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Self-Identity, Self-Care and Inclusion in LGBT Population of A Municipality in Colombia, 2019

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Abstract

The lesbian, gay, bisexual and transgender (LGBT) population has achieved important spaces of recognition in the country. However, some barriers persist for this population.

Methods: The self-identities with which a sample of the LGBT population of the municipality of Girardot in Colombia is recognized were analyzed and to correlate them with three of the dimensions of the indicators to measure the inclusion of this population proposed by the United Nations Development Program (education, political and civic participation, economic well-being, health, and personal safety). Analytical and cross-sectional observational study. During the years 2018 to 2020, 849 people from the municipality of Girardot, in Cundinamarca, Colombia were contacted. A survey was used with variables on gender identity, access to health and participation in pro-rights organizations.

Results: approximately half of the respondents identify themselves as gay (48.7%); 43% have a high school degree, 21% have a university education (professional); affiliation to retirement funds is low; there is a lack of knowledge about policies and low participation in social organizations dedicated to the enforcement of the right.

Conclusion: In Colombia, more studies are needed to map and make visible the living conditions of the LGBT population, as a contribution to the enforceability of their rights.

Keywords: LGBT Community; Gender; Gender Identity; Sexual and Gender Minorities; Social Margination

Abbreviations: EPS: Health Promoting Organization; LGBT: Lesbian, Gay, Bisexual and Transgender.

Introduction

The dominant dualistic thinking to identify sex considers only the binary concept based on male/female sexual dimorphism. However, the individual can identify in a permanent and persistent way with the other sex and even with other associated forms. This social symbolic construction of sexual and gender identity allows for safe classifications of who is normal and how society expects them to behave [1].

The concept of sexual diversity refers to the existence of multiple types of sexual expression, which has been generally grouped under the acronym LGBT [2]. The LGBT population is composed of groups defined by the diversity of their identity, gender expression, sexual orientation, and biological sex [3]. Benhadjoudjat and Milot [4], refer that the acronym LGBT is used in academic environments, as well as by activists to designate sexual minorities and represent sexual diversity. Other acronyms such as LGBTQ, LGBT, LGBTQI or LGBTQIP

(Q for Queer, I for intersexual and P for pansexual) can also be found [5], see Table 1.

This diversity of identities, studied since the mid-twentieth century, has two main components: the first, related to the ideological, cultural and social order, and the second in relation to the subjective identity itself [6]. Sexual diversity is a concept that concerns both identities and, in relation to the former, has had to make a series of claims in the social space, mostly obtained by multiple non-governmental organizations. More recently, the protection of the rights of the LGBT population has been mobilized from international law and it is expected that countries will ratify it in national legislation [7]. These claims have been materializing in most countries in the form of laws and decrees that recognize and protect diverse sexual identities, although there is a gap between the enactment of the norm and its enforcement [8].

Gender identity: individual feeling of identifying oneself as male, female, or some other manifestation.
Gender expression: the way one presents oneself to the outside world according to gender, including the use of pronouns, clothing, and other external markers. Gender non-conforming (gender incongruent): a person who experiences incongruence between the sex they were assigned at birth and their gender identity. Sexual orientation or sexual attraction: a concept separate from gender identity. It refers to the type of individuals to whom one is romantically or sexually attracted.
Lesbian: a person who identifies as a woman, recognizes herself as such and is erotically and affectively attracted to other women.
Gay: a person who identifies as a man, recognizes himself as such, and is erotically and affectively attracted to other men.
Transgender: people whose gender identity is incongruent with the gender they were assigned at birth.
Trans man - a transgender person who identifies as male.
Transgender woman: a transgender person who identifies as female.
Cisgender: people whose experienced gender matches the gender assigned at birth.
Queer: a person who does not identify as male or female. For some it describes a political stance of transgender people with the lesbian, gay or bisexual activist movement.
Intersex: a person born with a reproductive or sexual anatomy that does not fit traditional definitions (ambiguous genitalia).
Transformer: person who wears stereotypical clothing of the other gender, with no intention of living permanently as the other gender (drag queen or king).
Drag Queen: man who wears female clothing.
Drag King: woman who wears male clothing.
Transvestite: person who expresses his or her identity by using clothing and attitudes or behaviors of the opposite gender to his or her biological sex.
Pansexual: a person who is sexually attracted to other individuals beyond his or her gender.

