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LGBTQIAPN+ USERS' PERCEPTION OF PRIMARY HEALTH CARE

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ABSTRACT

Introduction: In Brazil, Basic Health Units are the gateway to Primary Health Care (PHC), carrying out health promotion, prevention, treatment and rehabilitation practices. Despite the advances of recent years, access to quality PHC for the LGBTQIAPN+ population is still permeated by challenges. Objectives: to describe the perception of LGBTQIAPN+ users in the context of PHC in a municipality in the interior of Bahia. Methods: this is a qualitative study, with a descriptive-exploratory approach. The Snowball Technique was used, in which 10 participants answered a semi-structured interview. Data analysis used the thematic content analysis technique of Bardin (1977). Results: most of the interviewees (60%) pointed out the problems faced in using PHC services. Regarding the level of satisfaction with the services, there is a prevalence of the answers "satisfied" (40%) and "somewhat

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satisfied" (40%). Conclusion: LGBTQIAPN+ individuals suffer invisibility and prejudice due to the lack of knowledge of health professionals, needing welcoming, comprehensive, equitable and educational care, and the preparation of these professionals is urgent due to the growth of the aforementioned population.

Keywords: Sexual and gender minorities. Primary Health Care. Primary Care. Service.

INTRODUCTION

Sexual diversity is understood as all forms of social expressions and experiences of individuals, with regard to sex, sexual orientation and gender identity. The acronym LGBTQIAPN+ encompasses those who declare themselves as lesbian, gay, bisexual, transvestite and transsexual, queer, intersex, asexual, pansexual, non-binary and other sexual orientations and gender identities that are part of the acronym (Bezerra et al, 2023).

Sex is related to pre-established biological conditions, dividing into binary genders: male and female. The concept of gender identity is more comprehensive, encompassing subjective issues of human beings and their relationship with their own bodies, while sexual orientation is linked to the attraction that individuals feel for other people, whether they are of the same sex, gender identity or sexual orientation (Melo; Sobreira, 2018).

According to the World Health Organization (WHO), Primary Health Care (PHC) is defined as the first contact of individuals in their community with services that directly influence their physical, mental and social health. In Brazil, the Basic Health Units (UBS) are the largest gateway to PHC, carrying out health promotion, prevention, treatment, and rehabilitation practices ranging from guidance on lifestyle improvement practices, to the control of chronic diseases and palliative care (WHO, 2022). Despite the advances of recent years, access to quality PHC for the LGBTQIAPN+ population is still permeated by challenges.

According to an Australian study carried out in 2019, 83% of LGBTQIAPN+ individuals seek primary care services, however, only 25% of the units were inclusive. The lack of inclusive spaces and professionals for the LGBTQIAPN+ population within the scope of PHC due to discrimination and oppression 13 leads to a lack of adherence and/or discontinuity of care, which directly affects the health indicators and quality of life of these individuals (Lucas et al., 2023).

Historically, the problems faced by the LGBTQIAPN+ population mentioned above are the result of cis heteronormativity, defined as a set of power relations structured horizontally, assuming that all individuals are heterosexual and identify with their biological gender. In this context, anyone who does not fit into the socially pre-established standards is excluded, contrary to article 196 of the Federal Constitution of 1988, which establishes that health is a right of all and a duty of the state (Moreira; Padilha, 2017).

Thus, the study had as a research question: "What is the perception of LGBTQIAPN+ users about care in Primary Health Care?". The justification for the research was based on the analysis of the current health situation of the aforementioned population in the Brazilian territory, and it is possible to observe that they are in constant social and economic

vulnerability, especially when it comes to individuals who do not meet the socially established heteronormative standards.

Based on this assumption, the objective of this study is to describe the perception of LGBTQIAPN+ users in the context of PHC in a municipality in the interior of Bahia, identifying the main obstacles in relation to health services and care for this population.

MATERIALS AND METHODS

This is a qualitative study, with a descriptive-exploratory approach. The capture of participants was done through the Snowball technique, defined as a type of non-probabilistic sampling, being useful mainly for research with specific groups and difficult to access. To obtain the sampling, an initial informant is used, called a "seed", who will indicate other individuals who fit the inclusion criteria of the research. Generally, the seed is an individual who has knowledge about the population to be studied (Bockorni; Gomes, 2021).

