



Impact of the Coronavirus Disease 2019 Pandemic on the LGBTQIA+ Community

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Perspective

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Abstract

The lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) community encounter multiple, unique societal and health discrepancies resulting from the Coronavirus Disease 2019 (COVID-19) pandemic compared to their heterosexual peers. Despite the continuation and expansion of services such as counseling, support meetings, and curbside deliveries of pre-exposure prophylaxis (PrEP) and HIV medication during the pandemic, limitations of care still exist. This may impact the mental and physical health within the LGBTQIA+ community resulting in poorer health outcomes compared to the general public. Equitable care solutions must be implemented to address these disparities during the COVID-19 and future pandemics.

Keywords: Sexual and Gender Minorities; COVID-19; Public Health

Abbreviations: LGBTQIA+: Lesbian Gay Bisexual Transgender Queer Intersex And Asexual; PLWH: People Living With HIV; PrEP: Pre-Exposure Prophylaxis; TGNC: Transgender And Gender Non-Conforming; AIDS: Acquired Immunodeficiency Syndrome; ASO: Acquired Service Organizations; STI: Sexually Transmitted Infections; CDC: Center for Disease Control and Prevention; FDA: Food and Drug Administration.

Introduction

Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) individuals represent a marginalized community that are disproportionately impacted by the novel Coronavirus Disease 2019 (COVID-19) pandemic. This diverse community is at-risk regarding healthcare services,

economics, and social values which directly impacts their health outcomes. Stigma exists in many countries for non-heterosexual romantic sexual practices, or presentation of differing gender identities that may be punishable under the law or discriminated by their community [1-3]. Furthermore, the LGBTQIA+ community has fewer employment protections and increased homelessness [4]. As a result, the accessibility of quality healthcare is reduced leading to worsened outcomes and increased comorbidities [5]. As a result of the pandemic, individuals may be forced into unsupportive homes under isolation orders, suffer reduced access to necessary therapies, increased unemployment and financial insecurity [6]. Thus, equitable health care solutions must be implemented to address these disparities and improve delivery among the LGBTQIA+ community during the COVID-19 and future pandemics.

Health and Continued Care

Disruptions of regular health services during the pandemic make it more difficult for the LGBTQIA+ community living with chronic illnesses to access their healthcare providers, medications, or counselling services. Higher rates of HIV are present in the LGBTQIA+ community, especially among men who have sex with men (MSM), increasing susceptibility to COVID-19 in those who are immunosuppressed [7]. Compared to the general population living, transgender people are five times more likely to have HIV [8]. Of the people living with HIV (PLWH), 14.2% report difficulties in obtaining routine medications, while 24.1% describe challenges in accessing healthcare services. Additionally, 58.7% report avoiding health care due to stigma and discrimination during the pandemic. Of those taking antiviral therapy or Pre-Exposure Prophylaxis (PrEP), 18% indicated an inability to access their medication [8,9]. In China, PLWH face unwanted exposure of their HIV status to family members as a result of mailing or delivery of antiretroviral medications, with some choosing to discontinue their antiretroviral medication rather than reveal their status from family members for fear of social stigma in China [10]. Collectively, the effects of medication and HIV care disruption, risk of HIV status exposure and spread, and increased HIV and social stigma contributed to untold physical and mental health burden among people living with HIV in this community during the current COVID-19 outbreak. The HRC foundation reported that 17% of people lack health insurance, and 20% of LGBTQIA+ adults have not visited a physician due to financial barriers [11]. Care interruptions are further exacerbated within specialized modalities, such as gender affirmation surgery and hormone replacement therapies, which are essential to the well-being of the LGBTQIA+ community. As reported by the *Journal of Archives of Sexual Behaviour*, individuals seeking gender-affirming care will be considerably delayed in a health care system where access to care is already limited [12]. As this global pandemic continues, transgender and gender non-conforming (TGNC) people are subject to progressively more severe mental health threats due to deferrals of gender-affirming care. For those already participating in mental health clinical services, counseling duration and efficacy is projected to decrease for many LGBTQIA+ members due to the lack of quality telemedicine [13]. Consequently, support groups for TGNC individuals expressed their concerns about increases in suicidal ideation amongst their members as reported by the Trevor Foundation [4]. These healthcare disruptions and delays may present serious implications for the mental health of LGBTQIA+ people.

Social and Mental Well Being

Recent studies show that LGBTQIA+ members were at an increased risk of having anxiety, depression, and suicidal

