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Reception of the LGBTQIA+ population in health services in a municipality in the northeast of Goiás

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INTRODUCTION

A public policy has a fundamental and primordial role in mitigating inequalities and reducing social discrepancies, and can contribute to reducing the health disparities faced by vulnerable groups, promoting access to adequate care, disease prevention, and promoting well-being. In addition, the National LGBTQIA+ Health Policy is a watershed for such policies in Brazil, being a historical milestone in the recognition of the demands of this population in conditions of vulnerability (Carvalho, 2013).

It is also necessary to understand that the higher risk behavior and the lower demand for health services is related to all forms of discrimination, as in the case of homophobia that includes lesbophobia, gayphobia, biphobia, transvestiphobia and transphobia, and should be considered in the social determination of suffering and disease (Brasil, 2013). However, the social, individual, and programmatic vulnerability of the LGBTQIA+ population, as well as the discrimination of this group, demonstrate the complex relational chain between stigma and illness, which, in turn, culminates in the distancing of this public from health care (Bezerra, 2019).

Thus, although progress in the formulation of health policies is undeniable, particularly those related to the promotion of citizenship and human rights of the LGBTQIA+ population, it has not been possible to provide equity and equality in the care of this population in the Unified Health System (SUS) (Bezerra, 2019). Thus, this research aimed to analyze the aspects related to user embracement in health services in a municipality in the Northeast of Goiás.

MATERIALS AND METHODS

A cross-sectional study was carried out that followed the guidelines set forth in *the Strengthening the reporting of observational studies in epidemiology* (STROBE). Participants over 18 years of age, who

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consented to participate, who had an active sexual life and who were residents of the municipality were included. Children under 18 years of age and non-residents of the municipality were excluded.

Data collection was conducted with the application of an *online* questionnaire using the Google Forms tool, together with the Informed Consent Form (ICF) presented at the beginning of the questionnaire, between October 2022 and May 2023. The dissemination of the data collection instrument took place through instant messaging applications, e-mail, social networks, lectures at public universities, participation in city hall events and pamphlets with the QRcode directing to the form, distributed in various parts of the city. The questions were objective, constructed in order to collect data regarding gender identity, sexual identity, socioeconomic situation, care and reception in health services.

For the analysis of the reception and care received in the health services, the following questions were used: in what type of health system (public, private) were you cared for, do you feel welcomed in the health service (never, rarely, most of the time, always); thinks that their sexual identity interferes with care when they go to the health service (yes, no, maybe, and I don't know); they feel the need to hide their sexual identity when they go to seek care at a health service (yes, no, maybe, and I don't know); if you use a social name, it is respected in the health services (yes, no, it does not apply); he has already given up seeking care for fear of not being well received in the health system (yes, no, maybe, and I don't know).

In order to preserve the confidentiality and privacy of the participants, no data were collected that would allow their identification. In addition, the *online* form allowed volunteers to answer the questions with greater freedom.

The data from the LGBTQIA+ population were compared with the data from the rest of the population, to verify whether there was a difference in access and care. For data analysis, the EPI Info™ software and the Chi-square and Fisher tests were used. This research followed the guidelines set forth in Resolution No. 466/2012 and was submitted to the Research Ethics Committee of the University of Rio Verde, under CAAE No. 58616122.6.0000.5077.

MATERIALS AND METHODS

Access to health is influenced by a series of factors, which can be social, economic and environmental. For the LBGTQIA+ community, discrimination and lack of training to meet the specific needs of this population are factors that impose barriers to this access (Ferreira *et al*., 2022). Thus, the present study sought to evaluate social and economic issues and access to health services for the LGBTQIA+ population.

Economic and social conditions, such as income, skin color, and level of education, also decisively influence the health conditions of people and populations (Carvalho, 2013). Thus, some questions were

asked in order to assess the profile of the participants. Information regarding self-reported race/ethnicity, participants' income, and participants' level of education are listed in Tables 1, 2, and 3.

Table 1 – Self-declaration of race/ethnicity of the participants in the present study

Race/Ethnicity	**N(%)**
White	56 (43,8%)
Browns	54 (42,2%)
Black	18 (14%)
Indigenous	0 (0)

Source: The author.

Table 2 – Family income of the participants in the present study

Family Income (minimum wages)	**N(%)**
No income	20 (15,6%)
01 to 02	37 (28,9%)
02 to 03	14 (10,9%)
03 to 04	13 (10,2%)
05 to 10	29 (22,7%)
More than 10	15 (11,7%)

Source: The author.

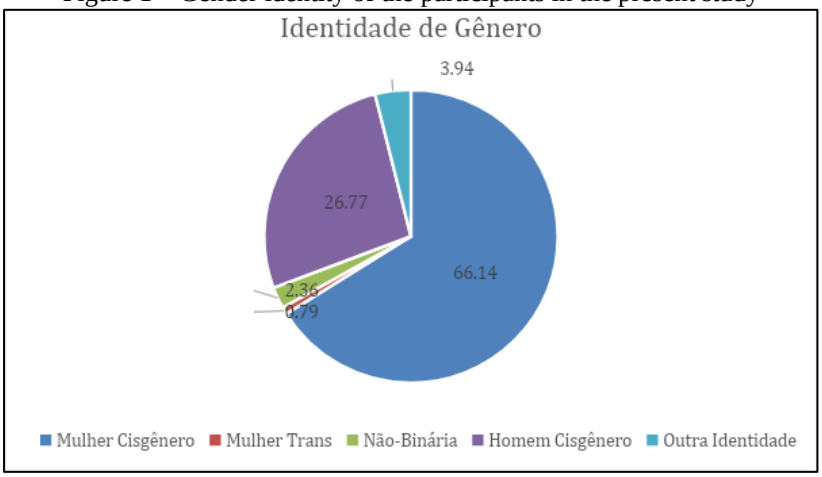
Table 3 - Education level of the participants in the present study

Schooling	**(%)**
No education	0 (0%)
Incomplete Elementary School	2 (1,6%)
Complete Elementary School	3 (2,3%)
Incomplete High School	1 (0,8%)
Complete High School	25 (19,53%)
Incomplete Higher Education	72 (56,3%)
Complete Higher Education	10 (7,8%)
Postgraduate studies	15 (11,7%)

Source: The author.

