

SOCIAL DETERMINANTS OF HEALTH: TRIGGER FOR THE LGBTIA+ POPULATION INCLUSION IN HEALTH SERVICES?

DETERMINANTES SOCIAIS DE SAÚDE: DISPARADORES PARA A INCLUSÃO DA POPULAÇÃO LGBTIA+ NOS SERVIÇOS DE SAÚDE?

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ABSTRACT

Objective: To understand the scientific evidence about the social determinants of health as triggers for the inclusion of the LGBTIA+ population in health services. **Method:** Systematic review of the literature, presenting a meta-synthesis as a review protocol. It was based on a research question in accordance with the PICO strategy, namely: Are the Social Determinants of Health triggering elements for the inclusion of the LGBTIA+ population in health services?. The data collection process took place from December 2021 to March 2022. The search for studies took place in the following databases: Medical Literature Analysis and Retrieval System Online, Latin American and Caribbean Literature in Health Sciences and Scientific Electronic Library Online. Data analysis was qualitative. **Results:** Two categories emerged: The consolidation of affirmative policies for the LGBTIA+ population and, DSS and the LGBTIA+ population, which demonstrated how public policies link care to this population as well as the interaction of these policies with the social determinants of health. **Conclusion:** It is clear that the LGBTIA+ population is included in the social determinants of health, however there is much progress to be made towards full access to health goods and services.

Keywords: Social Determinants of health; Health services; LGBTIA+ population.

RESUMO

Objetivo: Conhecer as evidências científicas acerca dos determinantes sociais de saúde como elementos disparadores para a inclusão da população LGBTIA+ nos serviços de saúde. **Método:** Revisão sistemática da literatura, apresentando como protocolo de revisão uma metassíntese. Fundamentou-se a partir de uma questão pesquisa de acordo com a estratégia PICO qual seja: “Os Determinantes Sociais de Saúde são elementos disparadores para a inclusão da população LGBTIA+ aos serviços de saúde?”. O processo de coleta de dados ocorreu de dezembro de 2021 a março de 2022. A busca dos estudos aconteceu nas seguintes bases de dados: Medical Literature Analysis and Retrieval System Online (MEDLINE), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Scientific Electronic Library Online (SciELO). A análise dos dados foi qualitativa. **Resultados:** Emergiram duas categorias: A consolidação de políticas afirmativas para

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população LGBTIA+ e, DSS e a população LGBTIA+, as quais demonstraram como as políticas públicas vinculam o cuidado a essa população assim como a interação destas políticas com os determinantes sociais de saúde. **Conclusão:** Evidencia-se que a população LGBTIA+ é contemplada nos determinantes sociais de saúde, contudo há muito que avançar para o acesso pleno dos bens e serviços de saúde.

Palavras-chave: Determinantes Sociais de saúde; Serviços de Saúde; População LGBTIA+.

INTRODUCTION

In the context of public health, there is debate about the factors that influence the search for health services, regardless of the level of care. However, since the construction of the Unified Health System (SUS), an attempt has been made to conceptualize health from the joint perspective of social determination (GARBOIS *et al.*, 2017). In this approach, the Social Determinants of Health (DSS) are directly related to social inequalities, in the construct of how socioeconomic differences can influence the search for health services (BARATA, 2009).

It is known that there are fixed and/or biological determinants, these being genetic factors and age, in addition, housing, work, social cycles, there are also DSS linked to social conditions, such as access to constitutionally guaranteed goods and services, as well as support networks (CARRAPATO *et al.*, 2017). From this meaning, it is highlighted that these conditions can be supported with social and inclusive public policies, which aim to reduce social and cultural inequalities.

According to Minayo (2021) the social context experienced by vulnerable populations encourages discussions about social determination and its concept widespread in the academic scenario, as it deals with a model in which individual and collective experiences are understood as historical, static and categorized, which are sometimes hierarchical, not covering the elements that influence the health-disease process.

Studies that indicated the term vulnerability in the health field gained strength in the 1980s, in line with research into acquired immunodeficiency (AIDS), however, in that same historical period in Brazil, the civil military dictatorship was in force, which lasted until 1985, and it was only in 1988 that the Citizen Constitution was achieved (MORAIS NETO *et al.*, 2020). For Sevalho (2018) the term has an interdisciplinary connotation that can be applicable to different themes and may be more present in bioethics, mental and environmental health, among others. It is also important to recognize that people have the capacity to act and reflect on the social and political context in which they are inserted.

