

The health of LGBTI+ people and the COVID-19 pandemic: A call for visibility and health responses in Latin America

Marcos Signorelli 

Federal University of Parana, Brazil

Rodrigo Otavio Moretti-Pires

Federal University of Santa Catarina, Brazil

Daniel Canavese de Oliveira 

Federal University of Rio Grande do Sul, Brazil

Richard Miskolci

Federal University of Sao Paulo, Brazil

Mauricio Polidoro

Federal Institute of Rio Grande do Sul, Brazil

Pedro Paulo Gomes Pereira

Federal University of Sao Paulo, Brazil

Note from editors

We have an open letter written by a group of professionals from Latin America drawing our attention to the deteriorating health inequalities and increasing

Corresponding author:

Daniel Canavese de Oliveira, Department of Public Health, Federal University of Rio Grande do Sul, Porto Alegre/RS, Brazil.

Email: daniel.canavese@gmail.com

discrimination of LGBTI+ community under the COVID-19 pandemic. We would like to use this opportunity to raise your awareness and necessary action to address the importance of the lack of visibility of LGBTI+ in the healthcare system as well as in other socio-economic and political systems and see how different systems around the world have been affected by COVID-19 and how hard it has impacted on the LGBTI+ community. We welcome any thoughtful short pieces and feedback of the impact of COVID-19 virus on gender and sexuality worldwide.

Feona Attwood
Travis Kong
Roísín Ryan-Flood.

Some governments and organizations are calling attention to the impacts of the COVID-19 pandemic for lesbians, gays, bisexuals, transgenders, intersexuals, and other sexual and gender minorities (LGBTI+), addressing guidelines for health system response. This historically marginalized social segment is facing a more challenging scenario in (but not limited to) low- and middle-income countries (LMIC) (Walker et al., 2020). Many LMIC do not recognize LGBTI+ rights, added to the fact that they have limited resources and public health systems, engendering enormous social inequalities (Burki, 2020). Therefore, it is determinant that sources of inequalities such as gender identity and sexual orientation need to be considered in public health policies to minimize the impacts of the pandemic for those who are more vulnerable.

Along decades, LGBTI+ people have been facing several health inequalities, such as difficulties to access healthcare services, including discrimination by health professionals (Alencar Albuquerque et al., 2016); exposure to different types of abuse related to 'LGBTI+phobia', including from their family, community, fundamentalist religions (Ebin and Price, 2019), and the State in some LMIC where they can be sentenced to life in prison, death, or need to seek refuge; inadequate healthcare, including mutilation surgeries in intersexual babies (The Lancet, 2019), and invisibility of lesbians and other sexual minorities health needs (Roberts, 2018); mental health issues, mostly deriving from social stigma, increasing their odds for suicidal behaviours (Semlyen et al., 2016); increased exposure to HIV and sexually transmitted infections (Chambers et al., 2015); and access to formal work, particularly for transgenders, leaving them no other option besides sex work (Brookfield et al., 2020).

There is a more acute lack of data regarding LGBTI+ health during the COVID-19 pandemic. The invisibilization (Naylor, 2020) of LGBTI+ health needs reinforces their marginalization. The specificities of each group inside this heterogeneous segment also need to be considered. Recognizing – but not limiting ourselves to – the context of LMIC, we argue the following call to action for public health responses:

- (I) ensuring visibility of the LGBTI+ status, especially when collecting and monitoring epidemiological data. This will enable further analysis of how COVID-19 impacts each of the groups that form this social segment;
- (II) fostering healthcare approaches without discrimination or stigmatization. Health professionals must guarantee equal treatment for LGBTI+ people.

Discrimination in health services is reported in the literature as directly related to low adherence of LGBTI+ to public health services, as well as a reason for self-medication and use of non-scientific treatments;

- (III) supporting person-centred care for handling the psychological distress of LGBTI+ persons. This group has characteristics of ghettoization and social isolation, with increased risk of depression, anxiety, self-mutilation, suicide attempts, among other mental health issues, which may escalate during social distancing;
- (IV) supporting sexual and reproductive health and rights for LGBTI+, while keeping ethically compromised with the peculiarities of each person/group and their culture and complying with social isolation measures.
- (V) recognizing that 'LGBTI+phobia' deeply affects this population through physical, psychological, sexual, and economic abuses (Pinto et al., 2020). Past experiences of family rejection or of being evicted have consequences during pandemic, such as the absence of someone to care for them in case of illness or sequelae. Nevertheless, for those living with families who do not respect their sexual orientation or gender identification, social distancing and 'lockdown' periods can be overwhelming due to episodes of domestic violence;
- (VI) respecting all sexual and reproductive rights of both individuals and the various configurations of LGBTI+ people. Many countries do not recognize marriage equality and other sexual and reproductive rights. It is fundamental that health services and workers respect all family configurations, especially same-sex partners;
- (VII) assuring support and care measures for the most marginalized LGBTI+, particularly those with additional social vulnerabilities, e.g. the homeless and sex workers; people with disabilities; migrants and refugees; racial/ethnic minorities; and those in prison. LGBTI+ people from LMIC are among the most vulnerable populations;
- (VIII) guaranteeing that intersexual and transgender people have adequate health-care concerning their clinical peculiarities and specific health needs, especially during the pandemic. Hormonal therapy should be maintained for those in need, avoiding self-medication.

