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SYSTEMATIC, INTEGRATIVE, AND SCOPING REVIEWS

ACCESS INEQUITIES AFFECTING SEXUAL AND GENDER DIVERSE POPULATIONS IN LATIN AMERICA: HIGHLIGHTS FROM SLAMS 2025

INEQUIDADES DE ACESSO DA POPULAÇÃO DA DIVERSIDADE SEXUAL E DE GÊNERO NA AMÉRICA LATINA: DESTAQUES DA SLAMS 2025

INEQUIDADES DE ACCESO DE LA POBLACIÓN SEXO-Y-GÉNERO DIVERSA EN AMÉRICA LATINA: DESTAQUES DE SLAMS 2025

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Abstract: Introduction: Public health systems in Latin America rarely collect or analyze data categorized by sexual orientation and gender identity, perpetuating epidemiological invisibility and hindering the development of rights-based policies. Objective: To identify the literature on health inequities affecting sexual and gender diverse populations in Latin America and discuss how legal frameworks, reproductive policies, and health system organization shape these disparities. Methods: Integrative review developed from expert discussions held during the XVIII Congress of the Latin American Society for Sexual Medicine, conducted in São Paulo in 2025, complemented by targeted literature searches. Results: Among men who have sex with men, anxiety, depression, and suicidal behavior are highly prevalent, alongside high rates of substance use, violence, and sexually transmitted infections, including HIV and HPV. Women who have sex with women face persistent myths regarding low risk of sexually transmitted infections, as well as reduced access to preventive methods and lower cervical cancer screening rates. Trans populations present high rates of depression, suicide, HIV, and cardiovascular diseases, in addition to extreme exposure to lethal violence; in Brazil, trans women have a drastically reduced life expectancy. Conclusion: Health inequities affecting this population result from the interaction between structural stigma, legal and policy gaps, and insufficient preparedness of health systems.

Keywords: Sexual and Gender Minorities; Sexual Health; Health Disparities; Mental Health; Latin America.

Resumo: Introdução: Os sistemas públicos de saúde da América Latina raramente coletam ou analisam dados categorizados por orientação sexual e identidade de gênero, perpetuando a invisibilidade epidemiológica e dificultando a formulação de políticas baseadas em direitos. Objetivo: Identificar a literatura sobre as iniquidades em saúde que afetam pessoas da diversidade sexual e de gênero na América Latina e discutir como marcos legais, políticas reprodutivas e a organização dos sistemas de saúde moldam essas disparidades. Métodos: Revisão integrativa desenvolvida a partir de discussões de especialistas realizadas durante o XVIII Congresso da Sociedade Latino-Americana de Medicina Sexual, realizado em São Paulo em 2025, complementada por buscas direcionadas na literatura. Resultados: Entre homens que fazem sexo com homens, ansiedade, depressão e comportamento suicida apresentam elevada prevalência, paralelamente a altas taxas de uso de substâncias, violência e infecções sexualmente transmissíveis, incluindo HIV e HPV. Mulheres que fazem sexo com mulheres enfrentam mitos persistentes sobre baixo risco de infecções sexualmente transmissíveis, além de menor acesso a métodos preventivos e menores taxas de rastreamento do câncer do colo do útero. Populações trans apresentam elevadas taxas de depressão, suicídio, HIV e doenças cardiovasculares, além de exposição extrema à violência letal; no Brasil, mulheres trans apresentam expectativa de vida drasticamente reduzida. Conclusão: As iniquidades em saúde dessa população resultam da interação entre estigma estrutural, lacunas legais e políticas e despreparo dos sistemas de saúde.

Palavras-chave: Minorias Sexuais e de Gênero; Saúde Sexual; Disparidades em Saúde; Saúde Mental; América Latina.

