

Health access for transgender people in Latin America: a scoping review protocol

Acesso à saúde para pessoas trans na América Latina: um protocolo de revisão de escopo

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ABSTRACT

Background Globally, trans people face barriers in living with society due to cis-heteronormative standards that impair access to healthcare. Objective: This study aims to map and analyze the literature to elucidate if access to health services and goods meets the health needs of transgender persons in Latin America. The study will describe the factors that impact health access for transgender persons in the area, the differences and similarities between the access in the region's countries, and the factors that justify them. The results will characterize the Latin American health access capacity, strengths, and difficulties in meeting the needs and rights of that group. Materials and methods: This review consists of a search in PubMed, SciELO, and LILACS databases on the health of transgender people in Latin America and, after, the selection of the controls and included articles. The selection of studies occurs in three stages, conducted in pairs of researchers: reading the title, reading the abstract, and floating the complete text, according to inclusion criteria. There is no language restriction. The pair of researchers will conduct data extraction by filling in the extraction framework information of each study. Data synthesis comprises the categorization of the data. The analysis takes place from the perspective of three factors of access to health: enabling factors, health needs, and individual health behaviors. Data analysis comprises the application of quantitative measures in the data overview and subsequent qualitative analysis of the major categories. The review will present a narrative summary of the findings. The protocol was built based on the instructions from the Joanna Briggs Institute Scoping (JBI) Reviews Manual. Reports follow the Scoping Reviews framework PRISMA-ScR. Discussion: Findings will provide subsidies to

improve healthcare services for transgender persons, construct public policy in the Latin American region, and further scientific production. Protocol registration number osf.io/7rjat/

Keywords: transgender persons, sexual and gender minorities, health services for transgender persons, health equity, health services accessibility, Latin America.

RESUMO

Antecedentes Em todo o mundo, as pessoas trans enfrentam barreiras na convivência com a sociedade devido aos padrões cis-heteronormativos que prejudicam o acesso à saúde. Objetivo: Este estudo tem como objetivo mapear e analisar a literatura para elucidar se o acesso a serviços e bens de saúde atende às necessidades de saúde de pessoas transgênero na América Latina. O estudo descreverá os fatores que afetam o acesso à saúde das pessoas transgênero na região, as diferenças e semelhanças entre o acesso nos países da região e os fatores que as justificam. Os resultados caracterizarão a capacidade, os pontos fortes e as dificuldades do acesso à saúde na América Latina para atender às necessidades e aos direitos desse grupo. Materiais e métodos: Esta revisão consiste em uma busca nas bases de dados PubMed, SciELO e LILACS sobre a saúde de pessoas transgênero na América Latina e, após, a seleção dos controles e dos artigos incluídos. A seleção dos estudos ocorre em três etapas, realizadas em duplas de pesquisadores: leitura do título, leitura do resumo e leitura do texto completo, de acordo com os critérios de inclusão. Não há restrição de idioma. A dupla de pesquisadores conduzirá a extração de dados preenchendo as informações da estrutura de extração de cada estudo. A síntese de dados compreende a categorização dos dados. A análise ocorre a partir da perspectiva de três fatores de acesso à saúde: fatores facilitadores, necessidades de saúde e comportamentos individuais de saúde. A análise de dados compreende a aplicação de medidas quantitativas na visão geral dos dados e a análise qualitativa subsequente das principais categorias. A revisão apresentará um resumo narrativo dos resultados. O protocolo foi elaborado com base nas instruções do Manual de Revisões de Escopo do Joanna Briggs Institute (JBI). Os relatórios seguem a estrutura PRISMA-ScR das revisões de escopo. Discussão: Os achados fornecerão subsídios para a melhoria dos serviços de saúde para pessoas transgênero, para a construção de políticas públicas na região da América Latina e para o avanço da produção científica. Número de registro do protocolo osf.io/7rjat/

Palavras-chave: pessoas transgênero, minorias sexuais e de gênero, serviços de saúde para pessoas transgênero, equidade em saúde, acessibilidade aos serviços de saúde, América Latina.

1 INTRODUCTION

The Lesbian, Gay, Bisexual, Transgender, Intersex, and other (LGBTI+) population faces social stigma for not fitting into the proposed standard of "hetero-cis normativity." The stigma results from society's oppressive features that rank people according to their sexuality and gender identity¹. Thus, this group is much more prone to discrimination and violence than those who fit the standards, elements that aggravate population heterogeneity concerning access to their rights^{2,3}.