Table 1: Terms used in the field of sexual diversity (Own elaboration based on Benhadjoudat and Turban).

Colombia is a geographically and population diverse country, which since its 1991 Political Constitution considers respect for this diversity as a foundation of the nation [9]. However, the normative expression for the recognition and protection of sexual diversity is recent. Historically, non-heterosexuality has been the object of discrimination, prohibition and silencing and, until 1981, homosexual acts were considered a crime in the penal code [10]. The State, despite recognizing itself as the guarantor of diversity, is based on the concept of heteronormativity inherited from the religious viewpoint and rooted in discriminatory cultural and social practices. The normative heterosexual is considered a natural state projected "as an ideal or moral achievement. It does not so much consist of rules that could be summarized in a doctrinal corpus as in a sense of correctness - tacit and invisible - that is created by contradictory - often unconscious - but immanent manifestations in practices and institutions" [11].

Advances in policies for the protection of diversity have been more an achievement of LGBT movements than the result of concrete actions by the State. However, there is still a lack of knowledge about rights even among the same population [12]. One of these rights is related to access to health services, especially sexual and reproductive health care. LGBT groups face greater barriers to access than the general population and some authors, such as Palma and Orcasita [13], define

them as a "vulnerable group". This group has historically been absent in prevention and sexual health discourses. The LGBT population was made widely visible starting in the 1980s in relation to the HIV pandemic, which was directly associated with homosexual sexual practices, which generated greater stigmatization and increased discrimination that persists even today [14,15].

Discrimination, violence and stigmatization around sexual diversity have been a constant in Colombia, which begins in spaces considered as protective such as the family and school [16], is amplified in the workplace [17] and has deepened in the context of the internal armed conflict [18]. However, there are no indicators or figures on the LGBT population in the country, much less in small municipalities outside the large capitals, which is not exclusive to Colombia. From the perspective of inclusion, which encompasses the fundamental rights to the recognition of difference, access to health and education, among others, for the LGBT population there are barriers to different services due to the expression of their sexual diversity. Studies report that, in the health field, there are inequalities in health, in relation to cancer, mental health and palliative care [19]; in the care of young people [20] and in the cultural competencies of health personnel to provide quality care without discrimination [21].

Self-care is defined as a cultural construct related to self-care based on factors such as previous knowledge, available time, economic resources, age, gender and social inclusion, as well as the effective use of the health system [22]. For this study, it was considered as part of the access to prevention programs offered by the health system.

The LGBT population is recognized as a group that preserves certain behaviors and collective identity in specific contexts. In this sense and to systematically measure the implementation of inclusion policies for this population, in 2016, the United Nations Development Program (UNDP) proposed a set of indicators in 5 dimensions: education, political and civic participation, economic well-being, health(including self-care) and personal safety and violence, whose objective is the measurement of inclusion of the LGBT population in the different measured domains [23].

The objective of this article was to analyze the self-identities with which a sample of the LGBT population in the municipality of Girardot in Colombia is recognized, their main socio-demographic characteristics and correlate them with three of the inclusion dimensions of the indicators proposed by the UNDP: health (access and self-care), economic well-being and political and civic participation. It originated in the project entitled "Characterization of a group of LGBTI citizens of the municipality of Girardot 2018 - 2019" presented as a degree option for nursing students at the University of Cundinamarca and contains part of the results obtained in the same.

Methods

An observational, analytical cross-sectional study was conducted. During the years 2018 to 2020, 849 people from the municipality of Girardot, in Cundinamarca, Colombia were contacted. The collection technique used was the application of a survey on gender identity, access to health and participation in pro-rights organizations. The survey was built from other validated instruments applied to the LGBT population in Colombia (previously defined and measured dimensions). It was composed of 65 questions to evaluate sociodemographic characteristics (15 items); sexual self-identification (15 items); sexual and reproductive health conditions, self-care and affiliation to the general health and social security system (18 items); and rights, participation, discrimination and violence (22 items).

