	32(50.8)	37(44.6)	87(42)

Refused treatment unless HIV test is done	7(11.5)	12(19)	17(20.5)	36(17.4)
Use them as specimen for teaching purpose without their consent	17(27.9)	29(46)	45(54.2)	91(44)
Extortion	31(50.8)	39(61.9)	63(75.9)	133(64.3)

Discussion:

Inequalities in Family:

The current study showed that a slew of problems meted out to LGBTs when they disclosed their sexualities to their family members. It ranged from threat, intimidation aversion therapy, physical assault to estranged family relationship, running out of families, isolation, refusal of property and influence in choosing marital partners. Similar pattern have been observed in many studies, where the LGBTs faced difficulties like intimidations, physical assault, rejection and estranged relationship with family members(Hafeez et al., 2017; Kole, 2007; Srivastava, 2020). Despite the evidences to prove the long existence of LGBT in our society, the heteronormative society wherein we live fail accept them as our fellow beings,

Inequalities in Educational Settings:

The study unearthed and showed that nearly half of the LGBT reported discrimination in their educational institutions based on their sexual orientation and gender identity. According to (Dey, 2015; Jones, 2019) sexuality minorities reported being compelled to leave their studies due to bullying at educational institutions by fellow students for their feminine attitude. (Smith, 2017) noted in a study carried out in Jamaica that three-fourths of the students studied in the schools were bullied by their fellow students due to homophobia and transphobia. It has been observed in US study that the transgenders students were more like to experience on the college campus and they had high odds of experiencing violations than male and female students(Griner et al., 2020).

The exclusion of LGBT from mainstream of education India is rarely reported to media and the Indian society continue to have negative attitude towards LGBT long since according World Bank Report(Badgett & M.V. Lee, 2014). Human rights are rights naturally given to every human being in the world, irrespective of caste, creed, colour, religion, language, sex, sexual orientation, and nationality. All are equally entitled to enjoy our human rights without discrimination. However, it is still denied to all LGBT across the globe since their childhood from their families to educational institutions due to their sexual orientation and gender identities.

Inequalities in Hospital Settings:

The present study was evidence of manifestation of human rights violation towards LGBT in health care settings. Nearly three-fourth of the gays, bisexual and transgenders encountered such diverse forms of human rights violations. A similar study carried out in Bangalore showed human rights abuses being perpetrated towards LGBT in health care settings(Liberties-K, 2001). Another study showed health disparities occurs in all societies, there were no separate wards for the sexual minorities, many transgenders have been denied sexual reassignment surgeries in many hospitals(Math & Seshadri, 2013). A similar observation is seen in a study that the potential negative attitude of the doctors and other health care providers, judgemental mentality, lack of empathy, indulging conversion therapy and ill-treatment towards LGBT are common in health care settings. The people with HIV/AIDS and STI have especially been facing a lot discriminative practices by others in the hospitals(Azad & Nayak, 2016; Kar, 2018; Nakkeeran & Nakkeeran, 2018).

American Psychiatric Association had removed the diagnostic of Homosexuality from the second edition of Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. In many countries people has started believing that homosexuality is a normal variant and part of our society(Brill, 1998; Drescher, 2015; Kinney, 2015). World Health Organisation also accepted it normal (Cochran et al., 2014). However, the heteronormative society wherein we live still has a negative and conventional attitude towards LGBT people and flops to accepting them as normal variants. According to colonial

statute section 377, homosexuality is still considered deviant behaviour and an unethical activity in India. The Supreme Court is currently contemplating a petition to recognise homosexuality as a normal variation and repeal IPC section 377, which was filed in 2018. Despite the fact that transgender people are now regarded as third gender after the Supreme Court ruled in their favour, we still have a long way to go until then these people continue to encounter stigma and discrimination in health care settings (Nakkeeran & Nakkeeran, 2018).

Conclusion:

The study established unequivocally that a sizable proportion of lesbians, gays, bisexuals, and transgender people encountered problem such as intimidation, estranged family relationships, and aversion therapy, as well as family dissolution, as a result of disclosing their sexual and gender identities. Similarly, as a by-product of their orientations, they experienced bullying and prejudice in educational settings. They have faced various forms of stigma and discrimination from health care personnel as a result of their sexual orientation in a healthcare setting. Social professionals have a critical and inevitable role in addressing LGBT concerns. These human rights inequities can be addressed by expanding public awareness of sexual minorities, integrating sexuality education into schools and universities, promoting inclusive educational policies, and creating a separate curriculum for medical and social work education. Numerous empirical research studies on LGBT topics are necessary to help social workers, academics, policymakers, and other key stakeholders in comprehending and fostering an enabling environment for LGBT people, as well as to fill the research void.

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