At the beginning of discussions about vulnerability in Brazil, students, health professionals and researchers thought about building an inclusive public health service with access to all, known as Health Reform. This structured collective health that sought to advance the precepts of health-disease, as well as discussing that the hospital-centric vision, sometimes, did not see the individual as a whole, thus not being able to give visibility to their vulnerabilities (SEVALHO, 2018).

Brazilian legislation presents Law nº 8,080, of September 19, 1990, known as the Organic Law of the Unified Health System (SUS), in which it becomes the State's duty to provide access to health services, based on the formulation and implementation of economic and social policies, which seek to promote, prevent and protect health. Care and management practices are guided by the principles of equity, universality and comprehensiveness (BRASIL, 1990).

The public health service in its 31 years has permeated numerous social and political scenarios, at federal, state and municipal levels. In the meantime, the unquestionable advances made by the SUS in favor of the needs and rights of the population constitute an unavoidable level of achievements, knowledge and practices. Within the scope of Basic Health Care (AB), the integration of health-promoting, protective and restorative actions has increased, supported by epidemiological and social diagnoses, professional training and teamwork processes (SANTOS, 2018).

Among the countless programs and actions developed in recent years, in line with the SUS principle of equity, it is essential that they be targeted at vulnerable populations. In this precept, social recognition, as well as social complexities and determinations, considered macro and micropolitical determinants, which are changeable to the detriment of social conditions (DIMENSTEIN; NETO, 2020).

In these historical processes of social transformation, reforms and counter-reforms took place in Brazil, as well as numerous questions about what the State should guarantee vulnerable populations, with public policies aimed at social security being the most affected by the rise of neo-liberal ideas. (CARMO, 2018). However, the 1988 Federal Constitution remains in force, ensuring access to education, health, social security, leisure and security through its article 6. In this sense, the LGBTIA+ population must be recognized for their rights in different scenarios, especially in health. Furthermore, the fight for recognition involved a theoretical framework that enables implementation processes in practice.

Furthermore, it is emerging to point out data from the Notifiable Diseases Information System (SINAN) for the LGBTIA+ population, which indicates that between 2015 and 2017, more than 20 thousand notifications of interpersonal and self-inflicted violence were recorded (SOUZA *et al.*, 2021). Brazil is one of the countries that kills the most LGBTIA+ people, based on data from the Observatory of Deaths and Violence against LGBTI+ (BORGES; RODRIGUES, 2021).

In the meantime, this research, with an inherent focus on the LGBTIA+ population and health services, becomes fundamental, as the debate on inclusion and tackling stigma is one of the goals of the millennium. Thus, the Sustainable Development Goals (SDGs) stand out, as articulating this agenda becomes an advance towards the inclusion of the LGBTIA+ population, as well as the recognition of their social rights (RODRIGUES, 2021). In this proposition, the objective is to understand the scientific evidence about the social determinants of health as triggers for the inclusion of the LGBTIA+ population in health services.

METHODOLOGY

It is configured as a systematic review of the literature, which according to Botelho (2011) presents a theoretical difference, as it has pre-defined steps, based on a standardized methodology. The main focus of this type of research is the ratification and integration of several studies, with the objective of a careful and rigorous analysis (EVANS; PEARSONS, 2001).

This research is based on a questioning aimed at evidence-based practice. Thus, the existence of a protocol to be followed for the preparation of systematic reviews stands out, which was previously defined. Thus, the research was conducted according to the Cochrane Handbook, which recommends seven steps for preparing systematic reviews, namely: 1) Formulation of the research question; 2) Location and selection of studies; 3) Critical evaluation of studies; 4) Data collection; 5) Analysis and presentation of data; 6) Interpretation of results; 7) Improvement and updating (CLARKE; OXMAN, 2001; HIGGINS; GREEN, 2009).

The research question elaborated for this protocol is: Are DSS triggers for the inclusion of the LGBTIA+ population in health services? Its formulation followed the acronym of the PICO strategy (P: patients; I: intervention; C: comparison; O: results), as shown in Table 1.

Table 1 - Formulation of the research question using the PICO strategy.