It was validated by a group of experts (health professionals, teachers, researchers and representatives of departmental health entities). The experts contributed to the content validity. Subsequently, a pilot test was conducted with the participation of 20 people from the LGBT community of the municipality of Flandes (Tolima), because its population has similar characteristics to the population of Girardot. For the reliability of the instrument, an internal consistency analysis of the items was carried out, through the calculation of Cronbach's alpha coefficients, with a result of .804. Upon analyzing the results, aspects to be improved were evidenced, which resulted in the final version of the instrument. The information was systematized in Excel®, coded and tabulated; the analyses were performed with the help of SAS® software, using statistical description for the distribution of data in absolute and relative frequencies.

Since there is a lack of data on the total study population in the country and in the municipality, non-probabilistic convenience sampling was considered. Since gender identity is a condition that can be discriminatory, the snowball technique was used to recruit participants, based on key informants who referred other potential collaborators. From the referrals, 849 people were contacted. The following inclusion criteria were applied: over 14 years of age, resident in the municipality of Girardot - Cundinamarca, who agreed to participate in the research and who declared their gender and sexual diversity. As exclusion criteria: outside the lower age range; that there is vulnerability due to social or family recognition of their diversity. The data are presented in relation to four of the selected dimensions of inclusion: health (indicators of source of medical care and self-care in relation to sexual and reproductive health); education (indicator of secondary education level); and education (indicator of

secondary education level). Economic well-being (social security indicator such as access to pension/retirement) and political and civic participation (in pro-rights networks and organizations). The confidentiality of the data and the anonymity and privacy of the participants were guaranteed; the project was framed within the principles of the Helsinki declaration and resolution 8430 of 1993 of the Colombian Ministry of Health, classified as research without risk to human beings. The ethics committee of the Universidad de Cundinamarca endorsed the study. Informed consent and assent were obtained. For persons older than 14 and younger than 18 years of age, a neuro-cognitive evaluation was performed for decision making, obtaining informed consent; those who did not reach it were made to sign the informed assent with the permission of their parents who filled out the informed consent form.

Results

A total of 849 people were contacted, of whom 812 met the inclusion criteria and of these, 56 did not agree to participate in the study, resulting in a final sample of 765 people.

Self-identification is shown in Table 2. Of the respondents, 48.7% self-identified as gay, followed by 21% as bisexual and 20% as lesbian. The grouped percentages of the other groups is close to 10%.

	Frequency	Cumulative Frequency	Mean Age	Mean
Gay	372	372	32	30
Lesbian	153	525	32	12
Bisexual	162	687	26	11
Travesty	33	720	33	3
Transexual	16	736	34	1,8
Transformist	20	756	32	1,7
Heterosexual	2	758	37	0,26
Indetermined	4	762	21	0,39
Queer y/o neutral	3	765	41	0,39

Table 2: Self-identification and average age in LGBT population, Girardot. 2018 – 2020.

The proposed educational level indicator explores the percentage of people who achieved primary and secondary schooling. In schooling related to self-identification, it was found that less than 1% had no formal education at all; 11% of respondents achieved primary school; 43% achieved secondary school; 21% reported university (professional) education and less than 1% reported post-graduate education, with a higher level of education reported by gay men than by lesbian women. The social security indicator as access to retirement, of the economic well-being dimension, is reported together with the health affiliation indicator (Table 3).

Self-identity	EPS	Special insurance	No insurance	DK/DA	Yes	No	DK/DA
Gay	339	4	13	16	37	133	202
Lesbian	145	2	3	3	9	58	86
Bisexual	139	6	10	7	21	87	54
Travesty	29	1	0	3	0	7	26
Transformist	19	0	0	1	0	1	19
Transexual	15	0	0	1	0	3	13
Indetermined	3	0	0	0	0	2	2
Queer y/o neutral	2	0	0	0	0	2	1
Heterosexual	1	0	1	0	0	2	0
Total	692	13	27	31	67	295	403

Table 3: Self-identification and affiliation to social security in health and pension in LGBT population, Girardot. 2018 – 2020.

