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# Social network of sexual and gender minorities: possibilities of support in health care

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**ABSTRACT.** The study aimed to characterize the Social Network of sexual and gender minorities and to analyze the type of social support received for health care. This was a descriptive qualitative study. The methodological theoretical framework of Social Network proposed by Lia Sanicola was used. Semi-structured interviews were analyzed based on the Content Analysis technique proposed by Bardin. The study was carried out in 2019 at a family health unit in the city of Rio de Janeiro. Results showed that the social network of the interviewees was marked by a strong relationship with friends and colleagues, while in the relationship with family members there was a greater fragility in the bonds due to the lack of knowledge or non-acceptance of these members in relation to the sexuality of the interviewees. In addition to the fragility of the family relationship, there was a difficulty and discontinuity in access to health, due to the lack of bonds stimulated by prejudice and discrimination in health services. Social networks were characterized by the bond with friends and colleagues who offered emotional support. In the context of the family and the health care network, social relationships were permeated with weaknesses and lack of support. Knowledge of the network and the type of social support received by people who are part of sexual and gender minorities makes it possible to broaden the health professional's view of comprehensive care for this population and consequently improve the quality of care provided.

**Keywords:** primary health care; gender; social support.

## Introduction

Currently, it is possible to affirm the clear growth in the visibility of the population of lesbians, gays, bisexuals, transvestites, transgenders, queer, intersex and all other gender identities and sexual orientations (LGBTQI+). This conquest is still being achieved due to a constant struggle since 1980, starting with the HIV/AIDS epidemic, in partnership with social movements linked to the defense of the rights of gay groups and other men who have sex with men (MSM). Even so, situations of violence, discrimination and exclusion of this population from society persist, encroaching on their rights (Brasil, 2013).

When it comes to a society with a heterocisnormative culture, which brings pre-established gender patterns in line with biological sex, exclusive and discriminating behaviors are more frequent (Rojas, 2021). In this way, the LGBTQI+ population may have their basic rights violated, including health, as they face barriers to accessing services, sometimes resulting in greater vulnerability. In addition, they face negligence in several areas of the social context, presented in the main axes: health, autonomy, dignity, leisure, education, work and housing (Silva, Filho, Bezerra, Duarte & Quinino, 2017).

According to Facchini (2009), intense mobilization of the LGBTQI+ Movement marked the last decade, enabling the emergence and consolidation of broader social networks for people, in addition to fostering the stage of debates on hitherto hidden themes. This article assumes the concept of social networks proposed by Sanicola (2015), where they are classified into primary and secondary networks. The first is represented by family ties, kinship, friendship, neighborhood and work. Secondary networks are divided into formal, those formed by ties with institutions and organizations, and informal networks, composed of connections between people to respond to an immediate need, divided into third sector, market and mixed (Sanicola, 2015).

Regarding the living conditions of the LGBTQI+ population, the daily life of these people can be marked by several changes, such as: anxiety, concerns, anguish, distancing from family members, emotional conflict, stress, fear, social isolation, violence, among others. These changes are even more pronounced when these people do not have the support of their social network, whether emotional or material (Campos & Guerra, 2016).

In this way, it is observed how families react to the disclosure of sexual orientation, and such perception can influence both the quality of life and health of gays and lesbians, for example (Braga, Silva, Santos, Santos, &Silva, 2017). The LGBTQI+ population also usually reports numerous experiences, both discrimination and abuse in various areas, in addition to physical or sexual violence (Pereira, 2021). This fact leads to hopelessness, impulsivity, lack of family support, victimization or violence, which are precursors to various types of diseases, both physical and mental (Tagliamento, Silva, Silva, Marques &Hansson, 2020).

In this sense, as much as the national and international scientific production on topics concerning the LGBTQI+ population has been growing, with a focus mainly on access to the health care network, there is still a scarcity in the literature on the implications of the social support network in the health care of this population, which reflects the constant need to propose public policies aimed at overcoming social inequalities, discrimination and intolerance the LGBTI+ population faces when they need care (Gahagan and Subirana-Malaret, 2018; Estay, Valenzuela, and Cartes, 2020; Akré et al., 2021; Alba et al., 2021).

