

Healthcare for LGBTQIAP+ women: an integrative review

Atenção à Saúde de Mulheres LGBTQIAP+: revisão integrativa

Atención a la salud de mujeres LGBTQIAP+: revisión integradora

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Abstract:

Objective: to analyze Brazilian publications on health actions aimed at LGBTQIAP+ women. **Methods:** an integrative review was conducted using the Virtual Health Library and Scientific Electronic Library Online databases, considering the period between 2004 and 2024, in Portuguese, freely available, and addressing the role of nursing in meeting the needs of LGBTQIAP+ women. The articles were subjected to inductive thematic content analysis, with exhaustive reading, data extraction, coding, and grouping into thematic categories. **Results:** 49 articles were selected. Fourteen themes were developed, highlighting: *barriers in health services, such as prejudice, unprepared professionals, difficulties in accessing prevention technologies, and the impacts of violence and discrimination on mental and physical health; gaps in nursing training; and inclusive care initiatives and public policies aimed at equity.* **Conclusion:** healthcare for LGBTQIAP+ women requires structural transformations in academic curricula, ongoing professional training, and public policies that ensure equity and humanization in care.

Keywords: Women; Unified Health System; Gender Diversity; Health Equity; Comprehensive Health Care.

Resumo:

Objetivo: analisar publicações nacionais sobre as ações de saúde voltadas para as mulheres LGBTQIAP+. **Método:** revisão integrativa realizada nas bases Biblioteca Virtual em Saúde e *Scientific Electronic Library Online*, considerando o período entre 2004 e 2024, em língua portuguesa, disponíveis gratuitamente e que abordassem a atuação da enfermagem frente às necessidades de mulheres LGBTQIAP+. Os artigos foram submetidos a análise temática de conteúdo indutiva, com leitura exaustiva, extração de dados, codificação e agrupamento em categorias temáticas. **Resultados:** foram selecionados 49 artigos. Foram desenvolvidas 14 temáticas com destaque para: *barreiras nos serviços de saúde, como: preconceito, falta de preparo profissional, dificuldades no acesso a tecnologias de prevenção e impactos da violência e discriminação na saúde mental e física, lacunas na formação de enfermeiros e iniciativas de cuidado inclusivo e políticas públicas voltadas à equidade.* **Conclusão:** a atenção à saúde de mulheres LGBTQIAP+ exige transformações estruturais nos currículos acadêmicos, capacitação permanente dos profissionais e políticas públicas que assegurem equidade e humanização no cuidado.

Palavras-Chave: Mulheres; Sistema Único de Saúde; Diversidade de Gênero; Equidade em Saúde; Assistência Integral à Saúde.

Resumen:

Objetivo: analizar publicaciones nacionales sobre las acciones de salud dirigidas a las mujeres LGBTQIAP+. **Método:** revisión integradora realizada en las bases Biblioteca Virtual en Salud y *Scientific Electronic Library Online*, considerando el período comprendido entre 2004 y 2024, en lengua portuguesa, disponibles gratuitamente y que abordaran la actuación de la enfermería frente a las necesidades de las mujeres LGBTQIAP+. Los artículos fueron sometidos a un análisis temático de contenido inductivo, con lectura exhaustiva, extracción de datos, codificación y agrupación en categorías temáticas. **Resultados:** se seleccionaron 49 artículos. Se desarrollaron 14 temas, entre los que destacan: *barreras en los servicios de salud, como: prejuicios, falta de preparación profesional, dificultades en el acceso a tecnologías de prevención e impactos de la violencia y la discriminación en la salud mental y física, lagunas en la formación de enfermeros e iniciativas de atención inclusiva y políticas públicas orientadas a la equidad.* **Conclusión:** la atención sanitaria de las mujeres LGBTQIAP+ exige transformaciones estructurales en los planes de estudios académicos, la formación continua de los profesionales y políticas públicas que garanticen la equidad y la humanización en la atención.

Palabras clave: Mujeres; Sistema Único de Salud; Diversidad de Género; Equidad en Salud; Atención Integral de Salud.

