

COVID-19, Work-Related Quality of Life and Psychosocial Risks through the Lens of Gender and Sexual Orientation in Brazil

Patricia Gabriela da Silva

Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da saúde
(2º ciclo de estudos)



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Orientador: Prof. Doutor Henrique Marques Pereira

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Dedicatória

A toda minha família, especialmente aos meus sobrinhos Theo e Maya. Espero que vocês cresçam em um mundo melhor e mais igualitário.

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Ao professor Doutor Henrique Pereira, por ser o melhor orientador que eu poderia ter, pelos conselhos, ajuda, compreensão e carinho com que trabalha. Muito obrigada por incentivar-me e ensinar-me tanto, é uma referência para mim.

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Abstract

The coronavirus pandemic has resulted in an emergency health crisis, in addition to having far-reaching economic, organizational and psychosocial impacts, with previously more vulnerable populations such as people from sexual and gender minorities appearing to be most affected. In this sense, the present dissertation chose to carry out two different studies, which would investigate some of these impacts focusing in a Brazilian population. The first was a study of quantitative nature and focused on gender perspectives, evaluating aspects related to work-related quality of life (WRQoL) during the pandemic in a sample of Brazilian nationals composed of 190 women and 147 men. Results showed that women reported significantly higher levels of COVID-19-related fears, and lower levels of overall WRQoL, well-being, career satisfaction, and control over work. Gender, fear, and the negative impacts of COVID-19 were significant predictors of overall WRQoL, of career satisfaction, and of control over work. The second study was of qualitative nature and sought to give voice to sexual minorities, contemplating the perceptions of 65 lesbian, gay and bisexual (LGB) Portuguese and Brazilian people regarding the psychosocial impacts of the pandemic on their lives. The thematic analysis of participants' responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work -related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events , and online dating). The results of this dissertation seek to contribute to the analysis of the psychosocial effects of the COVID-19 pandemic on the increased vulnerabilities of sexual and gender minorities in Brazilian context, demonstrating specific challenges exacerbated by preexisting social inequalities.

Palavras-chave

Gender; LGBTQI; psychosocial impacts; work-related quality of life; COVID-19; Brazil

Resumo Alargado

A pandemia do coronavírus resultou em uma crise emergencial de saúde, além de ter impactos econômicos, organizacionais e psicossociais abrangentes (Amsalen, et al., 2021; Ashraf, 2020; Dubey, et al., 2020; International Labour Organization, 2021), sendo que as populações anteriormente mais vulneráveis, como as pessoas de minorias sexuais e de gênero, parecem ser as mais afetadas (Del Boca et al., 2020; Farré et al., 2020; Moore, et al., 2021; Ruprecht, et al., 2020). Nesse sentido, para a presente dissertação optou-se pela realização de dois estudos distintos, que indagassem algumas dessas disparidades durante a pandemia, focando no entendimento dessas questões na população brasileira. Ambos os projetos foram aprovados pela Comissão de Ética da Universidade da Beira Interior (CEUBI-Pj-2020-088).

O primeiro estudo, de origem quantitativa, focou-se nas minorias de gênero e tencionava avaliar os aspetos do contexto organizacional e da qualidade de vida relacionada com o trabalho (QVRT) durante a pandemia, já que as mudanças no trabalho geradas pela pandemia do coronavírus parecem impactar desproporcionalmente homens e mulheres (Del Boca et al., 2020; Farré et al., 2020; Matos et al., 2020). Partindo desse pressuposto, a escolha de uma amostra brasileira deve-se ao fato do Brasil ser um país que tradicionalmente tem demonstrado desigualdades de gênero, emprego (OXFAM Brasil, 2018) e QVRT (Bachion Ceribeli et al., 2016). Além disso, até onde sabemos, nenhum estudo brasileiro focou na avaliação da QVRT durante a pandemia na lente do gênero. Uma amostra brasileira por conveniência composta por 190 mulheres e 147 homens concluiu um inquérito online contendo a escala Medo da COVID-19, a escala de Impacto Negativos da COVID-19 e a escala de Qualidade de Vida Relacionada com o Trabalho, que demonstraram uma excelente consistência interna: $\alpha = 0,87, 0,87$ e $0,93$ respetivamente. Para a análise dos dados, foram calculadas as estatísticas descritivas para avaliar o perfil da amostra, testes *t* e ANOVAs para a comparação entre os gêneros, testes de correlação de Pearson para avaliar a associação entre as variáveis e regressões lineares múltiplas para avaliar os fatores preditivos da QVRT na amostra. As mulheres reportaram níveis significativamente mais elevados de medos relacionados com a COVID-19 e níveis mais baixos de QVRT global, bem-estar, satisfação na carreira e controlo sobre o trabalho. Encontrou-se correlação positiva da QVRT com todas as outras dimensões da mesma escala, e uma correlação negativa da QVRT com o medo e com o impacto negativo do COVID-19. O gênero, o medo e os impactos negativos da

COVID-19 foram preditores significativos da QVRT global (13,4% de variação), satisfação na carreira (10% de variação) e controlo sobre o trabalho (3% da variação).

O segundo estudo, de natureza qualitativa, procurou dar voz às minorias sexuais, contemplando as perceções de pessoas lésbicas, gays e bissexuais (LGB) quanto aos impactos psicossociais da pandemia em suas vidas. Neste projeto, optou-se pela inclusão de brasileiros e portugueses, uma vez que em Portugal, apesar de várias conquistas políticas, na realidade, essas pessoas ainda enfrentam preconceito sexual (Pereira e Monteiro, 2017). No Brasil, esse contexto é ainda mais preocupante, já que este é um dos países com maior índice de crimes por homofobia, e as leis e medidas destinadas a proteção dos direitos da comunidade LGBT ainda são ineficazes (Mello, et al., 2014). Participou neste estudo uma amostra de conveniência de 65 indivíduos LGB, sendo que 32 participantes eram de Portugal e 33 do Brasil. Utilizou-se a abordagem de entrevista online num formato assíncrono. Todos os inquiridos concluíram um inquérito estruturado com questões sociodemográficas e uma única questão aberta: "Como pessoa pertencente a uma minoria sexual, por favor desenvolva como a pandemia da COVID-19 impactou a sua vida". A análise temática das respostas dos participantes, revelou nove temas recorrentes, abrangendo 18 subcategorias a ocorrer: saúde mental (depressão, ansiedade, medo, raiva e solidão), isolamento (distanciamento social e impedimentos de lazer), relacionamentos (familiares e amigos), problemas relacionados com o trabalho, educação, dinheiro, alterações (mudanças comportamentais e oportunidade de crescer), coping (procurar apoio, aceder a informações e atividades físicas) e questões LGB (barreiras de saúde, voltar ao armário, eventos de celebração do orgulho e namoro).

Os resultados desta dissertação procuram contribuir para a análise dos efeitos da pandemia COVID-19 no aumento das vulnerabilidades de minorias sexuais e de género no Brasil, demonstrando os desafios específicos exacerbados por desigualdades sociais preexistentes e apontam para a urgência em colocar essas questões no centro das estratégias, através de políticas públicas mais inclusivas e práticas clínicas que promovam a diminuição do fardo das minorias sexuais e de género a longo prazo.

Palavras-chave

Minorias sexuais e de género;LGBT;género;impactos psicossociais;qualidade de vida relacionada ao trabalho;COVID-19;Brasil

Introduction

The global crisis generated by the coronavirus pandemic has impacted different areas of society, whether related to economic (World Bank Group, 2020b), organizational (International Labor Organization, 2021), in biopsychosocial aspects (Brooks, et al., 2020; Hwang, et al., 2020; Shimazu et al., 2020) or influencing career and quality of life and well-being at work (Alon et al., 2019; Hupkau & Petrongolo, 2020; Mendes & Pereira, 2021). In this sense, the British Psychological Society itself appealed to researchers for the need to research the different biopsychosocial impacts of the pandemic, in order to assist in measures for the immediate and long-term recovery of these issues (O'Connor et al., 2020).

Previously more vulnerable groups such as sexual and gender minorities appear to be even more affected (Gibb, et al., 2020; Moore, et al., 2021; Ruprecht, et al., 2020; Salerno, et al., 2020). This is due to the fact that these populations are exposed to greater pre-existing risk factors in society, such as inequalities, violence based on minority status, gender roles, minority stress, discrimination and prejudice (Afifi, 2007; Meyer, 2003; 2013; 2015; Moore, et al., 2021; Ridgeway, 2013), which can intensify these impacts and contribute to the compromise of the integral health of these people. Thus, in order to contribute to the scientific advancement of these topics, this dissertation aimed to assess the levels of occupational health, psychosocial risks and preventive factors of the COVID-19 pandemic focusing on the Brazilian population through the lens of sexual minorities and is organized into three chapters.

Chapter 1 is composed by the study: Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample. It consists of a quantitative, descriptive, comparative, and cross-sectional study, carried out with 340 Brazilian people, composed of 190 women and 147 men, and sought to assess the levels of WRQoL, fear of COVID-19 and negative impacts of COVID-19, comparing them between genders, and determining which were the main factors of WRQoL in the sample. Data collection took place through an online questionnaire and the Fear of COVID-19 scale, the Negative Impacts of COVID-19 scale, and the Work-Related Quality of Life scale were used as measurement scales. Data analysis was performed using SPSS version 26 software for statistical analysis.

Chapter 2 presents the study named: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study, and 65 self-identified LGB individuals from Portugal and Brazil participate in this study. Thirty-two participants were from Portugal and 33 from Brazil. It consists of a qualitative, descriptive, and cross-sectional study. All study respondents completed a structured inquiry consisted of a short section of sociodemographic questions and a single open-ended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life. Data analysis was performed using N-VIVO software version 12, for qualitative methods and content analysis with an agreement negotiated between two researchers.

The third chapter is a general discussion of the dissertation, containing the main conclusions, lessons learned, limitations, implications, future directions in a Brazilian context, as well as the author's perception of her experience during this process. Subsequently, the main bibliographic references used are presented.

Finally, considering that this dissertation was developed through the preparation of two scientific articles, it is important to emphasize that the formatting structure of chapters one and two follow the guidelines of the submitted journals. The attachments referring to the publication, presentation and award of studies are at the end of this manuscript. Regarding the article Assessment of Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample, the appendix A refers to the submission information of the Journal of Gender, Work and Organization. The appendixes B and C refer to the certificates of presentation of this article on two congresses. Regarding the study: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study the appendixes D e E refer to the certificates of presentation of this article on two congresses. The appendixes F present the certificate of best oral communication of this article in a congress. Finally, the appendix introduce the original article published in the Journal of Psychosexual Health.

