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Barriers to access for the LGBTQIAPN+ community to Primary Health Care: scoping review protocol

Barreiras de acesso da comunidade LGBTQIAPN+ à Atenção Primária à Saúde: protocolo de revisão de escopo

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ABSTRACT

Objective: to map the available evidence on barriers faced by the LGBTQIAPN+ community in accessing Primary Health Care (PHC).

Methods: scoping review with a qualitative approach, developed according to the Joanna Briggs Institute (JBI) guidelines and reported following the PRISMA-ScR extension. The protocol is registered on the OSF platform. Searches will be conducted in BDENF, CINAHL, LILACS, EMBASE, PUBMED/MEDLINE, SciELO, SCOPUS, and CAPES, including studies from 2014 to 2024 in Portuguese, English, or Spanish. Two independent reviewers will screen studies using Rayyan®, with metho-

Results: to identify and synthesize reported barriers, supporting the development of inclusive health strategies.

Final considerations: the findings aim to inform actions that qualify LGBTQIAPN+ care in PHC and strengthen public health policies focused on equity within Brazil's Unified Health System (SUS).

Keywords: barriers to Access of Health Services; Primary Health Care; Sexual and Gender Minorities; LGBTQIA+ People; Health Equity.

RESUMO

Objetivo: mapear evidências sobre as barreiras enfrentadas pela comunidade LGBTQIAPN+ no acesso à Atenção Primária à Saúde (APS).

Métodos: revisão de escopo com abordagem qualitativa, elaborada conforme diretrizes do Joanna Briggs Institute (JBI) e reportada segundo o PRISMA-ScR. O protocolo está registrado na plataforma OSF. A busca será realizada nas bases BDENF, CINAHL, LILACS, EMBASE, PUBMED/MEDLINE, SciELO, SCOPUS e CAPES, com estudos publicados entre 2014 e 2024, nos idiomas português, inglês ou espanhol. A triagem será conduzida por dois revisores independentes no Rayyan®, com avaliação metodológica pelo checklist do JBI.

Resultados: identificar e sintetizar barreiras relatadas na literatura, contribuindo para estratégias de cuidado inclusivas.

Considerações finais: espera-se fornecer subsídios para qualificar o atendimento à população LGBTQIAPN+ na APS e fortalecer políticas públicas voltadas à equidade em saúde no SUS.

Descritores: Barreiras no Acesso aos Cuidados de Saúde; Atenção Primária à Saúde; Minorias Sexuais e de Gênero; Pessoas LGBTQIA+; Equidade em Saúde.

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INTRODUCTION

Discrimination within health care contexts remains a pervasive reality for a substantial proportion of the LGBTQIAPN+ population, manifesting as prejudice, refusal of care, and the absence of policies sensitive to gender and sexuality issues. In Brazil, health care for this population continues to be characterized by exclusionary practices and is disproportionately focused on the prevention of Sexually Transmitted Infections (STIs), thereby reinforcing stigmas and neglecting other fundamental dimensions of comprehensive care.[1] The LGBTQIAPN+ community encompasses a diverse array of gender identities and sexual orientations that have been historically marginalized by health systems. Despite legislative and policy advances—including the National LGBT Comprehensive Health Policy—structural, institutional, and cultural barriers continue to impede equitable and humanized access to health services for these individuals.[2,3] Several studies indicate that such barriers contribute to reluctance among the LGBTQIAPN+ population to seek medical care, particularly in PHC settings, where heterocisnormative logic remains prevalent.[4] Frequently reported situations include the use of inappropriate language, inadequate technical training among health professionals, invisibility within health information systems, and outright refusal of care.[5] In this context, the fundamental role of PHC professionals—particularly nursing staff—as the first point of contact with the health system is underscored. For care to be effective, it is essential that these professionals receive training to welcome diversity and act in an ethical, empathetic, and inclusive manner.[6]