In Brazil, with a view to ensuring the quality of care provided to sexual and gender minorities, studies also indicate the importance of implementing the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals and Transgenders, through health surveillance actions, as well as training professionals to recognize the complexity of the social determinants involved in their lives, such as the structure of social networks and the type of support offered by members of this network. (Popadiuk, Oliveira, & Signorelli, 2017), Campos and Moretti-Pires (2018), Guimarães, Sotero, Cola, Antonio, and Galavote (2020).

The present study was based on the assumption that human beings are part of a social support network and need interpersonal relationships to live, making it essential that care and assistance are triggered through support to solve different situations. Therefore, this study aimed to: characterize the Social Network of sexual and gender minorities and analyze the type of social support received for health care.

## Method

This was a descriptive, qualitative study carried out in compliance with the rules of the CONsolidated criteria for REporting Qualitative research-COREQ (Souza, Marziale, Silva, & Nascimento, 2021). The Social Network methodological framework proposed by Lia Sanicola (2015) was adopted for the construction and analysis of the social network. For Sanicola (2015), the concept of network indicates an object that creates a relationship between two points through connections between them, which when crossing form meshes of greater or lesser density. This network is structured on a personal level, between family, friends, neighbors, work and leisure colleagues, or on an institutional level, whether through formal or informal centers or institutions that care for the LGBTQI+ public.

For Minayo (2013), through the qualitative research approach, it is possible to understand people's perceptions, opinions, meanings, motives and aspirations and, thus, reveal processes that are still little known regarding particular groups. The present study is a subproject of the research 'Health conditions and social support network for the LGBTQI+ population: subsidy for interprofessional work in Family Health Strategy teams'.

The study was carried out in a Family Health Unit located in Planning Area 3.1, in the Municipality of Rio de Janeiro, in the neighborhood of Ilha do Governador, involving 10 (ten) participants selected by convenience sample, belonging to the LGBTQI + group.

The inclusion criteria of the participants were the participant's self-declaration of belonging to the LGBTQI + population, being 18 years old and over and living in the health unit coverage area.

Initially, before data collection, in an approximation to the study scenario, an interview was conducted with a person who declared him/herself to be homosexual, in order to assess the understanding and adequacy of the research script. It was not necessary to make changes to the script.

Then, with the help of professionals from the six family health teams of the health unit, a list of users belonging to the LGBTQI+ group registered in the unit was obtained. These were contacted via telephone to attend the unit, be clarified about the research objectives, become aware and sign the Informed Consent, if

they agreed to participate in the study. Thus, the individual interview was scheduled, which was carried out based on a semi-structured script to survey the profile and health situation of the LGBTQI+ audience, concomitantly with the creation of a map of the support social networks, in order to know their composition and the bonds established between the members. In these forms, the socioeconomic characteristics of the participants were investigated.

Ten (10) participants were interviewed, for convenience, when they attended the health unit for care, during the data collection period, from March to November 2019. Interviews were carried out by two of the researchers, women, one being a nurse with a PhD in nursing and the other a nursing undergraduate student, both with previous training and experience in applying the methodological framework for approaching social networks used in this study. Such interviews were recorded in MP3, lasted an average of 20 minutes and took place in a private environment in order to minimize discomfort. The researchers' prejudices and assumptions were set aside, so that attentive listening to the participants' statements prevailed, who felt free to express their experiences in their relational context.

After completing the first part of the script with socioeconomic characterization data, the social network map of each participant was prepared, according to the framework of Lia Sanicola (2015). For the elaboration of the social network map, the following guiding question was used: "Tell me who are the people present in your life (relatives, neighbors, friends and colleagues, people from associations, institutions or work)". Then, the user's help was requested to make a drawing that is representative of the people and institutions present in their social context, as well as the type of bond established in this network.