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Resumen: Introducción: Los sistemas públicos de salud de América Latina rara vez recopilan o analizan datos categorizados por orientación sexual e identidad de género, perpetuando la invisibilidad epidemiológica y dificultando la formulación de políticas basadas en derechos. Objetivo: Identificar la literatura sobre las inequidades en salud que afectan a las personas de la diversidad sexual y de género en América Latina y discutir cómo los marcos legales, las políticas reproductivas y la organización de los sistemas de salud moldean estas disparidades. Métodos: Revisión integrativa desarrollada a partir de discusiones de especialistas realizadas durante el XVIII Congreso de la Sociedad Latinoamericana de Medicina Sexual, celebrado en São Paulo en 2025, complementada con búsquedas dirigidas en la literatura. Resultados: Entre hombres que tienen sexo con hombres, la ansiedad, la depresión y la conducta suicida presentan alta prevalencia, paralelamente a elevadas tasas de consumo de sustancias, violencia e infecciones de transmisión sexual, incluyendo VIH y VPH. Las mujeres que tienen sexo con mujeres enfrentan mitos persistentes sobre bajo riesgo de infecciones de transmisión sexual, además de menor acceso a métodos preventivos y menores tasas de tamizaje del cáncer de cuello uterino. Las poblaciones trans presentan elevadas tasas de depresión, suicidio, VIH y enfermedades cardiovasculares, además de exposición extrema a la violencia letal; en Brasil, las mujeres trans presentan una expectativa de vida drásticamente reducida. Conclusión: Las inequidades en salud que afectan a esta población resultan de la interacción entre el estigma estructural, las brechas legales y políticas, y la insuficiente preparación de los sistemas de salud.

Palabras clave: Minorías sexuales y de género; Salud sexual; Desigualdades en salud; Salud mental; America Latina.

Introduction

In recent years, advances in medicine and public health have contributed to a deeper understanding of sexual and gender diversity (SGD). Nevertheless, public health systems in Latin America still face challenges in collecting, analyzing, and using data and indicators related to these populations (Gonçalves *et al.*, 2026). Although factors such as hypertension, obesity, and substance use continue to play a central role in morbidity and mortality across Latin America (Danel *et al.*, 2005), structural stigma and discrimination remain critical determinants of the inequities in access to health services experienced by SGD populations.

SGD individuals experience higher rates of psychological distress, depression, anxiety, and posttraumatic stress disorder, often associated with violence, family rejection, and social marginalization (Dilley *et al.*, 2010), and have less access to preventive care, cancer screening, and reproductive health services (ACOG, 2022). Recognizing these specific needs is essential to clinical practice; however, cisheteronormative biases in the management of this population's health needs continue to shape adverse healthcare experiences and outcomes.

Harmful substance use, including chemsex and self-medication, often emerges as a coping mechanism for minority stress (Meyer, 1995). Suicide risk is alarmingly higher among SGD individuals, particularly transgender and nonbinary people, with prevalence estimates up to four times those observed in cisgender heterosexual populations (The Trevor Project, 2021). In addition, reproductive health issues receive limited attention, and data on cancer incidence and prevalence are rarely collected. These vulnerabilities call for integrated public health strategies.

This review aims to highlight the specific barriers and health inequities experienced by SGD populations in Latin America, emphasizing regional diversity, social structures, and the intersection of health and human rights.

Methods

This study was designed as an integrative review to synthesize epidemiologic data, clinical evidence, and public policies concerning health inequities affecting SGD populations in Latin America. The impetus for the review and the initial search arose from discussions presented at the 18th Congress of the Latin American Society for Sexual Medicine (SLAMS), held in São Paulo, Brazil, in 2025. The panel addressed health disparities affecting this population across epidemiologic, clinical, and psychosocial domains.

The integrative approach was selected to allow the inclusion of heterogeneous sources, including quantitative studies, qualitative research, public policy documents, and expert consensus statements,

thereby providing a comprehensive overview of a field characterized by fragmented data and structural invisibility.

Data sources and search strategy

A targeted search was conducted in PubMed/MEDLINE, Scopus, Web of Science, and LILACS, including publications available through March 2025. Additional references were identified by manually searching the reference lists of key articles and relevant public policy documents. The search strategy combined controlled vocabulary and free-text terms. Medical Subject Headings (MeSH) and equivalent descriptors were used for the following domains: sexual and gender diversity ("Sexual and Gender Minorities," "Men Who Have Sex with Men," "Women Who Have Sex with Women," "Transgender Persons," and "Gender Diverse"); public policy and rights ("Health Policy," "Public Policy," "Civil Rights," and "Human Rights"); sexual and reproductive health ("Reproductive Health," "Family Planning Services," and "Assisted Reproductive Technologies"); sexually transmitted infections ("Sexually Transmitted Diseases," "HIV," and "Human Papillomavirus"); mental health ("Mental Health," "Depression," "Anxiety," and "Suicide"); and geographic scope ("Latin America" and "Caribbean Region"). Search terms were combined using Boolean operators (AND/OR) and adapted to the requirements of each database.

