

RESEARCH ARTICLE

Perspectives of the Filipino LGBTQ+ community in the National Capital Region in healthcare: A Photovoice project

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ABSTRACT

Background: LGBTQ+ populations worldwide bear a disproportionate burden of health disparities aggravated by stigma and discrimination in healthcare. This struggle is worsened in the Philippines due to systemic barriers, outdated medical curricula, and the pervasive stigma in society, making it harder for LGBTQ+ individuals to access healthcare.

Methodology: A community-based participatory research (CBPR) approach using the photovoice method was used to describe and co-construct perspectives from LGBTQ+ individuals related to healthcare access in the Philippine healthcare system. The LGBTQ+ participants who resided in Metro Manila were asked to capture photographs representing their healthcare experiences. Focused group discussions (FGD) were then utilized as a platform for collective discussions and interpretations of these photos, enabling the participants to voice their stories and views about healthcare access.

Results: The results are represented in seven photographs, symbolizing seven key themes that are illustrative of the importance of narrating LGBTQ+ stories in healthcare, solidarity among the community for better access, the urgent need for a call to make healthcare spaces inclusive, navigation through intersecting identities, interaction between healthcare professionals and LGBTQ+ individuals, the call for systemic change to be fitted to the needs of LGBTQ+ people, and diverse healthcare challenges among transgender people.

Conclusion: The findings point to the strong call for systemic reforms in the Philippine healthcare system to better support the needs of LGBTQ+ people. This study highly recommends that lived experiences should be included in health practices and policies as a basis for inclusivity and equity.

Introduction

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations face substantial disparities in healthcare [1,2], hence there is an increasing interest in research on this matter from various perspectives. Yet, several gaps persist that demand more deliberation toward solving the real challenges the community faces [1]. In most parts of the world, stigma and discrimination still hinder the ability and initiative of LGBTQ+ individuals, who are associated with poorer physical and mental health, to access healthcare services [2]. These disparities in healthcare are driven by lack of access, prejudice, and systemic barriers existing within healthcare systems. About one in six LGBTQ+ adults report some kind of discrimination in healthcare [3], whereas approximately one out of five avoid seeking medical care because of fear of bias and prejudice [4]. This often results in serious health consequences, such as heart disease [5,6]. These gaps are further deepened through the unpreparedness of the healthcare system to meet transgender health needs. Seventy percent of transgender respondents reported transphobia and it is even more of an issue for transgender people of color [7].

Healthcare for the general public in the Philippines has similar issues that are perpetuated on LGBTQIA+ populations through outdated medical curricula, SOGIE-insensitive standards, and deeply embedded stigma [8]. Even though the Philippines is regarded as one of the most gay-friendly countries in Southeast Asia, the country still has a lot of reports of healthcare discrimination in the form of harassment, denials of service, and poor advice on medical treatment for these populations [9,10]. These barriers are highlighted for transgender Filipinos, thus putting them at higher risks for healthcare issues and being part of an expanding HIV epidemic among MSM [8]. Initiatives like the 'Right to Care' card issued by Quezon City have made partial improvements in enabling LGBTQ+ partners to be authorized health guardians. These initiatives are severely outweighed by a system that generally lacks good provisions [11]. While the general attitude is very positive, many Filipino health professionals would still prefer to deal with heterosexual clients [12]. It points to comprehensive reforms that should include SOGIE-sensitive medical education and the passage of the Sexual Orientation and Gender Identity Expression (SOGIE) Bill [13].

Understanding the experiences and insights of the members of the LGBTQIA+ community will contribute to addressing barriers and issues related to health care. Lived experiences or insights from people directly involved in an interaction or event constitute a resource that grounds any research or practice-based initiative [14]. The article further elaborates how the powerful assertion, "nothing about us without us," stresses the ethical imperative to incorporate lived experiences into various domains, including ethics, intellectual inquiry, and practical applications. As O'Leary and Tsui [15] describe, lived experience represents "the knowledge we bring because we have firsthand involvement or exposure to particular events, occurrences, or conditions that we have tried to make sense of and construct meaning from" (p. 1075). This approach prioritizes the client's perspective, emphasizing that professionals are not the ultimate experts on clients' lives or experiences.