For this drawing, an illustration was presented with the model of geometric figures that represent the members of a social network and another with the graphic representation of the types of bond established between the members, following the methodological reference of Sanicola (2015). These illustrations are shown below (Figure 1).
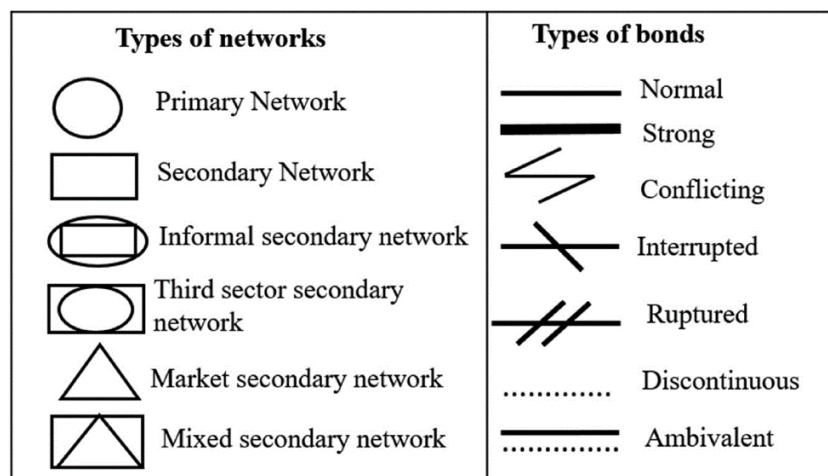


**Figure 1.** Representation of types of network and types of bond.
Sanicola (2015)

In order to understand the type of support these users receive from their social network, the following questions were asked: Did you ever need help or have any difficulties caring for or treating yourself? Who did you count on? What kind of support do you receive or have you received from such people?

The interviews ceased on the 10th interview, when it was possible to obtain the saturation of themes reported by the participants. At the end of each interview, the participant was presented with a drawing of the map of their social network to check the information provided.

## Ethical aspects

The survey was registered on Plataforma Brasil under number CAAE 13837019.4.0000.5286. It was submitted to the Research Ethics Committee of the Institute of Studies in Collective Health and to the Research Ethics Committee of the Municipal Health Secretariat of Rio de Janeiro, in compliance with Resolution 466/12, 510/16 and 580/18, which provide for the norms for research with human beings and research of strategic interest for the Unified Health System (SUS), approved under Opinion 3.437.515.

The rights of voluntary participation, anonymity, security and respect for research participants were ensured. For all participants, the research objectives and the Informed Consent (IC) were read, and only those who agreed to participate by signing the document were included.

To protect anonymity, the testimonies of the participants were identified with the letter U for user followed by the ordinal numbering according to the order of the interview.

## Data analysis

The organization and analysis of quantitative data was performed using the Statistical Package for the Social Sciences (SPSS). The transcribed statements were analyzed according to the Content Analysis technique proposed by Bardin (2011), which is based on operations of segmenting the text into units, that is, on discovering the different nuclei of meaning that constitute the communication for, subsequently, regroup them into classes or categories. The pre-established categories were used: Support from the primary social network and Support from the secondary social network, based on the typifications presented in the methodological framework of Sanicola (2015).

The analysis of the structure of the social network maps was also carried out according to the same framework (Sanicola, 2015), which enabled the graphic visualization of the structure of the social network of each participant, as well as the type of relationship that members establish with each other and the type of support offered to the LGBTQI+ population in face of the demand for health care.

## Results and discussion

Regarding the profile of the participants, the majority were young, aged between 19 and 22 years old, students, single, with gender identity referred to as cisgender, these are people who identify with the sex they were born, and with sexual orientation referred to as homosexual or bisexual (Box 1).

**Table 1.** Caracterização socioeconômica dos participantes. Rio de Janeiro, 2019

| Parti-cipant | Age | Education level | Ocuppa-tion | Religion | Marital status | Income (Reais) | Sexual Orientation | Gender identity |
|---|---|---|---|---|---|---|---|---|
| U1 | 21 | Incomplete higher education | Student | None | Single | 1,100.00 | Bisexual | Cisgender woman |
| U2 | 22 | Incomplete higher education | Student | None | Single | 1,200.00 | Homosexual | Cisgender woman |
| U3 | 19 | Incomplete higher education | Student | Evange-lical | Single | 1,600.00 | Bisexual | Cisgender woman |
| U4 | 21 | Incomplete high school | Young apprentice | None | Single | 1,996.00 | Bisexual | Cisgender woman |
| U5 | 21 | Incomplete higher education | Student | Catholic | Single | 3,000.00 | Homosexual | Cisgender man |
| U6 | 31 | Elementary School | caregiver | Catholic | Stable union | 1,000.00 | Bisexual | Cisgender woman |
| U7 | 37 | Complete high school | Decorator | Spiritist | Stable union | 2,000.00 | Homosexual | Cisgender woman |
| U8 | 22 | Complete high school | Security agent | Others | Single | 3,000.00 | Homosexual | Cisgender man |
| U9 | 25 | Complete high school | Homema-ker | Catholic | Single | 4,000.00 | Homosexual | Cisgender woman |
| U10 | 38 | Complete high school | Homemaker | Evange-lical | Stable union | 1,500.00 | Bisexual | Cisgender woman |

