



**“Review & Identifying the Gaps in  
Existing MBBS Curricula in  
Pakistan Leading to  
Discrimination against Sexual &  
Gender Minorities Accessing Sexual &  
Reproductive Health Services”**



**RIGHT HERE  
RIGHT NOW**



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# List of Abbreviations

|              |                                                  |
|--------------|--------------------------------------------------|
| <b>AIDS</b>  | Acquired Immune Deficiency Syndrome              |
| <b>DUHS</b>  | Dow University of Health Sciences                |
| <b>DSD</b>   | Disorders of Sexual Development                  |
| <b>FDI</b>   | Forum for Dignity Initiatives                    |
| <b>FGD</b>   | Focused Group Discussion                         |
| <b>FTM</b>   | Female to Male                                   |
| <b>GID</b>   | Gender Identity Disorder                         |
| <b>HIV</b>   | Human Immunodeficiency Virus                     |
| <b>IDI</b>   | In-Depth-Interview                               |
| <b>LGBTI</b> | Lesbian, Gay, Bisexual, Transgender and Intersex |
| <b>NHS</b>   | National Health Services                         |
| <b>PMDC</b>  | Pakistan Medical and Dental Council              |
| <b>SGM</b>   | Sexual and Gender Minorities                     |
| <b>SRHR</b>  | Sexual and Reproductive Health and Rights        |
| <b>SRH</b>   | Sexual and Reproductive Health                   |
| <b>SRS</b>   | Sexual Reassignment Surgery                      |
| <b>STI</b>   | Sexually Transmitted Infection                   |
| <b>TG</b>    | Transgender                                      |
| <b>UDHR</b>  | Universal Declaration of Human Rights            |
| <b>UN</b>    | United Nations                                   |
| <b>US</b>    | United States                                    |
| <b>VCAT</b>  | Value Clarification and Attitude Transformation  |





# Executive Summary

The changing social consciousness around human sexuality have improved academic understanding on the fluidity of sexual and gender identities and roles. There is an increasing demand around the world for rights and civil liberties for sexual and gender minorities (SGM) -- an inclusive term referring to people who identify as Lesbian, Gay, Transgender, Intersex or have other genders identities or expressions. However, the progress on provision of these rights is not homogeneous across the globe, and Pakistan, despite some historic steps in the right direction, stand low on the ranking for gender equality sexual and reproductive rights, particularly for sexually marginalized groups. The right to health is one of the basic rights of all people, and SGM require unique consideration in the healthcare setting. However, several international studies have suggested that their needs are not met and SGM groups often have poor health indicators. This study was carried out to review the undergraduate medical curriculum in Pakistan to identify the gaps that lead to discrimination in provision of quality healthcare to gender or sexual non-conforming individuals. For this purpose the national guidelines for MBBS curriculum by PMDC were reviewed in details and the findings were triangulated with qualitative information on the research question obtained from medical graduates through IDIs, and insights on the perceived barriers in access to healthcare recorded through a FGD with members of SGM.

This study identified many gaps in the medical curriculum guidelines in addressing human sexuality on the whole, and complete lack of guideline on SGM health. No expected objective has been set for medical students' knowledge, skills, or attitudes regarding transgender or other sexual minorities' health. It also showed that the majority of the physicians interviewed for the study had a poor understanding of SGM and could not explain relevant terminology or identify any unique health needs of the group. Similarly, they also didn't seem to have the attitudes required to deal with patients identifying as SGM even for general health concerns. The respondents of FGD also shared that they avoid seeking healthcare from a professional until absolutely unavoidable. When they do seek medical attention, they frequently experience discrimination and verbal harassment. The SGM community in the group believed that a major part of the reason for not seeking care is negative previous health care experiences.

Thus, the study concludes that the current medical education curriculum by PMDC does not provide adequate content and training to medical students for providing appropriate care to the unique healthcare concerns of the transgender or other SGM communities. Nor does this curriculum aim to clarify the values and attitudes of medical students towards sexuality and gender in general, and towards SGM groups in particular. Based on its findings, the study recommends reforms in human sexuality content in medical education and inclusion of content, objectives, and interventions for sensitizing medical professionals towards SGM.



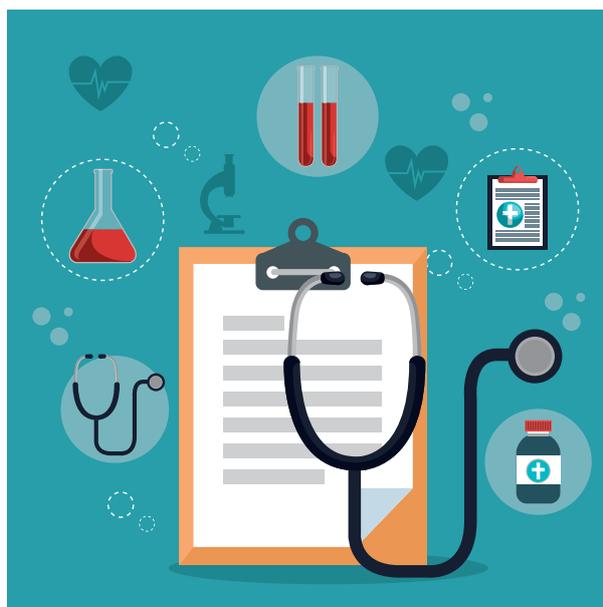


# 1. Introduction and Background

Past few decades have been exponential in recognizing humans as sexual beings, and hence more focus on sexuality as a lifelong human experience throughout their lives. Human sexuality is influenced by a multitude of factors i.e. it has complex biological, psychological and social aspects. This recognition has led to advancement in research in sexual and reproductive health, subsequently broadening the concepts of health service delivery in this area. The advancements in the fields of family planning and contraceptives, sexuality education, HIV and AIDS and other sexually transmitted infections (STIs) have also led to more open discourses on sexuality in general.

These advancements in human sexuality and changing social norms around societal assumptions on sexual and gender identities and roles have built movements across the globe to demand civil liberties for marginalized or minorities groups with diverse sexual and/or gender identities, including the civil rights of sexual and gender minorities (SGM) -- an inclusive term referring to people who identify as Lesbian, Gay, Transgender, Intersex or have other genders identities or expressions<sup>1</sup>.

Despite the increasing momentum of movements for gender and sexual liberties for SGM, the progress is not homogeneous across cultures or within countries. Many countries, including Pakistan, stand low on the ranking for gender equality in general, and sexuality remains a tabooed subject in particular.



There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes. Populations that face widespread stigma and discrimination are more likely to report poor overall health and are more vulnerable to a variety of physical and mental health conditions. This study aims to explore the extent to which medical doctors are prepared and trained to address the issues pertaining to health of SGM, and identify the gaps in medical curricula that lead to stigma and discrimination against persons with non-conforming gender and/or sexual orientations.

## Background:

Currently there is no representative data available to determine numbers or percentage of transgender people in the total population in Pakistan, while other sexual and gender minorities are not even recognized to be counted. In 2015 National AIDS Control Programme estimated Transgender population to be somewhere around 150,000<sup>2</sup>. Even though many experts consider this as a highly conservative estimate,

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<sup>1</sup> This paper aims to explore the issues of accessibility of health services for people identifying as SGM. As transgender is a recognized as an umbrella term used for people whose assigned sex at birth differs from their gender identity or expression, we used the terms transgender people and SGM interchangeably for qualitative data collection for this research. Transgender people have diverse sexual orientation identities, attractions, and behaviors. Hence, various aspects of this paper will be explained with regards to access of healthcare for transgender population in the country. However, we fully recognize and acknowledge the specificities of each term.

<sup>2</sup> Periodic Report, 28th Session, October/November 2017. Published by: Forum for Dignity Initiatives and NAZ Pakistan. Universal



When it comes to giving the transgender community basic rights, Pakistan is definitely taking steps in the right direction. Supreme Court of Pakistan, in a historic ruling, recognized Transgender (intersex or commonly called Khawajasera or hijras) as third gender category in 2009. As a result, the population census of 2017 showed around 10,000 people registered as Transgender<sup>3</sup> in Pakistan, and the GOP have also issued gender-neutral passports. However, gender is still a very binary construct – i.e. divided into men and women – in the social and cultural institutions. Legal, religious, and socio-cultural norms also discourage non-confirming gender and sexual orientations. For example, under the Pakistan Penal Code (PPC) (Article 377) same-sex sexual acts are a crime punishable by a prison sentence for up to life. Moreover, assuming the manners of sex or gender different from one's biological sex, and castration are believed to be forbidden in Islam. These and multitude of other social and cultural values discriminating against gender non-confirming individual and/or non-heterosexual orientations result either in non-disclosure by the SGM to society at large or in case of transgender people into marginalization as social outcasts. Hence, most SGM members either do not disclose their gender or sexual orientation to general public or live within their own smaller communities with their own cultures (like khawajasera).

Consequently, they have little or no place in the mainstream economic opportunities. Discrimination on the basis of gender non-conformity restricts their choice of profession because of which their common sources of income include singing and dancing, begging, and sex work. According to a report by Lead Pakistan on the Status of Transgender people in Pakistan titled *The Third Sex: a very small faction of transgender people face lesser hardships because of their higher socio-economic status or better education level and work in fashion, media or beauty industry. In the last decade, there seem to be some transformation in the Pakistani society as there is increased discourse on the rights of transgender people. However, the mainstream society still has deep-rooted apprehensions of sexual and gender non-conformity which manifests itself in the refusal of basic rights and dignity to these communities.*<sup>4</sup> In extremely unfortunate cases, transgender people have died in hospitals due to denial or delay in essential emergency services. The case of a transgender woman, Alesha<sup>5</sup>, made headlines because she was shot six times and the hospital staff wasted precious hours trying to decide whether to put her in male or female ward. She was finally put in a male ward despite her community's protests where she passed away due to delay in treatment.<sup>6</sup>

Hence, marginalization and discrimination faced by transgender community in Pakistan is a known reality, and a number of human rights reports have shed light on the violations of their basic human rights, including right to health. However, there is no representative data on the extent and impacts of discrimination on people of SGM, or even on the status of transgender population in Pakistan. We sought to international studies on the similar topic to deduce the causes, concerns, and potential solutions to this problem. Many international studies highlight the problems faced by Transgender or other sexual minorities in seeking healthcare. These studies and findings give an idea on the extent of discrimination in countries like Pakistan which are considered more conservative in this regard.