Trans or transgender people are part of the LGBTI community, with a gender identity different from the sex assigned at birth³. This group includes trans women and men, non-binary

people, and others⁴. Cis or cisgender describes the gender identity of people who are not trans or transgender, respectively. There is evidence that transgender people face considerable barriers to living in society and public services, such as health access³.

There is a need for public policies and the promotion of fundamental rights to address the specific needs of this population to reverse or at least reduce this situation¹. This process should include providing qualified and equipped health services with trained professionals to identify and meet the needs of each trans person, free of discriminatory attitudes¹. Trans people may have specific health needs such as hormonization, hysterectomy, mammoplasty, sex reassignment surgery, and others, and share general health needs with cis people⁵.

The location of the health services and the sociocultural characteristics of the population living in the region are relevant factors to assess the health system's ability to meet the needs of a group of individuals, once both health inequalities and unequal access to health care are social products⁶. It is possible to observe this relation through the studies on the health of transgender people, as the social-environmental and cultural factors are the source of many barriers to health access^{7,8}.

Health systems in Latin America have similarities in structural characteristics, such as fragmentation, funding and organization segmentation, and lack of integration between services. Despite the effects of neoliberal policies, several Latin American countries established legal frameworks recognizing health care as a universal right between the 1980s and 1990s⁹. Some countries have established public policies to promote the expansion of access and the qualification of health services for trans people.

Brazil, the biggest country in Latin America, established the Transsexualization Process of the Unified Health System¹⁰ and the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals¹¹, that implemented publicly financed services for transgender people through the Unified Health System.

In Argentina, the Gender Identity Law, n° 26.743, published in 2012, established that services related to gender transition are guaranteed free of charge by the public health system¹². The Ministry of Public Health of Cuba published Resolution n° 126 in 2008, which created a health center for transgender people to access comprehensive medical procedures, such as sex reassignment surgeries¹³.

Latin America is a region where there is enormous violence and discrimination against trans people. There is evidence that institutions from Latin American countries use highly discriminatory discourses and forms of physical and psychological abuse against gay, lesbian, and trans people, for example, in police or health system professionals. The Latin American

picture of discrimination that violates the civil rights of trans people is very precarious¹⁴, as demonstrated in the most recent data on murder against transgender people, the Trans Murder Monitoring update from 2021, which indicates that 70.13% of the 375 homicides registered in the world, occurred in Latin America¹⁵.

Empirical studies from Brazil, Argentina, and Cuba, as well as other Latin American countries, corroborate that trans people face barriers to accessing healthcare. The reported difficulties involve disrespect for the social name, stigma, lack of knowledge of health professionals, and absence of procedures and medicines in the public health system, among other problems. These barriers end up inhibiting trans persons from seeking health services, from preventing the recurrence of negative experiences in the healthcare process^{7,16, 17}.

A scoping review conducted by Scheim et al. researched the health of transgender men in low and middle-income countries, including some Latin American countries (Brazil, Colombia, El Salvador, Peru, Mexico, and Guatemala). The review attests that studies of healthcare access demonstrate stigma and discrimination in healthcare settings, causing avoidance of care¹⁸.

A systematic review and meta-ethnography searched the experiences of transgender and non-binary youth accessing gender-affirming care and included ten studies from the USA, UK, Canada, and Australia. The review elucidated that individual environmental and provider factors influence the health behaviors and outcomes of transgender and non-binary people¹⁹.

Environmental factors comprise social environment, as peer-peer and family/caregiver support; neighborhood demographics, such as race, geography, and education; predisposing, as income; religion; healthcare environment, as demand/proportion; and built environment, as the geographical constraints. Individual factors are the need perceived by the patient (e.g., safe space to explore gender identity, gender-affirming care), enabling factors (e.g., sufficient income and insurance, access to information about services), and health beliefs (e.g., demanding waiting times). Provider evaluation of health care needs (e.g., health status, diagnosis of gender dysphoria) and provider factors (e.g., wait times, office functionality) also impact health behaviors and, therefore, health outcomes¹⁹.

Transgender health was little explored in literature before 2013, and since then, the research interest has significantly increased²⁰. For the construction of this protocol, the researchers carried out a literature review, which identified articles that pointed to the barriers faced by trans people to access health in different regions of the world. Several of these studies evaluated dimensions of health access for trans people in different cities or countries of Latin America, some of them cited in this article^{2,7,16,17}.

