

HEALTH CARE FOR THE LGBTQIAPN+ POPULATION IN PHC: A SCOPING REVIEW

CUIDADO À SAÚDE DA POPULAÇÃO LGBTQIAPN+ NA APS: UMA REVISÃO DE ESCOPO

ATENCIÓN DE SALUD PARA LA POBLACIÓN LGBTQIAPN+ EN LA APS: UNA REVISIÓN DEL ALCANCE

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ABSTRACT

The objective is to map scientific evidence presenting recommendations for comprehensive care of the LGBTQIAPN+ population in Atenção Primária à Saúde (Primary Health Care - APS), based on a scoping review developed according to the Joanna Briggs Institute guidelines and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) protocol, registered in the Open Science Framework. The search was conducted across five databases, yielding 543 results, of which 529 were screened. In the end, 19 publications were included in the review. The findings revealed weaknesses in the care provided to sexual and gender minorities, highlighting the harmful impact of stigma within health services. Respect for chosen names, gender-affirmative actions, attention to the specific needs of each group, and multidisciplinary support were among the necessary changes identified by the studies. The results demonstrated that effective transformations in health practices can enable comprehensive care for this population.

Keywords: *Primary Health Care; Sexual and Gender Minorities; Health Promotion.*

RESUMO

Objetiva-se mapear as evidências científicas que apresentem recomendações para o atendimento integral da população LGBTQIAPN+ na Atenção Primária à Saúde (APS), a partir de uma revisão de escopo construída com base em recomendações do *Joanna Briggs Institute* e conforme o protocolo *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* com registro no *Open Science Framework*. A busca foi realizada em 5 plataformas, apresentando 543 resultados, destes 529 foram submetidos à seleção. Ao final, 19 publicações foram incluídas na revisão. Os achados indicaram fragilidades no cuidado ofertado às minorias sexuais e de gênero, destacando o impacto nocivo do estigma nos serviços de saúde. Respeito ao nome social, ações afirmativas de gênero, atenção às demandas específicas de cada grupo e apoio multiprofissional foram algumas das mudanças necessárias apontadas pelos estudos. Os resultados evidenciaram que transformações efetivas nas práticas de saúde podem proporcionar um cuidado integral a esta população.

Descritores: *Atenção Primária à Saúde; Minorias Sexuais e de Gênero; Promoção da Saúde.*

RESUMEN

El objetivo es mapear las evidencias científicas que presenten recomendaciones para la atención integral de la población LGBTQIAPN+ en la Atención Primaria de Salud (APS), a partir de una revisión de alcance elaborada con base en las recomendaciones del Instituto Joanna Briggs y de acuerdo con el protocolo Elementos de informes preferidos para revisiones sistemáticas y extensión de metaanálisis para revisiones de alcance con registro en Open Science Framework. La búsqueda se realizó en 5 plataformas, presentando 543 resultados, de los cuales 529 fueron objeto de selección. Al final, se incluyeron 19 publicaciones en la revisión. Los hallazgos indicaron debilidades en la atención ofrecida a las minorías sexuales y de género, destacando el impacto dañino del estigma en los servicios de salud. Respeto al nombre social, acciones afirmativas de género, atención a las demandas específicas de cada grupo y apoyo multiprofesional fueron algunos de los cambios necesarios que destacaron los estudios. Los resultados mostraron que transformaciones efectivas en las prácticas de salud pueden brindar atención integral a esta población.

Descriptores: *Atención Primaria de Salud; Minorías Sexuales y de Género; Promoción de la Salud.*

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INTRODUCTION

Since its establishment in the 1988 Federal Constitution, the Brazilian Sistema único de Saúde (Unified Health System - SUS) has undergone several transformations aimed at ensuring the constitutional right to health. In this context, public policies have become necessary to identify the needs of vulnerable groups, among which are Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Pansexual, Non-binary, and other populations (LGBTQIAPN+), with the purpose of promoting equity by addressing the impacts of social determinants of health and the specific demands of this population segment.¹

The LGBTQIAPN+ population experiences multiple forms of violence, ranging from indicators of social vulnerability to state neglect.² This group embodies symbols that challenge traditional understandings of gender and transcend the binary logic of male and female sexes, thereby confronting the conservative forces of society.³

