

PERCEPTIONS OF LGBT TOWARDS HEALTHCARE SERVICES IN ILOILO CITY:

A CASE STUDY

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ABSTRACT

The purpose of this study was to explore and understand how LGBT individuals perceive and understand the healthcare system which can help healthcare professionals to provide LGBT community with safe, inclusive, individualized, and comprehensive care in Iloilo City. This study aimed to determine the different perceptions of LGBT in regard to the quality of healthcare received in Iloilo City; determine how the LGBT dealt with the various healthcare services they received in Iloilo City hospitals; and explore the experiences and importance of healthcare services for the LGBT community. This study employed a qualitative approach, and the participants of the study were composed of LGBT community with five representatives from each of the classified representations, namely: Lesbian, Gay, Bisexual, and Transgender. Stake's Notion of Triangulation was observed for data validation. An in-depth semi-structured interview was used to collect data. There were five major themes that emerged: 1. Non-Discrimination; 2. Inclusivity; 3. Disclosure of Gender Identity; 4. Health Education Programs and Healthcare Access; and, 5. Discrimination and inequality. The Findings reveals, the experiences of the LGBT individuals in Iloilo City have a mix of positive and negative encounters when accessing healthcare services. While the experiences of LGBT in Iloilo City offer encouraging

examples of respectful and accommodating healthcare encounters, it is essential to recognize that they may not fully represent the broader challenges faced by the LGBT community within healthcare settings. Their positive experiences underscore progress towards inclusivity but also highlight the ongoing need for systemic changes to ensure equitable access to quality healthcare for all LGBT individuals.

CHAPTER 1

INTRODUCTION TO THE STUDY

Background and Rationale of the Study

The LGBT community is a unique cultural group that comprises of individuals of all different ages, colors, identities, and socio-economic classes. These individuals are being classified in different gender identities and sexual preferences. The uncommon experiences and necessities of the LGBT community should be occasionally considered in healthcare policies and practices to enhance their overall health and quality of life and reduce health disparities.

Homosexual acceptability in society is increasing globally. However, no research on homophobic attitudes and LGBT affirming activities in the healthcare industry have been conducted in the Philippines. LGBT community is defined as a group of people that perceives themselves as homosexual. These individuals identify themselves in variety of terms. These identifiers include different sexual orientation and gender identities. The term LGBT stands for lesbian, gays, bisexual, transgender. It is a group of individuals that are unified with the same culture and social groups.

Access to health treatments, as well as the general physical and emotional health and well-being of this vulnerable community, have been hindered by inconsiderate or prejudiced views toward LGBT individuals inside the health care system. All individuals should receive quality healthcare services, regardless of their gender or identity. For LGBT people, transphobia and homophobia have negative health effects towards them. The oppressive system denies these people access to the treatment and cares they deserve and can be prevented through learning and further research on vulnerable population in healthcare (Martinez et al.,2021).

Representation is important in health promotion research and practice. It matters which communities are ignored as well as which populations are targeted for health promotion initiatives. According to the Public Health Goals for Canada, population health and social determinants of health perspectives inform current health promotion policies in Canada. Considering Canada's diversity in handling the problem, ensures that varied communities are addressed equitably and effectively in public health and health promotion policy (Mule, N.J. et. al, 2020).

Mental health disparities are of particular concern: experiences of social exclusion, discrimination, and prejudice have an impact on mental health, and studies from Europe and the United States have shown that LGBT people have significantly higher rates of depression, suicide, and anxiety disorders than their heterosexual matched peers. In addition to these social risk factors, LGBT individuals have special health and medical requirements in a number of areas, such as the risk of chronic diseases, adult and adolescent mental health, violence, sexually transmitted infections, and human immunodeficiency virus infection (Pega F, Veale JF.,2019).

LGBTQ individuals may be discouraged from obtaining care altogether by discrimination or even just by the prospect of discrimination. Data from the CAP survey indicate that prejudice was a factor in the failure of a significant proportion of LGBTQ people to obtain healthcare. 8 percent of LGBTQ individuals and 14% of those who reported experiencing discrimination based on their sexual orientation or gender identity in the year prior to the survey avoided or put off receiving necessary medical care as a result of mistreatment or prejudice from healthcare providers. 22 percent of transgender individuals indicated such avoidance. Regarding safeguarding screenings, 7 percent of respondents who identified as LGBTQ said they had avoided or delayed care in the year before the survey, compared to 19 percent of transgender respondents and 17 percent

of LGBTQ respondents who said they experienced discrimination in that year (Mirza et. al., 2019).

Good health and well-being of an individual is very important for their mental, social, emotional and physical well-being. Maintaining a healthy lifestyle is significant in order to be free from disease and a stress-free environment. Thus, Healthcare is for everyone regardless of race, ethnicity, religions, ages, and backgrounds. LGBT people have experienced issues towards healthcare mostly related to discrimination, disparities, inequalities. These negative attitudes towards these individuals may impact their access to healthcare services for their physical and mental well-being. The willingness of an LGBT individual to seek healthcare may affect. During their coming out process, LGBTQ people faced a number of challenges, including unjust treatment in the form of societal stigma, exploitation, and social exclusion. It was never simple for them to come out because they had been treated unfairly based on their conduct, appearance, and dress. They had also endured prejudice and rejection from their peers, families, and neighborhood, as well as social rejection and physical or verbal attack. Nonetheless, despite their terrible circumstances, they had formed strong connections, acceptance, and reconciliation during their coming out journey.

Epistemological and Theoretical Perspective of the Study

Social Constructivism

Social constructivism was developed by post-revolutionary Soviet psychologist Lev Vygotsky. A theoretical system called social constructivism places a strong emphasis on how culture and social context influence how we perceive the world. Social constructivism stresses how cultural norms, ideas, and practices impact how we see gender and sexuality in the context of LGBT concerns. By asserting that identities are socially produced rather than solely established by biological traits, social

constructionism adopts an anti-essentialist stance. Because the borders around identity categories are constantly changing and flexible, they can be disputed and revised.

Sexuality and gender identity are now included in the scope of social constructionism, which rejects the idea that these concepts are static over time and space. Additionally, it permits social constructionism to challenge hierarchical classifications and inequality as outcomes of unequal knowledge and power structures.

Social constructivism has been particularly crucial in encouraging more acceptance and understanding of LGBT identities as well as in questioning heteronormative presumptions about gender and sexuality. Social constructivism supports better acceptance and understanding of various gender and sexual identities, beliefs, and behaviors by acknowledging that our perception of gender and sexuality is molded by social and cultural circumstances rather than being fixed and unchanging (Kuirakose, F., et. al, 2020).

Interpretivism uses qualitative research methods that focus on individuals' beliefs, motivations, and reasoning over quantitative data to gain understanding of social interactions. Interpretivists assume that access to reality happens through social constructions such as language, consciousness, shared meanings, and instruments (Myers, 2008).

Interpretivism recognizes that LGBT individuals' experiences with healthcare are shaped by their own unique backgrounds, identities, and social contexts. It emphasizes the importance of understanding the personal meanings and emotions associated with their healthcare encounters. Interpretivism acknowledges that health and illness are not objective entities, but rather socially constructed concepts influenced by cultural, social, and historical factors. For LGBT individuals, social stigma, discrimination, and minority stress can significantly impact their health and well-being.

Additional Micro theory (Philosophical Underpinnings)

This study is anchored on the theory of Minority Stress by Ilian Meyer which evolved from the certain stress that would likely affect the healthcare services given and would fall under gender discrimination and unfavorable assessments. Minority Stress in this theory refers to certain stresses that are distinctive to minorities, like gender discrimination and unfavorable internal assessments of these experiences, combine to negatively affect both physical and psychological well-being.

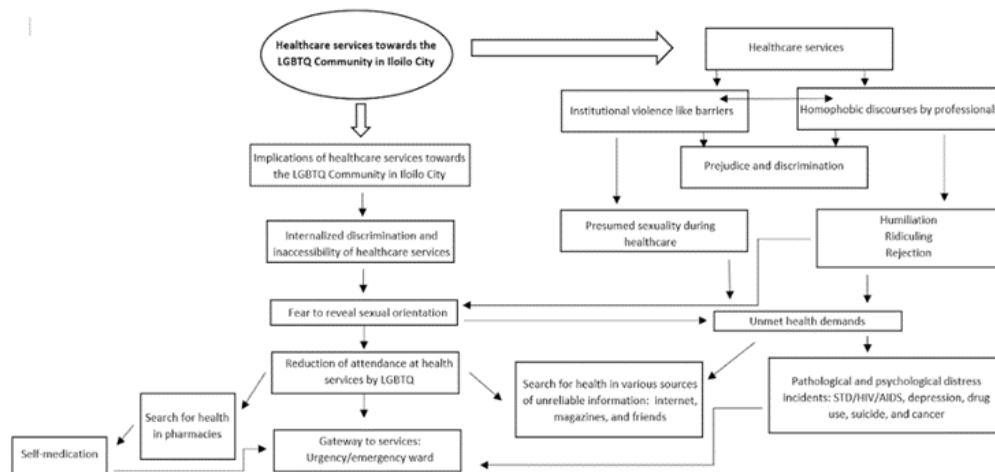


Figure 1 shows the factors affecting the healthcare services received by the LGBT community and the behavioral results for the minority groups.

Minority people experience three different sorts of stresses, according to Meyer: general stress, distal minority stress, and proximal minority stress. Healthcare obstacles, like those that disproportionately affect transgender people, might contribute to general stress. Distal minority stressors are negative events or responses from the outside society, including the healthcare industry, that are connected to the person's minority identity. Discrimination anxiety and unfavorable internalized ideas about one's own

group are examples of proximal stresses. The minority stress theory has been used to transgender experiences even though it will be originally used to describe sexual minorities. Minority stress theory states that in addition to having immediate adverse effects on one's health, external stressors like general and distal minority stress linked to one's identity can also result in proximal stressors that may be persistent sources of discomfort (Griffin, A., Casanova, J., et al., 2019).

According to the minority stress theory, there are numerous causes of stress that could have an effect on the way the LGBT community perceive when getting health care services, and this study will focus on their personal experiences. Internalized homophobia, stereotyping, presumption, or the fear of social exclusion, as well as rejection of sexual orientation, are proposed to be proximal stress mechanisms. These factors could contribute to the lack of desire for health care. This approach recognizes the impact of environmental factors on the health status of a community. In terms of homosexual health, the model supports understanding how the environment both impacts and is influenced by the social behavior and attitude of the non-heterosexual orientation group. As a result, social systems such as family, education, religion, and society have impacted the behaviors and attitudes of sexual minorities. It also has an influence on the daily lives of minorities, for example when trying to seek healthcare services (Albuquerque, G. A., Garcia, C., Quirino, G. & et al., 2019).

Purpose of the Study

This study aimed to explore and understand of the LGBT community towards the quality of healthcare services received in Iloilo City

Specifically, this study sought to:

1. determine the different perceptions of LGBT in regards to the quality of healthcare received in Iloilo City;

2. determine how the LGBT dealt with the various healthcare services they received in Iloilo City hospitals; and, lastly,
3. explore the experiences and importance of healthcare services for the LGBT community;

Statement of the Problem

This study aimed to explore and understand the perceptions of the LGBT community towards the quality of healthcare services received in Iloilo City

The research questions of the studies are:

1. What are the experiences and importance of healthcare services for the LGBT community?
2. What are the main barriers to quality healthcare for LGBT, and how can these barriers be addressed to improve their healthcare experiences?
3. What are the different perceptions of LGBT in regards to the quality of healthcare received in Iloilo City?
4. How did LGBT dealt with the various healthcare services they received in Iloilo City.

Significance of the Study

The Significance of the study is to determine the perceptions of LGBT community in Iloilo City with the healthcare services for their well-being.

This study may serve as an addition to literature in the field of Nursing by evaluating the experiences of LGBT community in Iloilo City with regards to their healthcare services providing comprehensive perception and solutions to alleviate and promote equality in healthcare services provided by the healthcare workers and

professionals to render better and quality life.

Furthermore, the results of this study may be beneficial on the following:

LGBT Community. This study can help the LGBT community to have better healthcare services within their reach.

Healthcare Professionals. This study provides insights and comprehensive information to meet the healthcare services inclined with fairness within the standard morals, virtues, and ethics.

College of Nursing Faculty. This study can help to determine what should be the actions and principles to be taught when encountering matters like this in the future healthcare environment.

Student Nurses. This study can provide a different perspective on why the LGBT community should be accessible and free from judgment towards the healthcare services in Iloilo City.

Future Researchers. This study may initiate further studies that tackle the perceptions of the LGBT community with the healthcare services in Iloilo City and what are the feasible solutions to improve and would help in further understanding of healthcare services regardless of gender.

Researcher's Subjectivity

During data collection, subjectivity can affect how questions are formulated, which respondents are selected, and how data are interpreted. A researcher's personal biases and beliefs may inadvertently influence how they interact with participants or interpret their responses. Given the diversity of the researchers' identities, the researchers held multiple conversations regarding potential biases and preconceptions that may appear as a result of their own lived experiences and perceptions of the LGBT community. This method established a system of peer review that was critical in

determining how to effectively arrange and present the information, as well as providing appropriate recommendations for improvement.

The researchers asserted that there are homophobic discourses present in the conduits and in the minds of healthcare professionals because the Philippines is a Christian country that is not fully open to the LGBT community and same-sex marriage. In health facilities, there may be misconduct, limits, prejudicial connotations, or even verbal abuse on the part of the LGBT community, resulting in a decrease in attendance and seeking aid. These views can be perceived as silent situations that lead to the LGBT population's diversion from self-care and health. As a result of this reality, the LGBT community is afraid of disclosing their sexual orientation in health-care settings, fearing that such an attitude will have a bad impact on the quality of care. As a result of the non-disclosure, the LGBT community is treated as straight and is dissatisfied with the care they receive, in part because it does not meet their true needs or even wants. The incidence of internalized homophobia among the LGBT population appears to be another barrier to seeking help. Shame and fear of retaliation following the reveal of sexual orientation, including depression and anxiety, marital issues, sexual compulsion, and use of self-medication.

Delimitation of the Study

This was a qualitative study guided by a purposive approach which utilized "The Art of Case Study Research" by Robert Stake that describes qualitative case study as a study of a particular case's detail and ambiguity, coming to recognize its occurrence under relevant circumstances of the LGBT Community towards the Healthcare Services in Iloilo City.

The participants of this study were purposely selected from the LGBT community, with 5 representatives from each of the classified representations, namely: lesbian, gay, bisexual, and transgender. The Lesbian, gay, bisexual, and transgender participants should be part of the LGBT Community in Iloilo City. The participants were also Emerging adults ages 18-29 (Arnett, 2019), who identified with non-binary sexual and gender identities experience invisibility and non-representation of their sexual and gender identities, participants had undergone healthcare services and is able to give informed consent, denoting that the participant was in the age of legality and was able to comprehend the benefits, alternatives, and risks of the study.

The data that were gathered on the scheduled date of data collection was in the form of a one-on-one interview with the use of an audio-recording device and then it would be transcribed verbatim by the researchers.

This study focused on the perceptions of LGBT Community towards healthcare services in Iloilo City. The results of this study would serve as a reference for future researchers.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Related Concepts

LGBT Community

The term lesbian, gay, bisexual, and transgender community refers to a broad coalition of groups that are based on gender, sexual orientation, race or ethnicity, socioeconomic status, and more. Although the LGBT community is the subject of this report, the commission plans to emphasize how important it is to understand that the different communities represented by the letters L, G, B, and T are separate groupings, each with its own health-related needs and issues. Due to the fact that these groups are occasionally portrayed as a single population under an umbrella term like LGBT in some modern scientific debate and in the media, the committee believes that noting these discrepancies at the outset of this study is vital. These groups simultaneously share a wide range of experiences, the most significant of which is that of stigmatization. The chapter goes in depth into greater detail about the differences among each of these groups, including ethnic and racial background, social standing, location, and age.

According to their sexual orientation, bisexual men and women, gay men, and lesbians are categorized. Is frequently defined in terms of sexual attraction, behavior, identity, or a combination of these aspects. They are similar in that they don't think of themselves as being among heterosexuals. However, this category of non-heterosexuals comprises respectively men and women, homosexuals, and bisexuals, as well as people who do not identify as gay, lesbian, or bisexual but nonetheless feel same-sex attraction or engage in same-sex sexual activity. Lesbian, gay, bisexual, and transgender persons collectively are referred to as LGBT, which is normal and

appropriate, but this term can also hide the distinctive characteristics that identify these sexual and gender minorities differently.

Edison Short's silent picture *The Gay Brothers*, released in 1895, will be the first to feature same-sex encounters. According to Harrington (2013), the media began to represent gays in the early 1970s. The most popular depictions of gays are "queer monsters" and "coming-out stories." These LGBT characters were frequently represented by straight people. During the Reagan era, there will be a significant fall in gay portrayals in the media due to the growing awareness about HIV/AIDS. They only started to reappear in the 1990s, thanks to the growing gratitude of the gay market and anti-gay prejudice. (Gross 2001) Today, there are several shows or movies in which a homosexual character is portrayed. Acceptance of LGBT roles in Hollywood has grown and has resulted in several distinctions (Ross, 2012).

Healthcare Services

The provision of healthcare services is currently subject to ongoing demand to raise the caliber of its offerings from a variety of stakeholders. Furthermore, according to researchers Parand et al., there are still a number of problems with the quality of healthcare services that need to be addressed by academics and practitioners. As a result, it is critical to develop a thorough grasp of the aspects of healthcare service quality and to identify measures that might assist healthcare service providers in enhancing their overall organizational performance. Many different industries, including the healthcare sector, where staff knowledge is essential to providing patient care, might benefit from the application of knowledge management in terms of bettering organizational performance. According to Colnar, a wide range of enterprises, including

medical services, where knowledge about workforce is crucial in providing quality care to patients, potentially benefit from the implementation of knowledge management in terms of increasing organizational performance. Also, its sufficient knowledge results in the reception of the value choices by medical care experts, as well as improves patient outcomes. It is essential in assisting medical care organizations in increasing the efficacy of their practices and services. The objective of the study is to respond to the researchers' calls to improve knowledge about the nature of medical care administrations and to gain a better understanding of knowledge as it is applied in the medical care environment. Additionally, a good knowledge management strategy encourages healthcare practitioners to make better judgments, which improves patient outcomes. Additionally, improving the quality of healthcare services in the real world depends on healthcare businesses having an effective knowledge management procedure. With this paper, we hope to address calls from researchers to advance understanding of the notion of healthcare service quality as well as to gain more insight into knowledge management's role in the healthcare industry (Colnar, Simon., et. al, 2022).

The importance of obtaining knowledge on the most effective approach to improve the quality of medical care services has been highly recognized in the present times. They were able to establish a strong positive correlation with the acquired knowledge and the standard services in healthcare, also, between knowledge sharing and that level, using a number of hierarchical linear regression models. The importance of information communication technology, being the bridge in the relationship of acquiring and exchanging knowledge and the quality of services in the healthcare setting is also helped by empirical study. The results empirically support the impact of knowledge development, knowledge exchange, and information communication

technologies on the quality of healthcare services provided by Montenegrin healthcare facilities. This paper gives conclusions from our research investigation that are both theoretical and practical (Martin, H. et. al, 2021).

According to Maren Batalden., et. al patient-centeredness, patient engagement, and patient experience are just a few of the terms used to describe initiatives to ensure that patients participate effectively in healthcare. Improvement projects in this area frequently mimic manufacturers' efforts to involve consumers in product design and marketing. Contrary to goods, however, services are fundamentally distinct from them because they are always "coproduced." Our ability to work with patients to enhance healthcare may be limited if we fail to recognize this service's special qualities and their implications. We study the application of coproduction as a design principle in three innovations in healthcare service delivery, trace a brief history of the coproduction concept, and offer a model of coproduction in healthcare services. We examine the implications and difficulties of the principle for designing service delivery systems, training health professionals, and comprehending and evaluating the value of healthcare services.

LGBT People's Health and Experiences Accessing Care

LGBT individuals struggle with a similar set of issues when trying to get the best possible medical care. Homophobia, or the irrational fear and hatred of people who are attracted to the same sex, and transphobia in the other hand, the fear and hatred of people who do not fit binary gender identities, have negative effects on society, including social exclusion, feelings of stigma and discrimination, and in the worst cases, violence against people whose sexual preferences and gender identities do not fit the narrowly

defined heterosexual norms. Like other social determinants of health, gender identity and sexual orientation play a role in health disparities, and LGBT community are more probable than their heterosexual and cisgender socioeconomically matched friends to encounter hurdles to receiving the proper medical care. Aside from these societal risk factors, LGBT people have unique health and healthcare needs in a variety of areas, including chronic disease risk, adult and adolescent mental health, violence, sexually transmitted infections, and human immunodeficiency virus infection. Mental health disparities are of particular concern: experiences of social exclusion, discrimination, and prejudice have an impact on mental health, and studies from Europe and the United States have shown that LGBT people have significantly higher rates of depression, suicide, and anxiety disorders than their heterosexual matched peers. In addition to these social risk factors, LGBT individuals have special health and medical requirements in a number of areas, such as the risk of chronic diseases, adult and adolescent mental health, violence, sexually transmitted infections, and human immunodeficiency virus infection. Disparities in mental health are a particular concern because they are impacted by social exclusion, discrimination, and prejudice. Studies that are from the United States and Europe have revealed that LGBT people experience depression, suicide, and anxiety disorders at significantly higher rates than their heterosexual matched peers (Pega F, Veale JF.,2019).

Sexual minorities are more vulnerable to unequal health outcomes globally due to stigma and prejudice. Sexual stigma includes the denigration of non-heterosexual behaviors, identities, relationships, and communities, as well as the marginalization of sexual minorities. These stigmatizing practices may lead to institutionalized discrimination against and marginalization of sexual minorities. As a result of stigma and prejudice, sexual minorities experience a disproportionate burden of sickness, such as

mental health illnesses. Meyer's minority stress model reveals several stressors in the lives of sexual minorities, including internalized homophobia, in which degrading social attitudes lead to shame and low self-worth; perceived stigma, which indicates dread of rejection and expectations of it; and discrimination, including violence. Internalized homophobia has been linked to an increase in relationship issues and despair, as well as a decrease in HIV knowledge among sexual minorities. People may hide their sexual orientation due to perceived stigma, compromising health care access and adequate care (Logie, 2012).

The interaction between users and health services is regarded as critical to improving care quality. When it comes to using and receiving these services, the lesbian, gay, bisexual, and transgender community, however, experiences prejudice and discrimination. This study set out to identify the health care utilization and access limitations related to homosexuality. The right to health is recognized as universal, as a result of extensive political mobilization. The ideal would be for the government to provide healthcare as a right and duty. Patterns of exclusion and abuses of fundamental human rights plague many countries, especially for marginalized social groups including homosexuals, gays, bisexuals, and transgender people. Healthcare is important to all people regardless of gender, race, and ethnicity. The right of receiving health is universal. But disparities and inequality of healthcare service is prevalent especially in minority groups such as the LGBT community. Violations of human rights are still present in many countries.

A person who is homosexual looks for emotional, erotic, and sexual fulfillment with another homosexual person. This new form of sex expression is novel. Although the terms homosexual and heterosexual were first used in 1930 and respectively,

heteronormative behaviors and modes of gay expression overlap. The LGBT movement has come together in reaction to this circumstance all over the world to protest breaches of social and human rights impacting the homosexual community and to promote equality, particularly when it comes to access to healthcare free from prejudice and discrimination. Homophobia is one of the reason that LGBT individual feared to seek healthcare services. Homophobic behaviors are present in the minds of healthcare professionals. Verbal abuse, discriminatory, and misconduct are one of the attitudes that health professionals display. As it revealed that the LGBT population are having difficulties accessing health care services not only of fear of discrimination and humiliation health situations but due to homophobic behaviors are still present in healthcare professionals (Albuquerque GA, et al., 2019).

Society's View on LGBT

Today's generation we lived in a pop culture era. Social media and television are the key information dissemination about how the world is happening. Coverage and portrayals of information through media, regardless of accuracy and quality of information, are highly valued for those who are involved in pop culture. Unfortunately, there are social groups especially LGBT Community who experience suffering of equality of treatment both inside and outside the media. Studies have shown that LGBT people are likely portrayed through the media in a negative homophobic manner. Alongside, not all pop culture had a negative influence on society, but it also helped LGBT individual people in some ways for those who formed their identities.

Media has formed a big impact on almost everyone's daily routine. It is powerful to influence society views about LGBT people. Society's view towards LGBT identified

misinterpretation, stereotyping , and negative manner throughout the media (Comer, H., Bower, J. D., & Sparkman, N. 2021).

Lesbian, homosexual, bisexual, and transgender individuals are more frequently experiencing intolerance, discrimination, harassment, and the threat of violence because of their sexual orientation than heterosexual people. This is due to homophobia which is the fear or hatred of homosexuality. Some of the causes are moral, religious, and political ideals of a dominant group may foster homophobia on a greater scale. Homosexuality is illegal in certain countries and is punishable by fines, imprisonment, life imprisonment, and even the death penalty. Human sexuality is a complex experience that can be fixed or fluid. The existence of transgender, transsexual, and intersex persons further blurs the line between male and female sexuality. The assumption of heterosexuality is known as heterosexism. Despite 9 significant advances in human rights movement in many countries. LGBT rights continue to confront hurdles in achieving universal acceptance. Because the 1948 Universal Declaration of Human Rights does not directly include sexual orientation, some people challenge LGBT rights. However, the declaration states that everyone is entitled to all the rights and freedoms enshrined in this Declaration without respect to any discrimination. People are freely expressing their sexual orientation, organizing, and demanding their rights in greater numbers. As a result of the effort because of these groups and their allies, global acceptance of LGBT rights is growing, and governments in some countries are beginning to pass legislation in support of LGBT rights and anti-discrimination laws.

The Philippines has been subjected to a slew of inconsistent images and impressions of Filipino attitudes toward and practices of same-sex sexualities and transgenderism in the media, academia, and popular imagination. As a Catholic-majority

country, the Philippines is sometimes thought to be unwelcoming, intolerant, or antagonistic to gays and transgender people - that the Philippines is homophobic. Several scientific, touristic, journalistic, and other descriptions and analyses of Philippine society, on the other hand, point to the high level of tolerance for homosexual and transgender persons. In many respects, these seemingly conflicting characterizations represent the inconsistent reality of non-heteronormative Filipinos' simultaneous acceptance, tolerance which is grudgingly or otherwise, animosity, and persecution.

Social and Environmental Factors

Children's social environments and parenting have an impact on how they form their gender identities. Parental and authoritative figure education about sexual stereotypes that take place in or before the early part of middle childhood have a significant impact on growth and developmental, choices, attitudes, and overall self-concept. Youths who are taught that certain character traits or behavioral patterns are accepted or unacceptable for them to show simply because they are a boy, or a girl are more likely to adopt and be influenced by these belief systems in the long term. Girls may report disliking computation and denying their interest in the topic if they are told that boys are naturally better at it than they are. They can continue to struggle on arithmetic tests and homework since they think they are not really that proficient at this academic subject. Children learn indirectly in some cases by imitating and observing what they experience with their family members doing. They more often mimic and incorporate what they see, then recreate those behavioral patterns in their own lives as if they come up with it on their own. Children raised noticing their father and mother abide to cultural sexual identity roles are much more likely to accept those specific roles as

adults than their friends whose parents abide with less stereotypical, more balanced behavior patterns (MentalHelp.net, n.a.).

The nature vs nurture controversy centers on whether a person's sense of self comes more from their environment or their biology. According to the nurture school of thought, how your parents treat you as a child affects how you think about gender. These distinctions stem from gender preconceptions in society and how accepting individuals have grown. The inherited or genetic features are discussed in the nature argument. The majority of human growth is, whether directly or indirectly, influenced by a person's genetic makeup in the beginning. Our genetic make-up can also have a role in how we react to certain circumstances. The mainstream press can also shape and stimulate gender stereotypes. Male characters in media like television, films, and literary works are usually viewed as powerful and in command, whereas female characters are traditionally delicate and modest. In modern day society, the media plays a significant role in setting guidelines in everything. Gender stereotypes exist primarily because people accept them as well as the media strengthens them. The media has the ability to influence and continue to promote gender stereotypes. It is more challenging for individuals to be themselves because of stereotypes, the role that society plays in determining gender, and gender standards. Young people who identify as a gender other than the one they were born can lead exciting and satisfying lives. However, prejudice, transphobia, and a lack of comprehension or acceptance can raise the risk of despair, anxiety, self-harm, and suicide. In young people aged ten to twenty-four, suicide is the second most common cause of death. The likelihood of considering suicide is around three times higher among LGBT youth than among gender-conforming youth today. Ninety-two percent of transgender persons who have attempted suicide do so

before the age of twenty-five, according to reports. An average of seven suicide attempts had been made by one in three LGBT youth (Edubirdie, 2019).

Minority teenagers do not have the same feeling of safety and comfort. Even those who identify as homosexual or transgender, such adolescents experience depression and anxiety in a unique way because their gender deviates from societal expectations. Youths who have homosexual sexual preferences have a physiological constant gender identification, that implies they are either boys or girls who feel comfortable and genuine as their perceived gender. Instead of the more common situation of heterosexual or opposite-sex infatuation, they find themselves romantically linked to their homosexual or same-sex peers. Transgender youth have a gender identification that is not distinct from their biological sex. Physiologically male individuals who see themselves as female, and physiologically female individuals who recognize themselves as male, are both possible (MentalHelp.net, n.a.).

