Revista ARACÊ
ISSN: 2358-2472

LESBIAN WOMEN: CONFRONTING STEREOTYPES, BARRIERS, AND INTERSECTIONALITIES

https://doi.org/10.56238/arev7n1-189

Submitted on: 12/23/2024 **Publication date:** 01/23/2025

Luzana Mackevicius Bernardes[1], Nicoli Cantanhede Barbosa[2], Victoria Mackevicius Bernardes[3] and Simone Jardim Aoki[4].

ABSTRACT

This essay analyzes the barriers faced by lesbian women in accessing the Brazilian health system. From Pierre Bourdieu's perspective, it explores how the concepts of habitus and symbolic violence contribute to the marginalization of this population. The study shows that the social construction of heteronormativity leads to the delegitimization of non-heterosexual relationships, resulting in a health system that does not adequately meet the needs of lesbian women. Despite the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, there is still a distance between the guidelines and the practice of the services. The absence of specific protocols and the lack of preparation of professionals compromise comprehensive and equitable care.

Keywords: Lesbians. Access to Health Services. Intersectionalities.

[1] Profa. Dr. in Collective Health
Catholic University of Santos
Professor of the Stricto Sensu Graduate Course in Collective Health
Email: luzana.bernardes@unisantos.br
Orcid: https://orcid.org/0000-0003-2226-9484
Lattes: http://lattes.cnpq.br/5990070307102003
[2] Nurse
Santos Municipal Health Department
Multiprofessional Residency Program in Primary Health Care
Email:nicolibarbosa@hotmail.com
Orcid: https://orcid.org/0009-0003-4585-8430
Lattes: http://lattes.cnpq.br/0951538579074351
[3] Medical
Medical Residency Program in Infectious Diseases
Hospital Heliópolis
Email: mackevicius123@hotmail.com
Orcid: https://orcid.org/0009-0006-6259-1143
Lattes: http://lattes.cnpq.br/8295230022401437
[4] Nurse
Catholic University of Santos
Doctorate student of the stricto sensu Graduate Course in Collective Health
Santos Municipal Health Department
Email: simoneaoki@unisantos.br
Orcid: https://orcid.org/0009-0008-7606-1965
Lattes: http://lattes.cnpq.br/0314343259129895

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

The health of lesbian women is negatively impacted by the historical, social, and cultural context, which reveals power dynamics and perpetuates actions in various areas, leading to the marginalization and invisibility of their specificities. To anchor this discussion, it is relevant to mention the enactment of the Federal Constitution of 1988, which establishes health as a right for all, guaranteeing universal and equitable access to health promotion, protection and recovery services (Brasil, 1988).

In addition, lesbian women face scenarios of discrimination enhanced by the intersection of factors such as race, class, age, and sexual orientation. These discriminations do not occur in isolation, but overlap, creating additional barriers to access to health (Silva; Gomes, 2021).

In this context, it is pertinent to bring to light the barriers and challenges faced by these women with regard to comprehensive and equitable care. This discussion should be expanded with a view to building more inclusive and fair scenarios. The violation of lesbian women's rights reduces the search for health services, increasing their vulnerability to health problems (Belém *et al*., 2018).

Although certain advances in the field of health policies have occurred, such as the implementation of the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, there is still a distance between political guidelines and the practical reality of health services (Silva; Gomes, 2021). Evidence points to the persistence of problems related to access to and quality of health care for lesbian women (Brasil, 2013).

To support the discussion on the barriers in access to health for these women, we dialogue with the theoretical contributions of Pierre Bourdieu. He describes the social world as a space constituted by social relations and processes of differentiation between agents and institutions, which occupy different positions according to the distribution of economic, cultural, social and political capital (Bourdieu, 1984).

It is necessary to understand how these social structures shape individual behavior. The concept of *habitus*, according to Bourdieu, refers to the internalized dispositions that individuals acquire throughout life through their social experiences. The *habitus* represents an acquired capital that guides embodied behaviors (Bourdieu, 2007).

By applying the concept of *habitus* to the health of lesbian women, it is possible to understand how their experiences of marginalization and exclusion occur within the field of

Revista ARACÊ
ISSN: 2358-2472

health. Thus, *habitus* explains how both lesbian women and health professionals are shaped by their social experiences, contributing to the perpetuation of inequalities in access to health care (Bourdieu, 2007).