One effective method to look into and document various perspectives is through a Photovoice project, a method of participatory visual research designed for social change by engaging the community to document their daily lives. It has enabled several vulnerable communities by offering them the capacity to enhance engagement, awareness of resources, and self-efficacy [16]. Emphasizing the knowledge and perspectives of the community, the Photovoice approach greatly enhances the community-based participatory research process [17]. First, the participants in Photovoice were equipped with cameras, taught how to use them, and asked to shoot their lived experiences in photos relevant to a certain research focus. These photos are then discussed as a group with the researchers and participants, enabling a rich common narrative that is usually shared in exhibits, reports, or articles aimed

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at raising awareness regarding community issues and needs with the purpose of promoting social change [17]. Images are used in a Photovoice project because they are emotionally powerful, express experiences artistically in a manner words alone cannot, and make pressing issues more difficult to continue to ignore [18].

Putting it into context, a Photovoice project can be instrumental in exploring and co-constructing an understanding of the current landscape of LGBTQ+ healthcare in the Philippines. By looking into their challenges, the research aims to advocate for positive changes in healthcare to make it more inclusive and supportive. Hence, this study's objective is to describe and explore the perspectives of the LGBTQ+ community regarding healthcare in the Philippines using Photovoice.

Methodology

2.1 Data Gathering

This study adopted a community-based participatory research (CBPR) approach paired with Photovoice in co-constructing the perceptions of LGBTQ+ individuals regarding their experiences of healthcare services in Metro Manila. As explained by Horner in his study, co-construction is the process through which researchers and participants collaborate at every stage of the research [19]. This was in line with the approach of CBPR, which uses systematic inquiry that is reflective and collective, incorporating both community stakeholders and researchers as a means to bridge social change [20]. In the photovoice method, participants took photographs shared in facilitator-led focus group discussions (FGD) wherein participants or research partners expressed their experiences through visual narratives. This study also considered the idea of the agora, which Pohl and colleagues referred to as a space where knowledge production occurs at the nexus of scientific and nonscientific realms [21]. Thus, the researcher played the role of a mediator, connecting voices in the agora [21].

Following these ideas, some of the most relevant steps undertaken in the research design consisted of the recruitment of the partners, orientation, photography, and the collective interpretation and analysis.

2.2 Partner Recruitment

Since this study leaned on the principles of CBPR, participants for this study are referred to as partners. This ensures that each partner is part of the whole process of co-constructing narratives and meanings with the Photovoice method. Partners were recruited from Metro Manila through convenience sampling, with the assistance of the Center for Gender and Women Studies at the University of the Philippines (UP) Manila. Eligibility criteria included identifying as LGBTQ+, being at least 18 years old, residing in Metro Manila, and having accessed healthcare in the past year.

Partners also needed to be proficient in English or Tagalog, able to operate a camera phone, and available for virtual meetings. Allies and individuals who did not identify as LGBTQ+ were excluded.

2.3 Training and Ethical Considerations

The study within the project proposed under the UP Manila Center for Gender and Women Studies was reviewed and approved by the university during the study period and complied with the Declaration of Helsinki [22]. The ethical concerns in using the photovoice methodology specifically emphasized by Wang and Redwood-Jones were reminded upon orientation and training about photography [23]. This comprised a 45-minute video presentation by the lead author, which explained ethical considerations: confidentiality, anonymity, and the right to withdraw. It was shared with partners days before the first FGD. An ICF was provided with an emphasis on confidentiality and keeping photographs in password-protected cloud storage. The training also focused more on the technical aspects of taking photographs rather than aesthetic quality to lead the partners in capturing images that were personally meaningful and related to their healthcare experiences.

2.4 Taking Action

Following the orientation, the partners had one week to take pictures representing healthcare access for LGBTQ+, including visits to hospitals, and pharmacies, or interaction with healthcare providers. No restrictions were placed on the types of images the partners could take; they were allowed to shoot in any healthcare setting and document personal experiences. If taking new pictures was not possible, partners were asked to choose those from their files that best reflected their perceptions regarding LGBTQ+ health in the Philippines. In any case, however, all pictures should have been taken by the partners themselves to ensure authenticity.