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INTRODUCTION

Human sexuality is diverse and complex, manifesting itself uniquely in each individual. To better understand it, it is analyzed from the aspects of sexual orientation, gender identity, and gender expression¹. Sexual orientation can be defined as the capacity for emotional, affective, or sexual attraction to people of different genders or more than one gender². The main sexual orientations include homosexuality, defined as attraction to people of the same gender; heterosexuality, attraction to people of the opposite gender; bisexuality, attraction to both genders; asexuality, characterized by the absence of sexual attraction; and pansexuality, in which attraction occurs regardless of the gender assigned to gender identity³.

Gender identity, in turn, refers to the gender with which a person identifies, which can be male, female, or non-binary, regardless of the sex assigned at birth. People who identify with the gender assigned at birth are called cisgender, while those who do not identify are transgender. The term “*travesti*” refers to people who, although they do not desire sex reassignment surgery, identify and express themselves according to the opposite gender⁴.

Historically, the health of the population that includes the LGBTQIAP+ group (Lesbians, Gays, Bisexuals, Transgender/Transsexuals/Transvestites, Queer, Intersex, Asexual/Aromantic/Agender, Pan/Poly and Non-binary, with the “+” encompassing other possibilities) has been marked by neglect, violence and social exclusion. During the Second World War, this group was persecuted and exposed to unethical experiments aimed at altering their sexual orientation, then seen as abnormal and curable^{5,6}. In Brazil, episodes such as the “Brazilian Holocaust,” which occurred at the Hospital Colônia de Barbacena, reinforce this marginalization: about 70% of the inmates did not have a diagnosis of mental illness and were segregated for deviating from standards considered normal, including homosexuals⁷. Another emblematic case was “Operation Tarantula,” in São Paulo, which persecuted and arrested travestis under the accusation of “crime of venereal contagion”⁸.

These historical episodes highlight why the LGBTQIAP+ population is considered vulnerable. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Inter-American Development Bank (IDB), social vulnerability stems from the difficulty of accessing resources and opportunities made available by the State, the market, and society, generating socioeconomic disadvantages and limitations⁹⁻¹⁰.

To tackle this issue, Brazil established the National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (*Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais* - PNSILGBT) in 2011, with a view to

adapting health services and professionals to the specific needs of this population¹¹. Prior to this, the National Policy for Comprehensive Women's Health Care (*Política Nacional de Atenção Integral à Saúde da Mulher - PNAISM*), created in 1983, focused on reproductive health and did not address sexual diversity, which highlighted the need for specific actions for historically vulnerable groups, such as lesbian, black and indigenous women¹².

Despite these advances, barriers persist in LGBTQIAP+ women's access to comprehensive and quality care. The unpreparedness of professionals and the maintenance of heteronormative standards compromise reception, prevention of harm and health promotion. Many professionals still consider heterosexuality as the only legitimate model of sexuality, which reinforces exclusion and hinders the recognition of the specific demands of these women¹³.

Estimates indicate that about 40% of LGBTQIAP+ women do not reveal their sexual orientation during medical appointments and, among those who do, many report experiences of discrimination or omission of essential care¹⁴⁻¹⁶. These failures compromise the principles of universality, comprehensiveness and equity that govern the Unified Health System (*Sistema Único de Saúde - SUS*).

Nursing, as the professional category most involved in women's health care actions, especially in primary care, plays a fundamental role in guaranteeing equitable and humanized care. Thus, it is essential that women's health programs include sexual and gender diversity, promoting policies and practices that ensure dignified reception and respect for human rights¹⁷. Thus, this study aimed to analyze national publications on health initiatives focused on LGBTQIAP+ women.

METHODS

This is an integrative review, a method that makes it possible to gather, evaluate, and synthesize research results on a specific topic in a systematic and comprehensive way¹⁸, using the methodological framework proposed by Mendes, Silveira, and Galvão (2008), which includes six steps: (1) identification of the topic and formulation of the guiding question; (2) establishment of inclusion and exclusion criteria; (3) definition of the information to be extracted from the selected studies; (4) categorization and evaluation of the included studies; (5) interpretation of the results; and (6) presentation of the synthesis of the findings¹⁸.