Description	Abbreviation	Question components
Population	P	DSS
Intervention	I	Inclusion of the LGBTIA+ population
Comparison	C	It doesn't have
Results	O	DSS as a triggering element for inclusion in health services

Source: Research data.

The following databases were used to search for studies in this systematic review: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO). Furthermore, the Google Scholar platform was used as gray literature.

Initially, a search was carried out in the Health Science Descriptors (DeCS) and in the Medical Subject Headings (MeSH) in order to outline the descriptors and keywords that make up the search strategies specifically in each base with their respective Boolean operators.

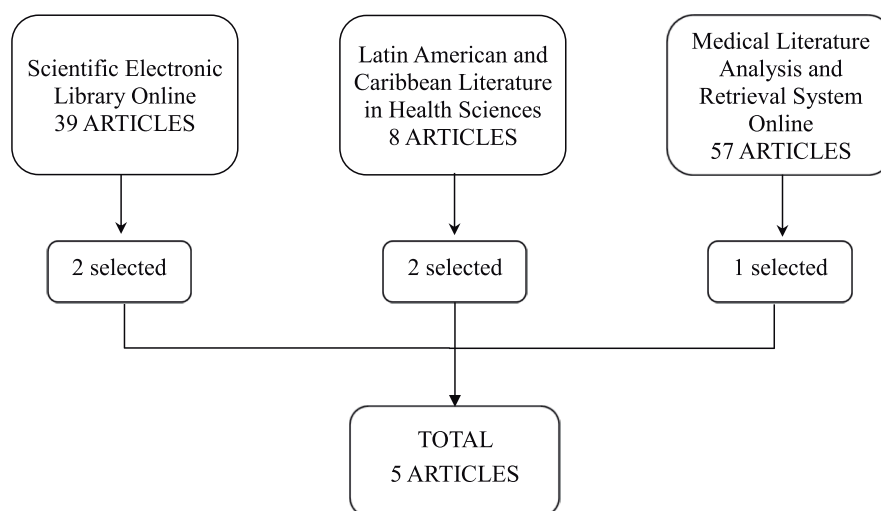
The inclusion criteria were: articles with full text available in the listed databases, publications between the years 2011 and 2021, with a time frame of ten years considering that the theme is more current and more publications are found in this period, based on the sanction of the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT), in 2011. Studies that diverge from the objective, other review articles, clinical trials and reports were excluded from the research of experience.

The data collection process took place from December 2021 to April 2022, using a data collection instrument created for this purpose, which followed the Prisma Checklist precepts. It is also noteworthy that the search in the databases as well as the analysis of the studies found were carried out by two independent reviewers.

The search was carried out on the Scielo platform with the following combination: “Sexual AND gender minorities AND Equity OR Universalization of health OR Integrality in health” emerged in 38 studies. With the combinations “Sexual AND gender minorities AND Social Determinants of Health”, it was found an article. In LILACS, only the Boolean operator AND was used, with the following combinations “Social Recognition” and “LGBT People”, combining in the second search “LGBT People” AND “Health”, in both searches four articles were found, totaling eight finds .

The search in MEDLINE with the group “Social Determinants of Health AND Sexual and Gender Minorities” resulted in a total of 57 findings. Respectively, the number of articles on each platform was: Scielo 39 and 2 selected, LILACS 8 were found and 2 were selected and MEDLINE will use 1 study and the remaining 56 were analyzed, as shown in Figure 1.

Figure 1 - Search strategy in databases. Santa Maria, RS 2022.



Source: survey data.

This protocol refers to qualitative research, in which data are presented through a categorical stratification, to be discussed, enabling metasyntesis.

Levels of evidence demonstrate confidence in certain information and consider, in addition to the study design, other evaluation systems. The studies selected for this review were classified according to the level of evidence proposed by Melnyk and Fineout-Overholt (2005).

It should also be noted that this systematic review was funded by the researcher and is, therefore, the authors’ source of funding. Furthermore, the authors declare that there is no conflict of interest to the detriment of the review presented.

RESULTS

The results of this review are presented in a synoptic table. The table includes the following variables: citation, objective, methodology, main conclusions and levels of evidence (Table 2).