Eligibility criteria and data synthesis

Eligible sources included original studies, systematic reviews, narrative reviews, and regulatory or public policy documents addressing health outcomes, access to services, or legal and structural determinants of health among SGD populations in Latin America. No restrictions were placed on study design. Articles were excluded if they did not address Latin American settings or did not focus on SGD populations.

The evidence was synthesized narratively and organized according to predefined population groups: men who have sex with men (MSM), women who have sex with women (WSW), and transgender people. These sections were followed by cross-cutting thematic domains: civil rights and legal frameworks, reproductive planning and access to assisted reproduction, mental health, and availability of health services.

The authors used ChatGPT (OpenAI, United States) as an artificial intelligence tool to assist with data organization, generate images, translation to English and grammatical review of the manuscript. All content was reviewed and approved by the authors, who assume full responsibility for the final version. The terminology followed international standards, using behavior-based descriptors such as MSM and WSW regardless of identity labels, in accordance with UNAIDS recommendations (UNAIDS, 2015).

Results

A total of 407 articles were identified in the databases for screening, of which 99 were excluded as duplicates. After duplicate removal, 308 articles remained for title and abstract screening. Of these, 35 studies were included in the present review. In addition to scientific articles, the review included official documents from Brazil's Federal Council of Medicine (CFM) and Federal Council of Psychology (CFP), as well as international guidelines from the World Professional Association for Transgender Health on healthcare for transgender people. Reports identified through the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) website were subsequently incorporated; these reports contained data on laws and regulations related to the civil and reproductive rights of SGD populations in Latin American countries (Figure 1).

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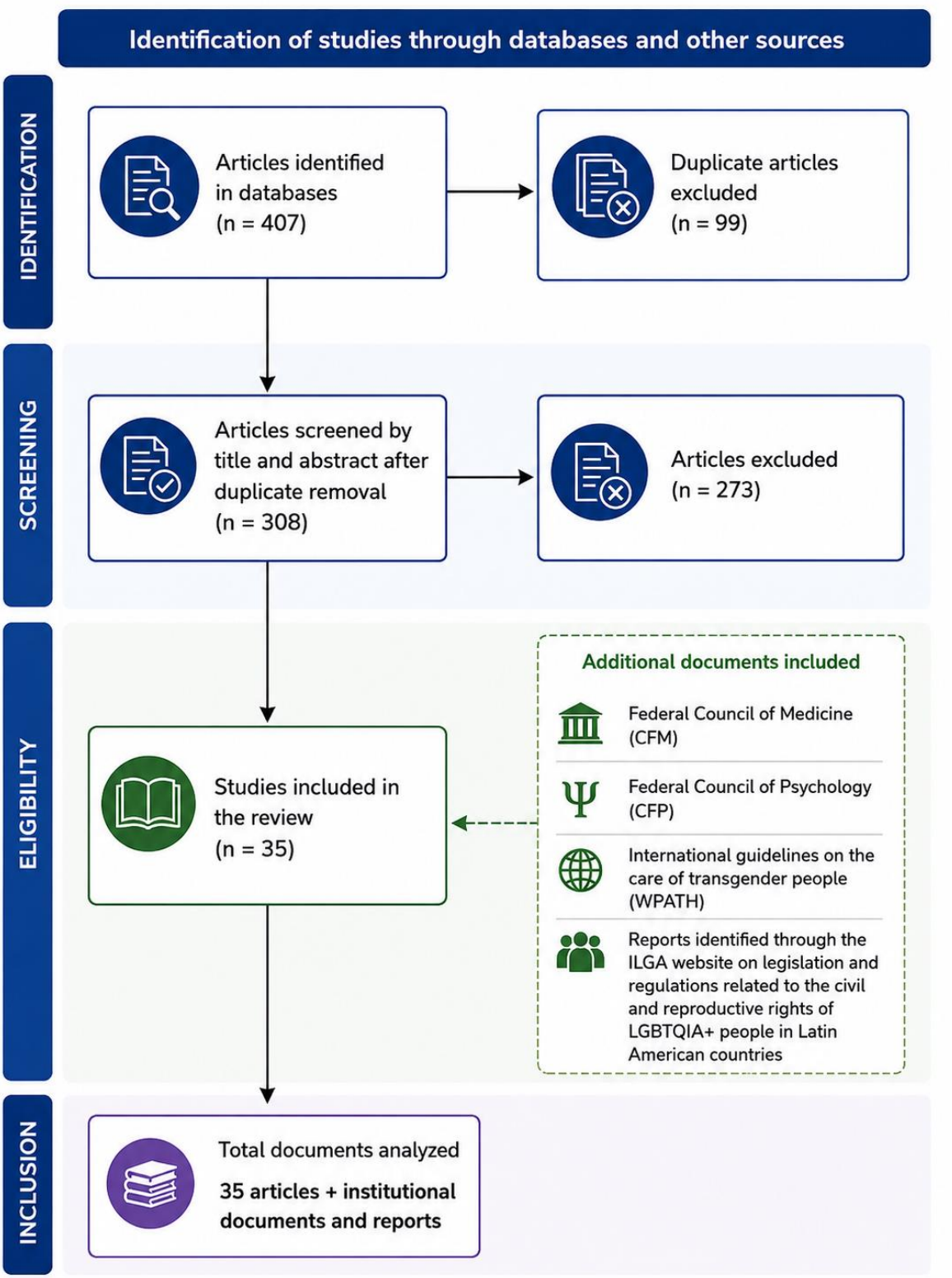
Figure 1 - Study eligibility flowchart (image generated using ChatGPT [OpenAI, United States])



