

# Discrimination and Health among Lesbian, Gay, Bisexual and Trans People in Puerto Rico

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**Objective:** To identify the experiences of discrimination among and the perceived priorities for the health of lesbian, gay, bisexual, and trans (LGBT) people in Puerto Rico (PR).

**Methods:** Data were collected during the 2013 LGBT Pride Parade in San Juan, using a brief self-administered survey that included questions on sociodemographic characteristics, the disclosure of sexual orientation/gender identity, experiences of discrimination, experiences while receiving social and health services, and perceived healthcare priorities and needs.

**Results:** Most participants reported that they had disclosed their sexual orientation to at least one person. Discrimination due to sexual orientation/gender identity was most frequently reported to have occurred in school settings. At least 25% of the sample reported regular or negative experiences based on sexual orientation/gender identity when receiving government services and when looking for support from relatives. HIV/AIDS, mental health, and sexual health were identified as healthcare priorities. In bivariate analyses, mental health services and aging were the priorities most frequently reported among older participants. HIV/AIDS was the main priority only for gay men; sexual health was the main priority for bisexuals; and mental health was the main priority for lesbians. Most participants reported that their preferred modalities for health service provision were support groups and health education.

**Conclusion:** The experiences of discrimination among LGBT people in PR were consistent across age groups and sexual orientation/gender identity. Policies and interventions to address discrimination in different settings are necessary. The findings also suggest the need to prioritize HIV services among gay men and to address mental and sexual health needs among lesbian and bisexual people. [P R Health Sci J 2016;35:154-159]

*Key words:* LGBT, Puerto Rico, Discrimination, Healthcare, CBPR

Health inequities have been documented among populations identified as minorities because of their sexual orientation or sexual identity (1,2). The current scientific literature has evidenced the manner in which lesbian, gay, bisexual, and trans (LGBT) populations are disproportionately affected by social conditions that cause health disparities because of the real or perceived sexual orientations or identities of the populations' members (3,4,5,6,7). In Puerto Rico (PR), little research has been done on LGBT populations (8). LGBT-related research conducted in PR during the last decade has addressed mostly the experience of citizenship (9), health policy (10), violence (11,12,13,14,15), stigma, homophobia (16,17,18,19,20,21), identity formation (22), coming out (23), paraphilias (24), aging (25), and health promotion and disease prevention (26,27,28). Similar to the LGBT research that has been conducted with other, non-PR-

based populations, research has been conducted in the island on the specific HIV-related issues faced by gay and bisexual men and by other men who have sex with men (GBMSM) (19,29,30,31,32).

Despite the limited scientific literature on the inequities and disparities affecting LGBT populations in PR, there is some evidence on how such inequities and disparities impact the wellbeing of these groups (8,9,33). Several factors, including emerging theoretical frameworks, professional and practice

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*The authors have no conflicts of interest to disclose.*

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guidelines, and social and scientific responses to inequities have served as guides to further explore the different possible ways of informing multiple levels of intervention to improve the wellbeing of the LGBT populations on the island. Using such guides requires an understanding of the needs of these diverse populations. Considering the highly patriarchal social norms in PR, on which island anti-gay religious institutions have historically stigmatized sexual minorities, it is crucial to assess the various contexts in which LGBT people have accessed care and services and the specific experiences of those individuals when doing so.

With this in mind, a community-based organization in PR with over 20 years of experience providing services to the LGBT populations and the main institution of higher education in PR addressing public health issues on the island together implemented a study using a community-based participatory research approach (CBPR) (34). This approach yielded a research partnership that involved LGBT community members, organizational representatives, and researchers, in all aspects of the study. Study goals and design, the recruitment of participants, and analyses all developed out of this participatory approach, which allowed community leader and scientist to contribute equally. This was facilitated by a long-standing academia–community collaboration and meetings conducted by all those involved in the project. The objectives of this study were to explore the settings in which discrimination attributable to sexual orientation and/or gender identity has been experienced by LGBT people in PR and to assess the priorities and needs of this population in terms of health services. The CBPR approach enabled all the collaborators to contribute expertise and share in the decision-making and ownership of the project, at all stages of the research collaboration.