The search was conducted between March and September 2024 and included scientific articles published between 2004 and 2024, fully and freely available, and in Portuguese. The guiding question was developed according to the PICO strategy, which allows structuring

research questions in integrative reviews. Thus, it was defined as: P (Population) – LGBTQIAP+ women; I (Intervention) – health actions and practices; C (Comparison) – SUS; and O (Outcome) – inclusive and equitable care. Thus, the question formulated was: “*What are the challenges faced by women in the LGBTQIAP+ community in public health services, and how can nurses intervene in this scenario?*”

The following keywords were considered for the search: “*homossexualidade feminina*” (female homosexuality), “*serviços de saúde*” (health services), “LGBTQIAP+”, “*enfermagem*” (nursing), “*minorias sexuais e de gênero*” (sexual and gender minorities). The databases used were: SCIELO, Virtual Health Library (VHL), as well as catalogs of national scientific journals in the field of Nursing.

Articles addressing themes related to women in the LGBTQIAP+ group were included, focusing on the role of Nursing in addressing the demands and needs of this population.

The following were excluded: studies that did not answer the guiding question, those published outside the analyzed period, those not available in electronic or free format, those not published in Portuguese, and texts that do not qualify as scientific articles, such as reviews, editorials, letters to the editor, or opinions.

The analysis of the material was carried out in two stages:

1. Organization and characterization of the studies - each article received an identification code and was then categorized based on the objectives, methodology used, and results obtained;
2. Interpretation and consolidation of results - these were systematized in tables and charts, allowing for a synthesis of the findings. The studies were interpreted in light of the context of public health policies and national guidelines for comprehensive health care for sexual and gender minorities.

RESULTS

The initial search resulted in 1,591 publications identified in the SciELO and Virtual Health Library databases. After reading titles and abstracts, 1,468 studies were excluded for not meeting the inclusion criteria. Subsequently, 74 articles were read in full, of which 25 were excluded for not addressing LGBTQIAP+ women or the role of nursing. Thus, 49 studies were included in the final review.

The selected articles were organized according to the journal, year of publication, and frequency of occurrence. Table 1 presents the distribution of national journals that published studies related to the topic between 2004 and 2024. The Revista de Enfermagem UFPE Online was the journal that published the most on the topic, with 14 articles, followed by Cogitare

Enfermagem, Escola Anna Nery, and Revista Brasileira de Enfermagem. In 11 journals, there were no publications on the topic during the analyzed period.

Table 1. Articles based on journals published in the field of nursing and consulted publications, concerning the health of LGBTQIAP+ women. São José do Rio Preto/SP, Brazil, 2024.

Journals	Consulted articles	Selected articles
Acta Paulista de Enfermagem	108	00
Ciência, Cuidado e Saúde	72	00
Cogitare Enfermagem	67	03
CuidArte Enfermagem	27	00
Enfermagem Atual	27	02
Enfermagem em Foco	45	01
Enfermagem Revista	22	01
Escola Anna Nery	62	03
História da Enfermagem	23	01
Online Brazilian Journal of Nursing	72	03
Revista Baiana de Enfermagem	39	02
Revista Brasileira de Enfermagem	141	03
Revista da Escola de Enfer USP - REEUSP	96	00
Revista de Enfermagem - Frederico Westphalem	10	00
Revista de Enfermagem do Centro Oeste-Mineiro	23	00
Revista de Enfermagem e Atenção à Saúde	21	00
Revista de Enfermagem UFPE online	159	14
Revista de Enfermagem UFPI	34	02
Revista de Enfermagem UFSM	33	00
Revista de Pesquisa UFRJ (Cuidado é Fundamental) Online	52	04
Revista Eletrônica de Enfermagem	57	01
Revista Enfermagem UERJ	46	03
Revista Gaúcha de Enfermagem	40	03
Revista Latino-americana de Enfermagem	110	02
Revista Mineira de Enfermagem - REME	58	00
Revista Paulista de Enfermagem - REPE	03	00
Revista RENE	76	01
Texto e Contexto Enfermagem	68	00
Total	1591	49

Characterization of the Selected Articles

Table 1 presents the theme of each included study and the number of studies that addressed the main theme. Among the main focuses of study, the knowledge and practices of undergraduate students and health professionals, especially primary care nurses, regarding care for this population stand out (Chart 1)¹⁹⁻⁶⁷.

Issues related to the prevention of sexually transmitted infections (STIs) and HIV/AIDS were addressed, exploring preventive knowledge and the specific experiences of LGBTQIAP+ women in this context¹⁹⁻⁶⁷. Another relevant theme was the impact of violence and vulnerability on the health of this population, highlighting the types of violence faced and their consequences (Table 1)¹⁹⁻⁶⁷.