From there, the nominees indicated other people, until the survey sample became satisfactory. In this sense, the research used the sample saturation method, in which when the statements/results were repeated very frequently in a minimal sample or became heterogeneous, the collection was ended (Albuquerque, 2009).

The inclusion criteria were: a) population that fits within the defined profile of gender and sexual orientation; b) who agree to participate in the study by signing the Informed Consent Form (ICF). The exclusion criteria were: a) cisgender heterosexual individuals; b) who do not accept to participate in the study.

Individuals were recruited through oral invitations in random environments and virtually through telephone contact, and those who agreed to participate in the research signed the Informed Consent Form (ICF) (Appendix A). Then, interviews were carried out lasting 15-20 minutes, using the semi-structured model proposed by Claudio Roberto da Silva Magalhães (2022), and modified to meet the research standards, whose main objective was to analyze the experiences of these subjects as users of health services, especially PHC, in the municipality of Jequié-BA.

Data collection took place in June 2024, with a total of 10 participants. The interviews were conducted in reserved rooms at the State University of Southwest Bahia – Jequié Campus, at times scheduled with the participants and through the online platform Google Meet, and the interviews were recorded through audio recording on a smartphone and transcribed soon after. The participants were identified by the letter "U" for user, followed by increasing numbers in chronological order of the interviews (U1, U2, U3 [...], U10).

Data analysis was performed using the free software IBM Statistical Package for the Social Sciences (SPSS Statistics) in its most recent version (29.0.0). The tabulation of these data occurred according to the questions asked in the semi-structured interview and divided into the following block: characteristics and satisfaction with the services and care at the health centers/UBS.

In addition, Bardin's Content Analysis (1977) was used to complement the results obtained. Initially, the construction of the research corpus was carried out through the pre-analysis phase in a comprehensive way. Then, the studied material was separated according to the guiding themes of the semi-structured interview (health services; characteristics and satisfaction with the care provided at the health center) in the material exploration phase. Finally, the questions were grouped according to similar answers, where the results were treated, inferred and interpreted Thus, 2 distinct tables were obtained: Level of satisfaction of the participants with the services of the health centers (PHC) in the municipality; participants' perception of the problems in using the services of the health center/UBS (PHC) in the municipality.

Regarding the ethical aspects, this study was approved by the Research Ethics Committee of the State University of Southwest Bahia (CEP/UESB), in compliance with Resolutions No. 466/2012 and No. 510/2016, established by the National Health Council, which involve conducting research with human beings. The authorization to carry out the study was given by opinion n°. 6.852.610 and CAAE 79239024.8.0000.0055.

RESULTS

Table 1. Characteristics and satisfaction with the services and care at the health center (PHC) according to the participants' perception. Jequié, Bahia, Brazil, 2024.

VARIABLE	N	%
Used services in the 12 months		
Few times	7	70,0
Often	1	10,0
Always	2	20,0
Most frequent service location		
Hospital	5	50,0
APS	5	50,0
Greater problem-solving capacity		
Hospital	7	70,0
APS	3	30,0
Need exclusive LGBT service		
Yes	5	50,0
No	5	50,0
Problem-solving capacity in PHC		
Totally	0	0,0
Partially	9	90,0
No	1	10,0

Problems using PHC		
Every time	1	10,0
Often	3	30,0
Few times	2	20,0
Never	4	40,0
Satisfaction with PHC services		
Satisfied	5	50,0
Not very satisfied	3	30,0
Unsatisfied	2	20,0
Question about gender		
Every time	1	10,0
Sometimes	1	10,0
Never	8	80,0
Question about sexual orientation		
Often	2	20,0
Sometimes	1	10,0
Never	7	70,0
Embarrassed about gender response		
Totally	1	10,0
No	9	90,0
Embarrassed about sexual orientation response		
A little	2	20,0
No	8	80,0
Question about sexual practices		
Often	2	20,0
Sometimes	4	40,0
Never	4	40,0
Satisfaction with PHC services		
Satisfied	4	40,0
Very satisfied	1	10,0
Not very satisfied	4	40,0
Unsatisfied	1	10,0

Source: the authors, 2024.

Table 1 shows that all individuals reported having used some PHC service in the last 12 months, and most participants reported having used it a few times (70%). When asked about the place where they are most frequently treated, half declare to be treated in PHC and the other half in the hospital.