Abbreviations: CFM, Federal Council of Medicine; CFP, Federal Council of Psychology; ILGA, International Lesbian, Gay, Bisexual, Trans and Intersex Association; LGBTQIA+, lesbian women, gay men, bisexual people, transgender people, intersex people, asexual people, and other identities and orientations.

Men who have sex with men (MSM)

Mental health disorders are among the most important health concerns affecting gay men and other MSM. In Latin America, the prevalence of anxiety in this group ranges from 9.2% to 30.1%, compared with approximately 13.0% among cisgender heterosexual men, and is associated with factors such as stigma, discrimination, violence, minority stress, and social exclusion (Gmelin *et al.*, 2022). Depressive symptoms are even more prevalent, ranging from 18% to 50%, compared with 2% to 4% in the general male population

(Cerecero-Garcia *et al.*, 2021; Errazuriz *et al.*, 2023). Suicidal ideation is also more prevalent among gay men and other MSM (35% vs. <5%). Suicide attempts are reported by 11% to 20%, with up to a threefold higher risk among bisexual men and a twofold higher risk among gay men compared with heterosexual men (Chum *et al.*, 2023; Hottes *et al.*, 2016).

Harmful use of psychoactive substances is also significantly more prevalent among gay men and other MSM. In Latin America, reported use ranges from 9.3% to 61% for cannabis and reaches 19.7% for poppers, inhaled substances that relax anal smooth muscle; substantial rates of cocaine use and chemsex have also been reported (Balán *et al.*, 2013; Lisboa *et al.*, 2023). Alcohol misuse affects 58% to 78% of this population, with patterns similar to those observed in Europe, where the prevalence of chemsex may be up to 60 times higher among MSM than among heterosexual men (Guerras *et al.*, 2021).

Several Latin American studies have reported rates of physical, psychological, verbal, and sexual violence that are 4 to 25 times higher among MSM (Davis *et al.*, 2022; Sabidó *et al.*, 2015). In Guatemala, for example, the prevalence of violence among MSM is 28.6%, compared with less than 8.8% in the male population (Davis *et al.*, 2022). The prevalence of sexual violence ranges from 15.9% in Brazil to 39% in Mexico and is associated with homophobia, alcohol and drug use, a history of childhood abuse, and depressive symptoms (Semple *et al.*, 2017; Zea *et al.*, 2022).

The prevalence of sexually transmitted infections (STIs) among MSM is consistently higher than that observed in the general male population. In Peru, HIV prevalence ranges from 9% to 17%, whereas it remains approximately 0.5% in the general population (Cárcamo *et al.*, 2012). Rates of syphilis (7%-20%), chlamydia (11.6%), and gonorrhea (9.7%) may be up to 20 times higher among MSM (Workowski *et al.*, 2021). HPV infection exceeds 80% in some studies, particularly among MSM living with HIV, increasing the risk of anal cancer to as many as 131 cases per 100,000 person-years (Balán *et al.*, 2013).

Women who have sex with women (WSW)

The health of WSW remains understudied in both gynecology and public health. Persistent myths suggest that WSW are at lower risk for STIs. However, human papillomavirus (HPV), herpes simplex virus (HSV), and other infections can be transmitted through oral-genital contact or the sharing of sex toys. The lack of tailored sexual health education and the limited availability of preventive supplies, such as internal condoms, barrier devices, e.g., dental dams (latex sheets used during oral-vulvar sex), and lubricants, also contribute to the low uptake of preventive practices in this group.