In the social sphere, studies indicate that the LGBTQIAPN+ population faces various forms of violence. According to a 2022 report by the National Association of Travestis^a and Transsexuals (ANTRA), Brazil has, for the 14th consecutive year, held the position of the country with the highest number of murders of trans women and *travestis* in the world. Despite the challenge posed by underreporting of LGBTQIAphobic incidents in Brazil, the data remain alarming.⁴ The continuous violation of rights and social exclusion constitute the backdrop for the physical and mental health deterioration of this population.²

Considering the cultural dimension in health processes, the social inequality experienced by sexual and gender minorities exposes them to risks such as alcohol use associated with violence,⁵ mental disorders,⁶ and suicide.⁷ When accessing health services, LGBTQIAPN+ individuals face stigmatization and barriers to care, including a lack of welcoming environments, reinforcement of prejudice, and professional unpreparedness, issues that still characterize Brazilian health services.⁸ Even with the institutionalization of the right to health, weaknesses in access persist.⁹

This is the context faced by public policies in Brazil. Ensuring quality health care for the LGBTQIAPN+ population contributes to a more equitable society, justifying new initiatives to promote care for sexual and gender minorities. Previous studies² have highlighted weaknesses in health care delivery but lack a systematic synthesis of findings that point to clear strategies for Primary Health Care (APS). Therefore, this study aimed to present recommendations for comprehensive care for this population within primary care, through the collection of evidence and the systematization of results.

METHODS

This study is a descriptive and exploratory research based on a Scoping Review of the Literature on health care for the LGBTQIAPN+ population within Primary Health Care (APS). The review protocol was registered on the Open Science Framework (OSF) platform under DOI: 10.17605/OSF.IO/36QCV. This method was chosen because it allows for the analysis of the breadth, extent, and nature of scientific

knowledge related to a specific research topic. It is therefore suitable for broad themes, capable of integrating various study designs with the purpose of identifying the existing evidence.^{10,11} Accordingly, the scoping review aims to identify what has not yet been addressed—the gaps in the literature—which can naturally guide the development of future research.¹⁰

The review was structured based on the Joanna Briggs Institute guidelines¹² and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist.¹³ It was divided into five stages: identification of the research question; identification of relevant studies; study selection; data analysis; and synthesis and presentation of results.

IDENTIFICATION OF THE RESEARCH QUESTION

To identify the research question, the “PCC” mnemonic was adopted, which stands for P – Population, C – Concept, and C – Context.¹² Accordingly, Population was defined as the LGBTQIAPN+ population; Concept as Health Care; and Context as Primary Health Care (APS). Based on this framework, the research question was formulated as: What are the recommendations to provide comprehensive health care to the LGBTQIAPN+ population within Primary Health Care?

IDENTIFICATION OF RELEVANT STUDIES

The searches were conducted between September and October 2024 in the following databases: PubMed, Web of Science, Latin American and Caribbean Health Sciences Literature (LILACS), and the Scientific Electronic Library Online (SciELO) virtual library. Grey literature was retrieved from the Theses and Dissertations Catalog (CTD) of the Coordination for the Improvement of Higher Education Personnel (CAPES). In the search and study identification strategy developed by the authors, Medical Subject Headings (MeSH), Health Sciences Descriptors (DeCS), and keywords were used, as detailed in Table 1 below:

Table 1 - Search strategy by database consulted.

DATABASES	DESCRIPTORS
Pubmed	(Sexual and Gender Minorities) AND (Comprehensive Health Care) AND (Primary Health Care)
LILACS	(Sexual and Gender Minorities) AND (Comprehensive Health Care) AND (Primary Health Care)
SCIELO	(Sexual and Gender Minorities) AND (Primary Health Care)
WEB OF SCIENCE	(Sexual and Gender Minorities) AND (Comprehensive Health Care) AND (Primary Health Care)

CAPES Journals	(Sexual and Gender Minorities) AND (Comprehensive Health Care) AND (Primary Health Care).
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Source: Health Sciences Descriptors (DeCS), 2024.

SELECTION OF RELEVANT STUDIES

Studies were included if they contained at least one strategy and/or recommendation to promote health care for the LGBTQIAPN+ population within Primary Health Care (APS), addressing the research question. No restrictions were applied regarding publication date, language, or study design, in order to maintain the sensitivity of the searches. Studies that did not meet these criteria, as well as reviews, duplicates, studies conducted outside primary care settings (e.g., schools, hospitals, and social organizations), and those involving populations other than the one under study, were excluded.

