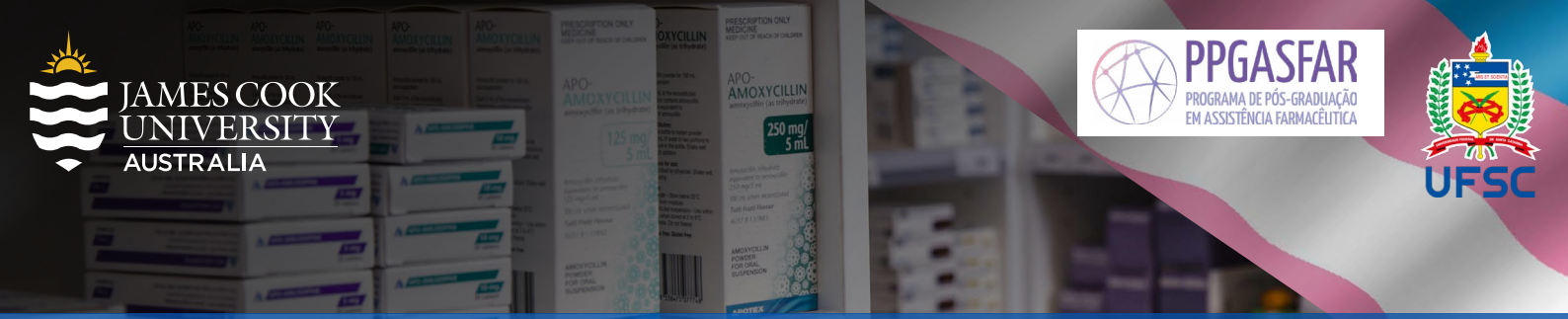

Access to medicines and pharmaceutical services for trans people in Latin America: Results from a scoping review

Authors: Livia Maria de Souza Gonçalves; Maria Eduarda Zimmerman; Beverley D Glass; Norberto Rech Bonetti and Luciano Soares

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INTRODUCTION

• Globally, trans people face barriers to accessing healthcare, which impacts their access to medicines and pharmaceutical services, resulting in poorer health outcomes.[1,2]

• Healthcare access is often influenced by the health system's characteristics.[3] Latin American countries have geographic, historical, and cultural similarities, with resulting similarities in the characteristics of their health systems' structures.[4]

AIM

To analyze the literature on access to medicines and pharmaceutical services for trans people in Latin America.

METHODS

Electronic databases (SciELO, LILACS, PubMed) were searched in 2022 guided by the Johanna Briggs Institute (JBI) manual for Scoping Reviews.5 MESH terms related to health access for trans people, and relevant keywords (English, Portuguese and Spanish) found in an exploratory search of the field, were used between the Boolean Operators to build the search strategies.

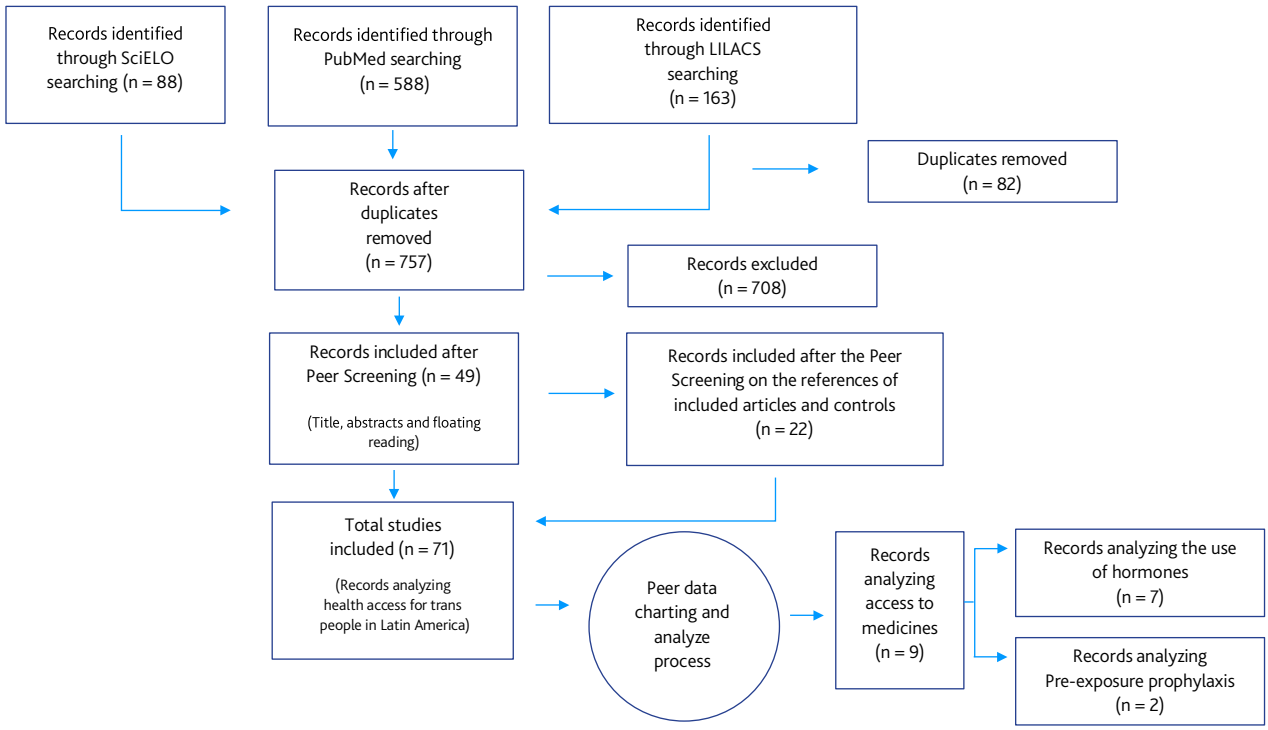
A three-steps peer screening was followed by advanced screening according to a) aim to analyse access to healthcare for trans or LGBTQIAPN+ people; b) reporting primary research; c) those papers containing an abstract; d) include trans people living in Latin America or issues of access to healthcare in Latin America.