Table 2 - Characterization of studies regarding objective, methodology, main conclusions and levels of evidence. Santa Maria, RS

	Objective	Methodology	Key Takeaways	Evidence levels
Nogueira; Aragão (2019)	Analyze the challenges to care and access for the LGBT population to health services	Qualitative research; Ethnographic method	Preparation of service professionals about LGBT health policy; Understanding that there are social determinants and specific demands	VI
Sacramento; Ferreira (2019)	Discuss invisibilities with the LGBT population	Reflective research	The impacts of invisibility in the social context of LGBT people	VII
Paulino <i>et al.</i> (2019)	Identify discourses about access and quality of health care for the LGBT population among doctors from a Family Health Strategy	Social Constructionism	Issues involving LGBT health are silenced; Changes in access to health for this population will depend on the actions of health professionals	VI
Oliveira <i>et al.</i> (2020)	Discuss the invisibility of transvestites in health institutions based on the social representations of nurses	Qualitative research	The training of health professionals must be centered on care, committed to respect for differences; The social representations of the nurses investigated demonstrate the invisibility and exclusion in the care of transvestites	VI
Fish <i>et al.</i> (2021)	Contribute to understanding the social conditions in the lives of LGBT+ people that lead to health inequalities	Reflective research	The reflection contributed to understanding the social conditions in the lives of the LGBTIA+ population, as well as how these relationships interfere with access to health services	VII

Source: survey data

DISCUSSIONS

Based on the results, two categories of analysis were stratified, namely: The consolidation of affirmative policies for the LGBTIA+ population and, DSS and the LGBTIA+ population. Therefore, these categories are discussed below, taking metasynthesis as an assumption.

In this approach, for the theoretical foundation, the perspective of Honneth (2003) and Butler (2019) was discussed, which by linking the authors' findings and discussions with health, it can be said that the search for a health care approach occurs that values mutual recognition, individual autonomy and social justice, promoting a more inclusive, empathetic and equitable healthcare practice.

It is noteworthy that Butler (2019), through his gender performative theory, provokes the social and power structures that shape society, the emphasis on health and the well-being of individuals. Furthermore, here reiterates that social inequalities, including those related to gender and identity, have significant implications for health and access to healthcare. Corroborating, Honneth, through his theory of recognition, highlights the importance of mutual recognition in promoting relationships, as it is necessary for recognition in social relationships and for human development and social well-being.

The consolidation of affirmative policies for the LGBTIA+ population

The PNSILGBT, sanctioned in 2011, seeks to promote full access, with equity and completeness in health care for LGBTIA+ users. However, based on findings from Nogueira and Aragão (2019), access is still restricted and services are full of structural stereotypes.

Corroborating this approach, Santos *et al.* (2020), discuss that in order to advance the quality of care, which was already foreseen in 1990, by the SUS Organic Law, it is necessary to focus on the social and structural characteristics to which the different Brazilian population groups are inserted. To leverage and strengthen public health policies, the recognition and validation of health concerns is essential.

Based on the assumption of the 1988 Federal Constitution, health is a social right and duty of the State, thus health levels can express the country's development. In the research by Paulino *et al.* (2019) it is possible to understand the invisibility and silence regarding issues inherent to the health of the LGBTIA+ population, found mainly in the fallacy of a "No difference" discourse.

PNSILGBT proposes the construction of operational plans and care, which are based on a specific health need, such as the use of binders by trans men, the use of industrial silicone by transvestites, among others (PAULINO *et al.*, 2019). With this, the necessary provocation is that in addition to overcoming prejudices and stereotypes, it is necessary to recognize the subject, the person who must have access to social and constitutional rights.

Still with the findings of Paulino *et al.* (2019) it is clear that there is a lot of progress to be made in this regard, as there are reports from professionals who do not identify specific demands of the LGBT population. In this sense, the necessary provocation would be that men and women within a cisgender pattern have specific health demands, exemplified by the public policies themselves, therefore the LGBTIA+ population also has specificities in health.

Sacramento and Ferreira (2019, p. 466) states that "We reconstruct the other according to our own categories, expectations, habits and norms", it is interpreted that it is common/expected that the user who arrives at health services, whether a cisgender and heterosexual individual, as this is the norm, these are the expectations linked to gender. Parallel to this, Fish *et al.* (2021) state that social inequalities are also a trigger for the need for affirmative public policies, which recognize individualities.