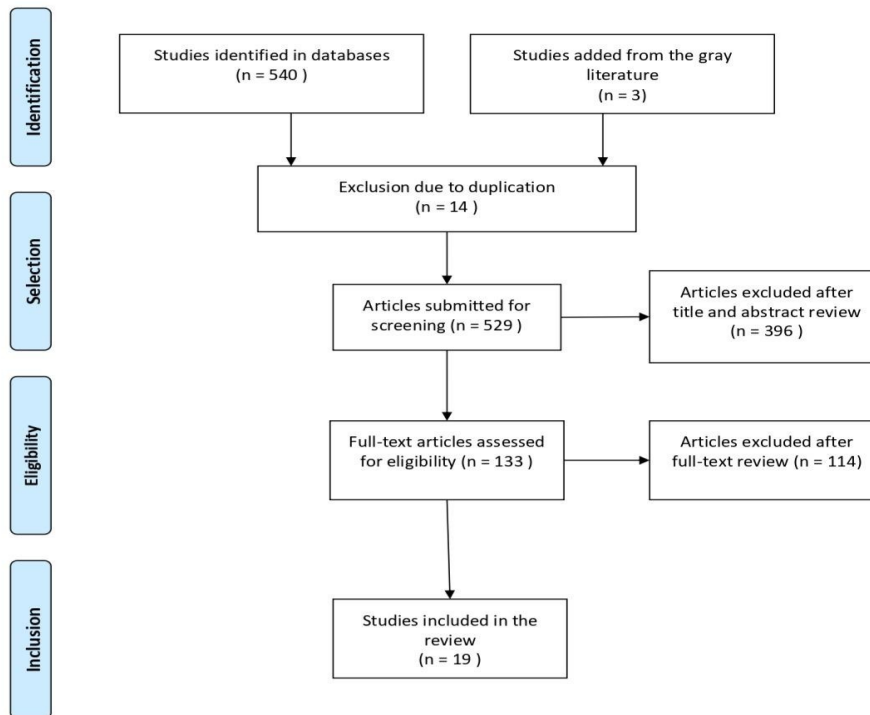
DATA MAPPING AND ANALYSIS

The studies were systematized in Microsoft Excel 2010® tables containing the main information, presented in the Results section. The contributions of each article were analyzed and organized in the Discussion section, based on the objectives of this study, aiming to compile a set of strategies applicable to Primary Health Care (APS) that can improve the care provided to the LGBTQIAPN+ population, thereby addressing the initial research question.

RESULTS

The search identified 543 studies across the databases, of which 14 were excluded as duplicates. Titles and abstracts of 529 articles were screened, and 396 were discarded for not addressing the research question. Consequently, 133 full-text articles were selected for in-depth reading, resulting in a final sample of 19 studies. Figure 1 illustrates the process of searching, excluding, and selecting the studies included.

Figure 1 – Flowchart of the publication selection process for the scoping review.



Source: Prepared by the authors.

Most of the studies included in the review were published in English ($n = 12$) between 2016 and 2023. The table below summarizes the findings regarding authorship and year, objective, sample, and study design:

Table 1 – Summary table of the analyzed articles, according to authorship, year, objective/research question, study type/level of evidence, and sample.

Author/Year	Objective or Research Question	Sample	Study Type / Level of Evidence
[A1] Tomazi G, Avila S, Teixeira L. ¹⁴	To evaluate the preliminary results of a study on the implementation of the Trans Outpatient Clinic (Ambulatório T) in Porto Alegre within Primary Health Care, as a public policy for inclusion and the guarantee of health rights for trans people.	269 trans people in the first stage and 116 in the second stage.	Longitudinal study with a quantitative and qualitative approach.
[A2] Ferreira BO and Bonan C. ¹⁵	To analyze experiences reported by primary care professionals in providing health care to LGBTQIAPN+	32 professionals working at a Unidade Básica de Saúde (Primary	Qualitative research using narrative study methodology.

