

Needs Related To Health Care Directed To The Lgbtqiapn+ Population

Necessidades Relacionadas Ao Cuidado Em Saúde Direcionadas à População Lgbtqiapn+

Necesidades Relacionadas Con La Atención Sanitaria Dirigida a La Población Lgbtqiapn+

RESUMO

Objetivo: Verificar a produção da literatura acerca das necessidades relacionadas ao cuidado em saúde direcionadas à população LGBTQIAPN+. **Metodologia:** Foi realizado um levantamento bibliográfico do período de 2018 a 2023 nas bases de dados Google Acadêmico e Scielo, com as palavras-chave: "LGBT", "LGBTQIA", "minorias sexuais", "saúde". A questão norteadora: "Quais as necessidades relacionadas ao cuidado em saúde direcionadas à população LGBTQIAPN+ relatadas na literatura?". Foram selecionados 25 artigos e, após leitura dos resumos, foram excluídos 14 artigos, sendo a amostra final 11 artigos. Os artigos selecionados foram agrupados em sete categorias, seguindo BARDIN (1977). **Resultados:** Foi possível identificar a escassez de discussões acerca da saúde da população LGBTQIAPN+ e a necessidade e importância do acolhimento desse grupo ao terem acesso aos serviços de saúde. **Conclusão:** Podemos concluir que este estudo conseguiu verificar o conhecimento produzido sobre as particularidades relacionadas à saúde direcionadas à população LGBTQIAPN+ estando pautados nos temas, acolhimento; qualificação de informação acerca do cuidado em saúde; cuidado baseado nos direitos aos princípios SUS; promoção da saúde integral sem preconceitos; necessidade de atenção qualificada e individualizada; assistência frente à grande demanda de transtornos mentais e promoção de saúde integral focada especificamente em pessoas transgêneros.

PALAVRAS-CHAVE: LGBT; Minorias sexuais e de gênero; Saúde.

ABSTRACT

Objective: To verify the production of literature on the needs related to health care for the LGBTQIAPN+ population. **Methodology:** A bibliographic survey was carried out from 2018 to 2023 in the Google Scholar and Scielo databases, using the keywords: "LGBT", "LGBTQIA", "sexual minorities", "health". The guiding question: "What are the health care needs of the LGBTQIAPN+ population reported in the literature?". Twenty-five articles were selected and, after reading the abstracts, 14 articles were excluded, leaving a final sample of 11 articles. The selected articles were grouped into seven categories, according to BARDIN (1977). **Results:** It was possible to identify the scarcity of discussions about the health of the LGBTQIAPN+ population and the need and importance of welcoming this group when they have access to health services. **Conclusion:** We can conclude that this study was able to verify the knowledge produced on the particularities related to health directed at the LGBTQIAPN+ population, based on the themes of welcoming; qualification of information about health care; care based on the rights to the SUS principles; promotion of comprehensive health without prejudice; the need for qualified and individualized care; assistance in the face of the great demand for mental disorders and promotion of comprehensive health focused specifically on transgender people.

KEYWORDS: LGBT; Sexual and gender minorities; Health.

RESUMEN

Objetivo: Verificar la producción de literatura sobre las necesidades relacionadas con la atención a la salud de la población LGBTQIAPN+. **Metodología:** Se realizó un relevamiento bibliográfico entre 2018 y 2023 en las bases de datos Google Scholar y Scielo, utilizando las palabras clave: «LGBT», «LGBTQIA», «minorías sexuales», «salud». La pregunta guía: «¿Cuáles son las necesidades de atención de salud de la población LGBTQIAPN+ reportadas en la literatura?». Se seleccionaron 25 artículos y, tras leer los resúmenes, se excluyeron 14 artículos, quedando una muestra final de 11 artículos. Los artículos seleccionados fueron agrupados en siete categorías, según BARDIN (1977). **Resultados:** Fue posible identificar la escasez de discusiones sobre la salud de la población LGBTQIAPN+ y la necesidad e importancia de acoger a este grupo cuando tienen acceso a los servicios de salud. **Conclusión:** Podemos concluir que este estudio fue capaz de verificar el conocimiento producido sobre las particularidades relacionadas con la salud dirigida a la población LGBTQIAPN+, basado en los temas de acogida; cualificación de la información sobre la atención a la salud; atención basada en los derechos a los principios del SUS; promoción de la salud integral sin prejuicios; necesidad de atención cualificada e individualizada; asistencia frente a la gran demanda de trastornos mentales y promoción de la salud integral centrada específicamente en las personas transexuales.