In the context of power, Bourdieu argues that *habitus* and symbolic violence are intertwined, with heteronormativity being a form of opposition to homosexuality. Those who hold symbolic capital can exercise symbolic violence, which manifests itself in many areas of social life, such as politics, education and health (Bourdieu, 2007).

The rationale for this essay lies in the need to discuss the invisibility of lesbian women and intersectionalities as challenges to access to health. The objective of this essay is to highlight the barriers and crossings faced by these women, as well as the tensions experienced by them.

THE DELEGITIMIZATION OF NON-HETERONORMATIVE RELATIONS

The delegitimization of non-heteronormative relationships in the health system is deeply rooted in a social structure that privileges heterosexuality as the norm. This phenomenon manifests itself in several aspects of care, particularly with regard to sexual and reproductive health. Women, when seeking assistance, often come across a system that ignores the specificities of their sexuality, thus legitimizing their invisibility (Santos, 2024).

In this sense, Silva and Gomes (2021) point out that this delegitimization is anchored in the mistaken assumption that the absence of sexual relations with men eliminates the risk of several diseases, including sexually transmitted infections (STIs). Such a belief perpetuates the invisibility of these women and results in a lack of adequate preventive care.

According to Souza; Abirached and Leite (2022), the sexual health of lesbian women is not addressed as recommended in the care protocols, and many health professionals are unprepared to deal with the specificities of this population. Fernandes; Soler and Leite (2018) highlight the urgency of expanding and disseminating specific protocols. Lima and Saldanha (2020) corroborate this statement by pointing out the lack of information on the prevalence of STIs among lesbian women.

The lack of accurate data on the health of lesbian women is another major obstacle. Epidemiological surveys do not collect adequate information about this population, which means that their demands remain hidden in the statistics. The limited collection of data on

Revista ARACÊ
ISSN: 2358-2472

the prevalence of STIs among lesbian women makes it difficult to formulate effective public policies. To address this problem, it is necessary for the health surveillance system to include specific markers of sexual orientation and gender identity in its notification forms (Lima; Saldanha, 2020).

The promotion of equity in access to sexual health implies the recognition that lesbian women are entitled to the same level of care as other populations. Lima and Saldanha (2020) state that the prevalence of STIs among lesbian women is directly related to the lack of an adequate approach to the care of this population and the lack of knowledge about their sexual practices. For preventive actions to be effective, it is essential to meet the specific needs of these women in an inclusive way that is sensitive to their experiences.

It is noteworthy that a health system structured from a heteronormative view prioritizes prevention and contraception methods aimed almost exclusively at heterosexual relations. Marques, Oliveira and Nogueira (2013) point out that, by privileging methods aimed at preventing pregnancy, a concern that does not directly affect lesbian women, the market and health services neglect the creation and offer of specific preventive methods for women who have relationships with other women.

The delegitimization of non-heteronormative relationships reflects a patriarchal and heteronormative society, which permeates not only the health system, but several other social spheres (Sousa *et al*., 2014). In the field of health, this structure translates into an exclusionary service, which ignores sexual diversity and fails to offer adequate care to women outside the heterosexual standard. Saints; Parreira and Pan (2022) discuss the need for structural changes in health services, so that lesbian women can access adequate care, free from prejudice and stigma, thus ensuring greater equity in health care.

Oak; Calderaro and Souza (2013) criticize the heteronormativity present in public health policies, suggesting that this structure perpetuates the exclusion of lesbian women and hinders the full recognition of their rights. By neglecting the specificities of these women's experiences, public policies end up reinforcing mechanisms of invisibility and marginalization.

In this sense, it is essential to strengthen the collectives that defend the visibility of lesbian women and promote the inclusion of their demands in health policies. Building equitable care depends on broader awareness and deconstructing stigmas related to non-heteronormative sexuality (Milanez *et al*., 2022).

Revista ARACÊ
ISSN: 2358-2472

To mitigate this reality, it is necessary for the health system to recognize the specific needs of lesbian women and adopt inclusive measures that promote equity in care. This will ensure that all women have access to care that considers their individual realities and needs (Marques; Olive tree; Nogueira, 2011).

Symbolic domination is a fundamental tool in Bourdieu's theory to analyze the context described. It occurs when a form of power is exercised invisibly and tacitly, through the imposition of social norms and values that seem natural or unquestionable (Bourdieu, 1998).