According to National Transgender Discrimination Survey in United States (2016), 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%). The Survey also revealed a troubling number of discrimination in seeking healthcare. According to the results, 33% of those who saw a health care provider had at least one negative experience related to being transgender. This includes being refused treatment, verbally harassed, physical or sexual assaults. 24% of the responded reported having had to teach the provider about transgender people in

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3 Pakistan Bureau of Statistics. 6th Population and Housing Census – 2017. Ministry of Statistics, Government of Pakistan.

4 Lead Pakistan. Voicing issues of Human Rights Victims in Pakistan: *Compendium of Human Rights Case Studies*. Chapter: The Third Sex

5 <http://www.telegraph.co.uk/news/2016/05/25/transgender-activist-dies-after-being-denied-treatment-in-pakistan/>

6 <https://www.vagabomb.com/Pakistans-Tragedy-Trans-Woman-Dies-of-Bullet-Injuries-While-Hospital-Tries-to-Decide-Her-Gender/>





order to receive appropriate care. Additionally, 23% of respondents reported that during the past year they did not seek the health care they needed due to fear of being mistreated as a transgender person, while 33% did not go to a health care provider when needed because they could not afford it.<sup>7</sup>

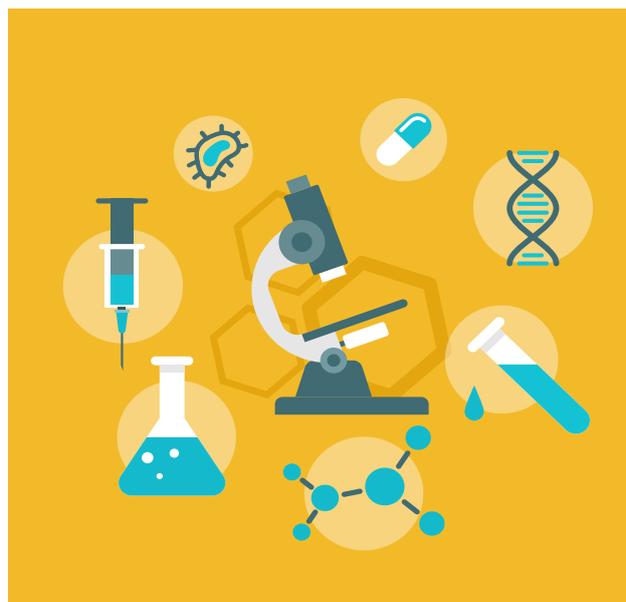
Results of another nationwide survey in United States conducted by Lambda Legal, a non-profit organization working for LGBT rights, show an even darker picture. According to this survey conducted with more than 5000 people of SGM or PLWHIV in the United States in 2009, 70% of transgender and gender-nonconforming patients have either been refused care, subjected to harsh or abusive language by health care providers, experienced refusal of providers to touch them, were blamed for the medical problem for which they sought care or were subjected to physically rough or abusive treatment by providers. On the whole, 90% of Transgender and other SGM people surveyed felt that health care professionals are not adequately trained to care for them.<sup>8</sup> Similarly, a longitudinal study with 206 emerging adults on healthcare access found that transgender people are more likely to delay care and also report negative experiences in healthcare settings compared to other patients (Macapagal et al, 2016). Similarly, Gay

7 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Retrieved from: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

8 Lambda Legal (2009). *When health care isn't caring: Transgender and gender-nonconforming people: Results from Lambda Legal's health care fairness survey*. Lambda Legal. Retrieved from: <https://www.lambdalegal.org/publications/when-health-care-isnt-caring>



and bisexual people also suffer from difficulties of access to health services due to their sexual orientation and often experience breach of confidentiality and discrimination in services by health professionals. (Boyce, Barrington, Bolanós, Arandi and Paz-Bailey). A large scale survey undertaken in the United Kingdom also in 2007 found that 17% of transgender people had been refused services by a doctor or nurse because of their gender identity. Even more, 29%, felt that being transgender or gay adversely affected the way they were treated by health care professionals.



The acknowledgement of sexual and reproductive health as a human right has brought many new issues in discussion around the explanations and determinants for the rights of SGM. Hence, awareness around the transgender and other sexual minority populations is also increasing within the international development institutions. Researchers, human rights activists, media and public health workers have now become increasingly aware that SGM have unique health care needs.<sup>9,10</sup> Especially, since the international professional societies have finally recognized that not only that non-heterosexual behaviours are not pathological or psychological illnesses but that homophobia may affect access to appropriate care which in turn might compromise optimal health. The World Health Organization also identifies and emphasizes on a need to “improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender individuals”.<sup>11</sup> The UN Committee on the Elimination of Discrimination against Women has expressed concern about transgender, intersex, lesbian and bisexual women as “victims of abuses and mistreatment by health service providers.” (Ref)

Increased awareness and deepening focus – especially of health care community -- has resulted in hypothesizing and testing of potential interventions to address the SRHR inequalities for these marginalized groups. Researchers in developed countries are extensively exploring both sides of the equation in this regard i.e. perspectives of transgender people in seeking healthcare on one side and knowledge, attitudes and skills of healthcare providers in giving quality healthcare to transgender and other sexual and gender minorities on the other side.

## Introduction:

Across cultures and social classes, patients seeking healthcare expect their physicians to be knowledgeable about the human anatomy and physiology. Understanding of human sexuality, in particular, is a critically important expectation from physicians who deal with reproductive systems. For example: gynecologists, urologists, endocrinologists and psychiatrists. These specialists receive extensive knowledge and training on SRHR. However, primary health physicians (PHPs) are usually the first point of contact for most patients with their presenting complaints. Hence, logic demands a basic

9 Dean L, Meyer IH, Robinson K, et al. Lesbian, gay, bisexual, and transgender health: findings and concerns. *J Gay Lesbian Med Assoc.* 2000;4:102–15

10 *Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health.* San Francisco, CA: Gay and Lesbian Medical Association; 2001. Available at: [http://www.glma.org/\\_data/n\\_0001/resources/live/HealthyCompanionDoc3.pdf](http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf).

11 World Health Organization (2015). *Lesbian, Gay, Bisexual, and Transgender Health.* Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexualand-transgender-health>



knowledge of human sexuality and adequate skills to openly discuss issues pertaining to sexuality as crucial for topic. Many SRHR issues can be addressed in the primary care setting. Based on this premise, many SRHR organizations advocate for policies that recognize comprehensive SRH services as basic components of health for all populations like youth, women, men, and old people.

Surveys reveal that most medical schools in developing countries do not provide adequate clinical training programs in SRH. Although studies conducted on SRH education for medical professionals in Pakistan are limited, a comparative analysis of HIV and AIDS knowledge attitude and practices (KAP) of healthcare practitioners in Lahore showed that a considerable proportion of medical professionals with do not have satisfactory level knowledge regarding HIV/AIDS.<sup>12</sup> Another similar research on KAP regarding STIs among general practitioners in Karachi also revealed that they required sufficient knowledge of STI symptoms, knowledge about diagnosis and treatment.<sup>13</sup>

Although human sexuality as a subject is taught in a number of medical schools in developed world, its content is not standardized. For example, one study showed that in North America, among the medical colleges that offer SRH course, there is little consensus on the content and skills students should master<sup>14</sup>, and variations in the quality and quantity of training offered<sup>15</sup>. Most of the existing curricula also tend to be focused on disease and dysfunction, and prevention of unwanted pregnancy and STIs. Reviews have shown that, in general, content on healthy sexuality<sup>16</sup>, sexual wellbeing of women and sexual minorities groups is either very limited or completely missing (Shindel & Parish, 2013).

Similar studies in America, Canada, United Kingdom and South Africa have revealed that medical students traditionally receive little or sometimes no education concerning LGBTQ health.<sup>17, 18, 19, 20, 21</sup> However, in recent past due to more movements for LGBTI rights, there is a greater demand on the medical professionals to provide comprehensive care, including sexual health care. This demand leads to increasing interest for inclusion of content on health of SGM groups in medical education, including strategies for addressing personal biases and training of medical students in basic counseling skills such as active listening, effective communication, non-judgmental attitude, and use of sensitive language.<sup>22</sup>

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12 Arshad, S. A comparative analysis of HIV/AIDS knowledge, attitude and practices of healthcare practitioners with and without formal training in Lahore, Pakistan. Asia Pacific University. Master Thesis. 2015

13 Khandwalla, H. (2000). Knowledge, attitudes, and practices regarding sexually transmitted infections among general practitioners and medical specialists in Karachi, Pakistan. *Sexually Transmitted Infections*, 76(5), 383-385.

14 Galletly C, Lechuga J, Layde JB, Pinkerton S. Sexual health curricula in US medical schools: Current educational objectives. *Acad Psychiatry* 2010;34:333-338

15 Shindel AW, Parish SJ. Sexuality education in North American medical schools: Current status and future directions. *Journal of Sexual Medicine* 2013;10:3-18

16 Barrett M, McKay A, Dickson C, Seto J, Fisher W, Read R, Steben M, Gale-Rowe M, Wong T. Sexual health curriculum and training in Canadian medical schools: A study of family medicine, obstetrics and gynaecology and undergraduate medicine programs in 2011 with comparisons to 1996. *Can J Hum Sex* 2012;21:41-51.