## Methods

Data were collected in June 2013 at the 23<sup>rd</sup> LGBT Pride Parade in San Juan, PR. Potential participants were identified and actively recruited by volunteers during the event. A brief, self-administered intercept survey was used to collect data from participants. The data collection instrument included questions on sociodemographic characteristics, the disclosure of sexual orientation, the experience of discrimination, and healthcare priorities and needs. This instrument was specifically created for this study and was assessed for face validity by public health researchers, LGBT health experts, evaluators, and community members. No incentives were provided to the participants in the study. The procedures for the analysis presented in this report were approved by the University of Puerto Rico Medical Sciences Campus Human Research Subject Protection Office. The findings are limited to descriptive analyses that report the health-service perceptions and needs of the LGBT communities in PR. Data analyses were conducted using SPSS (Version 22.0. Armonk, NY: IBM Corp.).

## Results

A total of 178 individuals completed the survey. Of them, 17, who self-identified as heterosexual, were excluded for the purposes of this analysis. The findings presented in this report are limited to those who self-identified as lesbian, gay, bisexual, or transgender/transsexual (N = 161). Of these, most (60%) were men, 37.5% were women and a few participants (2.5%) self-identified as “other.” Regarding gender identity, 59.4% self-identified as masculine, 33.8%, as feminine, 5.6%, as other, and 1.3%, as trans (transgender or transsexual). Most of the participants self-identified as gay (or homosexual): 54.4% of this were men and 27.8% women; 13.3% of the participants self-identified as bisexual, and 4.4%, “other.” (see Table 1 for details).

Most of the participants (89.6%) had medical insurance. Of those, 60.0% had private insurance, versus 40.0% who had public medical insurance. As can be seen in Table 1, most of the participants (74.9%) had earned a technical or academic degree. However, regarding employment, while almost two thirds (71.3%) reported being currently employed, only 62.4% were holding full-time positions; 37.6% were employed part-time. More than half of the participants (56.2%) reported an annual income of \$20,000 or less. Regarding relationship status, 51.3% had partners at the time of the data collection. Of those, 56.4% were living with those partners.

The participants were asked to whom they had disclosed their sexual orientation/gender identity. Most of the participants (99.4%) reported that they had disclosed their sexual orientation to at least 1 person; that is, to one or more family members (parent[s] or sibling[s], 93.8%), LGBT friends (93.1%), peers in educational settings (85.0%), co-workers (83.8%), heterosexual friends (82.5%), healthcare providers (68.1%), and neighbors (66.3%) (see Table 1).

More than half of the participants (53.8%) reported having had a routine health check-up within the 6 months prior to the survey. Nonetheless, more than a quarter (27.5%) reported not having had a routine health check-up within the year prior to the survey.

The participants were asked to specify where they had experienced discrimination based on their sexual orientation or sexual identity. As can be seen in Table 2, half of the participants reported having experienced discrimination at school (50.0%), followed by those who experienced discrimination at work (26.3%) and those who experienced it while receiving government services (19.2%). Similarly, the participants reported what they perceived to be the top 3 priorities for the social wellbeing of people identifying as lesbian, gay, bisexual, or transgender in PR. Of all the priorities (see Table 2), the most frequently reported were protection from discrimination based on sexual orientation at work (64.4%), the right of same-sex couples to adopt (51.3%), and protection from gender-based violence (49.4%).

The survey provided participants with a list of 12 potential priorities for health services sought by LGBT people in PR.

**Table 1.** Sociodemographic characteristics of a sample of self-identified LGBT individuals who attended the 2014 LGBT Pride Parade in San Juan, Puerto Rico (N = 161)

	Mean	Standard Deviation
Mean Age [Range: 17 – 79]	33.1	12.6
	n	%
Area of Residence		
San Juan Metropolitan Area	109	68.1
Non-Metro Area	49	30.6
Outside of Puerto Rico	2	1.3
Has a Partner	82	51.3
Lives with partner	44	56.4
Sex		
Male	96	60.0
Female	60	37.5
Other	4	2.5
Gender		
Masculine	95	59.4
Feminine	54	33.8
Trans	2	1.3
Other	9	5.6
Has healthcare insurance	143	89.4
Public healthcare insurance	56	40.0
Private healthcare insurance	84	60.0
Highest education level completed		
Less than high school	4	2.5
High school	36	22.6
Technical or associate's degree	36	22.6
Bachelor's degree	50	31.4
Postgraduate degree	33	20.8
Employed	114	71.3
Part time	41	37.6
Full time	68	62.4
Annual income		
Less than \$20,000	77	56.2
\$20,000 – \$39,999	42	30.7
\$40,000 – \$59,999	12	8.8
\$60,000 – \$79,999	1	0.7
\$80,000 or more	5	3.6
Sexual orientation/identity		
Homosexual	132	82.5
Bisexual	21	13.1
Other	8	4.4
Has disclosed sexual orientation to:		
Family member or members (parent[s] or sibling[s])	150	93.8
LGBT friend(s)	149	93.1
Classmate(s)	136	85.0
Coworker(s)	134	83.8
Heterosexual friend(s)	132	82.5
Healthcare professional(s)	109	68.1
Neighbor(s)	106	66.3
No one	1	0.6
Last routine health checkup		
Within the last 6 months	86	53.8
From 6 to 12 months ago	30	18.8
More than a year ago	44	27.5