Common LGBT Diseases

There are lesbian, gay, bisexual, and transgender people in every community. Every community contains lesbian, gay, bisexual, and transgender people. People are diverse, reflect all facets of society, and include individuals of all ages, socioeconomic groups, cultures, and areas from all over the world. In order to improve overall health and eliminate health inequities, public health initiatives should regularly recognize the opinions and needs of LGBT individuals. In order to enhance the health of individuals and communities, it is necessary to provide LGBT-specific preventative measures and medical treatment that is sensitive to cultural differences as well as taking into consideration the necessities of LGBT people. Sexual orientation has been linked to

several health risks, and social inequality is frequently linked to poorer health status. When compared to their straight colleagues, LGBT people are much more likely to suffer from a wide range of health problems. A number of these inequality and injustice are explained by differences in sexual behavior, whereas others are associated to societal and structural disparities, for instance the stereotype and discriminatory treatment that LGBT populations face.

LGBT people's health is jeopardized by a range of challenges, including major chronic diseases like cardiovascular disease and cancer, infectious diseases, mental illnesses, environmental risks, the safety threat posed by terrorism and violent behavior, and a number of other concerns that potentially harm human physiological, psychological, and social well-being.

In just the last two decades, both public and scientific understanding of the hardships of lesbian, gay, bisexual, and transgender individuals has grown significantly. The rise of HIV and AIDS in the 1980s as well as the growth of the gay rights movement during the 1970s are two instances of greater socio-cultural transitions associated with this understanding. However, the first public and scientific emphasis on LGBT people in their early years will be mainly on psychological health: in the 1980s, a few research findings began to uncover increasing prevalence of recorded suicidality among gay youth, as well as a US national report on gay teen suicide (Gibson 1989) had become controversial in both academic and political circles (Russell, 2021). Over the past 20 years, there have been significant changes in public perceptions of LGBT individuals and concerns (Gallup 2015), but there has also been an emerging of research from numerous sectors that has contributed to the current body of knowledge on LGBT youth mental health.

Healthcare Services Focused on LGBT

Several LGBT individuals have trouble accessing healthcare in places where they are comfortable, acceptable, and included. Any staff member that LGBT individuals interact with from the moment they come for a visit until they depart has the potential to be offensive. These occurrences may happen with a nurse, doctor, receptionist, or other health care provider. Usual claims of LGBT individuals from their received healthcare services includes being denied care because of their sexuality, overheard jokes or slurs or were the target of hurtful comments about their demeanor or actions. In many cases, problems arise from simple oversight or mistakes by staff members who have good intentions yet lack knowledge about how to communicate and interact with LGBT people. For LGBT people who have experienced stigma and prejudice throughout their lives even small mistakes can trigger unpleasant memories and feelings from the past. These emotions could influence their willingness to seek medical attention once more. Unless healthcare professionals could communicate with wisdom and understanding of their health concerns, and care-related problems, and other needs common in LGBT people, they may not receive the services they need (National LGBT Education Center, 2022).

According to Chen, D. et.al (2021), the aim will be to identify the proportion of mental health clinics in the United States that provided LGBT-specific mental health treatments between 2014 and 2018. We created a method of mixed logic which uses data from the National Mental Health Services Survey, they examined the availability of LGBT-tailored mental health services over time, by region Northeast, South, Midwest, and West, and by facility type veterans' administration, inpatient or residential, outpatient, community mental health centers, and mixed. The overall proportion of mental health clinics that provided LGBT-specific treatments declined between 2014 and

2018 based on our results. In addition, our findings show that veteran affairs clinics and institutions in the West and Northeast are more likely to provide LGBT-specific mental health care. With the time, local, and institutional discrepancies in the availability of LGBT-tailored mental health care, greater effort should be devoted to eliminating this inequality.

In order to achieve a more inclusive form of health management, it is crucial in this study that development strategies take gender and sexually diverse populations into account. We stress the significance of addressing all of the LGBT community's health and well-being needs and concerns rather than concentrating simply on diseases like HIV/AIDS. In light of the lack of acknowledgement of gender and sexually varied persons and communities, we critically explore the constraints of population health, social determinants of health (SDOH), and public health goals. By first acknowledging the particular health and social care requirements of LGBT people and then applying anti-oppressive, critical, and intersectional analyses, we offer suggestions for how to make population health perspectives, public health goals, and the design of public health promotion policy more inclusive of gender and sexual diversity. Representation is important in health promotion research and practice. It matters which communities are ignored as well as which populations are targeted for health promotion initiatives. According to the Public Health Goals for Canada, population health and social determinants of health perspectives inform current health promotion policies in Canada. Considering Canada's diversity in handling the problem, ensures that varied communities are addressed equitably and effectively in public health and health promotion policy (Mule, N.J. et. al, 2020).

Summary

The increasing number of LGBT members who are still deprived from healthcare services because of the stigma that they have been experiencing from the past decades has also increased the judgment and neglect of them availing services not only in the healthcare aspect but also from the different services that we all should obtain regardless of their sexual orientation. When we open our minds with the perspective that services should be given to everyone and that everyone of us has the right to defend ourselves and there are certain individuals who cannot speak for themselves, and it will certainly lead to negative outcomes and one particular situation is receiving healthcare services. It can lead to underlying conditions and health problems such as deprivation of screening tests for possible HIV or Aids patients, high blood pressure and earlier onset of disabilities, and that in a study, most of the LGBT members are prone to being heavy drinkers and smokers rather than heterosexuals. They tend to have health issues like these because for them, drinking and smoking is a coping mechanism for them to deal with discrimination. These are just a few health conditions they can acquire or have already acquired. Another problem that should be taken concern is that self-medication is also prone to LGBT members who felt that they needed it due to health conditions they are experiencing and through that action, they can just worsen their lives and won't allow themselves to be checked by healthcare professionals because one of the hindrances would always be the discrimination and the anxiety and stress that they may encounter. Stress and anxiety that's fueled by discrimination are the likely culprits, say many experts. Not everyone in the LGBT community has the courage to do everything and that they only rely on themselves or the people around them. We cannot say that homophobia is already done because in all honesty in this year 2023, homophobia is still alive and well.

LGBT community is valid for seeking healthcare services regardless of their sexual preference. Through allowing a safe environment for them to seek healthcare services, can prevent certain diseases and build a strong foundation of granting them their human rights as well. As one of the statements, another factor contributing to the health disparities experienced by LGBTQ people is the absence of culturally appropriate treatment. To acknowledge them is one of the key factors for them to access healthcare that is deserving like just the others. They don't really want to be doctors themselves. It is certain that the society that we live in has a lot to say and it can create an atmosphere wherein people cannot communicate well with their needs, and it displays injustice and an ending stigma. Being able to provide healthcare services without judgment of sexual preference, can be one step closer to providing solutions for a better well-being. Through extensive research and training, we can establish and provide better, greater and stronger places for LGBT to live in (Jennings, L. et. al, 2019).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Research Design

Qualitative Research Design

This study explored the issues, problems, and challenges encountered by the LGBT Community towards healthcare services in Iloilo City. A Qualitative Research Design approach was used to explore and understand the perceptions and experiences of the LGBT Community with their healthcare services. Furthermore, the qualitative method of inquiry allowed the researchers to capture the perceptions of the participants, challenges encountered, and how these were addressed through interviews that identified similar concepts.

Methodology

Case Study

Qualitative research design is a method used to develop in-depth contextualized understandings of participants using non-numerical methods and direct observations. Researchers concentrate on smaller user samples to disclose information such as opinions, behaviors, and underlying aspects (Interaction Design Foundation, n.a.).

In order for researchers to study the holistic view in their environments, the qualitative case study approach includes instruments. If the methodology is properly

applied, as researchers research science, review programs, and develop hypotheses and involvements, the approach would be beneficial (Baxter & Jack, 2008).

Participants of the study

In the study, participants from the LGBT community were included, with five representatives from each of the classified representations, namely: Lesbian, Gay, Bisexual, and Transgender. The number of participants was scaled up until data saturation was reached. Data saturation was when the researchers reach the point where adding further participants did not give any further insights (Renwick, 2019).

The participants of this study were purposively selected to meet the inclusion and exclusion criteria provided by the researchers. The target participants of this study are 5 of each category of the LGBT community: Lesbian, Gay, Bisexual, and Transgender.

The Following are inclusion criteria. The participants of this must be:

1. Must be part of the LGBT Community in Iloilo City.
2. Emerging adults ages 18-29 (Arnett, 2019), who identify with non-binary sexual and gender identities experience invisibility and non-representation of their sexual and gender identities.
3. Participants had undergone healthcare services.
4. Able to give informed consent, denoting that the participant is in the age of legality and can comprehend the study's benefits, alternatives, and risks.

The following are excluded :

1. Participants who work to enhance the experiences of LGBT people as well as to promote the development of issues related to sexual orientation, gender identity, and gender equality.
2. Participants who are currently on medication, rehabilitation, and health recovery.
3. Participants who cannot read, write, and also comprehend the informed consent.

The researchers will obtain and select participants or respondents that will provide the best type of information that is related to the study. For this study, the participants are limited only to the following:

- a.) Five participants from the Lesbian category of LGBT who experienced any healthcare services in either a public or private hospital in Iloilo City.
- b.) Five participants from the Gay category of LGBT who experienced any healthcare services in either a public or private hospital in Iloilo City.
- c.) Five participants from the Bisexual category of LGBT who experienced any healthcare services either at a public or private hospital in Iloilo City.
- d.) Five participants from the Transgender category of LGBT who experienced any healthcare services either at a public or private hospital in Iloilo City.

Research Setting

The participants of the study were selected from the LGBT community and were initially contacted online for a discussion regarding the research's purpose. This was followed by scheduling face-to-face interviews based on the availability of both participants and researchers. The interviews were conducted in Iloilo City and were recorded to aid in validating the gathered data.

Data Collection Procedures and Strategy

Prior to conducting the interviews, qualified individuals were selected based on criteria relevant to the study.

Participants were initially contacted online and asked about inclusion criteria, receiving a brief explanation of the research's purpose. The study was planned for those who consented to participate, taking into account their availability for data collection and understanding of the research's objectives. This approach allowed for the identification and tallying of participants from the LGBT Community upon completion of the research.

In accordance with in-depth interview semi-structured procedures linked to purposive sampling technique, informed consent—also known as valid consent—was obtained to ensure participants were making free, educated decisions without coercion. Interview questions were formulated on a designated platform and reviewed by the research advisor for grammatical correctness and question order.

Face-to-face in-depth interviews were conducted on scheduled dates, extended according to participants' availability. Interviews took place in quiet settings to ensure

participants felt comfortable speaking candidly without interruption. Audio recordings were made for later transcription and analysis. Participants were provided with hard copies of their interview transcriptions to verify accuracy, explain any discrepancies, and add further comments. Researchers transcribed and translated participants' statements themselves.

Ethical Issues

Seeking approval from the RERB office and other related offices/institution

Prior to the study, the research proposal was subjected to ethical clearance and submitted to the Central Philippine University Research Ethics Review Board for ethical review and approval. The recommendations of the committee were implemented, and revisions were made until approval was obtained.

Risk Assessment

The participants were considered low-risk due to the potential for certain questions to provoke anxiety, distress, and agitation, particularly for those who have had negative experiences with healthcare services. The research may involve emotional components related to mood, body image, or self-assessments of psychological health, potentially causing psychological and emotional discomfort during the interview process. Before conducting the interviews, researchers received training on gender sensitivity from experts to develop therapeutic communication and the appropriate approach with participants. The researchers ensured a safe environment during interviews to minimize emotional and psychological discomfort for participants. Additionally, participants were informed of their right to withdraw from the research at any time, with their health and welfare being the researchers' primary concern.

Benefits assessment

This study aimed to provide comprehensive perceptions and solutions to alleviate and promote equality in healthcare services for the LGBT community. The objective was to enhance their quality of life within the framework of standard morals, virtues, and ethics. Furthermore, insights from this study could guide faculty and nursing students in determining actions and principles to incorporate into nursing education for addressing similar issues in future healthcare settings.

The findings of this study may serve as a catalyst for further research, particularly on the perceptions of the LGBT community regarding healthcare services in Iloilo City, and identifying feasible solutions for improvement. This could contribute to a broader understanding of healthcare services irrespective of gender. Additionally, this study contributed to the existing literature in the field of Nursing by delving into and comprehending the experiences of the LGBT community in Iloilo City concerning their healthcare services.

Withdrawal criteria of participants

The participants can withdraw their participation from the study at any moment without penalty or other consequences and without the need to provide any reason. If the participant wished to withdraw, his or her data would be properly discarded.

Anonymity and confidentiality of participants/respondents

A pseudonym was assigned to each participant in the study so that their anonymity was secured. Any personal information that might reveal the identity of the participants was kept in a password-protected computer file when not being used. The information obtained from the participants was planned to be kept in secure locations for at least one year after the study had been conducted. The names of departments and institutions were not mentioned to obscure the identities of the participants and hospitals (O'Neal, 2017). All the information gathered was solely for the purpose of this study. The identities of the participants were kept private and confidential to the extent required by law. Their information would be assigned an ID number. The data collected were stored with the utmost respect for their privacy and confidentiality. The electronic copy of the data was kept on a computer that only the researcher(s) had access to. Hard copies were stored on a single hard drive and on research google drive that only the researcher(s) would have access to. The collected data were stored for a year and destroyed after that period of time. The results of this study would be presented only to the College of Nursing research committee and would be subject to final approval. Any findings from this study were kept private to the extent allowed by law, with the exception of this letter. The results of this study may be published or distributed to other researchers, but neither name nor the study findings were identified. The legal and ethical obligations pertaining to carrying out this study shall be complied with in an honest, accountable, transparent, and responsible manner to ensure the integrity of the research.

Voluntary, non-coercive recruitment of participants/respondents

In accordance with the semi-structured, purposive sampling technique, Informed consent, also known as valid consent, were given in this study, ensuring that there was no overt or covert coercion and providing potential participants with enough information about the research to make an informed, free decision about their engagement. The researchers for this study would give information to motivate the participants to continue taking part in the study. Participants should understand that their participation in this study was clearly voluntary. It was their choice whether to participate or not.

Disposal of research materials/data

Any personal information that might reveal the identity of the participants was kept in a password-protected computer file when not being used. The information obtained from the participants was planned to be kept in secure locations for at least one year after the study had been conducted. After one year, the documents and computer files would be destroyed securely.

Contribution to local capacity building and benefits to local communities

This would help the LGBT community acquire safe, inclusive, individualized, and comprehensive care from healthcare professionals, as the results of this study would serve as the basis of their clinical practice for improvement and modifications. The CPU College of Nursing could also use the result of this study in nursing education, where

they would teach the nursing students how to provide or render care to the LGBT community. The nursing curriculum can serve as the starting point for further improvement in nursing practice in the College of Nursing.

Incentives or compensation for participants

There is no amount that the participant needs to pay to join this study. There is also no form of compensation that will be granted to the participant in this study.

Disclosure or declaration of potential conflict of interest

The researchers declared conflict of interest in this research study. This study is not purposely done for financial, personal, and professional interest. However, it is purely for educational purposes to gather the perception of the LGBT community towards the Healthcare Services in Iloilo City. This research is purposely done for the completion and requirements for the course subject. To address this conflict of interest, the researcher should disclose their involvement in providing healthcare services and take steps to minimize bias. To provide a comprehensive representation of experiences, this can entail engaging co-researchers who have no personal stake in healthcare services of LGBT, taking a reflexive approach to recognize and moderate their own biases, and searching out a variety of participant viewpoints. To ensure credibility and transparency, the research findings should explicitly explain the researcher's involvement and any potential conflicts of interest.

Analysis of the study

In this process, three strategies out of the four notions of triangulation for data validation by Stake were observed. Data were validated by interviewing three representatives from each of the classified representations, namely: Lesbian, Gay, Bisexual, and Transgender in Iloilo City that have experience with healthcare services in Iloilo City, allowing the researchers to have a variety of data sources. During the exhaustion of meanings and possible interpretations, the researchers will discuss within the team their individual interpretations and points of view, which further validates the data analysis. Methodological triangulation strategy will be used by authenticating the audio recording taken during the interview.

"The Art of Case Study Research" by Robert Stake describes qualitative case study as a study of a particular case's detail and ambiguity, coming to recognize its occurrence under relevant circumstances (Stake, 1988 as cited by Yazan, B., 2015).

Stake indicated that designing a case study involves a versatile design which will enable the researcher to make significant changes even after they progress from design to analysis. It will be noted that qualitative research requires understanding what contributes to considerable comprehension, discovering reliable sources of information, and consciously and unconsciously verifying the accuracy of their eyes and the strength of their perception. Cynicism and sensitivity are needed. For collecting data, qualitative researchers exploit observation, interview, and record analysis.

Analyzing data is a matter of giving meaning to first impressions as well as to final compilations. There are two strategic approaches to analyze data according to

Stake. First is categorical aggregation and direct interpretation. To discover the methods of study that work for a researcher, each demands extensive experience and reflection (Stake, 1998).

The notion of triangulation is included for data validation; according to Stake (1998), it has four strategies: data source triangulation, investigator triangulation, theory triangulation, and methodological triangulation.

The researchers applied Stake's method in this study for a rigorous analysis of data to come up with a concise yet comprehensive interpretation of the phenomenon being studied. The initial interpretation of the participants will be noted by the researchers. Upon accomplishing the interview, the transcripts will undergo extensive review. The researchers will use categorical aggregation in the analysis of data by clustering the information obtained and searching for relevant topics. These topics and patterns will be noted, arriving with a simpler and categorized data. These will be meticulously read, and inductive analysis will be utilized in coming up with an understanding about the perceptions of the LGBT towards the Healthcare Services they experienced in Iloilo City. The meanings and interpretations constructed by the researchers will be further exhausted until they come up with an organized interpretation that justified these phenomena.

Data saturation is a term used in research to describe the situation where no further data is anticipated to improve or alter the study's conclusions. Failure to reach data saturation has an impact on the quality of the research conducted and hampers content validity (Bowen, 2008; Kerr, Nixon, & Wild, 2010 cited by Fusch and Ness 2015). Each interview has an estimated time of an hour with additional notes taken post

interview. A return interview will be conducted for validation and confirmation of the results from the participants.

The interviews are verbatim and word-for-word transcribed to prevent missing or incorrectly interpreting information gathered from the informants. The data will be transcribed using the six methods of transcribing data which is listed below:

Step 1. No words or comments will be omitted throughout the verbatim transcription of the entire interview.

Step 2. To ensure their correctness and clarity, the transcripts will be thoroughly read and reviewed. The spelling and pronunciation are more important.

Step 3. The transcripts will be reread to look for important statements, significant phrases, and expressions that refer to a feature of the phenomena or indicate a vital aspect of the informants' experiences.

Step 4. To understand the statements' context, the transcripts will be reviewed once more with close engagement. The core concepts are formed by deriving the important meanings from significant words or phrases.

Step 5. The findings will be presented in the discussion and analysis.

Validity and Reliability of the Study

An in-depth semi-structured interview will be conducted face-to-face among chosen participants. The interview process will begin with a greeting and asking the participants' demographic data to help them feel comfortable. The researchers will then ask the interview guide questions in order to meet the objectives of this study. To determine the validity and reliability, audio recordings of the interviews will be made for

later transcription and analysis. Also, the participants will be given a hard copy of their transcription of the interview to assure accuracy, and they will be asked to check it for accuracy, explain any differences, and add any further comments.

Credibility

In this study, the researchers rigorously analyze the data using Stake's methodology to provide a clear yet thorough assessment of the phenomenon being examined. The researchers will take note of the participants' primary perception. The interview transcripts will be thoroughly reviewed after completion. To analyze the data, the researchers will organize the information they have collected and look for important topics. These recurring themes and trends will be recorded, resulting in data that is more straightforward and organized. These will be carefully studied, and the inductive method were used to them to gain insight into how the LGBT community views the healthcare services they received in Iloilo City. The researchers will continue to explore their interpretations and significance until they provide a systematic explanation that makes sense of these phenomena. When no additional data is expected to strengthen or change the study's findings, the term "data saturation" is used to characterize the situation. According to Bowen (2008) and Kerr, Nixon, and Wild (2010), both content validity and study quality are hampered by the lack of data saturation (Fusch and Ness 2015). Each interview lasts around one hour, 30 minutes for the initial briefing and 30 minutes for the interview proper, plus any additional notes that are taken afterward. The results from the participants will be validated and confirmed in a follow-up interview. The interviews are verbatim and word-for-word transcribed to avoid omitting out or misinterpreting information obtained from the participants.

Dependability

In-depth interviews allow researchers to gather detailed and comprehensive information from participants. Informed consent, also known as valid consent, was used to ensure that there is no explicit or implicit coercion and that potential participants can make free, educated decisions about participating. The use of informed consent was used to ensure that there is no overt or covert coercion and that potential participants can make free, informed decisions about participating. At the specified platform, interview questions were created and provided to the research adviser for grammar and question-ordering advice. This approach ensures that the sample is representative of the specific population being studied. By carefully selecting participants, researchers can gather more accurate and relevant information, enhancing the dependability of the research findings. Moreover, despite any changes of settings or changes of participants during data collection. The Research will thoroughly examine the data collection procedure and ensure that data and findings that has gathered will have the same results.

Transferability

The results of this study are applicable to other LGBT communities that are not only in Iloilo City. The experiences of the LGBT community in Iloilo City can be congruent with those of the LGBT community in other settings. Thus, healthcare professionals, universities with B.S. in nursing programs, and the LGBT community from different places can benefit from this study. The participants of this study will be purposely selected from the LGBT community, with 5 representatives from each of the classified representations, namely: lesbian, gay, bisexual, and transgender. Lesbian,

gay, bisexual, and transgender participants should be part of the LGBT community in Iloilo City. The participants are also emerging adults ages 18–29 (Arnett, 2019), who identify with non-binary sexual and gender identities and experience invisibility and non-representation of their sexual and gender identities. Participants have received healthcare services. They should also meet the inclusion and exclusion criteria that were stated.

Dissemination Plan

The study is to explore and understand how LGBT individuals perceive and understand healthcare services, which can help healthcare professionals determine appropriate approaches to provide the LGBT community with safe, inclusive, individualized, and comprehensive care. The results of this study will be used as an additional body of knowledge in nursing education when providing care, especially to LGBT people. The faculty of CPU College of Nursing can use our study to modify the learning modalities of nursing students when it comes to fair treatment and care. It is important to start the changes at the learning stage in order to incorporate this knowledge into their skills, behaviors, and attitudes. The findings and results that have been gathered will present the attitudes of LGBT individuals towards their healthcare services and the differences that they encounter. In conclusion, the Researcher has a 1- to 2-hour long conference presentation along with visual aids that are provided for the nursing students and clinical instructors at the Central Philippine University As well as the health care professionals. The Conference will be helpful in imparting learning and knowledge about the perspective of an LGBT individual and how health care professionals will approach this kind of person. An infographic can also be made with the

brief contents of the research and posted online and on social media in order to inform and educate larger audiences.

CHAPTER IV

RESULTS AND DISCUSSIONS

Twenty cases are described in this chapter exploring and understanding the perceptions of LGBT community in Iloilo City with the healthcare services for their well-being.

The findings are presented in **three parts**. The first part describes the background of each category of LGBT, the second part tells the discrimination, negative experiences and inequality, and the third part describes the analysis in terms of the perceptions of the LGBT Community towards the healthcare services in Iloilo City.

Lesbians

The term 'lesbian' usually refers to a woman who has a romantic and/or sexual orientation toward women (Vanderbilt University, 2024). It is the tendency and orientation of a human female to be emotionally and usually sexually attracted to other females and not to people of other gender, or the state of being attracted (Britannica, 2024). In this study, the researchers interviewed 5 lesbians and they are named as: *Lesbian 1, Lesbian 2, Lesbian 3, Lesbian 4, and Lesbian 5*.

Lesbian 1, Mary, 22 years old, a sales lady working in a commercial establishment. She is a resident of Molo, Iloilo City. She was asked about the healthcare service accessed in Iloilo City and she explained, "Napa-checkup ako didto sa molo para sa akon cyst." She was advised to undergo laboratory testing, which she chose to do so on other province due to convenience. *Lesbian 1* felt that she has not faced discrimination and appreciates the respectful treatment she receives based on her explanation "*Waay man ko negative experience gid sa ila ah kay kanami gid sila mag-assist.*" When asked about her perception towards her experiences as an LGBT individual accessing healthcare she states "*Buot man sila magtubang sa akon kag ga-*

assist gid sila sang maayo.” The researchers asked for suggestions, to which Lesbian 1 responded by suggesting better accommodation of patient and improved assistance to enhance healthcare services for LGBT individuals in Iloilo City.

Lesbian 2, Paula, a 28 year old security guard of a commercial establishment in Iloilo City and resides in an apartment complex in General Luna St., Iloilo City. Vaccination is the healthcare service received by the participant. During an interview with *Lesbian 2*, who received the AstraZeneca Covid vaccine, she shared “*nakulbaan lang ako sa injection*” but overall had no negative feelings towards the healthcare workers. She felt that they treated her well, just like any other patient, and didn't notice any differential treatment based on her gender identity. She stated “*Pare-pareho man ila nga pagtrato sa amon ah.*” When asked about suggestions for improving healthcare services for the LGBT community, *Lesbian 2* feels that she has no specific suggestions as she believes healthcare workers treat everyone equally regardless of gender identity. Overall, the interview highlights *Lesbian 2's* positive experience with healthcare workers and her perception of equal treatment in healthcare services.

Lesbian 3, Carla, 25 years old, works as a call center agent and resides in La Paz, Iloilo City. She had previous experience with healthcare services, having gotten daily checkups and COVID-19 immunizations. When asked about her experience during the COVID vaccination, she stated “*Wala man ako problema sa ila pag entertain sa akon.*” She reiterated that she hasn't encountered any negative experiences or felt the need for changes in the healthcare system. She stated, “*Ok man akon nga pagpa-vaccine kag maayo man ila nga pagtrato to sa akon sang san'o.*” *Lesbian 3* expressed contentment with the treatment she received and had no specific suggestions for improvement and concluded the interview with gratitude.

Lesbian 4, Denise, an outgoing 24-year-old barista, lives in a small apartment with her partner in the busy Barangay at San Rafael Mandurriao, Iloilo City. She is the youngest among four siblings, was born and raised in this close-knit town, and is currently following her dreams of working in a variety of professions. Despite her hectic work schedule at the local coffee shop, she always finds time to enjoy life's simple pleasures with her loved ones. Recently, *Lesbian 4* decided to see a doctor since she was experiencing discomfort from a persistent cough. Concerned about her health, she headed to the nearby hospital for a check-up. During the interview when we asked her about where she got her checkup and why, she replied, "*Sa molo nag pa checkup, Para sa akon ubo bala.*" On the day of her check-up, the medical team made her feel welcome and provided her with thorough care and guidance the entire time she was there. Reflecting on her experience, she expressed satisfaction with the healthcare services she received, emphasizing the professionalism and compassion shown by the healthcare workers. She felt that she received equal treatment as a member of the LGBT community, with healthcare personnel displaying compassion and understanding, even though there were several other patients throughout her check-up. She stated, "*Namian man ko sang ila serbisyo kag respectful man sila sa akon kag wala gid ko na-encounter nga may ara sila gina paboran. Nami gid ila pagtrato sa akon.*" In response to a question regarding her suggestions for healthcare settings, *Lesbian 4* emphasized the significance of treating LGBT people with respect and prohibiting discrimination of any kind. She emphasized that healthcare professionals must maintain inclusive and respectful treatments to guarantee that all patients receive high-quality care and support, regardless of their gender identity or sexual orientation.

Lesbian 5, Amy, a 27-year-old employee at a restaurant, resides in Benigno Aquino Jr. Mandurriao Avenue in Iloilo City. *Lesbian 5* was raised in a lively

neighborhood with her three siblings, and she always felt loved and supported by her parents, who accepted her lesbian identity without hesitation. She followed her passion for the culinary arts and discovered fulfillment in her job at a restaurant in the city. She became an essential part of the restaurant's crew due to her friendly attitude and commitment to her craft, which won over both coworkers and customers outside of work, *Lesbian 5* enjoys the little things in life, such as warm evenings spent with her partner and close friends or strolls through Iloilo City's busy streets. She is surrounded by a community that encourages variety and a network of loving family and friends, faces life with resilience and cheerfulness, confident in the knowledge that she is appreciated for who she is. *Lesbian 5* put her health and safety first during the COVID-19 pandemic by getting vaccinated at the mall nearby. She couldn't help but feel a bit disappointed when they questioned her about her experience with the service she received. She talked about how some medical professionals would be unapproachable and how their behaviors sometimes made her feel small and insignificant. *"Okay man sila," she said. "Kis'a may suplada man, kis'a okay man sila," she said, "Makita bala nila kis'a nga daw sala ka lang... Like sala bala imo nga ubra."* despite that she still appreciated the overall quality of service. She expressed her desire for LGBT people to be treated equally and with respect in hospital settings after reflecting on her experience.

Analysis

Lack of Negative Experiences

Non-Discrimination

Lesbian 1 noted that she had no negative experiences and felt well-assisted, while Lesbian 3 mentioned being treated nicely and having no issues with the way she was entertained. Similarly, Lesbian 4 expressed satisfaction with the attitudes and behaviors of healthcare workers and mentioned not encountering biased treatment.

Their experiences refute the statements of the study of Logie 2012, where it emphasizes LGBT individuals often face barriers to accessing adequate healthcare due to societal prejudices and discrimination. The experiences shared by Lesbian 1, Lesbian 3, and Lesbian 4 regarding their interactions with healthcare providers offer valuable insights into the healthcare landscape for LGBT individuals. Their positive encounters underscore the importance of respectful and accommodating attitudes among healthcare professionals towards diverse sexual orientations and gender identities. Lesbian 1 mentioned that she didn't face any negative experiences, emphasizing that healthcare members assisted them well and were respectful. Similarly, Lesbian 3 expressed satisfaction with the way she was treated, highlighting the accommodating nature of healthcare providers. Additionally, Lesbian 4 echoed these sentiments, indicating that she encountered no biased treatment from healthcare providers. These affirming experiences align with the study of Pega & Vaele (2015) that emphasizes the significance of understanding and addressing the unique healthcare needs of the LGBT community, however, contradicts the statement of the same study, where they also emphasized the prevalence of discrimination and stigma faced by LGBT individuals within healthcare settings, which can impede the access to quality care. Despite these positive encounters, there are persistent challenges highlighted in the literature that may not be captured in the experiences of these individuals. Studies emphasize ongoing disparities in healthcare access and quality for LGBT individuals, stemming from societal stigma and discrimination (Pega & Veale, 2015). While the experiences of Lesbian 1, Lesbian 3, and Lesbian 4 offer encouraging examples of respectful and accommodating healthcare encounters, it is essential to recognize that they may not fully represent the broader challenges faced by the LGBT community within healthcare settings. Their positive experiences underscore progress towards inclusivity but also highlight the

ongoing need for systemic changes to ensure equitable access to quality care for all LGBT individuals.