17 Task Force on Gender Identity and Gender Variance. *Report of the task force on gender identity and gender variance*. Washington, DC: American Psychological Association, 2009

18 Corliss HL, Shankle MD, Moyer MB. Research, curricula and resources related to lesbian, gay, bisexual and transgender health in US schools of public health. *American Journal of Public Health*. 2007;97:1023-7.

19 Chan B, Skocylas R, Safer JD (2016) Gaps in transgender medicine content identified among Canadian medical school curricula, *Transgender Health* 1:1, 142-150, DOI: 10.1089/trgh.2016.0010.

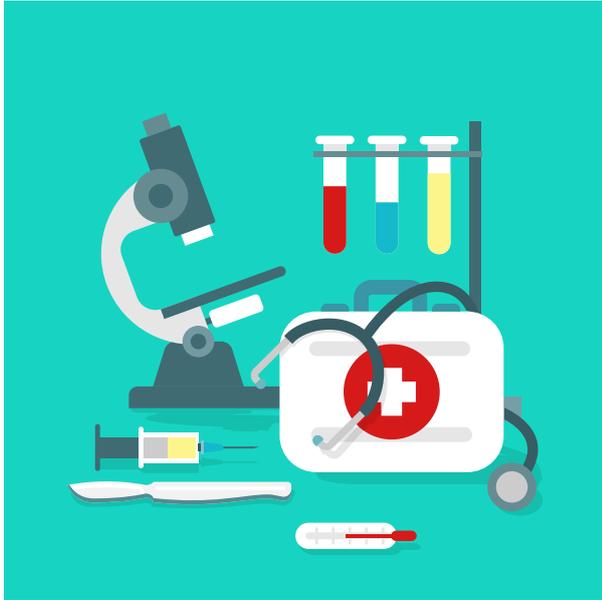
20 Obedin-Maliver J, Goldsmith ES, Stewart L, Shite W, Tran E, Brenman S, Wells M, Fetterman DM, Garcia G, Lunn MR. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011;306:971-7.

21 Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Fam Med*. 2006;38:21-7

22 Office of the Surgeon General (US); Office of Population Affairs (US). The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior. Rockville (MD): Office of the Surgeon General (US); 2001 Jul. IV. Risk and Protective Factors for Sexual Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44215/>







multiple areas of providers' knowledge, attitudes and skills.<sup>30</sup> Some of the improvement areas included increased awareness of local resources for transgender people, increased comfort in taking their sexual histories,<sup>31</sup> and increased intention to challenge homophobic or anti-transgender remarks<sup>32</sup>.

According to a study on US medical schools' curricula reported that although a median of 5 hours are dedicated to LGBT-related content, a number of deans of these colleges express the need for increasing curricular content and faculty with LGBTI expertise.<sup>33</sup>

Based on the review of similar literature, one can conclude that in both developed and developing countries, most medical as well as paramedical education programs do not provide

adequate sexuality education in general and transgender or other sexual minorities health in particular which negatively impacts students' attitude and skills in dealing effectively with such patients. This ineffectiveness causes delays (or even failure) in identifying associated risk factors and in providing adequate health care interventions.

30 Kelley L, Chou CL, Dibble SL, Robertson PA. A critical intervention in lesbian, gay, bisexual, and transgender health: knowledge and attitude outcomes among second-year medical students. *Teach Learn Med.* 2008;20:248–253 [PubMed]

31 Gilbert, Calvin Louis, "Expanding Hearts and Minds: The Impact of Transgender and Gender Non-Conforming Educational Interventions on Nurse Practitioner Students' Knowledge and Comfort" (2016). *College of Nursing and Health Sciences Master Project Publications.* Paper 5.

32 Porter, K., Krinsky, L. (2014). Do LGBT aging trainings effectuate positive change in mainstream elder service providers? *Journal of Homosexuality,* 61(1), 197-216.

33 Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, Wells M, Fetterman DM, Garcia G, Lunn MR. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011;306:971–977.



## 2. Methodology

### 2.1 Research Question:

The research questions that were studied were as follows:

“What are the gaps in the medical undergraduate education and training that lead to discriminatory or biased treatment in provision of primary health services in general and SRH services in particular to people identifying as SGM?”

### 2.2 Research Design, Data, and Analysis:

This study comprises of three parts: review of the existing similar literature by searching for the key words and themes of the research on Google scholar, JSTOR, and PubMed; critical evaluation of the existing PMDC curriculum to check for the adequacy of the medical students training on transgender health issues in particular and sexual and reproductive health topics in general; and qualitative research through 10 in depth interviews (IDIs) and one Focus Group Discussion (FGD).

We reviewed data from the peer-reviewed scientific literature to characterise the importance of including sexuality education in medical education. We particularly reviewed literature on the need, importance, and evaluation of including content related to LGBTI health in medical education and training. Once we got a good picture through our literature search, we reviewed the PMDC’s MBBS curriculum for the gaps in addressing SGM health. We also carried out a cursory comparison of PMDC curriculum with the curricula of two private medical colleges in Pakistan to see the way PMDC curriculum is implemented at national level.



The IDI and FGD tools were developed, by the consultant, after literature and curriculum reviews in order to ensure that they can not only reflect on respondents experiences but also be able to explore beyond the gaps and issues identified in the curriculum.

Ten one-on-one semi-structured IDIs were conducted, audio-recorded, and transcribed. Participants were medical interns, and some relatively experienced medical professionals with only undergraduate degrees in medicine working at public sector teaching hospitals. On the other hand, a focused group discussion was carried out with self-identified transgender adults to discuss their experiences of access to and seeking of health care services at public health facilities. Attempts were made to get 5 male and 5 female respondents, however, only 2 female doctors agreed to the interviews.

IDIs and FGD were conducted, and data were transcribed verbatim in English by a research associate. The transcripts were verified against the audio files and the translations were checked for correctness by the lead consultant. However, all the names, places, and other identifying features were removed across audio files and translations before transcriptions and verification of the translations’ correctness. The data were analyzed using iterative coding and thematic analysis approach.

### 2.3 Ethical Consideration:

Following the basic research ethics and considering the sensitivity of the issues anonymity of each respondent was ensured. No identity was disclosed at all, except the information they consented to pen down and share for study purpose. Participation in this study was purely voluntarily. The purpose and background of the study was briefed before interviews/discussion, participants were provided opportunities to ask any question they may have regarding the study. All participants signed individual informed consent forms before the interviews/discussion.



## 3. Results

### 3.1 Literature Review

The main source of literature review for this research is the PMDC curriculum for undergraduate medical education in the country. PMDC is a statutory regulatory authority established under Pakistan Medical & Dental Council Ordinance 1962 as a body corporate. The PMDC was established in 1948 with the mission to “establish uniform minimum standard of basic and higher qualifications in Medicine & Dentistry throughout Pakistan.” All Pakistani national medical and dental doctors are required to register with PMDC in order to practice medicine either in Pakistan or anywhere in world. Additionally, PMDC also has a mandate to:

1. Prescribe a uniform minimum standard of courses of training for obtaining graduate and post graduate medical and dental qualifications.
2. Prescribe minimum requirements for the content and duration of graduate and post graduate medical and dental courses of study.
3. Prescribe the standards of examinations, and methods of conducting the examinations.

This mandate is prescribed in the form of national curricula guidelines for medical and dental education.

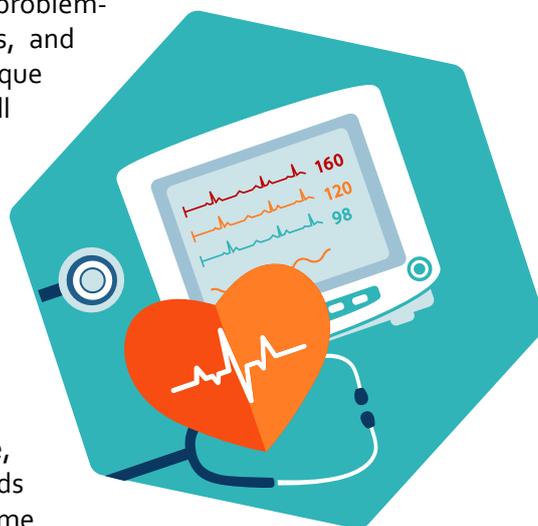
### Overview of the PMDC Curriculum

PMDC provides uniform national curriculum for Bachelors of Medicine, Bachelors in Surgery (MBBS) education in the form of general guidelines in a flexible framework for all public and private medical universities in Pakistan. Implementation of this curriculum is jointly monitored by the Higher Education Commission (HEC – Pakistan) and PMDC.

The overall recommended methodology for teaching is problem-based learning (PBL) through tutorials, practical sessions, and essential skills and lab practice. PBL is a pedagogical technique that involves presentation of an applied problem to a small group of students who engage in structured discussion over several sessions while the facilitator provides supportive guidance for the students. It is a widely recommended (and used) technique in medical colleges across the world and encourages self-directed learning and critical reflection skills in students and promotes team work among scholars and tutors.

PMDC recommends a total number of 7493 hours of learning for medical students over the period of five years. Of these, 20% is institutional-based learning and 20% is oriented towards community-based learning. Overall, it establishes the scheme of studies distributed over four professionals as follows;

1. First Professional Examination to be held at the end of the 1st year and includes coursework completed in Anatomy and Histology; Physiology; and Biochemistry. Which each subjects taught and evaluated in two parts i.e. Part-I and Part-II.
2. 2nd Professional Examination to be held at the end of 3rd year and includes coursework completed in Pharmacology and Therapeutics; Pathology General and Microbiology; and Forensic Medicine.