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Chapter 2 - Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study'

Table 1. Sociodemographic Characteristics of the Participants

Table 2. Key Themes Identified

List of Acronyms

WRQoL	Work-Related Quality of Life
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LGBT	Lesbian, Gay, Bisexual and Transgender
LGB	Lesbian, Gay and Bisexual
QVRT	Qualidade de Vida Relacionada com o Trabalho
OXFAM	Oxford Committe for Famine Relief
SPSS	Statistical Package for the Social Sciences
COREQ	Consolidated criteria for Reporting Qualitative research

Chapter 1 - Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample

This chapter was written according to the following scientific activities:

- Publications

Silva, P. G., & Pereira, H. (Submitted). Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample. *Gender, Work & Organization*.

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- Oral Communications

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Silva, P. G., & Pereira, H. (2021 may). *Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample*. Oral Communication presented in the 8º Congresso Internacional em Saúde: Determinantes Sociais, Tecnológicos e Ambientais em Saúde, Online, Brazil.

Abstract

Work-related quality of life (WRQoL) is being affected by the COVID-19 pandemic, particularly in the case of women. As a result, this study sought to evaluate the impacts of COVID-19 on Brazilians' WRQoL from a gender-based perspective. **Materials and Methods:** A sample of Brazilian nationals composed of 190 women and 147 men completed an online survey containing the Fear of COVID-19 scale, the Negative Impacts of COVID-19 scale, and the Work-Related Quality of Life scale. Descriptive statistics were calculated. T-tests and ANOVAs compared the results between genders. Pearson correlation tests tested the association between the variables. Linear regressions assessed the predictive factors of QVRT in the sample. **Results:** Results showed that women reported significantly higher levels of COVID-19-related fears, and lower levels of overall WRQoL, well-being, career satisfaction, and control over work. A positive correlation was found among all dimensions of the WRQoL scale and a negative correlation of Overall WRQoL and fear of COVID-19 and negative impact of COVID-19. Gender, fear, and the negative impacts of COVID-19 were significant predictors of overall WRQoL (explaining 13.4% of variance), of career satisfaction (explaining 10% of variance), and of control over work (explaining 3% of variance). These results contribute to the analysis of the COVID-19 pandemic's complex effects on increasing gender inequality in a manner unfavorable to women in the Brazilian organizational context.

Keywords

Work-related quality of life; COVID-19; gender; Brazil.

1. Introduction

The coronavirus pandemic has resulted in a health crisis emergency, in addition to having worldwide economic and social impacts [1-4]. Brazil is the country with the second most reported COVID-19 cases [5], in addition to being a developing country with elevated social and economic complexities that further contribute to the increased difficulties in controlling the pandemic [6]. The pandemic's negative impacts may also be related to practical difficulties, such as losses or changes in employment or income [7-10], school and daycare center closures [11,12], and social distancing measures, such as teleworking [13-15], all of which could influence the reconciliation between paid and unpaid work, especially for women.

In Brazil, women are more likely to work at home and are more likely to have stopped working after the beginning of the COVID-19 pandemic [15]. In addition, women have also witnessed a greater increase in domestic work and family care responsibilities in comparison with men, which has influenced their performance of routine activities and paid work [16]. This disparity has also been observed in academia, where women have been publishing less scientific research than men due to the increased domestic work and family care demands that have been placed upon them during the COVID-19 pandemic [17-19].

According to the theory of “gender production” [20], these trends stem from societal perceptions of women and men, in addition to the resulting roles arising from ancient and solidified social constructions [21,22] that typically view men as workers and family income providers, while domestic work and family care responsibilities usually fall to women [23-26]. This gender polarization is often applied beginning in childhood and is fostered by stereotypical attitudes from an early age that encourage children to develop internal gender schemes that follow them into adulthood and shape their relationships with the world [27].

In this regard, the COVID-19 pandemic is also affecting the professional aspects of women's lives directly related to their WRQoL [7,31,32], such as professional autonomy, overload, sense of belonging, satisfaction [28], career opportunities and security, organizational support, equal pay, and a collaborative work environment [29,30], all of which should be studied in greater depth. Thus, the selection of a Brazilian sample is especially relevant due to the fact that Brazil is a country that has traditionally demonstrated noticeable gender, employment [33-35], and WRQoL-related [36] inequalities. In addition, despite the lack of studies concerning this topic, WRQoL gender

disparities among Brazilians have worsened during the COVID-19 pandemic, with particularly negative impacts on women [37,38].

However, no existing Brazilian studies have focused on WRQoL perceptions during the COVID-19 pandemic from a gender perspective. Therefore, this study aims to understand the effects of the COVID-19 pandemic on Brazilian men and women's WRQoL and to assess the predictive factors for WRQoL among this sample. Furthermore, this study could serve as a resource to identify professional gender inequalities, which is an important step toward improving upon systemic gender differences in the Brazilian organizational context that may have worsened as a result of the COVID-19 pandemic.

2. Materials and Methods

2.1. Sociodemographic Characteristics

To assess participants' sociodemographic composition, participants were asked to provide information about their age, gender, marital status, sexual orientation, place of residence, educational attainment, socioeconomic status, and employment status.

2.2. Fear and the Negative Impacts of COVID-19 Scales

Participants also responded to the Fear of COVID-19 and the Negative Impacts of COVID-19 scales, respectively. Ahorsu et al. [39] originally developed the Fear of COVID-19 scale, and, as in the original version, the Portuguese version is comprised of seven items measured using a Likert-type scale ranging from 1 to 5, with higher scores signifying a greater fear of COVID-19 [40]. The scale asked participants to respond to statements, such as "It makes me uncomfortable to think about COVID-19," "When I watch the news and see stories about COVID-19 on social media, I become nervous or anxious," and "I am afraid of losing my life due to COVID-19." Regarding the Negative Impacts of COVID-19 scale, the study utilized this instrument to measure participants' perceptions of the pandemic's negative impacts on their lives. This scale consists of ten items related to various areas of psychosocial functioning and measures participants' responses using a Likert-type scale ranging from 1 to 5, with higher scores indicating greater negative COVID-19-related impacts [40]. Examples of statements that participants responded to include, "Compared to my life before the COVID-19 pandemic, there have been negative impacts ... on my professional or academic life... on my family

life... on my financial life, etc.” Both scales demonstrated an internal consistency of $\alpha = 0.87$, indicating their excellent reliability.

2.3. Work-Related Quality of Life Scale

The study utilized the portuguese language-validated Work-Related Quality of Life scale [41,42] to assess WRQoL. The Portuguese-validated WRQoL scale is a Likert-type scale with responses ranging from 1 to 5, and it encompasses 23 items distributed across six dimensions, comprised of general well-being, home-work interactions, career satisfaction, control over work, working conditions, and work-related stress, in addition to overall WRQoL [43]. This scale aims to assess the factors that influence the quality of work-related experiences and possesses excellent reliability ($\alpha = 0.93$).

2.4. Procedures

This research was carried out using an online webpage between October and December 2020. Participation was voluntary, and participants were referred to a linked website created specifically for the purposes of this study. The first page of the questionnaire explained the study objectives and informed participants about how to respond to the study, how to withdraw from the study, and how to contact the study authors for more information. Furthermore, participants were also asked to read and sign an informed consent waiver.

The researchers sent approximately 2,000 study invitations, and 340 participants responded voluntarily, yielding a 17% response rate. Survey dissemination complied with the ethical principles of informed consent, anonymity, and confidentiality. The study did not offer rewards or incentives in exchange for participation. Study inclusion criteria encompassed being older than 18 years of age, being a Brazilian national, being a native speaker of Brazilian Portuguese, and possessing formal employment (for example, a work contract). The research ethics committee of the University of Beira Interior, Portugal (code: CEUBI-Pj-2020-088) granted approval for this study.

2.5. Data analysis

The researchers calculated descriptive statistics (mean, standard deviation, frequency, and percentages) to detail the sample’s characteristics. The study utilized student’s t-tests and one-way ANOVAs to evaluate the differences among comparison groups. The researchers found Pearson’s correlation coefficients to assess the associations among the fear of COVID-19, the negative impacts of COVID-19, and WRQoL. Finally, multiple

linear regression analyses were conducted to examine the effects of the independent variables (gender, fear of COVID-19, and the negative impacts of COVID-19) on the dependent variable (WRQoL) [44].

3. Results

3.1. Sociodemographic Information

A convenience sample of 340 Brazilian nationals comprised of 190 (56%) women and 147 (44%) men who were over 18 years old and who possessed formal employment participated in this study. Participants ranged from 18 to 74 years of age, possessing a mean age of 38.46 years old (SD=12.52). Regarding educational attainment, nearly 90% of the sample possessed a university degree. Concerning sexual orientation and marital status, most participants self-identified as heterosexual (77%), and a plurality were married or in a civil union (49%). Regarding their place of residence, the majority of participants lived in large or small urban areas (95%). In regard to their socioeconomic status, the majority of participants claimed to possess middle to upper-middle socioeconomic status (73%). Finally, the majority of participants stated that they were employed, self-employed, or simultaneously working and studying (82%). Table 1 displays further information regarding the sample's sociodemographic characteristics.

Table 1. Sociodemographic Characteristics (N = 340, Mage = 38.46; SD = 12.52)

Variable	Category	N	%
Gender	Female	190	56
	Male	147	43.4
	Other	2	0.6
Marital Status	Married or de facto civil union	165	48.7
	Single	138	40.7
	Divorced or separated	31	9.1
	Widower	5	1.5
Sexual Orientation	Heterosexual	263	77.4
	Bisexual or pansexual	40	11.8
	Gay or lesbian	35	10.3
	Asexual	2	0.6
Educational Attainment	Up to 12 years of schooling	36	10.6
	Undergraduate degree	68	20
	Graduate degree	134	39.4
	Ph.D.	102	30
Place of Residence	Rural	16	4.7
	Urban	323	95.3
Socioeconomic Status	Low to lower-middle	82	24.1
	Medium to upper-middle	248	72.9
	High	10	2.9

Employment Status	Unemployed	11	3.3
	Student	39	11.6
	Employed student	95	28.2
	Self-employed	42	12.5
	Employed	139	41.2
	Retired	11	3.3

3.2. Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL Scale

Table 2 shows the overall results for the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL scales, respectively. The study found moderate scores for all variables that were close to the cut-off points.

Table 2. Overall Results for the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL.