In addition to these, the criteria for photographs were the following: 1) photos should not depict identifiable persons; 2) in cases of photos showing events or objects including people, anonymization should easily take place without defeating the intended meaning of the photograph. In this way, privacy was maintained while the integrity of the visual narratives was not at all affected. However, in one of the selected photos, the people in the picture gave their consent to the publication of use of their photos with no hiding of faces.

2.5 Collective Interpretation

Two remote FGDs through Zoom were conducted to facilitate collective interpretation. Various studies argue that the ideal composition for FGDs should have 4 to 8 partners for every discussion, capable of expressing opinions comprehensively and in enough time to speak [24]. While virtual or online FGDs were widely used during the global COVID-19 pandemic, their use post-pandemic continues due to their cost-effectiveness and ability to connect partners across geographical boundaries [25]. Partners were encouraged to attend both FGDs, although three partners were only able to attend one session.

Table 1. Demographic profile of partners (n=8)

	Partner Code	Current Age	Sexual Orientation	Sex Assigned at Birth
1	Partner A	19 y.o.	Pansexual	Male
2	Partner B	24 y.o.	Pansexual	Female
3	Partner C	34 y.o.	Gay	Male
4	Partner D	21 y.o.	Lesbian	Female
5	Partner E	24 y.o.	Bisexual	Female
6	Partner F	26 y.o.	Transgender	Male
7	Partner G	21 y.o.	Gay	Male
8	Partner H	31 y.o.	Bisexual	Male

Legende: y.o. = years old

In the first session, partners introduced themselves, and facilitators set the tone for the discussion. Each partner presented a picture or set of pictures, guided by questions based on Shaffer's 1983 Framework: What do you see here? What is really happening here? How does this relate to our lives? Why does this concern, situation, or strength exist? How can we become empowered through our understanding? What can we do? [26].

Immediately after every presentation, an assigned reactor opened further discussions, and the conversation went on for as long as the partners had insights to share. The second session allowed sharing from partners who missed the first session and then as a group. The identified themes were further refined. As a whole, partners identified key photos and suggested titles for these images. All FGDs were recorded with consent from the partners.

The discussions held in the FGDs allowed the partners to interpret collectively the selected images allowing them to co-create a vision regarding just and fair Filipino healthcare [27]. This was meant to be a process through which the study had the intention of highlighting gaps in access to healthcare and equity of LGBTQ+, proposing avenues leading toward systemic change.

The second author transcribed the recordings, which the rest of the team then checked. It was sent to the partners for feedback. After this, it was analyzed through thematic analysis incorporating the photographs that were selected by the partners [28]. The thematic analysis included the following steps: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up. The draft was also sent to the partners for input. Overall, the final themes and results were based on the collaboration of the authors and the partners.

Table 1. Photo title and main themes

Photo	Representative Photo Title	Main Theme
1	X-ray vision in healthcare	Unveiling LGBTQ+ narratives in society
2	Strength in communities	Solidarity in healthcare access
3	Necessary spaces	Inclusive healthcare facilities
4	Intersecting identities	Navigating healthcare inequities
5	Bridging the gap	LGBTQ+ interactions with healthcare professionals
6	Call for systemic change	Institutional support for LGBTQ+ healthcare
7	Transgender challenges	Readiness for complex healthcare landscapes

Results

The authors together with the partners were able to identify at least seven (7) photos and themes that could clearly describe the perspectives of individuals who identify themselves as members of the LGBTQ+ individuals. See Table 3 for the title and the main themes that emerged from the analysis and were confirmed to be partners to resonate their insights.

X-ray vision in healthcare: unveiling LGBTQ+ narratives in society

The leftmost picture of an X-ray of one patient's teeth, shared by a gay partner, is more than a clinical picture—it shows deeper and more personal layers of shame and doubt when LGBTQ+ people access healthcare. This feeling of guilt does not pertain to the health professional or the facility but to the cultural and family expectations deeply rooted in Filipino society, because each person's decision in life has to do with traditional values and family honor.