Inclusivity

Lesbian 2, mentioned that healthcare providers treated them equally. Based on her experience, she never felt any difference in their treatment towards her, regardless of her gender. They equally attended to their health needs. Lesbian 4, the treatment she experienced was just the same. She mentioned that healthcare providers have great respect for the LGBT community. This aligns with the literature that highlights the importance of providing healthcare services that are sensitive to the needs of the LGBT community. According to Jennings et al. (2019), it emphasizes the need for a safe and non-judgmental environment for individuals to access the healthcare they deserve, regardless of their sexual orientation. Overall, this literature reinforces the importance of recognizing and respecting the healthcare needs of the LGBT community to promote their well-being.

These positive experiences with healthcare providers also speak to the importance of inclusivity in the healthcare setting. Lesbian 2 and Lesbian 4 both noted that they were treated equally and with respect, which indicates that the healthcare providers they encountered were inclusive of their sexual orientation. This aligns to the study of Mule et al (2020) where inclusive healthcare environments are essential for individuals from the LGBT community to feel comfortable seeking medical care and addressing their health needs.

Problems and challenges encountered

Disclosure of Gender Identity

Lesbian 5 and Lesbian 3 shared their experiences regarding their interactions with healthcare providers shed light on the challenges and nuances faced by LGBT individuals within the healthcare system. Lesbian 5 mentioned encountering difficulties reaching out to healthcare providers, especially if they were aware of her LGBT identity, which resulted in differential treatment. On the other hand, Lesbian 3 expressed hopes that disclosing her gender preference would not result in discrimination or favoritism in her treatment. These experiences resonate with the literature on LGBT individuals' health and experiences accessing care. The LGBT community comprises diverse groups with unique health-related needs and experiences, influenced by factors such as sexual orientation, gender identity, race, ethnicity, and socioeconomic status (Pega F, Veale JF.,2015). Discrimination, stigma, and prejudice, including homophobia and transphobia, contribute to barriers in accessing quality healthcare for LGBT individuals. This can manifest in differential treatment, as observed in Lesbian 5's experience, where healthcare providers may exhibit homophobic behaviors, leading to feelings of discomfort and reluctance to seek care (Albuquerque GA, et al., 2019).

Furthermore, research highlights disparities in healthcare access and quality for LGBT individuals, with studies revealing higher rates of mental health issues among this population due to experiences of social exclusion and discrimination (LGBT People's Health and Experiences Accessing Care). Lesbian 3's hope for unbiased treatment upon disclosing her gender preference reflects concerns about facing discrimination, as observed in healthcare settings. However, progress has been made in fostering inclusive healthcare environments, as evidenced by positive encounters reported by Lesbian 1, Lesbian 3, and Lesbian 4. Their experiences underscore the importance of respectful

and accommodating attitudes among healthcare professionals towards diverse sexual orientations and gender identities (Healthcare Services Focused on LGBT). This aligns with recommendations for healthcare providers to receive training on LGBT-specific issues and implement policies promoting inclusivity and sensitivity (National LGBT Education Center, 2022).

In summary, while the experiences of Lesbian 5 and Lesbian 3 highlight persistent challenges and discrimination faced by LGBT individuals within healthcare settings, the positive encounters reported by other individuals and the existing literature emphasize progress towards inclusivity. However, there is still a need for systemic changes to ensure equitable access to quality care for all LGBT individuals, as disparities and discriminatory practices continue to exist within the healthcare system.

Health Education Programs and Healthcare Access

Lesbian 1 expressed satisfaction with the assistance and accommodation provided by healthcare providers during her visits, highlighting a positive experience with healthcare services. This aligns with literature emphasizing the importance of healthcare settings accommodating LGBT individuals to ensure they feel supported and comfortable accessing care (National LGBT Education Center, 2022). Positive encounters like these are crucial for promoting trust and facilitating regular healthcare-seeking behaviors among LGBT individuals, contributing to better health outcomes (Chen et al., 2021). On the other hand, Lesbian 4 emphasized the need for healthcare providers to continue treating the LGBT community well and avoiding discrimination. This echoes concerns raised in the literature about the prevalence of discrimination and stigma faced by LGBT individuals in healthcare settings (Albuquerque et al., 2019).

Discriminatory practices, including denial of care based on sexual orientation or gender identity, can lead to reluctance among LGBT individuals to seek healthcare, exacerbating health disparities (Pega & Veale, 2015). Therefore, addressing these issues is crucial for promoting equitable access to healthcare services for all individuals. In terms of healthcare access, the literature underscores the challenges faced by LGBT individuals, including experiences of stigma, discrimination, and mistreatment in healthcare settings (National LGBT Education Center, 2022). This resonates with Lesbian 5's experience, who mentioned encountering difficulties reaching out to healthcare providers and facing discriminatory treatment based on her LGBT identity. Such negative encounters highlight systemic issues within the healthcare system that need to be addressed to ensure inclusivity and equity in healthcare access (Albuquerque et al., 2019).

Furthermore, the literature emphasizes the importance of healthcare providers receiving training on LGBT-specific issues and implementing policies to promote inclusivity (National LGBT Education Center, 2022). Positive encounters reported by Lesbian 1 and Lesbian 4 reflect the impact of respectful and accommodating attitudes among healthcare professionals towards LGBT individuals. These positive interactions contribute to creating welcoming healthcare environments where LGBT individuals feel valued and supported in seeking care (Chen et al., 2021).

In summary, the experiences of Lesbian 1 and Lesbian 4 align with both positive and negative aspects highlighted in the literature regarding healthcare access and treatment of LGBT individuals. While positive encounters promote trust and encourage regular healthcare-seeking behaviors, discriminatory practices and lack of inclusivity pose significant barriers to healthcare access and quality for the LGBT community. Addressing these issues through training, policy implementation, and fostering respectful

attitudes among healthcare providers is essential for ensuring equitable access to healthcare services for LGBT individuals.

Discrimination and Inequality

Lesbian 5's account of feeling mocked and misunderstood by healthcare providers reflects the pervasive issue of discrimination and stigma that LGBT individuals often encounter within healthcare systems. She expressed frustration at healthcare professionals who seemed dismissive or hostile towards her sexual orientation, highlighting a concerning lack of understanding and empathy. This aligns with literature discussing the impact of homophobia and transphobia on healthcare access, where LGBT individuals may face denial of care or mistreatment due to their identity (Albuquerque GA, et al., 2019). The disparities between positive and negative experiences reported by the participants underscore the complexity of the issue. While some individuals encounter discrimination and inequality in healthcare, others find affirming and respectful treatment. This highlights the need for ongoing efforts to address systemic barriers and promote cultural competency among healthcare providers. By acknowledging and addressing the unique health needs and experiences of LGBT individuals, healthcare systems can strive towards greater inclusivity and equity for all patients (National LGBT Education Center, 2022).

Gays

Gay is a term defined as, someone who is emotionally and physically attracted to the same gender, mainly they are also called homosexual person or with homosexual characters. The term gay can be used by women, men, and people who identifies themselves as non-binary. The researchers have interviewed 5 different transgenders

who have availed healthcare services in Iloilo City namely: *Gay 1, Gay 2, Gay 3, Gay 4, and Gay 5.*

Gay 1, Sebastian, is a 21-year-old student taking Bachelor of Science in pharmacy residing at Jaro, Iloilo City. He is a proud member of the LGBT community. The healthcare services he avails include laboratory tests and consultation with an endocrinologist. Gay 1 expresses satisfaction with the treatment received, highlighting the kindness of medical staff and their respectful attitudes which he stated "So far sa experiences i don't have bad experiences during the time nag access ko healthcare. Everything is good, everything is fine man. Ang medtech nga nagkuwa sa akon dugo, and the doctors were very nice and even mga worker sa hospital na ask ko very good man". He emphasized that the attitude of the healthcare providers is courteous and nice towards him while extracting his blood. When he was ask about his envision when receiving healthcare services regardless of your gender preference, he noted his expectation of equal treatment regardless of gender identity which he stated "I expect the same healthcare as what others may receive, I expect that they will treat my sickness."

Gay 2, Ethan, a 23-year-old from Mandurriao, Iloilo City. He opened about his personal experiences and identity as a gay man. He candidly shared that he is romantically and emotionally attracted to individuals of the same gender, and he feels a strong sense of belonging with his group of friends who share similar sexual orientations. These friendships provide him with a supportive and understanding community where he can freely express himself without fear of judgment or discrimination. Beyond his personal life, Gay 2 also serves as a counselor in San Rafael, where he dedicates himself to helping others within the community. His profession reflects his

compassionate nature and desire to positively impact the lives of those around him. As a counselor, he provides support and guidance to individuals facing various challenges, drawing from his own experiences and understanding of the complexities of human emotions and relationships. The healthcare services he receives is receiving contraceptives and HIV tests. He emphasized the importance of healthcare providers being sensitive to the needs of LGBTQ+ individuals and making efforts to create a welcoming and non-discriminatory environment. He stated, *“The healthcare needs improvements such as training for healthcare providers on LGBTQ+ cultural competency and ensuring that all patients are treated with respect and dignity regardless of their gender identity or sexual orientation”*.

Gay 3, Jacob, a from Mandurriao, Iloilo City 23-year-old a graduate student of Bachelor of Science medical technology student and is an outgoing and talkative person. He was able to have a healthcare service which is an anti-rabbies vaccination. Gay 3 mentions receiving anti-rabies vaccinations which he explains that the availability and affordability of the service encouraged him to access healthcare. Regarding the attitudes of healthcare providers, he recalls positive experiences and emphasizes the importance of clear communication, particularly when discussing medical procedures. He expresses *“I can’t say something kay du wala man sila nahambal nga offensive or what but as far as I can remember, they were very uhm helpful and at the same time there was one doctor nga naisturya ko that time during the consultation nga came to the point, our conversation came to the point nga gin discuss ya sakon ang about active and passive nga immunization.”* When envisioning healthcare services regardless of gender preference, he stresses the importance of fairness and equal treatment for all patients, regardless of gender or sexual orientation which he stated *“I expect from them siguro is the fairness that each of us their patients received no matter you are a girl or you are a*

boy. Kay I think that's one of the greatest factors gid noh. Ah there's a factor when it comes to your gender or your sex basically with ah the most basic when if you're a girl or a boy or a man or a woman also if you're a gay or lesbian or however you wanna define yourself ang gina expect ko lang is ang fairness ang treatment ang fairness sang pag treat kay for sure hatagan man sila sang bulong." lastly, he advocates for normalizing treatment towards LGBT individuals in healthcare settings to reduce stigma and promote inclusivity.

Gay 4, William, a 27-year-old from Quintin salas, Jaro Iloilo City. Confidently embraces his identity as a gay man. Proudly single, he navigates life with a sense of self-assurance and authenticity that is truly inspiring. Gay 4 finds solace in his community and takes pride in being an active member of the LGBTQ+ community. He cherishes the diversity and inclusivity that define his social circles, where he feels accepted and celebrated for who he truly is. Whether attending local pride events or simply spending time with friends, Gay 4 finds joy in connecting with others who share similar experiences and perspectives. He receives HIV tests and diagnostic test for his health enlargement. He mentions "The healthcare workers are very friendly, and they treated us with respect".

Gay 5, Ryan, is a 24 year old graduate student. The healthcare service he received was laboratories test that are required for his clinical duties including fecalysis and x-ray both from public and private hospitals. He primarily mentions laboratory tests required for clinical duties, both in public and private settings, including drug tests and routine examinations. He notes positive experiences with healthcare providers and emphasizes the absence of discrimination which he noted "I didn't experience any discrimination, or I never felt that I was discriminated while I'm having those tests. I feel

like I'm safe and I never felt any discrimination.” Regarding word choices and behaviors of healthcare providers, Gay 5 appreciates their professionalism and respectful interactions. He suggests that healthcare providers should ask for gender preferences rather than presuming, highlighting the importance of inclusivity. In envisioning healthcare services, he emphasizes the need for excellence and equal treatment for all individuals, regardless of gender identity and advocates for asking patients about their gender identity and pronouns and stresses the importance of representation and competence in healthcare settings, he noted *“I just wanted that every one of us in the spectrum should be treated equally. We don't need it, need an extravagant way, wants to enter the the hospitals like we want special treatments know it's just that we must be treated as anybody else like anybody else who went into the hospital just to seek for health care services. It's really important for us to ask the gender identity or what pronouns that that the patient would prefer because as I have said it's always safe to ask questions and also asking questions about what pronouns they prefer to use it. Also, it is also a way of of making healthcare a diverse one so and that's it.”*

Analysis

Lack of Negative Experiences

Non-Discrimination

Gay1 mentioned having positive experiences during his interactions with healthcare providers. He felt respected and treated well, both in terms of the word choices and attitudes of the providers. This relates to Maren Batalden., et. Al, study that patient-centered approach guarantee that patients participate effectively in healthcare. positive experiences like reported by Gay 1 can contribute to better health outcomes. importance of creating a safe and inclusive environment for LGBT individuals within

healthcare settings. Gay 4 had his HIV test taken in a health facility in Iloilo City. He didn't experience any negative towards receiving his healthcare. He then stated how healthcare providers are professional in taking care of their patients and educating them along the way. This is then one of the factors he will be able to access healthcare, again. Gay 5 didn't experience any discrimination while taking his laboratory test. He expresses how he feels safe during his laboratory test. This contradicts to the study of National LGBT Education Center, 2022 which noted that LGBT individuals have difficulties accessing safe, comfortable, acceptable healthcare service in which they perceived that from the moment they entered the room until they exit the room, their will be possible offensive feedback to them which effects to discourage their access to healthcare.

Inclusivity

Gay 1 did not face barriers or challenges in accessing healthcare services based on his Gender Identity. He was able to receive necessary medical care without prejudice or discrimination. He is being treated with respect and politeness by the healthcare providers. They addressed him appropriately and were not subjected to discriminatory attitudes. Gay 3 had no issues how healthcare providers taking care of him during his vaccination, he then emphasized how healthcare providers were very nice and treated him with respect. Gay 4 expressed how satisfied he was of how healthcare providers take into consideration of his sexual preference and how they accommodate healthcare services as he is a member of the LGBT community. Gay 5 highlighted that medical professionals are professional and well-educated in handling patients in their differences when it comes to their sexual orientation and gender identity. This aligns to Pega F, Veale JF.,2015 study which emphasizes the importance of providing healthcare services in a non-discriminatory and respectful manner to LGBT individuals. The literature highlights the significance of addressing the unique health needs of LGBT people and

the negative impact of discrimination on their health-seeking behavior. the experiences of these gay individuals align with the literature, emphasizing the importance of providing non-discriminatory, inclusive, and culturally competent healthcare services to LGBT individuals to ensure their well-being and improve health outcomes.

Problems and challenges encountered

Disclosure of Gender Identity

Gay 5 he pointed out that one lacking thing that healthcare provider isn't able to do, was to ask our gender preferences and it made him feel disappointed because this may lead to misgendered. Asking our gender preferences can make a difference because it made them feel seen and identify. This aligns with Jennings, L. et. al, 2019 noted on the importance of acknowledging gender identity to provide inclusive care. The literature highlights the significance of understanding the unique health needs of LGBT individuals, including the importance of culturally appropriate treatment and creating safe environments for seeking healthcare. Gay 5 expressed disappointment at the healthcare provider's failure to ask for gender preferences, which could lead to misgendering.

Health Education Programs and Healthcare Access

Gay 1 expressed a desire for equal and respectful treatment in healthcare settings, regardless of gender preference. He emphasized the importance of receiving appropriate medical care for their illness, just like any other patient. He also suggested that healthcare providers should treat all patients with respect and dignity. This contradicts to the study of Pega F, Veale JF.,2015 social determinants of health, gender identity and sexual orientation play a role in health disparities, and LGBT community are more probable than their heterosexual and cisgender socioeconomically matched friends to encounter hurdles to receiving the proper medical care. Gay 2 suggested that

changes are needed to address discrimination and improve healthcare services for LGBTQ individuals. He emphasizes the importance of accommodating all patients regardless of their Gender Identity and providing proper education and training to healthcare providers. He also mentions the need to protect the confidentiality of LGBTQ individuals' health information to prevent discrimination. He suggested that there should be an improvement in the hiring process to ensure healthcare providers undergo proper training on gender sensitivity and respect towards all patients. This resonates with studies highlighting the need for healthcare providers to undergo training on gender sensitivity and respect towards all patients to ensure inclusive and non-discriminatory care (Albuquerque GA, et al., 2019). Gay 3 wanted the importance of fairness in healthcare service regardless of gender. He believed that it is one of the greatest factors of fairness treatment among gender. This aligns with research indicating that societal factors, such as stigma and prejudice, contribute to health disparities faced by LGBT individuals, emphasizing the need for fair and equitable healthcare access (MentalHelp.net, n.a.) Gay 4 shares how he thinks that healthcare should be best with no criticism, no judgement and give respect to patients in any gender This aligns with literature highlighting the detrimental impact of discriminatory attitudes and behaviors on LGBT individuals' healthcare access and outcomes (Logie, 2012). Gay 5 emphasized that healthcare services should be for everyone, and it does not come with any gender identity or sexual preferences. He then stated Healthcare service is equal and without any special treatment. This aligns with research emphasizing the importance of providing inclusive healthcare services to address the unique health needs and disparities faced by the LGBT community (National LGBT Education Center, 2022). Gay 1,2,4, and 5 emphasize the importance of providing equitable, inclusive, and respectful healthcare services to the LGBT community.

Discrimination and Inequality

Gay 2 mentions that sometimes healthcare providers are shocked that he was part of LGBTQ community that is why sometimes he was hesitant of his actions because it might judge him. He also mentions that sometimes healthcare providers addressed him in a disrespectful manner. He emphasizes the need for healthcare providers to be more sensitive and respectful towards LGBT individuals. This aligns with research findings indicating that LGBT individuals often encounter stigma, discrimination, and barriers to accessing culturally competent care.

The literature emphasizes the diversity within the LGBT community, recognizing that individuals may face unique health-related challenges based on factors such as sexual orientation, gender identity, race, ethnicity, socioeconomic status, and age. (Logie, 2012).

Bisexuals

The term "bisexual" describes an individual who feels attraction, either emotionally, romantically, or sexually, towards more than one gender. This means someone who identifies as bisexual may be attracted to people of their own and other genders. This attraction can manifest in various ways, such as forming romantic relationships, experiencing emotional connections, or engaging in sexual activities with individuals of different genders (APA, 2022). The researchers have interviewed 5 bisexuals who have availed healthcare services in Iloilo City namely: *Bisexual 1*, *Bisexual 2*, *Bisexual 3*, *Bisexual 4*, and *Bisexual 5*.

Bisexual 1, *Julie*, a 22-year-old nursing, is currently in fourth year level at a university in Iloilo. Recently, *Bisexual 1* underwent healthcare services, including laboratory examinations, as part of her academic requirements. *Bisexual 1* reflects on

her experiences, expressing satisfaction with the absence of discrimination she encountered during laboratory examinations and stated that *“so far I don’t have any discrimination pa man na experience sa healthcare services because of laboratories man lang siya and there’s no need ano man ihambal gani ano sexuality mo, ang importante man lang is what is your ano... biological sex.”* She emphasizes the importance of focusing on biological sex rather than sexuality in healthcare settings. The researcher asks about *Bisexual 1* perceptions of healthcare providers' word choices, behaviors, and attitudes during laboratory examinations and *Bisexual 1* notes the professionalism of healthcare providers but acknowledges the discrimination felt by some peers within the LGBT community. The researcher's follow-up question prompted *Bisexual 1* to reflect on her own gender expression during healthcare visits and she emphasizes the importance of not discriminating against individuals based on their gender expression and verbalized *“We should not discriminate sa isa ka tawo if they are more in that other side sa ila sex gani. Biological sex nila.”* *Bisexual 1* articulates her vision for more inclusive healthcare services, advocating for healthcare providers to be open and non-judgmental towards patients of all gender preferences. She suggests improvements in healthcare settings to accommodate the needs of LGBT individuals.

Bisexual 2, Nicole, a 22-year-old student, is currently pursuing physical therapy in Iloilo. *Bisexual 2* most recent medical check-up, which occurred about a month or two ago, requirements for duty at the rehabilitation center in Iloilo. During this period, *Bisexual 2* underwent various tests, including CBC and dermatological examinations. *Bisexual 2* provides an overview of his recent healthcare experiences and describes his encounters as satisfactory, noting the respectful treatment by healthcare workers during his recent laboratory tests for school and employment requirements at Rehabilitation Center. He mentions undergoing tests like CBC and derma exams without any negative

experiences. *Bisexual 2* praises the accommodating and friendly demeanor of the healthcare workers during recent encounters, noting their efforts to ensure his comfort and completion of necessary tests and verbalized *“all of the healthcare workers that I have been interacting with are very accomodating, friendly, and as well as uhmm welcoming. They really made sure na I have to complete my labs as well as they’re also asking about my day or when was uhm the last time ako nagpa labs and many more and during that time daan they really saw me na I was kind of anxious and starting to shiver due to being fearful kay I have phobia of blood and syringe which mo na man ngaa wala ko nagnursing and rather opted for physical therapy.”* However, he recounts a discouraging incident from a few years ago at a dermatology clinic, where he felt judged and unwelcome due to his appearance, causing him to lose his confidence and he stated *“I do have one experience that I think na that made me discouraged is when I went to this derma clinic which I will not reveal few years ago I went for a check up which was also my first time in that clinic and kay daan I have like hormonal acne and my face during that time was horrible gid and like inflammed gid sa ya and that time mga workers were like whispering and I knew well it was me kay dan ang clinic was quite small and ang mga boses sang mga tawo mabation gid sya and that also made my confidence go down.”* The researcher explores *Bisexual 2*'s feelings regarding the attitudes of healthcare providers and *Bisexual 2* contrasts his recent positive experiences with feelings of exclusion and judgment from the past, emphasizing the importance of feeling welcomed and accepted in healthcare settings. The researcher asks about his expectations for healthcare services and *Bisexual 2* stresses the need for a safe, competent, and inclusive environment in healthcare, where all patients feel respected and cared for, regardless of their sexual orientation or gender identity. *Bisexual 2* advocates for non-judgmental services and calls for greater acceptance and

understanding, citing the discriminatory experiences of his transgender friend as an example.

Bisexual 3, Angie, a level 4 nursing student in Iloilo City. Typically, *Bisexual 3* seek healthcare services from family doctors, where discussions about sexual orientation are not typically raised unless relevant to the medical condition. However, *Bisexual 3* underwent therapy and psychiatric consultations in 2019-2020 due to an anxiety disorder diagnosis. During these sessions, discussions about personal history, family dynamics, and support systems were significant, highlighting the importance of mental health care in their life. The researcher follows up by asking about her experiences accessing healthcare services and the factors that influenced her and *Bisexual 3* expresses no negative experiences, emphasizing the accepting attitude of healthcare providers, especially when discussing personal matters like sexual orientation and stated *“daw wala man gid ko sang negative nga experience much and that one time nga uhm nadiscuss ang like about the partner mo amuna the doctors ah actually du kaaccepting man and uhm daw wala man ko discrimination nga like nafeel to feel discouraged man for accessing a healthcare services”*. She credits her supportive family for encouraging her to seek help, which mitigated any feelings of discouragement. The researcher asks about her feelings regarding the word choices, behaviors, or attitudes of healthcare providers she encountered and *Bisexual 2* appreciates the inclusive approach of her doctor, noting her comfort in discussing sensitive topics due to the doctor's careful and respectful demeanor and verbalized *“I feel comfortable man kay as what I've said very ano man si doc like very inclusive she's very careful actually with the words trying not to ano bala to be uhm, ano tawag na uhm avoiding nga mag ano ikaw nga mag, maging uncomfortable ikaw, yeah so amuna it was easy for me to open up kay I know she's very open”*. The researcher asks about her expectations when receiving

healthcare services regardless of gender preference and she stresses the importance of receiving equal healthcare services regardless of gender, emphasizing the need for inclusivity in healthcare settings. *Bisexual 3* suggests that healthcare providers should be more knowledgeable and aware of LGBT issues, advocating for equal treatment regardless of sexual orientation or gender identity.

Bisexual 4, Brianne, is a dedicated individual currently pursuing a Master's Degree in Social Sciences in Iloilo City. With a passion for research, *Bisexual 4* actively participates in various research projects conducted by fellow students in the area. *Bisexual 4* is also affiliated with a company, demonstrating his commitment to both education and professional growth. The researcher asks about *Bisexual 4's* experiences with healthcare services and the factors that influenced his access to healthcare services. *Bisexual 4* shared insights into how his employer's benefits encouraged him to utilize healthcare services and how the pandemic prompted him to seek help from healthcare facilities in Iloilo City, where questions about his sexuality were asked and he stated *"Sa healthcare insurance so, since wala man sila ano, diagnostic service man lang ila perform nila so wala man involve ang sexual orientation, so of course if wala involvement ang sexual orientation, so of course if wala involvement ang sexual orientation mo they tend to be plain, they tend to be asking question in general sense. As for the second and third centers, ang sa hospital of course sexuality na siya, so they would often ask you personal questions, very personal. So sa psychiatry, they tend to know kung may impact ang sexual behavior mo subing kumpara sang una nga indi ka active mga muna bala haw. So they would know kung nagbago ka. So basi isa na sia ka factor ngaa ga amo kana, ga suffer ka mga mental illnesses."* The researcher asks him about his feelings regarding the attitudes and behaviors of healthcare providers. *Bisexual 4* noted that a healthcare facility tended to focus on diagnostic services without

delving into his sexual orientation, whereas the other two healthcare facilities asked personal questions but with the intention of assessing his health accurately and verbalized *“I really like how our medical sectors do. I know we’ve been, i mean damo damo naman improvements so far sa healthcare na services and isa na da ang how they tend to deviate no or i mean wala na sila like those like in the 70’s nga discriminating. So far sbng daw ano na subong they’re very respectful when it comes to asking question they would always say. Sir basi ma ano ka, natural lang ni ya like they would say man Okay lang na siya, I’ve been handling a lot of patients man just like you. Nga may similar kamo nga situation, so indi ka maghuya sir natural lang na sa amon nga field. Gina assure ka nila”*. The researcher then questioned him about his expectations when receiving healthcare services, regardless of his gender preference. *Bisexual 4* expressed satisfaction with the evolving acceptance and respect within the medical sector, especially in contrast to the discrimination prevalent in the past. *Bisexual 4* highlighted the challenges of healthcare access, particularly in remote areas, and emphasized the need for comprehensive health education initiatives to address HIV prevention and ensure informed decision-making. He emphasized the importance of health education and coordination among healthcare agencies and government bodies to address existing gaps in healthcare services.

Bisexual 5, Debbie, is currently pursuing a Master’s Degree in Social Sciences and actively engages in various research projects conducted by students in Iloilo City. *Bisexual 5* is affiliated with a legal company, showcasing their different interests and commitments. In terms of healthcare services, *Bisexual 5* have availed clinics at private hospital, visited the psychiatry department and OPD at public hospital, and undergone HIV/AIDS testing. *Bisexual 5* expressed no discouragement in accessing healthcare services, noting that her experiences varied depending on the institution and the

individuals providing the services and she stated *“so far in what i have experienced, i did not have any situations where i have discouraged in availing healthcare services here in various institutions in Iloilo City but i think it depends on the hospital or locations or the persons themselves that provide the healthcare service.”* She emphasized that factors such as professionalism and fairness influenced her overall perception of healthcare providers. Regarding the attitudes of healthcare providers, *Bisexual 5* appreciated being treated equally without discrimination or special treatment. She emphasized the importance of fairness and respect for all patients, regardless of their background or identity and she stated *“for my encounters with various professionals that provided their services to me, uhm, their actions were the same among all of their patients which i really like uhm not being treated like I'm different or like im a special case uhm which i really like you know fairness to all of their patients and thats expected din naman towards them as professionals.”* In terms of her expectations for healthcare services, *Bisexual 5* envisioned a future where everyone is treated with respect and empathy, regardless of their gender or sexual orientation. She stressed the need for healthcare providers to acknowledge and empathize with the experiences of LGBT individuals. For improvements in LGBT care within healthcare settings, *Bisexual 5* suggested that institutions should provide seminars or lectures for healthcare workers to address discrimination and promote respectful treatment of patients. She emphasized that healthcare professionals should meet the expectations of fairness, respect, and empathy as part of their professional duties. *Bisexual 5* highlighted the importance of creating inclusive and respectful healthcare environments for all individuals, regardless of their gender or sexual orientation. She called for ongoing efforts to combat discrimination and promote equality within healthcare settings

Analysis

Lack of Negative Experiences

Non-Discrimination

Bisexual 1 emphasizes the professionalism of healthcare workers and notes that she has not experienced discrimination in healthcare settings, particularly in laboratories. She highlights the importance of focusing on biological sex rather than sexual orientation. This resonates on the Social Determinants on Health (SDOH) by Mule, et. Al, 2020. The literature acknowledges that gender identity and sexual orientation contribute to health disparities, with LGBT individuals facing hurdles in accessing proper medical care due to societal stigma and discrimination. Bisexual 1's positive experiences may reflect improvements in healthcare practices in Iloilo City, attributed to education and seminars attended by healthcare professionals as mentioned in the literature. Bisexual 2 shares positive experiences with healthcare workers, noting their welcoming and friendly demeanor. He hasn't encountered any negative experiences or discrimination, which encourages him to return for future appointments. This contradicts the study of Albuquerque et. al, 2019 on the importance of the interaction between users and health services in improving care quality. Albuquerque highlights the prevalence of discrimination and prejudice faced by LGBT individuals in healthcare settings, which may not be reflected in Bisexual 2's personal experiences. This suggests that while progress has been made, challenges still exist in ensuring equitable access to healthcare for bisexual individuals. Bisexual 3 recalls supportive experiences during discussions about their partner with healthcare professionals, which did not lead to any feelings of discouragement. She attributes this to having a supportive mother and affirming healthcare providers. Bisexual 4 acknowledges improvements in the medical sector, particularly in terms of respecting patients' sexual orientation. He notes a shift from past discriminatory practices to a more respectful approach, which he attributes

these improvements to education and seminars attended by healthcare professionals. This aligns with the literature's discussion of Comer, et. al, 2021 on the growing acceptance of LGBT rights globally. The literature also highlights the role of media in shaping societal views towards LGBT individuals, which may influence healthcare practices and attitudes where not all pop culture had a negative influence on society, but it also helped LGBT individual people in some ways for those who formed their identities. Bisexual 4's positive perception of healthcare improvements reflects broader societal changes towards greater acceptance and inclusivity. Bisexual 5 hasn't encountered any situations where she felt discouraged from availing healthcare services in various institutions in Iloilo City. However, she acknowledges that the level of discrimination may vary depending on the hospital, location, or individuals providing the services. This resonates with the article of Veale, 2015 on disparities in healthcare access and quality for LGBT individuals. Despite not encountering discrimination personally, Bisexual 5's awareness of these issues highlights the pervasive impact of societal stigma and prejudice on healthcare experiences.