As can be seen in Table 2, the top 6 priorities were, in order, the following: services related to or dealing with HIV/AIDS (81.3%), mental health (79.4%), sexual health (71.3%), sexually transmitted infections (66.3%), the management of intimate partner violence (62.5%), and addictions (61.9%). To better

understand these priorities, analyses based on age group and sexual orientation were completed. Three age groups, based on genealogical generations (the Y and X generations and the baby boomers), were established (17 to 32, 33 to 48, and 49+ years, respectively). Although aging as a health issue wasn't reported as a top priority in the general sample, the bivariate analysis showed a statistically significant differences when stratified by age group (17–32 years = 25.3%; 33–48 years = 55.8%; 49+ years = 75.0%; p-value<0.001). Similarly, mental health (17–32 years = 72.4%; 33–48 years = 82.7%; 49+ years = 100.0%; p-value = 0.018) was the most frequently reported priority of the older participants.

Analyses also evidenced that the main priorities were different, depending on sexual orientation. For gay men, the most frequently reported health service priority was HIV/AIDS (85.2%). The most documented priority for lesbians and individuals who self-identified as “other” was mental health (84.1% and 100.0%, respectively). Bisexual persons identified sexual health as their health priority (90.5%). A marginally significant difference was observed for the latter (p-value = 0.078). Similarly, lesbians were most likely to include chronic

**Table 2.** Experiences of discrimination by and priorities for health services and wellbeing in a sample of LGBT-identified individuals in Puerto Rico (N = 161)

	n	%
Experiences of discrimination		
At school	78	50.0
At work	40	26.3
When receiving government services	28	19.2
When buying/renting a house	21	16.3
When receiving healthcare services	16	10.6
Priorities for social wellbeing of LGBT people		
Protection from discrimination at work	103	64.4
Right of same-sex couples to adopt	82	51.3
Protection from gender-based violence	79	49.4
Right of same-sex couples to marry	78	48.8
Increased representation in government	63	39.4
Access to appropriate healthcare services	62	38.8
Protection from discrimination when buying/renting a house	48	30.0
Priorities for health services		
HIV/AIDS	130	81.3
Mental health	127	79.4
Sexual health	114	71.3
Sexually transmitted infections	106	66.3
Management of intimate partner violence	100	62.5
Addiction	99	61.9
Aging	67	41.9
Cancer	57	35.6
Chronic diseases	45	28.1
Nutrition	40	25.0
Oral health	29	18.1
Impairment and developmental disabilities	19	11.9
Preferred modalities for health service delivery		
Support group(s)	111	70.3
Health education	102	64.6
Primary care	100	63.3
Individual psychotherapy	93	58.9
Group therapy	87	55.1
Individual addiction counseling	79	50.0

diseases (p-value = 0.027) and impairment or developmental disabilities (p-value = 0.014) among their perceived health service priorities.

Furthermore, the participants indicated their preferred modalities of health service provision for addressing the healthcare needs of LGBT people in PR. The recommended modalities for service provision were ranked as follows: support groups (70.3%), health education (64.6%), primary healthcare (63.3%), individual psychotherapy (58.9%), group therapy (55.1%), and individual addiction counseling (50.0%). More details are provided in Table 2.

As part of the survey, the participants ranked their experiences, as LGBT-identified individuals, in different social contexts in PR. As can be seen in Table 3, participants reported having “excellent” or “good” experiences when revealing one’s sexual orientation to friends (94.3%), in the quality of healthcare services received (91.4%), and when accessing healthcare services (88.7%). In addition, the experience when receiving services at governmental offices (37.3%), seeking for support from family (26.8%), and when searching for employment (24.3%) were more frequently ranked as “average” or “bad” by study participants.