3. 3rd Professional Examination held at the end of 4th year. The coursework is completed for Community Medicine; Special Pathology; Otorhinolaryngology (ENT); and Ophthalmology. And,
4. Final Professional Examination to be held at the end of 5th year. The examinations are held for theory and clinical practice of Medicine (including Psychiatry and Dermatology); Theory and Practical for Surgery (including Orthopaedic and Anaesthesia); Obstetrics and Gynaecology; and Paediatrics.



The guidelines provide a list of key subjects and topics, clinical and practical competencies, objectives, and assessment criteria for each subject mentioned above. The minimum numbers of teaching hours for each subject are also provided in the curriculum.

In its preface of the published curriculum, PMDC says that *"Curriculum of a subject is said to be the throbbing pulse of a nation. By looking at the curriculum of a subject, one can judge the state of intellectual development and the state of progress of a nation."* Taking encouragement from this claim, we review their curriculum to judge the state and progress of physicians in Pakistan to address the SRH issues in general and health needs of SGM in particular.

In order to conduct this review and identify the gaps in this curriculum that may possibly lead to discriminating behavior or attitude of medical graduates towards SGM accessing SRH services, we focused on identifying the extent to which human sexuality and sexual and reproductive health is taught

### **SRH Content in the PMDC curriculum:**

The sexual and reproductive health education content is spread throughout the curriculum and is distributed within various subjects/ specialties as per its relevance. Thus, it is taught in parts over five years' course of studies. Most of this content is covered within the subjects of Anatomy and Histology; Endocrinology; Physiology; Microbiology; Pathology; Obstetrics and Gynecology; and Surgery. Additionally, Community Medicine, Psychiatry, Forensic Medicine, and Behavioral Sciences also recommend covering some social, psychological and behavioral aspects of human sexuality. The following table provides further detail of the SRH and its related topics included within each subject;



|                              | <i>Subject</i>        | <i>Area</i>                                  | <i>Sub-topics</i>                                                                                                                                                                                                                     |
|------------------------------|-----------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1st Professional Examination | Anatomy and Histology | General Embryology                           | Male and Female Reproductive system                                                                                                                                                                                                   |
|                              |                       |                                              | Fetal development (including development of reproductive systems and sexual organs)                                                                                                                                                   |
|                              | Anatomy – II          | Special Embryology                           | Male and Female Reproductive system                                                                                                                                                                                                   |
|                              |                       | Special Histology                            | Male and Female Reproductive Systems, and Endocrine Glands                                                                                                                                                                            |
|                              | Physiology            | Endocrinology                                | General information on glands, hormones, and some common hormonal syndromes                                                                                                                                                           |
|                              | Physiology            | Reproductive Physiology                      | Functional anatomies of male and female reproductive systems                                                                                                                                                                          |
|                              |                       |                                              | Male and Female gonads and Sexual hormones (testosterone, Oestrogen and Progesterone)                                                                                                                                                 |
|                              |                       |                                              | Male / Female infertility                                                                                                                                                                                                             |
|                              |                       |                                              | Male & Female Puberty                                                                                                                                                                                                                 |
|                              |                       |                                              | Pregnancy, Contraception                                                                                                                                                                                                              |
| 2nd Professional Examination | General Pathology     | Microbiology                                 | Sexually Transmitted Infections                                                                                                                                                                                                       |
|                              |                       |                                              | Genital infections                                                                                                                                                                                                                    |
|                              |                       | Genetics                                     | Common sex linked, autosomal recessive and autosomal dominant disorders                                                                                                                                                               |
|                              | Pharmacology          | Drugs acting on Endocrine system             | Sex hormones and contraception                                                                                                                                                                                                        |
|                              |                       | Drugs acting on Uterus                       | Infertility                                                                                                                                                                                                                           |
|                              | Forensic Medicine     | Personal Identity                            | Methods of determination of age, sex and race by various methods with their medico-legal aspects.                                                                                                                                     |
|                              |                       | Forensic sexology                            | approach to Impotence, determination of Virginity, Pregnancy and criminal processes during delivery, their medico-legal aspects, examination procedure and reporting                                                                  |
|                              |                       | Sexual offences and relevant sections of law | Differentiate between Natural and unnatural sexual offences; perform a Medical examination of victim and assailant, collect specific specimens and write a required certification.<br><br>Common sexual perversions and their causes. |
|                              |                       | Practical work in Forensic medicine          | Sexual assaults and sex related cases (impotence, pregnancy etc.)                                                                                                                                                                     |
|                              |                       |                                              | Procedure of preservation, dispatch of Biological and other evidentiary material.                                                                                                                                                     |
|                              | Community Medicine    | Reproductive and Child Health                | All subtopics are relevant. Including;                                                                                                                                                                                                |
|                              |                       |                                              | Adolescent health                                                                                                                                                                                                                     |
|                              |                       |                                              | Reproductive tract infections: guidelines for management of STD's                                                                                                                                                                     |

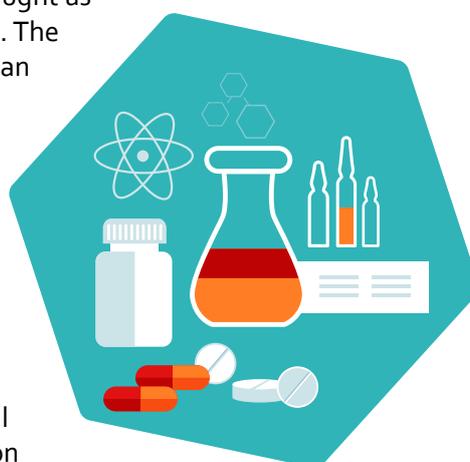


|                              |                                                   |                                                        |                                                                                                                                |
|------------------------------|---------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 3rd professional Examination | Special Pathology                                 | Male Genital System                                    | All major pathologies of male genital system are covered                                                                       |
|                              |                                                   | Female Genital System                                  | All major pathologies of the female genital system are covered including STIs, ectopic pregnancy, tumors etc                   |
|                              |                                                   | Endocrine System                                       | Infertility and growth disorders                                                                                               |
| 4th (Final) Professional     | General Surgery                                   | Urinary Tract                                          | Common Congenital anomalies<br>Infection & its sequelae.                                                                       |
|                              |                                                   | External Genitalia, Scrotal and testicular pathologies | Including developmental abnormalities                                                                                          |
|                              | Obstetrics and Gynecology                         | Obstetrics                                             | Many relevant topics related to reproduction including Foetal congenital abnormalities, and Examination of the new born babies |
|                              | Medicine                                          | Genitourinary system                                   | Including infertility and impotence                                                                                            |
|                              | Lectures/seminars and Tutorials on special topics | Psychiatry                                             | Psychosexual disorders in men and women                                                                                        |
|                              |                                                   | Infectious diseases                                    | AIDS, and other STIs in clinical settings                                                                                      |
|                              |                                                   | Endocrinology                                          | Including... Testes (brief): Sexual precocity, and Heterosexual precocity                                                      |
|                              | Paediatrics                                       | Social Paediatrics                                     | Right of child, and child abuse,                                                                                               |
|                              | Behavioural Sciences                              | Social influences on Behaviour                         | Roles, culture, social support, family etc                                                                                     |
|                              |                                                   | Individual influences on behavior                      | Child development including psychosexual Development                                                                           |
| Adolescence                  |                                                   |                                                        |                                                                                                                                |

## Gaps in Addressing SRH of Sexual and Gender Minorities:

Although we acquired PMDC's curriculum as the primary literature to review for gaps in addressing SGM health at public medical colleges, we also carried out a quick review and comparison with curricula of two private health universities in Pakistan: Dow Medical University Karachi, and University of Health Sciences Lahore. A comparative analysis was carried out to assess the extent to which PMDC's guidelines are implemented at national level.

Sexual Health or Human Sexuality is not recommended to be taught as a subject neither by PMDC, nor by other two curricula reviewed. The curriculum covers the biological and pathological aspects of human SRH under various subjects, topics and subtopics. However, upon critically review from a public health perspective, one immediately notices the focus on disease, pathology of sexual and reproductive systems, and prevention of STIs etc. Teaching of human sexuality as a healthy part of life, and promotion of SRHR for people of all ages, genders and sexual orientation seem to be completely missing from the curriculum. In particular, the gaps can be categorized into three main themes: (a) addressing the connection between healthy sexuality and overall health; (b) the psycho-social and behavioural aspects of human sexuality, and (c) identification or recognition of any SGM group in the anatomical, physiological or pathological



sense. Let us review these apparent gaps and their impact on physicians' interaction with members of LGBTQI individuals.

### a) Healthy Sexuality and Health:

Sexuality is a natural and vital part of being human. Being sexually healthy requires not only avoidance of sexually transmitted infections/diseases but also having a good overall physical and mental health. Similarly, any diseases, infections of malfunctioning of sexual or reproductive systems can lead to other health issues in the individual ranging from physical to emotional, social or even economic problems. Hence it is important to understand the relationships of various physical illnesses with human sexuality. Moreover, efforts to promote sexual health and train health professionals should extend beyond a focus on negative outcomes

such as sexually transmitted infections (STIs) and pregnancy. The promotion of sexual function, satisfaction and alleviation of sexual dysfunction, including sexual pain, low libido, orgasm dysfunction, and erectile dysfunction, are also important concepts to be taught. International development societies have proposed many holistic and broader definitions of sexual health that extend beyond existence of disease and disability<sup>34</sup>. The more recent definitions have built upon the essential elements provided in the original WHO definition but have also added concepts of mental health, responsibility, and sexual rights, yet these definitions are often not operationalized in practice.