Two health dimension indicators were included: source of permanent medical care, such as affiliation to the social security health system, i.e. the percentage of people covered by the system, which in Colombia represents affiliation through any of its forms (linked to a health promoting organization - EPS - or to special regimes), previously described in Table 4.

Second indicator was self-care, such as seeking sexual and reproductive health care for HIV and hepatitis screening, early detection of cervical cancer and early detection of prostate cancer. Higher percentages of women reported self-care activities (breast self-examination, cytology) than men (testicular self-examination, prostate examination). About 30% of respondents had not accessed HIV testing at the time of the study.

Self-care	Education level							Total
	Elementary	High school	Technical education	Technologic education	Professio nal	Post graduated	DK/DA	
Gynecologist consultation	10,77	28,85	8,85	0,38	12,69	0,38	3,85	**65,77**
Performs breast self-exam	7,69	25,00	8,46	0,38	12,31	0,38	1,92	**56,14**
Vaginal cytology done	8,08	30,38	9,26	0,38	12,69	0,38	5,00	**66,17**
Testicular self-examination is performed	4,16	13,66	7,13	2,18	9,70	0,00	1,58	**38,41**
Prostate exam is performed	2,38	4,55	2,38	1,19	2,77	0,00	0,99	**14,26**
Last sexual intercourse with a condom	6,93	29,93	10,46	3,27	14,51	0,13	3,66	**68,89**
Tested for HIV and hepatitis	6,27	28,89	12,55	3,27	15,42	0,13	3,92	**70,45**
Interested in being tested for HIV and hepatitis	7,97	34,51	12,16	3,27	16,08	0,13	3,92	**78,04**

Table 4: Self-care according to level of schooling in LGBT population, Girardot. 2018 – 2020.

In terms of political and civic participation (in networks and pro-rights organizations), a generalized lack of knowledge among respondents of LGBT policies and low participation in social organizations dedicated to the enforceability of the right was identified. Only 10% of the surveyed population reported knowing the policies or benefits related to the gender approach and of that percentage 38% reported participating in social networks or organizations such as the Bogotá LGBTI roundtable, Colombia Diversa and the league against AIDS.

Discussion

Gender identity is a social construction, based on individual psychological processes embedded in components of culture and biology [24]. This continuous and permanent process of identifying oneself is immersed in the coordinates of the hegemonic social organization, in which the diverse has been opening space for the last few decades. In Latin America and the Caribbean have on the one hand, countries that protect diverse sexual and gender expressions in their legislation with laws on equal marriage and legal change of name and gender and, on the other hand, a deep-rooted violence against those who are different, with the highest rates of hate crimes in the world [25-28]. In addition to the daily violence, in Colombia, in the context of the internal armed conflict, violent actions against this minority group worsened on the part of actors on all sides [18,25].

LGBT persons in Colombia are considered a vulnerable minority. There is discrimination, exclusion and violence towards people who manifest an identity different from the heteronormative one [10,29]. The lack of inclusion of sexual orientation in the national census or in large demographic surveys is another example of this institutional violence, which makes statistically invisible this part of the population, according to Stang [30], "located outside the binary matrix of heterosexuality".

The national demographic survey included for the first time some sexual orientation questions in its 2015 version and reported that out of a total of 158,283 people interviewed, 99% of women and 98% of men identified themselves as heterosexual; 0.4% and 1.2% of women and men declared themselves homosexual; 0.6% of men and women as bisexual; 38 people (24 men and 14 women) recognized themselves as transgender [31].

Girardot is a municipality in the department of Cundinamarca in west-central Colombia. According to the 2018 census,

106,818 people live there, 47.6% men and 52.4% women [32]. There is no overall data on LGBT population. This study found that most of the population identified themselves as gay men and lesbian women, similar to the findings of the first national study conducted on this population [33].