	populations in Teresina, Piauí, Brazil.	Health Care Unit - UBS).	
[A3] Oliveira ME, Oliveira JF, Suto CSS, Porcino C, Almeida SP, Oliveira DS. ¹⁶	To discuss the invisibility of <i>travesti</i> individuals in health institutions based on nurses' social representations.	20 nurses enrolled in a postgraduate program at a public university.	Qualitative research with a theoretical-methodological approach.
[A4] Silva JS, Nunes DJ, Ferreira MN, Abade EAF. ¹⁷	To present the lived experience in the project "LGBT-Friendly Primary Health Care Unit," implemented in the city of Salvador, Bahia.	Experience of the resident nurse affiliated with the project.	Experience report.
[A5]. Paiva EF, Freitas RJ, Bessa MM, Araújo JL, Fernandes SF, Goys PS. ¹⁸	To investigate the knowledge and health practices of nursing professionals focused on the LGBT population.	9 nurses working in primary health care (APS) in the countryside of the state of Rio Grande do Norte	Qualitative study.
[A6] Ferreira BO, Pedrosa JI, Nascimento EF. (2018) ¹⁹	To understand the dimensions of access and comprehensive care within the Unified Health System (SUS), considering the perspective of gender diversity.	19 users of a Primary Health Care Unit (UBS) in the city of Teresina, Piauí.	Exploratory study with a qualitative approach.
[A7] Sewell CW, Powell VE, Burack MB, Mayer KH, Ochoa A, Marcus JL, Cracóvia DS. ²⁰	To investigate the perspectives of PrEP users on how the use of this prophylaxis connects to broader engagement with primary health care from a wider perspective.	25 users of a community center in Boston, Massachusetts.	Qualitative study.
[A8] Sequeria	To understand the	33 participants (15	Qualitative

GM, Gueller JM, Reyes V, et al. ²¹	experiences of transgender and gender-diverse adolescents and their caregivers when receiving primary care services, as well as their perspectives on the provision of gender-affirming care within the context of primary pediatric care.	adolescents and 18 caregivers) selected remotely.	study.
[A9] Reisner SL, Benyishay M, Stott B, et al. ²²	To analyze access to and use of mental health and gender-affirming services in a sample of trans adults living in predominantly rural areas of the northeastern United States.	241 transgender adults.	Exploratory cross-sectional study.
[A10] Whitehead eJ, Shaver J, Stephenson R. ²³	To investigate the impact of stigma and prejudice faced by the rural LGBT population, and how these affect health care and access.	946 respondents to an online survey.	Descriptive quantitative study.
[A11] Ker A, Fraser G, Lyons A, Stephenson C, Fleming C. ²⁴	Analyzes a pilot primary care clinic providing hormone therapy for the trans community in Wellington, New Zealand.	8 participants interviewed, including 4 users and 4 professionals.	Qualitative study.
[A12] Goldenberg T, Cakmak LJ, Popoff E, et al. ²⁵	To investigate the relationship between stigma, gender affirmation, and the quality of care provided to the trans population in the U.S.	114 Black and gender-diverse youth	Descriptive quantitative study.
[A13] Clarka AB, Vealeb JF, Greysonc D, Saewyca E.	To understand issues of access to primary care and their relationship with care discontinuation among	923 youth aged 14 to 25.	Cross-sectional quantitative study.

26	transgender adolescents and young adults.		
[A14] Marshall SA, Stewart MK, Barham C, Ounpraseuth S, Curran G. ²⁷	This study analyzed the factors influencing the implementation of affirmative care best practices (ACBPs) for transgender people by primary care providers (PCPs) in a rural region of the southern U.S.	62 primary care providers	Mixed-methods study, quantitative and qualitative design.
[A15] Furness BW, Goldhammer H, Montalvo w, et al. ²⁸	To evaluate the impacts of an intervention aimed at professional development for primary care providers, seeking to improve care for the LGBT population in the U.S.	431 professionals.	Quasi-experimental quantitative.
[A16] Bell J, Purkey E. ²⁹	To detail the expectations of transgender individuals regarding primary health care.	11 health service users in the U.S.	Qualitative study
[A17] Nowaskie D. Z., Sowinski J. S. ³⁰	To assess the competencies of health professionals in primary care regarding the care of the LGBT population.	127 professionals working in primary care in the state of Indiana, U.S.	Descriptive quantitative study.
[A18] Kano M, Silva-Banuelos AR, Sturn R, Willging, CE. ³¹	To understand and suggest improvements in the health care provided to sexual and gender minorities in a rural and multicultural context.	15 sexual and gender minority individuals from the state of New Mexico, U.S.	Qualitative study
[A19] Leal MN. ³²	To understand the perception of sexual and gender minority users regarding the care provided	13 LGBT users.	Exploratory descriptive study with a qualitative

	by primary health care in a municipality in Pernambuco, Brazil.		approach.
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Source: Prepared by the authors.