The LGBTQI+ users participating in this study were 10 people living in the Ilha do Governador neighborhood of the city of Rio de Janeiro, where the heath unit is located. Of these, seven were female, three were male. With regard to sexual orientation, five identified themselves as homosexual. With regard to the characteristics, the age varied between 19 and 38 years. Regarding the level of education, nine had completed high school and only one had completed elementary school. The predominant religion was Catholic. As for marital status, seven were single and three were married or in a stable relationship. The average value of the referred family income was two minimum wages; at the time of the survey, the current minimum wage corresponded to the amount of R$ 1,045.00.

When drawing up the map of the social support network for LGBTQI+ people, there was a predominance of the primary network, made up of friends and colleagues. Family relationships were characterized by fragility in the bonds, with conflicts marked by the lack of knowledge or non-acceptance of the sexuality of the interviewees. Such networks were shown to be small/medium, from medium to high density and intensity, composed of between 10 and 30 members. In the secondary social network, there was a conflicting bond with members of basic health and teaching units, which reveals the difficulty in receiving this type of institutional support, while the relationship with non-governmental organization (NGOs), hospitals, social or rehabilitation assistance centers, was normal or strong.
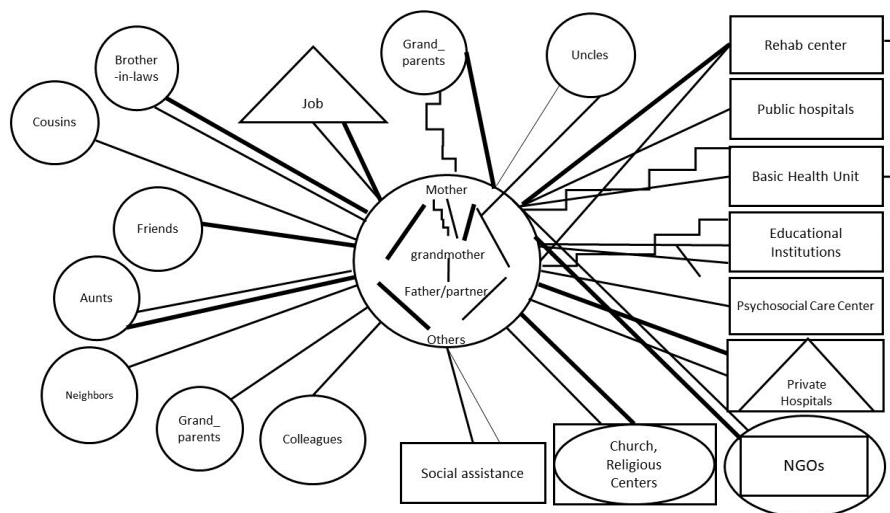


**Figure 2.** Synthesis of the participants' Social Network Maps, Rio de Janeiro, 2019.

When seeking to identify the Primary and Secondary Social Networks and the type of support received by LGBTQI+ people, the type of support was identified, according to Sanicola's classification, as "Daily Help" and "Emotional - Affective Support". And in the Secondary Social Network, we identified that "Help in the Emergency", "Advice, information", "Material Help (medicines)" and "Financial help" were the most frequently cited support.

Regarding the type of support received, based on the analysis, two thematic categories were constructed, namely: Support from the primary social network and Support from the secondary social network.

When dealing with the primary social network, it is important to understand that family ties are the pillar of the social network for the education and care of the individual, which constitutes a contribution to facing the difficulties and challenges imposed by society. According to Sanicola (2015), the family is the main source of support, constituting the first social nucleus for the affective and formative construction of the individual. In this sense, the author argues that if there is an imbalance between affective ties, emotional instability can occur, extending to all family members, contributing to a profound individual, family and social impact.

In the category Support from the primary social network, the presence of weaknesses in the relationship with family members was observed, due to the occurrence of conflicts and prejudices due to the sexual orientation of the participants.

> My relationship with my mother is conflicted. We don't get along. My mother plays the innocent about my sexuality and my brother was the prejudiced one in the story. I consider my friends more like my family. The family that we create, that we choose for ourselves. I am very attached to my friends in this regard, they are not just my friends, they are my family, my siblings (U4).