As for the need to create an exclusive service for LGBTQIAPN+ people, half believe it is necessary, and the other half do not. Regarding the place where the participants believe they have the most problem-solving capacity in PHC, most of them report that the problems are partially solved in these environments (90%). When asked about possible problems faced in using PHC services, most (60%) stated that, to some degree, they have experienced problems, and the answer "often" was the most prevalent (30%). In addition, in general, the participants declared that they are satisfied with the service in PHC (50%).

Table 1, in relation to the characteristics and satisfaction with the care provided at the health center according to the perception of the participants, it is noted that most of the participants reported never having been asked about their gender (80%), and had also

never been asked about their sexual orientation (70%). When asked about a possible embarrassment when self-referring to their gender and sexual orientation, most (80%) reported never having felt embarrassed.

Regarding questions in health care about sexual practices (which involve the number of partners, contraceptive methods, use of injectable drugs), 60% declared that they had already been asked about the subject, and most of these were asked sometimes (40%) and many times (20%). It is important to highlight that a large 18 of these individuals reported never having been asked about this question during any consultations/consultations (40%). Regarding the level of satisfaction with the services, there is a prevalence of the answers "satisfied" (40%) and "somewhat satisfied" (40%).

Table 1. Participants' level of satisfaction with the services of the health centers (PHC) in the municipality. Jequié, Bahia, Brazil, 2024.

SATISFACTION LEVEL	What is your level of satisfaction with the services of the municipality's health centers? Why?
Unsatisfied	"Because it never meets the desires of those who seek it, especially those who are black, poor and LGBT." **(U1)** "Because during the appointments, I think the professionals leave a lot to be desired, both in the technical part and in the operational part, for example, in terms of education during the appointments." **(U2)**
Not very satisfied	"Because of the situations of prejudice I've been through." **(U5)** "Because of all the problems, such as the lack of humanization, adequate places, discrimination and waiting lines." **(U6)** "Because the health centers often do not provide certain medicines and we have to travel to look for them at the health centers in other neighborhoods or make the purchase." **(U7)**
Satisfied	"Because whenever my family and I get there, there is care if there is a need and because despite the many problems that our health system faces, it can meet some demands, such as vaccination and laboratories to draw blood, the issue of condom delivery as well." **(U3)** "Because within my needs I managed to have a partial resolution of my problem." **(U4)** "Because the times I needed it, I was served." **(U8)** "Because in my case I was able to solve these problems that I have when I was attended and the PSF was able to refer me to other sectors of the health department to continue what the PSF does not attend." **(U9)** "Because whenever I go I can meet my needs at that moment. So if I need any exam, transvaginal, there are always the night care campaigns... So this makes it easier for people to work during the day, for example." **(U10)**

Source: the authors, 2024.

In chart 1, when asked about the level of satisfaction with the health services offered in the municipality, it is observed that half declare themselves satisfied (50%), because, according to the participants' statements, the service was satisfactory in terms of the users' needs at the certain times when they needed to be attended. However, 50% of the users 19 declared to be little satisfied or dissatisfied (30% and 20%, respectively), due to various problems faced in PHC, such as the lack of professionals prepared to deal with the

demands of the LGBTQIAPN+ population, or due to situations of prejudice, lack of humanization, unavailability of medicines and long waiting lines.

Table 2. Participants' perception of the problems in using the services of the health center/UBS (PHC) in the municipality. Jequié, Bahia, Brazil, 2024.

PROBLEMS	Have you ever had any problems using the services of the health center/UBS? What problems?
Often	"Usually scheduling appointments or exams." **(U1)** "Availability of appointment and exams and small number of vacancies." **(U2)** "Basically it would be prejudice even in relation to being disrespected. There have been situations where they don't want to attend and pass the service on to another professional because I am LGBTQIAPN+." **(U5)**
Few times	"Lack of vacancies for medical care, lack of medicine, lack of health professionals, lack of vaccines. **(U4)** The delay in scheduling appointments and exams." **(U9)**
Yes, every time	"When I had not rectified my name, I was refused to be called by my social name by the doctor because the person responsible for the screening did not put my name. In addition, a doctor even mentioned during my adoption process in the psychiatric service of a unit that "justice would never give adoption to a." **(U6)**

Source: the authors, 2024.

When asked about possible problems using the services of the health center/UBS of the municipality, most individuals answered that they often experienced difficulties regarding the unavailability to schedule exams and appointments, a small number of vacancies and even larger problems involving discrimination against LGBTQIAPN+ people by health professionals. It is worth mentioning that 1 participant reported that every time he sought care at PHC, he suffered some type of problem or discrimination ranging from subtle speech to inappropriate swearing.