As one of the partners said:

Parang nakakaguilt. May part sa kin na naguiguilty wondering bakit ako naging bading. [I feel guilty. A part of me feels guilty, wondering why I became gay]

He says this because he sees himself as a burden to his family, which adds to his problems in availing healthcare support. Mostly, healthcare for many LGBTQ+ Filipinos becomes entangled in identity; utilizing services may involve being and feeling unworthy due to cultural normalcy.



Illustration 1. Photographs for Theme 1, Theme 2, and Theme 3

This struggle is not confined to health; it goes further into education. As one other partner reflected,

Siguro, nung confused pa ako sa sarili ko, may ganung identity or crisis na "yung pinagpapaaral ba nila sakin, baka isumbat nila kapag sinabi kong bading ako?" may mga point na ganun [When I was confused about myself while still being supported to finish school, I had that crisis, like, 'Will they hold it against me if I tell them I'm gay?']

These feelings of worthlessness have most of the time led to LGBTQ+ individuals doubting themselves when they turn to or avail of different services, even within a friendly family environment, due to the stigmatization tolerated by society regarding personal identity.

Strength in communities: solidarity in healthcare access

The middle picture represents the theme of community support within healthcare, specifically LGBTQ+ communities; this is captured by a photo of a same-sex couple smiling, which represents the happiness of supporting each other through sickness.

Healthcare in general, can be really scary and, as a community, it would be better if we all supported each other. Because for me, healthcare is an experience that you should be sharing with community.

This underscores the idea that healthcare should not just be an individual journey but a collective, shared experience.

Partners also highlighted Quezon City as a progressive leader in inclusive healthcare, with the "Right to Care" program allowing same-sex couples to make critical healthcare decisions for their partners, which can avoid any life-threatening repercussions. One participant emphasized:

It's very important na ma-recognize yung mga same-sex couples when it comes to the healthcare system kasi we might not know what'll happen [It's very important that same-sex couples are recognized in the healthcare system because we never know what might happen.]

It is also noted on the theme that within the entire LGBTQ+ community, solidarity plays an important role in empowering them. As one of the partners put it,

Even though we all have our different lived experiences, we bond together to help and empower each other better.

This sense of mutual support can reduce apprehension, and individuals are more apt to approach their healthcare. One of the men in the photo reflected,

Whether you're out of the closet or not. It's just a little bit easier for a lot of people to share their experiences with people who are like-minded, or people who sort of understand what you're going through.

The picture and the narratives herein bear testimony to how community support and inclusive programs like "Right to Care" can increase healthcare access levels among LGBTQ+ individuals. It is this sense of solidarity and policy that makes healthcare inclusive, providing options to marginalized groups.

Necessary spaces: inclusive healthcare facilities

The last image is simple but conveys a deeper meaning when talking about LGBTQ+ inclusivity in healthcare. This picture presents an all-gender restroom open to everyone regardless of gender identity or sexual orientation. One of the partners emphasized:

Health is a right. Universal siya. So yung point ko sa pagpunta ko sa mga pharmacies at health facilities, inisip ko talaga na dapat walang gender ang kaniang mga healthcare services. Walang gender yung mga equipment nila. So dapat kahit sino, pwede [Health is a right. It's universal. So, when I go to pharmacies or healthcare facilities, I [really] think that their services shouldn't be gendered. Their equipment shouldn't have gender either. So, anyone should be able to access them.]

While the photograph highlights a positive example of inclusivity, partners noted that such inclusive practices remain uncommon. Facilities that adopt inclusive measures, like gender-neutral restrooms, tend to be found in more expensive healthcare centers. There is quite a wide difference between the Metro Manila facilities and those in rural areas, with the latter being significantly left behind in terms of catering to LGBTQ+ patients. It was also brought up that the current specialized centers that genuinely address the concerns of LGBTQ+ people, while worthy of much appreciation, are mostly overwhelmed by demand, making them less accessible. One of the partners reflected that while it was good to have special, exclusive LGBTQ+ healthcare facilities, it would be even better if all healthcare centers were inclusive and catered to the services needed for people from the LGBTQ+. As that partner kept reiterating, "Health is a right that everybody deserves."