Variable	M	SD	Min	Max	Cut-off point
Fear of COVID-19	2.57	.91	1	5	3
Negative Impacts of COVID-19	3.05	.88	1	5	3
General Well-being	3.31	.91	1	5	3
Home-Work Interactions	3.32	.99	1	5	3
Career Satisfaction	3.54	.78	1.4	5	3.2
Control over Work	3.54	.86	1.3	5	3.15
Working Conditions	3.27	.99	1	5	3
Work-related Stress	2.91	1.05	1	5	3
Overall WRQoL	3.32	.68	1.2	5	3.1

3.3. Results for the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL Scales by Gender

A comparison of scores between men and women found significant differences ($p < .05$) concerning their fears of COVID-19, with women displaying greater COVID-19 fears than men. Regarding the WRQoL dimensions, results showed significant differences between men and women for general well-being, career satisfaction, control over work, and overall WRQoL, with men reporting higher scores and indicating more positive perceptions concerning these domains than women. An analysis of the negative impacts of COVID-19 found no significant differences between men and women concerning home-work interactions, working conditions, or work-related stress. Table 3 displays the results for the aforementioned variables by gender.

Table 3. Results for the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL Scales by Gender

Variable	Women		Men		t (df)	p
	M	SD	M	SD		
Fear of COVID-19	2.67	.924	2.44	.897	2.256 (327)	.025*
Negative Impacts of COVID-19	3.09	.862	2.99	.913	1.008 (327)	.314
General Well-being	3.20	.871	3.48	.924	-2.887 (326)	.004*
Home-Work Interactions	3.28	.996	3.37	1.00	-.793 (326)	.428
Career Satisfaction	3.44	.762	3.67	.808	-2.650 (326)	.008*
Control over Work	3.43	.807	3.68	.926	-2.537 (326)	.012*
Working Conditions	3.24	.983	3.31	1.01	-.673 (326)	.502
Work-related Stress	2.85	1.00	3.00	1.11	-1.217 (326)	.225
Overall WRQoL	3.24	.645	3.42	.738	-2.325 (326)	.021*

* p < .05.

3.4. Correlation Matrix between the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL Scales

A correlation analysis found significant correlations ($p < .001$) for most of the associations among the variables. Overall WRQoL demonstrated a negative correlation with the fear of COVID-19 and the negative impacts of COVID-19 scores, respectively, while showing a positive correlation with the other dimensions of the WRQoL scale. Table 4 portrays these associations in greater detail.

Table 4. Correlation Matrix between the Fear of COVID-19, the Negative Impacts of COVID-19, and the WRQoL Scales

Variable	1	2	3	4	5	6	7	8	9
1 - Fear of COVID-19	-								
2 - Negative Impacts of COVID-19	.488**	-							
3 - General Well-being	-.340**	-.464**	-						
4 - Home-Work Interactions	-.177**	-.207**	.480**	-					
5 - Career Satisfaction	-.192**	-.282**	.677**	.528**	-				
6 - Control over Work	-.092	-.098	.416**	.312**	.582**	-			
7 - Working Conditions	-.265**	-.221**	.527**	.731**	.570**	.301**	-		
8 - Work-related Stress	-.279**	-.335**	.433**	.390**	.357**	.148**	.407**	-	
9 - Overall WRQoL	-.308**	-.367**	.788**	.787**	.816**	.597**	.807**	.641**	-

** p < .001

3.5. Multiple Linear Regression Analyses Predicting Gender, Fear of COVID-19, and the Negative Impacts of COVID-19's Effects on WRQoL

Finally, seven multiple linear regression analyses were conducted to assess the predictive effects of the independent variables (gender, fear of COVID-19, and the negative impacts of COVID-19) on all 6 dimensions of WRQoL and overall WRQoL. Gender, fear of COVID-19 and the negative impacts of COVID-19 were significant

predictors of overall WRQoL, explaining 13.4% of its variance. In addition, gender and the negative impacts of COVID-19 were significant predictors of career satisfaction, explaining 10% of its variance. Furthermore, gender was also a significant predictor of control over work, explaining 3% of its variance. Fear of COVID-19 and the negative impacts of COVID-19 were significant predictors of the variables general well-being (explaining 24% of its variance), home-work interactions (explaining 6% of its variance), working conditions (explaining 9% of its variance), and work-related stress (explaining 14% of its variance). Table 5 displays further information regarding the results of the multiple linear regression analyses.

Table 5. Multiple Linear Regression Analyses Predicting Gender, Fear of COVID-19, and the Negative Impacts of COVID-19's Effects on WRQoL

	Gender			Fear of COVID-19			The Negative Impacts of COVID-19			R2	F
	B	SEB	β	B	SEB	β	B	SEB	β		
General Well-being	.137	.088	.076	-.158	.055	-.158*	-.404	.057	-.388**	.244	34.474**
Home-Work Interactions	.011	.106	.006	-.133	.067	-.123*	-.168	.069	-.149*	.055	6.184**
Career Satisfaction	.152	.081	.100*	-.073	.051	-.087	-.208	.052	-.237**	.097	11.519**
Control over Work	.189	.093	.113*	-.049	.059	-.052	-.070	.061	-.072	.026	2.871*
Working Conditions	.010	.105	.005	-.239	.066	-.219**	-.137	.068	-.121*	.088	10.299**
Work-related Stress	.061	.109	.029	-.190	.068	-.164*	-.312	.071	-.259**	.136	16.854**
Overall WRQoL	.261	.116	.118*	-.148	.073	-.120*	-.339	.075	-.265**	.134	16.465**

p * < .05** p < .001

4. Discussion

This study provides preliminary contributions to the understanding of WRQoL-related issues in the context of the COVID-19 pandemic from a gender perspective in Brazil. The results point to moderate levels of fear of Covid-19, negative impacts of Covid-19, and WRQoL effects among the study sample. Women reported greater COVID-19-related fears than men, while there were no significant differences between men and women concerning the negative impacts of COVID-19. Furthermore, men demonstrated higher scores for overall WRQoL, general well-being, career satisfaction, and control over work. Additionally, gender, fear of COVID-19, and the negative impacts of COVID-19 were significant predictors of overall WRQoL, explaining 13.4% of its variance. These results are similar to those found by other studies and elicit important questions

regarding conceptions of gender inequality in the post-COVID-19 pandemic Brazilian organizational context.

Fear is one of the first reactions in response to an adverse situation [45]. In Brazil, two previous studies found high levels of fear during the COVID-19 pandemic among their study populations encompassing a variety of groups, with women being the most affected [46,47]. These findings were confirmed by this study, which also found that women reported greater COVID-19 fears than men. This corroborates the findings of other studies conducted around the globe, such as in Australia [48], India [49], Cuba [50], Portugal [51], Malaysia [52], and Spain [53], emphasizing women's propensity to experience greater pandemic-related fears.

In contrast, our research found no significant differences between men and women concerning the negative impacts of COVID-19. This result could be linked to the fact that perceptions of negative impacts could involve associations with the direct effects of COVID-19 on a person's personal, social, or professional lives [40], which could have equally and moderately influenced both men and women in this sample. The differentiated and voluntary nature of the study sample is illustrated by its composition of a plurality of married participants (49%) and a majority of participants who were heterosexual (77%), lived in urban areas (95%), possessed middle to upper-middle socioeconomic status (72%), and held at least an undergraduate degree (89%). These characteristics may contribute to the moderate perceptions of the negative impacts of COVID-19 among both men and women in the sample, since socially privileged groups appear to be adjusting better to the COVID-19 pandemic in Brazil [54,55].

When assessing overall WRQoL, men scored higher than women, in addition to possessing better scores for general well-being, career satisfaction, and control over work. These findings are unsurprising and were expected, given that gender disparities already existed for these dimensions prior to the COVID-19 pandemic [7,10,38], and that gender inequalities in the Brazilian organizational context were already widely highlighted by prominent labor organizations [33,56,57].

Conversely, the entire sample reported moderate levels of work-related stress, home-work interactions, and working conditions, presenting no significant differences between men and women. These findings are contrary to the majority of studies, which have typically shown that women are more negatively affected regarding these dimensions. The divergent findings of earlier studies are most likely related to the increase in the disproportionate share of domestic work and family care burdens

[9,11,12,31] placed upon women, which can negatively influence their perceptions of paid work [24,58], as well as feelings of stress and exhaustion [24,59].

In this regard, our results contribute to a broader analysis of the gender distribution of domestic work in Brazil, where women have historically been more responsible for domestic chores and family care and often face the need to reconcile those tasks with paid employment [57,60]. Thus, these variables may have been influenced by the internalization of women's roles as caregivers and domestic workers, while also frequently holding paid employment [34]. Furthermore, as indicated by the study sample, possessing a higher overall quality of life may favor positive coping in response to the challenges posed by the COVID-19 pandemic [54,55].

Gender, fear of COVID-19, and the negative impacts of COVID-19 were significant predictive factors that explained 13.4% of overall WRQoL. The researchers expected similar results due to the negative correlation found between both fear of COVID-19 and the negative impacts of COVID-19, respectively, and overall WRQoL. The COVID-19 pandemic seems to be a multifaceted threat to women, against which employment appears to fail to function as a protective factor. Nevertheless, fear of COVID-19 and the negative impacts of COVID-19 were most related to overall WRQoL, since they impacted the types of work conducted and created feelings of being threatened [61,62]. The study also found that career satisfaction and control over work were two WRQoL dimensions in which men outperformed women. These results provide further evidence indicating that women may have normalized society's often inferior perceptions regarding their professional careers due to familial responsibilities and personal expectations [63,64], which could have negatively influenced their work satisfaction and control in the context of the COVID-19 pandemic.

This study was the first to assess the impacts of the COVID-19 pandemic on the WRQoL of Brazilian workers. Its comparison of gender differences found that women reported a lower WRQoL than men. These results could have potentially negative long-term implications for women, especially if existing organizational problems, employment insecurity, and the unequal gender distribution of paid and unpaid labor persist after the pandemic [63]. Thus, the aim of this study was to raise awareness regarding the urgent need to reduce gender disparities in the Brazilian labor market, especially due to the still uncertain future effects of the COVID-19 pandemic.

According to many preeminent labor organizations [56,64-66], enacting policies that place women at the center of change is an essential step in tackling gender inequality in the long run. In addition, organizational measures sharing this focus could help to

minimize gender inequality in the workplace and in WRQoL outcomes both during and after the pandemic. In this sense, flexible work arrangements, empathic communication, and reducing gender biases could be particularly effective in promoting a more gender inclusive post-COVID-19 economic recovery [67].