PALABRAS CLAVE: LGBT; Minorías sexuales y de género; Salud.

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Literature Review

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INTRODUCTION

Gender identity is the way a person identifies with genders, which can be male or female or other non-binary identities, while sexual orientation is related to sexual, affective and emotional attraction to a similar or different gender or multiple genders. To understand the LGBTQIAPN+ population, it is also necessary to recognize the diversity of gender expression, as in the case of cross-dressing and queer populations, and biological sex, as in the case of the intersex population.⁽¹⁾

The acronym LGBTQIAPN+ marks a stance of struggle, resistance and pride, encompassing lesbians (L: women who have relationships with women), gays (G: men who have relationships with men), bisexuals (B: people who have relationships with men and women), transsexuals and transvestites (T: those who have undergone gender transition), queer (Q: people who transition between genders, such as Drag Queens), intersexuals (I: people with masculine and feminine qualities and characteristics), asex-

uals (A: those who do not feel sexual attraction to any people), pansexuals (P: those who have relationships with any gender or sexual orientation/condition), non-binary (N: those who do not perceive themselves as belonging to a gender exclusively, whose identity and expression are not limited to masculine and feminine, being outside the gender binary and cisnormativity) and the additive symbol “+ (plus)” (+: other groups and variations of sexuality and gender). There is still much to be investigated and understood from the point of view of the cultural diversity in which we are inserted. Whether in social circles or in the school/university environment.⁽²⁾

The LGBTQIAPN+ population has historically and still is today the target of prejudice. Since 1984, homosexuality has been removed from mental illness manuals by medical and government entities. Little by little and with much struggle, public policies, actions and programs aimed at this population are beginning to emerge, aiming to meet their specific demands.⁽³⁾

The National LGBT Comprehensive Health Policy (PNSILGBT

- Política Nacional de Saúde Integral LGBT) was created in 2011 by the Ministry of Health (WHO), with the aim of providing specific services, making up for the lack of care provided and combating discrimination against this population in the health field.⁽⁴⁾

Researches shows that this population has less access to the health system, which is largely due to the lack of humane, discriminatory care provided by health professionals, who are resistant to issues of sexual diversity. This data reflects the lack of knowledge of these professionals regarding the specificities of the complaints of the LGBTQIAPN+ population and the care provided to them, resulting from the curricular gap in medical schools and other health areas in addressing these issues. Therefore, it is essential that there be training for the comprehensive and humane care of LGBTQIAPN+ people both in undergraduate courses, in accordance with articles 5 and 12 of the 2014 National Curricular Guidelines for Undergraduate Medical Courses (DCN), and in postgraduate courses and even within institutions dedicated to health practice.⁽³⁾

LGBTQIAPN+ people, because they



deviate from the norms that define sexuality and gender standards, are targets of stigma, discrimination and violence. Repeated violations of their rights and social exclusion generate suffering, illness and premature death. Because they have worse health conditions than the general population, access to and use of healthcare services are marked by difficulties and barriers.⁽⁵⁾

In this scenario, for example, lesbians seek gynecological consultations less frequently than heterosexual women. The lack of training of professionals contributes to the fact that care is insufficient and unwelcoming. There is also the mistaken idea that these women have a lower risk of developing sexually transmitted infections (STIs) and cervical cancer, a fact that contributes to them staying away from health services.⁽⁵⁾

Thus, in health care, trans women should be asked about whether they have already undergone, or wish to undergo, any body modification procedure and informed about those available through the SUS. In care for trans men, the desire or past performance of hormone therapy or surgical procedures, method of use, contraindications, adverse effects and the need for adequate follow-up should also be addressed.⁽⁶⁾