The discussion further focused on the issue of healthcare accessibility:

Sometimes, a psychiatrist costs 4,000 [Philippine] pesos for a 30-minute session at some clinics. If it's free, the waiting time is much longer and if you need help immediately, that's a really big risk for a lot of people.

The partners further shared that health facilities bearing LGBTQ+ signs, such as a rainbow flag, or clearly indicating their friendliness toward LGBTQ+ people will positively influence them. Such signs thus create an



Illustration 2. Photographs for Theme 4, Theme 5, and Theme 6

enabling atmosphere under which LGBTQ+ individuals will seek services from those facilities. Indeed, all the partners expressed their willingness to learn more about LGBTQ+-friendly healthcare facilities.

Intersecting identities: navigating healthcare inequities

“As my mother said, “Even if you're gay, as long as you have money, nobody can touch you, and nobody can hurt you”

...one partner shared. This brings out one of the major discussions in terms of intersectionality for LGBTQ+ individuals. Aside from gender and sexuality, financial status plays a major role in healthcare access. This is even more evident in the Philippines. One partner asked further, “Why are these lived experiences different from each other? Why do some members of LGBTQ+ have more 'affordable treatment'?” reflecting the disparity within the community.

Emphasizing that the barriers are financial, one of the partners noted,

There are times talaga na na-discriminate tayo dahil sa ating gender identity and gender expression pero a lot of times, members of the LGBTQ cannot even access health care dahil wala silang pera [There are times that we experience discrimination because of our gender identity and expression, but many times, LGBTQ+ individuals can't even access health care because they don't have money.]

Another shared,

When it comes to medications, especially for mental health or birth control, since we're in a conservative society like the Philippines, that's just another layer to get past, so it's kind of hard.

This indicates that gender, sexuality, mental health, and reproductive health are burdens that multiply the complications.

The partners pointed out the need to identify the different ways in which various attributes intersect. The facilitators reflected on the bigger picture of the Photovoice project. They agreed that just hearing these stories and recognizing this concept of intersectionality was, in fact, very humbling. The facilitators agreed with the partners that there is more to be talked about, but this conversation is an important step in the larger goal of achieving gender-inclusive health.

Bridging the gap: LGBTQ+ interactions with healthcare professionals

In conversing about healthcare professionals, the partners shared both positive and challenging experiences. As one explained, “Sometimes yes, sometimes no [on being well-trained in gender sensitivity]. Depending on the health professional you talk to.”

One partner recounted being hospitalized and addressed as “Sir” for three days, making her uncomfortable but unable to correct the mistake. This may reflect a cultural tendency to avoid confrontation. A partner noted that it could just be a part of our culture—that we're non-confrontational—trying to save others' faces. Another partner pointed out,

[On the lack of gender sensitivity among some healthcare professionals] I'm not defending them, but there's a saying called Hanlon's Razor: Do not ascribe to malice what can be ascribed to incompetence or stupidity.

These discussions highlight the necessity for quality training in gender sensitivity and gender-affirmative healthcare practices. One partner emphasized,

What matters to me is the health professionals. They should be our first line of defense in caring for us as LGBTQ+ individuals.

In the representative photograph for this theme, one partner described feeling a certain tension while buying her medications:

There's a certain—not necessarily apprehension—but a way that people... when you are different... you will be treated differently sometimes.

However, she noted that her experience was relatively positive, as she presented herself in a manner that aligned with societal expectations of femininity. On the other hand, another partner who identified as gay narrated

how people gave him weird stares every time he purchased medication for his friend, who is a girl. This indicates the varied reception that people get based on their gender expression.

Finally, they shared that most health practitioners seem to have good intentions, though the great majority of them do not get trained or lack experience. They agreed on the urgent need for training in gender-affirmative practices. The title “Bridging the Gap” highlights the value of healthcare professionals as links between the LGBTQ+ community and healthcare services, hence a need for them to be prepared with the appropriate skills and attitudes.