In addition, accessibility and assistance barriers in health services were discussed, with emphasis on the difficulties in care in Basic Family Health Units (Chart 1)¹⁹⁻⁶⁷.

Psychosocial aspects, such as mental health and quality of life, were also explored, focusing on the effects of homophobic practices, depressive symptomatology, suicidal ideation, and the challenges of aging (Chart 1)¹⁹⁻⁶⁷.

Other specific topics include family dynamics, lesbian motherhood, civil rights, and public policies aimed at the LGBTQIAP+ population, in addition to the construction of new scientific knowledge about the needs and specificities of this population. These results reveal both the advances and the gaps in the literature, highlighting the complexity of issues related to the health and rights of this population (Chart 1)¹⁹⁻⁶⁷.

The theme with the largest number of studies was assistance and accessibility in health services, including Basic Family Health Units, represented by 15 articles. Next, the knowledge and practices of health professionals regarding the LGBTQIAP+ public stand out, with 11 articles. Issues related to the prevention of STIs and HIV/AIDS were addressed in 5 articles, while the impacts of violence and vulnerability totaled 5 studies. Other topics such as mental health, family dynamics, lesbian motherhood, civil rights, and the construction of scientific knowledge had fewer publications, ranging from 1 to 3 articles in each subtopic, highlighting gaps in the literature¹⁹⁻⁶⁷, as observed in Chart 1.

DISCUSSION

The research revealed 14 themes related to the health of LGBTQIAP+ women. Progress was observed in understanding the needs of LGBTQIAP+ women, but important challenges were also highlighted, such as institutionalized prejudice, the invisibility of this population in health services, and the need for professional training.

Knowledge of undergraduate students and healthcare professionals about homosexuality and care for the LGBTQIAP+ population

The superficiality and lack of conceptual preparation regarding topics related to homosexuality, bisexuality, and transsexuality are alarming. Outdated curricula and the omission of LGBTQIAP+ issues in mandatory subjects can lead future professionals to a care practice marked by discrimination and inadequacy. The lack of understanding of the specific needs of this population is not an educational oversight, but a reflection of a structure that devalues diversity¹⁷⁻²⁷.

Chart 1. Characterization of articles on the health of LGBTQIAP+ women. São José do Rio Preto/SP, Brazil, 2024

Identification of selected articles	Study theme
A15 ¹⁹ , A20 ²⁰ , A22 ²¹ , A36 ²² , A37 ²³ , A38 ²⁴ , A41 ²⁵ , A42 ²⁶ , A44 ²⁷	Knowledge of undergraduate students and healthcare professionals about homosexuality and care for the LGBT population; reflection and analysis of the care and assistance provided
A1 ²⁸ , A12 ²⁹ , A23 ³⁰ , A29 ³¹ , A34 ³²	Knowledge and methods of prevention regarding STIs; experiences of LGBTQIAP+ women with STIs; knowledge about HIV/AIDS prevention with sociodemographic variables
A9 ³³ , A19 ³⁴ , A26 ³⁵ , A30 ³⁶ , A46 ³⁷	Knowledge about the types of violence suffered and vulnerability, and the impacts on health
A5 ³⁸ , A39 ³⁹	Knowledge of primary health care nurses about the Lesbian, Gay, Bisexual and Transgender (LGBT) population
A2 ⁴⁰ , A7 ⁴¹	Nursing theories
A21 ⁴²	Building new scientific knowledge about the LGBTQIAP+ population (needs, specificities)
A4 ⁴³ , A5 ³⁸ , A6 ⁴⁴ , A8 ⁴⁵ , A10 ⁴⁶ , A12 ²⁹ , A16 ⁴⁷ , A24 ⁴⁸ , A28 ⁴⁹ , A31 ⁵⁰ , A32 ⁵¹ , A33 ⁵² , A35 ⁵³ , A47 ⁵⁴ , A49 ⁵⁵	Assistance and accessibility in health services, including Basic Family Health Units
A9 ³³ , A13 ⁵⁶ , A43 ⁵⁷	Impact of homophobic practices on the health of this population; presence of depressive symptoms and suicidal ideation
A2 ⁴⁰ , A45 ⁵⁸	Experience and self-care related to the use of medications and procedures
A12 ²⁹	Responsibility of healthcare professionals in ensuring equitable access to healthcare services
A14 ⁵⁹ , A17 ⁶⁰	Experiences and relationships of homosexuals with their families; structure and dynamics of same-sex parent families
A18 ⁶¹ , A40 ⁶²	Lesbian motherhood
A3 ⁶³ , A7 ⁴¹ , A48 ⁶⁴	Quality of life and aging
A11 ⁶⁵ , A25 ⁶⁶ , A27 ⁶⁷	Civil rights; Public policies; Transgender historical perspective