Inclusivity

Bisexual 2 emphasizes the accommodating and friendly nature of the healthcare workers he interacted with. He mentions feeling welcomed and appreciated, especially during moments of anxiety due to a fear of blood and syringes. Despite their phobia, healthcare workers made efforts to ensure their comfort and well-being, demonstrating inclusivity and understanding of individual needs. Bisexual 3 highlights the importance of inclusivity in healthcare provision, noting that healthcare providers should learn to be inclusive. She commends her doctor for being careful with language and creating a safe space for open communication. She emphasizes the importance of treating everyone equally regardless of preferences, gender, or sexual orientation, promoting a culture of

inclusivity in healthcare settings. Bisexual 4 appreciates consistency in treatment across various healthcare professionals, noting that he was not treated differently or as a special case. He emphasizes the importance of fairness and respect towards all patients, regardless of differences or diversities, including gender or sexuality. He envisions a future where healthcare providers treat everyone with respect and empathy, irrespective of their identities, promoting inclusivity and understanding in healthcare practices. Bisexual 5 highlighted a consistent pattern in the actions of healthcare professionals towards all patients, regardless of background or genderidentity. She appreciated not being treated differently or singled out as a special case, which reflected a sense of fairness towards all individuals seeking their assistance. In the progress of today's generation, Bisexual 5 envisioned a future where professionals would treat everyone with respect, irrespective of differences or diversities, particularly concerning gender or sexuality. She hoped for a society where LGBT individuals received the same level of respect as those conforming to traditional norms, emphasizing the importance of empathy towards their unique experiences and challenges. Bisexual 2, 3, 4, and 5 experiences contradicts with the literature's discussion of Mirza et al, 2019 on how LGBT individuals may avoid seeking healthcare due to fears of discrimination or mistreatment, underscoring the importance of healthcare professionals' efforts to promote inclusivity. They experienced inclusivity in healthcare setting that signifies the positive efforts of healthcare professionals in Iloilo City to provide inclusive healthcare services. LGBT people have experienced issues towards healthcare mostly related to discrimination, disparities, inequalities. Their experiences also contradict the article of Mirza, 2019 that there are negative attitudes towards these LGBT that may impact their access to healthcare services for their physical and mental well-being and the willingness of an LGBT individual to seek healthcare may affect. Biexual 2, 3, 4,and 5 have received

inclusive and equal treatment which allows them to access healthcare services in Iloilo City without hesitations and fear of discrimination.

Problems and challenges encountered

Disclosure of Gender Identity

Bisexual 2 does not particularly disclose his gender identity because it cannot affect the course of treatment of his health problems, so it's okay for him to just not disclose his gender preference. Instead, he focuses on his fear of blood and syringes and the accommodating nature of healthcare workers when addressing their anxiety. While he does not disclose his gender identity, his statement highlights the importance of healthcare workers being sensitive to individual needs and providing a supportive environment regardless of gender identity. Bisexual 3 also does not directly disclose her gender identity because it really does not affect the treatment of her health problems. However, she emphasizes the importance of asking the preferred gender pronoun in healthcare settings. She commends her doctor for creating a safe space for open communication, indicating the significance of healthcare professionals respecting patients' identities and providing comprehensive care. Bisexual 4 does not disclose his gender identity. Instead, he highlights the importance of fairness and respect towards all patients, regardless of differences or diversities, including gender or sexuality. He envisions a future where healthcare providers treat everyone with respect and empathy by starting by asking about their gender preferences and pronunciation. Bisexuals 2 and 3 choose not to disclose their gender identity, as it may not directly affect their healthcare treatment. This contradicts with the literature of Logie, 2012 which discusses how stigma, discrimination, and fear of prejudice can lead LGBT individuals to hide their sexual orientation or gender identity, potentially compromising their access to healthcare. Bisexuals 2 and 3 did not disclose their gender identity because it cannot

affect their course of treatment or anything about their healthcare services acquired, and not due to any particular fear of discrimination, prejudice, or social stigma. Bisexual individuals emphasize the importance of healthcare professionals being sensitive to their individual needs, such as addressing fears of blood and syringes or asking for preferred gender pronouns which allows them to disclose their gender identity without any hesitations.

Health Education Programs and Healthcare Access

Bisexual 2 emphasizes the importance of healthcare providers providing a safe, competent, and trusting environment for all patients, regardless of their age, gender, sex, or sexuality. He mentions a rule or law requiring equal treatment for all individuals, highlighting the need for comprehensive health education programs to ensure healthcare professionals are well-informed and capable of providing inclusive care. Bisexual 3 discusses the primary issue of HIV prevention within the LGBT community and the challenges faced, particularly in far-flung areas. He stresses the importance of health education in addressing gaps in knowledge and understanding among individuals seeking testing and treatment. Additionally, he highlights the need for healthcare institutions to prioritize health education programs to reinforce understanding and accessibility to free services, particularly for marginalized communities. Bisexual 4 emphasizes the importance of healthcare workers receiving training through seminars or lectures on how to treat patients with respect and empathy, regardless of their gender or sexuality. He recommends that institutions mandate such educational programs to ensure healthcare professionals are equipped with the necessary skills to provide inclusive care. This resonates with the literature's emphasis on the unique health needs of LGBT individuals, including the risk of sexually transmitted infections like HIV. Health education programs are crucial in ensuring that healthcare professionals are well-

informed and capable of providing inclusive care. Mandating educational programs can ensure that healthcare professionals are equipped with the necessary skills to provide inclusive care. Mandating educational programs can ensure that healthcare professionals are equipped with the necessary skills to provide inclusive care. Mule et. al, 2020 stresses the significance of addressing all of the LGBT community's health and well-being needs and concerns rather than concentrating simply on diseases. In light of the lack of acknowledgement of gender and sexually varied persons and communities, Mule critically explore the constraints of population health, social determinants of health (SDOH), and public health goals. By first acknowledging the particular health and social care requirements of LGBT people and then applying anti-oppressive, critical, and intersectional analyses, then offer suggestions for how to make population health perspectives, public health goals, and the design of public health promotion policy more inclusive of gender and sexual diversity. Representation is important in health promotion research and practice. It matters which communities are ignored as well as which populations are targeted for health promotion initiatives. According to the Public Health Goals for Canada, population health and social determinants of health perspectives inform current health promotion policies in Canada. Considering Canada's diversity in handling the problem, ensures that varied communities are addressed equitably and effectively in public health and health promotion policy.

Discrimination and Inequality

Bisexual 2 recalls a discouraging experience at a derma clinic where they felt judged and unwelcome due to their hormonal acne. The healthcare workers' whispers and the small size of the clinic amplified their feelings of discomfort and reduced their confidence. This experience highlights the presence of discrimination based on appearance and suggests a lack of inclusivity and empathy within the healthcare setting.

This aligns with the literature's discussion of Martinez et. al, 2021 on how homophobia and transphobia contribute to social exclusion and discrimination, ultimately affecting access to proper medical care. The healthcare workers' behavior, including whispers and judgmental attitudes, reflects the societal stigma and prejudice discussed in the literature, which often result in LGBT individuals facing barriers to receiving adequate healthcare. Bisexual 3 acknowledges that, despite progress, discrimination and homophobia still persist in society. He recognizes that some individuals continue to face discrimination based on their sexual orientation or gender identity, indicating ongoing inequality within healthcare and other social spheres. Bisexual 5 acknowledged that despite the significant progress made in society, there still exist individuals who harbor discriminatory attitudes or exhibit homophobia towards others. She noted that, unfortunately, such cases persist despite advancements in acceptance and understanding. The literature discusses how homophobia among healthcare professionals can lead to verbal abuse, discriminatory treatment, and a lack of understanding of the unique health needs of LGBT individuals. This contributes to difficulties in accessing healthcare services and receiving adequate care. Despite these positive encounters, there are persistent challenges highlighted in the literature that may not be captured in the experiences of these individuals. Studies emphasize ongoing disparities in healthcare access and quality for LGBT individuals, stemming from societal stigma and discrimination (Pega & Veale, 2015). While the experiences of Bisexual 3 offer encouraging examples of respectful and accommodating healthcare encounters, it is essential to recognize that they may not fully represent the broader challenges faced by the LGBT community within healthcare settings. Their positive experiences underscore progress towards inclusivity but also highlight the ongoing need for systemic changes to ensure equitable access to quality care for all LGBT individuals.

Transgenders

The term transgender covers a range of gender identities and gender expressions and move past the idea that all people can be classified as only one of two genders — female or male. People who are transgender include: Those who have a gender identity that differs from the sex assigned to them at birth. Those whose gender expression doesn't follow society's norms for the sex assigned to them at birth. Those who identify and express their gender outside of the gender binary (Feldman, 2023). The researchers have interviewed 5 different transgenders who have availed healthcare services in Iloilo City namely: *Transgender 1, Transgender 2, Transgender 3, Transgender 4, and Transgender 5.*

Transgender 1, Aaron, is from Lapaz, Iloilo City, a college student pursuing a Bachelor of Science in Hospitality and Management, discusses his healthcare experiences as a transwoman. Despite not undergoing transition or hormone therapy, he presents himself as a woman. His encounters with healthcare services primarily involve HIV testing and access to free condoms. When asked about his experiences accessing healthcare services, he expresses concern over the dismissive behavior of healthcare personnel towards HIV-positive individuals, which discourages him from seeking similar services which he stated, "*During the HIV test namun may upod kami nga nagpositive ang iban nga healthcare personnel ginchissmiss nila ang upod namun na nagpositive so na discourage gid ako kay what if nag positive man ako kag ichissmiss man ko nila*". Regarding the attitude of healthcare providers, he notes a mix of positive and negative encounters. While some personnel are courteous, many exhibit unfavorable behavior, particularly in their language and attitude towards LGBT individuals, using derogatory terms that contribute to a sense of discomfort and discrimination. When envisioning healthcare services, he emphasizes the importance of universal access without bias or

discrimination based on gender or sexual orientation. In terms of suggestions for improving LGBT care within healthcare settings, *Transgender 1* highlights the need for overall enhancements in healthcare services across the Philippines, particularly in provincial areas where remote communities lack adequate access which he stated, “dapat ma improve ang healthcare services diri sa Philippines, especially diri sa province kay damo remote areas”.

Transgender 2, Anthony, is originally from Iloilo province, is a makeup artist and freelance event host residing in Baluarte Molo, Iloilo. As a pre-op transgender woman, he began transitioning in high school through self-treatment with hormone pills. However, upon joining the a Family Planning Organization, he gained access to healthcare services through programs like Trans Nene and Trans Toto, which provided guidance from endocrinologists and nurses. He experienced both positive and negative aspects of accessing healthcare as a transgender individual. Positive experiences included increased recognition of transgender identity within healthcare settings, leading to more respectful treatment which he stated, “*On the positive side must naka recognize kami dayon gaka differentiate kami dayon ang transgender women from gays because of the exposure namun sa healthcare. So Sang una kung magbakal ka bala pills sa botika bala, ng naka discouraged ka mag bakal it's because nga they think that you are gay or ang misconception sang tao bala about your gender, gender identity. So subong mas ok na gawa na ang healthcare access saamon it's because once mabakal kami sang amon bulong, sa mga botika or pharmacies gaka recognize na kami as who we are*”. However, discrimination and misconceptions persisted, particularly regarding the validity of transgender individuals accessing hormonal contraceptives which he stated, “*damo gyapon tao, syempre indi madula ang discrimination. So gina question nila ang amon nga validity maga access kami sang healthcare since you know that hormonal*

contraceptives are only meant for women so kung kisa gina question kami ngaa why we are using it'. Regarding healthcare provider interactions, he appreciated it when providers used considerate language aligned with his gender identity. However, he noted instances of discrimination, such as misgendering, which undermined his sense of recognition and respect. He envisions inclusive healthcare services accessible to all, especially LGBTQIA+ individuals in rural areas. He emphasizes the importance of free consultations and guidance from healthcare professionals, particularly for transgender youth to prevent misuse of hormones. *Transgender 2* have this insight that the LGBT community should have a better understanding of the challenges and needs of transgender individuals accessing healthcare in Iloilo, emphasizing the importance of inclusive and respectful care practices.

Transgender 3, Jonathan, is currently 24 years old, and she transitioned to being transgender when she was 21 years old. She already knew when she was a kid that she would be part of the LGBT community. She started taking pills and injectables at 21 and has continued to do so until now to maintain the female hormones in her body. She has accessed healthcare services in Iloilo City, particularly for an HIV test, which she underwent at a clinic in Barangay Esperanza. She recalls a thorough assessment conducted before the test, ensuring she was well-prepared and informed about the process. Encouraged by friends, she decided to undergo the test for her health's sake, despite initial apprehension. She acknowledges the importance of regular testing for maintaining her well-being and preventing the spread of HIV. She appreciates the non-discriminatory attitude of healthcare providers who explain procedures thoroughly, fostering a sense of safety and trust which she stated, "*Wala man ko naka experience nga gin discriminate. Mau man sila mag explain simo ngaa mo ni ang need para saakon. That's why wala gd ko naka kulba kay bal.an ko nga safe man ang ginahatag nila*

sakon". In envisioning healthcare services, transgender 3 emphasizes the need for heightened HIV awareness and support for the LGBT community to mitigate fears and improve health outcomes which she stated, "*Ang gusto ko lang tani makahatag sila importance para sa LGBT toward sa HIV awarness nila. Syempre nd malikawan ang kulba ang results nila. Maimprove ila HIV awareness para sa mga LGBT Community para ma likawan man ang sakit*"

Transgender 4, David, is a 27-year-old transgender woman from Barangay Tansa Baybay, Iloilo City Proper. With financial constraints forcing her to drop out of college, she has been working as a junior hair stylist in a local salon until now. She encouraged by her friends to undergo an HIV screening test at the health center in her barangay at Esperanza. Initially, she was hesitant due to fears surrounding her sexually active lifestyle, her friends' reassurance and the staff's accommodating approach put her at ease. She commended the center's staff for their professionalism, clearly explaining the screening process and its significance, ultimately leading to her relief upon receiving a negative result which she stated, "*Wala man ko naka experience nga gin discriminate. Mau man sila mag explain simo ngaa mo ni ang need para saakon. That's why wala gd ko naka kulba kay bal.an ko nga safe man ang ginahatag nila sakon*". However, her journey with self-medication raises concerns. She takes male blocker pills, despite not being prescribed by a doctor, in hopes of improving her hormones. While aware of the risks, she continues taking this, even experiencing minimal bleeding as a side effect, without seeking professional consultation. Instead, she temporarily stops taking the pills until the side effects subside. On the other hand, she passionately advocates for unity within the LGBTQ+ community, emphasizing the need to educate and address misconceptions surrounding their health challenges. She underscores the importance of accessible HIV screening in every community and the presence of welcoming and

accommodating healthcare workers, ensuring individuals like herself feel comfortable seeking essential medical services which she stated, “*Ang gusto ko lang tani makahatag sila importance para sa LGBT toward sa HIV awarness nila. Syempre nd malikawan ang kulba ang results nila. Maimprove ila HIV awareness para sa mga LGBT Community para ma likawan man ang sakit*”.

Transgender 5, Alden, was able to access healthcare services in Iloilo City. Born into a conservative family, she struggled with her gender identity from a young age, trying to embrace her true self in the society. She received services such as reproductive health consultations, HIV testing, and check-ups. *Transgender 5* found the healthcare providers accommodating and approachable, with fair treatment regardless of gender or sexual orientation which she stated, “*ano gid eh super, ano gid sila accomodating and Number 1 daw ano gid sila mag trato bala daw anu ni gani tawag ah, daw migahay lang kamo bala...*”. He appreciated the equal treatment extended to everyone, including LGBTQ+ individuals. *Transgender 5* didn't have specific expectations but was satisfied with the services provided.

Analysis

Lack of Negative Experiences

Non-Discrimination

Transgender 2 highlights a positive experience with healthcare providers, particularly with an endocrinologist, where there was no judgment based on gender preference. This aligns with the literature on the importance of providing healthcare services that are inclusive and non-discriminatory towards LGBT individuals which resonates to the literature of healthcare services accessed by Mule, et. al, 2020. The literature emphasizes the need for healthcare providers to create safe environments

where LGBT individuals can access care without fear of judgment or discrimination. Similarly, Transgender 3 mentions a lack of discrimination encountered in healthcare services, emphasizing that individuals are welcomed regardless of their gender identity. This aligns with the literature's discussion on the challenges LGBT individuals face in accessing healthcare due to stigma and discrimination in Mirza, et. al, 2019. It also highlights the importance of recognizing the unique health needs of LGBT individuals and providing culturally appropriate care. Transgender 4 also expresses a positive experience with healthcare providers, noting that explanations for treatments have alleviated anxiety. This aligns with the literature's emphasis on the importance of effective communication and understanding between healthcare providers and LGBT patients which stated in Martin, H. et. al, 2021) It underscores the need for healthcare providers to prioritize communication and create safe environments to address the specific health needs of LGBT individuals. Finally, Transgender 5 describes overall satisfactory treatment from healthcare providers, emphasizing accommodation and positive experiences. This aligns with the literature's discussion on the importance of inclusive healthcare services and the impact of stigma and discrimination on the health outcomes of LGBT individuals. It underscores the need for healthcare providers to address the unique health disparities faced by LGBT individuals and ensure that services are accessible and welcoming to all.

Inclusivity

Transgender 2 mentions improvements in the accessibility of healthcare services for transgender individuals, highlighting recognition and respect for their gender identity when purchasing medicines from pharmacies. They also note the importance of considerate language choices that avoid offense to gender or gender identity. It aligns with the literature on healthcare services focused on LGBT individuals of Russell, 2021.

The literature emphasizes the importance of providing healthcare services that are sensitive to cultural differences and the needs of LGBT people. This includes recognizing and respecting gender identity, as well as using inclusive language to avoid stigma and discrimination. Similarly, Transgender 3 emphasizes the positive experiences they have had with healthcare providers who treat them well, provide helpful suggestions, and do so without judgment, demonstrating inclusivity. This perspective aligns with the literature on healthcare services focused on LGBT individuals, which highlights the importance of healthcare providers treating all patients equally and without discrimination. It reflects the need for healthcare environments that are welcoming and inclusive for LGBT individuals reflected in Mirza, 2019. Transgender 5 praises healthcare providers for treating everyone equally, regardless of gender, and emphasizes the importance of fairness in healthcare settings. This perspective corresponds to the literature on healthcare services focused on LGBT individuals, which underscores the importance of addressing disparities and inequalities in healthcare access and treatment. It highlights the need for healthcare providers to treat all patients fairly and without discrimination based on sexual orientation or gender identity. The analyses provided by each transgender individual resonate with the literature on healthcare services for LGBT individuals. They emphasize the importance of respectful and inclusive healthcare environments, fair treatment from healthcare providers, and recognition of gender identity. This alignment underscores the ongoing efforts to improve healthcare access and inclusivity for transgender individuals, as outlined in the literature.

Problems and challenges encountered

Disclosure of Gender Identity

Transgender 1 expresses frustration with the lack of sensitivity and appropriate language used by healthcare personnel when addressing LGBT individuals. It wasn't

their competence or lack thereof that troubled her, but rather their choice of words when addressing LGBT members like herself. She felt bad because there are some nice personnel, but most of them are not good because of how they address LGBT members. They use inappropriate words like 'ging' or something that is not suitable for them. This sentiment aligns with the literature's emphasis on the importance of culturally competent care for LGBT individuals. It highlights the need for healthcare providers to be aware of the specific needs and experiences of LGBT people in order to provide quality care. The literature discusses how homophobia and transphobia can lead to discrimination and barriers to accessing healthcare, echoing Transgender 1's experience of feeling uncomfortable due to inappropriate language and gender identification from healthcare professionals. On the positive side of Transgender 2's perspective on being immediately recognized and differentiated from gay individuals due to exposure to healthcare services resonates with the literature's discussion on the unique health needs and experiences of LGBT individuals. The literature emphasizes the importance of recognizing the distinct identities within the LGBT community and addressing their specific health concerns. Transgender 2's experience suggests that exposure to healthcare settings may contribute to greater visibility and recognition of transgender individuals, which can have implications for their healthcare experiences and needs. Transgender 3's focus on the importance of receiving proper medical care regardless of gender aligns with the literature's emphasis on addressing healthcare disparities and barriers faced by LGBT individuals. The literature discusses how societal stigma and discrimination can impact the health and well-being of LGBT people, underscoring the importance of providing equitable and inclusive healthcare services which resonates in Logie, 2012. Transgender 3's perspective underscores the need for healthcare providers to prioritize the health needs of all individuals, regardless of their gender identity or sexual orientation.

Health Education Programs and Healthcare Access

Transgender 1 highlights the need for improved healthcare services in rural and remote areas of the Philippines, emphasizing the importance of addressing gaps in healthcare infrastructure and resources. This aligns with the literature that discusses disparities in healthcare access faced by LGBT individuals, particularly in rural or conservative areas where discrimination may be more prevalent. The literature also emphasizes the importance of providing inclusive healthcare services to address the unique needs of LGBT individuals. Transgender 2 emphasizes the importance of healthcare access for everyone, including members of the LGBTQ+ spectrum, and highlights the existence of individuals deprived of healthcare access in certain provinces. This aligns with the literature's discussion on the barriers faced by LGBT individuals in accessing healthcare, including discrimination and lack of understanding from healthcare providers. The suggestion for creating a more open and inclusive community resonates with the literature's emphasis on the importance of safe and inclusive healthcare environments for LGBT individuals. Transgender 3 suggests the establishment of a clinic specifically catering to the needs of the LGBTQ+ community to mitigate discrimination and provide a safe space for accessing healthcare services. This aligns with the literature's discussion on the importance of providing LGBT-specific healthcare services that are sensitive to the cultural differences and needs of LGBT individuals. The idea of a dedicated clinic reflects efforts to address the barriers faced by LGBT individuals in mainstream healthcare settings. Transgender numbers 1, 2 and 3 resonates to healthcare services focused on LGBT by Mule, 2020. Transgender 4 emphasizes the importance of HIV awareness among the LGBT community to prevent the spread of the disease. This aligns with the literature's discussion on the unique health needs of LGBT individuals, including the risk of sexually transmitted infections like HIV/AIDS. It underscores the

importance of targeted health education programs and interventions to address the specific health concerns of the LGBT community.

Discrimination and Inequality

Transgender 1's experience aligns with the literature on discrimination and inequality faced by LGBT individuals in healthcare settings. During their HIV test, they were accompanied by some healthcare personnel, and some of them tested positive. However, the other healthcare personnel dismissed those who tested positive, which greatly discouraged her and worried about what would happen if she was tested positive and they would dismiss her as well. The fear of dismissal and discrimination during healthcare interactions reflects the broader issue of societal stigma and prejudice against LGBT individuals. The mention of homophobic behaviors by healthcare professionals corresponds to the literature's emphasis on healthcare access limitations due to discrimination that resonates to Veale, 2015 and Jennings, L. et. al, 2019.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study aimed to explore and understand of the LGBT community towards the quality of healthcare services received in Iloilo City

Specifically, this study aimed to:

1. determine the different perceptions of LGBT in regard to the quality of healthcare received in Iloilo City;
2. explore the experiences of LGBT when accessing healthcare services in Iloilo City;
3. determine the importance of healthcare services for the LGBT community;

The participants of this study were purposely selected from the LGBT community, with 5 representatives from each of the classified representations, namely: lesbian, gay, bisexual, and transgender. In this case study, the researchers provided 4 inclusion criteria and 3 exclusion criteria to base the selection of the participants pertinent to the study. The inclusion criteria states that the lesbian, gay, bisexual, and transgender participants should be part of the LGBT Community in Iloilo City. Secondly, the participants are also emerging adults ages 18-29 (Arnett, 2019), who identify with non-binary sexual and gender identities, and experience invisibility and non-representation of their sexual and gender identities. Moreover, participants had undergone healthcare services. Lastly, the participants were able to give informed consent, denoting that the participants are in the age of legality and were able to comprehend the benefits, alternatives, and risks of the study. Through the case study, the LGBT participants expressed their perceptions towards healthcare services accessed in Iloilo City. All respondents of the case study accepted the interview conducted via face-to-face on the agreed schedule of the researchers and the participants. Prior to the conduct of the study, the Research Ethics Committee ensured

the ethical consideration of the study through a thorough review. Furthermore, letter of intent was sent to the department of nursing and a request of possible participants was also given to the LGBT organizations found in Iloilo City. Upon consolidating all possible respondents, researchers then began to contact individually, fixed meet up schedules, and sent the informed consents. The study was conducted in an in-depth semi-structured interview and underwent transcription of audio recordings and began the data analysis. Subsequently, following the translation, the transcripts were clustered and identified 5 relevant topics, patterns, and themes utilizing the Stake's Method. These were then further condensed and categorized into two major assumptions, employing meticulous reading and inductive analysis techniques. The researchers engaged in constructing meanings and interpretations of the perceptions of the LGBT towards their accessed healthcare services in Iloilo City. Moreover, these constructed meanings and interpretations underwent rigorous examination until the researchers arrived at an organized interpretation that effectively explained the observed events.

Findings

1. Perceptions of LGBT Regarding Healthcare Quality in Iloilo City:

The Lesbian participants generally perceived the quality of healthcare in Iloilo City positively. They reported feeling respected and well-assisted by healthcare providers, with no instances of discrimination encountered. The inclusive treatment they received, and the respectful attitudes of healthcare workers contributed to their overall satisfaction with the healthcare services. Similar to lesbians, gay participants expressed positive perceptions of healthcare quality in Iloilo City. They highlighted respectful treatment from healthcare providers and felt safe and welcomed during their interactions. However, some participants noted instances of shock or disrespectful behavior from healthcare providers, indicating room for improvement in

sensitivity and inclusivity. Bisexual participants also reported positive experiences with healthcare providers in Iloilo City. They emphasized the professionalism and welcoming demeanor of healthcare workers, attributing improvements in healthcare practices to education and seminars attended by healthcare professionals. However, some participants acknowledged the existence of discrimination in certain contexts or locations. Transgender participants perceived the quality of healthcare in Iloilo City positively, noting respectful and accommodating treatment from healthcare providers. They appreciated being recognized and respected for their gender identity, highlighting improvements in accessibility and language use. However, challenges such as inappropriate language and discrimination during HIV testing were also mentioned, indicating areas for improvement.

2. *Experiences of LGBT Accessing Healthcare Services in Iloilo City:*

Lesbians reported positive experiences when accessing healthcare services in Iloilo City. They felt accommodated and supported by healthcare providers, with no major barriers encountered. However, some participants mentioned instances of feeling mocked or misunderstood by healthcare personnel, indicating occasional challenges in healthcare interactions. Gays also reported positive experiences accessing healthcare services, highlighting respectful treatment and professionalism from healthcare providers. While most participants did not face significant barriers, some mentioned instances of shock or disrespect from healthcare workers, suggesting the need for increased sensitivity and awareness. Bisexual participants generally had positive experiences accessing healthcare services in Iloilo City. They appreciated the professionalism and inclusivity of healthcare providers, although some acknowledged variations in discrimination levels depending on the location or individuals providing services. Transgender participants reported positive

experiences accessing healthcare services, emphasizing respectful and accommodating treatment from healthcare providers. They noted improvements in accessibility and language use but also highlighted challenges such as discrimination during HIV testing, mentioning the need for continued efforts to ensure inclusive healthcare access.

3. Importance of Healthcare Services for the LGBT Community:

Healthcare services are crucial for lesbians, as they provide essential support and treatment without discrimination. Participants emphasized the importance of respectful treatment and inclusivity in healthcare settings, highlighting the need for continued prioritization of LGBT-inclusive healthcare practices. Healthcare services play a vital role in the lives of gay individuals, providing necessary medical care and support. Participants stressed the importance of equal and respectful treatment in healthcare settings, emphasizing the need for increased sensitivity and awareness among healthcare providers. Bisexual participants, offering professional medical care and support. Participants highlighted the importance of inclusivity and fairness in healthcare practices, calling for improved education and training for healthcare providers to ensure equitable treatment for all patients. For transgender participants, providing access to respectful and accommodating treatment. Participants highlighted the significance of inclusive healthcare practices and the need for continued efforts to address discrimination and inequality within healthcare settings.