In the field of health, the symbolic domination of heteronormativity makes the exclusion of lesbian women seen as natural or inevitable, hiding the arbitrary and socially constructed nature of this exclusion. By following heteronormative norms, the health system perpetuates this symbolic domination by not recognizing lesbian relationships as legitimate and worthy of adequate attention and care. This dynamic is reflected in the criticism of the absence of specific public policies and the marginalization of lesbian women in health care.

The deconstruction of these stigmas and the promotion of more inclusive and equitable health policies depend on structural changes in the field of health. For Bourdieu, these transformations require the reconfiguration of the symbolic and material structures that organize the field. This includes reviewing the practices and dispositions of health professionals, as well as the redistribution of symbolic capital, so as to include and legitimize the experiences and demands of lesbian women (Bourdieu, 2007).

SOCIALLY CONSTRUCTED GENDER STEREOTYPES AND THEIR INFLUENCE ON HEALTH CARE

Socially constructed gender stereotypes influence not only health professionals' perception of lesbian women, but also directly impact the quality of care, creating barriers to access to health care. Souza; Abirached and Leite (2022) point out that a more inclusive and gender- and sexual-orientation approach could break with these stereotypes, promoting equitable and inclusive care, which considers the diversity of sexual practices and gender identities.

The imposition of heteronormative norms in the health system results in care that assumes that all women have the same needs, based exclusively on a gender narrative focused on reproduction and family care. Lesbian women, who do not fit into this paradigm,

Revista ARACÊ
ISSN: 2358-2472

are made invisible by health professionals, who often minimize their concerns related to sexual health. Fernandes, Soler and Leite (2018) highlight that this assumption of standard heterosexuality contributes to ineffective care, as it neglects the sexual practices of these women.

Marques; Oliveira and Nogueira (2013) state that health care is still predominantly focused on heterosexual relationships, excluding alternatives for the prevention of diseases among lesbian women. Silva and Gomes (2021) reinforce that this heteronormative view associates safe sex only with vaginal or anal penetration with a male condom, ignoring the specificities of relationships between women.

The mistaken idea that sex between women is "less risky" reflects the lack of information and the perpetuation of stereotypes that see sex as something centered on the penis, disregarding other forms of intimacy and fluid exchange. Promote the visibility of these women's needs and overcome stigmas and prejudices that still permeate the health system (Farias *et al*., 2023).

In addition, gender stereotypes reinforce the idea that the female body only needs health care when it is linked to motherhood and reproduction. Souza; Abirached and Leite (2022) point out that this view marginalizes lesbian women, whose health concerns go beyond pregnancy, being excluded from reproductive and sexual health programs aimed at women in general.

The inadequate perception and behavior of health professionals in relation to lesbian women are direct consequences of the deficiency in the specific training for the care of this population. Lima and Saldanha (2020) highlight that many health professionals are unaware of essential aspects of sexual and gender diversity, resulting in a lack of preparation and empathy in the care offered.

As a result, many lesbian women avoid seeking health care due to previous experiences of discrimination, or because they feel that their needs will not be understood by professionals. The absence of dialogue on specific sexual health, as well as the lack of targeted protocols, aggravate this situation (Nogueira, Sá Junior; Carvalho, 2024).

Building a bond of trust between lesbian women and health professionals is essential for these women to feel safe when sharing their health issues and seek assistance when needed. This bond facilitates communication and allows professionals a deeper understanding of the difficulties faced by these women in accessing adequate health care (Borges *et al*., 2023).

Revista ARACÊ
ISSN: 2358-2472

However, many professionals end up projecting their own beliefs and prejudices, which negatively affects the way they conduct care. When gender stereotypes are internalized, professionals may interpret lesbian women's sexual orientation as irrelevant to their sexual health, neglecting important behaviors in counseling on safe sexual practices. Mendes *et al*. (2023) point out that the transformation of health practices, with the effective inclusion of these women's demands, can contribute significantly to the reduction of inequalities and the promotion of more equitable and inclusive health.

This social construction negatively impacts the health of lesbian women, reinforcing the false idea that they are less exposed to risks, which compromises the search for preventive care. Silva and Gomes (2021) emphasize that the deconstruction of this myth should be promoted through the permanent education of health professionals and the creation of campaigns that address sexual diversity.

According to Bourdieu (2007), the confrontation of the *heteronormative habitus* is not limited only to the symbolic ruptures promoted by social movements, although these are important. For an effective change in *habitus*, it is essential to impose transformations in the incorporated categories, through education.