Call for systemic change: institutional support for LGBTQ+ healthcare

The picture they took that represents this theme is the health form with only male/female options under gender. They stressed how a binary option like that does nothing to make people included, but rather excluded and judged on their failure to adhere to societal norms.

The partners expressed appreciation toward the study, which allowed them to use their stories to bring about change. They emphasized how policy reforms must be done for better health access for LGBTQ+ and how the SOGIE Bill has not passed in the Philippines after two decades of advocacy. As one of the partners said, “It's great what QC [Quezon City] did with the Right to Care. If QC can do it, why can't other cities?” The other partner also came from a corporate background in health care and framed care for the LGBTQ+ population as revenue that is good for hospitals, thus something institutions should focus on.

The role of media was also cited. One partner said,

Kapag sinasabi nila na “Ano ba yan, bakit pinapakita pa yan sa TV? Bakit pinapayagan ng magulang na ganyan” kapag mga batang LGBT Napapaisip ako minsan, ganun din kaya yung iniisip nila kapag tungkol sa akin? [When [other] people say, “Why is that being shown on TV? Why are parents allowing that?” I wonder if they [my parents] think the same about me.]

Another added that media representation is important for the LGBTQ+ community because it gives another perspective as far as understanding the community.

All the partners reiterated that systemic changes do need to take place in the sectors of health, politics, and media for real change to take place. Even something as simple as the development of a form can lead to better data collection and justify social and financial development in the name of inclusive healthcare, a point of view with which all partners agreed.

Transgender challenges: Readiness for complex healthcare landscapes

It is important to acknowledge that the LGBTQ+ community has to deal with challenges due to living in a binary society, yet transgender people can be perceived as facing additional challenges. In this group, only one partner identified as transgender, but all expressed a sentiment that another lens is necessary to find understanding and resolution of the challenges they



Illustration 3. Photograph for Theme 7

present. One partner expressed concerns about the safety of those who take unprescribed hormones. Another added,

So yun yung isang pinakamahirap dito sa Pilipinas kasi hindi naman ganung ka-tanggap na, for example sa ibang hospitals or health centers, hindi naman prioritized yung ganong aspeto ng pagtatransition. [That's one of the hardest things here in the Philippines because it's [transitioning] not widely accepted. For example, in many hospitals or health centers, the aspects of transitioning aren't prioritized]

This highlights concerns about the Philippine healthcare system's readiness to meet the needs of transgender individuals.

Still, despite these setbacks, the partner who shared the photograph said she is pleased, knowing the projects are being launched and further developed for the transgender community, particularly in Quezon City. Moreover, some self-medicate due to inadequate systems. While some medications are more accessible through online shopping, it is still crucial that transgender individuals receive proper support rather than being left to navigate their journeys alone. Nonetheless, there is hope, as expressed by one partner: "The local government's perspective in prioritizing transgender needs (referring to the initiative in the photograph) gives us hope."

Discussion

The photos and themes represented through the analysis of the photovoice project give a glimpse of the experiences of Filipino individuals who identify as members of the LGBTQ+ community. The generalizing of these themes cannot represent all Filipinos, but they do provide an important baseline in the understanding of current healthcare systems from their clients' view, who should be at the forefront of healthcare [29].

The first theme that has emerged is that the LGBTQ+ community is unable to avail themselves of services out of fear and self-stigma [4]. This could contribute to worsening mental health in LGBTQ+ individuals [30]. Thus, it becomes imperative on the part of researchers, healthcare professionals, and policymakers to look beyond healthcare for an understanding of these individuals' narratives in a bid to include them when formulating policy and health protocols. The theme calls for an appreciation of healthcare professionals for deeper personal and cultural backgrounds than what was initially presented. Healthcare sometimes just look at X-rays as the only data they need to take into account, missing the emotional layers that would help them to further understand deep stories that could make healthcare a comfortable place for LGBTQ+ members. In a society that pressures LGBTQ+ individuals to stay hidden, quiet, and to feel ashamed of themselves, they may believe that they are not worthy of receiving care. Their experiences, informed by personal identity and societal expectations alike, will need to be greatly appreciated in this way if healthcare is truly to be inclusive.