Data charting and analysis were undertaken by two researchers.

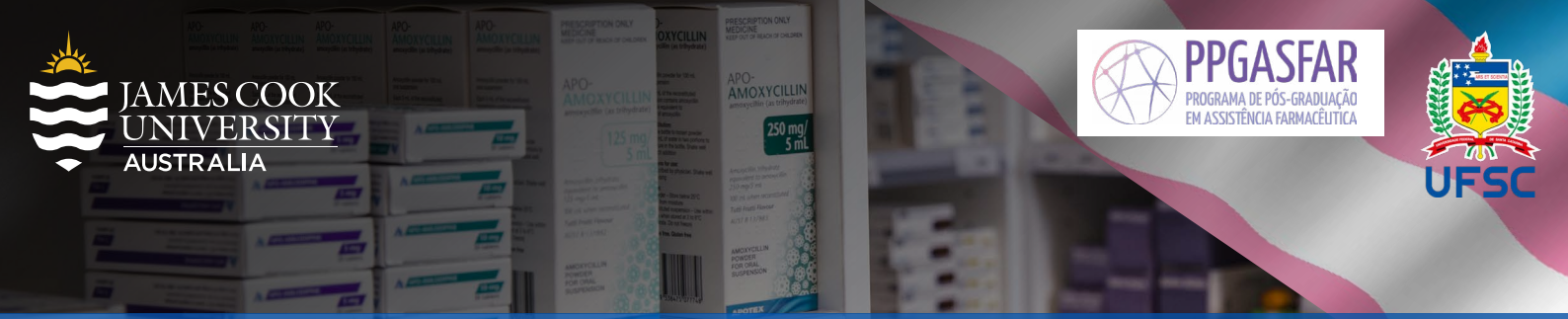
RESULTS

From the 757 studies, 71 were included, published between 2007-2022 (Fig. 1).

Figure 1. PRIMSA flow chart for selection of studies related to access to medicines and/or pharmaceutical services



Nine (12.7%) studies specifically included access to medicines, published between 2014-2022, with their population composed of travestis (trans-feminine gender identity from Latin America) and trans woman (8 studies) and trans men (1 study). Notably, none of the included studies aimed to investigate access to pharmaceutical services (Table 1).



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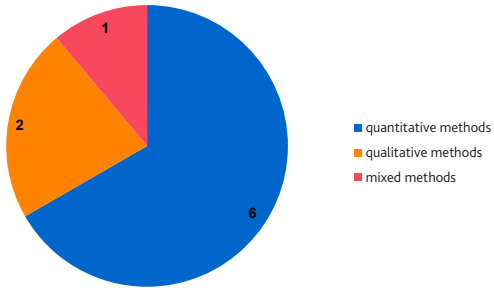
RESULTS

Table 1: Main Findings of the studies that analyzed access to medicines.