The concept of symbolic domination, another central pillar in Bourdieu, is essential to understand how these heteronormative practices become naturalized and invisible in the health system. Symbolic domination refers to the power to impose social meanings that are accepted as legitimate and natural, even when they perpetuate inequalities (Bourdieu, 1998). In the context of lesbian women's health, symbolic domination manifests itself through the assumption that health care should follow heterosexual norms and be geared toward reproduction. This marginalizes other sexual practices and identities, making lesbian women "invisible" in the health care system and resulting in inadequate care.

Bourdieu's (2007) reflection on the need to transform the categories incorporated through education reinforces the importance of facing the heteronormative *habitus* that permeates the health system. The inadequate training of professionals in relation to sexual and gender diversity perpetuates stereotypes that compromise the quality of care. According to Bourdieu, the *habitus* of health professionals can be transformed through education, allowing the deconstruction of heteronormative norms and the recognition of the needs of marginalized groups, such as lesbian women.

Revista ARACÊ
ISSN: 2358-2472

INTERSECTIONALITIES AND THE HEALTH OF LESBIAN WOMEN

Looking at intersectionalities is key to understanding the various forms of oppression that impact lesbian women and other vulnerable groups. In the 1980s, the perception was consolidated that inequalities in contemporary societies cannot be understood only from a single axis, such as gender, race, or social class, in isolation. These factors are interconnected, and their combined effects amplify the barriers faced by individuals who experience multiple forms of discrimination. Intersectional analysis therefore allows for a more complete and comprehensive view of how these structural oppressions overlap and intensify social inequalities (Pereira, 2021).

In addition, intersectional analysis allows us to understand how public policies and health systems often fail to address the needs of populations that are at the intersection of multiple vulnerabilities. Without an intersectional approach, health care strategies tend to be generalist, ignoring the complexity of the experiences lived by these women. It is in this context that intersectionality becomes not only an analytical tool, but an essential guide for the formulation of policies that promote equity in access to health.

Although intersectionality presents practical challenges of implementation, its possibilities as an analytical tool are vast. Pereira (2021) emphasizes the importance of continuing to explore the concept to understand the power dynamics that affect vulnerable groups, promoting a more comprehensive approach to addressing social inequalities.

The promotion of inclusive health requires consideration of the diverse identities and realities experienced by lesbian women. Policies that specifically address the health needs of lesbian women of different races and social classes are key to ensuring that these women have access to health care that respects their uniqueness (Borges et al., 2023).

For example, Black women face both discrimination because of their sexual orientation and the effects of structural racism, which exacerbates their vulnerability and the risk of marginalization in accessing sexual health. Oppressions overlap: women from lower social classes also face financial difficulties and lack of social support, which makes access to health care even more difficult.

Thus, from the perspective of Bourdieu (2007), it is explored how the concepts of *habitus* and symbolic violence contribute to the marginalization of lesbian women who face discrimination due to the intersection of factors such as race, class, age and sexual orientation. These discriminations do not occur in isolation, but overlap, creating additional barriers to access to health and well-being. Souza *et al.* (2021) highlight that, for black

Revista ARACÊ
ISSN: 2358-2472

lesbian women or women from lower classes, racial, sexual, and economic prejudice results in unequal treatment and misdiagnosis (Farias *et al*., 2023).

These structural barriers hinder regular access to health services, exacerbating the risk of illness and compromising the mental health of lesbian women, who often suffer from stigma and prejudice. The lack of preparation of health professionals to deal with sexual and racial diversity aggravates this situation, perpetuating vulnerabilities.

The promotion of health policies with an intersectional approach is essential to address the vulnerabilities amplified by multiple discrimination, especially in the case of lesbian women. This includes creating inclusive and accessible health services, as well as continuously training health professionals. Considering the different identities and realities experienced by these women is the way to create effective interventions, reduce inequalities, and promote health equity.

The implementation of regular consultation forums with representative groups of lesbian women, with an emphasis on intersectionalities, is necessary to ensure that public health policies reflect their real needs. The active participation of these women in policymaking ensures that their voices are heard and that their demands are prioritized. Soares *et al*. (2021) reinforce that the visibility and struggle for lesbian women's rights are crucial for ensuring adequate health care, directly related to the recognition of their existence and demands in the field of public health.

The need to include lesbian women in the creation of public policies and in consultation spaces can also be analyzed in the light of Bourdieu's concept of the field. The field of public health is a space where different capitals are at stake, and lesbian women, especially the most marginalized, have less power of influence in this field. Promoting regular and inclusive forums is an attempt to redistribute symbolic capital and give voice to these women, promoting greater equity within the health system (Bourdieu, 2007).