Moreover, a blog by the World Bank maintains that alliances of the LGBTQ+ are not only a question of solidarity but also instrumental for shared prosperity [31]. It is this notion that forms the core of Theme 2 which emphasizes the need for inclusive practices.

A scoping review by Delos Reyes and colleagues has mentioned that the development of a welcoming space is necessary for the facilitation of inclusive healthcare practice [32]. According to an individual who was quoted in the article, "Putting those stickers at the front desk or in the bathroom immediately created a welcoming sense, that we recognize the differences and are working toward being more accepting" [33]. Therefore, Theme 3 remains one of the most important aspects in discussing LGBTQ+ perspectives in healthcare. It is also related to and relevant that one's identity extends beyond just sexual orientation or merely gender identity, also known as intersectionality [34]. Quite understandably, with intersectionality, there can be various dimensions of viewing identity, driven by historical, structural, and cultural aspects which influence domination, oppression, and discrimination. This fact is further displayed in the discussions of Theme 4. Also, such aspect of gender-affirmative practices in healthcare requires a certain amount of special training for health professionals. Several articles indicate that most healthcare providers are well-intentioned; on the other hand, they usually have not been trained and do not have the clinical experience to serve LGBTQ+ individuals [32]. Healthcare providers are major contributors to the disparity in access to healthcare through stigma and

bias, both conscious and unconscious, against the LGBTQ+ community [35]. These matters, whether viewed in a global context or in the Philippine setting, are immensely represented under Theme 5. Gender-affirming health care is widely recognized as a standard of care, advancing a non-judgmental respectful, shared decision-making model that creates support tailored to the needs of the individual [36]. Yet, this objective would be fulfilled only when participating agencies and institutions are all on board. That being said, many professional and scientific organizations in large parts of the world call for gender-affirming approaches to healthcare for transgender people such an approach extends to transgender youth as well and should be contextualized in local settings [36]. This has made it a model for many participants; this means that Quezon City has set an example to be emulated by other areas. Still, it should be a catalyst for broader change, not an outlier [37].

These issues are complex and represented in the diversity of perspectives among the partners and take continued exploration and discussion across platforms. Understanding health as a common human experience, the photovoice project provided this venue for these voices to be represented visually-nurturing hope for systemic change and incremental improvements going forward.

Conclusions

This study brings to light the experiences of LGBTQ+ people living in Metro Manila through a photovoice project within the purview of a community-based participatory research framework. It has enabled the partners or participants to visually document and narrate their experiences, thus deepening an understanding of relevant challenges and viewpoints embedded in a rich cultural context. These findings form a set of critical insights into these experiences, encapsulated by seven main photographs and themes: "X-ray vision in healthcare" underlined the emotional weight from shame and guilt that many LGBTQ+ individuals bear about seeking care. "Strength in communities" speaks to the importance of solidarity and community. "Necessary spaces" calls for inclusive health facilities, emphasizing a dire need for gender-neutral services available to all. "Intersecting Identities" discusses how financial status and other identities create a special interplay with gender and sexual orientation to affect the access one gets to health care. "Bridging the Gap" focuses on the pivotal role of health professionals and the importance of training in gender sensitivity. "Call for Systemic Change" emphasizes that this is an urgent time for policy reforms, and "Transgender Challenges" underlines the specific difficulties faced by transgenders, calling for necessary facilitation.

These themes support the identification of Filipino cultural specificities, as they strongly influence healthcare experiences among LGBTQ+, and how the concept of the agora creates a venue for knowledge production wherein scientific inquiry and lived experiences converse with each other. This synthesis amplifies the voices of marginalized communities and catalyzes social change in calling for an equitable healthcare system responsive to the needs of all persons, regardless of sexual orientation or gender identity. In conclusion, it can be said that photovoice, in this research, empowers the participants and provides actionable information to stakeholders. It is highly recommended for inclusion in a sound healthcare landscape that is equitable and regards human rights in the Philippines for everyone.

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Conflict of Interest

The authors declare no conflicts of interest; however, they all actively advocate for gender equality.

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Authorship

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