Assessment of a four-item tool to measure discrimination faced by MSM from health care providers

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Introduction

Although sex between consenting same-sex adults was decriminalized in India in 2009, public attitudes and health care institutions still reflect stigma against sexual minorities. Discrimination in health care settings poses barriers to health care access and utilization for men who have sex with men (MSM) in developed and developing countries [1, 2, 3].

We examined the factor structure and reliability of a four-item tool that measures discrimination faced by MSM from health care providers (HCPs) in India. This four-item tool was adapted from the 'Everyday Discrimination Scale' [4, 5] and question items to assess 'perceived discrimination from health care providers' used in a survey among MSM in Thailand [3]. The questions were also informed by our previous qualitative investigations in India that have documented discrimination faced by MSM, including discrimination in health care settings [6, 7, 8].

Several Indian studies have assessed stigma towards people living with HIV in a variety of settings, including health care settings [9]. However, we are not aware of published investigations on assessment tools that have been evaluated for MSM in India to specifically document experiences of discrimination in health care settings.

Materials and Methods

Data were drawn from a cross-sectional survey among a venue-based sample of 400 MSM (200 each from Chennai and Mumbai) recruited through community-based organisations (Humsafar, SWAM and Sahodaran).

The four-item tool assessed discrimination experiences in terms of whether HCPs: 1) Exhibited hostility; 2) Gave less attention; 3) Refused to serve; and 4) Acted uncomfortable. For example, "Has anyone in the health care system (doctors, nurses, etc.) done any of the following things to you in the past 5 years: Exhibited hostility or a lack of respect toward you, but not towards others?"

This four-item tool was followed up with questions to assess whether MSM thought that the discrimination was due to their low socioeconomic status, same-sex sexual orientation or sexual practices, HIV status (perceived or actual), or engagement in sex work. Principal Axis Factoring (PAF) and reliability analysis using Cronbach's alpha were conducted.

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Results

Participants' mean age was 26 years (SD: 4.6). About one-fourth had completed high school; only 21% had a college degree. Fourty-four percent (n=177/400) were private company staff, 21% (n=84/400) were unemployed and 9% (n=34/400) sex workers. In terms of sexual identity (or sexual role-based identity), 43% (n=171/400) self-identified as kothi, 27% (n=109/400) as double-decker, 13% (n=52/400) as panthi and 9% (n=36/400) as gay. About one-fifth (n=68/400) were married.

Participants reported having faced discrimination from health care providers in the past five years manifested in the following ways: 1) Hostility: 9.3%; 2) Less attention: 8.3%; 3) Refusal to serve: 1%; 4) Acted uncomfortable: 10.3%.

PAF yielded a one-factor solution that explained 61% of the variance, with the various indicators of factorability being good. In the factor matrix, items 1, 2 and 4 had very high loadings (all at least .80); the third item (refusal to serve) had a weak loading (.36). The various indicators of factor structure were good: KMO=.76 and Bartlett's test of sphericity: Chi-Square=840.46, df=6, p<.001.

Internal consistency was demonstrated by a Cronbach's alpha of .83. Item 3 (refusal to serve) had a weak corrected item-total correlation (.34); for the other 3 items it was greater than .70. Cronbach's alpha increased with the deletion of item 3.

Among the participants who reported having experienced discrimination in the health care system (12.5%; n= 50/400), 82% (n=41/50) were kothis (vs. non-kothis, p < .001). Similarly, among 60% (n=30/50) of those who perceived that they were discriminated on the basis of their sexual orientation/practices as well as their engagement in sex work, 93% (n=28/30) were kothis.

Conclusions

A four-item tool measured a single factor of 'discrimination from health care providers' among MSM and had adequate psychometric properties in this study sample.

As the items may function differently for different subgroups of MSM, future research should assess differences in item functioning on this scale and timeframes (of experience of discrimination) for different subgroups – kothi, panthi, double-decker, gay, etc.

This brief tool may be valuable for future research on stigma and discrimination and may support the development of evidence-informed stigma reduction interventions in health care settings, thereby contributing to efforts to eliminate discrimination from health care providers against MSM.

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