The intersectional approach can be enriched by the Bourdieusian perspective, especially in relation to the concepts of *habitus*, symbolic capital, and symbolic domination. Bourdieu proposed that social structures and power dynamics are maintained and reproduced through internalized dispositions, called *habitus* (Bourdieu, 2007). Habitus shapes how individuals perceive the world, act, and interact with social institutions, including the health care system. In the case of lesbian women, *habitus* is shaped by their experiences of discrimination, exclusion, and marginalization based on factors such as

Revista ARACÊ
ISSN: 2358-2472

sexual orientation, race, and social class, which affects their interactions with health services and their perception of the quality of care they receive.

These internalized dispositions interact with the concept of symbolic capital, another central pillar in Bourdieu's theory. Symbolic capital refers to the prestige, honor or legitimacy that an individual or group accumulates and that, in the context of health, can profoundly influence access to resources and care (Bourdieu, 1998). Lesbian women, especially black women or those from lower classes, have less symbolic capital in the field of health, since their identities and needs are not socially valued in the same way as those of majority groups. This puts them at a disadvantage, making their demands less visible or prioritized in public health policies.

Symbolic domination, in turn, manifests itself through the naturalization of the inequalities that affect these women, so that oppressions based on race, class, and sexual orientation seem "normal" or invisible within the medical and institutional field. The exclusion of these women occurs not only due to direct discrimination, but also due to the omission of their demands and the absence of policies that consider their specificities. Bourdieu (1998) argues that symbolic power operates through the legitimization of certain ways of being and living, marginalizing others, which in the case of lesbian women means the erasure of their health needs.

By applying Bourdieu's theories to the debate on the health of lesbian women in the intersectional context, it is perceived that the accumulation of oppressions, whether by race, sexual orientation or social class, results in a particular form of vulnerability to health. This process occurs through the symbolic exclusion of these women from the main public policy discussions, further aggravating inequalities in access to care. Bourdieu (1998) argues that the intersection of different types of domination creates a cumulative effect that, in the field of health, results in unequal care practices, misdiagnoses and stigmatization.

In this way, the concept of intersectionality can be enriched by the Bourdieusian perspective, by highlighting how different forms of oppression structured by unequal capital contribute to the perpetuation of symbolic and material barriers to access to health for lesbian women. Health policies, therefore, need not only to recognize the plurality of these identities and realities, but also to actively confront the power structures that keep these groups in a situation of vulnerability.

Revista ARACÊ
ISSN: 2358-2472

FINAL CONSIDERATIONS

The health of lesbian women is an issue that requires special attention, especially when considering the historical, social, and cultural context that shapes care practices in the health system. Over time, these women have often been made invisible, both in relation to their sexuality and their health needs. This essay seeks to analyze the challenges faced by lesbian women in accessing health care.

The main points discussed highlight that the invisibility of these women is aggravated by the intersection of factors such as race, class, age and sexual orientation. These discriminations do not occur in isolation, but overlap, creating additional barriers to access to health. In addition, the lack of adequate training of health professionals becomes a significant obstacle for these women in accessing health services.

These barriers are not just individual problems, but are deeply rooted in a social structure that perpetuates discrimination and the delegitimization of non-heteronormative relationships. These factors not only compromise the quality of care but also have negative impacts on lesbian women's physical and mental health.

It is therefore recommended to implement continuous training programs aimed at sexual diversity and the specific health needs of lesbian women. At the same time, awareness campaigns aimed at the general public and, especially, health professionals, are essential to demystify stereotypes and prejudices about the sexuality of these women.

Finally, to ensure access to health in a comprehensive and equitable manner, a set of multidimensional efforts is necessary, which involve not only the training of health professionals, but also the implementation of inclusive public policies and active social participation. Only through this comprehensive approach will it be possible to promote health care that respects diversity and meets the needs of all women, regardless of their sexual orientation.

Revista ARACÊ
ISSN: 2358-2472

REFERENCES

1. Bourdieu, P. (1984). Distinction: A social critique of the judgement of taste. Cambridge: Harvard University Press.

2. Bourdieu, P. (1998). O poder simbólico. Rio de Janeiro: Bertrand Brasil.

3. Bourdieu, P. (2007). Esboço de uma teoria da prática. Petrópolis: Vozes.

4. Belém, J. M., et al. (2018). Atenção à saúde de lésbicas, gays, bissexuais, travestis e transexuais na estratégia saúde da família. Revista Baiana de Enfermagem, 32.