Below are the main results of the articles analyzing health care for the LGBTQIAPN+ population in primary health care (Table 2).

Table 2 – Summary of results

Article	Results
A1 ¹⁴	The study indicated that the main demands for primary health care among the interviewed trans population were related to the hormone therapy process. It was also found that the access and care measures provided by the studied health service were perceived as satisfactory by the research participants.
A2 ¹⁵	The presented results were categorized into three dimensions: relational, organizational, and contextual. The authors identified that professionals' behaviors that respect users' differences, embracing the diversity inherent to the LGBT population, including their identities, desires, and bodily expressions, are decisive for promoting comprehensive care for this group.
A3 ¹⁶	The analysis of the nurses' statements revealed stigmas and prejudices that contribute to the invisibility of the trans community within health services. Accordingly, the authors present behaviors and practices based on the demands of <i>travestis</i> and trans women users that foster the inclusion of this population, ranging from respecting social names to addressing specific health needs.
A4 ¹⁷	The study concluded that the training provided by the implemented project contributes to professional development, highlighting the importance of management tools and continuous education focused on sexual and gender minorities.
A5 ¹⁸	The study revealed insufficient and biologically centered knowledge among the interviewed professionals. The authors conclude that overcoming the biomedical model and expanding health care practices are essential to provide comprehensive care for the LGBT population. Nursing consultations, group and multidisciplinary care, and continuing education are among the proposed strategies.

A6 ¹⁹	<p>The study identified, based on the statements of LGBT users, care practices that point to comprehensive health care and health promotion for the community, such as: gynecological care for lesbians; effeminate gay men in health services; the pursuit of equity for travestis; and the use of social names for transgender women in the Brazilian Unified Health System (SUS).</p>
A7 ²⁰	<p>From the statements of LGBT users, the study identified care practices that reflect comprehensiveness and health promotion for the community, such as gynecological care for lesbians, the inclusion of effeminate gay men in health services, the pursuit of equity for travestis, and the use of social names for trans women within the public health system (SUS).</p>
A8 ²¹	<p>The analysis of the participants' statements revealed negative aspects in the care provided to the transgender population; however, several positive points were also identified, such as the promotion of trusting relationships with primary care providers, improvement strategies, and opportunities to integrate primary care with specialized gender-affirming care.</p>
A9 ²²	<p>The study showed that access to and use of gender-affirming mental health services in this sample were below the ideal. Promoting equity in mental health requires overcoming the barriers faced by trans people in rural areas. The main factors identified as determinants of effective engagement with health services were gender-affirming care, interpersonal relationships, and provider availability.</p>
A10 ²³	<p>The results revealed the negative impact of stigma on primary medical care among LGBT people in rural areas, highlighting the importance of interventions aimed at reducing stigma and creating welcoming environments.</p>
A11 ²⁴	<p>The participants' statements pointed to both the benefits and the challenges experienced in the daily routine of the service. Overall, the authors concluded that providing care focused on diverse gender identities contributes to the depathologization and promotion of comprehensive health for users.</p>

A12 ²⁵	The research indicated that gender-affirming measures in health services have a positive impact on access and the quality of care provided.
A13 ²⁶	The study demonstrated that a strong relationship with the designated health care provider is correlated with higher satisfaction and quality indicators in the services offered. Thus, inclusive measures addressing gender diversity within the trans population proved effective in overcoming access barriers.
A14 ²⁷	The authors concluded that several measures can promote improvements in the care provided to the trans population, such as affirmative actions fostering respect for gender diversity and the provision of telemedicine consultations to facilitate users' access to health care..
A15 ²⁸	Health professionals who participated in the continuing education intervention on LGBTQIAPN+ care reported feeling more confident when attending to this population.
A16 ²⁹	The research showed that several needs of the trans community are not being properly addressed, highlighting the need for greater professional training, including knowledge about hormone therapy and referrals within the health network, as well as the expansion of available medical specialties.
A17 ³⁰	A lack of cultural competence was observed among primary care providers, indicating the need for greater training and awareness regarding the lived realities of the LGBT population.
A18 ³¹	It was possible to identify gaps in the care provided, as well as to offer guidance for necessary improvements based on the users' own narratives.
A19 ³²	The research highlighted several weaknesses in the care provided to the LGBT population, identifying areas that require greater attention, such as the initial contact with the service and the need to overcome stigma and prejudice

Source: Prepared by the authors.