Fostering a welcoming environment in health facilities can strengthen patient trust, improve treatment adherence, and contribute to favorable health outcomes.[7,8] Achieving this requires the development of institutional policies, inclusive care protocols, and continuous investment in the training and sensitization of health teams.[7,8] The discourse on equity, social justice, and sexual and gender diversity must be integrated into the daily practice of PHC services, particularly within a context where health inequities are exacerbated by structural discrimination. Understanding the barriers faced by the LGBTQIAPN+ community is essential to promoting care grounded in the foundational principles of the SUS: universality, equity, and integrality.[9] Thus, this study aims to map the available evidence in the scientific literature on barriers faced by the LGBTQIAPN+ community in accessing Primary Health Care, promoting methodological transparency and providing evidence to support future interventions and public health policies.

To ensure the novelty and necessity of this study, a preliminary search was conducted in September 2024 on the PROSPERO, Cochrane Library, JBI Evidence Synthesis, and Open Science Framework (OSF) platforms. No published or ongoing scoping reviews or systematic reviews sharing the same objective, geographic scope, or contextual delimitation as the present proposal were identified. The formulation of this protocol is therefore justified by the absence of prior evidence syntheses that exhaustively systematize access barriers in PHC from the methodological perspective proposed herein.

METHOD

This is a scoping review protocol employing a qualitative approach, developed in accordance with the methodological guidelines of the Joanna Briggs Institute (JBI)[10] which recommends five steps for scoping review development, and reported following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews)[11] extension.

This study is exempt from ethical committee approval in accordance with Resolution No. 510/2016 of the National Health Council (CNS), as it does not involve direct participation of human subjects.[12]

A comprehensive and individualized search strategy was developed to identify published studies pertinent to the review topic in the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature on Health Sciences (LILACS), EMBASE, Medical Literature Analysis and Retrieval System Online (PUBMED/MEDLINE), Scientific Electronic Library Online (SciELO), SCOPUS, Portal de Teses e Dissertações da CAPES.

The choice of a broad and highly sensitive search strategy was intentional and grounded in the principle of completeness, with the aim

of ensuring that no potentially relevant studies are excluded from the analysis. By using an extensive combination of DeCS/MeSH descriptors, synonyms, linguistic variations and free terms, we will seek to capture all scientific productions pertinent to the theme.

The protocol of this review is registered on the Open Science Framework (OSF) platform, available at: https://doi.org/10.17605/OSF.IO/8DKFM, with the title Barriers Faced By The LGBTQIAPN+ Community In Accessing Primary Health Care: A Scope Review.

The execution of this review will follow the five steps proposed by the JBI: (1) identification of the research question; (2) identification of relevant studies; (3) selection of studies; (4) data extraction and analysis; and (5) summarization and presentation of results.

The research question that will guide the execution of this review is: "What are the barriers faced by the LGBTQIAPN+ community in accessing Primary Health Care?", for its formulation the PCC strategy** will be used, represented in Table 1.

Studies that address and involve the target population will be included: Adult LGBTQIAPN+ individuals (Lesbians, Gays, Bisexuals, Transvestites, Transsexuals, Queer, Intersex, Asexuals, among other sexual and gender minorities) in the context of Primary Health Care Services in any global context, but with a main focus on public services. Qualitative and quantitative research published in the last ten years (January 2014 to December 2024) on the subject, experience reports, theoretical reflection, dissertations and theses, published in journals in the databases selected for the study and other scientific studies that include the descriptors and keywords listed in the search protocol for the scope review, published in full.

The search was conducted between September, October, and November 2024 in the following databases: Nursing Database (BDENF), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Health Sciences Literature (LILACS), EMBASE, Medical Literature Analysis and Retrieval System Online (PUBMED/MEDLINE), Scientific Electronic Library Online (SciELO), SCOPUS, Portal de Teses e Dissertações da CAPES.

The search strategy combined descriptors and free terms from "Medical Subject Headings" (MeSH) and "Health Sciences Descriptors" (DeCS), using Boolean operators "AND" and "OR". Tables 2 and 3 detail the search strategies adopted in each database.