Conclusion

The study reveals that according to the findings above, the experiences of the LGBT individuals in Iloilo City reveal a mix of positive and negative encounters when accessing healthcare services. While many participants reported feeling respected,

accommodated, and treated equally by healthcare providers, some also encountered instances of discrimination, inappropriate language, and a lack of sensitivity towards their gender identity or sexual orientation. On a positive note, the findings align with literature emphasizing the importance of inclusive and non-discriminatory healthcare services for LGBT individuals (Mule et al., 2020; Chen et al., 2021). Participants' experiences of respectful treatment, equal accommodation, and recognition of their gender identity resonate with the recommendations for creating safe and welcoming healthcare environments (National LGBT Education Center, 2022).

However, the negative experiences reported, such as dismissive attitudes, homophobic behaviors, and differential treatment based on LGBT identity, contradict the literature's emphasis on addressing discrimination and barriers to healthcare access. Specifically, Albuquerque et al. (2019) discuss how homophobia and transphobia can lead to discrimination and barriers to accessing culturally competent care, which aligns with the negative experiences reported. Veale (2019) highlights the disparities in healthcare access and quality for LGBT individuals, which contradicts the findings of discrimination and differential treatment as well as Jennings, et. al's (2019) emphasize on the importance of acknowledging gender identity to provide inclusive care, which is contradicted by the reported lack of sensitivity towards gender identity.

The findings above also underscore the diversity within the LGBT community and the varying experiences individuals may face based on their specific identities and intersections with other factors such as race, ethnicity, and socioeconomic status which correlated to the literature of Logie (2012) on the discussion of how stigma and perceived stigma can lead LGBT individuals to hide their sexual orientation, compromising healthcare access and adequate care, which aligns with the reported

experiences of challenges in disclosure of gender identity. But some experiences especially in Bisexuals contradicts with the literature of Logie (2012) that Bisexuals did not disclose their gender identity because it cannot affect their course of treatment or anything about their healthcare services acquired, and not due to any particular fear of discrimination, prejudice, or social stigma. Bisexual individuals emphasize the importance of healthcare professionals being sensitive to their individual needs, such as addressing fears of blood and syringes or asking for preferred gender pronouns which allows them to disclose their gender identity without any hesitations.

Pega & Veale's (2019) literature in highlighting the progress made in promoting inclusive healthcare services while also highlighting the persistent challenges and the need for continued efforts to address discrimination, stigma, and barriers to equitable healthcare access for the LGBT community. Despite these positive encounters by the participants, there are persistent challenges highlighted in the literature that may not be captured in the experiences of these individuals. Studies emphasize ongoing disparities in healthcare access and quality for LGBT individuals, stemming from societal stigma and discrimination (Pega & Veale, 2019). While the experiences of LGBT offer encouraging examples of respectful and accommodating healthcare encounters, it is essential to recognize that they may not fully represent the broader challenges faced by the LGBT community within healthcare settings. Their positive experiences underscore progress towards inclusivity but also highlight the ongoing need for systemic changes to ensure equitable access to quality care for all LGBT individuals. It's important to note that while the findings shed light on the experiences of LGBT individuals in Iloilo City, they may not be universally applicable to all members of the LGBT community. These experiences reflect the perspectives of the study participants and may not fully encompass the breadth of challenges or positive encounters faced by all LGBT

individuals accessing healthcare services. Therefore, while the findings provide valuable insights into the dynamics of healthcare encounters for this specific group, they should be interpreted within the context of the study's scope and limitations.

Recommendations

Based on the results of the study, the researchers present the following recommendations:

LGBT Community. This study may help raise awareness within the LGBT community about the importance of advocating for inclusive healthcare services and collaborate with healthcare providers, not just in Iloilo City, to educate them about the specific healthcare needs of the LGBT community.

College of Nursing Faculty. The college of nursing can incorporate LGBT topics into nursing education curricula, including courses on cultural competency, LGBT health disparities, and providing LGBT inclusive care. Provide faculty with training and resources on LGBT health issues, cultural competence, and inclusive teaching methods. This can include workshops, seminars, and guest speakers who specialize in LGBT healthcare. Provide nursing students a clinical training that includes exposure to diverse patient populations, including LGBT individuals. Encourage students to provide respectful and affirming care to LGBT clients during clinical rotations. Foster a supportive and inclusive environment for LGBT students, faculty, and staff within the college of nursing. This can include LGBT student organizations, support services, and policies that prohibit discrimination based on sexual orientation or gender identity.

Student Nurses. This study recommends asking clients for their preferred name and pronouns and use them consistently. Respect their gender identity and expression, even if it differs from what you might expect. Ensure that their care environment is welcoming and safe for LGBT clients. Approach LGBT clients with an open and non-

judgmental attitude. Avoid making assumptions or imposing own beliefs onto their healthcare decisions and respect their autonomy and right to self-determination. This study provides a framework for understanding the unique experiences and perspectives of the LGBT community, promoting empathy and cultural competence among nursing students in their future nursing practice and can help them develop effective communication skills and sensitivity when interacting with diverse patient populations, including the LGBT community.

Healthcare Professionals. This can help them to undergo an appropriate training particularly on LGBT health issues, including cultural competency, sensitivity, and awareness of unique health concerns within the community. They can use inclusive language, such as asking patients for their preferred name and pronouns and avoiding assumptions about sexual orientation or gender identity. Healthcare providers should respect the privacy and confidentiality of LGBT clients and gender sensitivity, including keeping their sexual orientation and gender identity confidential unless relevant to their care. Healthcare workers can gain insights into the factors that encourage or discourage LGBT individuals from accessing healthcare services, allowing them to identify and address potential barriers or discrimination as those questions that were asked highlighted the importance of using appropriate language, exhibiting respectful behaviors, and maintaining inclusive attitudes when providing care to LGBT individuals. This can also help them to create or establish developmental programs addressing the concerns of LGBT individuals in healthcare setup.

Present and Future Researchers. It may serve as a foundation for those interested in the same topic. It may also be a basis for expanding research efforts to include local or global health perspectives on LGBT healthcare where stigma and discrimination pose significant challenges in promoting health equity.

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**APPENDIX A
INFORMED CONSENT**



**CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING**

LOPEZ JAENA ST., JARO, ILOILO CITY

I _____ am being asked by Sweetty Ferl Gly L. De Los Santos, Gabrielle Kate E. Del Norte, Raphael Ian A. Del Rosario, Eirine Mae F. Dela Cruz, Dhanna Eunice D. Dela Gente, Kenmarie C. dela Peña, and Felicetie G. Delgado to participate in research entitled “**Perceptions of LGBT Community towards Healthcare Services in Iloilo City: A Case Study**” In order to decide whether or not I should agree to be part of this research study, I should understand enough about the risks and benefits to make a judgment. We refer to this procedure as informed consent.

Information regarding the research study, which was discussed with me, is provided in this consent. If I agree to participate in the study, I must sign this form once I have fully understood it. A copy will be made for my personal records.

Purpose of the Study:

I understand that Sweetty Ferl Gly L. De Los Santos and the group of Central Philippine University College of Nursing is doing a study on the LGBT representatives. This study aims to determine the perceptions of the LGBT community towards the quality of healthcare services received in Iloilo City.

Description of the Research Procedure:

I understand that in accordance to in-depth interview semi-structured correlated to purposive sampling technique: Informed consent, also known as valid consent will be made in this study ensuring that there is no overt or covert coercion and I am provided with enough information about the research to make an informed, free decision about the engagement. The interview will include personal information about the healthcare

services received.

Right to Refuse and Withdraw:

I understand that the researchers for this study will give me information to motivate me to continue taking part in the study. I also understand that my participation on this study is clearly voluntary, and that I may refuse to participate or withdraw from the study any moment.

Privacy and Confidentiality of Records:

I understand that any findings from this study will be kept private to the extent allowed by law, with the exception of this letter. The results of this study may be published or distributed to other researchers, but neither my name nor the study's findings will be identified. The legal and ethical obligations pertinent to carrying out this study shall be complied with in an honest, accountable, transparent, and responsible manner to ensure the integrity of the research.

By signing this document, I am saying that I have read it, that understood it, and that I agree that I will participate in this study.

Date

Name and Signature of Participant

Witness

Name and Signature of Interviewer

APPENDIX B
LETTER TO THE PARTICIPANT



CENTRAL PHILIPPINE UNIVERSITY
COLLEGE OF NURSING
LOPEZ JAENA ST., JARO, ILOILO CITY

Date:

Dear Sir or Ma'am:

Christian Greetings!

In partial fulfillment of the requirements in **NURSING RESEARCH II**, we are requesting permission to conduct our study entitled “***Perceptions of LGBT Community towards Healthcare Services in Iloilo City: A Case Study***”, the subjects of our study must be part of the LGBT Community in Iloilo City, emerging adults ages 18-29 (Arnett, 2019), who identify with non-binary sexual and gender identities experience invisibility and non-representation of their sexual and gender identities, participants had undergone healthcare services and is able to give informed consent, denoting that the participant is in the age of legality and is able to comprehend the benefits, alternatives, and risks of the study. We assure you that all the data gathered will be kept confidential and be used only for academic purposes.

With this, we are seeking your full support in the completion of the said study. Your approval on this matter is deeply appreciated.

Thank you and God bless you more! Respectfully yours,

Dhanna Eunice D. Dela Gente
Team Leader / Researcher

Melba C. Sale

Noted by: Research Adviser

Approved by:

Melba C. Sale

Dean of College of Nursing

Salex E. Alibogha

Dean of College of Nursing

APPENDIX C
MATRIX OF STAKE'S METHOD OF ANALYSIS

Significant Statements	Patterns/Themes	Major Assertions
<p>Lesbian</p> <p>Mary: "Kay daw mayo man mag-asikaso sa amon mga LGBT... Waay man ko negative experience ah kay nami gd sila mag assist simo."</p> <p>Carla: "Buot man sila magtubang saakon kag ga-assist gd sila mayo saakon... usually way man kung mag ano way man problema sakon mag entertain sakon or ano way man sila problema."</p> <p>Denise: "...namian man ko sang ila serbisyo kag respectful man sila sa akon kag wala man gid ko naka encounter nga may ara sila gina paboran. Nami gid ila pag trato sa akon ah."</p> <p>Gay</p> <p>Sebastian: "So far sa experiences i don't have a bad experiences during the time nag access ko healthcare. Everything is good, everything is fine man. Ang medtech nga nagkuwa sa akon dugo, And the doctors was very nice and even mga worker sa hospital na ask ko very good man"</p>	<p>Non-Discrimination</p>	<p>Lack of Negative Experiences</p>

<p>William: "I experienced HIV test in the health facility in iloilo city, and i encourage to access the healthcare they really care and tell you the factors they encourage you about the transmission and factors in doing HIV test and sexual intercourse. That's all, ma'am"</p> <p>Ryan: "So as far as my experience, luckily, I didn't experience any discrimination, or I never felt that I was discriminated while I'm having those tests. I feel like I'm safe and I never felt any discrimination."</p> <p>Bisexual:</p> <p>Julie: "so far I don't have any discrimination pa man na experience sa healthcare services because of laboratories man lang siya and there's no need ano man ihambal gani ano sexuality mo, ang importante man lang is what is your ano... biological sex. Ila mga word choices professional man so di man siya masyado maka affect gid ya"</p> <p>Nicole:"The health care workers havent been treating me badly. so far nothing has happened nga natabo nga malain sakon and yes amo mnlang na. ang sa recent siguro it made feel very welcoming and very friendly which would make you</p>		
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<p>want like go back and have your labs safely done with very very good environment”</p> <p>Angie: “wala man gid ko sang negative nga experience much and that one time nga uhm nadiscuss ang like about the partner mo amuna the doctors ah actually du kaaccepting man and uhm daw wala man ko discrimination nga like nafeel to feel discouraged man for accessing a healthcare services and that time for my situation abi ah my mother is like very supportive nga mag get na gid sang help yeah so amuna thats why du wala man ko nafeel nga discouraged.”</p> <p>Brianne: “I really like how our medical sectors do. I know we’ve been, i mean damo damo naman improvements so far sa healthcare na services and isa na da ang how they tend to deviate no or i mean wala na sila like those like in the 70’s nga discriminating. So far sbng daw ano na subong they’re very respectful when it comes to asking question they would always say. Sir basi ma ano ka, natural lang ni ya like they would say man Okay lang na siya, I’ve been handling a lot of patients man just like you. Nga may similar kamo nga situation, so indi ka maghuya sir natural lang na sa amon nga field. Gina assure ka nila. So back</p>		
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<p>in the days guro sa 70's guro the moment you walk inside ara gid ang discrimination, so sa subong medyo accepting na ang healthcare services when it comes to LGBT, given guro sa education that they went through, ang mga seminars nila, so of course mga teachings nila. May impact gid ya ang education sa pag improve sa healthcare services"</p> <p>Debbie: "so far in what i have experienced, i did not have any situations where i have discouraged in availing healthcare services here in various institutions in Iloilo City but i think it depends on the hospital or locations or the persons themselves that provide the healthcare service"</p> <p>Transgender</p> <p>Anthony: "... So its actually, it's very positive and it's very nami man sa side ko man because I was able to talk with the endocrinologist from.."</p> <p>Jonathan: "So far wala man ko experiences nga discrimination. Gabaton man dan sila bisan ano nga patient, ano man ang gender nila, part sang LGBT, and mapa disabled man , gina accept man nila ka kung ano ka as long as accept ka nila as a patient or as a customer dapat ih accept gd nila."</p> <p>David: "Wala man ko naka experience nga gin</p>		
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<p>discriminate. Mau man sila mag explain simo ngaa mo ni ang need para saakon. That's why wala gd ko naka kulba kay bal.an ko nga safe man ang ginahatag nila sakon.”</p> <p>Alden: “okay man ang pagtrato tanan/ Very accommodation sila tanan, nami man”.</p>		
<p>Lesbian</p> <p>Mary: “wala man daw pare-pariho man ila pagtrato sa amon ah...Base man sa experience ko abi daw wala naman ko may'i suggest kay mayo man sila magtrato sakon bisan ano pa akon nga gender.</p> <p>Equal man sila mag atipan sa amun nga kinahanglan sa health.”</p> <p>Denise: “Same lang man an gila pagtrato kay dako ila pagrespeto sa LGBT”</p> <p>Gay</p> <p>Sebastian: “Wala man normal lang man. They greeted me sa pagsulod ko sa hospital. Nag ask sila permission if puwede ka kuwa dugo. So far wala pa man gd bad behavior or attitude towards sakon na tabo.”</p> <p>Jacob: “as far as I can remember they were nice man sa akon. And I think na there's not much of an</p>	<p>Inclusivity</p>	<p>Lack of Negative Experiences</p>

issue or this is not much of something that I can really pinpoint uhm whenever or when I got my vaccination.”

William: “Uhm I really feel satisfy because they really consider my sexual preference and they appreciate and really consider me as member of healthcare services and and appreciate the matter of being like this. Being a member of a LGBTQ+. That’s all, ma’am.”

Ryan: “medical professionals acted professionally. Maybe because as well. Maybe because of this these people have an education. Maybe there's also a factor wherein in school they are also molded about the differences when it comes to the sexual orientation and gender identity and expression of people. So that's just that's just fortunate for me that I I didn't receive any discriminations from them.”

Bisexual

Nicole: “all of the healthcare workers that I have been interacting with are very accomodating, friendly, and as well as uhmm welcoming. They really made sure na I have to complete my labs as well as they’re also asking about my day or when

<p>was uhm the last time ako nagpa labs and many more and during that time daan they really saw me na I was kind of anxious and starting to shiver due to being fearful kay I have phobia of blood and syringe which mo na man ngaa wala ko nagnursing and rather opted for physical therapy”</p> <p>Angie: I feel like du part naman na sang being healthcare provider bala we learn man to be inclusive like with our patients and uhm to avoid discrimination and uhm to treat them equally regardless man sang ila nga ano” “si doc like very inclusive she’s very careful actually with the words trying not to ano bala to be uhm, ano tawag na uhm avoiding nga mag ano ikaw nga mag, maging uncomfortable ikaw, yeah so amuna it was easy for me to open up kay I know she’s very open man yeah” “I think to treat everyone equally regardless of their preference regardless of their uhm gender their sexual orientation and all of that”</p> <p>Debbie: “for my encounters with various professionals that provided their services to me, uhm, their actions were the same among all of their patients which i really like uhm not being treated like I’m different or like im a special case uhm which i really like you know fairness to all of their</p>		
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<p>patients and that's expected—din naman towards them as professionals” “with today's generation, uhm looking at how far we've come, i envision them to treat everyone no matter the differences or diversities, especially in gender or sexuality, that they treat us with respect—with the same respect they do with people that are straight or that conform to gender norms and stuff like that as well as being empathetic towards our experiences as LGBT people.</p> <p>Transgender</p> <p>Anthony: “... so subong mas ok na gawa na ang healthcare access saamun it's because once mabakal kami sang amon bulong, sa mga botika or pharmacies gaka recognize na kami as who we are/ when it comes to the choices of words na gina gamit nila they are very considerate about our gender. Its because they're not using him or any words na against sa amon nga gender, gender identity, so kanami lang”</p> <p>Jonathan: “Okay gd ila pag atipan saakon. Nami gid sila magtreat sila nga patient. Ga suggest gid sila kung ano maayo kag indi maayo para saakon”.</p> <p>Alden: “...kay man ah ano man nila kay ah biskan</p>		
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<p>sa lalaki man o sa babaye very equal man sila di lang sa like sa mga gays or ano pero tanan tanan man”</p>		
<p>Lesbian</p> <p>Amy: “May time to nga nagpa checkup ako ang iban nga mga member sang healthcare kung kis a kabudlay sa ila ireach out kung like mabal an nila part ka sang lgbt ga iba pagid ang ila pagtrato”</p> <p>Carla: "Siguro kung mag disclose lang sang amon gender preference bisan sa iba nga parte sa LGBT tani okay man gihapon ila nga pagtrato kag di sila magpili pasyente like wala balaa sang gina paboran"</p> <p>Gay</p> <p>Ryan: “Maybe that's one of the things that I guess lacking in our healthcare right now is that they don't really ask what's your gender preferences and that just so somehow disappointing because some are misgendered. So yes, I haven't ask they just presume since my, sex there is just male so they just presume that I I preferred to be called as Sir. So that's something that I guess the healthcare should work on is that to never assume someone's identity because we'll never we'll never know. So</p>	<p>Disclosure of Gender Identity</p>	<p>Problems and challenges encountered</p>

it's really best to ask.”

Bisexual

Julie: “I would like the healthcare providers will be more open to any sex or gender preference of a patient. Tani ndi man sila ma shock and di man ano gani... differ ila attitude and the way sila mag ila behavior sa ila patient because they are LGBT so amo na.

Angie: “wala man sila ga ask question like about your uhm sexual preference or ah yeah your sexual orientation if its not uhm significant sa imo nga sakit and all, but ang isa nga if actually discuss about this is so I had my therapy, I had my psyche consult sang I think last 2019-2020. Because I was diagnosed with uhm anxiety disorder so of course the psychiatrist will ask like about your history, about family dynamics ah your support system and all, so yeah amuna sya ang daw significant gid sa akon. “if I’m going to have a consult with a family doctor so usually ang symptoms lang man ang imo nga iexplain sa iya, I mean idisclose sa iya itell sa iya and uhm indi man sya mag ask like details like sexual preference because it won’t be significant man sa treatment. Uhm otherwise kung like atong

sa experience ko nga like I have to disclose uhm I don't feel man nga may difference ang like the treatment sang doctor and the course of treatment mismo. Uhm yeah I don't feel any ano man nga like discriminate ikaw or like may indifference towards sa imo kay amuna ang imo nga nadisclose"

Brianne: "So okay, Lets start again sa healthcare insurance so, since wala man sila ano,diagnostic service man lang ila perform nila so wala man involve ang sexual orientation, so of course if wala involvement ang sexual orientation,so of course if wala involvement ang sexual orientation mo they tend to be plain, they tend to be asking question in general sense. As for the second and third centers, ang sa hospital of course sexuality na siya, so they would often ask you personal questions, very personal, ask the details of your sexual endeavors mga sexual shenanigans mo dira, so how often you do that in a week?, How, active you are when it comes to doing to do those stuff?, When was the last time that you had one?. Mga muna gina ask. So very personal gid sia, but of course ang goal dira is to be assessed clearly so that can know kung gaan ka prep or Prep is like bulong siya

<p>noh given to those sexually active individuals to prevent HIV transmission, so amo na siya. So sa psychiatry, they tend to know kung may impact ang sexual behavior mo subing kumpera sang una nga indi ka active mga muna bala haw. So they would know kung nagbago ka. So basi isa na sia ka factor ngaa ga amo kana, ga suffer ka mga mental illnesses”</p> <p>“Giving webinars, That would something i would suggest or giving symposium to high school students who are the most vulnerable individuals and of course ang mga LGBT inyo target. Amo lang man ina so far ang akon nga insights”</p> <p>Transgender</p> <p>Aaron: “... I felt bad kay may ara man nga mga nice nga personnel pero most of them are indi manami tungod sa pag address nila sa LGBT members nga gina tawag nila sa indi manami nga words like mga ging or something nga indi appropriate bla sa amon.”</p> <p>Anthony: “... On the positive side must naka recognize kami dayon gaka differentiate kami dayon ang transgender women from gays because of the exposure namun sa healthcare.”</p>		
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<p>Jonathan: “So health ang ginausapan bahala nada kung ano ang gender and important is mabulong ikaw”.</p>		
<p>Lesbian</p> <p>Mary: “Gusto ko ang pag nami lang pag-assist tapos kung may patiente gina accomodate nila mayo.”</p> <p>Denise: “Mayad lang ang pag trato nila sa LGBT ah kag indi lang nila pagpaka nubo ang mga pasyente nga parte sang LGBT.”</p> <p>Gay</p> <p>Amy: ”ang ma suggestion ko nalang is do it nalang in to others what ever gender they have, respect each other.”</p> <p>Paula: “ I think I can see 2 years or 5 years from now it will be nga happened do not discriminate uhmm kay tungod sa amon dako na nga factors ang pag address especially sa mga professional nga mga tawo ang pag address the way you say ma’am or sir and the way you say ano man ang gusto nyo i hambal samon big factor na sa tanan i accomodate tanan i facilitate lang”</p> <p>Carla: “I guess nga what I expect from them siguro is the fairness that each of us their patients</p>	<p>Health Education</p> <p>Programs and</p> <p>Healthcare</p> <p>Access</p>	<p>Problems and</p> <p>challenges</p> <p>encountered</p>

received no matter you are a girl or you are a boy.

Kay I think that's one of the greatest factors gid noh. Ah there's a factor when it comes to your gender or your sex basically with ah the most basic when if you're a girl or a boy or a man or a woman also if you're a gay or lesbian or however you wanna define yourself ang gina expect ko lang is ang fairness ang treatment ang fairness sang pag treat kay for sure hatagan man sila sang bulong."

Denise: " Uhm I think that healthcare services is uhm best when they are uhmm they give you a healthcare services with no criticism with no judgement they give respect they care about you as a human they not see you a gay or a lesbian or any gender you want. They give respect and care. That's all ma'am."

Amy: " So of course as they say that healthcare services should be for everyone and it does not come with any gender identity or sexual preferences. So I envisioned it to be excellent because I do think that what everyone deserves an excellent health care or health care that health care services that fits the needs of every people. So that's why I envision it. For me as a member of the LGBTQIA Plus community, I really don't want

any special treatment. I just wanted that every one of us in in the spectrum should be treated equally. We don't need it, need an extravagant way, wants to enter the the hospitals like we want special treatments know it's just that we must be treated as anybody else like anybody else who went into the hospital just to seek for health care services. So that's it.”

Bisexual

Nicole: “for me regardless of sexual preference, it is important for them to like provide a safe, competent, and trusting environment for the patient to like feel comfortable and that they are trying take care of. Im not sure if sa mga nurses nga may ara kamo like law, im not sure if law man gid na tawag pero its like a rule wherein you have to like provide such treatment to all the people regardless of the their like mga age, gender, sex, sexuality, etc.”

Brianne: “One of the primary issues that we encounter as member of the LGBT community, Is ang HIV prevention, so i know philippine is one of those country I guess daw 55% ang naka diagnosed per month sa HIV, ao medyo budlay

<p>siya for other people. Especially those who are leaving sa far-flang areas, like layo sa municipality sa hospitals they would be really hard for them to get themselves tested sa amona. Kag iba guro, isa sa na notice ko everytime ko mag-go sa test, iban nahuya, wala sila kabalo ano ubrahon, indi gd sila well informed, so i think fall na siya sa educational part kung paano siya ubrahon, so amo na siguro wala sila gapatest. For other services like sa hospital good man, wala man biases, wala man kita prioritization. Same man ang treatman sang tanan regardless man sang sexual orientation. Sa healthcare insurance same man ko”</p> <p>“Health education, kilanlan gid reinforce nga amo ni siya. Nga kilalan sila tudloan mga amo sini kag indi sila makulbaan and libre lang. Kay abi sang iban mahal or may ginabayad kung mapatreat kada or mapatest ka. Actually, unfortunately that’s really happening in the ground, kay iban wala kabalo nga libre lang, wala kablo ang iban pwede ka kuwa medication, as long as you have a public health insurance”</p> <p>Debbie: “I would really appreciate it if some institutions would comply their healthcare workers to seminars or just lectures when it comes to how</p>		
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<p>you handle or how you treat your patients regardless of their gender or their sexuality or like regardless of their differences to just treat them with respect and empathy because this is what expected of them as professionals.</p> <p>Transgender</p> <p>Aaron: "... dapat ma improve ang healthcare services diri sa Philippines, especially diri sa province kay damo remote areas and that's all, thank you".</p> <p>Anthony: "I believe that everyone has the right to healthcare access, most especially damo na nga daan sang mga members LGBTQIA+ spectrum sa province. However diri ya sa province may ara gid mga tao naga deprive sa healthcare access. So mas okay gid, I really wanted to envision tani ang sa community bala nga open ang tanan..."</p> <p>Jonathan: "So masuggest ko lang kung may ara bala nga clinic for LGBT. Para likawan ang discrimination. Kay indi gd na abi malikawan nga may ara gd ina establishment nga may mga staff nga gapang discriminate".</p> <p>David: "Ang gusto ko lang tani makahatag sila importance para sa LGBT toward sa HIV awarness</p>		
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<p>nila. Syempre nd malikawan ang kulba ang results nila. Maimprove ila HIV awareness para sa mga LGBT Community para ma likawan man ang sakit.”</p>		
<p>Lesbian</p> <p>Amy: “Makita bala nila kis’a nga daw sala ka lang... Like sala bala imo nga ubra. Daw ga ano man buot mo eh... sakitan ka man eh. Syempre, sila pa dapat ma ano sa amon pero sila pa mangakig ya (Due to bad interaction with a nurse).”</p> <p>Gay</p> <p>Ethan: “kisa may discrimination gid man na usually kay syempre especially saamun mga gays mas dako ang amon discrimination kay tungod kay kisa naga tungod naga kibot bala ang tawo kay were part of LGBTQ member thats why kisa kami gaka ilang at the same time kami gaduha duha sang amun action sang amun himoon”</p> <p>Bisexual</p> <p>Nicole: “I do have one experience that I think na that made me discouraged is when I went to this derma clinic which I will not reveal few years ago I went for a check up which was also my first time in that clinic and kay daan I have like hormonal acne</p>	<p>Discrimination and inequality</p>	<p>Problems and challenges encountered</p>

and my face during that time was horrible gid and like inflammed gid sa ya and that time mga workers were like whispering and I knew well it was me kay dan ang clinic was quite small and ang mga boses sang mga tawo mabation gid sya and that also made my confidence go down. Amo lang na sya” “As for the one ya nga few years ago it made me feel not so good gid. I feel like I was being judged for being there eventhough uhm I want to be treated, it seems like I don’t belong there or like I don’t feel welcome as I step my foot on that clinic. Amo lang na sya.

Debbie: “even if we’ve come really far now at present, there are still some people that treat others with uhmm discrimination or homophobia, there are some cases like that.

Transgender

Aaron: “... During the HIV test namun may upod kami nga nagpositive ang iban nga healthcare personnel ginchissmiss nila ang upod namun na nagpositive so na discourage gid ako kay what if nag positive man ako kag ichissmiss man ko nila.”

(During the HIV test, some of our colleagues tested

<p>positive, and the other healthcare personnel gossiped about those who tested positive. This really discouraged me because what if I also test positive and they gossip about me too?)</p>		
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APPENDIX D
TRANSCRIPTS

LESBIAN

“Mary”

Q.1 “So ma’am pwede ka gd ka use any mo nga preferred or diin ka comfortable mag express lag magamit sang ano man nga laguanges, maam. And this interview will be recorded. Puwede ka ka hatag maam sang small description sang healthcare service nga na recieve mo, ano to nga service?”

M1.1 “Ang healthcare service nga gin kadtoan ko para na bala sa cyst. Gapacheck ako didto sa molo.”

Q.2 “So bali, ma’am nagpacheck ka lang didto?”

M1.2 “huod nag pa check up lang ako.”

Q.3 “Ah okay, ma’am. May ara man gin hatag ang doctor simo nga mapa laboratory, ikaw?”

M1.3 “Wala gin hambalan ya lang ko nga ipacheck ko gid laboratories ko pero gin ambalan ko siya nga didto lang ako sa negros mapa laboratories.”

Q.4. “So maam sa pagistiurya sang mga doctors or nurse simo ano ila attitudes, pagtuo simo samtang gapa check up ka? Kung paano sila mag-asikaso simo, Ma’am?”

M1.4 “Buot man sila magtubang saakon kag ga-assist gd sila mau saakon.”

Q.5 “Sa pagpacheck up mo didto ma’am may ara iban man nga patiente?”