It is important to emphasize that Latin America has been a region highly affected by the discrimination and violation of rights of trans people¹⁴ and its countries have geographic, cultural, and structural characteristics of health systems similarities⁹. However, it was not possible to find reviews that map and analyze the data on access to health for transgender people in Latin America in the literature review.

Therefore, this study will fill this gap to promote subsidies for scientific production and build public policy in the Latin American region. This review aims to map and analyze the literature to elucidate the factors that impact health access to services and goods for transgender people in Latin America. The analysis will utilize the variables "categories of health access"^{22,23}, encompassing specific and general health care services and goods, the differences and similarities between health access for trans people in the countries of the region, and the factors that justify them. The findings will characterize the Latin American health access capacity, strengths, and difficulties in meeting the needs and rights of this group.

2 MATERIALS AND METHODS

The scoping review protocol is registered within the Open Science Framework database (osf.io/4zvse). This study adheres to the instructions from the Joanna Briggs Institute Reviewers Manual Methodology for JBI Scoping Reviews²⁴. The report follows the reporting guidance in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)²⁵, built based on the JBI Scoping Reviews manual²⁴. It is essential to mention that the construction of the report guide (PRISMA-ScR) was based on the JBI Scoping Review Manual.

The whole process of this scoping review is to (1) Identify the research question(s), (2) Identify relevant studies, (3) Study selection, (4) Chart the data, and (5) collate, summarize, and report the results²⁴.

The scoping review team consists of four persons. This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001. The research did not receive another grant from any funding agency in public, commercial, or not-for-profit sectors.

The search strategy was performed with techniques to improve the reproducibility of the results and enhance methodological transparency. This review started in May 2022, the study selection is ongoing, and the expected completion date is September 2023.

2.1 RESEARCH QUESTIONS

The scoping review will answer the research questions:

- i. How does access to health services and goods in Latin America relates to the needs of transgender people?
- ii. What factors impact access, the differences and similarities between access characteristics in the countries, and the factors that justify them?

2.2 INFORMATION SOURCES AND SEARCH STRATEGY

The main sources are primary articles available in the SCIELO, PubMed, and LILACS databases, selected through the application of strings formed by descriptors (DECS/MESH) and synonymous words (search in the title) between Boolean operators. The search sought studies published until May 5, 2022. Primary studies that meet the inclusion criteria, found in the reference lists of the included studies, are also part of the sample.

The Joanna Briggs Institute Reviewers' Manual states that the search strategy for a scoping review should aim to be comprehensive and follow a three-step search strategy: The first step is the search for DECS and MESH terms, and their application to an initial investigation of the SciELO, PubMed, and LILACS databases, without determining a defined period. Afterward, the researchers analyze the index terms used to describe the articles and the titles and abstract words of the studies.

The second step is to perform a new search using all identified keywords and index terms in the databases mentioned above between Boolean terms. The third step is to search for studies in the references of the included articles²⁴. This research did not implement language restrictions.

2.3 PATIENT AND PUBLIC INVOLVEMENT

There are no trans people from Latin American countries involved directly in this scoping review. However, trans people's experiences described in the articles are essential to the research question and outcome measures.

2.4 ELIGIBILITY CRITERIA

2.4.1 Inclusion criteria

The review only includes articles that meet all the criteria below:

- a) to be a study that evaluates/analyzes access to healthcare for trans people, or LGBTI+, with specific data on trans people;
- b) contain an abstract;
- c) be a primary article (primary

source); d) address participants residing in Latin America or access to healthcare issues in Latin America; e) be published by May 5, 2022.

The research does not have exclusion criteria.

2.5 SCREENING AND SELECTION PROCEDURE

This scoping review started in May 2022, and the research team is carrying out the selection process between May 2022 and January 2023.

Search strategies were built using the descriptors and their synonyms to search for studies. The researchers submitted them to the databases according to the “search strategy” section above.

Duplicate articles were excluded using the Mendeley Desktop program. Then a calibration exercise of the studies selection was conducted with the pair of reviewers independently before starting the selection, according to the pilot form prepared by the authors. The agreement percentage was evaluated in calibration exercises, in the stages of selection by title, abstract, and floating reading, using 50 studies. The pair of researchers repeated the exercise until reaching at least 70% agreement.