Despite the enactment of the policy for the guarantee of the effective exercise of the rights of the LGBT population that aims to be a guideline for inclusion in all public spheres (Decree 762 of 2018), in the educational sector acts of homophobia, lesbophobia, biphobia and transphobia are still evident, starting from the academic structures to the spaces of coexistence and exchange [34,35]. In this study, the highest educational level attained by 42% of the participants was secondary education and a quarter had university education.

In terms of the labor field, which is constituted as "a modern institutional framework that operates as a discipline and device to exert control over people and their bodies, from which symbols and behaviors are determined that linearly define behaviors and legitimize actions" [36], defining oneself in terms of sexual diversity constitutes a risk of losing one's job, which is why the expression of manifestations of sexual diversity at work is avoided. manifestations of sexual diversity at work is avoided [17].

Barriers to access to the health system in Colombia are not a problem exclusive to the LGBT population. Being a market system, based on risk management and focused on the provision of services in the large capitals of the country, there are multiple economic, geographic and cultural barriers to access services [37]. However, being a minority, along with indigenous communities or Afro-descendants, the LGBT population is exposed to cultural access barriers and stigmatization in services, mainly in sexual and reproductive health services [38].

Romanelli and Hudson [39], attribute the fundamental causes of the barriers to access to the health system to socio-structural factors that affect the exclusion and invisibility of LGBT people in health and mental health institutions. Individual-level barriers to self-care and use of services were attributed to individual factors such as lack of health literacy and attempts to avoid stigma. Regarding the old age protection component such as retirement affiliation, Colombia presents an overall deficit since the general population does not reach retirement due to the high levels of informality and unemployment and the instability of salaried employment [40]. For the LGBT population, additionally, the right to obtain the survivor's pension of their partner upon death was denied by the pension funds because they were not recognized for being of the same sex. The Constitutional Court, in an iconic ruling, recognized this right in 2008 [41].

The right to retirement is a basic recognition of an aging population. However, there are many LGBT seniors "accustomed to navigating social mores to avoid negative experiences" [42], who are unwilling to recognize themselves as such to demand this right. Therefore, health care providers and social security services should build trusting relationships to provide comprehensive care.

Within the parameters of self-care, this study included access to prevention and early detection programs in sexual and reproductive health such as HIV. Several reviews have linked the lack of access to HIV screening and treatment programs, not only because of lack of knowledge but also because of gender-based violence by health personnel to which women and the LGBT population are exposed [43]. Similarly, seeking care for cancer, for treatment or subsequent follow-up, has been associated with a higher risk of suffering worse outcomes than other survivors. This finding may be related to stress among minorities, including the LGBT population [44].

In conclusion, for the three selected indicators, the population that recognizes itself as LGBT presents a deficit in inclusion, which for some situations is not exclusive to this community (health, retirement), but which is increased by the expression of the sexual diversity with which they identify.

Conclusion

The 21st century has been considered the century of acceptance and respect for what is diverse and different, which has allowed the definition of inclusive policies for groups historically discriminated against, opening possibilities for the enjoyment of a life and existence with quality in all its dimensions. Access to education has allowed the level of schooling to increase in the population in general and in particular in the LGBT population, with whom a fundamental aspect to consider is the bullying that generates desertion at middle and university levels of education. The population that self-identifies as gays and lesbians continues to be the most representative in the different studies that have been carried out at this level at the national and international level, with transgender identities gaining strength in recent decades.

As has been seen worldwide, the demand for sexual rights has been led by the homosexual population through movements such as Stonewall in the United States in 1969. This fact, as well as the possibility of having a better cultural level, has allowed other people with diverse sexual self-identities to begin to visualize themselves in different scenarios of public and academic life.

The right to social security that fully guarantees access to

health services, affiliation to a pension fund (retirement) and labor risks in Colombia are limited for the general population and particularly for the LGTB community. The barriers to access to the health system, as well as the lack of job opportunities and job instability make it difficult to have a pension in the future once the productive life stage of any Colombian, including the LGTB population, is over.

In Colombia, more studies are needed to map and make visible the living conditions of the LGBT population, as a contribution to the enforceability of their rights.

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