Regarding this, Albuquerque, Botelho, and Rodrigues (2019); Jorge and Travassos (2021) state that the family should be a promoter of well-being, antagonistically, it can contribute to trigger embarrassing and painful situations for these individuals by reiterating heteronormativity in the family discourse, who at some point seek support in their family and friendship networks.

In several cases, the weakness of bonds with family and relatives is notorious. Braga et al. (2017) report that relationship problems may arise with family members, as well as great difficulty in living together when revealing their gender identity and sexual orientation. In view of the transcribed statements, the LGBTQI+ person does not receive, in its entirety, the support expected from their family.

On the contrary, they receive negative reactions that distance the LGBTQI+ person from their family bonds, which may even culminate in involuntary removal from their home or being expelled from home. It is very necessary that these people seek a new family reference in search of some bond that makes them feel included, finding this lost family bond in friends and community, as they suffer helplessness and lack of financial support in their own home with their families and relatives.

> My uncles gave me financial support, but only my friends gave me emotional support, who are the ones I consider my family the most. These friends are like family! I am very attached to my friends, they are not just my friends, they are my family, my siblings (U4).

This whole process of family non-acceptance begins when the LGBTQI+ person decides to reveal their sexual orientation. Such revelation may be based on the environment in which the subject is inserted, for example, if the environment is welcoming and receptive, the revelation may happen more peacefully, however, this moment may become much more difficult if the environment is hostile (Nascimento & Comin, 2018). About the fragility they feel in disclosing their sexual orientation to their family members, we found that bonds are no longer strong, and such disclosure can even disrupt their family.

> With my mother, I would put a strong bond (on the social network map), but since she doesn't know about my sexuality, I'll put it as normal. Nobody in my family knows that I'm seeing a psychologist or a psychiatrist, or that I'm a lesbian, or anything like that. Because I think if I tell [...] (U2).

A dificuldade encontrada em revelar sua sexualidade para familiares acompanha a maioria das pessoas LGBTQI+ (Nascimento & Comin, 2018). Com isso, observa-se que estes grupos buscam apoio de profissionais da área da saúde mental e de pessoas em seu contexto familiar, com o intuito de se sentirem acolhidos na ocasião em que revelarem sua orientação sexual. Tais dados vão ao encontro a achados internacionais, destacando-se o estudo de Brennan, Card, Collict, Jollimore, and Lachowski (2020), realizado no Canadá, nos quais os autores enfatizam a constante procura das pessoas LGBTQI pelos serviços de psicologia e psiquiatria, dado ao aumento das taxas de transtornos mentais nesta população.

The difficulty involved when disclosing their sexuality to family members accompanies most LGBTQI+ people (Nascimento & Comin, 2018). With this, it is observed that these groups seek support from mental health professionals and people in their family context, in order to feel welcomed when they reveal their sexual orientation. Such data are in line with international findings, highlighting the study by Brennan et al. (2020), carried out in Canada, in which the authors emphasize the constant search of LGBTQI people for psychology and psychiatry services, given the increased rates of mental disorders in this population.

For Nascimento and Comin (2018), although it is expected that the family is the source of welcome for their children, this does not always happen, contributing to the concealment of their children's sexuality.

> My family, my relatives, my neighbors... nobody knows about my sexuality. I think that because my parents don't know about my sexuality, we almost don't talk. They are very distant, even between themselves. For you to see, my father doesn't let my sister go to my house, she's an assumed, married dyke (U3).

The approach to sexuality in the family, when permeated by taboos, resistance and heteronormative expectations, can interfere with the dialogue between fathers/mothers and children (Bueno & Silva, 2019). In this sense, the person tries to talk about their sexuality with one or another family member or friend, with whom they are more open:

> With my mother, I would put a strong [bond] but since she doesn't know about my sexuality. I have much more freedom to talk with my father than with my mother (U2).

Several interviewees pointed out that support for assuming sexuality comes from the network of friends, almost never from family members:

> [...] I received a lot of help from these people (friends) who are in my network, even though I kept myself closed, they stayed by my side, so I opened up over time and that helped me a lot. And there was the issue of when I came out publicly, it was a very complicated situation and it happened right after my father's death. And the funniest thing is that the person with whom the bond is broken was exactly the one who helped me a lot at that moment (U5).