Knowledge and methods of prevention regarding STIs; experiences of LGBTQIAP+ women with STIs; knowledge about HIV/AIDS prevention with sociodemographic variables

The vulnerability of LGBTQIA+ women to STIs is exacerbated by a lack of information and adequate technologies. A lack of knowledge about prevention and a false perception of immunity expose these women to risks. The situation reflects not only failures in sexual education, but also the negligence of health systems that do not offer inclusive and effective solutions²⁸⁻³².

Knowledge about the types of violence suffered, vulnerability and impacts

Violence remains a pervasive reality in the lives of many LGBTQIAP+ people, ranging from verbal and physical assaults to institutional violence. LGBTQIAP+ adolescents are marked by bullying and exclusion, while travestis and transsexuals face transphobia in contexts that should be safe, such as health services. The impact on mental health is devastating, perpetuating anxiety, depression, and suicidal ideation³³⁻³⁷.

Knowledge of primary health care (PHC) nurses about the LGBTQIAP+ population

A lack of preparedness is evident and widespread among primary health care nurses in dealing with the demands of the LGBTQIAP+ population. This lack of preparation is reflected not only in failures in care, but also in the exclusion of this population from health services. The responsibility for inclusion goes beyond individual practice; it requires profound changes in the educational system³⁸⁻³⁹.

Nursing theories

Despite their potential, theories like Wanda Horta's are underutilized in contexts that demand inclusive and humanized care. Lack of knowledge or disinterest in applying these theories limits the ability of professionals to respond to the specific needs of the LGBTQIAP+ population⁴⁰⁻⁴¹.

Building new scientific knowledge about the LGBTQIAP+ population

Scientific production on the LGBTQIAP+ population is insufficient. Studies such as the Kinsey scale offer a solid foundation, but greater efforts are needed to map the specificities of this population and promote inclusive practices. The absence of data reinforces invisibility and hinders the advancement of public policies⁴².

Assistance and accessibility in health services, including Basic Family Health Units

Neglect regarding the adoption of inclusive practices, such as the use of social names, is symptomatic of a system that fails to guarantee accessibility. The lack of preparedness of professionals compromises the adherence of the LGBTQIAP+ population to services, perpetuating inequalities and hindering prevention and treatment^{29,38,43-55}.

The impact of homophobic practices on the health of this population

Homophobia, often institutionalized, seriously compromises the mental and physical health of LGBTQIAP+ people. Denial of care and active discrimination in health services exacerbate vulnerabilities, perpetuating cycles of exclusion and illness^{33,56-57}.

Experience and self-care related to the use of medications and procedures

Self-medication among transgender people is a response to a lack of access to adequate services. The pursuit of surgeries and hormonal treatments without supervision reflects both the urgency for body conformity and the negligence of health systems in providing safe and inclusive support^{40,58}.

Responsibility of healthcare professionals in ensuring equitable access to healthcare services

Responsibility for equity is not optional; it is an ethical and legal imperative. However, many professionals remain unprepared and insensitive to the needs of this population, perpetuating inequalities that contradict the principles of the SUS²⁹.

Experiences and relationships of homosexuals with their families; structure and dynamics of same-sex parent families

Family rejection, fueled by cultural and religious prejudices, has devastating effects on the mental health of LGBTQIAP+ youth. At the same time, same-sex parent families challenge traditional norms but face stigmatization that directly impacts their life experience and access to rights⁵⁹⁻⁶⁰.

Lesbian motherhood

Lesbian women face systemic barriers in their pursuit of motherhood, ranging from prejudice in adoption processes to prenatal care. Institutional exclusion reveals a deep-seated bias that limits these women's possibilities of forming complete families⁶¹⁻⁶².

Quality of life and aging

The aging of the LGBTQIAP+ population is marked by isolation and stigma. The fragility of support networks, coupled with prejudice, drastically reduces quality of life, making this population more vulnerable to chronic and infectious diseases^{41,63-64}.