In several Latin American countries, these supplies are not routinely available for purchase and depend on small-scale imports or community-based initiatives. Currently, 47 countries and territories in the Region of the Americas have incorporated the HPV vaccine into their national immunization schedules (PAHO, 2023).

With respect to early detection and cancer prevention, WSW are less likely to undergo cervical cancer screening despite having the same biological risk as other women (ACOG, 2012; Robinson *et al.*, 2017). In 2022, more than 78,000 cisgender women were diagnosed with cervical cancer in the Americas, and mortality rates among Latin American women were three times those observed in North America (Sung *et al.*, 2021). Bisexual women appear to have higher odds of diagnosis (odds ratio [OR], 1.94; 95% confidence interval [CI], 1.46-2.59), largely because of factors that include lower screening coverage (Robinson *et al.*, 2017). In Brazil, an estimated 17,010 new cases of cervical cancer were expected annually during 2023-2025, corresponding to an incidence rate of 15.38 cases per 100,000 women (Brasil, 2023). HPV self-sampling tests, with a sensitivity of 71.4% and specificity of 98.2%, offer an alternative for women who avoid pelvic examinations because of discomfort or stigma; however, this method does not yet replace cytology for detecting high-grade disease associated with HPV types other than 16 and 18 (Nishimura *et al.*, 2021; Okano *et al.*, 2024).

Because sexual orientation is not routinely recorded in administrative health databases or in large cohort studies with samples sufficient to assess this outcome, it remains unclear whether breast cancer incidence is in fact higher among cisgender WSW (Meads & Moore, 2013). Nevertheless, some population-based surveys suggest that breast cancer mortality may be up to three times higher among lesbian women than among heterosexual women (Cochran, 2001).

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Transgender people

Transgender people account for approximately 0.3% to 0.5% of the global population (Reisner *et al.*, 2016; Winter *et al.*, 2016). In Brazil, a nationally representative survey found that 0.69% of the adult population self-identifies as transgender (Spizzirri *et al.*, 2021). In Latin America, the leading causes of mortality among transgender people include suicide, HIV/AIDS-related conditions, cardiovascular disease, and external causes (Rafael *et al.*, 2021; Rodríguez Madera, 2022).

Suicide rates are high and are closely associated with the high prevalence of depression and anxiety and with exposure to physical and sexual violence, which are often compounded by discrimination and social exclusion (Coelho *et al.*, 2025). Depression affects an estimated 50% to 70% of transgender populations, who also experience markedly higher rates of suicide and self-harm than cisgender populations (Glintborg *et al.*, 2025; Reisner *et al.*, 2016). In a large survey conducted in the United States, 44% of transgender respondents met criteria for severe psychological distress, compared with less than 4% of the general population; moreover, 38% reported suicidal ideation in the previous year, compared with 5% of cisgender people (Rastogi *et al.*, 2025).

Mortality from infectious diseases, particularly HIV, remains disproportionately high among transgender women (De Blok *et al.*, 2021). In Latin America, HIV prevalence among transgender women ranges from 18% to 38%, according to multicenter reviews and population-based studies (Silva-Santisteban *et al.*, 2016; Stutterheim *et al.*, 2021). In large urban centers such as Rio de Janeiro and Salvador in Brazil and Lima in Peru, exploratory studies and serologic surveys have reported point estimates ranging from 24% to 44% (Grinsztejn *et al.*, 2017; Leite *et al.*, 2024; Reisner *et al.*, 2025). In Argentina, prevalence estimates range from 19.6% to 34% (Frola *et al.*, 2020), whereas serologically confirmed rates in the Dominican Republic reach 35.8% (Budhwani *et al.*, 2021).

Cardiovascular risk is consistently higher among transgender populations than among their cisgender counterparts, as reflected by higher incidences of myocardial infarction, stroke, and venous thromboembolism, particularly among transgender women receiving estrogen therapy (Coleman *et al.*, 2022; Hembree *et al.*, 2017). A recent meta-analysis found that transgender people have an approximately 40% higher risk of cardiovascular disease than cisgender individuals of the same sex assigned at birth (van Zijverden *et al.*, 2024).

External causes, particularly homicide and lethal violence, are major determinants of premature mortality among transgender people in Latin America, which remains one of the world's most dangerous regions for this population (Rodríguez Madera, 2022). Brazil records the highest number of homicides of transgender people in the region (Rodríguez Madera, 2022; Souza *et al.*, 2021). Transgender women in Brazil have a life expectancy of only 35 years, compared with approximately 80 years in the general population (Malta *et al.*, 2023).