However, it is important to note that certain limitations restrict the generalization of this study's results. The first limitation concerns the small study sample size ($N=340$) relative to the total Brazilian population (approximately 212 million people in 2020). In addition, study participants mostly lived in urban areas, were heterosexual, belonged to the middle/upper-middle class, and possessed a university degree, calling into question the sample's representativeness in comparison with the sociodemographic characteristics of the general Brazilian population. Furthermore, the cross-sectional nature of the study also posed a limitation, as the future impacts of the COVID-19 pandemic are still uncertain. Finally, given that the questionnaire was both made available online and self-administered, these study characteristics raise questions regarding the possible influence of selection bias.

In order to address these limitations, the researchers suggest that future studies utilize samples that are representative of the Brazilian populace as a whole. More representative samples would allow future research to provide more generalizable and accurate estimates of WRQoL gender differences during the COVID-19 pandemic. Moreover, future longitudinal studies could also enhance the understanding of the COVID-19 pandemic's impacts on WRQoL over time. Finally, the incorporation of additional measures in future studies, such as burnout assessment, psychopathological symptoms, and self-efficacy at work could assist in verifying additional predictive and preventive factors capable of directly influencing WRQoL.

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Chapter 2 - Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study

This chapter was written according to the following scientific activities:

- Publications:

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (2021). Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study. *Journal of Psychosexual Health*. <https://doi.org/10.1177/26318318211017466>

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- Oral Communications:

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- Awards:

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Abstract

Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on lesbian, gay, and bisexual (LGB) people, especially from a qualitative perspective. **Materials and Methods:** A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single openended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life.” **Results:** The thematic analysis of participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events, and online dating). **Conclusions:** Our results provide voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by preexistent social inequalities.

Keywords

COVID-19;psychosocial impacts;LGB people;Portugal;Brazil;qualitative research

Introduction

The COVID-19 outbreak started in December 2019 in China,¹ and its rapid spread around the globe² made it recognized by the World Health Organization as a worldwide pandemic.³ In Portugal, the first cases emerged in March 2020⁴ and, in the same month, a state of emergency was declared as a way to contain the spread of the virus, with lockdown measures put in place.⁵ In Brazil, the first cases appeared in February 2020⁶, and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted,⁷ impacting on social and financial structures of the country.⁹

As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society.⁹⁻¹¹ Lockdown measures and the duty to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines¹² which contributed to the compromise of mental health.¹³ This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as LGBTQI individuals.

The literature constantly identifies significant discrepancies between heterosexual and LGBTQI individuals concerning mental health and well-being, sexual minorities scoring lower.¹⁴⁻¹⁵ Additionally, sexual minorities also show higher prevalence for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances,¹⁶⁻¹⁸ and experiencing difficulties accessing health, employment, and other socioeconomic resources.¹⁹

The minority stress model may explain how COVID-19 had a more significant impact on LGBTQI individuals than heterosexual people¹⁴ because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society.¹⁴⁻¹⁵ Lockdown measures forced many LGBTQI individuals to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms^{11,16-20} as well as limited access to mental health services despite the increase of electronic interventions.²¹ Therefore, the need for social and mental health support for LGBTQI individuals becomes evident.²²

Concerning the Portuguese sociopolitical context, the progressive acceptance of sexual minorities in Western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination.²³ Although the country has undergone sociopolitical and legislative advances, such as same-sex marriage, and same-sex couples adoption,²⁴ it did not stop Portuguese LGBTQI individuals from facing sexual prejudice.^{25,26} The Brazilian sociopolitical context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia.²⁷ Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted,²⁸ and consequently, laws that protect the rights of the lesbian, gay, and bisexual (LGB) community²⁹ are still ineffective in Brazil.

Portugal-Brazil relations have spanned over 5 centuries. In addition to a commonality of language and religion, both countries are members of the Lusophone world. As common cultural values favor the development of similar social norms, not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGBTQI individuals, especially from a qualitative perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGBTQI individuals is our study's primary goal. We correspondingly adopted a qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

Materials and Methods

Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirtytwo participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In Table 1, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The sample

size was determined by thematic saturation and we collected data from those LGBTQI individuals to which we had most convenient access.

Table 1. Sociodemographic Characteristics of the Participants

		Portugal (n=32, Mean Age=32.14, SD=11.05)		Brazil (n=33, Mean Age= 36.50, SD=12.00)		Total (n=65; Mean Age=34.48, SD=11.66)	
		n	%	n	%	n	%
Gender	Male	12	18.5	22	33.8	34	52.3
	Female	20	30.8	11	16.9	31	47.7
Marital status	Single	24	36.9	18	27.7	42	64.6
	Married	6	9.2	6	9.2	12	18.5
	Divorced	1	1.5	3	4.6	4	6.1
	Civil union	2	3.1	5	7.7	7	10.8
Education	Up to 12 years	11	16.9	3	4.6	14	21.5
	University –BA	9	13.8	9	13.8	18	27.7
	University – MA	11	16.9	12	18.5	23	35.4
	University – PhD	1	1.5	9	13.8	10	15.4
Place of residence	Urban	27	41.5	32	49.2	59	90.8
	Rural	5	7.7	1	1.5	6	9.2
Socioeconomic status	Low	2	3.1	1	1.5	3	4.6
	Low-average	14	21.5	12	18.5	26	40
	Average	13	20	15	23.1	28	43.1
	Average-high	3	4.6	3	4.6	6	9.2
	High	0	0	2	3.1	2	3.1
Sexual orientation	Gay or Lesbian	18	27.7	15	23.1	33	47.7
	Bisexual	15	23.1	17	26.1	22	44.6

Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O’Connor and Madge³⁰ and Hamilton and Bowers.³¹ Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions, such as age, gender identity (male, female, or other), sexual orientation (gay/lesbian, bisexual, or other), nationality, education, socioeconomic status, marital status (single, married, divorced, civil union, or other), and place of residence, and a single open-ended and fundamental question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted on your life.” The inquiry was expected to take around 10 min. Participants responded to this outreach online through 1 website created for this purpose, in portuguese language (standardized for both European and Brazilian

Portuguese). The first page of the questionnaire explained the study's objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals, and involved Internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all of the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script's design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon³² for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

Analyses

The transcripts from all interviews were entered in NVivo (version 12), which is a software program used for qualitative methods research to process a rich dataset of unstructured information (like interviews). The software automates manual tasks, like classifying or organizing information. Specifically, it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together.³³ We adopted a conventional conceptual content analysis approach (the analysis involved quantifying and counting the presence explicit and implicit terms in order to examine the occurrence of selected terms in the data) that enabled us to gain direct information from participants without imposing preconceived categories and names for the categories derived from the data.³² The following steps for conducting the conceptual content analysis were taken: (a) we decided the level of analysis: word, word sense, phrase, sentence, themes; (b) we decided how many concepts to code for allowing flexibility to add categories through the coding process; (c) we

decided to code for existence or frequency of a concept in the text; (d) we created coding rules so that similar word segments were transparently categorized in a logical fashion to provide clear distinction among concepts; (e) we developed rules for coding of the texts, to promote validity; (f) we ignored irrelevant information; (g) we coded the text using NVivo, inputting categories and having coding done automatically; and (h) we finally analyzed our results, quantifying general trends and patterns.

Trustworthiness/rigor of our study was ensured by conducting all research tasks in a precise, consistent, and exhaustive manner to enable credibility, transferability, dependability, and confirmability. COREQ compliance for this study was checked for each of the 32 criteria (rated yes/ no) by the researchers. Discrepancies in study inclusion or item ratings were resolved with the inclusion of two experts who examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a “negotiated agreement” approach³⁴ to assess intercoder reliability, compare coding, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant’s age, nationality, gender, and sexual orientation.

Results

The thematic analysis of the participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur, as shown in Table 2. Subcategories that were mentioned less than 5 times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil. The illustrative quotations used come directly from the online interviews and indicate the first name (a fictitious name assigned by the study’s authors), sexual orientation, and gender identity, age, and country of origin of each participant.

Table 2. Key Themes Identified

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/Depression	10	7
	Anxiety/Stress	12	11
	Fear/Panic	8	8
	Anger	5	6
	Loneliness	6	5

Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
LGBTQI topics	Physical activities	5	8
	Health barriers	5	5
	Going back into the closet	6	7
	Pride celebration events	7	9
	Online dating	8	7

Mental Health

LGBTQI individuals traditionally present poorer mental health indicators than heterosexual people due to the effect of sexual stigma and discrimination, as suggested by the minority stress theory.³⁵⁻³⁷ In the scenario of COVID-19, the pandemic significantly affected our participants' mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier. —António, bisexual man, 19 years old, Portugal.

As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life. —Thiago, gay man, 54 years old, Brazil.

It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future. —Pedro, bisexual man, 37 years old, Portugal.

The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability. —Rodrigo, bisexual man, 34 years old, Brazil.

Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy. —Mariana, lesbian woman, 22 years old, Portugal.

Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough year. Lots of stress. —Paulo, bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it. —Ricardo, gay man, 41 years old, Brazil.

I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I'm afraid (despite all the care) that my parents would get the disease. —Fábio, gay man, 42 years old, Brazil.

I am afraid of socializing and panicked every time I was around people. —Cristina, bisexual woman, 33 years, Portugal.

The pandemic has changed my whole life routine and that of my family. The fact that my country's authorities do not take proper action to control de disease makes me angry and constantly stressed. —Rodrigo, bisexual man, 34 years old, Brazil.

I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills. —Luís, gay man, 36 years old, Portugal.

Isolation

LGBTQI individuals, especially the most vulnerable, such as young or older LGBTQI individuals, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic involves precisely the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

Social isolation made life quite complicated. —Lara, lesbian woman, 37 years old, Brazil.

Social isolation has considerably worsened my mental health. —Cristina, bisexual woman, 33 years old, Portugal.

The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level. —João, bisexual man, 20 years old, Portugal.

The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away. —Beatriz, bisexual woman, 30 years old, Portugal.

The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time. —José, gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times. —Joana, bisexual woman, 24 years old, Brazil.

The pandemic prevented leisure activities that, for me, were fundamental to distress. —Manoel, gay man, 59 years old, Brazil.

As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure. —Bruno, gay man, 43 years old, Portugal.

As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc. —Francisco, gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of preestablished dynamics, namely maintaining physical and emotional balance.

For me, the main impact of this pandemic was the distancing of my family. —Vinicius, gay man, 25 years old, Brazil.

I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die. —Helena, bisexual woman, 37 years old, Brazil.

COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health. —Gilberto, gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel.³⁸ The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it. —Berta, bisexual woman, 23 years old, Brazil.

The biggest impact I felt was at an emotional level because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated. —Rita, bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGBTQI individuals, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed. —Júlio, bisexual man, 35 years old, Brazil.

I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation. —Fábio, gay man, 42 years old, Brazil.

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. More or less promptly, governments have determined measures to stop the school/ university activities or continue them in an online format.

The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum. —Vitor, bisexual man, 25 years old, Brazil.

My doctoral program course and all classes have moved to the online format. My field project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things. —Fábio, gay man, 42 years old, Brazil.

Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with “interesting” lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible. —Rodrigo, bisexual man, 34 years old, Brazil.

Behavioral Changes

The pandemic's behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown. —Hugo, bisexual man, 67 years old, Brazil.

I had to change the way I perceive having control in life because plans change daily or are only made for the short term. —Fábio, gay man, 42 years old, Brazil.

Personal Growth

For many of our participants, the COVID-19 pandemic constituted an opportunity for personal growth. From a new world organization, unfamiliar and uncertain,

unpredictable and uncontrollable, many managed to take advantage of adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities. —Luísa, lesbian woman, 30 years old, Portugal.

I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way. —Vanessa, bisexual woman, 27 years old, Brazil.

It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for. —Fernando, gay man, 28 years old, Portugal.

Coping Mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic's negative consequences, namely the search for physical and mental health care. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic's negative impact.

I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals' barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues. —Nuno, gay man, 22 years old, Portugal.

I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of

space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions, avoiding putting the problem bigger than is necessary. — Roberto, gay man, 27 years old, Brazil.

LGBTQI Topics

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their wellbeing, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties in adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LGBTQI individuals.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in standby many loving expectations.

Being HIV positive and therefore with immunity problems, I was afraid that getting COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out. —Cláudio, gay man, 31 years old, Portugal.

I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal. —Inês, lesbian woman, 26 years old, Portugal.

Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents' house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back into the closet, and I feel like I am 16 again. Backsliding like this is very bad. —Guilherme, gay man, 38 years old, Brazil.

It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating. —Jéssica, lesbian woman, 26 years old, Brazil.

Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian LGBTQI individuals. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBTQI topics. These results corroborate with others, in which LGBTQI individuals are also suffering from more significant psychosocial stressors during the pandemic.^{17,39-41} Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment.^{25,35,36,42}

Mental Health

The LGB population is one of the groups most affected by COVID-19.¹⁷ These individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation,⁴³ which negatively impacts their mental health.^{35,36} Moreover, LGBTQI individuals have a higher prevalence of problems

related to mental health functioning,²⁵ including higher levels of depression, anxiety, and suicidal ideation,^{44,45} compared to their heterosexual peers.⁴⁶ Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGBTQI individuals' mental health.¹⁴

Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action⁴⁷ report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care,⁴⁷ which contributed to the negative impact on their physical health as well.⁴⁸

Isolation

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus⁴⁹ may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms.⁵⁰ Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members,⁵¹ some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families,⁵² with increased conflictual dynamics.⁵¹ During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety.⁵³

Relationships

Additionally, LGB individuals had less contact with LGB community systems⁵⁴ and the cancellation of pride events seems to have negatively affected some of our participants. This is of particular relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people,⁴² being associated with higher levels of overall well-being.^{36,55} The search for sexual or significant relationships was also affected, which, according to Sanchez et al,³⁹

is a concern since intimate relations are generally considered protective for mental and physical health and relationships.^{56,57} Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life.⁵⁸

Work and Education

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity,⁵⁹ which can also occur at the workplace.⁵¹ In a study by Pereira and Costa,²⁵ 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature,^{60,61} financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGBTQI individuals, 1 in 5 participants reported not having any income due to the pandemic, with 4 out of 10 being unable to survive without a salary for more than 1 month.⁶² This seems to reflect how the heteronormativity model imposed by society⁴³ may have harmed the participants in this study.⁶³

The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online.⁶⁴ Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms,⁶⁵ which may have negatively influenced the learning outcomes of those of our participants who were students.⁶⁶

Change and Coping

Despite the difficulties and stigma experienced by LGBTQI individuals in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising, meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels. This positive outlook may be linked to the participants' sense of belonging

in their minority category and resilience,⁶⁷ which helped identify a certain level of positive marginality.⁶⁸ Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels.⁶⁹

LGBTQI Topics

Our results suggest that the COVID-19 pandemic has impacted LGBTQI individuals in very unique ways due to the presence of negative emotional concerns among Portuguese and Brazilian participants that led them to perceive barriers when accessing health services, to be forced to go back into the closet, to not be able to attend pride celebration events, and dealing with limitations when dating online. These psychosocial circumstances may have increased the existing vulnerabilities of this population. Our study confirms previous data from Portugal and Brazil^{70,71} concerning the impact of COVID-19 among LGBTQI population on mental health and work-related quality of life, and this may have conditioned the access to health care services, through the anticipation of rejection and fear of the disease. On the other hand, the fact that many families do not accept their LGBTQI family members, led many of our participants to go back into the closet, and this is not without relevant psychosocial consequences, such as LGBTQI identity erasure on the existing heteronormative culture and exposure to sexual stigma.⁷² Also, the cancelling of all LGBTQI pride celebration events negatively affected our participants significantly, because these events constitute a single opportunity to promote visibility, empowerment, and community support.⁷³ Finally, being forced to stay at home made LGBTQI individuals to be more exposed to the risk of social isolation and lack of dating interaction, with a drastic decrease of regular sexual and relational activities and an increased risk of sexual and relational activities under the effect of illicit substances,⁷⁴ and sexual and intimate partner violence.⁷⁵ Therefore, the COVID-19 pandemic led to a long-lasting exposure to adverse circumstances among LGBTQI individuals in Portugal and Brazil.

Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment,⁷⁶ individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term understanding of

issues sensitive to the LGBTQI community during and after the COVID-19 pandemic, as well as its psychosexual health consequences. The pandemic's effect on psychosexual health and deprivation of "social touch" remains unknown among LGBTQI individuals but is critically detrimental to well-being.⁷⁷ As COVID-19 is a highly contagious infection, this has led to doubts relating to how sexual relationships, sexual health, and sexual well-being can be affected.

Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma.^{35,36} However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health.⁷⁸ Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGBTQI individuals.

Compared to the traditional qualitative studies which use a semistructured interview guide, we have used a single open-ended question with the lack of a person-guided interview. Also, as it was purely online, there were no chances of probes or memos which could have further elaborated the rich contextual information. Finally, the study was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGBTQI individuals in Portugal and Brazil. Despite this, the sample size and the rigor of analysis reinforce our intention to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities.^{47,79} LGBTQI individuals are at increased emotional and social risks during the ongoing pandemic, and their voices are mostly unheard. Hence, there is a need for policy implementation and community

awareness about their social welfare and this is vital to improving their health and well-being.^{80,81} Despite this, several participants proved to be positive, resilient, and determined to their personal growth, which is an essential factor in strengthening the LGBTIQI community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations that represent LGB rights, physical, mental, and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic.^{47,82} It is also important to reach both inside and outside the LGBTIQ communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

Portugal has transitioned from repressive and exclusive environments for LGBTIQ individuals to more accepting and inclusive ones and is among a handful of countries in the world that have enshrined in their constitutions the prohibition of discrimination on the grounds of sexual orientation. Nonetheless, Portuguese society is still restricted by negative societal attitudes toward LGBTIQ individuals, and our results are consistent with accumulating data indicating that psychosocial quality of life can be diminished due to exposure to social discrimination,⁸³ and policymakers in Portugal need to be particularly aware of LGBTIQ people's needs in their social inclusion decisions, currently scarce in both Portugal and Brazil.

With a rich religious history of Catholicism juxtaposed with a sexually liberal public, Brazil interacts with its LGBTIQ community in a very distinct and often conflicting manner. Being the worst transgressor of LGBTIQ rights in the world, Brazil has operated in a paradoxical situation where it is also a world leader in the campaign for LGBTIQ rights.⁸⁴ Therefore, our results can be seen a catalyst for the Brazilian LGBTIQ human rights discourse and raise awareness to the necessity of more effective measures to end anti-LGBTIQ violence.

To begin addressing this omission, this study documented the psychosocial impacts of COVID-19 pandemic on LGB people living in Portugal and Brazil, but more research is needed, namely, the inclusion of transgender, intersexed, and queer individuals to address psychosocial disparities among these groups. In addition, quantitative research is needed to address the needs of LGBTIQ individuals that could translate into more inclusive policy measures, namely, innovation when implementing local and global actions to protect LGBTIQ individuals and facilitating the improvement

of their overall levels of quality of life and psychosexual health during and after the COVID-19 pandemic.

Still, these data add to the international discourse on stigma among sexual minority persons during the COVID-19 pandemic. Furthermore, our results facilitated dialogue, questioning sources of oppression, and promoting of values which among Portuguese and Brazilian cultures are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines in these 2 countries and others.

Informed Consent Statement: All subjects gave their informed consent for inclusion before they participated in the study.

Research Involving Human Participants' Statement: This research was approved by the Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088), and it was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments regarding research involving human participants.

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Chapter 3 – General Discussion

According to the World Health Organization (2021), currently the coronavirus pandemic has already more than 175 million confirmed cases in the world, in which Brazil is in third place among the most affected. However, studies indicate that the impact of the COVID-19 pandemic goes beyond infection by the disease and other variables are also being affected. In fact, in the various studies we found, some type of psychological, emotional, physical, social, or general quality of life and work distress was present during the coronavirus pandemic in the studied population, with people from sexual and gender minorities were among the most affected.

However, there are not many studies in Brazil that assess these psychosocial variables through the lens of gender and sexual minorities. In this sense, this study intended to fill an existing gap that has intensified during the pandemic in this country, seeking to contribute in a preliminary and unique way to the scientific community, in a body of emerging research on this subject. Therefore, this dissertation aimed to assess the levels of occupational health, psychosocial risks, and preventive factors of the COVID-19 pandemic in Brazilian samples through the lens of gender and sexual minorities, contributing to the understanding of these issues during the pandemic and beyond.