Authors, Year	Main Findings
Sánchez, S. et al., 2014 [6]	Only 11.8% of the participants obtained the hormones by medical prescription and had some knowledge about their effects.
Silva, R. A. et al., 2022[7]	One hundred and twenty-seven transgender women were recruited, 69.1% used non-prescribed hormones, which was associated with industrial liquid silicone use and body satisfaction.
Lima, F. & Cruz, K., 2016[8]	All participants sought in private services what they cannot obtain in public services: guarantee of continued assistance; access to additional follow-up exams, surgeries and hormone prescriptions, as well as other medicines that mitigate the side effects of testosterone use.
Maschião, L.F. et al., 2020[9]	A total of 90.7% of participants reported ever taking hormones. Most of those detailed nonprescribed use, which was associated with sex work, starting to use hormones before 18, identifying as travesti and having lower education.
Costa, M. C. B. et al., 2021[10]	Of 790 trans women, 36.8% were taking nonprescribed hormones - higher with younger age, lower education, and homelessness. Lower use was associated with accessing health care and having trans-specific health needs met.
Jalil, E. M. et al., 2018 [11]	Low awareness, but high willingness to take PrEP among transwomen in Brazil. 38% of all transwomen had heard of PrEP, while almost 80% of transwomen who self-reported as HIV-uninfected were willing to use after explanation.
Wilson, E.C. et al., 2019 [13]	Almost one third of participants had heard of PrEP, and most were interested and thought it would be beneficial for transwomen in their community. Barriers to PrEP included fear of being HIV positive resulting in low HIV testing and concerns about the ability to adhere to a daily PrEP regimen.
Krüger, A. et. al., 2019 [14]	Overall prevalence of continuous use of hormones was 64.5% - most participants (84%) without a prescription, with guidance from their peers in 41% of the cases. Continuous use of hormones is associated with race, income and age, as well as guidance of healthcare professionals, which is associated with level of education.

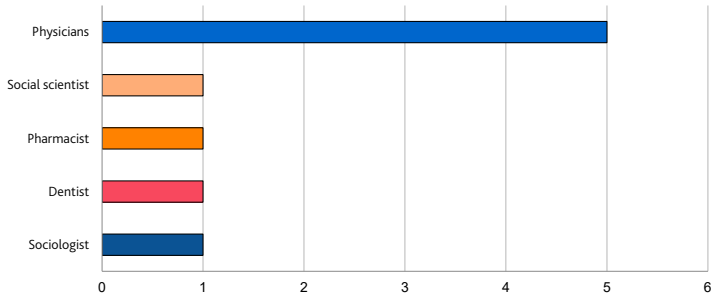
From the studies analyzing access to medicines (9), most used quantitative methods (Fig.2), a contrast when compared with all included studies (71), where qualitative methods predominated (71.8%).

Figure 2: Study Design
Number of articles per method



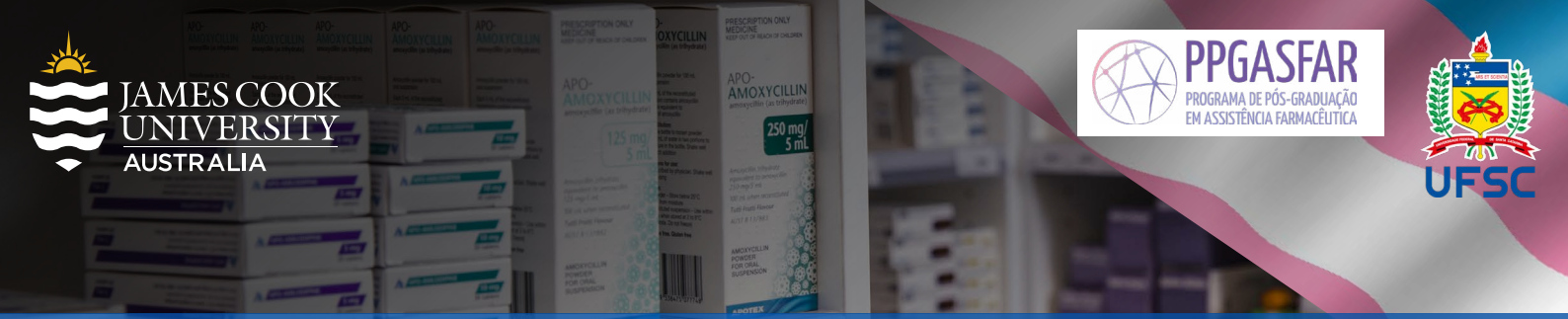
Most of the studies analyzing access to medicines were conducted by doctors (Fig. 3), differing from the total of included articles, where the main authors were from the disciplines of psychology (32.4%), nursing (19.7%), and medicine (15.5%), with only 2.8% in pharmacy.

Figure 3. Studies by authors' discipline
Number of articles per field



CONCLUSION

The review has highlighted limited involvement of pharmacists in researching access to medicines and pharmaceuticals services for trans people. A gap in the provision of pharmaceutical services for this population across Latin America has been identified, necessitating further research.



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