For example, in Pharmacology, a physician must understand the interaction of various drugs or substances with various hormones and how they may or may not impact the sexual and reproductive systems. Moreover connection of sexual health with other chronic diseases like cardiovascular disease, treatment adherence etc. also seems to be lacking.

Similarly, there does not seem to be any guideline on teaching preventive sexual health services as part of Community Medicine or Behavioural Sciences. This includes information on screening for STIs, HIV, cancers of the reproductive systems, and Hepatitis C; and vaccinations for Human Papillomavirus (HPV), and Hepatitis B. Primary Health Physicians also need be equipped with skills to screen people for sexual and gender based violence.

### b) Comprehensive Sexuality Education: Psychosocial and Behavioural aspects of Sexual Health

Similarly, sexual health is a vital part of a person's physical and mental health. It is a very significant part of an individual's identity as a human being as well as its expression in the society. Sexual health is also linked with a number basic civil and human rights such as rights to privacy, to family life, to be free from violence and discrimination, and rights to a respectable livelihood. However, in Pakistan, like most conservative societies, the psycho-social and behavioral aspects of sexuality are not considered a part of medical education. This shortcoming can be seen in mention of 'adolescent health' as a minor sub-topic within the topic of Reproductive and Child Health in Community Medicine Course. Despite the fact that there exists a significant amount of studies and evidence on the importance of Adolescent Health and its connection with SRH and development, the topic gets just a passing reference in the curriculum.

Mental Health education is another key area that lacks any specific objectives for topics like personal identity, mental health of marginalized populations, and issues related to Gender Dysphoria. While the Community Health curriculum requires a visit to physical/mental/social rehabilitation center for community-based training, it can be further enriched by including exposure to psycho-sexual concerns faced by SGM.



34 Edwards WM, Coleman E. Defining sexual health: A descriptive overview. *Arch Sex Behav* 2004;33:189-195.



### c) SGM Health

The biggest gap in the curricula with regard to SRH is its foundation on the heterosexual and heteronormative assumptions. All SRH content is based on the gender and sexual differentiation as a binary. Although the legal system in the country recognizes three gender categories, the medical education does not require nor expect any such recognition from its students. It is vital to understand that Sex and gender are two separate determinants of health across a wide variety of contexts. Many causes of overall poor health are related to sex and/or gender of the individual. However, interchangeable use of the terms 'sex' and 'gender' in medical literature has led to misunderstandings regarding transgender health.

Although the curriculum mentions newborn screening as well as Foetal Conginital abnormalities, it does not specifically include teaching about Congenital Adrenal Hyperplasia (CAH), DSD or other congenital syndromes typically associated with intersex individuals.

## 3.2 Perspectives Medical Graduates towards Transgender Health

This study interviewed doctors about their experiences with providing treatment to Transgender people in order to get an insight into their understanding and attitudes towards SGM health. Although, we also attempted to explore their competencies in addressing SRH issues in particular, they often responded by discussing Transgender health as a generalized concept. 10 healthcare providers were interviewed, of which 3 were interns, and others were junior doctors with experience ranging between 6 months and 3 years. One of the respondents was a relatively senior doctor with almost 10 years of service experience. All respondents were providers at public health facilities.

Seven out of 10 respondents said that they have little or nothing about SGM (especially transgender health) during their education or house-job (internship), while 3 said that some of the subjects during their education mentioned transgender. The subjects mentioned by the respondents to have any reference to the term 'transgender' included Embryology, Community Medicine, Genetics, Pediatrics and Endocrinology. However, all respondents felt that neither their education nor internship have provided them any specific training in SGM health. Only two of the respondents said that they have deliberately learned about the subject, for example, one of the respondents shared that, *"I myself learned about sexual health through some lectures by Kaplan Academy USA. No general or specific terminology about Transgender is taught in Pakistan across Academic discourse or in service."*

### a) Defining SGM

When asked to describe, none of the respondents could give a right definition of the term 'Transgender', while only 4 out of 10 could define the term 'sexual orientation' correctly. Although all respondents said that transgender people are marginalized segment of our society, none fully understand the diversity within the group. For example, when asked to define the term 'transgender', some of the responses were;

*"...transgender are the category of human beings who are unable to reproduce."*

*"...transgender are people having castration by nature. They are both male and female."*

*"...transgender [means] fluctuating sexuality."*

*"...[transgender] are abnormal people who are neither male nor female."*



Most common definition of the term was 'neither male nor female' and 'somewhere between the mainstream sexes [i.e. male and female]'. Upon asking about the status of transgender people in Pakistan, none had any concrete information or statistics but all respondents acknowledged that transgender people are 'neglected segment of the society', are 'not accepted by the mainstream society', and that it is a 'taboo' to be one. Only four of the respondents mentioned the terms 'transphobia', 'discrimination', and 'stigma' against transgender people in the society.

While all respondents had some idea of the poor economic and social status of transgender people in Pakistan, only one mentioned poor psychological health among this marginalized group; "Transgender are human beings too but they do not have any constructive role in society to play other than dancing and begging etc. They should also be part of society but most of people in our society have Transphobia. People often make fun of them. There is huge gap between the larger strata of society and transgender community. They often live with low self-esteem".

### **b) Barriers to Accessing Healthcare for Transgender people**

Interestingly, despite the fact that all respondents feel that their training on SGM or transgender health is inadequate, majority of the respondents do not perceive that as a barrier for transgender people in seeking healthcare. All except one respondents listed stigma and discrimination by the society at large as a major barrier without specifically mentioning healthcare providers' attitudes or abilities. For example some of the responses were:

*"One of main barriers in their access to healthcare at public facilities is transphobia among general masses of society and conservative nature of society."*

*"...people ridicule and humiliate them everywhere in society. Even when they stand either in male or female queue for appointment of doctor at public health facilities..."*

*"Society is the biggest barrier ... as people make fun of them, they have no dignified profession, lack of financial resources, poverty, confined to their own community, no guardianship, often abused sexually and ignored by police etc. They visit Public health facilities only when they are very critical."*

Other barriers mentioned included poverty and low socio-economic status which makes healthcare unaffordable. Two of the respondents also considered lack of health awareness among transgender communities as a major barrier in their access to healthcare.

### **c) Providers' Attitudes and Comfort towards Transgender Health**

Of the 10 healthcare providers interviewed for the study, 3 had never had any encounter with a patient identifying as transgender, 6 had attended to between 1 and 4 transgender patients in their services, while only the senior doctor claimed to have attended to between 20 to 30 transgender patients during his career. Only one of the respondents had attended to 3-4 transgender patients with STD (details not shared), all other had general health issues like gastrointestinal or respiratory infections, dengue, malaria, skin problems etc. It is interesting to note that majority of the respondents were satisfied with the way they attended to these patients, and treated them as "any other patient". For example one of the respondents shared that:

*"I treated them as I treat other patients. Even I was more empathetic towards such patients as they are most disadvantaged group of our society."*

However, when probed to share their experiences in detail, a number of incidences were recalled in which the (transgender) patient was hesitant or uncomfortable during the treatment, or the provider felt confusion regarding their gender identity.



All except one of the respondents felt very confident of their ability to deal with transgender patients for their general health issues. However, they did not feel very confident about dealing with the specific transgender health issues like hormone therapy, 'castration', or other sexual health problems, and would refer such cases to specialists. Only one of the respondents shared that he does not think he "has the required knowledge and training to treat transgender patients with confidence". The responses on their comfort in treating a transgender patient were similar, as 8 out of ten respondents said that they feel comfortable in treating patients with diverse sexual or gender identity because "doctors see [and treat] patients irrespective of their gender". The other two respondents shared that they would feel less comfortable because of lack of clarity on the subject.

In general, none of the respondents felt that there is any taboo or stigma associated with doctors who are known to provide services to transgender people within the medical fraternity. But surprisingly, all respondents also felt that society or public opinion is not good for such a provider. It was shared that public often view such doctor negatively, and with suspicion.

#### **d) Suggestions for improving the Access to Healthcare for Transgender Population:**

When asked about their suggestions regarding strategies or interventions to improve access of health services for transgender people, all respondents were very enthusiastic about a number of varied recommendations. Suggested interventions revolved around three common themes: (a) educational interventions for transgender community, e.g. campaigns for improving health awareness; (b) institutional improvements, e.g. setting up of separate information desks or OPDs for transgender people at public health facilities; and (c) inclusion/enhancement of sexual health and transgender health content within medical education and training. One of the respondent also mentioned improving economic conditions of marginalized communities by launching employment and economic opportunities as a much needed intervention for improving their overall health status.

*"Transgender people are helpless regarding their Gender Identity Disorder (GID), but they are human beings too. Employment opportunities should be created for them."*

However, the respondents also felt that most of these suggested interventions may face hurdles due to conservative social norms, lack of government interest in this area, a general lack of awareness on human rights in the society at large.

### **3.3 Perspectives of Transgender Community on the Accessibility and Quality of Health Care**

A focused group discussion was conducted with 8 members of the SGM, members of the FGD were between the ages of 19 to 35, with varied literacy levels between primary and higher secondary education.

#### **a) Common Health Concerns:**

According to the respondents, the common health issues of transgender people are hormonal disorder, blockage of urine after process of castration, psychological issues, depression and anxiety. They also shared that many of their peers suffer from cycles of depression and anxiety among other psychological issues. GID or Gender Dysphoria and social isolation and stigma were cited as the most common causes of their depression and anxiety disorders. Some of the respondents held lack of social acceptance responsible for a high rate of psychological problems



among people identifying as SGM which also leads to a high rate of substance or drug abuse. As per the group, use of Hashish and alcohol are common among transgender people, while some also use cocaine and heroin.