**Table 3.** Experiences of a sample of LGBT-identified individuals in different social contexts in Puerto Rico (N = 161)

	Excellent or Good		Average or Bad	
	N	%	n	%
Accessing healthcare services	133	88.7	17	11.3
Quality of healthcare services received	139	91.5	13	8.5
Services received at government offices	89	62.7	53	37.3
Services received at private companies	121	83.4	24	16.6
Seeking support from family members	112	73.2	41	26.8
Informing a friend or friends of one’s sexual orientation/gender identity	148	94.3	9	5.7
Searching for a job	109	75.7	35	24.3
As a student at school or college/university	125	83.4	25	16.6

### Discussion

To our knowledge, this is the first study with a CBPR approach aimed at understanding the healthcare and social wellbeing needs of LGBT people in PR. Besides achieving the goals of the research study, this collaboration evidenced the feasibility of collecting data from LGBT people in PR taking part in a widely attended event and following CBPR principles. Our findings are consistent with those from studies that used similar methodologies to gather health-related information from hard-to-reach populations (35).

The study described in this manuscript needs to be understood within its limitations. The analysis was limited to a sample of individuals who attended an LGBT Pride Parade in San Juan, PR. The setting was an event that was highly attended by individuals who were open about

their sexuality. For this reason, the data collected might be specifically representative of such individuals and might differ significantly from such information were it to be gathered from people who have not disclosed their sexual orientation or sexual identity. Further, in the study very few participants self-identified their sex as “other” or as transgender or transsexual. Therefore, analyzing the particular characteristics of these groups was not possible. Additionally, because of the sample size and recruitment strategies, our analysis was limited to descriptive statistics, and a generalization to broader LGBT populations in PR was not possible. Because of the voluntary and self-administered nature of the survey, participants may have been more inclined to answer questions related to sexuality and to share information that couldn’t be validated or that represented social desirability. Further, for some of the observations gathered in the study, it was not possible to discriminate between research participants. For example, with the data available, it was not possible to limit the analysis of experience of discrimination at the workplace to those participants who reported ever having been employed.

Despite these limitations, these findings should be considered in future research as well as in the development of multilevel health promotion interventions. For example, as has been the case in other samples of LGBT people elsewhere (36), the participants in this study were relatively well educated. However, many seemed to be poorly compensated or else worked only part-time. This may reflect other findings of the study, such as the fact that the work setting has been identified as one where LGBT individuals experience discrimination and that there is an attendant need for protection from this kind of discrimination. This is a scenario that may lead LGBT individuals to obtain or stay at jobs in which sexual orientation/gender identity is not an issue but also in which the economic compensation might be lower than or not consistent with what might be expected from a certain level of academic preparation. Similarly, academic institution and governmental entities have greater needs for policies and practices that can be deployed to prevent discrimination and negative experiences, leading, ultimately, to the increased health and wellbeing of LGBT people in PR.

Consistent with previous studies (11,12,13,14,15), multiple sources of violence (individual, partner, and systemic) seem to be a problem across the lifespans of research participants. Based on the findings of this study, particular interest should be placed on research and intervention development to address gender-based and intimate partner violence among LGBT people in PR. Future initiatives targeted at reducing such violence must consider the particular needs of LGBT individuals. Such initiatives will need to include strategies to reduce structural violence—such as that often practiced by government officials—as well as intimate partner violence. To inform such interventions, further research is needed if we are to better understand the different dimensions of the violence experienced by LGBT people. This includes assessing

the experiences and needs of specific groups, such as the trans population, which is disproportionately affected due to its invisibility in the broader communities.

Regarding healthcare services, the importance of revealing one's sexual orientation/gender identity to healthcare providers in order to ensure comprehensive service and to potentially improve health status has been documented (37). While the sample for this study represents a relatively out group, attention should be placed on the fact that while they may perceive both their own healthcare access and the health services provided to them as being appropriate, that doesn't mean that they are disclosing their sexual orientation/gender identity to their healthcare providers. There are some national (US) and global initiatives (1,37) to improve the experiences of LGBT individuals in terms of their healthcare encounters. However, further research and careful adaptation is suggested before implementing these initiatives in PR, as it is important to appropriately address the unique needs and cultural characteristics of the different LGBT populations on the island. This is crucial, considering the role of certain cultural norms such as religion, which may exacerbate the impact of stigma and discrimination on LGBT individuals.