5. Borges, F. A., et al. (2023). Conhecimentos e estratégias utilizados pela enfermagem na atenção à lésbicas, gays, bissexuais e transexuais. Enfermagem em Foco, 14.

6. Brasil. (1988). Constituição da República Federativa do Brasil. Brasília: Senado Federal.

7. Brasil. Ministério da Saúde. (2013). Política nacional de saúde integral de lésbicas, gays, bissexuais, travestis e transexuais. Brasília: Ministério da Saúde.

8. Carvalho, C. S., Calderaro, F., & Souza, S. J. (2013). O dispositivo "saúde de mulheres lésbicas": (In)visibilidade e direitos. Revista Psicologia Política, 13(26), 111–127.

9. Farias, G. M., et al. (2023). A atenção básica e a saúde de mulheres lésbicas. Saúde Coletiva (Barueri), 13(85), 12552–12563.

10. Fernandes, M., Soler, L. D., & Leite, M. C. B. P. (2018). Saúde das mulheres lésbicas e atenção à saúde: Nem integralidade, nem equidade diante das invisibilidades. Boletim do Instituto de Saúde-BIS, 19(2), 37–46.

11. Lima, M. A. S., & Saldanha, A. A. W. (2020). (In)visibilidade lésbica na saúde: Análise de fatores de vulnerabilidade no cuidado em saúde sexual de lésbicas. Psicologia: Ciência e Profissão, 40, e202845.

12. Marques, A. M., Oliveira, J. M. de, & Nogueira, C. (2013). A população lésbica em estudos da saúde: Contributos para uma reflexão crítica. Ciência & Saúde Coletiva, 18(7), 2037–2047.

13. Mendes, S. C., et al. (2023). Ações dos enfermeiros na atenção primária à mulher lésbica e bissexual. Revista Rene (Online), e83147.

14. Milanez, L. de S., et al. (2022). Saúde de lésbicas: Experiências do cuidado das enfermeiras da atenção básica. Ciência & Saúde Coletiva, 27(10), 3891–3900.

15. Nogueira, T. L., De Sá Junior, E. M., & De Carvalho, M. M. V. (2024). Assistência à saúde prestada às mulheres lésbicas: Uma revisão integrativa. Saúde e Desenvolvimento Humano, 12(1).

Revista ARACÊ
ISSN: 2358-2472

16. Pereira, B. C. J. (2021). Sobre usos e possibilidades da interseccionalidade. Civitas - Revista de Ciências Sociais, 21(3), 445–454.

17. Rocon, P. C., Wandekoken, K. D., & Reis, D. da S. (2024). Acesso de mulheres bissexuais e lésbicas em serviços públicos de saúde. Revista Katálysis, 27, e95176.

18. Santos, F. H. R., Parreira, B. D. M., & Pan, R. (2022). Saúde da mulher: Um estudo com universitárias lésbicas. Research, Society and Development, 11(14), e414111436448.

19. Santos, M. G. C. (2024). Saúde de mulheres lésbicas na atenção primária: Revisão narrativa. Revista Enfermagem e Saúde, 4(1), 0106–0115.

20. Silva, A. das N., & Gomes, R. (2021). Acesso de mulheres lésbicas aos serviços de saúde à luz da literatura. Ciência & Saúde Coletiva, 26(11), 5351–5360.

21. Soares, S. F., et al. (2021). Saúde e sobrevivência lésbica: Uma questão de saúde pública. In Temas da diversidade: Experiências e práticas de pesquisa (pp. 564–581). São Paulo: Científica Digital.

22. Sousa, J. de C., et al. (2014). Promoção da saúde da mulher lésbica: Cuidados de enfermagem. Revista Gaúcha de Enfermagem, 35(2), 108–113.

23. Souza, C. de, et al. (2021). Violência contra mulheres lésbicas/bissexuais e vulnerabilidade em saúde: Revisão da literatura. Psicologia, Saúde & Doenças, 22(2), 437–453.

24. Souza, S. E. de, Abirached, H. M. T., & Leite, E. P. (2022). Saúde das mulheres lésbicas na atenção primária. Revista de Trabalhos Acadêmicos Centro Universo Juiz de Fora, 1(10).