#### **b) Health Seeking Behaviour:**

Overall, the health seeking Behaviour among transgender population appears to be very poor. The respondents shared that as they almost never receive adequate information or guidelines by medical professionals on dealing with their SRH, self-treatment and self-prescriptions are very common practices in their community. Castration 'operations' are often carried out by quacks or 'gurus' and often end up in complications. Not surprisingly, most of the group respondents believed that doctors lack knowledge and skills regarding treatment of their sexual health issues like hormonal disorder and sexual health 'complexities' after castration. One of the respondents shared that:

*"...according to our knowledge and experience, doctors in Pakistan lack required knowledge and skills of hormonal therapy through medicine or injection and castration process. So, we do our hormonal therapy own our on by using Norigynon hormone injection. We don't know even about the required quantity of dose and side effects of such hormone medicine and injections."*

Use of drugs, accepting gender dysphoria as 'fate', and sharing their feelings amongst themselves were reported as the only mechanisms to deal with psychological and emotional health issues.

#### **c) Experiences with Healthcare Providers/Doctors:**

There was mix response to question of their experience with health care providers either at public health facilities or at private clinic. Respondents shared both positive as well as negative experiences with doctors. In general, it was shared that they are treated in a more positive manner when they see a doctor with general health concerns. However, doctors behaviors are less forthcoming when a transgender approaches them for hormonal therapy/treatments. It was also shared that oftentimes it is the behavior of the paramedic staff and other patients at the health facilities which is more discriminatory and disheartening. One of the transgender shared his experience at emergency of a local public hospital as being good overall. Although the female doctor on duty had a good behavior with him and treated him well, the paramedical staff and others patients ridiculed him as a result of confusion about his gender identity either male or female. It was also shared that in case of severe health issues, the paramedical staff and doctors often refuse to attend/treat transgender patients without the presence of their guardians.

The group shared that although most doctors identify them as transgenders without them having to disclose their gender or sexual identity, sometimes they fail to identify Nirwan (castrated transgender) through secondary sex characteristics.

*"We [transgender] never volunteer to disclose our gender identity. If transgender patients have normal health issues like fever etc, then, even after discloser of our transgender identity before doctor the doctor's attitude is positive towards us. But if you visit doctors for any hormonal treatment, then, their behavior is not up to our expectations."*

#### **d) Barriers to Accessing Healthcare**

Discriminatory and negative behaviour of paramedical staff and doctors towards transgender community was cited as the number one barrier to their access to healthcare. The second major



barrier was shared to be the belief among transgender community that doctors lack knowledge on SRH issues, specific protocols and ethical guidelines for trans health issues. One of the respondents shared that, *"doctors try to violate our privacy by touching sensitive parts of our body and deliberately ask unethical questions about our sexual organs."*

Interestingly, the respondents expressed more comfort in dealing with older doctors as compared to younger doctors, and with female doctors vs male doctors as they face lesser harassment from the former groups. They also feel more comfortable in going to a private facility as private doctors behave and treat them well, and they feel a better sense of privacy and security.

The group also shared that in an ideal situation, they would want to be treated by transgender doctors as they will have a better understanding of the unique health concerns of this community. However, in the given situation, the group felt a strong need to sensitize doctors on transgender health management.



## 4. Discussion of Results

This study results showed a big apparent gap in the medical curriculum guidelines in addressing human sexuality on the whole. Given this, the absence of any specific guideline on SGM health was a rather predictable finding of this study. Similarly, no expected objective has been set for medical students' knowledge, skills, or attitudes regarding transgender or other sexual minorities' health. It also showed that the majority of the physicians interviewed for the study had a poor understanding of the health concerns of SGM. Not only did they lack knowledge to address the health concerns of SGM population, they also didn't seem to have the attitudes required to deal with patients identifying as SG even for general health concerns.

Physicians' lack of knowledge on SGM-specific health, and their discomfort regarding working with Transgender and other SGM patients due to cultural, social or religious beliefs, compromises their ability to provide quality healthcare to this marginalized population. A number of studies and surveys have informed that clinical encounters are an uncomfortable or even humiliating experience for SGM patients due to heteronormative and stigmatizing attitude of the healthcare providers.<sup>35,36</sup> Not surprisingly, the respondents of our study shared that they avoid seeking healthcare from a professional until absolutely unavoidable. They reported either going for self-treatment and self-prescribing of drugs to treat their ailments, or seek advice from their peers or friends who have had similar health issues. When they do seek medical attention, they frequently experience discrimination and verbal harassment. Part of the reason for not seeking care is negative previous health care experiences and anticipated responses from the doctors.

Physicians interviewed seem to believe that there are no significant differences between primary care for LGBTQ patients and care for any other patients. In other words, sexual orientation and gender identity were seen as largely irrelevant to comprehensive care provision, because physicians treat everyone equally, treat everyone the same. For example one of the participants said, "[I] would feel comfortable to attend/treat transgender patients, as doctors see patients irrespective of gender or any other form of discrimination or phobia." However, response to the same question by another respondent revealed that this reported comfort and 'equal treatment' can be only in the physician's perception. He said, "I will be comfortable to treat such patient. We attend/treat such patients in the presence of staff nurse as we consider them in female category of patients." This statement highlights the lack of sensitivity towards SGM prevalent among general population also persists among medical professionals. While the response shows that physicians often have a sense of 'duty' to treat all patients equally, and sometime may also have 'sympathy' towards an otherwise marginalized group, it also highlights the need for value clarification and attitude transformation towards sexuality and gender related matters. This finding coincides with the results of the FGD where most participants share experiences of humiliating attitude from the health care providers.

Similar themes were reported in a study conducted by Beagan et al. on physicians perception and narratives on when and how gender identity and sexual orientation of a patient are relevant to provision of good health care. Interviews with healthcare providers displayed that 1) Some providers believe that sexual/gender identity does not make any difference and for optimize

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<sup>35</sup> Dewey JM. Knowledge legitimacy: how trans-patient behavior supports and challenges current medical knowledge. *Qual Health Res.* 2008;18:1345-55.

<sup>36</sup> Wilkerson JM, Rybicki S, Barber CA, Smolenski DJ. Creating a culturally competent clinical environment for LGBT patients. *J Gay Lesbian Soc Serv.* 2011;23:376-94.



care for all patients it is important to avoid labels, while others believed that sexual/gender identity only matters in addressing the effects of discrimination. The research emphasized the distinction between generalization and stereotypes should be included in education for changing healthcare providers' approaches to care for SGM patients. Researchers suggested that future medical or healthcare education emphasize the idea that SGM identity – as LGBTI – does matter, and that there is a difference between generalizing and stereotyping: generalizations allow providers to “take into account the possible effects of shared experiences that arise from marginalization and discrimination” and suggest “difference, not deficit”; while stereotypes are an “end point for understanding a person” and they limit rather than broaden understanding. They concluded that education for future providers is necessary to enhance the ways that awareness of patterned risk factors within these marginalized groups can improve health care interventions and outcomes.<sup>37</sup>

Discussion on the ethical guidelines for treating Transgender patients also leads to hypothesize the lack of any such guideline provided to the medical students. A quick scan of PMDC's Code of Ethics of Practice for Medical and Dental Practitioners shows no specific guidelines for providing care to marginalized groups<sup>38</sup>. This gap was mentioned by the physicians interviewed for the study who completely lacked knowledge of any ethical guidelines for dealing with transgender patients in general, and SGM patients seeking emergency treatment for sexual health, violence, or even sexual assault or rape. This disadvantage is evident in a number of media reports regarding mismanagement and malpractice of healthcare providers as well as LEA officials in dealing with rape or sexual assault cases of transgender people. A lawyer<sup>39</sup> working for transgender rights his interview for a newspaper report on this issue expressed this as, “one such news “... if a survivor is able to lodge a formal complaint with the police, the next step is a physical exam by a legal medical officer at a government hospital. That, too, is often met with resistance from authorities. [and when carried out] This examination is a form of physical and mental torture,” he added, “...doctors will simply refuse to examine the rape victim, citing that ‘only females can be ‘raped’, and examining Transgenders is not part of their job’”.<sup>40</sup> The guidelines clearly state the following as the rights of all patients;

- 12(d) has the right to courtesy, respect, dignity, timely responsiveness to his health needs, and respect of his gender and sanctity;
- 12 (e) has the right to confidentiality; and
- 15 (e) maintaining the honorable tradition by which the physician is regarded as a friend to all persons of any class, caste, colour, religion; sex, ethnicity, occupation, creed, religion and social status; and

37 Beagan, B., Fredericks, E., Bryson, M. (2015). Family physician perceptions of working with LGBTQ patients: physician training needs. *Canadian Medical Education Journal*; 6(1).

38 The code does provide a guideline for Examination, consultation or procedures on a female patient. (17. Examination, consultation or procedures on a female. patient. - (1) A female patient shall be given consultation either by a female medical .or dental practitioner .or shall be examined in the presence of a female attendant by a male doctor. Under no circumstances a male attendant, assistant or husband or relative etc shall be allowed during a gynecological and obstetrical consultation, examination .or during normal delivery being conducted by a female medical practitioner. However, in exceptional circumstances a patient may file a request-- with the medical practitioner to allow her husband to witness a normal delivery and the medical practitioner may consider the request and shall ensure that sanctity .of the female patient is preserved during procedures and consultations and there is no unnecessary exposure.)

39 Mr. Falak Ali Chaudry, Lawyer at the Neengar Society – a center that provides pro bono legal counsel for transgender people.

40 <http://www.refinery29.com/2016/08/119811/pakistan-transgender-women-rape-violence-interview>



However, the list of rights does not recognize people of non-conforming gender in particular. Moreover, a study assessing understanding of medical ethics among junior doctors representing different levels of training in Pakistan concluded that they often face ethical dilemmas and that their current teaching and training in ethics is insufficient to help them deal with these competently.<sup>41</sup> Our study findings further reinstate these conclusions and identified gaps in doctors' sensitization as well as a lack of ethical guidelines for treating patients identifying as SGM.