M1.5 “ Wa-ay, ako lang”

Q.6 “So ma’am, In term sa mga lgbt, ano gusto ma tabo sa healthcare naton?”

M1.6. “ Para saakon daw wala man ah. Kay daw mau man subong mag.asikaso saamon nga LGBT.”

Q.7 “ So far, maam ano mga experiences mo sa healthcare may negative ka na experience or positive experience?”

M1.7 “Wa-ay man ko negative experience ah kay nami gd sila mag assist simo.”

Q.8 “Basi maam may mga suggestions ka or improvements nga gusto mo hambal para sa healthcare naaton towards sa inyo ma’am?”

M1.8 “Gusto ko ang pag nami lang pag-assist tapos kung may patiente gina accomodate nila mayo”

Q.9 “Last question, maam ano ka gani nga part sang LGBT? Lesbian, Gay, Bisexual, transgender?”

M1.9: lesbian

“Paula”

Q.1 “So ma’am pwede ka gd ka use any mo nga preferred or diin ka comfortable mag express lag magamit sang ano man nga laguanges, maam. And this interview will be recorded. Puwede ka ka hatag maam sang small description sang healthcare service nga na recieve mo, ano to nga service? “

P2.1 “Ang nag vaccine ako”.

Q.2 “Ano na sia nga vaccine?”

P2.2 “Para sa Covid vaccine ang astrazeneca.”

Q.3 “Puwede mo, Maam mashare imo experience? Ano nabatyag mo sang gin pavaccine ka sa mga healthcare workers?”

P2.3 “Wala man ako may nabatyagan.”

Q.4 “Ano nabatyagan mo pag cater sang mga doctor or nurses simo pagpavaccine?”

P2.4 “Nakulbaan lang ako sa injection.”

Q.5 “Sa pagtrato nila sinyo maam, paano sila magtrato simo during pag pa vaccine mo?”

P2.5 “Okay man kay daw mga buot man abi sila kung mag tubang simo.”

Q.6 “Compara sa iban nga patient, maam. May kinalain sila pagtrato pag abot sa imo kag saila?”

P2.6 “wala man daw pari-pariho man ila pagtrato sa amon ah.”

Q.7 “Ano ma suggest mo ma'am. Or ano gusto mo matabo sa healthcare services patungo sa imo nga gender maam? Ano gusto matabo sa aton t=di nga healthcare services that focuses sa inyo LGBT community.”

P2.7 “Base man sa experience ko abi daw wala naman ko may ih suggest kay mau man sila magtrato sakon bisan ano pa akon nga gender. Equal man sila mag atipan sa amun nga kilalan sa health.”

“Carla”

Q.1 “Ma ask lang ako ma'am if ano mga experiences mo and factors nga ga gaka encourage ka kag discourage mag access sang healthcare?.”

C3.1 “Wala naman.”

Q.2 “Wala kaman experience nga malain?”

C3.2 “Wala man”

Q.3 “Uhm sa pag ano mo ma'am, sa pag uhm pavaccine mo bala ma'am uhm pano sila mag trato ang mga healthcare worker sa imo ma'am?”

C3.3 “Wala man okay man.”

Q.4 “Okay man, so kung icompare sya ma'am sa iban nga pasyente nga indi bala part sang LGBT kag sa imo ma'am?”

C3.4 “Same lang din.”

Q.5” Same lang ang pagtrato nila ma'am?”

C3.5 “Huo”

Q.6 “So bal an nila ma'am nga uhm part ka sang LGBT?”

C3.6 “Huo”

Q.7 “ Te ano ma'am ang ila attitudes towards sa imo ma'am behaviors nila, okay man ang behaviors nila?”

C3.7“Okay man huon”

Q.8 “ Mga pagtrato nila, mga kung pano sila mag ano ma'am mag sturya simo ma'am, mag accommodate.”

C3.8 “Okay man way man problema.”

Q.9 "So ano ang, next question ma'am ano ang imo nga na envision or ma gusto matabo kung mag receive ka sang healthcare regardless man sang imo nga, sang gender mo bi ma'am."

C3.9 "Ano?"

Q.10 "Ano gina vision mo ma'am kung ma vision mo bala kung ano imo gusto matabo sa healthcare services uhm particular sa LGBT ma'am. May ara ka bala gusto ma'am nga sample bi kung mga trato ang healthcare ang nurse abi simo ma'am, gusto mo uhm gusto ko amuni sila mag trato sa akon".

C3.10 "Ay wala man kay usually way man kung mag ano way man problema sakon, mag entertain sakon or ano way man sila problema."

Q.11 "So last question ma'am ano mag suggest mo ma'am kung or improvements nga ma gusto mo makita sa healthcare towards sa mga LGBT community. Raphael: May gusto ka bala ma'am nga bag uhon or improvements."

C3.11 "Sa akon du wala man ko experience nga malain mo."

Q.12 "So wala kaman may iimprove or suggestion ma'am.

C3.12 "Huo kay du wala man ko may gin ano nga malain sakon sa ila or ano."

"Denise"

Q1 "Good afternoon, Ma'am. We are student nurses from Central Philippine University and pwede ka maam kahatag brief description sang healthcare services nga na receive mo diri sa Iloilo City? like labs, pa consult, sa any hospitals or centers."

D4.1 "Sa molo, nagpa check up"

Q.2 ano imo health concern ngaa nagpa check-up ka?

D4.2 Para sa akon ubo bala

Q.3 "Pwede ka ka tell sang experience mo maam pagpa check up mo like ang mga treatment sang mga healthcare workers sa imo. Kung paano ka bala e trato sang mga healthcare workers, ano nga klase ka serbisyo ang ginhatag nila sa imo? Pwede man positive or negative ang imo na experyensiyahan."

D4.3 "Ok man ang pag treat nila sa akon, gin oblegaran ka gid nila kag wala napabay-an"

Q.4 "Sang pagpa check-up mo ma'am, may ara ka bala nga kadungan nga iban nga pasyente?"

D4.4 "Oo may ara"

Q.5 "Kung e compare ang pag serbisyo sang healthcare worker sa ibang nga heterosexual patients compared sa LGBT patients, may ara bala maam lain sang pag serbisyo nila maam?"

D4.5 "Same lang maan kay dako ila pagrespeto sa LGBT"

Q.6 "Pagpa check up mo maam, ano imo nabatyagan sa ila pag serbisyo sa imo?"

Namian ka bala or wala ka na namian kung paano sila mga istorya sa imo kag an gila mga attitudes"

D4.6 "namian man ko sang ila serbisyo kag respectful man sila akon kag wala man gid ko naka encounter nga may ara sila gina paboran. Nami gid ila pag trato nila sa akon ah"

Q.7 "So maam ano gusto mo matabo sa mga healthcare settings for the LGBT or any

suggestion or recommendations?”

D4.7 “Mayad lang ang pagtrato nila sa LGBT ah kag indi lang nila pagpaka nubo ang mga pasyente nga parte sang LGBT.”

“Amy”

Q.1 “Pwede ka ma’am kahatag sang gamay nga description sa service nga na receive niyo ma’am — healthcare service within Iloilo City? Like mga pa vaccine, laboratories, pacheck-up”

A5.1 “Pa vaccine lang.”

Q.2 “Sa diin ka ma’am nagpa vaccine?”

A5.2 “Sa SM lang.”

Q.3 “Sa diin ma’am?”

A5.3 “Sa Rob— ah— sa SM.”

Q.4 “Kaagi ka man ma’am nagpa check up?”

A5.4 “Sa Centro lang namon.”

Q.5 “Sa diin na ma’am na centro?”

A5.5 “Sa Tanza Esperanza.”

Q.6 “Pwede ka ma’am ka tell sang experiences mo ma’am during check-up?” Ang imo bala ma’am experience... kung paano makitungo ang healthcare services sa imo ma’am, kung paano sila magtrato sa imo.”

A5.6 “Ok man.”

Q.7 “Ang mga healthcare workers ma’am, like mga nurse.. Kamusta sila sa imo?”

A5.7 “Ok man sila. Kis’a may suplada man, kis’a okay man sila.”

Q.8 “So nahambal mo ma’am nga suplada, so sa imo ma’am ano ang rason nga daw ga suplada sila?”

A5.8 “Makita bala nila kis’a nga daw sala ka lang... Like sala bala imo nga ubra.”

Q.9 “So kamusta ila nga mga attitude sa imo ma’am kung paano sila maghambal sa imo... ang ila bala behaviors sa imo ma’am maghatag sila serbisyo sa imo ma’am kamusta?”

A5.9 “Ok man.”

Q.10 “Ano imo ma’am na feel mo ma’am kung nasupldahan ka nila? Ano na feel mo ma’am kung na attitudan ka nila ma’am?”

A5.10 “Daw ga ano man buot mo eh... sakitan ka man eh. Syempre, sila pa dapat ma ano sa amon pero sila pa mangakig ya.”

Q.11 “So pagpa-check up mo ma’am, pagpa-vaccine mo ma’am may ara ka upod nga pasyente ligad?”

A5.11 “May ara man.”

Q.12 “So kung ikumpara mo ang pagserbisyo nila sa iban sa pagserbisyo sa imo ma’am, may ara bala kinalain ukon parehos lang gid?”

A5.12 “May kinalain gid.”

Q.13 “Ano ang kinalain nila ma’am?”

A5.13 “May ara na sila bala about sa May nalainan na sila bala nga indi nami bala sa isa.”

Q.14 “ So para sa imo ma’am ngaa daw lain ang pagtrato sang isa ka healthcare worker sa isa to ya?”

A5.14 “May nakita to sila nga lain.”

Q.15 “Like example abi ma’am.”

A5.15 “Like mga about sa mga... may nakita to sila nga sala nga gadali bala nga ano... sa mga gadali dali gid na bala may ara pagid na mo.”

Q.16 “Pero sa gender ya ma’am like siya abi babaye, and ikaw bi lesbian— ang pag treat bala sa inyo ma’am— like may makita ka nga difference ang pag treat sa inyo ma’am? Or fair lang ma’am?”

A5.16 “Wala man.”

Q.17 “So may ara ka bala ma’am suggestion or improvements ma’am nga imo bala ma’am nga gusto sa healthcare services when it comes sa pag treat ukon paghatag serbisyo sa mga LGBT ma’am?”

A5.17 “Wala man.”

Q.18 “For example bi ma’am sa mga nurses, ano gusto mo ma’am nga ubrahon nila sa mga LGBT or paano sila mag serbisyo sa LGBT, may ara ka bala gusto— nga kami bala unahon sa mga linya nga gusto kamo unahon ukon may lain kamo ya nga linya, mga amo na bala ma’am.”

A5.18 “Pwede man unahon kami eh — I mean ang iban nga ...”

Q.19 “Ang pagtrato bala sa inyo ma’am nga gusto mo. “

A5.19 “Unahon ang iban eh... Nga daw parehas lang baa.. Pantay.”

GAY

“Sebastian”

Q1: Let’s Proceed to the questions. First, question can you give us a brief description of the healthcare services you have received? So anything lang po na healthcare services na imo na access.

S1.1: So nagkuwa ko laboratory test sa medicus and then nag need ko or nagkuwa ko sang endocrinologist sa mission hospital, that’s the health care service na receive ko last year.

Q2: So Okay, Please tell us about your experience and the factors that encouraged or discouraged you from accessing the healthcare services. So it can either be positive or negative.

S1.2 “So far sa experiences i don’t have a bad experiences during the time nag access ko healthcare. Everything is good, everything is fine man. Ang medtech nga nagkuwa sa akon dugo, And the doctors was very nice and even mga worker sa hospital na ask ko very good man”

Q3 : “Okay, Sir How did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?”

S1.3 “Wala man normal lang man. They greeted me sa pagsulod ko sa hospital. Nag ask sila permission if pwede ka kuwa dugo. So far wala pa man gd bad behavior or attitude towards sakon na tabo.”

Q4 “Sige, Sir i have a follow up question. Kaagi ka disclose sa imo nga gender preference sa healthcare personel?”

S1.4 “Wala man, Nag greet lang siya, Sir Good Morning puwede ko ka kuwa sang dugo. Like that lang man.”

Q5 “So ila lang gali Standard Procedure?”

S1.5 “Yes, Po!”

Q6 “Okay, another follow up question. During that day, ano ang imo gina wear?”

S1.6 “During that day halin ko sa school, nakasuksok ako sang duty uniform which is pang Pharmacy.”

Q7 “So bali si amo lang man na?”

S1.7 “ Yes, po, Wala”

Q8 “Ask lang ko dayon if amo lang ni nga services na acquire mo sa iloilo?”

S1.8 “ Sa guimaras so indi man siya part sang iloilo haha. Amo lang na kuwa dugo sa hospital and then nag pa read kag nag pacheck man didto sa hospital.”

Q9 “Okay, Sir regarding sa pacheck up naka uniform ka? Same day as well?”

S1.9 “Indi siya same day. During that time naka civillian attire na ako and then pagsulod ka sa hospital. Nag ask ko sa ga work sa hospital and then very polite lang sila, so gin assist lang ko nila sa doctor ko.”

Q10 “So wala kaman nag disclose sang imo gender sir during that time, sir?”

S1.10 “Wala.”

Q11: “So okay, sir. So what are your envision when receiving healthcare services regardless of your gender preference?”

S1.11 “Wala man gid. Like I expect the same healthcare as what others may recieve, I expect that they will treat my sickness.”

Q12 “Okay, Sir Last question, What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

S1.12 “On my case, Daw wala man gd base on experiences and ano makita ko sa iban. Kung ano ma recieve nila base on their gender, I have the same treatment as their’s. Like ang ma suggestion ko nalang is do it nalang in to others what ever gender they have, respect each other.”

“Ethan”

Q1 “Before that po can I ask if ano po preferred pronouns ang I Call simo po?”

E2.1 “You can call me sir”

Q2 “so sir You can freely talk and express your thoughts as much as you can in any of your preferred languages sir. And this interview will be recorded. So can you give us sir a brief description about yourself.”

E2.2 “ HI everyone good afternoon I am Jay guiterrez Francisco as of now I am a counselor of municipality of san rafael but i am still living in iloilo sa avida tower 1 sa condo lapit sa may ateneo de iloilo I graduate in JBLFMU and I am 32 years old“

Q3 “Okay thankyou We will now proceed sa interview Can you give a brief description of the healthcare services you have received?”

E2.3 “saamun diri sa san rafael at the same time sa city usually saamun mga case especially saamun mga gay gina identify automatically gina identify saamun pag dress kag the way kami mag hulag hindi kami masyado ma identify thats why kis a naga wonder kag naga kadto kami sa mga health facilities ang amun usually gina cater

saamun which is HIV test receiving contraceptives like condom usually mga muna malang na sya”

Q4 “okay sir so when you received any healthcare services sir may ara time nga naka disclosed ka sang imo gender preference“

E2.4 “Sometimes may ara man kung kaisa gaka off kay tungod syempre you just only putting your self kung anu kaw eh kaso kung kisa may discrimination gid man na usually kay syempre especially saamun mga gays mas dako ang amon discrimination kay tungod kay kisa naga tungod naga kibot bala ang tawo kay were part of LGBTQ member thats why kisa kami gaka ilang at the same time kami gaduha duha sang amun action sang amun himoon“

Q5 “Please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services so it can be positive or negative”

E2.5 “usually the people working at the healthcare facilities they cannot identify automatically ang ila pag address sa tawo sometimes just like as iban were just gay but sometimes people you cannot deny the fact nga gusto nila tawagon sila nga ma’am tawagon sila madam something like that pero syempre hindi kis a ga vary ang pagpanulok mo kung ano pagtulok mo saila amo na pag adress mo eh kay kami masilan kami mga agi thats why ang akon lang gid maadvice much better to ask permission kung ano dapat ang iaddress saila so that hindi kamo mag lainay buot kay just like for example ang iban mga transgender their voice quality is very hard kag kung pamatian mo lalaking lalaki but they dress up and the way they walk the way they something ano himoun nila is girly girly gid so thats why gaka off gid ang mga LGBTQ member kung kis a magpalapit sa health facilities kay tungod ang first palang nga address palang sala na so that why kis a nagakahuya sila okay lang na kung may naga endorse may naga insist may mga leader sila nga mayad mag ano saila paintindi saila but however for the next time around wala na saila may ma amo or may maattend saila or may mag pursue saila or may insist saila nga kung saila lang kaugalingon maduha duha nana sila kay tungod sa mga discrimination nga atubangon nila if ever amo man lang na siguro para sa akon negative gid kay although I am a counselor but the people RHU or any facility healthcare there not just in any other country nga their very good and very pleasant to say goodmorning pleasant to say hi sir maam what can you what would you like to have or ano treat nila saimo as of diri abi sa Ph daw iba ila daw pa ang healthcare facilities daw sila pa ang mas mataas kay muna lang akon experience.”

Q6 “So sir, during accessing your healthcare services How did you feel about the word choices, beaviors, or attitudes of the healthcare providers you have encountered?”

E2.6 “and again, gina inform ko sa inyo nga ang mga healthcare facilities most of all the times very attitude sila that’s why gani kung uhm if I have a time to give a letter from the province sa health facilities nga i minimize nila ang pag hire nila sang tawonga wala GMRC kay tungod kami nga LGBT member we are not putting ourselves at the top nga to be prioritised were just only looking forward to have a good nga may ara gamay nga delikadesa ang tawo ga mag tubang sa imo.sometimes you cannot deny the fact LGBTQ member ay ano eh, joker. Amuna ang world namon eh. Haras haras medyo may pagka ticalon sometimes medyo may pagka haraskal the way we talk but not all the LGBTQ member is amuna sya there are a lot of people man nga professionals the way we talk, the way we transact people around us. Teh amuna lang akon experience sa healthcare facilities diri sa province, dira sa city usually daw pawala lang especially kung LGBT member daw echapwera dayon gina isip nila wala usually kwarta, mapalapit sa health facilities gina isip nila nga less fortunate kay tungod sa mga health facilities especially sa mga rural lang bla nga mga kwa nga mga health facilities especially indi private amuna gd diri ang big question diri sa province muna siguro ang gina pangita ko ang health

facilities, administrator, mga head nila nga hatagan sila lection if mag attitude sila sa ila mga pasyente.”

Q7 “Okay, sir What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

E2.7 “I think I can see 2 years or 5 years from now it will be nga happened do not discriminate uhhh kay tungod sa amon dako na nga factors ang pag address especially sa mga professional nga mga tawo ang pag address the way you say ma’am or sir and the way you say ano man ang gusto nyo i hambal samon big factor na sa tanan i accommodate tanan i facilitate lang kay ti syempre as you kay sa ara kamo sa field sang healthcare ang gataas ga rampant ang HIV ang AIDS diri sa ILOILO not only in ILOILO but whole in philippines and other places diri sa pilipinas naga keep naga ano kami eh naga ka duwa duwa kami sa akon lang pag panulok ha naga duwad duwa naga keep distance makadto sa isa ka health facilities kay tungod may discrimination if ever nga ang trans may HIV usually ang trans nga bilog nga trans sa amona nga lugar daw very affected na gina generalized nila kong agi man ang ila gender preference agi man na usually ang gina hambal gina istorya so syempre ang mga tawo nga hindi man positive kag wal man sing labut labut sang mga klasi nga amona nga balatian gaka apiktohan man kami pero ang akon lang man tani to keep safe ang tanan nga information nga makuha nila sa tawo in order nga indi sya mag talk of the town talk of the public kay syempre your just not only talking for that one person ako i’am a gay im not only representing my self as one im also representing all the member the LGBTQ thats why kami nga LGBTQ member were very sensitive interms of discrimination in terms sa amon nga healthcare sa amon nga health kay tungod nga once nga may positive nga isa lang sa mga friend ko friend of my friends ma apiktohan ang ngalan sang isa kag isa thats why siguro akon mahambal ko lang nga if ever nga may ara nga makadto nga mga member sang LGBTQ member indin lang pag eh discriminate ang information from the other person kong ano man ang ila nga personal nga balatian kong ano man nga masakit so that indi ma ilang ang iban nga ma treat sya ma treat sya at the same time ma stop ang pag latum sang mga balatian sa bilog nga area or sa isa ka probinsya thats it.”

“Jacob”

Q.1 “Okay po uhm for the first question po. Can you give a brief description of the healthcare services you have received?”

J3.1 “Uhm one health care service that I was able to receive was the anti-rabies nga vaccination ah I had it twice ah no no I only had it once before sang first year ako which was 2019 november. Uhm I had my anti-rabies vaccination at Western Visayas Medical Center sa ila nga opd or outpatient department. And there's none that I can recall of other health care services nga na avail ko but it's just that. “

Q.2 “For the next question po uhm, Please tell us po about your experience and the factors that encouraged or discouraged you from accessing the healthcare services.”

J3.2 “Siguro ang one thing that encouraged me to avail the health care services was because I really need the vaccination kay I started the vaccination sa akon nga hometown or sa akon nga province and for my second shot uhm timing nga diri ko sa Iloilo na that time so I was recommended by the province or ang provincial nurses there nga available ang vaccination sa Western Visayas and because of that, yeah and that time I needed to go there because it was also free that I think was one of the reason

man ngaa sa Western Visayas ko siya gin avail is because its free. To think nga I've heard from others nga ang anti-rabies is very expensive. Ahh may nakita ako before I think sa isa ka facebook group nga diri sa Iloilo ang iya nga total expensses for their first nga vaccination for anti-rabies was around 40 or 50 thousand and amuna... Yes that's all po"

Q.3 "Alright thank you so much nong Nath actually uhm for the government hospitals, anti-rabies vaccines are actually free however sa private hospitals really charged gid sang mga vaccine, biskan mga anti-rabies, HEPA du ga ano gid sila naga bayad gid sila. So for our next question nong Nath no, How did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered po?"

J3.3 "Uhm as far as I can remember they were nice man sa akon. And I think na there's not much of an issue or this is not much of something that I can really pinpoint uhm whenever or when I got my vaccination. Kay subong naremember ko nga twice ko gali nag pa vaccine diri sa Iloilo and sa akon nga latest which was sang May lang uhm, I can't say something kay du wala man sila nahambal nga offensive or what but as far as I can remember, they were very uhm helpful and at the same time there was one doctor nga naisturya ko that time during the consultation nga came to the point, Our conversation came to the point nga gin discuss ya sakon ang about active and passive nga immunization and at that moment naisip ko uhm good for me kay mainchindihan ko ang naisturya nya but what about other people nga di maka inchindi sa amuna nga part and I think with that ang mga healthcare workers should also be hmm mindful of the patients they're seeing kay not alot, not a lot uhm could understand what they are trying to say but good for me and good for the both of us kay na explain nya sakon kung ano ang mechanism sang vaccine. Yeah that's it."

Q.4 "Alright thank you so much nong, uhm for our next question 4. What did you envision when receiving healthcare services regardless of your gender preference? ang imo nga gina expect bala sang before mo ma received ang services."

J3.4 "Ah okay. ah I guess nga what I expect from them siguro is the fairness that each of us their patients received no matter you are a girl or you are a boy. Kay I think that's one of the greatest factors gid noh. Ah there's a factor when it comes to your gender or your sex basically with ah the most basic when if you're a girl or a boy or a man or a woman also if you're a gay or lesbian or however you wanna define yourself ang gina expect ko lang is ang fairness ang treatment ang fairness sang pag treat kay for sure hatagan man sila sang bulong. But the treatment for sure they will be different. Ah yeah they will be different or naga vary ang treatment but yeah that's what I expect ang fairness sang treatment each and everyone of us. And not just with the expression of oneself but as well as with their age. Kung bata man sya or tigulang na yeah fairness of the treatment."

Q.5 "Alright thank you so much nong, for our last question po, What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?"

J3.5 "Hmm for lgbt care, is it okay nga hindi ako maka recommend but rather maka commend nalang or you know give thoughts or you know happy thoughts guro kay I was able to I was luckily an intern sa OPD department sang western visayas medical center.

And there naka encounter kami sang mga patients nga HIV positive or suspected nga mga HIV positive nga mga patients and I am just so glad cause the medtechs there are really respectful and uhm gina make sure gid nila nga these people are not identified as one but rather they are identified as normal people noh. Uhm makita mo ni mga patients nga ni nga would be shy to come inside nga naka jackets, naka shades and all and it's just so nice man kay the medtechs there treat those people nga normal lang sila and I think amuna ang nami, amuna ang gusto pagid naton not just in that setting but for every setting not just sa Western Visayas or not just sa Iloilo but around the Philippines kay for sure there's still stigma around it and at the end of the day uhm one thing nga makapa busog or maka pa happy sa people like them are how they are treated as normal beings or as normal people so amuna."

"William"

Q.1 "Hello sir, Good afternoon for first question. Can you give a brief description of the healthcare services you have received in iloilo city?"

W4.1 "In my past experience in healthcare services i have received. I experience HIV test and diagnostic test with my heart enlargement and the services they gave me is worth because they actually care about my health they truly care about my well being and thats all maam."

Q.2 "For the next question sir, Please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services."

W4.2 "I experienced HIV test in the health facility in iloilo city, and i encourage to acces the healthcare they really care and tell you the factors they encourage you about the transmission and factors in doing HIV test and sexual intercourse. That's all, ma'am."

Q.3 "Okay, Sir for the third question, How did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?"

W4.3 "Uhm I really feel satisfied because they really consider my sexual preference and they appreciate and really consider me as member of healthcare services and and appreciate the matter of being like this. Being a member of a LGBTQ+. That's all, ma'am."

Q.4 "What did you envision when receiving healthcare services regardless of your gender preference?"

W4.4 "Uhm I think that healthcare services is uhm best when they are uhmm they give you a healthcare services with no criticism with no judgement they give respect they care about you as a human they not see you a gay or a lesbian or any gender you want. They give respect and care. That's all ma'am."

Q.5 "So sir, for the last question sir, May ara ka bala mga suggestions or changes or mga improvements nga gusto mo himuon or bag ohon sa healthcare system in terms of LGBT care."

W4.5 "For me, No ahh other suggestions. I'm really satisfied on how they handle as LGBT member because they have a assurance and the a conversations between you and they can help you attain and maintain your status as a LGBTQ member. That's all."

“Ryan”

Q.1 “Good morning again Sir. So for our first question, can you give a brief description of a healthcare services you have received?”

R5.1 “The healthcare services that I received, as far as I remember are only laboratories since it is required for our clinical duties like fecalysis, x-ray both from public and private. Like for example I I've experienced a drug test from a public hospital here in Iloilo City and some laboratories that I really needed for our clinical duties at some private hospitals here and also back when I was in first year wherein, we conduct a like a routine clinical examination for all of the students at Central Philippine University. So, I've also experienced healthcare interacting with healthcare professionals at CPU and our our hospital, our hospital of CPU. So basically, it's just more of those laboratories as needed us as a requirement for our clinical duties that's as far as I remember.”

Q.2 “So, from the healthcare services that you have received, can you please tell us about your experiences or perceptions and the factors that encourage or discourage you from accessing the healthcare services. So, it can either be positive or negative Sir?”

R5.2 “So as far as my experience, luckily, I didn't experience any discrimination, or I never felt that I was discriminated while I'm having those tests. I feel like I'm safe and I never felt any discrimination. It's the fact that all of the medical professionals acted professionally when they conducted those tests to me, they greeted me nicely, they never questioned me and and I never felt any discrimination. So that's just my story, a fortunate story of mine because I never received any kind of discrimination. So, I have more of towards a positive because as I said, there was no discrimination.”

Q.3 “Thank you for that sir, so how did you feel about the word choices, behaviors or accurates of the healthcare providers you have encountered?... I will repeat the question, Sir. What you have experience,sir diba what you have said earlier, you didn't experience any discrimination. So, for you sir what are the factors why is it wala ka na experience discrimination sa health care.”

R5.3 “The first factor, that I am thinking right now is that the medical professionals acted professionally.Maybe because as well. Maybe because of this these people have an education. Maybe there's also a factor wherein in school they are also molded about the differences when it comes to the sexual orientation and gender identity and expression of people. So that's just that's just fortunate for me that I I didn't receive any discriminations from them. Second factor, is that maybe because I dress as a man meaning I I address this generally I don't cross dress because we have to accept the fact that here in the Philippines once you cross dress there will be a lot of discrimination that will be receiving. So that's also a factor. And 3rd is that since it is also since it has owned laboratory so that the the the interactions between me and the medical professionals just little. So with with that, with that little time frame of like of interactions, there's no such kind of like big, big, big discuss phones or cash flow talk compared to like for example when you are confined in a hospital where in like for example nurses they interact more with their patients but in laboratory it is just a brief interaction. So those are just the three factors that I'm thinking right now why I haven't experienced any discrimination.”

Q.4 “Ok, Sir. So did you disclose, Sir, your gender preferences or healthcare providers.”

R5.4 “Maybe that's one of the things that I I guess lacking in our healthcare right now is that they don't really ask what's your gender preferences and that just so somehow disappointing because some are misgendered. So yes, I haven't ask they just presume since my, sex there is just male so they just presume that I I preferred to be called as Sir. So that's something that I guess the healthcare should work on is that to never assume someone's identity because we'll never we'll never know. So it's really best to ask.”

Q.5 “So how did you feel about the word choices, behaviors or attitudes of the healthcare providers you have encountered?”

R5.5 “So since I have told you that I haven't received any discrimination, so I feel like the the word choices are really professional. They follow the routine way of doing the laboratories. They greeted me, they they interacted with me nicely. I haven't receive any bad words or or discriminatory words or discriminatory acts because of of my gender identity. So yeah so that's it. So I felt that I felt that maybe because the professional thing made everything smooth, so they act actually professionally, so everything is just of a very patient and a health worker relationship.”

Q.6 “Okay Sir, So what did you envision when receiving healthcare services regardless of your gender preference?”

