

# Low-Income, LGBTQIA+ People of Colors' Experiences In Reproductive Healthcare



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## OBJECTIVES

- To investigate differences in the treatment provided by clinicians to patients **based on their identities**, specifically focusing on LGBTQIA, low-income people of color.
- To explore the **impact of patient-clinician interactions** on reproductive care seeking behavior, with particular attention to how these interactions differ for marginalized groups.
- To examine the ways in which membership in marginalized groups, such as LGBTQIA individuals and people of color, influences an individual's **navigation of the healthcare system**, particularly in the context of seeking reproductive care.

## INTRODUCTION & BACKGROUND

- We aim to understand if multiple marginalization associated with higher instances of **negative doctor-patient interactions** in reproductive healthcare
- We take a novel approach by examining patient experiences through a **multifaceted and intersectional lens**, shedding light on how factors such as identity intersect to shape healthcare interactions and outcomes.
- Most studies focus on one category of marginalized people at a time when establishing a connection between marginalization and negative health experiences or outcomes (Thorpe et al., 2022). This will add supporting evidence to already existing research and support further research by **quantifying the effects of multiple marginalization** on patient experiences.
- Our goal is to explore how or if multiple marginalization is associated with higher instances of negative doctor-patient interactions in reproductive healthcare.

## MATERIALS & METHODS

- Participants were recruited from a screening survey inquiring about demographic information through **convenience sampling**.
- The surveys were distributed interpersonally, on social media (Instagram), through mass email to public health students, and in the Transfer Student News email. **The demographic information of interest includes race, income, sexual orientation, and gender identity.**
- A total of 30 responses were collected and 5 out of the 32 participants were eligible for the interview.
- 60 minute semi-structured interviews were conducted via Zoom to gather rich, **detailed narratives about their thoughts, experiences, and feelings** related to their experience with reproductive care. Interviews were audio/video-recorded and transcribed verbatim for analysis.
- Thematic analysis** was employed to identify **recurring themes and patterns** in the data. After reviewing the recordings, researchers first identified commonalities of certain experiences that each interviewee described.

## RESULTS

### Theme 1: Stigma

"I got gender spectacle care, like I was a spectacle to these people. And that didn't feel great." – **Participant 5**

"I think of it as kind of a little bit traumatic, you know, because it, along with the healthcare, you have to pay for it, not only in money, but also in microaggressions." – **Participant 5**

### Theme 2: Lack of comprehensive education

"I feel like we should have better health education on things like that, which is a surprise that we don't get taught that in a required class in high school." – **Participant 3**

"I had sought out the knowledge myself through just talking to other trans women and reading online blogs and stuff." – **Participant 5**

### Theme 3: Lack of collaboration and informed consent

"He did kind of bring it on very, very suddenly and didn't really explain to me what was going to happen." – **Participant 4**

### Theme 4: Limitations of representation

"She looked like me, and we both spoke Spanish, which is why I was concerned, like if you know where I'm coming from then why are you being like this? It didn't make sense." – **Participant 1**

### Theme 5: Whole person care

"I guess I just don't have very high expectations of healthcare providers to be just super warm. I just feel like it's all so procedural and there's not a lot of like soul in it, I don't know how else to describe it. But yeah I just feel really inhibited a lot of the time." – **Participant 4**

### Theme 6: Normalization of pain/struggle

"This is interesting, because it's it's making me think like, okay, maybe there were things that I could have asked for, or that I needed, but I just think okay, there's nothing that anyone can really do." – **Participant 4**

### Theme 7: Fear

"I've had really bad experiences with doctors just across the board. So going into an unknown of that and then also having to do it behind my family's back, having to figure out the whole system has itself like, that's been very difficult... and scary." – **Participant 2**

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## DEMOGRAPHICS

	Age Group	Race	Gender Identity	Sexuality
<b>Participant 1</b>	18-22	Hispanic or Latinx	Cis Woman	Bisexual/Pansexual
<b>Participant 2</b>	23-29	Hispanic or Latinx	Transfemme/Non-binary	Queer
<b>Participant 3</b>	18-22	Black or African American	Transsexual Non-binary	Queer
<b>Participant 4</b>	18-22	Asian, White	Non-binary	Queer
<b>Participant 5</b>	23-29	Asian, Hispanic or Latinx	Trans Woman	Lesbian

## CONCLUSIONS

Participants felt **vulnerable** due to **lack of education** and **fear**. Findings inform healthcare providers about challenges faced by marginalized groups, leading to more **inclusive care**. The study calls for **systemic changes to address discrimination and bias**. Limitations include small sample size, regional bias, and potential reporting bias.

## POLICY IMPLICATIONS

- To incentivize and uphold the higher education of marginalized groups pursuing healthcare in order to **increase representation**.
- To expand **comprehensive sexual education** in schools to include reproductive and queer health topics.
- To **expand insurance coverage** for services covered by state insurance utilized by income-marginalized groups.

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