Regarding the results found in the study on the WRQoL of Brazilians during the coronavirus pandemic from a gender perspective, it was possible to verify that women really are having their global WRQoL, general well-being, career satisfaction and control over work more affected than men, as expected, as well as having greater fears regarding the pandemic. However, a more surprising finding was that we did not find significant differences between men and women for the dimensions of the home-work interface, working conditions and work stress, which contradicts most of the studies found, in which the closure of schools and day care centers and remote work, influenced the increase in housework and care, especially for women, resulting in an increase of stress for them. These results make us reflect on the disproportionate distribution of paid and unpaid work rooted in the country, in which women incorporate and "normalize" the role of main responsible for family and domestic care, in addition to reconciling paid work, thus being able to influence their own perception of what it was like to have their routine changed. Finally, it was possible to verify that, despite gender being a significant predictor, fear of COVID-19 and the negative impacts of COVID-19 were those that most determined WRQoL in the sample, which was expected, due to the high negative

correlation of these variables with WRQoL. In this sense, it is possible to conclude that the pandemic situation is having a great impact on the increase of gender and work disparities in Brazil, negatively affecting women.

Our results on the perception of psychosocial impacts by Brazilian LGB people (although the study involved Brazilian and Portuguese participants, we chose to emphasize the Brazilian contributions on this topic) corroborate other studies that point out that LGBTQI people are those at greater risk and with greater distress during the pandemic. We verified impacts on mental health (depression, anxiety, fear, anger and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, money problems, and LGB issues (health barriers, going back to the closet, pride celebrations and dating events). However, we also found a more positive aspect, regarding the position of these people regarding their coping strategies (seeking support, accessing information and physical activities) and the changes imposed by the pandemic (behavioral changes and opportunities to grow), making us reflect on their own capacity for resilience and acceptance as a positive marginality, which helps to build their authenticity and well-being, as well as acquire crisis skills.

From these results, I expected to contribute to the understanding of some aspects related to sexual and gender minorities and arise interest in the need to work on these issues at the level of public policies. In this sense, we emphasize the importance of: (a) Placing this population at the center of changes and taking measures to promote an inclusive recovery after the pandemic. (b) Ensure support for grassroots rights organizations among this community and their participation in decision-making participatory level. (c) Ensure the continuation of specific health services for these people during and after the pandemic. Finally, (d) invest in training, infrastructure, and in combating discrimination and prejudice in the community in general, in order to raise awareness about the practice of a more inclusive and egalitarian society, with respect and dignity for all, as this is essential to combating minority inequality in the long run.

This study may also have implications for clinical and health practice when working with this population, with regard to the pandemic context, but not only; because even though the psychosocial vulnerabilities of this population were accentuated by the pandemic, they were already previously marked by conservatism, sexism, prejudice and discrimination. Therefore, it is recommended that health services ensure a safe and stigma-free environment, in order to reduce the fear these people may have, both regarding the spread of COVID-19 and the issues related to their specificity as a minority.

It is also highlighted the need for mental health professionals themselves to specialize for a greater understanding of the needs of this population, which contribute to a more humanized and affirmative care, and with this, reduce the burden of sexual and gender minorities.

Despite these contributions, this study has its limitations and are mainly related to the sample size of the two studies, which is relatively small due to the size of the general population in Brazil. The differentiated profile of the sample is also a limitation, as in both studies the majority of participants were of urban origin, of middle class or higher, with at least one academic background, thus being able to influence the results. Finally, all respondents completed the surveys via the internet and in a self-administered format, which indicates the possibility of selection bias.

It is essential to continue to develop research that addresses the needs and specificities of this population. Future studies could benefit from larger and more representative samples, which could corroborate our findings. In addition, reaching a larger population who do not have access to the internet and are not in a differentiated group could contribute to the understanding of this issue from another sociodemographic perspective. Finally, and knowing that vulnerable minorities are suffering more during the COVID-19 pandemic, a longitudinal study could contribute to the understanding of these issues in the long term and help identify these people's problems and concerns, helping to implement measures according to the real needs assessed.

Finally, I would like to reflect on the importance of this work for my academic education and personal growth. As a future psychologist, academic and scientific enthusiast, I believe that this dissertation contributed to the development of my skills for the practice of a psychology professional and scientific researcher. As mentioned by EuroPsy – The European Certificate in Psychology (2013) it is expected that during this academic path, students develop skills related to research, which include the construction and application of principles, knowledge, models, and methods in an ethical manner, and to promote the development, well-being and effectiveness of individuals, groups, organizations and society.

In fact, during this process, I went through all the stages of project design, application, data collection and analysis, processing of studies and complementary bibliographic information, critical discussion, and the synthesis of the studies in a scientific article format. In this sense, I also emphasize the possibility of making known two different work methodologies for the development of research, one quantitative and

the other qualitative, and for learning a different formatting requested for each of the articles and for this dissertation. The communication of scientific writing to various audiences was also carried out, with dissemination in international congresses, fulfilling the objective of disseminating our findings to a greater number of people and reaching the agents responsible for social change.

Regarding my personal growth, I believe that I have developed skills that will accompany me throughout my life. The autonomy in investigative work, the need for critical analysis and the synthesis of information, made me reflect on my possibilities, and on the understanding of certain limitations and future directions that will always exist. Furthermore, I believe that this experience enabled me to expand my knowledge about sexual and gender minorities, in which I have a special interest, and my own self-knowledge as a woman, belonging to a minority, having motivated me even more to become an agent of change in this theme and will contribute to my work as a psychologist and beyond.

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Appendix

Appendix A

Certificate of Submission for the study: Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample

Wiley Authors | [Submission](#)

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Journal

All Journals ▾

Submission Status

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Start a new submission for **Gender, Work & Organization**

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Original Article

Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample

Submission Status Under Review

Manuscript ID GWO-21-403

Submitted On 22 April 2021 by Henrique Pereira

Submission Started 22 April 2021 by Henrique Pereira

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Title	Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample		
Manuscript Files	Name	Type of File	Size
	title.docx	Title Page	13.29 KB
	Assessin ... WRQoL_BR.docx	Blinded Main Document - MS...	46.78 KB
Abstract	<p>Introduction: Work-related quality of life (WRQoL) is being affected by the COVID-19 pandemic, particularly in the case of women. As a result, this study sought to evaluate the impacts of COVID-19 on Brazilians' WRQoL from a gender-based perspective.</p> <p>Materials and Methods: A sample of Brazilian nationals composed of 190 women and 147 men completed an online survey containing the Fear of COVID-19 scale, the Negative Impacts of COVID-19 scale, and the Work-Related Quality of Life scale.</p> <p>Results: Results showed that women reported significantly higher levels of COVID-19-related fears, and lower levels of overall WRQoL, well-being, career satisfaction, and control over work. Gender, fear, and the negative impacts of COVID-19 were significant predictors of overall WRQoL (explaining 13.4% of variance), of career satisfaction (explaining 10% of variance), and of control over work (explaining 3% of variance).</p> <p>Conclusion: These results contribute to the analysis of the COVID-19 pandemic's complex effects on increasing gender inequality in a manner unfavorable to women in the Brazilian organizational context.</p>		
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Appendix B

Certificate of Oral Communication for the study: Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample in the XXIX Congresso Internacional INFAD “confiança em tempos de crise”



D. Florencio Vicente Castro y Dña. Sonia Brito Costa, presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD “Confianza en tiempos de crisis”* celebrado en el Instituto Politécnico de Coimbra de forma online los días del 6 al 8 de mayo de 2021

Certifican que D/Dª

PATRICIA SILVA

Ha participado en el mencionado Congreso Internacional

PRESENTANDO UNA COMUNICACIÓN CON EL TÍTULO: “Avaliação da qualidade de vida relacionada com o trabalho durante a pandemia COVID-19: perspectivas de género entre uma amostra brasileira”

Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



esec
INSTITUTO POLITECNICO DE COIMBRA

Fdo: Sonia Brito Costa
Coordenadora do Núcleo de
Investigação em Ciências Sociais e
Humanas da ESEC

Appendix C

Certificate of Oral Communication for the study: Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample in the 8º Congresso Internacional em Saúde: Determinantes sociais, tecnológicos e ambientais em saúde



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IJUÍ - SANTA ROSA - PANAMBI - TRÊS PASSOS

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CERTIFICADO

Certificamos que o trabalho **AVALIAÇÃO DA QUALIDADE DE VIDA RELACIONADA COM O TRABALHO DURANTE A PANDEMIA COVID-19: PERSPECTIVAS DE GÊNERO EM UMA AMOSTRA BRASILEIRA** de autoria de **PATRICIA SILVA e HENRIQUE PEREIRA** foi apresentado no **8º Congresso Internacional em Saúde: Determinantes sociais, tecnológicos e ambientais em saúde**, promovido pelos Programas de Pós-Graduação *Stricto Sensu* em Atenção Integral à Saúde, Direitos Humanos, Educação nas Ciências e Sistemas Ambientais e Sustentabilidade e pelos Cursos de Graduação em Medicina, Biomedicina, Farmácia, Enfermagem, Fisioterapia, Nutrição, Estética e Cosmética, Ciências Biológicas e Gastronomia da Universidade Regional do Noroeste do Estado do Rio Grande do Sul - UNIJUÍ, no período de 18 a 21 de maio de 2021, de forma online, pelo que lhe é conferido o presente certificado.

Ijuí (RS), 2 de junho de 2021.

