

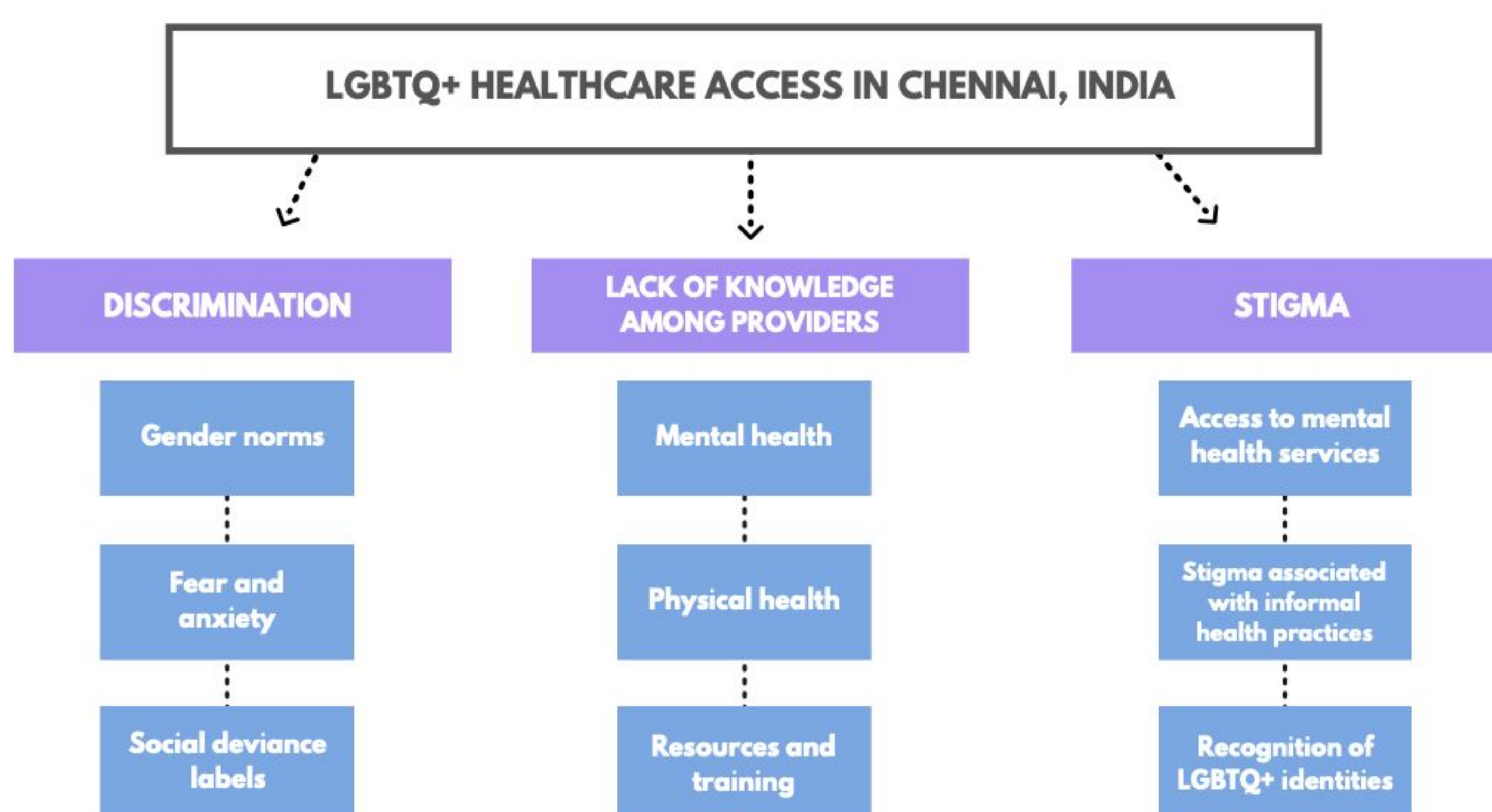
# DEVELOPING A MOBILE-BASED LGBTQIA+ HEALTH CURRICULUM FOR HEALTHCARE PROVIDERS IN CHENNAI, SOUTH INDIA



Shelby Hobohm\*, Nima Rahman\*, Shilpa Rajagopal\*, and Rosaleen Xiong\* | The University of Texas at Austin

## INTRODUCTION

In 2018, the Supreme Court of India struck down Section 377 of the country's penal code, decriminalizing homosexuality. However, many LGBTQIA+ Indians continue to face de facto discrimination. For example, there are still numerous barriers that prevent LGBTQIA+ individuals from accessing medical treatment or cause them to receive lower standards of care. Indian healthcare providers who are interested in better serving this community have indicated a lack of tools and resources to do so.



## METHODS

This project relies on a partnership with two Chennai-based NGOs, Nirangal and SAATHII, to assess LGBTQIA+ health resource gaps.

1. Literature Review: Initial research drawing from peer-reviewed journals, books, articles, films, and websites to gain comprehensive understanding of field.
2. Virtual Interviews: In-depth interviews with Indian healthcare providers, peer counselors, and LGBTQIA+ community members.
3. App Testing and Curriculum Refinement: Iterative design process to develop nine app-based LGBTQIA+ curriculum modules based on qualitative data.

