Emerging Role of Occupational Therapists and Scientists in Gender and Sexuality: Zimbabwe

Supported by:



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- HIV/AIDS and Mental Health Research.
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OTmosphere 2022

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Sustainable Healthcare Patient Empowerment Transforming Care



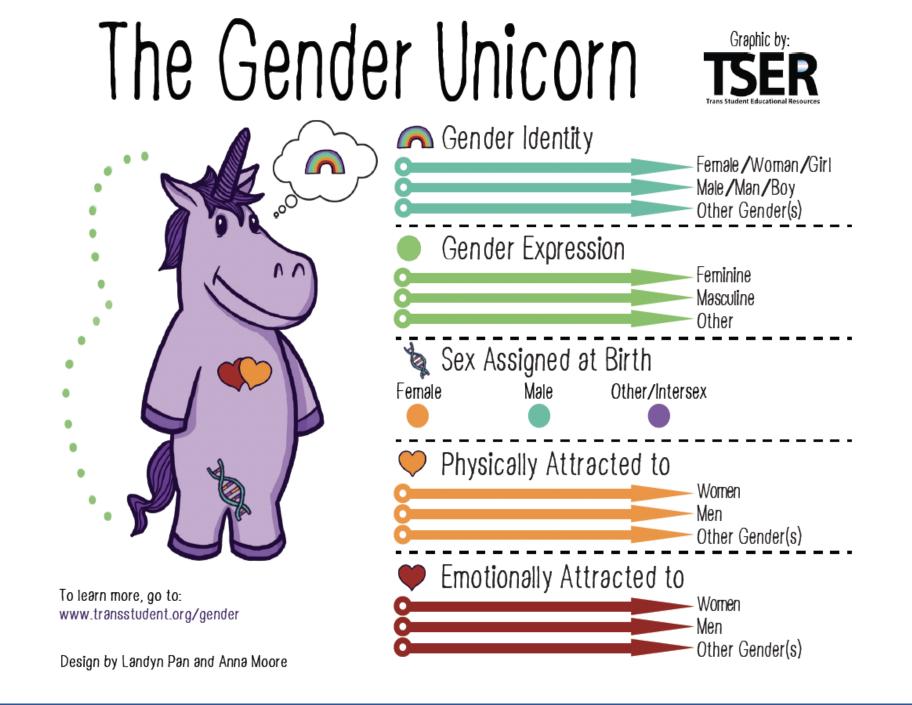
Harare, Zimbabwe.



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What we found out ?

LGBTI patients report that providers:

- Use excessive precautions or refuse to touch them
- Blame them for their health status
- Use harsh or abusive language
- Being harassed in a doctor's office
- Being denied medical care

Health Disparities

Stigma/Discrimination

Acute and Chronic Stress

Impacts

Mental Health | Physical Health | Access to care | Quality Care

Health Disparities/Inequities

Stigma

- 39% of LGBT people are rejected by a family member or friends
- 30% of LGBT people are threatened or physically attacked
- 30% of LGBT youth have missed at least 1 day of school in the last month because they felt unsafe or uncomfortable

Avoiding Assumptions

- Be careful of assumptions based on appearance!
- Don't assume you know a person's gender identity or sexual orientation based on how they look or sound
- Don't assume you know how a person wants to describe themselves or their partners
- Don't assume all of your patients are heterosexual and cisgender

DO	Don't
Ask patients their name and pronouns etc.)	Assume their pronouns based on their name or chart
Use their name and pronouns (if they are comfortable with it publicly)	Only use their name/pronouns in front of them or not use them at all
Use respectful language (transgender, sex assigned at birth, gender identity, pronouns,	Use language that's outdated or offensive (tr***y, "real man/woman", real name/gender, transvestite, etc.)
Ask necessary medical questions in a respectful way	Ask personal or invasive questions that are unnecessary or unrelated to treatment
Accept patients' statements of their identities at face value	Refer to someone's identity as a choice or challenge their identity

Best practices - Language

When addressing new patients, avoid pronouns or gender terms like "sir" or "ma'am."	How may I help you today?"
When talking to co-workers about new patients, also avoid pronouns and gender terms. Or use gender-neutral words such as "they." Never refer to someone as "it.	" "Your patient is here in the waiting room." "They are here for their 3 o'clock appointment."
If you are unsure about a patient's preferred name or pronouns, ask politely and privately.	"What name and pronouns would you like us to use?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records.	"Could your chart be under another name?" "What is the name on your insurance?
Ask only for information that is required.	Ask yourself "What do I know? What do I need to know? How can I ask in a sensitive way?"
Did you make a mistake?	Apologize. "I apologize for using the wrong pronoun. I did not mean to disrespect you."

What can we do as OTs at the rehabilitation Department

Admission process

- Use patient's name and pronouns **
- Respect patient's identity
- Treat patients according to their identity
- Accountability
- Creating an environment of respect requires everyone to work together
- Don't be afraid to politely correct your colleagues or unit staff if they make a mistake or make insensitive comments

Practical Exercises:

Judy is a Physiotherapist. One of the patients on the unit identifies as a transgender woman and currently has a 'masculine' appearance, due to not having her regular clothing, missing recent doses of oestrogen, and not having her hair products/makeup available. While working at the nurses station, Judy overhears a doctor say to a resident, "I just don't understand, is it a he or a she?" The resident shrugs and they continue doing rounds

- What's a more appropriate way to inquire about this patient's gender identity and pronouns?
- What are the possible consequences of this conversation taking place in a public or shared space?
- Should Judy talk to the doctor who made this comment?
- What should she say?