Cátia S. Genêze de Medeiros
Cátia S. Genêze de Medeiros
Secretária Acadêmica

Fabiana Fachineto
Fabiana Fachineto
Vice-Reitora de Graduação

Fernando Jaime González
Fernando Jaime González
Vice-Reitor de Pós-Graduação Pesquisa e Extensão

Appendix D

**Certificate of Oral Communication for the study:
Psychosocial Impacts of COVID-19 Pandemic on Lesbian,
Gay, and Bisexual People Living in Portugal and Brazil—A
Qualitative Study in the XXIX Congresso Internacional
INFAD “confiança em tempos de crise”**



XXIX CONGRESSO INTERNACIONAL INFAD
“CONFIANÇA EM TEMPOS DE CRISE”
“CONFIANZA EN TIEMPOS DE CRISIS”
INSTITUTO POLITECNICO DE COIMBRA
ESCOLA SUPERIOR DE EDUCAÇÃO DE COIMBRA
COIMBRA - 6-8 MAIO 2021

D. Florencio Vicente Castro y Dña. Sonia Brito Costa, presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD “Confianza en tiempos de crisis”* celebrado en el Instituto Politécnico de Coimbra de forma online los días del 6 al 8 de mayo de 2021

Certifican que D/D^a

PATRICIA SILVA

Ha participado en el mencionado Congreso Internacional

PRESENTANDO UNA COMUNICACIÓN CON EL TÍTULO: “Impacto psicossociais da pandemia da COVID-19 sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – um estudo qualitativo”

Fdo: Florencio Vicente Castro
Presidente Asociación INFAD

Fdo: Sonia Brito Costa
Coordenadora do Núcleo de Investigação em Ciências Sociais e Humanas da ESEC



Appendix E

Certificate of Oral Communication for the study: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study in the VI Congresso Brasileiro e Luso- Brasileiro de Psicologia da Saúde



Appendix F

Certificate of best Oral Communication for the study: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study



XXIX CONGRESO INTERNACIONAL INFAD

"CONFIANÇA EM TEMPOS DE CRISE"
"CONFIANZA EN TIEMPOS DE CRISIS"

INSTITUTO POLITECNICO DE COIMBRA
ESCOLA SUPERIOR DE EDUCAÇÃO DE COIMBRA
COIMBRA | 6-8 MAYO 2021

ORGANIZAN: INFAD (ASOCIACIÓN DE PSICÓLOGA DE LA INFANCIA, ADOLESCENCIA, ADULTOS Y DISCAPACIDAD) Y NICSH (NÚCLEO DE INVESTIGAÇÃO EM CIÊNCIAS SOCIAIS E HUMANAS DA ESEC)

D. Florencio Vicente Castro y Dña. Sonia Brito Costa,
presidentes del Comité Organizador del *XXIX Congreso Internacional INFAD "Confianza en tiempos de crisis"* celebrado en el Instituto Politécnico de Coimbra en los días del 6 al 8 de mayo de 2021

Distinción de Mejores Comunicaciones Orales


Henrique Pereira, Jéssica Pedro, Cindy Mendes, Mariana Duarte, Patrícia G.Silva

Simposio
"El impacto de COVID-19 en el Bienestar Psicosocial a través del Lente de Minorías Sexuales y de Género en Portugal y Brasil"

Trabajos:

- Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study
- Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation
- Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation
- The Impact of COVID-19 on Depressive Symptoms through the Lens of Sexual Orientation
- Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample


Fdo: Florencio Vicente Castro
Presidente Asociación INFAD


Fdo: Sonia Brito Costa
Coordenadora do Núcleo de Investigação em Ciências Sociais e Humanas da ESEC



Appendix G

Original publication for the study: Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study in the Journal of Psychosexual Health

Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study

Journal of Psychosexual Health
1–14

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DOI: 10.1177/26318318211017466
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Henrique Pereira^{1,2} , Jéssica Pedro¹, Cindy Mendes¹,
Mariana Duarte¹ and Patrícia G Silva¹

Abstract

Introduction: Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on lesbian, gay, and bisexual (LGB) people, especially from a qualitative perspective.

Materials and Methods: A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single open-ended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life.”

Results: The thematic analysis of participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events, and online dating).

Conclusions: Our results provide voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by preexistent social inequalities.

Keywords

COVID-19, psychosocial impacts, LBG people, Portugal, Brazil, qualitative research

Received 27 Mar 2021; revised 26 Apr 2021; accepted 26 Apr 2021

Introduction

The COVID-19 outbreak started in December 2019 in China,¹ and its rapid spread around the globe² made it recognized by the World Health Organization as a worldwide pandemic.³ In Portugal, the first cases emerged in March 2020⁴ and, in the same month, a state of emergency was declared as a way to contain the spread of the virus, with lockdown measures put in place.⁵ In Brazil, the first cases appeared in February 2020,⁶ and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted,⁷ impacting on social and financial structures of the country.⁸

As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society.^{9–11} Lockdown measures and the duty

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to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines¹² which contributed to the compromise of mental health.¹³ This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as LGBTQI individuals.

The literature constantly identifies significant discrepancies between heterosexual and LGBTQI individuals concerning mental health and well-being, sexual minorities scoring lower.^{14,15} Additionally, sexual minorities also show higher prevalence for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances,¹⁶⁻¹⁸ and experiencing difficulties accessing health, employment, and other socioeconomic resources.¹⁹

The minority stress model may explain how COVID-19 had a more significant impact on LGBTQI individuals than heterosexual people¹⁴ because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society.^{14,15} Lockdown measures forced many LGBTQI individuals to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms^{11,16-20} as well as limited access to mental health services despite the increase of electronic interventions.²¹ Therefore, the need for social and mental health support for LGBTQI individuals becomes evident.²²

Concerning the Portuguese sociopolitical context, the progressive acceptance of sexual minorities in Western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination.²³ Although the country has undergone sociopolitical and legislative advances, such as same-sex marriage, and same-sex couples adoption,²⁴ it did not stop Portuguese LGBTQI individuals from facing sexual prejudice.^{25,26}

The Brazilian sociopolitical context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia.²⁷ Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted,²⁸ and consequently, laws that protect the rights of the lesbian, gay, and bisexual (LGB) community²⁹ are still ineffective in Brazil.

Portugal-Brazil relations have spanned over 5 centuries. In addition to a commonality of language and religion, both countries are members of the Lusophone world. As common cultural values favor the development of similar social norms, not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGBTQI individuals, especially from a qualitative perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGBTQI individuals is our study's primary goal. We correspondingly adopted a

qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

Materials and Methods

Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In Table 1, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The sample size was determined by thematic saturation and we collected data from those LGBTQI individuals to which we had most convenient access.

Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O'Connor and Madge³⁰ and Hamilton and Bowers.³¹ Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions, such as age, gender identity (male, female, or other), sexual orientation (gay/lesbian, bisexual, or other), nationality, education, socioeconomic status, marital status (single, married, divorced, civil union, or other), and place of residence, and a single open-ended and fundamental question: "As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted on your life." The inquiry was expected to take around 10 min. Participants responded to this outreach online through 1 website created for this purpose, in Portuguese language (standardized for both European and Brazilian Portuguese). The first page of the questionnaire explained the study's objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and

Table 1. Sociodemographic Characteristics of the Participants

		Portugal (n = 32, Mean Age = 32.14, SD = 11.05)		Brazil (n = 33, Mean Age = 36.50, SD = 12.00)		Total (n = 65; Mean Age = 34.48, SD = 11.66)	
		n	%	n	%	n	%
Gender	Male	12	18.5	22	33.8	34	52.3
	Female	20	30.8	11	16.9	31	47.7
Marital status	Single	24	36.9	18	27.7	42	64.6
	Married	6	9.2	6	9.2	12	18.5
	Divorced	1	1.5	3	4.6	4	6.1
	Civil union	2	3.1	5	7.7	7	10.8
Education	Up to 12 years	11	16.9	3	4.6	14	21.5
	University—BA	9	13.8	9	13.8	18	27.7
	University—MA	11	16.9	12	18.5	23	35.4
	University—PhD	1	1.5	9	13.8	10	15.4
Place of residence	Urban	27	41.5	32	49.2	59	90.8
	Rural	5	7.7	1	1.5	6	9.2
Socioeconomic status	Low	2	3.1	1	1.5	3	4.6
	Low-average	14	21.5	12	18.5	26	40
	Average	13	20	15	23.1	28	43.1
	Average-high	3	4.6	3	4.6	6	9.2
	High	0	0	2	3.1	2	3.1
Sexual orientation	Gay or lesbian	18	27.7	15	23.1	33	50.7
	bisexual	15	23.1	17	26.1	32	49.3

November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals, and involved Internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all of the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script's design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon³² for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

Analyses

The transcripts from all interviews were entered in NVivo (version 12), which is a software program used for qualitative methods research to process a rich dataset of unstructured information (like interviews). The software automates manual tasks, like classifying or organizing information. Specifically,

it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together.³³ We adopted a conventional conceptual content analysis approach (the analysis involved quantifying and counting the presence explicit and implicit terms in order to examine the occurrence of selected terms in the data) that enabled us to gain direct information from participants without imposing preconceived categories and names for the categories derived from the data.³² The following steps for conducting the conceptual content analysis were taken: (a) we decided the level of analysis: word, word sense, phrase, sentence, themes; (b) we decided how many concepts to code for allowing flexibility to add categories through the coding process; (c) we decided to code for existence or frequency of a concept in the text; (d) we created coding rules so that similar word segments were transparently categorized in a logical fashion to provide clear distinction among concepts; (e) we developed rules for coding of the texts, to promote validity; (f) we ignored irrelevant information; (g) we coded the text using NVivo, inputting categories and having coding done automatically; and (h) we finally analyzed our results, quantifying general trends and patterns.

Trustworthiness/rigor of our study was ensured by conducting all research tasks in a precise, consistent, and exhaustive manner to enable credibility, transferability, dependability, and confirmability. COREQ compliance for this study was checked for each of the 32 criteria (rated yes/no) by the researchers. Discrepancies in study inclusion or

item ratings were resolved with the inclusion of two experts who examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a “negotiated agreement” approach³⁴ to assess intercoder reliability, compare coding, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant’s age, nationality, gender, and sexual orientation.

Results

The thematic analysis of the participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur, as shown in Table 2. Subcategories that were mentioned less than 5 times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil.

The illustrative quotations used come directly from the online interviews and indicate the first name (a fictitious name assigned by the study’s authors), sexual orientation, and gender identity, age, and country of origin of each participant.

Mental Health

LGBTQI individuals traditionally present poorer mental health indicators than heterosexual people due to the effect of sexual stigma and discrimination, as suggested by the

minority stress theory.³⁵⁻³⁷ In the scenario of COVID-19, the pandemic significantly affected our participants’ mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier.

—António, bisexual man, 19 years old, Portugal.

As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life.

—Thiago, gay man, 54 years old, Brazil.

Table 2. Key Themes Identified

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/depression	10	7
	Anxiety/stress	12	11
	Fear/panic	8	8
	Anger	5	6
	Loneliness	6	5
Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
	Physical activities	5	8
LGBTQI topics	Health barriers	5	5
	Going back into the closet	6	7
	Pride celebration events	7	9
	Online dating	8	7

It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future.

—Pedro, bisexual man, 37 years old, Portugal.

The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability.

—Rodrigo, bisexual man, 34 years old, Brazil.

Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy.

—Mariana, lesbian woman, 22 years old, Portugal.

Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough year. Lots of stress.

—Paulo, bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it.

—Ricardo, gay man, 41 years old, Brazil.

I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I'm afraid (despite all the care) that my parents would get the disease.

—Fábio, gay man, 42 years old, Brazil.

I am afraid of socializing and panicked every time I was around people.

—Cristina, bisexual woman, 33 years, Portugal.

The pandemic has changed my whole life routine and that of my family. The fact that my country's authorities do not take proper action to control the disease makes me angry and constantly stressed.