DISCUSSION

The analysis of the results showed that health practices and the perceptions of health teams regarding sexual and gender minorities directly impact the health and illness conditions of this population. However, when accessing health services, LGBTQIAPN+ users face stigma and prejudice, which create barriers to access and to establishing bonds with their primary caregivers.¹⁶

Studies A2¹⁵, A3¹⁶, and A5¹⁸ analyze statements from professionals that reveal stigmatizing perspectives toward the studied population. Based on cisheteronormative assumptions, the interviewees pointed out the “non-place” assigned to LGBT individuals within health settings, where, under the guise of standardization and universalization of care, what is actually observed is the presupposition of compulsory cisheterosexuality, through which all users are treated as if they were cisgender and heterosexual.

Starting from a biologically-centered notion of the individual, the health needs of other populations are treated as nonexistent. However, this is not an absence but rather the invisibility and non-recognition by professionals of the specificities required in caring for sexual and gender minorities. This “non-place” begins at user registration, when information regarding gender and sexuality is disregarded. Such barriers pose risks to LGBTQIAPN+ health, deterring individuals from accessing services and potentially worsening mental health issues, unmonitored hormone use, and invasive bodily practices, among others.¹⁶

These findings align with international studies showing that the presence of structural stigma in health services undermines the effectiveness of public policies, increasing vulnerabilities and hindering comprehensive care.^{33,34} The lack of inclusive protocols and ongoing professional training contributes to the perpetuation of inequalities, reinforcing the need for institutional and educational actions that actively address discrimination.³⁵

POSSIBLE CARE STRATEGIES WITH THE POTENTIAL TO IMPROVE PROVIDED SERVICES

In addressing the guiding question, the results were systematically organized to propose practical changes to the analyzed services. However, most findings remain at a broad level, without providing concrete descriptions of the actions to be adopted in care for the LGBTQIAPN+ population. The studies highlight expectations, such as overcoming biologically-centered discourse and challenging heteronormative notions¹⁵, but do not detail how to achieve them. Here, the most recurrent strategies in the analyzed literature are outlined.

Study A2¹⁵ suggested exploring dialogical strategies to overcome barriers. Ensuring that LGBTQIAPN+ individuals navigate health services not only physically but also within discourses and symbolic spaces means allowing difference to be acknowledged, letting otherness speak for itself, and being validated. Possible measures include incorporating information on sexual orientation and gender identity in registration forms, asking respectful questions that demonstrate openness and interest in users' needs, and creating space for sensitive dialogue and attentive listening, avoiding

reducing users to isolated actions or solely to Sexually Transmitted Infection prevention¹⁵.

Still within the scope of priority actions in primary health care, the potential of nursing consultations¹⁸ is highlighted, as they can, through a comprehensive perspective, act effectively in linking users to services. Group activities, both within and outside the health unit with the LGBTQIAPN+ population, were also identified as powerful care strategies. Alongside these, attention to the service environment, aligned with the guidelines of the National Humanization Policy³⁷, was highlighted as a promoter of care²⁵, as it increases the likelihood of user engagement with the service. Suggested measures include incorporating information and elements referring to the LGBT population and modifying medical records.

Many findings revealed weaknesses in professionals' practices with sexual and gender minorities, as evidenced in studies A2¹⁵, A3¹⁶, A5¹⁸, A15²⁸, A16²⁹, A17³⁰, and A19³². Professional unpreparedness and lack of knowledge, as well as disinterest in the health realities of this population, were noticeable. In this context, primary health care becomes a field of multiple forms of violence for these individuals, manifesting in practices such as disrespect for social names¹⁹, denial of care¹⁵, and negative discrimination against these users¹⁹.

Thus, the reality perceived is far from the objectives set by the National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Travestis, and Transgender People (PNSILGBT)³⁸, which advocates for health promotion and adequate care for these groups. A strategy highlighted in study A4¹⁷, which examined the implementation of the "LGBT-Friendly Primary Health Care Unit" project, a management tool aimed at continuing education to improve professionals' capacity to serve this population, demonstrates the important role of health managers in coordinating ongoing team training. However, other cited studies revealed a lack of spaces for discussion and deepening of these issues, calling into question managers' commitment to these social agendas.