Regarding the type of support received by family members, participants in this study reported receiving financial support; in the relationship with friends and colleagues, emotional support was evident. This can be evidenced by analyzing the following excerpts from testimonies:

> Look, these friends are people I can really count on (U8).

> So, there's a positive side and a negative side. I have my father's help nowadays, I'm closer to him. In many aspects, not just say, financial, but emotional as well. Despite being a father, there is the more closed side between father and daughter, right, but he is my support. It's the one who's with me. And on the other side, there is my mother who has always been everything in my life and does not accept it, you know? (U9).

It is essential to highlight that family social support has a great influence on self-acceptance in this population, while support from friends is more linked to positive effects when revealing their gender identity and sexual orientation to society. While acceptance is expected from families, friends are expected to support motivation and strength in the face of the difficulties faced in this trajectory (Nascimento & Comin, 2019).

For Hart et al. (2017), social support from friends, family and partners is a protective factor against negative outcomes in relation to mental health and risky sexual behavior in the LGBTQI population.

In the second category, support from the secondary network was evidenced in the relationships between participants and members of health and social assistance institutions. In contact with such institutions, most participants demonstrated dissatisfaction with the care received.

> And the health unit, I think… I only go there when I need to. Place (on the network map drawing) discontinuous bond (U1).

> My bond with the health unit, […] is conflicting, because it is good, but lacks investment. Whenever I need something there, I need to arrive at dawn and they always say that there is no more demand for it. And I'm always kind of left in the lurch, you know? Whenever I go to the health unit, to try to book something, there is no demand (U4).

The testimonies showed the weak relationship established by the participants with the primary health care unit – Family Health Unit - which is usually located close to their homes.

As a gateway to the Unified Health System (SUS), the primary health care network is also a gateway to care for the LGBTQI+ population. Therefore, it is essential to identify the extent to which the teams are prepared to coordinate the care of this population, as well as to offer a welcoming and respectful environment, considering the social needs in health of this segment.

According to Albuquerque, Botelho, and Rodrigues (2019), some health professionals may exhibit discriminatory behavior and contribute to making members of the LGBTQI+ population more resistant to seeking the health service due to fear of discrimination or due to past experiences of not being welcomed.

> At the Family Health Unit, I did not feel very welcome. The nurse didn't look me in the face, she didn't make a nursing consultation, she just sent me straight to the physician (U3). Conferir espaçamento entre linhas!!!

Respondents claim that there is a barrier, where the sexual condition of this population is rarely seen neutrally or as a motivator for better care. In this perspective, our findings corroborate the results of Albuquerque, Botelho,and Rodrigues (2019), which revealed prejudice arising from both the family and health workers in the care and performance of procedures for the LGBTQI+ population.

When it comes to access to the health network and the prejudice and discrimination suffered by the LGBTQI+ person, Lovison, Ascari, Zocche, Durand, and Ascari (2019) and Oliveira et al. (2022) state that although there have currently been advances regarding the rights of this group, as well as access to health is guaranteed as a fundamental human right and a duty of the State, it is still a major challenge within the scope of the SUS to guarantee access and reception to the LGBTQI+ public. The same authors argue that the manifestations of homophobia, transphobia and prejudice within Brazilian society are reflected in the daily life of health services, sustaining and aggravating the deficient care provided by Primary Health Care, becoming the complete opposite of the policies of humanized care advocated within this system.

The limitation of the present study is data collection in a Primary Health Care unit in the city of Rio de Janeiro, which may not ensure the generalization of the results for all LGBTQI+ people in the municipality. Nevertheless, the research corroborated the importance of solid and up-to-date training among professionals who deal with continuous care, such as Nursing workers (Marcomini, Paula, & Raimondi, 2020), so that it is possible to prepare them to know the real needs of this part of the population, aiming at humanized care compatible with the principles of the SUS, universality, integrality and equity.

## Conclusion

Social networks were characterized by the bond with friends and colleagues who offered emotional support. In the context of the family and the health care network, social relationships were permeated with

weaknesses and lack of support. The difficulty of bonding between the LGBTQI+ population and health professionals, including discriminatory experiences, was also outstanding, thus this segment restricts the search for health services only in times of need.