Civil rights, reproductive planning, and the public policy landscape

In several Caribbean jurisdictions, including Guyana, Trinidad and Tobago, and Jamaica, consensual same-sex sexual activity remains criminalized, exposing individuals to prison sentences of up to 5 years (GUYANA, 1893; JAMAICA, 1864; TRINIDAD AND TOBAGO, 1986). Some legal documents classify same-sex sexual practices as "buggery," an archaic legal term that characterizes such conduct as "contrary to the order of nature," reflecting historically moralized and stigmatizing conceptions of sexuality.

Some countries, however, have adopted measures to reduce stigma, prejudice, and the pathologization of LGBTQIA+ experiences. In Mexico, the offense of "Crimes Against a Person's Sexual Orientation or Gender Identity" was incorporated into the Federal Criminal Code in April 2024 (MÉXICO, 2024), whereas in Brazil the Federal Council of Psychology formally prohibits conversion practices among mental health professionals (BRASIL, 1999). Nevertheless, comprehensive regulatory and enforcement mechanisms remain insufficient in many areas, allowing these practices to persist.

Across Latin America, legal recognition of same-sex relationships has expanded substantially over the

past 2 decades, although marked heterogeneity remains among countries. Same-sex marriage is fully legal in several countries in the region, including Argentina, Brazil, Colombia, Chile, Uruguay, and, more recently, Mexico at the federal level, reflecting a regional trend toward legal equality. Nevertheless, some countries provide no form of legal recognition for these unions, highlighting persistent inequalities in legal protection across the region. The data used for this classification were derived from ILGA's global database on marriage and civil union laws (ILGA, 2023).

Assisted reproductive technologies (ART), including intrauterine insemination and reciprocal in vitro fertilization (ROPA), have expanded reproductive options for WSW and transgender people (Okano *et al.*, 2023). However, access to these services remains unequal across Latin America. Countries such as Argentina, Colombia, and Uruguay operate under more inclusive regulatory frameworks that allow female same-sex couples to access assisted reproduction with fewer legal restrictions. In contrast, jurisdictions such as Peru and Paraguay have restrictive, ambiguous, or nonexistent regulations that limit or prevent equitable access to these services. These disparities reflect broader legal and institutional inconsistencies in the recognition of the reproductive rights of sexual and gender minorities throughout the region, as documented in ILGA's global database (ILGA, 1978).

Brazil remains the only Latin American country to have established formal regulations specifically governing the provision of assisted reproductive techniques to SGD populations, offering greater legal clarity than the fragmented or absent approaches observed in other countries in the region (BRASIL, 2022).

Mental health and access to health services

The Minority Stress Model proposed by Meyer (2003) provides a fundamental conceptual framework for understanding the mental health effects experienced by SGD populations. Fundamentally, distress arises not from identity itself but from the social and structural determinants that generate stigma and exclusion. These factors include both external and internal components, such as repeated exposure to discrimination, physical and psychological violence, social exclusion, internalized stigma, and fear of rejection, including within the family, as well as school dropout and institutional and historical invisibility. Limited access to qualified health services further reinforces this cycle of vulnerability and distress (Meyer, 2003).

The observed health inequities are partly attributable to inadequate access to health services and insufficient professional training. For example, Mayfield *et al.* (2017) reported that primary care trainees felt significantly less comfortable taking a sexual history from SGD patients, particularly when gender expression was gender nonconforming. This lack of preparedness among health professionals may result in both overt and subtle forms of bias, including microaggressions, negatively affecting patients' perceptions of the care they receive. These factors constitute important barriers to the provision of comprehensive healthcare. Health professionals should recognize that their attitudes toward and knowledge of gender identity and expression may directly affect the quality of care provided to these individuals and their families.

Against this backdrop, there is an urgent need to implement affirmative and inclusive mental health protocols; provide ongoing professional training that emphasizes inclusion and attentive, respectful listening; create welcoming environments; and develop public policies addressing the challenges faced by SGD populations across psychological, sexual, and social domains. Person-centered practices should also be incorporated into primary care, together with efforts to strengthen the clinician-patient relationship, open communication, and community engagement.

Conclusion

Persistent health inequities affecting SGD populations in Latin America are sustained by a complex interplay of stigma, legal inequalities, and data invisibility. Incorporating minority stress frameworks into public health planning is essential to developing interventions that address both the biological and structural determinants of health.

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