Study A1²⁵ analyzed race in its intersection with gender and sexuality by examining the engagement of Black transgender youth with primary care services. The study again emphasized the stigma experienced by this group and the need for training and racial literacy among health professionals.

HEALTH EXPERIENCES OF SPECIFIC GROUPS

Some of the selected articles highlighted aspects specific to each letter of the acronym, which deserve attention. The authors of study A6¹⁹ discussed how lesbian, bisexual, or women who have sex with women often face the reality of compulsory cisheterosexuality, with their sexual orientations disregarded. They emphasize the importance of gynecological care for these groups, respecting their sexual practices and specificities, since lesbian experiences should be considered in health promotion.

In the care provided to gay, bisexual men, or men who have sex with men¹⁹, prejudice and discrimination experienced in health services were noted, particularly regarding effeminate gay men. The impacts of homophobia affect these individuals' mental health, highlighting the need for multidisciplinary teams to provide

comprehensive care for their needs. Study A7²⁰ presents the benefits experienced by users of HIV pre-exposure prophylaxis (PrEP), which served as an entry point to primary care for the interviewed participants.

As a state-sanctioned health intervention guaranteed nationwide³⁹, PrEP has demonstrated positive outcomes not only as an HIV prevention strategy but also as a means of fostering connections with primary health care. Through consultations and regular testing, the study participants (gay and bisexual men or men who have sex with men) gained access to primary care providers in their local areas, seeking comprehensive health care beyond just PrEP medication.

The group composed of travestis, trans men, and trans women was the most frequently cited in studies A1¹⁴, A3¹⁶, A6¹⁹, A8²¹, A9²², A10²³, A11²⁴, A13²⁶, A14²⁷, A16²⁹, and A18³¹. The authors highlighted the main demands and strategies to be applied in their care. Compared to the guidelines proposed by the Ministério da Saúde (Ministry of Health) in its publication “Transsexuality and Travestism in Health”⁴⁰, the studies align with the recommendations. These include respecting social names and validating each individual’s identity; providing support and follow-up for gender transition needs, such as hormone therapies, multidisciplinary care, and surgeries; offering humanized urological and proctological care for trans women and travestis; gynecological care, family planning, and gestational support for trans men; welcoming and respectful care for transgender adolescents; overcoming geographic barriers for residents of rural communities; and referrals to specialized services when necessary.

Overall, the analysis of the results shows that, although national guidelines such as PNSILGBT³⁸ exist, the effective implementation of these policies remains limited, revealing a gap between what is recommended and the everyday practice of health services. It is essential that Primary Health Care incorporates mechanisms for continuous monitoring and evaluation, as well as specific indicators for LGBTQIAPN+ health, to ensure that proposed actions translate into concrete improvements in access and quality.^{34,36} This approach should be accompanied by continuing education strategies and field supervision to ensure the cultural change necessary for truly inclusive care.

CONCLUSION

It is understood, therefore, that structural changes in discourses and practices are not only necessary but urgent to effectively overcome the stigma and barriers that still limit LGBTQIAPN+ access to health care. Although this study is limited by the less in-depth treatment of some secondary topics, it highlights the importance of approaches that consider the intersections of gender, race, and social class; the determining influence of management on care quality, which is often overlooked in the literature; and the essential adaptation of the strategies proposed here to the specificities of each territory.

The findings presented here reaffirm the thesis that primary health care must play a leading role in promoting comprehensive care for the LGBTQIAPN+ population—not only as the entry point to the health system but also as a strategic space for building inclusive, effective, and equity-based practices. This stance is supported by the

evidence, which points to the need for intersectoral, continuous action that is sensitive to the diverse realities shaping social life.

Future studies should focus on the development and validation of guiding instruments for care provision to these groups, based on the gaps and strategies identified in the analyzed literature. Recognizing the intrinsic relationship between scientific production and health care, it is essential that the academic community dedicates itself to investigating intersectional topics, considering that service users are not abstract, universal figures but concrete individuals whose experiences are shaped by gender, race, sexual orientation, gender identity, territory, and other markers that influence their realities.

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