The lack of inclusion of LGBTI+ people in public policies and research, as well as the visibility of the health specificities, are more acute during the pandemic. Governments and health services must consider LGBTI+ inequalities regarding access and healthcare. It is urgent that human rights, including gender and sexual orientation, be taken as fundamental components of decisions in all responses to the COVID-19 pandemic.


Declaration of conflicting interests

The author(s) declared no conflict of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Marcos Signorelli  <https://orcid.org/0000-0003-0677-0121>

Daniel Canavese de Oliveira  <https://orcid.org/0000-0003-0110-5739>

References

- Alencar Albuquerque G, De Lima Garcia C, Da Silva Quirino G, et al. (2016) Access to health services by lesbian, gay, bisexual, and transgender persons: Systematic literature review. *BMC International Health and Human Rights* 16. DOI:10.1186/s12914-015-0072-9.
- Brookfield S, Dean J, Forrest C, et al. (2020) Barriers to accessing sexual health services for transgender and male sex workers: A systematic qualitative meta-summary. *AIDS and Behavior* 24: 682–696.
- Burki T (2020) COVID-19 in Latin America. *Lancet Infectious Diseases* 20: P547–P548.
- Chambers LA, Rueda S, Baker DN, et al. (2015) Stigma, HIV and health: A qualitative synthesis. *BMC Public Health* 15: 1–17.
- Ebin C and Price JR (2019) The Great American Rights bake off: Freedom of religion v. freedom from discrimination. *New Political Science* 41: 588–603.
- Naylor LA (2020) Counting an invisible class of citizens: The LGBT population and the U. S. census. *Public Integrity* 22: 54–72.
- Pinto IV, Andrade SS de A, Rodrigues LL, et al. (2020) Profile of notification of violence against Lesbian, Gay, Bisexual, Transvestite and Transsexual people recorded in the National Information System on Notifiable Diseases, Brazil, 2015-2017. *Revista Brasileira de Epidemiologia* 23(suppl_1): 1–13.
- Roberts SJ (2018) Health care of sexual minority women. *Nursing Clinics of North America* 53: 227–239.
- Semlyen J, King M, Varney J, et al. (2016) Sexual orientation and symptoms of common mental disorder or low wellbeing: Combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry* 16: 1–9.
- The Lancet (2019) Stonewall: 50 years of fighting for their lives. *The Lancet* 393: 2469.
- Walker PGT, Whittaker C, Watson O, et al. (2020) The global impact of COVID-19 and strategies for mitigation and suppression. Report, Imperial College London. DOI: 10.25561/77735.

Marcos Signorelli is an Associate Professor of Public Health at the Federal University of Parana (UFPR), Brazil. His research interests include the interfaces between LGBTI+ health, gender-based violence (GBV), health systems and inter-sectoral approaches, particularly addressing low-income and middle-income countries. He is also the coordinator of the committee for LGBTI+ Health in the Brazilian Association of Public Health (ABRASCO).

Rodrigo Otavio Moretti-Pires is an Associate Professor of Sociology in Health at the Department of Public Health, Federal University of Santa Catarina (UFSC),

Brazil. Moretti-Pires's researches are focused on health and sexual diversity, especially on public health services articulations.

Daniel Canavese de Oliveira is an Associate Professor of Public Health at the Federal University of Rio Grande do Sul (UFRGS), Brazil. His research interests include inequities and violence, involving the social determinants of race, colour and ethnicity, gender and sexuality, in a perspective of intersectionality and intersectoriality. He is in the coordination of the committee for LGBTI + Health in the Brazilian Association of Public Health (ABRASCO).

Richard Miskolci is a Professor of Sociology at the Department of Preventive Medicine, Federal University of São Paulo (UNIFESP), Brazil. Miskolci's programme of research deals with differences, health and human rights in Brazil. His work is supported by the National Council for Scientific and Technological Development (CNPq).

Mauricio Polidoro is an Associate Professor at the Federal Institute of Rio Grande do Sul (IFRS) and researcher at the Federal University of Rio Grande do Sul (UFRGS) in the Post Graduate Program of Public Health and Family Health in Porto Alegre, Brazil. Polidoro works at the intersection of Geography, Urban and Regional Studies, Epidemiology and Public Health.

Pedro Paulo Gomes Pereira is a Professor of Anthropology at the Department of Preventive Medicine, Federal University of São Paulo (UNIFESP). Pereira's programme of research deals with body, health, disease, AIDS, anthropology of biomedicine and technologies. His work is supported by the National Council for Scientific and Technological Development (CNPq).