Furthermore, there is a need to affirm the country's Magna Carta, because as it predicts, there will be an expansion of social, constitutional and civil rights for everyone who resides in Brazil, regardless of sexual orientation and gender identity (NOGUEIRA; ARAGÃO, 2019). Therefore, there is a need to consolidate these rights, which can occur through education, in addition, the understanding of health concerns, and, from there, the affirmation of inclusive public policies.

Therefore, health must be linked to education, because when both accesses occur effectively, the process of sustainable development not only of the country, but also of the population in general, is notable. In his works, educator Paulo Freire already discussed that education is the main key to popular emancipation, enabling people to understand and transform their reality (SEVALHO, 2018). Likewise, health education has the power to empower individuals, allowing them to make informed decisions about their health and take action on issues of well-being.

The power of the DSS concept as a tool to promote health care for the LGBTIA+ population

Oliveira *et al.* (2020) complement the discussion by addressing that conditions of vulnerability linked to health inequities, when not assisted, can cause a worsening of the health-disease process. In this sense, Nogueira and Aragão (2019) highlighted that in their research they analyzed social determination, stigma and prejudice as causes of diseases.

It is emerging to reaffirm the nuances and discussions that surround the issue of DSS, from a general overview, social interactions permeate the search for health services, as well as the appearance of diseases (MINAYO, 2021). According to Butler (2019) vulnerabilities are allocated and manifested differently in certain social groups, with some being more present, given the country's social panoramas.

Still in this work, Butler (2019) argues that the recognition of the precariousness of human life can lead to an ethic of care and responsibility towards others, emphasizing the importance of public mourning as a form of resistance and confronting violent acts and injustices that occur in society. These injustices, which in this text are highlighted in health care for the LGBTIA+ population, are also reflected in the training of health professionals.

Nogueira and Aragão (2019) also note that health professionals need a broader perspective to understand and analyze social determinants and specific demands arising not only from the LGBTIA+ population, but also from other users of health services. Minayo (2021) expresses that to debate about determination it is necessary to go beyond the basic premise about society's ills, but rather analyze subjective experiences, based on the social reality experienced.

These experiences are part of an unequal process of social construction, based on a heteronormative view, which categorizes health and its concerns, without taking social conflicts into account (HONNETH, 2003). Therefore, debating about DSS is complex, as it involves social issues that break existing categories and require a broader view.

Still, Honneth (2003) points out that recognition implies valuing the autonomy and dignity of patients, as well as their subjective experiences and this means not only providing adequate medical treatment, but also establishing an empathetic, respectful and inclusive relationship between professionals, healthcare and patients. This care is based on recognition, and implies a patient-centered approach, which seeks to promote active participation, autonomy and collaboration in decision-making related to their treatment and care.

Still, a correlation is made with the SUS principle of equity, as it is also evident in the health-disease process how it impacts population groups in various ways (JESUS PRADO, 2017). Fish *et al.* (2021) show that when gender, social class and ethnicity are recognized and linked to determinants, it becomes easier to analyze social and health processes.

Health is not a static and predictable process, just like individuals, so the social issues that surround the human “being” in an unequal social system and with deep-rooted prejudices are necessary to analyze as a whole. DSS can be a tool to reach underserved populations based on their needs.

FINAL CONSIDERATIONS

It was evident that the LGBTIA+ population is covered by the DSS, however there is much progress to be made towards full access to health goods and services. The very conceptualization of DSS, to leverage discussions not only academically, but also in health care, is necessary.

When Butler’s ideas are incorporated into health care practices, we must seek to promote more inclusive, equitable and empathetic health, taking into account the precariousness of life and working to mitigate structural violence that affects health and well-being of people. In this way, it makes it possible to recognize and respect individual and collective processes, offering welcoming spaces and emotional support, these being crucial aspects for a health care approach.

In this way, demonstrating such data reaffirms the LGBTIA+ population as unassisted users of health services, making it emerging that inclusion is addressed in the academic training of professionals, as well as the social differences that exist in the country.

It was noted that there are studies that consider the health needs of the LGBTIA+ population that recognize these health inequities, however, the articulation of knowledge is necessary to consolidate existing public policies, as there is much to be done to achieve this. With this, it is reiterated that dignified access to health is a right for everyone.

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