

## HEALTHCARE CHALLENGES AND INEQUITIES IN THE LGBTQ+ COMMUNITY

**AUTHOR** – VAISHNAVI SALUNKE & PRIYANSHI VORA, STUDENTS AT KES SHRI JAYANTILAL H. PATEL LAW COLLEGE

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### ABSTRACT:

People who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) come from diverse backgrounds. They represent all races, ethnicities, religions, and social classes, making the LGBTQ+ community an important and integral part of society. Despite growing acceptance in some areas, LGBTQ+ individuals still face unique challenges that affect their physical, emotional, and mental well-being. Studies have shown that they are at a higher risk for certain health issues compared to their heterosexual peers. Some of these risks are linked to sexual health, but many are a direct result of broader social and structural problems. LGBTQ+ individuals often experience discrimination in healthcare settings, education, workplaces, and even within their own families, leading to increased stress and anxiety. Many also face rejection, isolation, or violence, which can contribute to depression and other mental health struggles.

Additionally, systemic inequities continue to limit access to quality healthcare, education, and job opportunities for LGBTQ+ people, deepening social and economic disparities. Transgender individuals encounter significant obstacles when seeking gender-affirming medical care, while LGBTQ+ youth are more likely to face bullying and harassment in school, increasing their risk of dropping out.

Understanding these issues is crucial for fostering a more inclusive and supportive society. By addressing discrimination, promoting equal rights, and improving access to healthcare, mental health services, and resources, society can help ensure that LGBTQ+ individuals receive the support, protection, and respect they deserve. Laws and policies that protect LGBTQ+ rights, along with education and awareness programs, play a key role in creating a safer and more accepting environment for all individuals, regardless of their sexual orientation or gender identity.

**Keywords:** LGBTQ, Health, Ignorance, Society, Life, Mental Health, Physical Health

### Introduction:

In today's world, people who identify as lesbian, gay, bisexual, and transgender (LGBT) are becoming more visible and acknowledged in society. However, researchers and healthcare professionals still have limited information about the overall health and well-being of this community. Over the past two decades, some progress has been made in studying LGBT health, but many questions remain unanswered.

What do we currently know about the health challenges faced by LGBT individuals? Where are the research gaps? What steps can be taken to improve our understanding of LGBT health? <sup>2294</sup>This paper aims to explore these questions and highlight areas that need further study.

The term "LGBT community" refers to a diverse group of individuals who differ in gender

<sup>2294</sup> Katie Batza et al., *LGBTQ Experiences and Health*, in *Communities and Place: A Thematic Approach to the Histories of LGBTQ Communities in the United States* 150, 150–77 (1st ed. Berghahn Books 2020), <https://www.jstor.org/stable/j.ctv1tbhr05.10>

identity, sexual orientation, race, ethnicity, and socioeconomic background. Because of this diversity, the health concerns and experiences of LGBT individuals can vary significantly. Factors such as discrimination, social stigma, and limited access to health care can affect their physical and mental well-being.

Although the acronym LGBT is commonly used to describe this community, it is important to recognize that lesbian, gay, bisexual, and transgender individuals each have unique health-related concerns. Unfortunately, in both scientific research and mainstream media, these groups are often treated as one single population, which can overlook the specific challenges each subgroup faces. By understanding these differences, researchers and healthcare professionals can create better policies, conduct more meaningful studies, and provide improved healthcare services tailored to the needs of each group. Recognizing and addressing these issues is an essential step toward ensuring equality and well-being for all members of the LGBT community.

### Literature Review:

The committee recognized that peer-reviewed journals are the most reliable sources for reporting research findings. They made every effort to use studies published in major academic journals. However, they also included what they considered to be the best available research, such as journal articles, book chapters, research reports, and other data sources that were carefully reviewed by committee members. Since different academic journals have different publication standards and levels of peer review, the committee placed the most importance on studies from highly respected journals. Academic books, chapters, and technical reports do not go through the same strict peer-review process as journal articles, so the committee prioritized those that used strong research methods, were written by well-known experts, and aligned with widely accepted academic knowledge.

When reviewing studies on health issues in the

LGBT community, the committee mainly focused on research published after 1999 to ensure they were working with the most recent data. However, for transgender populations, much of the most significant research was conducted before 1999, so older studies were included when necessary. The same approach was taken for history<sup>2295</sup> and theory, where older literature was referenced because it remains important in shaping academic discussions.

To determine the reliability and usefulness of both quantitative (statistical) and qualitative (descriptive) research, the committee considered several factors that affect how well the findings could be applied to a larger population. These factors included the size and diversity of the sample, where participants were recruited, how they were selected, and how many responded to the study. The committee also considered the research design and whether the study collected enough data to be meaningful—this is known as saturation, which is the point at which gathering more information no longer adds new insights. In cases where a study had limitations, such as a small sample size, the committee still included it if it provided valuable information but made sure to clearly state its limitations. Case studies, which focus on specific individuals or small groups, were included only when necessary since their findings are difficult to apply to larger populations.

The committee focused mainly on research conducted in the United States. However, if no U.S.-based data were available or if non-U.S. research was considered important, those studies were also included. This was especially common for research on transgender people. Only studies published in English were considered.

The committee reviewed both statistical research and qualitative studies that did not include numerical data. For research involving

<sup>2295</sup> American Psychological Association, LGBTQ+ History, APA (Mar. 21, 2025), <https://www.apa.org/topics/lgbtq/history>.

statistical analysis, they checked whether the methods used were appropriate and correctly applied. For qualitative research, they evaluated whether the data were properly analysed and interpreted.

The committee did not compare the size of differences between studies, as this would require consulting the original research. In some cases, they used secondary sources, such as reports, but always referred to the original studies to verify the information.