ideation prior to the COVID-19 Pandemic [5]. Directly impacted by social distancing and isolation orders, these conditions may continue to worsen among the LGBTQIA+ community. A study published in the *Aids and Behavioral Journal* found that more than a third of MSM participants reported moderate to severe psychological distress due to COVID-19. More so, 35% and 34% of participants screened positive for depression and for anxiety, respectively. As a result of the pandemic, individuals who lost employment screened at significantly higher rates for anxiety and depression compared to individuals that did not [14]. One study showed a 2.2 times greater risk of homelessness associated with LGBTQIA+ people between the ages of 18-25 [15]. LGBTQIA+ members may be living in overcrowded, unclean shelters or group homes with limited resources making it very difficult to maintain social distance contributing to higher rates of anxiety, depression, and suicidality [5]. These risks are primarily due to their experiences with ongoing discrimination, rejection, and harassment [4]. A Hong Kong study conducted during stay-at-home orders found that many individuals have not expressed their sexuality compared to their North Americans counterparts and may face more pressure and tension from their families because of their non-heterosexuality [16]. Younger individuals are more likely to come out to and rely on their peers compared to their parents. Concerns related to this limited support were shown in a study that analyzed 31 chat transcripts from “Q Chat Space”, a national online LGBTQIA+ center offering online chat support groups for youth between the ages of 13-19 years, from March to April 2020. Home support may be lacking as some parents use incorrect pronouns and expose youth to homophobic relatives. During isolation, completing medical appointments or conventional therapy, may prove challenging because youth do not want to be observed by family members, and as a result are increasingly using platforms like Q Chat Space, whose user base has doubled during the pandemic [6]. During the pandemic, Asia’s first LGBTQIA+ video streaming platform named GagaOOLala, expanded greatly from 21 to 190 countries. The founder stated that with isolation and biases, the platform offers members relief, distraction and entertainment [17]. Homophobic sentiment is rising in several countries against LGBTQIA+ community during COVID-19 pandemic. Ugandan police raids conducted in early April against members of a local LGBTQIA+ shelter arrested 10 members of the community under the act of violating social distancing by-laws [1]. A Turkish religious cleric caused uproar after insinuating that same-sex relations are responsible for the COVID-19 pandemic during a sermon - a sentiment supported by the President of Turkey [2]. In South Korea, homophobic threats of violence are rising as some new COVID-19 clusters are linked to gay men attending nightclubs in Seoul [3]. As shown, varying global attitudes toward LGBTQIA+ individuals, directly impacts their mental and social well-being especially during the current pandemic.

Examples of Change

Both ahead of, and in spite of, the unique challenges of the COVID-19 pandemic, clinics around the world developed innovative ways to expand and continue providing healthcare services for the LGBTQIA+ community. For example, the Acquired Immunodeficiency Syndrome (AIDS) service organizations (ASO) in Birmingham, Alabama adapted to the COVID-19 pandemic by continuing to provide essential counseling services, legal services, HIV and LGBTQIA+ support meetings through telephone or video conferencing. Clients continue to receive needed services by curbside delivery with the exception of walk-in HIV and sexually transmitted infections (STI) testing [18]. In Seattle, clinics adapted LGBTQIA+ services by providing telemedicine for outreach support services and allowing in-person visits for those without possible telecommunications. PrEP and HIV medications supplies were temporarily extended from 30 days to 90 days to facilitate social distancing and mitigate risks. As well, prior to in-person testing phone screening is conducted for COVID-19 and STI services. Home-based HIV testing under program staff supervision reduced risk of COVID-19 transmission [19]. Similarly, other clinics and states allowed the extension of antiretroviral medications to 3-6 months [20]. Other adaptations include delivery of medication through the postal services in the UK, or by courier in China [10]. Brazil created an algorithmic approach using teleconsultations as a tool for PrEP delivery and HIV presentation during the pandemic [13]. As well, the Center for Disease Control and Prevention (CDC) encourages people at risk with HIV to get tested using Food and Drug Administration (FDA) approved testing kits. The FDA advised health departments and community-based organizations to provide patients with shippable self-test kits to promote social distance practices [21]. Many clinics adapted their treatment methods while attempting to decrease the pause in treatment; unfortunately, virtual methods only benefit those who possess the financial and technological means to do so and thus must continue to be explored and expanded.

Future Recommendations

The wide reaching impacts of the COVID-19 pandemic to the LGBTQIA+ community vary greatly based on location, community capacity and resources. The pandemic illustrates the intrinsic weaknesses within our current healthcare system and underscored the necessity for equitable and sustainable care for this community. Consideration of health care service costs should address economic inequalities experienced by the LGBTQIA+ community. Essential LGBTQIA+ care, such as hormone therapies, HIV prevention or treatment, and mental health counseling, should be made more broadly available within generalized locations, such as local clinics, to ensure patient confidentiality and continued

access. Text-based therapy platforms or the utilization of discrete medicine deliveries in rural areas may better address underserved and at-risk populations. Additionally, expansions of existing services involving mental health screening and counseling for specific populations such as TGNC individuals with postponed gender affirming surgeries should be conducted. Future research must seek to understand the consequences of the COVID-19 pandemic on the LGBTQIA+ community while ameliorating barriers to care that exist within this community to prevent further harm during future pandemics.

Conclusion

Compared to their heterosexual counterparts, the LGBTQIA+ community has experienced a vast majority of societal and health discrepancies secondary to the COVID-19 pandemic. As such, this community is at risk regarding their healthcare services, economics, and social values which directly impact their health outcomes. Disruption in regular health services during the COVID-19 pandemic has made it difficult for the LGBTQIA+ community, especially those with chronic illness, to access their healthcare providers, medications, and counseling services. Continuation of healthcare services via video conferencing, curbside delivery of medication supplies, and at home self-testing kits are essential avenues in equipping the LGBTQIA+ community with the means to sustain their healthcare needs.

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