R5.6 “So of course as they say that healthcare services should be for everyone and it does not come with any gender identity or sexual preferences. So I envisioned it to be excellent because I do think that what everyone deserves an excellent health care or health care that health care services that fits the needs of every people. So that's why I envision it. For me as a member of the LGBTQIA Plus community, I really don't want any special treatment. I just wanted that every one of us in in the spectrum should be treated equally. We don't need it, need an extravagant way, wants to enter the the hospitals like we want special treatments know it's just that we must be treated as anybody else like anybody else who went into the hospital just to seek for health care services. So that's it.”

Q.7 “So as a patient Sir, in our current healthcare system, what suggestions do you have or changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

R5.7 “So first of all I have said it's really important for us to ask the gender identity or what pronouns that that the patient would prefer because I said I have said as I have said it's always safe to ask questions and also asking questions about what pronouns they prefer to use it. Also it is also a way of of making healthcare a diverse one so and that's it. And second is the representation. I still do think that it's really important for the LGBTQA plus community to be represented in the healthcare. I know that there's a lot right now, but still I do believe that representation is really a way so that we may, we must eliminate it. It can be a way that that discrimination can be eliminated with this, with those small steps of you know, everyone is represented, for example, you as well As for us. My observations, there's no transgender nurse or healthcare professionals like I think there's no enough representations for them or for example a gay who who prefers to wear a a a scrub suit for women like that. So I I guess that's just like the the policies would of the hospitals would allow everyone to know everyone to be gay. They just really are like no covers, no like for the sake of fertility they must hide something from them

because I don't as what I have said man healthcare doesn't really comes with gender with sexual preferences but healthcare services should comes with competence and skills. So I think that's what most important know that the skills and the competence of healthcare workers not about their gender identity and how they express themselves. Because everyone is equally competent when it comes to that as long as they are given the chance to be themselves.”

BISEXUAL

“Julie”

Q.1 “For a while. So Ma’am for my first question. Can you give a brief description of the healthcare services you have received?”

J1.1 “So uhm the healthcare services... that I have received recently is laboratory examination and dental services.”

Q.2 “Okay Ma’am. Pwde ko kapamangkot if diin ni siya ikaw naka receive sng healthcare services nga gin mention mo earlier?”

J1.2 “So ang physical examination required siya sa school and for the dental services is sa akon diri lang sa Surigao City.”

Q.3 “Thank you so much! The second question, please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services here in Iloilo City.”

J1.3 “Factors encouraging... uh so far I don’t have any discrimination pa man na experience sa healthcare services because of laboratories man lang siya and there’s no need ano man ihambal gani ano sexuality mo, ang importante man lang is what is your ano... biological sex.”

Q.4 “So far so good. Wala ka man na experience any discouraging factors. Okay Ma’am for our third question, how did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered during the laboratory?”

J1.4 “So far since amo na wala man ako na experience na any ano gani... uh discrimination towards sa LGBT. Ila mga word choices professional man so di man siya masyado maka affect gid ya. Pero as what I have said sa mga ano mga (boast) na mga LGBT peers is uh they felt discrimination like ma shock ang mga ano... ang mga healthcare providers na “ay amo kana gali” so that’s kind of ano man... like hurtful man towards them.”

Q.5 “So pwde ako ka follow up question before we proceed to the last two interview guide questions. So I would like to ask Ma’am during that day, can you tell if it’s morning or night and then ano imo bayo and then nag expect ka bala na there’s something wrong nga ma ihambal sa imo? May display nga attitude simo?”

J1.5 “Like ano man lang, typical nga lang nga clothes like shorts and tshirt pero I think the way... ang gait mo gani, posture pagid. That’s more obvious.”

Q.6 “May I ask Ma’am, another personal question. Do you think Ma’am during i.healthcare service nga gin access mo nga laboratory, do you think your gait, your posture and your attitude ga depict sa imo gender or?”

J1.6 “I think it’s not ky there are ano man there are girlies gid na felt tomboy lang gid the way sila mag act and there sre guys na more feminine lang gid sila nga side like we should not discriminate sa isa ka tawo if they are more in that other side sa ila sex gani. Biological sex nila.”

Q.7 “Thank you so much Ma’am for that insight. Now moving on for the next question, what did you envision when receiving healthcare services regardless of your gender preference?”

J1.7 “For me, I would like the healthcare providers will be more open to any sex or gender preference of a patient. Tani ndi man sila ma shock and di man ano gani... differ ila attitude and the way sila mag ila behavior sa ila patient because they are LGBT so amo na.”

Q.8 “So for the last question, what suggestions do you have for changes and improvements you would like to see in the healthcare setting in therms of LGBT care?”

J1.8 “So may ano... suggestion is uhh instead of using only he or she pronouns, they should focus more on saying...Sorry for the interruption. Additional ko nga suggestion is they will like uh provide other suggestions or recommendation even though you know their biological sex ang original gid nga biological sex. The biological sex gid ka patient, instead of saying “Ay need mo gid ni kay you are lakake ka man gid or you are babae ka man gid” So tani friendly man ila i.use nga words towards sa ila patient.”

Q.9 “Thank you so much, Ma’am. I have a follow up question. So overall uhm, in your experience in the healthcare services in Iloilo City, are you satisfied with the services as part of the LGBT member and as identified as bisexual?”

J1.9 “Uhm okay man lang ky wala man ako masyadon interaction.”

Q.10 “But for the other members of the LGBT, concern about that.”

J1.10 “Yes, I do have a concern man”

Q.11 “Pero, you have no concern for you?”

J1.11 “Yes, for the others I have a problem.”

“Nicole”

Q.1 “Thank you, sir! So, lets proceed to the uhm questions. So, can you give a brief description of healthcare services you have received.”

N2.1 “Uhhh so far uhhh its okay naman. The health care workers havent been treating me badly. Akon recent nga nagpalab is just a month ago or probably two months ago kay before entering or before magstart duty bala sa rehab sa spice (?) sa St. Pauls, we have to get mga rat or other requirements needed kag also nagdungan man ang akon labs for my cbc for my derma and so far nothing has happened nga natabo nga malain sakon and yes amo mnlng na.”

Q.2 “Thank you, sir! Next question, please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services.”

N2.2 “Uhhh so well getting my rat or labs, all of the healthcare workers that I have been interacting with are very accomodating, friendly, and as well as uhhh welcoming. They really made sure na I have to complete my labs as well as they’re also asking about my day or when was uhm the last time ako nagpa labs and many more and during that time daan they really saw me na I was kind of anxious and starting to shiver due to being fearful kay I have phobia of blood and syringe which mo na man ngaa wala ko nagnursing and rather opted for physical therapy but I do have one experience that I think na that made me discouraged is when I went to this derma clinic which I will not reveal few years ago I went for a check up which was also my first time in that clinic and kay daan I have like hormonal acne and my face during that time was horrible gid and like inflamed gid sa ya and that time mga workers were like whispering and I knew well it was me kay dan ang clinic was quite small and ang mga boses sang mga tawo mabation gid sya and that also made my confidence go down. Amo lang na sya.”

Q.3 “Okay, Sir! So, how did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?”

N2.3 “Uhm ang sa recent siguro it made feel very welcoming and very friendly which would make you want like go back and have your labs safely done with very very good environment. As for the one ya nga few years ago it made me feel not so good gid. I feel like I was being judged for being there eventhough uhm I want to be treated, it seems like I don’t belong there or like I don’t feel welcome as I step my foot on that clinic. Amo lang na sya.”

Q.4 “Uhhh its very nice to hear man nga du nagchange man imo perceptions no. Uhm so, for the next questions, what did you envision when receiving healthcare services regardless of your gender preferences?”

N2.4 “Uhhh for me regardless of sexual preference, it is important for them to like provide a safe, competent, and trusting environment for the patient to like feel comfortable and that they are trying take care of. Im not sure if sa mga nurses nga may ara kamo like law, im not sure if law man gid na tawag pero its like a rule wherein you have to like provide such treatment to all the people regardless of the their like mga age, gender, sex, sexuality, etc. And mga amo na kay kami nga mga PT, we have that one, so, uhm again I envision the healthcare services that uhm that they provide is to be safe, competent, and uhm trusting environment to the patients.”

Q.5 “Uhm okay so aside from those suggestions, can you uhm suggest more ahh or do you have suggestions for changes or improvements in the healthcare setting in terms of in the focus of LGBT care?”

N2.5 “Uhhh so, my suggestions siguro uhm for the changes or like improvements that I would like to see in the healthcare for the LGBT people is that ahh they would give services that they needed without any like uhm judgement and not for them to like ahh refuse service to them. Uhhh this is not my experience but rather the experience of one of my closest friends wherein nga she was judged and refused service just because ano siya uhm trans and its going to be 2024 soon and uhm people should have like an open mind that there are like a lot of different kinds of people in the world and that they should accept and understand.”

Q.6 “Uhm im not sure if its okay to ask you pero pwede maask kung ano nga service gin inquire sang imo friend nga gin ano siya.”

N2.6 “Uhhh ano nag ano manlang siya actually cbc last few years ago.

Q.7 “Uhhh really? Uhhh kay daan may ara to friend daan, friend niya sa amo na nga clinic and then gin du gin ano bala du gin ang friend nga na gintalk sya about sa amo na nga trans sya and all and once pagbalo sang mga gawork dira nga trans sya ginrefuse nila, that is so sad to hear no.”

N2.7 “Amo gani”

Q.8 “Nga it do really exists gid man gali and mayo man sa imo nga ano sa imo side du nagchange imo perceptions no. Okay. Uhm lain lain gid man ang ano mo uhhh ang pagtreat sang tawo sa LGBT. So, amo na nga we have this study para mabalan gid namon if the discriminations like ahh sa gin example mo do really exist. So, that would be all Sir, thank you so much sa pag participate gid sa amon study. Very big help gid!

N2.8 “Thank you also”

“Angie”

Q.1 “So for the first question ma’am. Can you give a brief description of the healthcare services you have received?”

A3.1 “Okay, uhm so usually ang ah healthcare services nga gina ano ko is like sa family doctor amuna but ah usually wala man sila ga ask question like about your uhm sexual preference or ah yeah your sexual orientation if its not uhm significant sa imo nga sakit and all, but ang isa nga if actually discuss about this is so I had my therapy, I had my psyche consult sang I think last 2019-2020. Because I was diagnosed with uhm anxiety disorder so of course the psychiatrist will ask like about your history, about family dynamics ah your support system and all, so yeah amuna sya ang daw significant gid sa akon.”

Q.2 “Thank you ma’am. Next question, please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services.

A3.2 “Hmm okay, so for me man uhm daw wala man gid ko sang negative nga experience much and that one time nga uhm nadiscuss ang like about the partner mo amuna the doctors ah actually du kaaccepting man and uhm daw wala man ko discrimination nga like nafeel to feel discouraged man for accessing a healthcare services and that time for my situation abi ah my mother is like very supportive nga mag get na gid sang help yeah so amuna thats why du wala man ko nafeel nga discouraged.”

Q.3 “I have follow up question lang ma’am, gina ask bala sang healthcare provider ang imo gender preference?”

A3.3 “Hmm ... okay ah so like what I’ve said kagina like for example if I’m going to have a consult with a family doctor so usually ang symptoms lang man ang imo nga iexplain sa iya, I mean idisclose sa iya itell sa iya and uhm indi man sya mag ask like details like sexual preference because it won’t be significant man sa treatment. Uhm otherwise kung like atong sa experience ko nga like I have to disclose uhm I don’t feel man nga may difference ang like the treatment sang doctor and the course of treatment mismo. Uhm yeah I don’t feel any ano man nga like discriminate ikaw or like may indifference towards

sa imo kay amuna ang imo nga nadisclose. And I feel like du part naman na sang being healthcare provider bala we learn man to be inclusive like with our patients and uhm to avoid discrimination and uhm to treat them equally regardless man sang ila nga ano. We as a student nurses man we get to learn about that man uhm and I think we are just ah lucky in this generation nga ang aton nga doctors and other healthcare providers man they get to learn man the same thing nga gina learn naton, yeah.”

Q.4 “Okay ma’am, for the next question ma’am, how did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?”

A3.4 “Hmm okay so, so far kay since like one doctor palang man ang naencounter ko regarding this uhm I feel comfortable man kay as what I’ve said very ano man si doc like very inclusive she’s very careful actually with the words trying not to ano bala to be uhm, ano tawag na uhm avoiding nga mag ano ikaw nga mag, maging uncomfortable ikaw, yeah so amuna it was easy for me to open up kay I know she’s very open man yeah.”

Q.5 “Thank you, next is what did you envision when receiving healthcare services regardless of your gender preference?”

A3.5 “Of course uhm, this is as a ano na noh as a patient na noh? Of course you expect to receive the same uhm healthcare services regardless of the gender preference yeah.”

Q.6 “For the last question ma’am uhm 5. What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

A3.6 “Hmm, Uhm so ah right now we are still uhm siguro like ah the society abi has a long way pa towards accepting like LGBT especially in the Philippines so uhm I would suggest like or It would be nice to have like uhm healthcare providers that are more uhm knowledgeable and like aware like ah for example sa aton in nursing we have like Geron we have like uhm mga those specialty so it would be nice to what if ah learn naman about our LGBT since of course a big part of our patients are coming from this uhm group of people so it would be nice man to learn about them and uhm. Also amo lang na I think to treat everyone equally regardless of their preference regardless of their uhm gender their sexual orientation and all of that.”

Q.7 “As a student nurse naman ma’am, what are your suggestions or recommendations when caring our LGBT clients?”

A3.7 “Well uhm as a student nurse so just like my experience may ara ga disclose may ara wala naga disclose so uhm for me regardless of the SOGIE of the patient I would treat them equally however if there are patients nga uhm would disclose and like for example if may mga partner and all I would make them feel like welcome and not discriminate or like not question their choices. Because uhm well here in our setting may ara na gidman nga, I mean it’s not uhm I mean it’s actually common nga like may ara partners nga living together and all of that so indi sya uncommon sa hospital nga makita nga ang folks ya is like iya nga partner so siguro it would help nga like you know not to make them feel nga daw ka different sila like look at them twice the way we look ang mga straights or like the usual nga couples daw muna and also syempre to ano man to listen to them sang ila nga concern sa ila nga iexpress and uhm yeah to treat them amo gid na to treat them the way we treat man our other patients yeah.”

Q.8 “When it comes sa imo patients ma’am, naga ask ka bala sang ila gender preferences?”

A3.8 “Well uhm for me ah in my opinion uhm I think it depends uhm it really depends on the patient if how comfortable they are in disclosing and also if ako man ang patient if uhm if disclosing it won't be relevant man in the course of my treatment why would I diba?, but yeah so uhm I think it depends lang gid on the patient if they are comfortable enough daw amo sina and regardless it doesn't matter man because we will give the same quality of care that they deserve.”

“Brianne”

Q.1 “Thank you gid, Sir. We are gonna proceed sa ano, sa main questions. Can you give a brief description of the healthcare services you have received?”

B4.1 “Okay, as for the healthcare services i have received so far are mostly clinics like maxicare sa megaworld, I've also been to WVMC nga psychiatry department and OPD, I've also tested myself sa HIV aids sa FPOP third floor,near robinsons main those are the healthcare services i have received,so far this year.”

Q.2 “So sir can you please tell us about your experience and the factors that encouraged or discouraged you from accessing the healthcare services.”

B4.2 “Okay, first let's talk about sa maxicare, I guess one of our company nga benefits, we have to have ourselves checked sa medical professionals, So we have one sa maxicare so syempre libre siya, we have to take advantage of the healthcare premuim nga gina offer sang work ko. Secondly, ang sa WVMC ahh umm, as an lgbt noh given daan nga diba pandemic, we are slowly transitioning from lockdowns to new normal sa muni nga set up noh, it has called to me as an lgbt ang pandemic so that's why I have to seek help from them, of course one of the questions asked ang akon sexuality. So sa maxicare wala siya involvement,wala sila ga-ask syempre it's more like diagnostic nga services. As for the psychiatry, they would often ask your sexual orientation, So and lying go or bridge the gap as to why, we ar suffering from some sort of anxiety something like that and any other mental health issue. Thirdly, ang sa may robinson ang may FPOP, it's on HIV aid testing hub here in Iloilo City. So of course, very ano mana siya they would ask you for your sexuality in the regards of your ano ang connections sa sexuality mo sa sexual behaviors mo, so amo ina sia.”

Q.3 “Ok,Sir. How did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?”

B4.3 “So okay, Lets start again sa maxicare so, since wala man sila ano,diagnostic service man lang ila perform nila so wala man involve ang sexual orientation, so of course if wala involvement ang sexual orientation,so of course if wala involvement ang sexual orientation mo they tend to be plain, they tend to be asking question in general sense. As for the second and third centers, ang sa WVMC psychiatry and sa FPOP, of course sexuality na siya, so they would often ask you personal questions, very personal, ask the details of your sexual endeavors mga sexual shenanigans mo dira, so how often you do that in a week?, How, active you are when it comes to doing to do those stuff?, When was the last time that you had one?. Mga muna gina ask. So very personal gid sia, but of course ang goal dira is to be assessed clearly so that can know kung gaan ka prep or Prep is like bulong siya noh given to those sexually active individuals to prevent

HIV transmission, so amo na siya. So sa psychiatry, they tend to know kung may impact ang sexual behavior mo subing kumpera sang una nga indi ka active mga muna bala haw. So they would know kung nagbago ka. So basi isa na sia ka factor ngaa ga amo kana, ga suffer ka mga mental illnesses.”

Q.4 “Okay, sir. What did you envision when receiving healthcare services regardless of your gender preference?”

B4.4 “Okay services for my gender preference. I guess i like, actually i really like how our medical sectors do. I know we’ve been, i mean damo damo naman improvements so far sa healthcare na services and isa na da ang how they tend to deviate no or i mean wala na sila like those like in the 70’s nga discriminating. So far sbng daw ano na subong they’re very respectful when it comes to asking question they would always say. Sir basi ma ano ka, natural lang ni ya like they would say man Okay lang na siya, I’ve been handling a lot of patients man just like you. Nga may similar kamo nga situation, so indi ka maghuya sir natural lang na sa amon nga field. Gina assure ka nila. So back in the days guro sa 70’s guro the moment you walk inside ara gid ang discrimination, so sa subong medyo accepting na ang healthcare services when it comes to LGBT, given guro sa education that they went through, ang mga seminars nila, so of course mga teachings nila. May impact gid ya ang education sa pag improve sa healthcare services.”

Q.5 “So okay sir noh. Mayu man sir kay subong nga generation daw okay ang environment sa LGBT towards sa healthcare. So last question sir. What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

B4.5 “Okay as for that one actually medyo down ko for those people, especially those living in the far-flang areas. I know healthcare access has been a problem in the Philippines since then. Its not only for the LGBT but of course for heterosexual people. Of course layo layo aton mga treatment hubs. One of the primary issues that we encounter as member of the LGBT community, Is ang HIV prevention, so i know philippine is one of those country I guess daw 55% ang naka diagnosed per month sa HIV, ao medyo budlay siya for other people. Especially those who are leaving sa far-flang areas, like layo sa municipality sa hospitals they would be really hard for them to get themselves tested sa amona. Kag iba guro, isa sa na notice ko everytime ko mag-go sa test, iban nahuya, wala sila kabalo ano ubrahon, indi gd sila well informed, so i think fall na siya sa educational part kung paano siya ubrahon, so amo na siguro wala sila gapatest. For other services like sa WVMC good man, wala man biases, wala man kita prioritization. Same man ang treatment sang tanan regardless man sang sexual orientation. Sa maxicare same man ko.”

Q.6 “Yes Sir may ara ko follow up questions, Sir. Have you experienced wherein you felt like to praise or give compliments that institution because you were very satisfied by their services?”

B4.6 “Actually, amoni ang common gid sa filipino noh. When they receive nami nga services. Filipino are not fond of giving feedback, wala kita naga feedback amo ina na notice ko even sa LGBT wala sila ga feedback. Kung namian kita sang service, ah okay they are just doing their job, wala gid kita ga hatag feedback. Amo na ang na notice ko.

We tend to go back if i feel na nami ang services, gabalik ko didto,wala nako ga hatag feedback, gabalik lang ako kay nanamian ako.”

Q.7 “So okay,Sir. Bali sir amo man lang ina questions ko for today.”

B4.7 “Basi may additional kamo nga questions or you want to expound more. May i know ano goal diri.”

Q.8 “Ah okay sir. Ang goal sa amon research,sir ma determine namun mga perceptions sang mga LGBT if good bala or bad para ka give kami ano man nga like for example makahelp improve sa healthcare setting natun. Like Rekomondations gali, sir.”

B4.8 “Sa akon nga experience,Gabrielle.Base sa akon nga experience, first and for most education graduate ako, so I’m well aware of the services around me, healthcare services around me, Pero but for those people, i don’t speak on their behalf, but for those people man nga wala gid sila idea, maybe it would be condescending for them or nahuya sila mag palapit sa healthcarre services, given guro sa gamay lang ila nabal.an, So i think what i suggest, additional answer sa five, what i suggest guro probably there would be a.”

Q.9 “Health education,sir noh?”

B4.9 “Oh yeah ina, kilanlan gid reinforce nga amo ni siya. Nga kilalan sila tudloan mga amo sini kag indi sila makulbaan and libre lang. Kay abi sang iban mahal or may ginabayad kung maptrat kada or mapatest ka. Actually, unfortunately that’s really happening in the ground, kay iban wala kabalo nga libre lang, wala kablo ang iban pwede ka kuwa medication, as long as you have a philhealth.Maybe their should be GC *laugh* joke lang. May gna coordinate ang healthcare agencies.”

Q.10 “Like sa mga government ta, sir.”

B4.10 “Oo, pero kung wala gd maan coordination, bal-an taman aton government wala gid man sila coordination ang DepEd kag ang DOH, Thats the time for the medical professionals to step in. Just like giving webinars, That would something i would suggest or giving symposium to high school students who are the most vulnerable individuals and of course ang mga LGBT inyo target. Amo lang man ina so far ang akon nga insights.”

“Debbie”

Q.1 “Okay! So, we will now proceed for your main questions, Ma’am. So, can you give maam a brief description of the healthcare services you have received?”

D5.1 “I have received uhhh within the city lang of Iloilo, uhm diagnostic tests such as xrays, I had uhm blood chems, urinalysis, fecalysis, and uhm dental check ups or tooth extractions and cleaning uhm yea cos its part of the healthcare din naman. Thats all!”

Q.2 “Okay! So, please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services.”

D5.2 “Uhhh so far in what i have experienced, i did not have any situations where i have discouraged in availing healthcare services here in various institutions in Iloilo City but i think it depends on the hospital or locations or the persons themselves that provide the healthcare service. Thats all!”

Q.3 “Alright, Ma'am! Let's proceed to the next question, how did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered?”

D5.3 “For my encounters with various professionals that provided their services to me, uhm, their actions were the same among all of their patients which i really like uhm not being treated like I'm different or like im a special case uhm which i really like you know fairness to all of their patients and thats expected din naman towards them as professionals. Thats all!”

Q.4 “Alright! Its good to hear that you are somehow satisfied how they provided you with the healthcare na imo acquire. so, our next question, what did you envision when receiving healthcare services regardless of your gender preference?”

D5.4 “Uhm with today's generation, uhm looking at how far we've come, i envision them to treat everyone no matter the differences or diversities, especially in gender or sexuality, that they treat us with respect—with the same respect they do with people that are straight or that conform to gender norms and stuff like that as well as being empathetic towards our experiences as LGBT people. Thats all!”

Q.5 “Alright, Ma'am! Thank you so much and now for our last question, what suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

D5.5 “Uhm going back even if we've come really far now at present, there are still some people that treat others with uhhh discrimination or homophobia, there are some cases like that. And I would really appreciate it if some institutions would comply their healthcare workers to seminars or just lectures when it comes to how you handle or how you treat your patients regardless of their gender or their sexuality or like regardless of their differences to just treat them with respect and empathy because this is what expected of them as professionals. Thats all. Thank you!”

TRANSGENDER

“Aaron”

Q.1 “Good afternoon I am a researcher of group 2 from BSN 4C year 2023-2024 student of Central Philippine University. I am Sweetty Ferl Gly De Los, Santos and we are currently conducting a study entitled A Case Study: Perceptions of LGBT towards healthcare services in Iloilo City. Our Research study is finding ways to find out information that might be similar conditions to you, that might help determine the different perceptions of LGBT in regards to the quality of healthcare accessed in Iloilo City.

You can freely talk and express your thoughts as much as you can in any of your preferred languages ma am. And this interview will be recorded. So can you give us sir a brief description about yourself.”

A1.1 “Hi ma'am. I am Aaron from Lapaz, Iloilo City. I am a college student right now, taking a bachelor of science in hospitality and management.”

Q.2: “Okay, ma'am for first question, Can you give a brief description of the healthcare services you have received?”

A1.2 "I consider myself as a transwoman, but I never undergone transition. Wala ko ga take any hormones pero I dressed like a real woman. Healthcare services nga na experienced ko is HIV test and free condoms."

Q.3 "Okay, next question ma'am, Please tell me about your experience and the factors that encouraged or discouraged you from accessing the healthcare services?"

A1.3 "During the HIV test namun may upod kami nga nagpositive ang iban nga healthcare personnel ginchissmiss nila ang upod namun na nagpositive so na discourage gid ako kay what if nag positive man ako kag ichissmiss man ko nila."

Q.3: "So, Ma'am how did you feel about the word choices, behaviors, or attitude of the healthcare providers you have encountered?"

A1.3 "I felt bad kay may ara man nga mga nice nga personnel pero most of them are indi manami tungod sa pag address nila sa LGBT members nga gina tawag nila sa indi manami nga words like mga ging or something ga indi appropriate bla sa amon."

Q.4 "Okay, ma'am. Next question, What did you envision when receiving healthcare services regardless of your gender preference?"

A1.4 "uhm, dapat may access sila for all kag wala sila priorities kag di sila bias."

Q.5: "Okay, for the last question ma'am, What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?"

A1.5 "Uhhh, dapat ma improve ang healthcare services diri sa Philippines, especially diri sa province kay damo remote areas and that's all, thank you."

"Anthony"

Q.1: "Okay ma start na po kita. So good afternoon ma'am."

A2.1 "Good Afternoon."

Q.2 "So ma'am you can freely talk and express your thoughts as much as you can in any of your preferred languages sir. And this interview will be recorded. So can you give us sir a brief description about yourself."

T2.2: "Ok, so hello everyone, my name is Anthony and I'm actually originally from the province from Iloilo province. But currently I'm staying at Baluarte Molo, Iloilo. So my work as a makeup artist and a freelance event host same time on events."

Q.3 "So Okay ma'am can you give us a brief description of the healthcare services you have received? So anything lang po na healthcare services na imo na access."

A2.3 "Ok, So basically you know that I'm a pre op transgender woman right So i started transitioning since when i was in highschool and the risk of taking hormone pills is really happening during that time, since I'm only taking pills without the consent from healthcare professionals. So self treatment lang gid siya. And then as I started working with family planning organization of the philippines Iloilo Chapter or FPOP we have this so-called trans Nene and trans toto program. So during that time or during this time, because i'm still working with FPOP, we have this acces with transitioning program. So we have our endocrinologist and nurses and professional doctors, na ga guid sa amon when it comes to taking hormones."

Q.4: "So Please tell us about your experience and the factors that encouraged or discouraged you from accessing the healthcare services. So it can either be positive or negative."

A2.4 "Ok. So first, On the positive side must naka recognize kami dayon gaka differentiate kami dayon ang transgender women from gays because of the exposure namun sa healthcare. So Sang una kung magbakal ka bala pills sa botika bala, ng naka discouraged ka mag bakal it's because nga they think that you are gay or ang misconception sang tao bala about your gender, gender identity. So subong mas ok na gawa na ang healthcare access saamon it's because once mabakal kami sang amon

bulong, sa mga botika or pharmacies gaka recognize na kami as who we are. On the latter part naman, on the other side naman sa negative side, damo gyapon tao, syempre indi madula ang discrimination. So gina question nila ang amon nga validity maga access kami sang healthcare since you know that hormonal contraceptives are only meant for women so kung kisa gina question kami ngaa why are we using it.”

Q.5 ”So ma’am How did you feel about the word choices, behaviors, or attitudes of the healthcare providers you have encountered? “

A2.5 “OK, So there is one experience during that time i was working with PPO sang nagkuwa kami medical. So its actually, it’s it’s very positive and it’s very nami man sa side ko man because i was able to talk wit the endocrinologist from, i forgot what hospital to siya from medicus, i think because during that time may naga check up daw general check up lang bala and then na notice sang isa ka doctor na i have, having a progress sa may breast ko na nagadako ang akon dughan. So gin ano ya ako gin refer ya ako sa isa ka endo, and when it comes to the choices of words na gina gamit nila they are very considerate about our gender. Its because they’re not using him or any words na against sa amon nga gender, gender identity, so kanami lang. But may mga tao gd kung kisa indi ta man malikawan mga discriminatory sa ila nga actions they’re still using he or him, though it’s okay but on our side, you know we are living and acting and dressing up like women. So we wanted to be recognize as one.“

Q.6 “So ma’am. What did you envision when receiving healthcare services regardless of your gender preference?”

A2.6 “I believe that everyone has the right to healthcare access, most especially damo na nga daan sang mga members LGBTQIA+ spectrum sa province. Usually sa mga province or remote areas pati sa mga sa city nga LGBTQ+ members may have healthcare access and they have the freedom. However diri ya sa province may ara gid mga tao naga deprive sa healthcare access. So mas okay gid, I really wanted to envision tani ang sa community bala nga open ang tanan, most especially sa mga rural health unit, as well as sa aton mga healthcare professionals to have a consultation nga for free.and sa mga kabataan dayun, because ka damo sang members na daan nga LGBTQ+ members nga mga bata nga teenagers nga gaka mislead when taking hormones most especially sa amon nga mga trans because there is one situation nakibot ako nag sugid saakon ang pharmacist because kakilalahay kami nga may ara kuno bata or teenager nag bakal sa ila sang bulong and wala sa kabalo ano baklon niya sang amo to nga time gin question niya ang bata ang hormonal pill nga baklon niya is breastfeeding gapabulig gatas sa nanay so amo to iya gin bakal instead of plain nga hormonal contraceptives thats it. So dapat kilalan dapat sang guidance from healthcare professional ang members sang LGBTQ+.”