### Research Design:

#### Type of Research Design:

This study focuses on the health and overall well-being of the LGBT community in different cultures and societies. The main objective of this paper is to analyse how the LGBT community should be supported and why it is crucial to recognize them as an essential part of society. Health is a fundamental right and neglecting it has led to severe consequences for LGBT individuals.

The health and safety of the LGBT community can be ensured when individuals who identify as lesbian, gay, bisexual, or transgender have access to proper healthcare services for both their physical and mental health. Instead of treating them as an exception, it is necessary to acknowledge and treat them like any other individual. Unfortunately, issues such as discrimination, harassment, rejection, and uncertainty have made it difficult for LGBT individuals to lead healthy and secure lives.

#### Hypothesis:

This study hypothesises that LGBT individuals face unique health challenges. While the term LGBT is commonly used as an umbrella term, each group within this community has its specific health concerns. Additionally, within these groups, factors such as race, ethnicity, economic status, geographical location, and age further contribute to variations in health needs. Despite some existing research on LGBT health, these communities remain understudied due to societal stigma and a lack

of dedicated research.

#### Type of Research or Research Method:

In any empirical research, the study design should be tailored to the characteristics of the population being studied. For LGBT research, it is important to identify and apply appropriate research methods to address the specific challenges in data collection. This section examines sampling methods, including probability and non-probability sampling, to build study populations for LGBT health research. It also discusses the use of both qualitative and quantitative research methods in these studies.

Research studies aim to describe population characteristics, answer important questions, and test hypotheses to confirm existing findings or explore new areas. The effectiveness of the research findings depends on the study design and the ability of researchers to select appropriate samples. Factors such as data collection techniques, measurement design, sample selection, and recruitment methods all contribute to the validity and generalizability of findings.

Internal and external validity are essential in evaluating the reliability of LGBT research. Internal validity ensures that variables are measured accurately and that relationships between them are logically justified, ruling out unrelated external factors. External validity determines how well the research findings apply beyond the specific study setting.

#### Data Collection and Analysis:

The Kinsey report played a significant role in the study of sexuality, but its findings have limited generalizability due to sampling issues. More accurate estimates regarding different sexual orientation groups come from the National Health and Social Life Survey (NHSLs), conducted by the National Opinion Research Centre (NORC) at the University of Chicago in

1992.<sup>2296</sup> This survey is considered one of the most authoritative national studies on adult sexuality in the U.S., assessing individuals based on sexual attraction, behaviour, and orientation.

According to NHSLS, approximately 90% of men and 92% of women reported being exclusively heterosexual. Meanwhile, 2.8% of men and 1.4% of women identified as homosexual or bisexual. Other participants reported experiencing same-sex attraction or having had same-sex relationships. Due to the relatively small sample size of non-heterosexual respondents, the margin of error in these findings is significant, making broader generalizations challenging.

The 2002 National Survey of Family Growth (NSFG), conducted by the CDC, also provided estimates on sexual orientation, behaviour, and attraction among individuals aged 18-44. According to the NSFG, 90.2% of men identified as heterosexual, 2.3% as homosexual, 1.8% as bisexual, and 3.9% as something else. Among women, 90.3% identified as heterosexual, 1.3% as homosexual, 2.8% as bisexual, and 3.8% as something else. The survey also indicated that 6.2% of men engaged in same-sex behaviour, while 11.5% of women reported sexual experiences with other women. These higher percentages for women may be due to broad question phrasing.

Recent surveys based on national probability samples offer additional insights into LGB identification. Data from the 2008 General Social Survey (GSS) revealed that 2.2% of men identified as gay and 0.7% as bisexual, while 2.7% of women identified as lesbian and 1.9% as bisexual. Additionally, research conducted by Knowledge Networks in 2009 found that 6.8% of men and 4.5% of women identified as LGB.

Age differences across these studies suggest that younger generations are more likely to identify as LGB and report same-sex experiences. Variations in findings may also result from differences in survey methods, data

collection techniques, and sampling processes. Due to relatively small sample sizes, these estimates have a large margin of error.

Data from national probability samples also provide insights into the demographics of LGBT populations. However, due to limited data availability, most demographic findings focus on gay men and lesbians, while information on bisexual and transgender individuals remains scarce.

### Relevance of Research:

The LGBT community has historically faced exclusion and discrimination, often being labelled as abnormal. Although they share the same health risks as the general population, they also face additional health challenges due to societal stigma.

Stigma affects all LGBT individuals, although the impact may vary based on their specific identity. One major issue is invisibility in healthcare research and medical services. Many LGBT individuals hesitate to disclose their sexual orientation or gender identity due to fear of discrimination. This lack of visibility further amplifies the negative effects of stigma. Addressing this invisibility is crucial in reducing health disparities and ensuring proper healthcare for LGBT populations.

Despite these challenges, the LGBT community has actively resisted discrimination and fought for equal treatment. Over the years, they have built strong community networks to address their healthcare needs and have worked toward gaining recognition from scientific and governmental institutions. Research has also highlighted the resilience of LGBT individuals, demonstrating their ability to cope with stress and adversity.

As discussed throughout this study, stigma presents significant challenges for researchers and healthcare professionals. Due to fear of discrimination, many LGBT individuals avoid disclosing their identities to doctors and researchers. Additionally, researchers studying LGBT issues may face professional

<sup>2296</sup> National Health and Social Life Survey (NHSLS), LGBT Data (last visited Mar. 21, 2025), <http://www.lgbtdata.com/national-health-and-social-life-survey-nhsls.html>.

marginalization. Many healthcare providers also lack training in LGBT-specific health concerns, further contributing to disparities in medical care. Addressing these issues is essential for improving healthcare access and reducing inequalities faced by LGBT individuals.

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