Several participants saw sexual health as the primary area where sexual orientation might have an effect, inferring that one does not need any extra training or values clarification for treating general health issues of Transgender people. For example one of the respondent said, "I will feel comfortable in case of normal health issues of transgender patients but with complex health issues like hormonal disorder I will not be very comfortable". One can infer an overall discomfort in dealing with sexual health among primary care physicians, and with a possible avoidance of taking sexual history of patients presenting general health issues.

International guidelines on comprehensive primary care for Transgender or LGBTI patients are provided by a number of organizations and medical societies including WHO, WPATH, and American Endocrinology Society. Review of curricular guidelines and physicians KAP in this light also clearly highlight the shortcomings in medical education in Pakistan. Similarly, the MBBS curriculum guidelines by Dow University of Health Sciences—a private institution in Karachi, Sindh—outlines a more detailed content and training requirements on SRH. This includes 5 lectures (approx. 4.5 hrs) on SRH covering topics like SRH components, local scenario on SRHR, and sexual and social identity. Moreover, DUHS also lays stress on training medical students on taking sexual history for STIs and HIV; medicolegal aspects of sexual assaults; and a VCAT session on gender mainstreaming, stigma and discrimination. In light of the results of this study, it is an acute need to assess the difference in the KAP of medical professionals who have received additional training on SRH at DUHS and draw comparisons with those who have not had such exposure during training.

Although on the whole, all respondents unanimously felt they are not sufficiently trained to address the health issues of Transgender people. Some of respondents showed interest in knowing more about transgender health and also reported having self-educating themselves on the topic. This was a rather positive finding of the study.

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41 Imran N, Haider II, Jawaid M, Mazhar N. Health Ethics Education: Knowledge, attitudes and practice of healthcare ethics among interns and residents in Pakistan. *J Post Med Inst* 2014; 28(4): 383-9.



## 5. Limitations of the Study

Although this study provides valuable insight into the current status of SRH education, particularly content related to SGM health, in Pakistan's medical schools, several limitations must be considered regarding the study design, available literature, and interviews.

Although we used the national curricular guidelines for this study, more information on how various medical colleges adhere to these guidelines are needed. Interviewing informants from some medical colleges will be very beneficial in getting information on the average number of hours spent on sexuality related content. It would also allow better and direct comparisons among various institutes.

This study focused on the medical professionals working in the public health facilities of twin cities area (i.e. Rawalpindi and Islamabad), this cannot be called a representative group. Additional data from medical graduates / interns from other cities would help reinforce the findings of this study. A future study with more resources available to permit a quantitative survey with medical graduates to inquire about their knowledge, attitudes and practices with regard to SGM health would further strengthen our findings.

Moreover, the researchers, initially, also wanted to review the curricula for some specialties including Gynecology, Urology, Paediatrics, and Endocrinology as these are directly concerned with transgender and other sexual minorities' health. However, this review was excluded from the study due to two limitations: (1) difficulty in access to the curricular guidelines for these Fellowships, and (2) such a review would have expanded the scope of the study beyond the available resources and time. Hence, it was decided to focus on only the bachelor's curriculum and the primary care physicians (junior doctors and interns) in the current study.

Last, it is important to acknowledge that many biases may confound the responses as well as interpretations of the IDIs and FGDs. Participants/respondents selection bias may have influenced the sampling of the study, thus restraining the generalizability of this study. Participation in IDI was challenging as not many young doctors were ready to talk about this topic. Getting female respondents was particularly difficult. We could only get two female respondents (hence the male to female ration for IDI was 8:2 instead of desired 5:5), and even they seemed uncomfortable in answering some of the questions. Reporting bias may have also impacted the accuracy of our results. Since the study asked respondents to answer some controversial questions on a rather sensitive topic, there is a possibility that respondents may have provided more 'appropriate' answers instead of their true practices and beliefs. However, these limitations also reflect the findings of the study and call for a need for more sensitization and training on human sexuality and its diversities.



## 6. Conclusion and Recommendations

This is the pioneering study to date assessing the coverage of Transgender and other SGM groups' health content in the baccalaureate medical education (MBBS) in Pakistan. The study attempted to support its findings from the review with additional insights from both suppliers and recipients of such healthcare by conducting IDIs with primary care physicians and a FGD with Transgender. Despite its limitations, the study provides valuable insight into the current state of training of doctors on SRH in general and SGM health in particular. We found that not only there is a void in the medical education guidelines in this regard, but there also exist an unnatural silence on the matter. Although medical graduates and practitioners students are interested in transgender health, they are not being adequately prepared in medical school to feel comfortable with the idea of caring for transgender individuals.

This study should be a stepping-stone towards further studies in this regard, which are needed to validate the findings of this review through both quantitative and qualitative methods involving faculty and administrations of medical colleges.

The most straight forward conclusion of this study emphasizes the importance of reforms in the medical curriculum in Pakistan by enhancing the content on human sexuality. Ideally, human sexuality should be taught as a complete compulsory subject covering biological, behavioural, and social aspects of SRH. Otherwise, PMDC must enrich the following subjects with more SRH specific content in general and SGM health in particular: Anatomy and Physiology; Endocrinology; Urology; Gyneacology and Obstetrics; Paediatrics; Mental Health; Forensic medicine; Medical Ethics; Behavioural Sciences; and Community Medicine/Public Health. This also calls for more robust learning objectives on SGM in the guidelines for examinations and assessment methods for medical students.

It is pivotal to identify the unsaid code for treating transgender population which is transferred from teachers to students during medical trainings. There is a need to improve attitudes of medical instructors and professors towards human sexuality. PMDC should develop guidelines for continuing medical education on SRH, and regular training courses on various aspects of SRH and VCATs on related topics should be mandatory for senior practitioners and medical instructors.

There is also a need to review the Code of Ethics for medical and dental practitioners with regard to its sensitivity towards gender or sexual non-conforming groups. The process of review should employ a more inclusive approach to address the ethical dilemmas faced by medical professionals in dealing with SGM as well as recognizing the barriers perceived by SGM in accessing healthcare.





# Annexures

## Annexure 1: Focus Group Discussion (FGD) Guide

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• <b>Facilitator's Guide</b></li> <li>• <b>Ground Rules</b></li> </ul>                                                                                                                                  | <p>The following is a guide. Try to ask all the questions below in the order given, but it is more important to maintain the flow of discussion and ask appropriate probing questions that facilitate in-depth discussion on the topic. Suggested probes have been included. You should try to encourage participation of all group members in the conversation. Start by explaining the ground rules (given below) followed by group introductions. Members of the research team should also introduce themselves and describe each of their roles.</p> <p><b>Ground Rules:</b></p> <ul style="list-style-type: none"> <li>• There are no right or wrong answers in this discussion. We are interested in knowing what each of you think, so please feel free to be frank and to share your point of view, regardless of whether you agree or disagree with what you hear.</li> <li>• We value the right to confidentiality. You probably prefer that your comments not be repeated to people outside this group. Please treat others in the group as you want to be treated by not telling anyone about what you hear in this discussion today.</li> </ul> |
| <p><b>Introduction</b></p> <p><b>Key Components:</b></p> <ul style="list-style-type: none"> <li>• <b>Thank you</b></li> <li>• <b>Introductions</b></li> <li>• <b>Purpose</b></li> <li>• <b>Opportunity for questions</b></li> <li>• <b>Signature of consent</b></li> </ul> | <p><b>Instructions:</b></p> <p>This group discussion is part of a research being conducted to explore the gaps in the knowledge and skills of health service providers across Pakistan which lead to discrimination against sexual and gender minorities accessing medical and healthcare services. The findings of this research will be used in advocating for better policy and curricular amendments with government institutes responsible for regulating content and quality of medical education in Pakistan. Your participation and sharing of information about your life will further enrich the information being collected.</p> <p>Ask the group if they have any questions or if they need clarification on what you have shared. Also encourage them to ask any questions they may have during the discussion.</p>                                                                                                                                                                                                                                                                                                                             |

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| <p><b>Group Information</b></p> | <p>Date: _____ Starting time: _____ Ending time: _____</p> <p>Number of participants: _____</p> <p>Age range of the participants: min _____ max _____</p> <p>Education range of the participants: min _____ max _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Questions</b></p>         | <p><b>Frequency of key terms</b></p> <p><b>1. Share with us some of the common health problems you face in routine, and what do you do to treat them?</b></p> <p>Probes: encourage them to share about sexual and reproductive health issues, or other vulnerabilities like violence, psychological concerns etc</p> <p><b>2. Share with us some of the health problems and health needs that are unique to people from sexual or gender minority groups, and what do you do to treat them?</b></p> <p><b>3. Can you share and describe your experience with health care providers/doctors?</b></p> <p>Probes:</p> <ul style="list-style-type: none"> <li>• Reason for seeing a HCP?</li> <li>• Kind of facility you visited?</li> <li>• What kind of information, health education, or services are available on transgender specific concerns?</li> <li>• Has anyone had a good experience at a healthcare facility?</li> <li>• Would anyone like to share the worst experience they have had or have heard about?</li> </ul> <p><b>4. In our society, what happens when a transgender person's gender identity or sexual orientation is disclosed to a health care provider? Can you give us some examples of such situations and how do they usually come about?</b></p> <p>Probes:</p> <p>Who initiated the disclosure?</p> <p>Were you asked or did you volunteer the information, or was it discovered?</p> <p>What impact it has on healthcare provider's attitude towards the patient?</p> |