The deficiency in the training of health professionals in relation to sexualities and genders is particularly well documented in the literature. One of the central aspects, however, is not the lack of discussion on the subject. On the contrary, as Foucault already pointed out when questioning the repressive hypothesis, it is notable that, throughout the training, there is talk about sexuality, and this talk is focused on biological aspects that re-actualize a binary and heteronormative matrix and consolidate a supposed continuity between sex, gender and desire.⁽⁵⁾

In order to make progress in consolidating the rights of LGBTQIAPN+ people, there is an urgent need for articulations that enable the effective implementation of public policies. It is important to confront the conditions in which human

rights are neglected. It is, therefore, the signaling of social commitment and experiences associated with cultural, educational, social, political and health issues that intensifies attention to the ways of life of individuals considered abject and excluded, echoing that these bodies also have human and social value. Confronting any type of oppression requires recognizing that such practices are intertwined in the social consequences that structures determine for individuals, in addition to the ways in which these powers interact and influence responses to the problems of social groups.⁽⁷⁾

The LGBTQIAPN+ population is vulnerable when it comes to the fulfillment of their human rights, including access to public health services. Health professionals can contribute to reducing this vulnerability and this field should be explored with a view to verifying the literature production on assistance to this population in the health area.

METHOD

To guide this literature review, the following guiding question was used: What are the needs related to health care directed at the LGBTQIAPN+ population reported in the literature?

Minayo (2004) postulates that the bibliographic review is constructed through several researched sources, with a discussion occurring between the authors, resulting in the final considerations.⁽⁸⁾

Content analysis, in the thematic modality, was the methodological framework and Bardin was the theoretical framework used, which allowed knowledge to be organized into categories.⁽⁹⁾

To this end, online searches were conducted in the GOOGLE ACADEMIC and SCIELO databases.

The data collection period took place in October 2023. The keywords used in the research were: "LGBT", "LGBTQIA", "sexual minorities", "health".

The search included data published between 2018 and 2023, in Portuguese, with abstracts and full articles available in the

selected databases. A total of 25 scientific articles were found. As an exclusion criterion, 14 articles did not match the guiding question. Thus, the sample formed was represented by 11 articles.

To achieve the proposed objective, the title and abstract of all identified studies were read, in light of the guiding question. The analysis was divided into three phases:

1st phase: Pre-analysis, in which a cursory reading was carried out, seeking to verify whether the studies actually answered the guiding question.⁽⁹⁾

2nd phase: Exploration of the material, the material was coded, that is, subjected to a "process by which the raw data are systematically transformed and aggregated into units, which allow an exact description of the pertinent characteristics of the content".⁽⁹⁾

3rd phase: Cutting (choosing units of meaning) and classification/aggregation (categorization). To cut the material, it was necessary to read it and demarcate the "cores of meaning", that is, the units of meaning.⁽⁹⁾

These units can be called recording units, which are nothing more than a segment of content to be considered as a base unit, aiming at categorization.⁽⁹⁾

In the case of a thematic analysis, the theme is the unit of meaning that naturally emerges from an analyzed text.⁽⁹⁾

Therefore, performing a thematic analysis consists of discovering the themes, which are the recording units in this type of analysis and which correspond to a rule for the cut. After the cut, the units of meaning were classified and aggregated into categories.⁽⁹⁾

RESULTS

Among the categories raised, based on the literature consulted, this material presents the production of knowledge related to the theme "What are the needs related to health care directed at the LGBTQIAPN+ population reported in the literature?", which can be grouped into 7 categories:

Literature Review

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- 1., Welcoming the LGBTQIAPN+ population;
2. Qualifying information about health care;
3. Care based on rights and SUS principles;
4. Promotion of comprehensive health without prejudice;
5. Need for qualified and individualized care;
6. Assistance in the face of the high de-

mand for mental disorders;
7. Promotion of comprehensive health specifically focused on transgender people.