After reaching the goal in the calibration exercise, the reviewers will perform the paired reading (independently reading, continuously comparing, and discussing the decisions) in 3 stages: reading the title, abstract, and floating reading, applying inclusion criteria in each step.

The last step is to search in the references lists of the included articles and the control studies (reviews on health access for transgender people) by applying the inclusion criteria after reading the title, abstract, and floating reading. This stage aims to increase the research sensitivity.

2.6 DATA CHARTING

A calibration exercise of data extraction with nine articles will be conducted with the reviewers independently, before starting the data extraction, according to the pilot form built by the authors. This will repeat the exercise until reaching 70% agreement between the extracted data.

After defining the included articles, the researchers will construct a data charting form. After, each researcher will read the articles, fill the data charting form according to the sources and continuously compare the results.

The data charting form is a Microsoft Excel tool developed by the authors, that will contain the basic information of each article: a. Author(s); b. Year of publication; c.

Origin/country of origin (where it was produced and published); d. Aim/purpose; e. Study population and size (if applicable) F. Methods; g. Type of intervention; H. Intervention duration (if applicable); i. Outcomes and details; j. Essential data to reach the objective of the scoping review, such as healthcare needs and access categories.

The form will also contain a summary of the work written by the reviewing researchers, as well as information on the health access categories, including the main dimensions described in the literature: the Enabling Factors, in which the availability or accessibility, level of information and financing^{22,23}; health needs, classified as normative, felt, expressed and comparative needs²¹; and Individual Health Behaviors, which encompasses the dimension of acceptability and addresses both health users and professionals^{22,23}. In addition to information regarding access categories, the form includes the researcher's reflections on the content and conclusions of the study.

2.7 DATA SYNTHESIS

The data collected through the extraction of the selected studies will be categorized and synthesized. The authors will present the synthesis in tables containing the main information about the article, such as title, authors, year of publication, journal, sample, countries, and health categories^{20,22}. The research will include a quantitative analysis of the overview (frequency of publications in each country, how many qualitative, qualitative, and mixed methods studies, principal measures of the quantitative studies included and others). Researchers will also carry out a qualitative analysis of the main categories, after a simple thematic categorization. The review will present a narrative summary of the findings.

3 DISCUSSION

Transgender persons face barriers to health access in many regions of the world^{1,17,18}. Latin America is marked by the extreme violation of trans people's rights¹⁴. However, it was not possible to find reviews on access to health for transgender people in the Latin America region through the preliminary literature review conducted to build this protocol.

The findings will fill this gap, providing knowledge on the characteristics of health access for transgender persons in Latin America. With the baggage of this scoping review, health professionals in Latin America can have a clearer idea of the main aspects that affect transgender healthcare access and the differences between the experiences of the region's countries. From there, healthcare professionals can improve their care for transgender people and bring the discussion to the services.

The results may be meaningful to politicians and public service managers that need to find subsidies to understand the difficulties, challenges, and possible ways to improve health access to goods and services for trans people and construct public policy in the Latin American region. The findings may also support future scientific production in the area.

3.1 ETHICS AND DISSEMINATION

As a scoping review, ethics approval is not required.

The findings of this study will be disseminated through professional networks, public health congresses, conference presentations, and scientific peer-reviewed publications.

3.2 STRENGTHS AND LIMITATIONS

The study is being conducted according to the Joanna Briggs Institute Reviewers Manual 2015 Methodology for JBI Scoping Reviews to ensure methodological robustness. Authors are writing the reports by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). EQUATOR Network (Enhancing the QUALity and Transparency Of health Research) suggested the abovementioned tools.

The research does not have language restrictions and will cover studies published up to May 2022, promoting large sample amplitude. The review uses critical databases for global peer-reviewed literature (PubMed) and specific Latin America countries (LILACS and SciELO), applies country-specific terms for gender identity and access to health, and includes publications in English, Spanish, and Portuguese.

However, it is possible that some Latin American countries do not have publications included in the review, as the topic of trans health is still little or not explored in some regions due to the taboo and institutional biases²⁰. This gap can generate a geographic limitation of the search scope.

Although the review will search multiple databases, including several languages, the research may not reach studies not indexed in the databases used in the search or absent in the lists of references of the included articles and control studies.

The application of these findings should take place in collaboration with trans communities in Latin America, and it is crucial to point out that although two of the researchers are members of the LGBTI+ group, the research team does not have trans researchers yet.

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