The results of this study are expected to contribute to teaching, research and assistance, in addition to improve the quality of life of the LGBTQI+ population served at the different levels of the Health Care Network. Investigating the social networks of LGBTQI+ users should be a practice encouraged among health professionals for a broader understanding of health-disease processes in the community and more effective forms of intervention. However, it is necessary to adopt ongoing education processes aimed at health teams, so that they can deconstruct their possible stereotyped images and practices and recognize the value, needs and possibilities of health care of each person of to the LGBTQI+ population.

# References

Akré, E. L., Boekeloo, B. O., Dyer, T., Fenelon, A. T., Franzini, L., Sehgal, N. J., &Roby, D. H., (2021). Disparities in Health Care Access and Utilization at the Intersections of Urbanicity and Sexual Identity in California. *LGBT Health, 8*(3), 231-239. DOI: https://doi.org/10.1089/lgbt.2020.0259

Alba, B., Lyons, A., Waling, A., Minichiello, V., Hughes, M., Barrett, C., … Edmonds, S. (2021). Older lesbian and gay adults' perceptions of barriers and facilitators to accessing health and aged care services in Australia. *Health & Social Care in the Community, 29*(4), 918-927. DOI: https://doi.org/10.1111/hsc.13125

Albuquerque, M.R.T.C., Botelho, M.M., &Rodrigues, C.C. (2019). Atenção integral à saúde da população LGBT: Experiência de educação em saúde com agentes comunitários na atenção básica. *Revista Brasileira de Medicina De Família E Comunidade,14*(41), 1758. DOI: https://doi.org/10.5712/rbmfc14(41)1758

Bardin, L. (2011). *Análise de conteúdo*. São Paulo, SP: Edições 70.

Braga, I. F., Silva, J.L., Santos, Y.G.S., Santos, M.A., &Silva, M.A.I. (2017). Rede e apoio social para adolescentes e jovens homossexuais no enfrentamento à violência. *Psicologia Clínica*, *29*(2), 297-318. Retrieved fromhttp://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0103-56652017000200009&lng=pt&tlng=pt

Brasil. Ministério da Saúde. (2013). *Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais*. Brasília: Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa, Ministério da Saúde.

Brennan, D.J., Card, K.G., Collict, D., Jollimore, J.,&Lachowski, N.J. (2020). How Might Social Distancing Impact Gay, Bisexual, Queer, Trans and Two-Spirit Men in Canada? *AIDS Behavior, 24*(9), 2480-2482. DOI: https://doi.org/10.1007/s10461-020-02891-5

Bueno, A.M.,& Silva, F.S. (2019). Narrativas de vida da população LGBTQI+: identidades desviantes e alteridades segregadora. *Gláuks: Revista de Letras e Artes, 19*(1), 217-238. DOI: https://doi.org/10.47677/gluks.v19i1.144

Campos, D. A., &Moretti-Pires, R. O. (2018). Trajetórias sociais de gays e lésbicas moradores de rua de Florianópolis (SC). *Revista Estudos Feministas,26*(2). DOI: https://doi.org/10.1590/1806-9584-2018v26n245995

Campos, L.S. & Guerra, V.M. (2016). O ajustamento familiar: associações entre o apoio social familiar e o bem-estar de homossexuais. *Psicologia Revista*, *25*(1), 33-57. Retrieved from https://ken.pucsp.br/psicorevista/article/view/29609. Acesso em: 23 de novembro de 2021.

Estay, F.G., Valenzuela, A.V., &Cartes, R.V. (2020). Atención en salud de personas LGBT+: perspectivas desde la comunidad local penquista. *Revista Chilena de Obstetrícia y Ginecología,85*(4), 351-357. DOI: https://dx.doi.org/10.4067/S0717-75262020000400351

Facchini, R. (2009). Entre compassos e descompassos: um olhar para o (campo) e para a (arena) do movimento LGBT brasileiro. *Bagoas - Estudos Gays: Gêneros e Sexualidades, 3*(4).Retrieved on November 23, 2021 from http://www.clam.org.br/bibliotecadigital/uploads/publicacoes/entre%20compassos%20e%20descompassos.pdf

Gahagan, J., &Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *International Journal for Equity in Health,17,*76. DOI:https://doi.org/10.1186/s12939-018-0786-0

Guimarães, N.P, Sotero, R.L., Cola, J.P., Antonio, S., &Galavote, H.S. (2020). Avaliação da implementação da Política Nacional de Saúde Integral à população LGBT em um município da região Sudeste do Brasil.