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|                           | <p>5. What in your view are some of the major problems/barriers that discourage you to access health care services at public facilities?<br/>Probes: particularly inquire about doctor's attitudes, knowledge, and skill in attending to their issues/problems.</p>                                                                             |  |
|                           | <p>6. What are your ideas about the reasons behind these barriers because of which transgender people might not feel comfortable in accessing health care?<br/>7. How do you think you will be treated in an ideal setting?<br/>Probes:<br/>What will be the facilities available for you?<br/>What are your expectations from your doctor?</p> |  |
| <p>Closing and thanks</p> | <p>Is there anything more you would like to add?<br/>Thank you for your time.</p>                                                                                                                                                                                                                                                               |  |

## Annexure 2: In-Depth Interview (IDI) Guide

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| <p><b>Instructions for the Interviewer:</b></p> <ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Openness</li> <li>• Clarity</li> <li>• Avoid interruptions</li> </ul>                                                                             | <p><b>Instructions for the Interviewer:</b></p> <p>In-Depth Interviews are very important tool for gathering information for our research. This guide outlines the questions and topics that need elaboration as per respondents' knowledge, perceptions, and experiences. However, the interviewer has to be mindful of objectives of the research and allow flexibility in the discussion to allow plenty of room to the respondent to explain their answers. In doing so, be open to unexpected information or reactions. Begin interview with a friendly and familiar greeting, and actively listen with attention to capture key words, phrases, terms, and respondents' body language as they occur in the discussion. Listen to impressions, topics avoided by informant, deliberate deviations, and misconceptions or misunderstandings. Remember to use appropriate probes where required, while avoiding interruptions or cues that may hinder or bring a bias in respondents' responses.</p> |
| <p><b>Introduction :</b></p> <ul style="list-style-type: none"> <li>• Thank you</li> <li>• Your name</li> <li>• Purpose</li> <li>• Confidentiality</li> <li>• Interview structure</li> <li>• Opportunity for questions</li> <li>• Signature of consent</li> </ul> | <p><b>Greeting!</b> Before starting the interview, I will give an introduction to the research for which this interview is being conducted. I will also provide a quick overview of the structure of the interview. (Ask for permission to start.)</p> <p>This interview is part of a research being conducted to explore the gaps in existing MBBS curricula being taught at medical colleges across Pakistan which lead to discrimination against sexual and gender minorities accessing medical and healthcare services. The findings of this research will be used in advocating for better policy and curricular amendments with government institutes responsible for regulating content and quality of medical education in Pakistan. Your participation and sharing of your knowledge, experience, and perceptions will be evidential in formulating recommendations for amendments and enrichment in the MBBS curriculum.</p>                                                                  |
|                                                                                                                                                                                                                                                                   | <p>This questionnaire has 5 sections that will guide us to keep our discussion on track. I will explain each section before asking question. However, please don't hesitate to ask for clarifications or to pass any question that may make you uncomfortable. Every word that you speak is important for us so I am noting your responses and making an audio recording as well (as explained in consent form) it will help us in recalling all what you said and write a better report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Respondent Characteristics</b></p>                                                                                                                                                                                                                          | <p>Date: _____ Facility: _____</p> <p>Interview code: _____ Interviewer: _____</p> <p>Starting Time: _____ Ending time: _____</p> <p>Name of the respondent (optional): _____</p> <p>Experience (years/months): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |





| Section                                                                                                                                                                                                           | Questions (and Probes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Key Observations |
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| <p><b>Section 1: Tone Setting:</b></p>                                                                                                                                                                            | <ol style="list-style-type: none"> <li><b>Briefly introduce yourself, what do you like most about being a medical professional, and your aspired field of specialization in future?</b></li> <li><b>What do you understand by the terms 'transgender' and 'sexual and/or gender orientation'? What do you think (or know) about the situation of transgender people in Pakistan?</b></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |
| <p><b>Section 2: Knowledge / Training</b></p> <p><i>Next few questions are to help us understand the extent to which, in your view and experience, medical students are trained about transgender health.</i></p> | <ol style="list-style-type: none"> <li><b>What are some of major health concerns or problems of transgender people?</b> (Probe about the general health concerns, as well as specific health concerns, e.g., do you think transgender patients have any unique health risks and health needs compared to other patients)</li> <li><b>How do you think your training/education during your MBBS and/or house job have prepared you to deal with transgender people and their health concerns? Please also share the list of subjects which prepared you in this regard.</b> (Probe about their level of confidence for their knowledge regarding quality healthcare services to transgender people and their unique issues, and appropriate medical terminology as well as common language for communicating with them).</li> <li><b>Are you aware of any protocols for attending/treating patients who identify as transgender or other gender/sexual minority individuals?</b> (Probe about protocols for taking medical history, gender or sexual orientation disclosure, physical examination, referral for sexual and reproductive health concerns, referral for psychological or social services, and referral for medico legal services)</li> <li><b>Are there any key ethical guidelines for attending to or treatment of transgender or sexual minority individuals?</b>(Probe about the respondent's views on patient's rights to life, healthcare, dignity, confidentiality and privacy etc)</li> </ol> |                  |
|                                                                                                                                                                                                                   | <ol style="list-style-type: none"> <li><b>What, in your view or experience, some of the barriers transgender people face in accessing healthcare at public health facilities?</b> (Probe about discrimination, stigma, lack of sensitivity toward transgender health, lack of knowledge and skills etc)</li> <li><b>In your view, what are some of the other major problems faced by transgender people which may have adverse effects on their health?</b> (Probe for psychological and psycho-social problems, and vulnerability to violence, abuse, drugs etc)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |

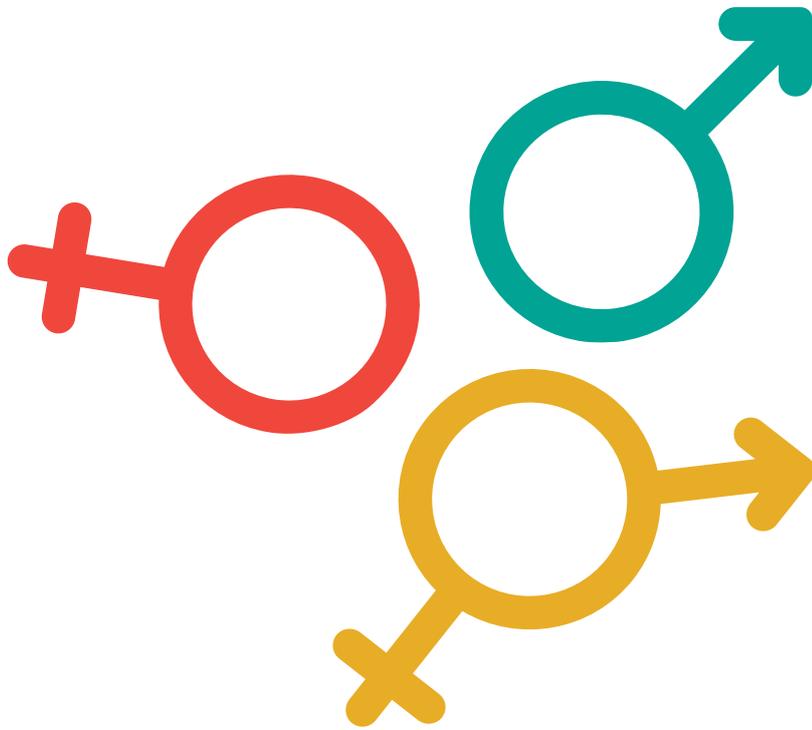
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| <p><b>Section 3: Skills</b></p> <p><i>Next few questions are to help us understand your experience in providing medical service(s) to transgender people.</i></p> | <p>9. <b>Have you or any of your colleague/friend ever attended a transgender patient? If yes, how would you describe your experience? If no, why do you think so?</b> (probe for as much detail as possible especially around feelings, beliefs, and behavior during experience)</p> <p>10. <b>How confident you feel about your training / ability to deal with transgender patients coming to you (in past experience or in future)?</b> (Probe about the specific skills including oral history, physical examination, consideration for any prior medical conditions or on-going treatment or therapy a transgender person may be going through)</p> | <p><b>Section 4: Comfort / Attitudes</b></p> <p>We want to understand how easy or difficult it is for a health practitioner in our society to overcome the barriers of stigma and discrimination against transgender people or people who identify as sexual and/or gender non-confirming.</p> | <p>11. <b>How comfortable would you feel treating someone in the hospital who identifies as transgender or as other gender or sexual minority individual?</b> (Probe for oral history, physical examination, discussing treatment plan(s), or carrying out a medical procedure. Encourage the respondent further by asking them to elaborate reasons for their answers)</p> <p>12. <b>How do you think the medical fraternity views the colleagues who are famous for providing healthcare services to transgender patients?</b> (Probe about how, in their view, society in general views healthcare providers famous for providing services to transgender people. Encourage them to elaborate their answers)</p> <p>13. <b>How comfortable will you feel in being part of a campaign advocating for improving access of transgender people to quality healthcare services by addressing the gaps in medical education and training? Explain your reasons.</b></p> | <p><b>Section 5: Suggestions</b></p> <p><i>Next two questions are for getting your suggestions and recommendations for helping us in our project.</i></p> | <p>14. <b>What strategies, interventions, tools, etc., would you recommend for improving the access to health care services for transgender people? Why do you think they can be effective?</b></p> <p>15. <b>What are some barriers, if any, that can be encountered in implementation of transgender friendly be sustained and/or scaled up? Please provide a justification for your response.</b></p> |
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| <p><b>Closing:</b><br/>Additional comments<br/>Next steps<br/>Thank you</p> | <p><b>16. Is there anything more you would like to add?</b><br/>We'll be analyzing the information you and others gave me for preparing a report. we'll be happy to send you a copy to review at that time, if you are interested.<br/><br/>Thank you for your time.</p> |  |
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