—Rodrigo, bisexual man, 34 years old, Brazil.

I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills.

—Luís, gay man, 36 years old, Portugal.

Isolation

LGBTQI individuals, especially the most vulnerable, such as young or older LGBTQI individuals, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic involves precisely the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

Social isolation made life quite complicated.

—Lara, lesbian woman, 37 years old, Brazil.

Social isolation has considerably worsened my mental health.

—Cristina, bisexual woman, 33 years old, Portugal.

The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level.

—João, bisexual man, 20 years old, Portugal.

The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away.

—Beatriz, bisexual woman, 30 years old, Portugal.

The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time.

—José, gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times.

—Joana, bisexual woman, 24 years old, Brazil.

The pandemic prevented leisure activities that, for me, were fundamental to be able to de-stress.

—Manoel, gay man, 59 years old, Brazil.

As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure.

—Bruno, gay man, 43 years old, Portugal.

As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc.

—Francisco, gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of preestablished dynamics, namely maintaining physical and emotional balance.

For me, the main impact of this pandemic was the distancing of my family.

—Vinicius, gay man, 25 years old, Brazil.

I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die.

—Helena, bisexual woman, 37 years old, Brazil.

COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health.

—Gilberto, gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining

friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel.³⁸ The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it.

—Berta, bisexual woman, 23 years old, Brazil.

The biggest impact I felt was at an emotional level because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated.

—Rita, bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGBTQI individuals, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed.

—Júlio, bisexual man, 35 years old, Brazil.

I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation.

—Fábio, gay man, 42 years old, Brazil.

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. More or less promptly, governments have determined measures to stop the school/university activities or continue them in an online format.

The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum.

—Vitor, bisexual man, 25 years old, Brazil.

My doctoral program course and all classes have moved to the online format. My field project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things.

—Fábio, gay man, 42 years old, Brazil.

Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with “interesting” lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible.

—Rodrigo, bisexual man, 34 years old, Brazil.

Behavioral Changes

The pandemic’s behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown.

—Hugo, bisexual man, 67 years old, Brazil.

I had to change the way I perceive having control in life because plans change daily or are only made for the short term.

—Fábio, gay man, 42 years old, Brazil.

Personal Growth

For many of our participants, the COVID-19 pandemic constituted an opportunity for personal growth. From a new world organization, unfamiliar and uncertain, unpredictable and uncontrollable, many managed to take advantage of adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities.

—Luísa, lesbian woman, 30 years old, Portugal.

I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way.

—Vanessa, bisexual woman, 27 years old, Brazil.

It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for.

—Fernando, gay man, 28 years old, Portugal.

Coping Mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic’s negative consequences, namely the search for physical and mental health care. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic’s negative impact.

I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals’ barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues.

—Nuno, gay man, 22 years old, Portugal.

I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions, avoiding putting the problem bigger than is necessary.

—Roberto, gay man, 27 years old, Brazil.

LGBTQI Topics

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their well-being, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties in adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other

participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LGBTQI individuals.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in standby many loving expectations.

Being HIV positive and therefore with immunity problems, I was afraid that getting COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out.

—Cláudio, gay man, 31 years old, Portugal.

I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal.

—Inês, lesbian woman, 26 years old, Portugal.

Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents' house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back into the closet, and I feel like I am 16 again. Backsliding like this is very bad.

—Guilherme, gay man, 38 years old, Brazil.

It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating.

—Jéssica, lesbian woman, 26 years old, Brazil.

Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian

LGBTQI individuals. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBTQI topics. These results corroborate with others, in which LGBTQI individuals are also suffering from more significant psychosocial stressors during the pandemic.^{17,39-41} Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment.^{25,35,36,42}

Mental Health

The LGB population is one of the groups most affected by COVID-19.¹⁷ These individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation,⁴³ which negatively impacts their mental health.^{35,36} Moreover, LGBTQI individuals have a higher prevalence of problems related to mental health functioning,²⁵ including higher levels of depression, anxiety, and suicidal ideation,^{44,45} compared to their heterosexual peers.⁴⁶ Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGBTQI individuals' mental health.¹⁴

Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action⁴⁷ report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care,⁴⁷ which contributed to the negative impact on their physical health as well.⁴⁸

Isolation

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus⁴⁹ may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms.⁵⁰ Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members,⁵¹ some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families,⁵² with increased conflictual dynamics.⁵¹ During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety.⁵³

Relationships

Additionally, LGB individuals had less contact with LGB community systems⁵⁴ and the cancellation of pride events seems to have negatively affected some of our participants. This is of particular relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people,⁴² being associated with higher levels of overall well-being.^{36,55} The search for sexual or significant relationships was also affected, which, according to Sanchez et al,³⁹ is a concern since intimate relations are generally considered protective for mental and physical health and relationships.^{36,57} Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life.⁵⁸

Work and Education

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity,⁵⁹ which can also occur at the workplace.⁵¹ In a study by Pereira and Costa,²⁵ 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature,^{60,61} financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGBTQI individuals, 1 in 5 participants reported not having any income due to the pandemic, with 4 out of 10 being unable to survive without a salary for more than 1 month.⁶² This seems to reflect how the heteronormativity model imposed by society⁴³ may have harmed the participants in this study.⁶³

The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online.⁶⁴ Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms,⁶⁵ which may have negatively influenced the learning outcomes of those of our participants who were students.⁶⁶

Change and Coping

Despite the difficulties and stigma experienced by LGBTQI individuals in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising,

meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels.

This positive outlook may be linked to the participants' sense of belonging in their minority category and resilience,⁶⁷ which helped identify a certain level of positive marginality.⁶⁸ Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels.⁶⁹

LGBTIQ Topics

Our results suggest that the COVID-19 pandemic has impacted LGBTQI individuals in very unique ways due to the presence of negative emotional concerns among Portuguese and Brazilian participants that led them to perceive barriers when accessing health services, to be forced to go back into the closet, to not be able to attend pride celebration events, and dealing with limitations when dating online. These psychosocial circumstances may have increased the existing vulnerabilities of this population. Our study confirms previous data from Portugal and Brazil^{70,71} concerning the impact of COVID-19 among LGBTIQ population on mental health and work-related quality of life, and this may have conditioned the access to health care services, through the anticipation of rejection and fear of the disease. On the other hand, the fact that many families do not accept their LGBTIQ family members, led many of our participants to go back into the closet, and this is not without relevant psychosocial consequences, such as LGBTIQ identity erasure on the existing heteronormative culture and exposure to sexual stigma.⁷² Also, the cancelling of all LGBTIQ pride celebration events negatively affected our participants significantly, because these events constitute a single opportunity to promote visibility, empowerment, and community support.⁷³ Finally, being forced to stay at home made LGBTIQ individuals to be more exposed to the risk of social isolation and lack of dating interaction, with a drastic decrease of regular sexual and relational activities and an increased risk of sexual and relational activities under the effect of illicit substances,⁷⁴ and sexual and intimate partner violence.⁷⁵ Therefore, the COVID-19 pandemic led to a long-lasting exposure to adverse circumstances among LGBTQI individuals in Portugal and Brazil.

Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment,⁷⁶ individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term

understanding of issues sensitive to the LGBTQI community during and after the COVID-19 pandemic, as well as its psychosexual health consequences. The pandemic's effect on psychosexual health and deprivation of "social touch" remains unknown among LGBTQI individuals but is critically detrimental to well-being.⁷⁷ As COVID-19 is a highly contagious infection, this has led to doubts relating to how sexual relationships, sexual health, and sexual well-being can be affected.

Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma.^{35,36} However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health.⁷⁸ Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGBTQI individuals.

Compared to the traditional qualitative studies which use a semistructured interview guide, we have used a single open-ended question with the lack of a person-guided interview. Also, as it was purely online, there were no chances of probes or memos which could have further elaborated the rich contextual information. Finally, the study was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGBTQI individuals in Portugal and Brazil. Despite this, the sample size and the rigor of analysis reinforce our intention to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities.^{47,79} LGBTQI individuals are at increased emotional and social risks during the ongoing pandemic, and their voices are mostly unheard. Hence, there is a need for policy implementation and community awareness about their social welfare and this is vital to improving their health and well-being.^{80,81} Despite this, several participants proved to be positive, resilient, and determined to their personal growth, which is an essential factor in strengthening the LGBTQI community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations that represent LGB rights, physical, mental, and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic.^{47,82} It is also important to reach both inside and outside the LGBTQI communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

Portugal has transitioned from repressive and exclusive environments for LGBTIQ individuals to more accepting and inclusive ones and is among a handful of countries in the world that have enshrined in their constitutions the prohibition of discrimination on the grounds of sexual orientation. Nonetheless, Portuguese society is still restricted by negative societal attitudes toward LGBTIQ individuals, and our results are consistent with accumulating data indicating that psychosocial quality of life can be diminished due to exposure to social discrimination,⁸³ and policymakers in Portugal need to be particularly aware of LGBTIQ people's needs in their social inclusion decisions, currently scarce in both Portugal and Brazil.

With a rich religious history of Catholicism juxtaposed with a sexually liberal public, Brazil interacts with its LGBTIQ community in a very distinct and often conflicting manner. Being the worst transgressor of LGBTIQ rights in the world, Brazil has operated in a paradoxical situation where it is also a world leader in the campaign for LGBTIQ rights.⁸⁴ Therefore, our results can be seen as a catalyst for the Brazilian LGBTIQ human rights discourse and raise awareness to the necessity of more effective measures to end anti-LGBTIQ violence.

To begin addressing this omission, this study documented the psychosocial impacts of COVID-19 pandemic on LGB people living in Portugal and Brazil, but more research is needed, namely, the inclusion of transgender, intersexed, and queer individuals to address psychosocial disparities among these groups. In addition, quantitative research is needed to address the needs of LGBTIQ individuals that could translate into more inclusive policy measures, namely, innovation when implementing local and global actions to protect LGBTIQ individuals and facilitating the improvement of their overall levels of quality of life and psychosexual health during and after the COVID-19 pandemic.

Still, these data add to the international discourse on stigma among sexual minority persons during the COVID-19 pandemic. Furthermore, our results facilitated dialogue, questioning sources of oppression, and promoting of values which among Portuguese and Brazilian cultures are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines in these 2 countries and others.

Informed Consent Statement

All subjects gave their informed consent for inclusion before they participated in the study.

Research Involving Human Participants' Statement

This research was approved by the Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088), and it was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments regarding research involving human participants.

Declaration of Conflicting Interests

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