The categories are presented in the results section and are identified sequentially by the letters of the Arabic alphabet, as detailed in Table I, which includes the article title, authors, journals and objective.

from suffering and care. Therefore, it is one of the professions that can best contribute to the reality of the LGBTQIAPN+ population in the process of welcoming and improving the quality of life of this group.⁽¹³⁾

Qualification of information about health care

Discusses the transmission of health and service indicators to the LGBTQIAPN+ population, when talking about quality of information, which is one of the specific objectives of the National LGBT Comprehensive Health Policy (PNSILGBT).⁽¹¹⁾

It emphasizes how health care for the LGBTQIAPN+ population is reduced to sexual health alone, failing to recognize other essential health issues that also affect this population. For example, health issues of the transgender population are often reduced to sexual reassignment surgery alone. Furthermore, health professionals continue to attribute the psychological problems faced by the LGBTQIAPN+ community exclusively to homosexuality, instead of considering the repressive and violent behaviors that these people face.⁽⁴⁾

In the area of public health, the LGBTQIAPN+ population was for a long time classified as having mental illness and deviant sexual and gender behaviors. That is why it is so important to qualify information about health care for these people.⁽¹²⁾

It states that equal treatment can cover up misinformation in the care of the LGBTQIAPN+ population, which, as a consequence, can cause failures and harm to the health of this population. To prevent students from disregarding any principle of the Unified Health System (SUS) in the practice of care, because they do not know how to treat, greater theoretical and practical preparation is necessary to qualify the care for this group.⁽¹⁴⁾

Care based on rights to SUS principles

A strategy that will reduce discrimination in healthcare settings and promote care with equity, comprehensiveness and universality is the implementation of the debate about sexual orientation and gender identity in the undergraduate curricula of

TABLE I – ARTICLES COLLECTED FROM DATABASES AND SELECTION OF ARTICLES USED FOR LITERATURE REVIEW ACCORDING TO THE GUIDING QUESTION.

Databases	Initial Search		Reading the Summary	Article Reading	Final
	Identified in Search	Excluded	Excluded	Excluded	Selected
SciELO	12	2	3	1	5
Google Scholar	13	3	12	2	6
Total	25	5	5	3	11

DISCUSSION

Welcoming the LGBTQIAPN+ population

They highlighted the lack of discussions about the health of specific groups of the LGBTQIAPN+ population and the need to welcome these groups when accessing health services looking for preventive actions and health care.⁽¹⁰⁾

They expressed the importance of developing managers in the role of active listening and presented the difficulty of those involved in the management of the Unified Health System (SUS), in a given municipality, in carrying out active listening, recognizing the demands of the LGBTQIAPN+ community throughout history, which makes it difficult to promote actions that reduce inequalities and that affect the approximation of this group to the

public health system.⁽¹¹⁾

It highlights the concept of active listening from a point of view in which the LGBTQIAPN+ population feels welcomed and humanized within society through proof of the interest in implementing policies focused on sexuality and gender.⁽⁴⁾

They highlight that health organizations must have a welcoming environment, free from prejudice and with comprehensive care for the LGBTQIAPN+ population, recognizing their particularities in health. They present the virtues of active listening in the contact between this population and the Unified Health System (SUS), highlighting that it is one of the ways to bring these users closer to the health system.⁽¹¹⁻¹²⁾

Comments on how nursing is an important profession in the art of caring, providing comfort to people, attention, relief

healthcare professionals.⁽⁴⁾

They state that every user of the Unified Health System (SUS) has the right, guaranteed by the Health Users' Rights Charter, to be called by their social name.⁽¹⁵⁾

They highlight the National Policy for Comprehensive LGBT Health (PNSILGBT) as a policy that drives a set of actions and programs in all areas of the management of the Unified Health System (SUS). One of the rights achieved by the LGBTQIAPN+ population is respect for the use of the social name, used by transvestites and transsexuals. Numerous challenges were observed that prevent this population group from finding the principles of equity, comprehensiveness and universality in health in the Unified Health System (SUS).⁽¹²⁾

They describe how changes to the National Primary Care Policy (PNAB) could be a threat to the achievements of the LGBTQIAPN+ population, already included in the Constitution, by not committing to processes that favor a more qualified method of progressive care. The work of nurses within a Family Health team is guided by functions that are in line with the principles of the Unified Health System (SUS), principles that do not allow any discrimination and have the duty to promote equity.⁽¹⁾