*Revista Eletrônica de Comunicação, Informação & Inovação em Saúde,14*(2), 372-385. DOI: https://doi.org/10.29397/reciis.v14i2.1712

Hart, T.A., Noor, S.W., Adam, B.D., Vernon, J.R.G., Brennan, D.J.,&Gardner, S. (2017). Number of psychosocial strengths predicts reduced HIV sexual risk behaviors above and beyond syndemic problems among gay and bisexual men. *AIDS and behavior, 21*(10), 3035–3046. DOI: https://doi.org/10.1007/s10461-016-1669-2

Jorge, M.A.,& Travassos, N.P. (2021). Homofobia: uma interpolação na abordagem da transexualidade. *Revista Latinoamericana de Psicopatologia Fundamental, 24*(1), 25-50. DOI: https://doi.org/10.1590/1415-4714.2021v24n1p25.2

Lovison, R., Ascari, T.M., Zocche, D.A.A., Durand, M.K., &Ascari, R.A. (2019). Travestis e transexuais: despindo as percepções acerca do acesso e assistência em saúde**.** *Enfermagem em Foco*, *10*(5). DOI: https://doi.org/10.21675/2357-707X.2019.v10.n5.2370

Marcomini, E. K., Paula, N. V. K.,& Raimondi, D. C. (2020). Nursing Care Systematization: Applicability to Primary Care. *Acta Scientiarum. Health Sciences, 42*(1), e48465. DOI: https://doi.org/10.4025/actascihealthsci.v42i1.48465

Minayo, M.C.S. (2013) *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo, SP:Hucitec.

Nascimento, G.C.M.,&Comin, F.S. (2018). A Revelação da Homossexualidade na Família: Revisão Integrativa da Literatura Científica. *Temas em Psicologia*, *26*(3), 1527-1541. DOI: https://dx.doi.org/10.9788/TP2018.3-14Pt

Oliveira, G. S., Salimena, A. M. O., Penna, L. H. G., Paraíso, A. F.,Ramos, C. M., Alves, M. S., &Pacheco, Z. M. L. (2022). The experience of trans ortransvestite women in accessing public health services. *Revista Brasileira de Enfermagem,75*(Suppl 2). DOI: https://doi.org/10.1590/0034-7167-2021-0713

Pereira, A.G. V. (2021). Violência e implicações na saúde da população LGBT: revisão de literatura. *Brazilian Journal of Health Review, 4*(3), 10937-10948. DOI: https://doi.org/10.34119/bjhrv4n3-104

Popadiuk, G. S., Oliveira, D.C.,& Signorelli, M. C. (2017). A Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais e Transgêneros (LGBT) e o acesso ao Processo Transexualizador no Sistema Único de Saúde (SUS): avanços e desafios. *Ciência e Saúde Coletiva,22*(5), 1509-1520. DOI: https://doi.org/10.1590/1413-81232017225.32782016

Rojas, E.B. (2021). Heteronormatividad escolar en México: Reflexiones acerca de la vigilancia y castigo de la homosexualidad en la scuela. *Sexualidad, Salud y Sociedad, 33,* 180-199. DOI: https://doi.org/10.1590/1984-6487.sess.2019.33.10.a

Sanicola, L. (2015). *As dinâmicas de rede e o trabalho social*. São Paulo: Veras Editora.

Silva, J.W.S.B., Filho, C.N.S., Bezerra, H.M.C., Duarte, K.V.N., &Quirino, L.R.M. (2017). Políticas públicas de saúde voltadas à população LGBT e à atuação do controle social. *Revista de Saúde Pública do Paraná*, *18*(1), 140-149. DOI: https://doi.org/10.5433/15177130-2017v18n1p140

Souza, V.R.S., Marziale, M.H.P., Silva, G. T. R., &Nascimento, P.L. (2021). Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. *Acta Paulista de Enfermagem,34.*DOI: https://doi.org/10.37689/acta-ape/2021AO02631

Tagliamento, G., Silva, S.S.C., Silva, D.B.S., Marques, G.S., &Hansson, R. (2021). Minha dor vem de você. Uma análise das consequências da LGBTfobia na saúde mental das pessoas LGBTS. *Cadernos de Gênero e Diversidade,6*(3), 77-112. DOI:https://doi.org/10.9771/cgd.v6i3.34558