Q.7 “So next,ma’am, What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?”

A2.7 “So far sa diri sa city may ara na kami na healthcare manager na kami sa office. So ang suggestion lang nakon siguro when it comes to healthcare access would be it should be for everyone. Indi lang siya puwede sa may kwarta lang. So as much as possible, ang mga gusto mag transition who have limited resources and connection dapat ma buligan man in such way maka umpisa man sila. From their small beginnings, baby steps kung baga, little by little we are helping not just transgender but as well as the LGBTQIA+ community. “

Q.8 ”Yes Ma’am. So I think Ma’am, we’re done sa aton interview and i would to express ma’am on my behalf sa amon nga group 2 researchers from BSN 4C would like to express our gratitude to you, maam, for participating sa amon nga research and big help gid imo participation and imo perceptions and experiences sa LGBT member when

accessing sang healthcare sa diri sa Iloilo. So thank you gid, Ma'am. Merry Christmas and advance happy new year."

A2.8 "No problem. You're Welcome"

"Jonathan"

Q.1 "First off ma'am, maask lang kami kung ano imo nga name?"

J3.1 "Jonathan, ma'am."

Q.2 "Okay. ma'am Jonathan. Ano nga pronouns ang gusto mo address namun sa imo?"

J3.2: "Jonathan, okay na."

Q.3 Okay ma'am Ano nga part sang LGBT ka na belong?

J3.3 "Transgender"

Q.4 "Okay ma'am. Can you tell us a brief description about sa imo nga self?"

J3.4 "I am Dhalia. I was 21 years old when i was transitioned. Since i was a child i already knew i would be part of the LGBT community. I started taking pills and injectables at 21 and up until know i am still taking it. It is necessary for us to maintain our female hormones in our body."

Q.5 "So ma'am How old are you?"

J3.5 "I am 24 years old now, so its been 4 years."

Q.6 "Okay ma'am, so ask ako ma'am what is your job?"

J3.6 "I am a beautician"

Q.7 "So okay , ma'am ma proceed na kita sa aton main questions. So ma'am What are the healthcare services na encounter mo or na experience mo diri sa Iloilo City."

J3.7 "Kaagi ko pa check up para sa gina take ko nga pills."

Q.8 "Puwede mo ma describe experience and the factors that encouraged or discouraged you from accessing the healthcare services. For example, sir. Ano bala ang reason nga nagkadto ka sa hospital ngaa nagpacheck up ka?"

J3.8 "Resean nga nagpacheck up ko kay daw naglala na ang na nabatyag ko while taking the pills. Ga sakit na tiyan ko. Nag take ako pill hormone kag detox after sina nag palanakit na dayun tiyan ko nga hindi na ako ka agwanta. So nagcheck up na gid ko."

Q.9 "So ma'am maask ko ma'am if ang pills nga ina is gin prescribed sang doctor?"

J3.9 "Bali ang pills nga ina no need na gina prescribe sang doctor. Sa amon na ina nga kagustohan if gusto namun mag take pills para magtransition."

Q.10 "Okay ma'am, for the next question. Ano ang mga ways or behaviours sang mga healthcare workers sa pagtrato nila sa inyo ?"

J3.10 "Okay gd ila pag atipan saakon. Nami gid sila magtreat sila nga patient. Ga suggest gd sila kung ano maayo kag indi maayo para saakon."

Q.11 "Sang time nga didto ma'am bal.an na nila nga part ka sang LGBT?"

J3.11 "Huo. kay sang time nga didto bal.an na nila sang gin physical assessment nako nila. During that time bal.an na nila ano nabatyag ko gid after ko explain kung ano na experience ko. Nami sila kay ga suggest gd sila kung ano nami kag indi nami.himuon. "

Q.12 "ano gusto mo ma envision sa pagbaton sang healthcare services regardless sa imo gender preferences?"

J3.12 "So far wala man ko experiences nga discrimination. Gabaton man dan sila bisan ano nga patient, ano man ang gender nila, part sang LGBT, and mapa disabled man , gina accept man nila ka kung ano ka as long as accept ka nila as a patient or as a customer dapat ih accept gd nila."

Q.13 "Okay so question lang ma'am. Amo gid na imo expectation sa ila during the time pagpacheck up mo? Or may gina expect ka pa nga lain like for example ma'am kung magsulod ka didto basi ih discriminate ka? Or ga expect ka nga equal ang treatment?"

J3.13 "Actually wala gd na nagsulod sa mind ko nga ih discriminate ko nila because we are talking about health. So health ang ginausapan bahala nada kung ano ang gender and important is mabulong ikaw."

Q.14 "Okay maam for the last question. What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care? "

J3.14 "May ara iban nga nd ta malikawan ang discrimination kag criticism, So masuggest ko lang kung may ara bala nga clinic for LGBT. Para likawan ang discrimination. Kay indi gd na abi malikawan nga may ara gd ina establishment nga may mga staff nga gapang discriminate."

"David"

Q.1 "So ma'am Before kami magstart. Maask lang kami sang small description about yourself, ma'am?"

D4.1 "Ako si David hermosa. Currently living at brgy. Tansa baybay Iloilo City Proper. Actually I am studying before at John B lacson but i had to stop because of financial problems. So right now I am working her at the salon to have money."

Q.2 "So maam what is your age?"

D4.2 "I am 27 years old."

Q.5 "Ano po work mo maam?"

D4.5 "I am a Junior hairstylist."

Q.6 "So okay maam ma proceed na kita sa main question. For the first question, Ma'am. Ano po ang healthcare services nga na experienced mo, ma'am. Diri sa iloilo city."

D4.6 "Nakaagi nako ako pa check para sa HIV test."

Q.7 "Okay maam diin ikaw nag pa test?"

D4.7 "Didito lang sa tubang sa barangay namun may clinic sa may esperanza. Didto ako nag pacheck. Free lang siya. Before sila mag patest saamon gina assess kami nila danay. Gapamankot sila anay kung ano natabo saakon before ko nag patest."

Q.8 "Maask ako maam if sina nagaccomodate sinyo during pagpatest ninyo, mga nurses sila maam?"

D4.8 "Hindi lang ako ka sigurado nga nurses sila kay ara sila daan sa healthcenter ga ubra."

Q.9 "Puwede mo ma describe experience and the factors that encouraged or discouraged you from accessing the healthcare services." For example, sir. Ano bala ang reason nga nagkadto ka sa hospital ngaa nagpacheck up ka?

D4.9 "Gin encourage ako sang mga friends ko mag pacheck up kay para man sa health ko. Para mabalan ko man ano mga kulang or need para sa lawas ko. Actually wala man nag sulod sa paminsar ko mag patest since kaynakulbaan ko kag first time magpatest. Syempre wala man problema saakon pag pa s*x sa boyfriend nakulbaan lang ako kay basi magpositive. Asta sa una ko nga experience until now negative man akon results ah."

Q.10 "Next question, ma'am ano na batyagan mo sang ways or behaviors, or attitudes of the healthcare providers sa pagtrato nila sa inyo ?"

D4.10 "Wala man ko naka experience nga gin discriminate. Mau man sila mag explain simo ngaa mo ni ang need para saakon. That's why wala gd ko naka kulba kay bal.an ko nga safe man ang ginahatag nila sakon."

Q.11 "So what are your envision when receiving healthcare services regardless of your gender preference?"

D4.11 "Ang gusto ko lang tani makahatag sila importance para sa LGBT toward sa HIV awarness nila. Syempre nd malikawan ang kulba ang results nila. Maimprove ila HIV awareness para sa mga LGBT Community para ma likawan man ang sakit."

Q.12 "Okay maam for the last question. What suggestions do you have for changes or improvements you would like to see in the healthcare setting in terms of LGBT care?"

D4.12 "Daw wala naman ako sugesstion kay nami gid mga healthcare provider magaccomodate sa akon."

Q.13 "Maask lang ko maam questions. Diba maam ga take ka sang mga pills, gina prescribe na sia sang mga doctor?"

D4.13 "Wala ma'am. Akon choice ma'am magtake kagi kami sang friends ko. Pero may mga side effects ko nga gina batyag which is nagableeding man ako. Sa subong male blocker akon gina take."

Q.14 "So far, maam wala kaman complication sang pagpacheck up mo?"

D4.14 "Wala man na tolerate ko man na batyag ko. Although nd man sia recommended samon pero gatake lng kami for hormones."

"Alden"

Q1 "So ka agi ka maam ano maam access sang healthcare service diri sa Iloilo city ma'am like vaccination uhm consult, uhm laboratories, uhm check up diri sa Iloilo. Mga ano nga services ang naaquire mo?"

A5.1 "Uhm sa iya ka DOH diri sa may UP"

Q2 "Ano nga service?"

A5.2 "Ang ano gani ah, nalipat ko daan. Ahh basta diri gid sa may."

Q3 "Du nag ano ka maam nag pa check up ka maam."

A5.3 "Huo"

Q4 "So pwede ka maam ka ano kahatag brief description sa amuna nga service, like kung ano lang gin ubra mo."

A5.4 "Uhm like ga ano lang sila like mga."

Q5 "Nag ask question."

A5.5 "Mga ang ano na mga status namon sa, ah ano dayon ga ask sila kung kaagi kami sa kaagi kami kung san o last namon nga sex daw amuna dayon kung ano bala ang bala ang gender gid namon."

Q6 "bali du ano sya nga service maduduman mo lang?, Reproductive health , HIV"

A5.6 "Huo"

Q7 "Du consultation sya guro."

A5.7 "so ano imo maam nga pag batyag sa ila nga pag trato ah behavior nila sa imo attitude, treatment sa mga healthcare sa imo. Ano gid eh super, ano gid sila accomodating."

Q8 "So para sa imo maam ano ang rason nga du accomodating sila sa inyo nga daw nami ang pag ah serbisyo nila sa inyo."

A5.8 "Number 1 daw ano gid sila mag trato bala daw anu ni gani tawag ah, daw migahay lang kamo bala nga daw ano."

Q9 "Approachable man sila sa imo?"

A5.9 "Huo"

Q10 "Uhm ano gusto mo maam matabo sa healthcare service naton towards sa inyo, in terms sa inyo."

Q11 "Focus sa inyo, anong gusto mo messages, maadvice."

A5.10 "Actually wala paman ko idea, pero chakto ah ano man ila nga."

Q12 "Regarding bala sa treatment maam uhm ano bala fair bala ang treatment."

A5.11 "Ang ano naman ang okay man ah ano man nila kay ah biskan sa lalaki man o sa babaye very equal man sila di lang sa like sa mga gays or ano pero tanan tanan man."

Q13 "Gina cater man nila"

A5.12 "Huo"

Q14 "Thank you gid maam."

APPENDIX E
CERTIFICATE OF VALIDATION OF INTERVIEW GUIDE



Central Philippine University
College of Nursing
Jaro, Iloilo city

CERTIFICATION OF RESEARCH INSTRUMENT VALIDATION
(QUALITATIVE RESEARCH)

This is to certify that the study entitled: **Case Study: Perceptions of LGBT towards the Healthcare Services in Iloilo City**, has undergone instrument validation. Necessary changes have been checked and approved.

This certification is issued upon the request of the authors: **De Los Santos, Sweetty Ferl Gly L., Del Norte, Gabrielle Kate E., Del Rosario, Raphael Ian A., Dela Cruz, Eirine Mae F., Dela Gente, Dhanna Eunice D. dela Peña, Kenmarie C., Delgado, Felicetie G.** As an expert of this subject, I have reviewed the instruments and its contents as to its appropriateness and accuracy based on the problem statement, purpose of the study, philosophical underpinnings, and definition of terms.

Issued this 08 day of June, 2023 to the above mentioned student researchers in compliance with their requirements in their research subject.

Adrian
ADRIAN D. DUSARAN

Respectfully,

Melba C. Salzman
MELBA C. SALZMAN
OFFICER-IN-CHARGE
OFFICE OF THE DEAN
COLLEGE OF NURSING
Validator

(Printed Name and Signature)
Adrian

Weni Marie V. Briza, MAN
Weni Marie V. Briza, MAN
Validator's (Interview Guide)

APPENDIX F
RESEARCH ETHICS COMMITTEE ETHICAL CLEARANCE



RESEARCH ETHICS REVIEW BOARD
 CENTRAL PHILIPPINE UNIVERSITY
 Lopez Jaena St., Jaro, Iloilo City, Philippines
 329-1971 to 79 local 3336



ETHICAL CLEARANCE

RERB Form No.22-2
 Version No.: 04
 Date of Effectivity: 17 May 2023

Date of Approval: October 24, 2023

RERB Code: 2023-207-UG-DELA GENTE

**Protocol Title: "A CASE STUDY: PERCEPTIONS OF LGBT TOWARDS
 HEALTHCARE SERVICES IN ILOILO CITY"**

Version No. 03

Researcher/s: **SWEETTY FERL GLY L. DE LOS SANTOS**
GABRIELLE KATE E. DEL NORTE
RAPHAEL IAN A. DEL ROSARIO
EIRINE MAE F. DELA CRUZ
DHANNA EUNICE D. DELA GENTE
KENMARIE C. DELA PEÑA
FELICETIE G. DELGADO


Upon resubmission of the following documents, Research Proposal Chapters 1, 2, and 3 with references and Informed Consent Form, the above protocol is hereby **APPROVED** by the CPU-RERB. This ethical clearance is valid from **October 24, 2023** to **October 24, 2024**.

The researcher/s are hereby required to submit the following:

- ✓ Progress Report on or before **November 24, 2023** to researchethics@cpu.edu.ph
- ✓ Final Report Form and one (1) copy of the completed protocol **within one (1) month** after completion of the study.

For any amendment or alteration in the protocol that will change the nature, or the level of risk involved after approval, the Research Ethics Review Board must be notified through writing and accomplishing the following forms as needed: Protocol Deviation Form, Serious Adverse Events, Amendment Form, and/or Early Termination Report.

Very truly yours,


JOY G. RASO, PhD.
 Chair, CPU-RERB

Date: *10/24/23*

APPENDIX G
CERTIFICATE OF PLAGIARISM SAN



REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER

Central Philippine University

Jaro, Iloilo City

Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.ph

Website: rcecc.cpu.edu.ph



April 2, 2024

CERTIFICATION

This is to certify that the paper entitled “A CASE STUDY: PERCEPTIONS OF LGBT TOWARDS HEALTHCARE SERVICES IN ILOILO CITY” by **Sweetty Ferl Gly L. De Los Santos, Gabrielle Kate E. Del Norte, Raphael Ian A. Del Rosario, Eirine Mae F. Dela Cruz, Dhanna Eunice D. Dela Gente, Kenmarie C. dela Peña, and Felicetie G. Delgado** has undergone Turnitin Similarity Checking with a passing percentage of 10% and has passed the requirements (Chapter 1-5).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff-in-charge

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

APPENDIX H
CERTIFICATE OF GRAMMATICAL CHECK



COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of Languages, Mass Communication, and Humanities

CERTIFICATION

This is to certify that the research entitled **PERCEPTIONS OF LGBT TOWARDS HEALTHCARE SERVICES IN ILOILO CITY: A CASE STUDY** by *Sweetty Ferl Gly L. De Los Santos, Gabrielle Kate E. Del Norte, Raphael Ian A. Del Rosario, Eirine Mae F. Dela Cruz, Dhanna Eunice D. Dela Gente, Kenmarie C. dela Peña, and Felicetie G. Delgado* was checked and verified for grammar and other mechanics of writing.

Issued this 31st of May, 2024.

RHYS DE LA BANDA CAMACHO, MA English (major in TESOL)
DLMCH Faculty
This University



RESEARCH ETHICS REVIEW BOARD

CENTRAL PHILIPPINE UNIVERSITY
Lopez Jaena St., Jaro, Iloilo City, Philippines
329-1971 to 79 local 3336



FINAL REPORT FORM

RERB Form No. 13-1

Version No. 01

Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required upon completion of the study. Obtain an electronic copy of this form and supply

all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

GENERAL INFORMATION

RERB Protocol Number	2023-207-UG-DELA GENTE	Date (DD/MM/YYYY)	
Protocol Title	PERCEPTIONS OF LGBT TOWARDS HEALTHCARE SERVICES IN ILOILO CITY: A CASE STUDY		
Principal Investigator/s	DE LOS SANTOS, Sweetty Ferl Gly L. DEL NORTE, Gabrielle Kate E. DEL ROSARIO, Raphael Ian A. DELA CRUZ, Eirine Mae F. DELA GENTE, Dhanna Eunice D. DELA PEÑA, Kenmarie C. DELGADO, Felicetie G.		
Department/College	College of Nursing		
Contact No.	+63 939 761 5479	*Email Address	researchgroup2bsn3c@gmail.com dhannaunice.delagente-20@cpu.edu.ph
Co-investigator/s (if any)			
Contact No.		Email Address	
Institution of Researcher/s	Central Philippine University		
Address of Institution	Lopez Jaena St., Brgy. San Isidro, Jaro, Iloilo City, Philippines		
Effective period of Ethical Clearance	From: <u>October 24, 2023</u> To: <u>October 24, 2024</u>		

(*for RERB) Primary Reviewer/s	
Type of Study	<input type="checkbox"/> Clinical <input type="checkbox"/> Epidemiology <input type="checkbox"/> Observational study
	<input type="checkbox"/> Document Review <input type="checkbox"/> Individual based <input type="checkbox"/> Genetic
	<input checked="" type="checkbox"/> Social Survey <input type="checkbox"/> Others, specify _____
Review Status	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited

FINAL REPORT

1. Start/end of the Study: April 2023 to May 2024
2. Number of enrolled participants: 20
3. Number of required participants: 20
4. Number of participants who withdraw: 0
5. Deviations from the approved protocol: NONE
6. Issues/problems encountered: NONE
7. Summary of findings: <p>The participants of this study were purposely selected from the LGBT community, with 5 representatives from each of the classified representations, namely: lesbian, gay, bisexual, and transgender. In this case study, the researchers provided 4 inclusion criteria and 3 exclusion criteria to base the selection of the participants pertinent to the study. The inclusion criteria states that the lesbian, gay, bisexual, and transgender participants should be part of the LGBT Community in Iloilo City. Secondly, the participants are also emerging adults ages 18-29 (Arnett, 2019), who identify with non-binary sexual and gender identities, and experience invisibility and non-representation of their sexual and gender identities. Moreover, participants had undergone healthcare services. Lastly, the participants were able to give informed consent, denoting that the participants are in the age of legality and were able to comprehend the benefits, alternatives, and risks of the study. Through the case study, the LGBT participants expressed their perceptions towards healthcare services accessed in Iloilo City. All respondents of the case study accepted the interview conducted via face-to-face on the agreed schedule of the researchers and the participants. Prior to the conduct of the study, the Research Ethics</p>

Committee ensured the ethical consideration of the study through a thorough review. Furthermore, letter of intent was sent to the department of nursing and a request of possible participants was also given to the LGBT organizations found in Iloilo City. Upon consolidating all possible respondents, researchers then began to contact individually, fixed meet up schedules, and sent the informed consents. The study was conducted in an in-depth semi-structured interview and underwent transcription of audio recordings and began the data analysis. Subsequently, following the translation, the transcripts were clustered and identified 5 relevant topics, patterns, and themes utilizing the Stake's Method. These were then further condensed and categorized into two major assumptions, employing meticulous reading and inductive analysis techniques. The researchers engaged in constructing meanings and interpretations of the perceptions of the LGBT towards their accessed healthcare services in Iloilo City. Moreover, these constructed meanings and interpretations underwent rigorous examination until the researchers arrived at an organized interpretation that effectively explained the observed events.

8. Conclusions/Recommendations:

The study reveals that according to the findings above, the experiences of the LGBT individuals in Iloilo City reveal a mix of positive and negative encounters when accessing healthcare services. While many participants reported feeling respected, accommodated, and treated equally by healthcare providers, some also encountered instances of discrimination, inappropriate language, and a lack of sensitivity towards their gender identity or sexual orientation. On a positive note, the findings align with literature emphasizing the importance of inclusive and non-discriminatory healthcare services for LGBT individuals (Mule et al., 2020; Chen et al., 2021). Participants' experiences of respectful treatment, equal accommodation, and recognition of their gender identity resonate with the recommendations for creating safe and welcoming healthcare environments (National LGBT Education Center, 2022).

The researchers suggest that, in view of the study's findings, the LGBT community should be made more aware of the significance of addressing out in favor of inclusive healthcare services and working with medical professionals in Iloilo City and elsewhere to educate them about the specific health needs of the LGBT community. It is recommended that the nursing curriculum at the College of Nursing Faculty include courses related to LGBT health inequalities, cultural competency, and inclusive care. Through workshops, seminars, and guest speakers with expertise in LGBT healthcare, faculty members should be provided with training and materials regarding LGBT health issues, cultural competence, and inclusive teaching approaches. During their clinical rotations, nursing students

need to be exposed to a range of patient lifestyles, including LGBT people, as part of their clinical training. They should also be motivated to treat patients with dignity and affirmation. It is recommended that student nurses inquire about their clients' chosen names and pronouns, using them consistently, and show respect for their gender identity and expressions. In addition to providing an accepting and secure environment for their LGBT patients, they should also approach them with an open and nonjudgmental attitude, refrain from making assumptions or forcing their personal values on medical decisions, and respect their autonomy and right to self-determination. Healthcare practitioners ought to take LGBT health concerns courses, speak inclusively, and protect the confidentiality and privacy of their LGBT patients. Knowing what makes LGBT people more likely or less likely to seek healthcare services will assist identify and solve potential discrimination and impediments, which will create the way for the creation of programs that address LGBT issues in healthcare settings. For present and future researchers, this study can serve as a foundation for further research on LGBT healthcare topics, expanding to include local or global health perspectives where stigma and discrimination pose significant challenges to promoting health equity.

9. Actions for dissemination of study results: With the aim to maximize the impact and contribute to a broader understanding of LGBT Healthcare Services in Iloilo, knowledge, and preventive measures, the study's findings were disseminated to both the public and private sectors, including the Government of Iloilo City, LGBT groups, local communities, and academic and research communities through publications, seminars, conferences, online journals, media platforms, and research paper portals.

Researcher/s:



SWEETTY FERL GLY L. DE LOS SANTOS

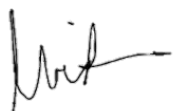
Signature Over Printed Name

Date: May 31, 2024

GABRIELLE KATE E. DEL NORTE

Signature Over Printed Name

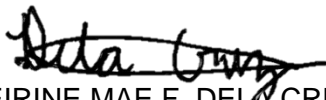
Date: : May 31, 2024



RAPHAEL IAN A. DEL ROSARIO

Signature Over Printed Name

Date: : May 31, 2024



EIRINE MAE F. DELA CRUZ

Signature Over Printed Name

Date: : May 31, 2024.



DHANNA EUNICE D. DELA GENTE

Signature Over Printed Name

Date: May 31, 2024



KENMARIE C. DELA PEÑA

Signature Over Printed Name

Date: May 31, 2024



FELICETIE G. DELGADO

Signature Over Printed Name



Date: May 31, 2024

Adviser:

MELBA C. SALE

Signature Over Printed Name

Date: June 6, 2024

 RESEARCH ETHICS REVIEW BOARD CENTRAL PHILIPPINE UNIVERSITY Lopez Jaena St., Jaro, Iloilo City, Philippines 329-1971 to 79 local 3336	
FINAL REPORT FORM	RERB Form No. 13-1 Version No. 01 Date of Effectivity: 17 May 2023

INSTRUCTIONS TO THE RESEARCHER/s:

This form is required upon completion of the study. Obtain an electronic copy of this form and supply all information required in the space provided. This form shall be signed by the researcher and adviser before submission to researchethics@cpu.edu.ph

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RERB Protocol Number	2023-207-UG-DELA GENTE	Date (DD/MM/YYYY)	
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Principal Investigator/s	DE LOS SANTOS, Sweetty Ferl Gly L. DEL NORTE, Gabrielle Kate E. DEL ROSARIO, Raphael Ian A. DELA CRUZ, Eirine Mae F. DELA GENTE, Dhanna Eunice D. DELA PEÑA, Kenmarie C. DELGADO, Felicetie G.		
Department/College	College of Nursing		
Contact No.	+63 939 761 5479	*Email Address	researchgroup2bsn3c@gmail.com dhannaunice.delagente-20@cpu.edu.ph
Co-investigator/s (if any)			
Contact No.		Email Address	
Institution of Researcher/s	Central Philippine University		
Address of Institution	Lopez Jaena St., Brgy. San Isidro, Jaro, Iloilo City, Philippines		
Effective period of Ethical Clearance	From: <u>October 24, 2023</u> To: <u>October 24, 2024</u>		
(*for RERB) Primary Reviewer/s			
Type of Study	<input type="checkbox"/> Clinical <input type="checkbox"/> Epidemiology <input type="checkbox"/> Observational study <input type="checkbox"/> Document Review <input type="checkbox"/> Individual based <input type="checkbox"/> Genetic <input type="checkbox"/> Social Survey <input type="checkbox"/> Others, specify _____		
Review Status	<input type="checkbox"/> Full Board <input type="checkbox"/> Expedited		

2. Number of enrolled participants: 20
3. Number of required participants: 20
4. Number of participants who withdraw: 0
5. Deviations from the approved protocol: NONE
6. Issues/problems encountered: NONE
<p data-bbox="431 659 711 690">7. Summary of findings:</p> <p data-bbox="472 695 1464 1703">The participants of this study were purposely selected from the LGBT community, with 5 representatives from each of the classified representations, namely: lesbian, gay, bisexual, and transgender. In this case study, the researchers provided 4 inclusion criteria and 3 exclusion criteria to base the selection of the participants pertinent to the study. The inclusion criteria states that the lesbian, gay, bisexual, and transgender participants should be part of the LGBT Community in Iloilo City. Secondly, the participants are also emerging adults ages 18-29 (Arnett, 2019), who identify with non-binary sexual and gender identities, and experience invisibility and non-representation of their sexual and gender identities. Moreover, participants had undergone healthcare services. Lastly, the participants were able to give informed consent, denoting that the participants are in the age of legality and were able to comprehend the benefits, alternatives, and risks of the study. Through the case study, the LGBT participants expressed their perceptions towards healthcare services accessed in Iloilo City. All respondents of the case study accepted the interview conducted via face-to-face on the agreed schedule of the researchers and the participants. Prior to the conduct of the study, the Research Ethics Committee ensured the ethical consideration of the study through a thorough review. Furthermore, letter of intent was sent to the department of nursing and a request of possible participants was also given to the LGBT organizations found in Iloilo City. Upon consolidating all possible respondents, researchers then began to contact individually, fixed meet up schedules, and sent the informed consents. The study was conducted in an in-depth semi-structured interview and underwent transcription of audio recordings and began the data analysis. Subsequently, following the translation, the transcripts were clustered and identified 5 relevant topics, patterns, and themes utilizing the Stake's Method. These were then further condensed and categorized into two major assumptions, employing meticulous reading and inductive analysis techniques. The researchers engaged in constructing meanings and interpretations of the perceptions of the LGBT towards their accessed healthcare services in Iloilo City. Moreover, these constructed meanings and interpretations underwent rigorous examination until the researchers arrived at an organized interpretation that effectively explained the observed events.</p>
<p data-bbox="431 1736 829 1768">8. Conclusions/Recommendations:</p> <p data-bbox="472 1772 1446 2087">The study reveals that according to the findings above, the experiences of the LGBT individuals in Iloilo City reveal a mix of positive and negative encounters when accessing healthcare services. While many participants reported feeling respected, accommodated, and treated equally by healthcare providers, some also encountered instances of discrimination, inappropriate language, and a lack of sensitivity towards their gender identity or sexual orientation. On a positive note, the findings align with literature emphasizing the importance of inclusive and non-discriminatory healthcare services for LGBT individuals (Mule et al., 2020; Chen et al., 2021). Participants' experiences of respectful treatment, equal accommodation, and recognition of their gender identity</p>

nursing curriculum at the College of Nursing Faculty include courses related to LGBT health inequalities, cultural competency, and inclusive care. Through workshops, seminars, and guest speakers with expertise in LGBT healthcare, faculty members should be provided with training and materials regarding LGBT health issues, cultural competence, and inclusive teaching approaches. During their clinical rotations, nursing students need to be exposed to a range of patient lifestyles, including LGBT people, as part of their clinical training. They should also be motivated to treat patients with dignity and affirmation. It is recommended that student nurses inquire about their clients' chosen names and pronouns, using them consistently, and show respect for their gender identity and expressions. In addition to providing an accepting and secure environment for their LGBT patients, they should also approach them with an open and nonjudgmental attitude, refrain from making assumptions or forcing their personal values on medical decisions, and respect their autonomy and right to self-determination. Healthcare practitioners ought to take LGBT health concerns courses, speak inclusively, and protect the confidentiality and privacy of their LGBT patients. Knowing what makes LGBT people more likely or less likely to seek healthcare services will assist identify and solve potential discrimination and impediments, which will create the way for the creation of programs that address LGBT issues in healthcare settings. For present and future researchers, this study can serve as a foundation for further research on LGBT healthcare topics, expanding to include local or global health perspectives where stigma and discrimination pose significant challenges to promoting health equity.

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Researcher/s:

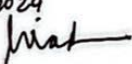

 Sweetly ~~Marie~~ L. Delos Santos
 Signature Over Printed Name

Date: May 31, 2024

 Gabrielle Kate E. Del Norte
 Signature Over Printed Name

Date: May 31, 2024

 Eirine Mae Dela Cruz
 Signature Over Printed Name

Date: May 31, 2024

 RAPHAEL IAN A. DEL ROSARIO
 Signature Over Printed Name

Date: May 31, 2024