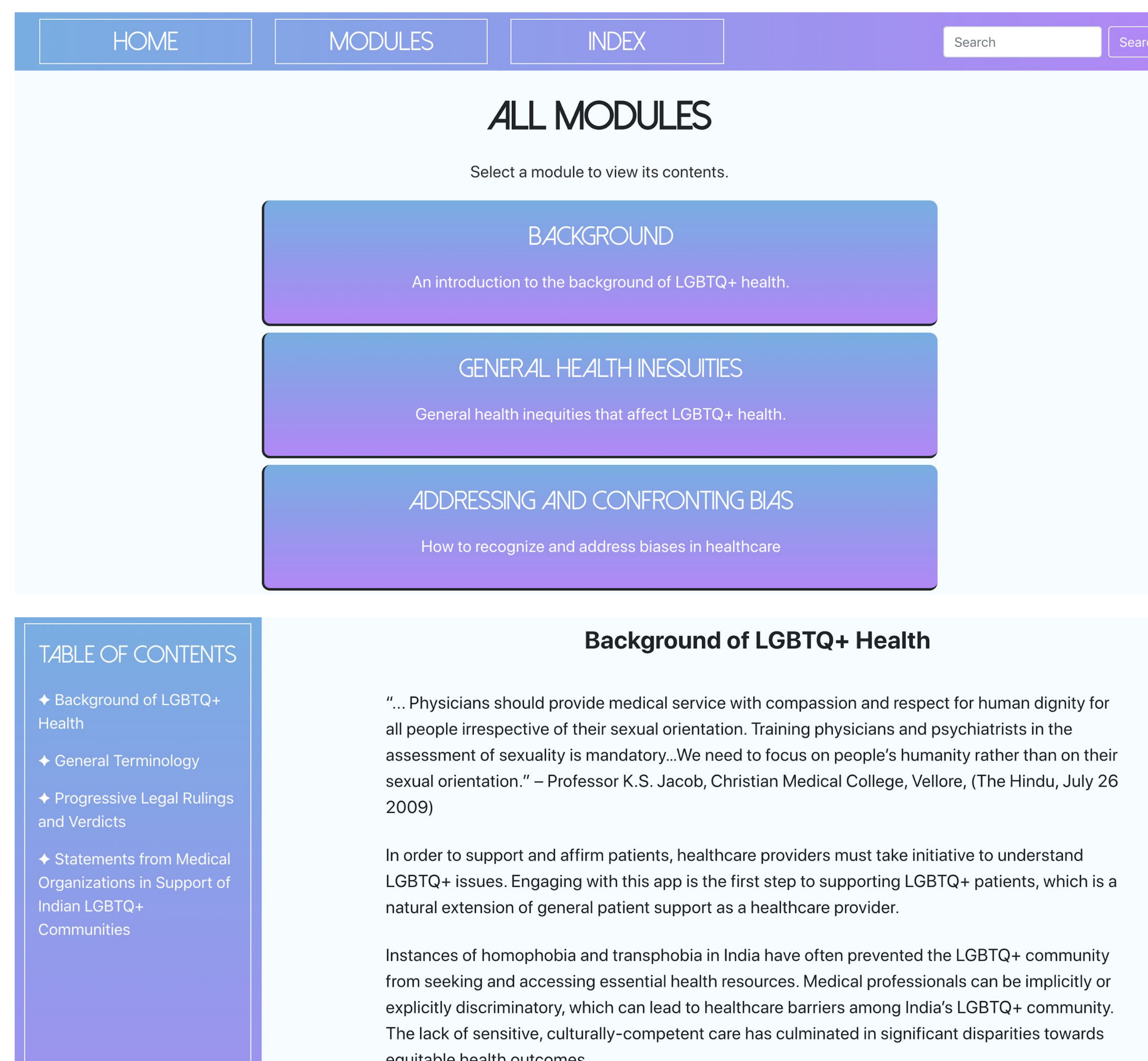
## APP DEVELOPMENT

Our team built a mobile application and website targeted at local Chennai healthcare professionals to deliver an adapted LGBTQIA+ curriculum. Since India leads the world in accessing the internet through mobile devices, we believe using technology to distribute this information can serve as an accessible and effective way to provide resources to clinicians.

The following features were implemented:

- Individual curriculum modules, each addressing a separate aspect of LGBTQIA+ healthcare
- An index of culturally-specific terms commonly used in LGBTQIA+ healthcare
- Search function for modules and index
- Intuitive user interface providing easy access to each of the features

The backend of the app was designed so that collaborators can easily add and modify content.



Screenshots of the main curriculum landing page and example module.

## FINDINGS

- Major issues related to LGBTQIA+ healthcare access and provision of services: fear of judgment, invisibility of LGBTQIA+ health topics in medical education, loss of trust between patients and providers, lack in understanding of stressors unique to identities/sub-cultures within the LGBTQIA+ community, and stigmatization of mental health care.
- Necessary provider skill sets include the need to approach patients as equals, engage in sensitive history taking, and maintain patient confidentiality.
- COVID-19 has expanded access to telecounseling, increasing comfort around the intersection of technology and health.

*"When people are forced to come out, they are not financially prepared and in some cases, not emotionally prepared. They...have to relocate to a new place because sometimes parents ask the children to leave their house."*  
-Interview with a psychotherapist and counselor

*"A lot of [medical] books have not changed their definitions based on the recent changes in the definitions of gender dysphoria...healthcare providers find it difficult to approach a [LGBTQ+ identifying] client...because they are seeing [the identity] as a disease and a disorder."*  
-Interview with an HIV/STI specialist

## DISCUSSION

- The curriculum modules provide a foundational educational platform for clinicians to broadly understand LGBTQIA+ health and social care needs.
- Additional instructional and awareness building resources are needed to help bridge disparities faced by India's LGBTQIA+ communities.
- Sensitization trainings should involve all members of a comprehensive care team who interact with patients.

## ACKNOWLEDGEMENTS

Special thanks to the project's faculty and graduate student mentors: Dr. Sharmila Rudrappa, Dr. Aniruddhan Vasudevan, Dr. Patricia Hamilton-Solum, and Dr. Paul Toprac. The app was built with the assistance of Terry Nguyen and Thomas Schwalen. This project was funded by the UT President's Award for Global Learning.