Civil rights, public policies, and the historical perspective of transgender people

Although advances such as the depathologization of homosexuality are significant, the implementation of public policies remains fragmented. Governmental negligence in implementing these policies demonstrates the persistence of structural inequalities that demand greater pressure and social engagement⁶⁵⁻⁶⁷.

Brazilian scientific production on the health of LGBTQIAP+ women is still incipient, fragmented, and predominantly descriptive, focusing on barriers to access and the experience of discrimination in health services and weaknesses in the care provided by public health services. This finding reflects the unpreparedness of professionals and the persistence of heteronormative practices that hinder the welcoming and comprehensiveness of health care¹⁹⁻⁶⁷. This trend shows that, even after more than ten years of the National Policy for Comprehensive LGBT Health, assistance to LGBTQIAP+ women has not yet been consolidated as an institutional practice in the SUS¹⁹⁻⁶⁷.

Some international investigations present a similar scenario: even in health services in high-income countries, they have shown that professional ignorance about gender and sexuality diversity reduces adherence to preventive services, especially regarding cervical cancer and STI screening^{68,69}. As observed in this review, discrimination in care leads to dropout and prevents continuity of care¹⁹⁻⁶⁷.

The studies indicated that heteronormativity still guides care at different levels of the Brazilian health network¹⁹⁻⁶⁷. In gynecological consultations, lesbian women frequently report that professionals assume there is no risk of STIs, resulting in a lack of requests for tests and failures in counseling. An international study reinforces that this misconception is recurrent: in a survey with American nurses, it was identified that content on sexuality and diversity is poorly addressed in undergraduate studies and almost non-existent in continuing education, which limits the ability to recognize specific risks for this population⁷⁰.

Another finding was the gaps in knowledge regarding lesbian motherhood, mental health, and aging, which are topics that are poorly explored in the included studies and practically nonexistent in professional training¹⁹⁻⁶⁷. These findings converge with other research^{71,72}, which demonstrated that the emotional support offered to the LGBTQIAP+ population during the pregnancy-puerperal cycle is lower than that provided to heterosexual women, a direct consequence of the absence of inclusive clinical protocols. In the present study, only two articles addressed motherhood or homoparental families, which indicates underrepresentation of this demand and institutional invisibility^{36,58}.

The results also point to challenges in the area of mental health. Brazilian studies have shown a higher prevalence of depressive symptoms, self-harm, and suicidal ideation among LGBTQIAP+ women, and these findings are in line with other international studies, which have identified that the daily experience of stigma increases the risk of mental disorders by up to three times. In itself, this structural violence (family, institutional, and social) functions as a social determinant of health and directly interferes with the possibilities of care and self-care⁷³⁻⁷⁵.

Although the studies considered here describe specific interventions, such as reception protocols or continuing education practices, implementation is still marked by isolation and discontinuity⁷⁶. A study⁷⁷ published in 2023 observed that many professionals are not even aware of the existence of this policy, which means that care depends on individual initiatives, not institutional processes. In contrast, experiences from other countries show that structured continuing education programs reduce barriers to disclosing sexual orientation during care and increase user satisfaction^{78,79}.

The findings demonstrate that nursing professionals occupy a strategic position to change this reality, as they are the gateway to the SUS and responsible for a large part of health education practices. However, nursing will only be able to promote equitable care if there is an offer of ongoing training, incorporation of the topic into undergraduate curricula, and adoption of an intersectional approach, recognizing that sexual orientations and gender identities overlap with other vulnerabilities, such as race, income, and territory¹⁹⁻⁶⁷.

CONCLUSION

This study showed that, even with advances in public policies, LGBTQIAP+ women still face significant barriers in accessing comprehensive health care in the SUS, due to institutional discrimination, heteronormative practices, and gaps in professional training. Nursing plays a central role in promoting equitable care, and the inclusion of the theme of sexual and gender diversity in training and continuing education is fundamental to improving care.

As limitations, it is noteworthy that the search did not include databases relevant to the area, such as Cuiden, CINAHL, and PubMed, which may have restricted the identification of potentially important studies. In addition, only articles written in Portuguese were included, which may also have reduced the number of studies analyzed and limited the scope of the results. Despite this, the studies have shown the scenario experienced by LGBTQIAP+ women and points to the fulfillment of current policies in the area and a more adequate training to meet the demands of this group.

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