Consolidating the Unified Health System (SUS) in universality, comprehensiveness and equitability, promoting health in an integral way, is the general objective of the National LGBT Comprehensive Health Policy (PNSILGBT).⁽¹⁴⁾

Promoting comprehensive health without prejudice

The LGBTQIAPN+ population ends up suffering prejudiced care from health professionals due to a binary system of sexuality in relation to care within the health system. The Ministry of Health (WHO) approved the National Policy for Comprehensive LGBT Health (PNSILGBT) with the aim of providing specific services and making up for the lack of attention given to this group in the health field.⁽⁴⁾

They discuss how the lack of respect

and invisibility of the specificities of the LGBTQIAPN+ population ends up distancing this group from health services and makes them seek out non-conventional institutions.⁽¹⁶⁾

Transgender people end up receiving care that harms their physical and mental well-being, as they hide the facts of their gender transition for fear of other people's opinions.⁽¹⁷⁾

They present the National Policy for Comprehensive LGBT Health (PNSILGBT) as a plan that aims to combat discrimination against the LGBTQIAPN+ population in the healthcare sector. The prejudice and violence that this group suffers is a determining factor that harms health.⁽¹⁵⁾

The factors that strongly affect the health of the LGBTQIAPN+ population are discrimination, disrespect, social stigma, humiliating situations and prejudice, factors that directly affect access to health services. In Brazil, this group, in addition to suffering discrimination in various areas of society, also suffers in places where care is provided, being among the minorities with the least access to health services.⁽¹²⁾

Need for qualified and individualized attention

They present late diagnosis of breast and uterine cancer as a consequence of inadequate healthcare for lesbian and bisexual women. The lack of preparation of professionals regarding the health of these women often generates embarrassment and discomfort during gynecological exams. This lack of qualification of professionals makes it difficult for the LGBTQIAPN+ population to access health care settings.⁽¹⁰⁾

One of the obstacles that hinder the access of the LGBTQIAPN+ population to health services is the lack of experience of health professionals in caring for this group. Health care for these individuals requires care that fits their reality, ensuring impartial assistance. Professionals often do not take into account the sexual orientation of patients, a fact that is related to the exclusion of these people from the health system. This lack of qualification of professionals

can lead to the lack of a complete medical history of the patient. The importance of having qualified and individualized care, understanding the meaning of sexual orientation and gender identity, lies in making the patient feel comfortable talking to the health professional, sincerely expressing their questions and concerns.⁽⁴⁾

They cite the operational difficulties encountered by the LGBTQIAPN+ population in the Unified Health System (SUS) because they do not follow a heteronormative standard. They gave the example of transgender people who end up seeking only outpatient services, which meet the specific demands of this group. A major barrier in health services is the lack of qualifications of managers and health professionals to deal with issues related to sexual orientation and gender identity.⁽¹⁶⁾

They show that the lack of qualifications of professionals in the care of lesbian women causes them to seek gynecological consultations less frequently than heterosexual women. They highlight the fact that there is a mistaken idea that lesbian women have a lower risk of developing sexually transmitted infections and cervical cancer, which ends up keeping these women away from health services. The literature emphasizes the importance of the theme of the health of the LGBTQIAPN+ population being implemented both in undergraduate courses and in daily health practices. Thus, it is understood the need to invest in continuing education strategies.⁽⁵⁾

They point out that the disqualification of health professionals in relation to the LGBTQIAPN+ population affects the professional-user relationship, making these users not feel free and open to talk about their sexuality with health professionals, which ends up limiting the possibilities of providing care.⁽¹⁵⁾

They reinforce the need for qualified and individualized care and the importance of knowledge about sexual orientation and gender identity for fair care. Some justifications given by health professionals for the disqualification of care for the LGBTQIAPN+ population are that they do not know how to deal with these indi-

viduals in the first contact, how to deal with them without offending them and the lack of knowledge of their specificities. Nursing is the largest professional group in health services, the qualification of this group to serve this population is very important for the transformation of current care.⁽¹⁴⁾

