

Global LGBTQ Health

Khadija Akter¹, Abdur Rahman Sarker², Aktaruzzaman Siddiquei³, and Mirza MD. Tanvir Mahtab Faysal⁴

¹Faculty of Law, Dhaka International University

²Faculty of Science, Engineering and Technology, Bangladesh University

³Faculty of Science and Information Technology, Daffodil International University

⁴Dhaka School of Economics (DScE), University of Dhaka

May 12, 2022

We are currently living at a time of recurring urgency, promise, and injustice for sexual and gender minorities worldwide. Deep poverty, socio-economic

inequality and bigotry are those social variables effect individual, family, neighborhood, structural and demographic level and multi-sector and multistage procedures are mandatory to address socio-economic health determinants (Sakib, 2022). The right to health and access to healthcare for LGBTQ individuals are harmed by patterns of homophobic and transphobic violence, discriminatory and insufficient hate crime legislation, and laws that criminalize same-sex intimacy. LGBTQ people around the world are dealing with an HIV/AIDS epidemic among males who have sex with men and transgender women. Unfortunately, they as well suffer a the menace of substance abuse and mental health illnesses, as well as criminal violence. But the health sector is developing day by day. Even people are planning and implementing robotics in healthcare (Sakib, 2022) and blockchain technology in healthcare supply chain (Sakib, 2022). Even the effect of industrialization in health and environment is also considered. For example, even the effect of oil and gas development in Nigeria in health and environment is also highly considered (Sakib, 2021). But LGBTQ health is not given that much interest. In certain regions, the recognition of LGBTQ people's legal rights has cleared the path for increased health-care access. I think the trend should continue like that. On the other hand, individuals from this hidden society have limited access to decent health care, as well as other basic human rights. Many LGBTQ people live in civilizations where their relationships or specific sexual acts are illegal, and they are forced to hide their existence for their own safety.

LGBTQ persons face discrimination in healthcare and in receiving competent treatment, and these difficulties are likely to worsen in the event of a pandemic. Active discrimination, insensitivity and denial of treatment, fear of sexual stigma are all examples of marginalization, and trans-identified people may have additional difficulties in receiving sufficient medical care (Patel et al., 2020). I pity these individuals since they feel trapped in what they cn not change. Within healthcare settings, LGBTQ people face microaggressions such as the use of heterosexist terminology, disapproval of LGBTQ experiences, and acceptance of heteronormative culture and practices (Dean et al., 2016).

An increasing amount of global information have documented the health implications of criminalization legislation, discrimination, and stigma, in addition to the direct health repercussions of violence against LGBT individuals. These include the community's mental health, particularly increased stress and depression, a fear of seeking help, increased risk behaviors, and a higher prevalence of certain diseases, perhaps most notably HIV, which continues to have a significant and disproportionate impact on men who have sex with men (MSM) and transgender people around the world. Apart from having a negative impact on LGBT people's

health and health-care seeking behavior, I think that is vital and a bit risky for health care professionals since such legislation can have a negative impact on them and other NGO members, as they might face discrimination for working with and providing services to LGBT people.

Through international forums, the US government has given greater attention to the health and human rights of LGBT people around the world in recent years. In 2011, President Barack Obama issued a Presidential Memorandum that resulted to the first-ever United Nations resolution on sexual orientation and gender identity being passed. It was a very historical moment for the LGTQ society. Simultaneously, many of the nations that criminalize same-sex activity receive US global health assistance and/or are significant strategic allies of the US, posing complicated considerations about how to best address the health needs of LGBT people in those countries.

There have been recent government actions in Nigeria, Uganda, India, and Russia that heightened the concern about the safety and well-being of LGBT people and the institutions that assist or employ them. I believe it was a nice move, very commendable since it will open way for improved global LGBTQ health. There are also concerns that other countries will copy the trend and emulate the policy in the near future. While the US government has started to create the framework for a stronger focus on LGBT human rights and health in its foreign assistance programs, there are still numerous concerns and uncertainties about how it should proceed in the short and long run. I have noted that while some countries have made significant progress, others are increasingly criminalizing same-sex relations and discriminating against LGBT persons, both of which are seen to have negative health effects..

The prohibition of homosexuality has pushed people into hiding, hastening the spread of the HIV epidemic and other sexually transmitted infections. In some nations, health care providers may refuse to treat LGBT clients, and in the most extreme circumstances, health workers and allies may face criminal charges if they do not report LGBT people to the government. I suggest that we need reforms to break the stigma since global health care institutions have occasionally perpetuated oppression for intersex and/or transsexual people, while in other cases they have functioned as fierce advocates for equality.

I commend the trend with Cameroon where the government has recognized homosexual men as a population group in its HIV National Strategic Plan in 2011, allowing state-sponsored health services to reach this previously untapped market. However, a major conflict arose: how to provide culturally acceptable services in a country where same-sex sexual actions are illegal. It appeared that two complementing techniques were viable. The human rights approach, which is based on equality. It asserts that all people have the right to health care and that stigmatization and discrimination against gay males must be eliminated.

In a nutshell, I think that it is unfair and inhumane to deny members of the LGBTQ society basic health rights. It is evident that stigmatization and discrimination when left to continue, LGBTQ society will be forced to remain hidden from the health system for fear of criminal prosecution. The global goal of the public health approach, is based on access to healthcare and to halt the HIV epidemic in the world. A suspension on arrests was one of these strategies, allowing LGBTQ individuals to seek health care without fear of being prosecuted. By incorporating this hidden society, we stand a chance at universal global health for everyone.

References

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