In Chart 2, it is possible to correlate the answers obtained with the questions in Table 3. Most individuals who reported that they had never been asked about sexual practices (30%) stated that this question should be asked so that the professional can get to know their user, as long as it is asked in a broad way and without discriminating only against LGBTQIAPN+ people. Participants who stated that they have already been asked about the subject rarely report that this question is important only if the context of it is related to the service itself. Of these, only one participant reports that the question should not be asked because this information is personal and intimate.

The total number of individuals who stated that they were asked many times about their sexual practices (20%) believe that the question should be asked by professionals if they are prepared and the approach is done in the correct way, so that the user does not feel embarrassed to answer or if this question is asked in a specific approach to the treatment of Sexually Transmitted Infections (STIs), for instance.

DISCUSSION

In general, the perception of half of the interviewees evaluates satisfaction with the health care and services of PHC in the municipality as satisfactory. However, this satisfaction is not linked to the provision of the service specifically aimed at the LGBTQIAPN+ population, but to the services offered to the entire population, such as scheduling exams, vaccination and others.

Although the number of people who are not satisfied or dissatisfied is lower than the number of satisfied people, the problems reported by these individuals demonstrate the depth of their anxieties, as most of the obstacles in relation to the health of the municipality in the care of the LGBTQIAPN+ population are directly related to discrimination and prejudice. In other words, the fact that most of the population is satisfied with their service does not mean that the service to LGBTQIAPN+ people is being satisfactory, especially with regard to people who do not meet the socially pre-established cisheteronormativity standards. Thus, the discussion of the results was based on the most pertinent answers in relation to the obstacles during the care and services provided to the community in question.

> "Because during the appointments, I think the professionals leave a lot to be desired, both in the technical part and in the operational part, for example, in terms of education during the appointments." (U2)

Concomitant with U2's statement, Nietsche et al. (2018) addresses the sociocultural differences between users and professionals, which can be seen as a great difficulty in the care process, especially when this care is not based on the ethical principles of the profession. Considering that the caregiver and the care are from different worlds, pre-established values can interfere in this process, even if the professional is aware of the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT), he may prefer not to treat individuals from the LGBTQIAPN+ population in an appropriate way, distancing himself from the quality of care.

With regard to health education carried out by professionals in PHC, there is a need to use innovative methods and technologies that encompass all sexualities, sex and gender identity, as there is no way to provide care in a comprehensive way, without taking into account the diversity present in the LGBTQIAPN+ population. However, the aforementioned problems that are the result of cisheteronormativity affect the area of research on the health of this population, which, consequently, will affect the development of such activities (De Araújo et al., 2019).

> "Basically it would be prejudice even in relation to being disrespected. There have been situations where they don't want to attend and pass the service on to another professional because I am LGBTQIAPN+." (U5)
>
> "When I had not rectified my name, I was refused to be called by my social name by the doctor because the person responsible for the screening did not put my current name. In addition, a doctor even mentioned during my adoption process in the psychiatric service of a unit that 'justice would never give adoption to a.'" (U6)

A study carried out with the purpose of analyzing the barriers faced by transgender individuals in the use of health services offered by the Unified Health System (SUS) revealed that the lack of recognition of the social name chosen by these people, together with the discrimination exercised by health professionals, are crucial factors that prevent effective access to these services. as pointed out by the excerpts of interviewees U5 and U6 (Rocon et al. 2016).

The lack of preparation of professionals in knowing how to deal with issues that mainly involve the adherence of the social name and the lack of engagement in the ways of providing effective and welcoming care are a major challenge within PHC, especially with regard to the continuity of care for the LGBTQIAPN+ population (Paiva et al., 2023).

Araújo et al. (2019) state that the lack of communication in the approach to sexual practices makes it difficult to provide comprehensive care to this community. Studies carried out by Belém et al. (2018) and Guimarães et al. (2017) reveal that the obstacles faced by the LGBTQIAPN+ population with regard to access to health are not recognized by the professionals who assist the community, which generates even more difficulty in solving these problems.