They emphasize that the LGBTQIAPN+ population's fear of being discriminated against by health professionals during care prevents them from seeking health services even when they are already sick. This is why it is so important for health professionals to be qualified in their care in relation to the specific needs of this group, resulting in high-quality care and a reduction in the incidence of diseases and their risk factors.⁽¹⁾

They emphasize the importance of training and qualifying health teams in providing care to the LGBTQIAPN+ population. Because they have already had some negative experiences in health settings, this group is reluctant to seek health services. For this and other reasons, it is necessary to improve studies in relation to this population in a more specific way.⁽¹³⁾

Assistance in the face of high demand for mental disorders

The LGBTQIAPN+ population faces several challenges in relation to physical and mental health, due to the existence of prejudice and the scarcity of care related to the sexuality of this group. Studies have shown that this group of sexual minorities is more likely to suffer violence, to have self-destructive behaviors, depression and anxiety, compared to the heterosexual population. The prejudice that exists about sexual orientation and gender identity affects several aspects of the life of this population, such as personal and interpersonal relationships and psychological responses. The LGBTQIAPN+ population has, in addition to the same mental health demands as heterosexuals, some specificities. Therefore, it is extremely important to prepare health professionals to care for this group, so that there is no health inequity.⁽⁴⁾

A study was conducted in Ceará and identified sadness, low self-esteem, anxiety,

depression and insomnia as the main health complaints of the LGBTQIAPN+ population. Another study conducted in England found that the mental health problems of this population were linked to homosexuality, generalized anxiety disorder, depression, phobic disorder and suicidal thoughts. Belonging to this group causes a great psychological burden that makes them prone to mental illness. The risk of this population developing anxiety is two to three times greater than that of the heterosexual population. The reason for anxiety in this group is related to shame, discrimination and the lack of social and family support.⁽¹⁷⁾

The LGBTQIAPN+ population is more likely to develop mental disorders, compared to the heterosexual population, and there are several studies that confirm this.⁽¹²⁾

Mental health problems can develop in the process of personal, family and social acceptance.⁽¹⁾

They focus on the importance of health services from primary to tertiary care for the treatment of mental disorders. The main disorders that affect the LGBTQIAPN+ population are anxiety, depression, panic attacks and suicidal behavior.⁽¹³⁾

Comprehensive health promotion specifically focused on transgender people

They point out that, in order to have healthcare specifically focused on transgender people, these people need to be heard about their healthcare and social integration needs. They showed that one of the complaints raised by this group is the lack of specialized professionals to better serve them. In 2008, the Transsexualization Process (TrPr) was implemented, which aims to broaden the concept of health for these people, seeking to promote comprehensive health and spread information and knowledge to the general population. The work of the Transsexualization Process (TrPr) seeks to guarantee care free from prejudice, aiming at humanized care.⁽¹⁵⁾

It is very important that primary care professionals are prepared to care for trans-

gender people, as this is where referrals for specialized care are made. This group tends to be at greater risk for their health, due to self-medication, inappropriate use of hormones and the insertion of silicone implants. It is essential that health professionals are supportive so that this group of people has greater access to health services. One action that would facilitate this access is respecting their social name. Due to these vulnerable situations that this population finds itself in, a specific health policy is necessary for them.⁽¹⁵⁾

They highlighted that, during the Acquired Immunodeficiency Syndrome (AIDS) epidemic, the Unified Health System (SUS) began to focus its priorities on transgender people, which ended up giving them negative visibility, as if this were their only health problem. Studies carried out in 2018 by ANTRA (National Association of Transvestites and Transgender People - Associação Nacional de Travestis e Transgêneros) found that 42% of the transgender population had attempted suicide.⁽¹²⁾

CONCLUSION

We can conclude, from the study, that it was possible to verify the literature on the needs related to health care directed at the LGBTQIAPN+ population.

In this way, the knowledge produced can finally be verified and guided by: reception; qualification of information about health care; care based on rights to SUS principles; promotion of comprehensive health without prejudice; need for qualified and individualized care; assistance in the face of the great demand for mental disorders and promotion of comprehensive health focused specifically on transgender people.

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