Among LGBT individuals in PR, HIV remains a perceived priority for healthcare services. This may require further research considering the increasing rates of HIV incidence among gay men and other GBMSM during the last 5 years (38). Moreover, targeted interventions for the LGBT communities on the island are required in order to address other healthcare needs, also identified as priorities (and based on age and sexual orientation/gender identity). Findings suggest the importance of addressing the mental health needs of LGBT people, particularly lesbians. Multiple sources of distress—including discrimination, negative experiences accessing services, and unemployment, as well as violence and other health needs—support addressing mental health services and implementing research in these groups. Furthermore, it might be appropriate to test interventions that address multiple health issues such as stigma, mental health, and retention in HIV care. Interventions are currently being developed (39) and seem to be effective in addressing the HIV and gay stigmas that often are experienced by HIV-positive GBMSM, and it is recommended that assessing and culturally adapting health promotion interventions for LGBT populations on the island continue.

Since the time of the data collection (June, 2013), several policy changes have been implemented in PR. The most significant changes include equal rights in terms of marriage, the expansion of non-discrimination laws to include sexual orientation and gender identity, and attention to the needs of the trans populations in healthcare and in gender-affirming documents. Many of these actions have been greatly influenced by the political status of PR with regard to the US and mediated by community leaders and activists. Much work is still needed in the development of practical guidelines for the

implementation of these policies and to provide healthcare professionals and public health workers with tools to improve the health status and wellbeing of these groups. Finally, the application of a social determinants of health framework (40) may provide for a better understanding of how to address the research and intervention-development needs of LGBT populations PR. For example, such a framework may be crucial to the further analysis of the roles and interconnections of social exclusion, education, and employment in terms of the wellbeing of these individuals and in order to inform policy changes and practice guidelines.

## Resumen

**Objetivo:** Identificar experiencias de discriminación y prioridades de salud en una muestra de personas lesbianas, gay, bisexuales y trans (LGBT) en Puerto Rico (PR). **Método:** El estudio se condujo durante la Parada de Orgullo LGBT 2013 en San Juan. Se utilizó un cuestionario auto-administrado que incluyó características sociodemográficas, revelación de orientación sexual o identidad de género, experiencias de discriminación, experiencias al recibir servicios sociales o de salud y prioridades y necesidades percibidas de salud. **Resultados:** La mayoría reportó haber revelado su orientación sexual. El discriminamiento por orientación sexual o identidad de género ocurrió más frecuentemente en la escuela. Sobre una cuarta parte reportó experiencias regulares o negativas debido a su orientación sexual o identidad de género al recibir servicios en oficinas del gobierno y al buscar apoyo de familiares. VIH/SIDA, salud mental y salud sexual fueron identificados como prioridades de salud. Los participantes de edad mayor reportaron la necesidad de servicios de salud mental y envejecimiento como sus asuntos prioritarios para la salud. La prioridad de salud para los hombres gay fue el VIH/SIDA, para las lesbianas la salud mental y para los/as bisexuales la salud sexual. Las modalidades de servicios de salud preferidas fueron grupos de apoyo y educación en salud. **Conclusión:** Las experiencias de discriminación entre personas LGBT en PR son consistentes en todos los grupos de edad y orientaciones sexuales o identidades de género. Existe la necesidad de desarrollar políticas e intervenciones dirigidas a atender el discriminamiento en distintos escenarios. Es necesario priorizar la respuesta al VIH en hombres gay y atender la salud mental y sexual de lesbianas y bisexuales.

## Acknowledgments

The authors want to thank the participants of the study, as well as the volunteers who provided support in data collection, data entry, and revisions to earlier versions of this document; therefore our thanks go to: Namir Huertas, Angel Flores, Lorell A. Santiago, Edda I. Rodríguez, Juan Peroza, Alíxida Ramos Pibernus, Angel Luis Carrión-Osorio, Randall L. Chambers, José A. Capriles Quirós, Yesarel Pesante, Roberto Hurtado, Orlando Ortiz, Ramón Cuadrado, Joshua Nieves, and Héctor Alicea.

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