A study carried out in 2008 with the objective of analyzing the perception, feelings and difficulties faced by transvestites to access health services, describes the discrimination faced by these people in health service and care, when they are denied the right to be called by the social name they identify with (Muller; Knauth, 2008). This reveals the lack of preparation of professionals to deal with sexual diversity, because although this study was carried out before the implementation of decree No. 8,727, of April 28, 2016 (Brasil, 2016), which provides for the use of the social name and the recognition of the gender identity of trans people, U6's statement shows that to this day, Prejudice and non-adherence to the social name are still present in health promotion environments.

According to Rocon et al. (2016), transgender people face significant barriers in accessing health services, including denial of care, disrespect for gender identity, and discrimination in health settings. These issues can be particularly acute during care, where privacy and personal dignity are especially important. Monteiro and Brigeiro (2019) noted that the non-adherence of the social name by the professionals during the service led to a

feeling of embarrassment in the trans users, as reported by one of the participants in the current study.

> "Because it never meets the desires of those who seek it, especially those who are black, poor and LGBT." (U1)

According to Sousa, Ferreira and Sá (2013) and Whitehead (2016), the intersectionality of factors directly influences the health of individuals who face multiple forms of discrimination and stigmatization. Such intersectionality is a concept that recognizes how different social categories, such as gender, race, class, and socioeconomic status, interact with each other to create unique experiences of oppression and marginalization.

According to Paiva et al., (2023), those individuals who identify themselves as transvestites and transsexuals and of black/brown race/color suffer even more from the lack of access and discrimination in PHC, pointing out an intersectional problem related to health inequity in this population, as pointed out by the thematic excerpt of interviewee U1.

In a study conducted in Santa Catarina, with the purpose of portraying the experiences of transgender individuals and the nursing team in health care at all levels of care, it was highlighted that, due to sociocultural circumstances, the training of health professionals is unsatisfactory. This is because the knowledge imparted in the academic environment is influenced by the prevailing culture, resulting in a lack of adequate understanding about the diversity of ways of existing and living in the world, which directly affects the ability to provide fair and effective care (Albino et al., 2021).

In general, the perception of LGBT users points to a need to strengthen a health policy that welcomes and addresses their health problems in a resolute way, emphasizing their needs and specificities in combating health inequities that make this population vulnerable. From the point of view of the visibility of health issues of the LGBT population, the data point to difficulties in accessing health.

The general objective of the PNSILGBT is to promote the integral health of lesbians, gays, bisexuals, transvestites and transsexuals, so that any discrimination and prejudice against this portion of the population are eliminated, aiming at reducing inequalities, based on the principles of the SUS (Brasil, 2013). Despite being considered a milestone in the fight for the rights of the LGBTQIAPN+ population, the effectiveness of the PNSILGBT, especially in the context of PHC, is still questioned. One of the major impasses for the implementation of the policy in question is the lack of preparation of health professionals to know the rights and real needs of this population (Melo et al., 2022).

In studies carried out by Negreiros et al. (2019), who analyzed the curriculum base of physicians working in PHC, and Barchin (2021), with curricula of students in the health area, they came to the conclusion that these individuals are not prepared to work directly with vulnerable populations, such as the LGBTQIAPN+ population. During graduation, these professionals did not go through training courses, symposiums or any events that have the PNSILGT as their theme. According to Padilha (2020), professional training does not depend only on institutional initiative, but on the individual will to seek changes in social and individual paradigms.

Thus, the urgency of including in the curricular bases not only of the medical course, but of the entire health area, content that addresses the health of the LGBTQIAPN+ population is notorious so that these future professionals are properly trained to act through sexual and gender diversity.

CONCLUSION

LGBTQIAPN+ individuals suffer invisibility and prejudice due to the lack of knowledge of health professionals, needing welcoming, comprehensive, equitable and educational care, and the preparation of these professionals is urgent due to the growth of the aforementioned population.

It is observed that the LGBTQIAPN+ population suffers exclusion and discrimination in PHC, especially with regard to people who identify themselves as transvestites and transsexuals, where specific actions are not carried out, such as the use of the social name for trans people, lack of preparation regarding the performance of specific procedures that are seen as exclusive to the cisheteronormative population.

In addition, it is noted that the LGBTQIAPN+ population is not very satisfied with local health services and care. This highlights the invisibility and erasure of these people. In this sense, health care for the LGBTQIAPN+ population emphasizes the importance of not only offering quality care, but also social and political support to ensure tolerance, equality, and full citizenship rights for this community.

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