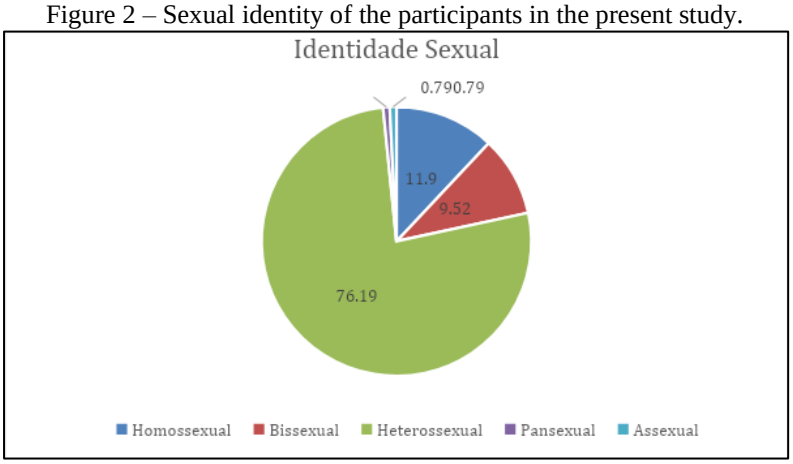
In order to understand the influence of gender and sexual identities on the process of health and disease, participants were asked to indicate their gender and sexual identities, which are presented in Figures 1 and 2.

Figure 1 – Gender identity of the participants in the present study



Source: The author.

Figure 2 – Sexual identity of the participants in the present study.



Source: The author.

In the sample studied, 23.79% identify themselves as LGBTQIA+, according to the data presented. Thus, the present study reached a significant portion of this population, since previous studies show that 1.8% to 12% of the Brazilian population declares itself as LGBTQIA+ (IBGE, 2020; Spizzirri *et al.*, 2022). However, it is important to emphasize that in Brazil there is no consistent strategy to collect demographic data from this population. Also, the number of participants in this research is small (Spizzirri *et al.*, 2022).

Another important indicator to be evaluated in the health service is the perception of the welcoming by patients. The full right to access health services is essential and the existence of discriminatory attitudes on the part of health professionals represents a significant challenge within the health system (Ferreira *et al.*, 2022; Comeau *et al.*, 2023). In the present study, when asked if people believed that sexual identity interferes when seeking care from the health service, 18.5% said yes; 11.90% answered that maybe; 3.17% answered they did not know and 66.67% said they did not. It is important to highlight the fact that more than 30% believe that there is or perhaps there is interference in the service.

Thus, the role of health professionals is fundamental, who, armed with knowledge and competence, have the ability to reduce these disparities in health during each encounter with the patient (Wood, 2016). However, in the data obtained from the community in relation to the perception of welcome in the health service, 5% said that they never feel welcomed, 43.3% rarely feel welcomed, 35.91% most of the time feel welcomed and 11% always feel welcomed in the system. It is perceived that only 11% feel completely welcomed, showing that there is no effective reception.

Another important fact to highlight was the respondents' perception of the need to hide their sexual identity when seeking health services, 84.43% said they did not need it, only 7.38% said yes and 4.10% answered maybe, the same percentage they did not know. However, there was a deep relationship between this variable and the belief that sexual identity interferes when seeking health services, with $p<0.0001$. Therefore, those who feel the need to hide their sexual identity feel that there will not be adequate care due to their sexual orientation.

Such data demonstrate that stigmatization and discrimination, as well as the lack of preparation of health professionals to meet the specific needs of the LGBTQIA+ population, affect this population's access to health. It must also be considered that the stress suffered by this population ends up intensifying mental health problems, such as depression, suicidal thoughts, substance abuse, and anxiety (Comeau *et al*., 2023). In addition, it is important to note that lesbian, gay, bisexual, and transgender people confront wide-ranging health inequalities and encounter obstacles to accessing high-quality care (Keuroghlian, 2017).

Thus, it is necessary that this population be adequately assisted, through effective public policies, in addition to training professionals to meet the demand of this community. The lack of attention to the LGBTQIA+ community is shown not only in the lack of systematic research, but also in the actions of the managers themselves, since there is no active listening to the problems of this group (Gomes at al., 2018). Such conduct needs to be reviewed, as it discourages the search for health care in the system.

This study has limitations: it was not possible to obtain a large number of responses, since it is a sensitive topic. Thus, many people refused to participate.

FINAL CONSIDERATIONS

There was a significant relationship between the variables sexual identity and the belief that sexual identity interferes when seeking health services. Therefore, it is crucial that health professionals review their approaches and care, seeking training in matters related to sexual health, covering sexual orientation, sexual behavior and gender identity. In addition, an effective national policy to confront systematic discrimination is essential in order to improve the provision of care to patients and ensure appropriate access to care.

Keywords: Effective access to health services, Social discrimination, Sexual identity, Sexual minorities.

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