Table 1

Use of the PCC strategy and formulation of the guiding question. Joanna Briggs Institute (JBI) recommendations from 2024.

Acronym	Definition	Description
P	POPULATION	LGBTQIAPN+ Community
C	CONCEPT	Barriers to access
C	BACKGROUND	Primary Health Care

Table 2

Terms used for the elaboration of the search strategy (Brasilia-DF, 2024).

TERMS	
Portuguese (DeCS*)	**English (MeSH*)**
Accessibility to Health Services	Access to Primary Care
Access to Primary Care	Barriers to Access of Health Services
Effective Access to Health Services	Effective Access to Health Services
Primary Health Care	Health Services Accessibility
Barriers to Access to Health Care	Primary Health Care
Gender Identity	Public Health
Sexual and Gender Minorities	Sexual and Gender Minorities
Public Health	

Table 3

Search strategies in the databases (Brasília/DF, Brazil, 2024).

Data base	Search strategy
LILACS / BDENF	("Barriers to Access to Health Care" OR "Barriers" OR "Barries" OR "Challenges" OR "Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Access to Health Services" OR "Health Services Accessibility" OR "Accessibilidad a los Servicios de Salud" OR "Access to Primary Care" OR "Access to Primary Care" OR "Access to Primary Health Care" OR "Primary Health Care" OR "Primary Health Care" OR "Primary Health Care" OR " Primary Health Care" OR "Primary Health Care" OR "Atención Primaria de Salud") AND ("Sexual and Gender Minorities" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Gênero" OR "Sexual Minorities" OR "Gender Minorities" OR "LGB People" OR "LGBTQ People" OR "LGBTQIA+ People")
Scientific Electronic Library Online (SciELO)	("Barriers to Access to Health Care" OR "Barriers" OR "Barries" OR "Challenges" OR "Barriers to Access of Health Services" OR "Barreras de Acceso a los Servicios de Salud" OR "Access to Health Services" OR "Health Services Accessibility" OR "Accessibilidad a los Servicios de Salud" OR "Access to Primary Care" OR "Access to Primary Care" OR "Access to Primary Health Care" OR "Primary Health Care" OR "Primary Health Care" OR "Primary Health Care" OR " Primary Health Care" OR "Primary Health Care" OR "Atención Primaria de Salud") AND ("Sexual and Gender Minorities" OR "Sexual and Gender Minorities" OR "Minorías Sexuales y de Gênero" OR "Sexual Minorities" OR "Gender Minorities" OR "LGB People" OR "LGBTQ People" OR "LGBTQIA+ People")
CAPES	"Barriers to Access to Health Care" OR "Barriers" OR "Access to Health Services" OR "Access to Primary Care" OR "Primary Care" OR "Primary Health Care" OR "Primary Care") AND "Sexual and Gender Minorities" OR "Sexual Minorities" OR "Gender Minorities" OR "LGB People" OR "LGBTQ People" OR "LGBTQ People" OR "LGBTQIA+ People"
Medical Literature Analysis and Retrieval System Online (PUBMED/MEDLINE)	("Barriers to Access of Health Services" OR "access" OR "Barriers" OR "Challenges") AND ("Access to Primary Care" OR "Primary Health Care" OR "primary care" OR "basic health care" OR "Health Policy" OR "Public Health") AND ("LGBT" OR "sexual minority" OR "sexual and gender minority" OR "sexual orientation" OR "gender identity" OR "gay" OR "homosexual" OR "lesbian" OR "bisexual" OR "transgender")
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	("Barriers to Access of Health Services" OR "access" OR "Barriers" OR "Challenges") AND ("Access to Primary Care" OR "Primary Health Care" OR "primary care" OR "basic health care" OR "Health Policy" OR "Public Health") AND ("LGBT" OR "sexual minority" OR "sexual and gender minority" OR "sexual orientation" OR "gender identity" OR "gay" OR "homosexual" OR "lesbian" OR "bisexual" OR "transgender")

EMBASE	("Barriers to Access of Health Services" OR "access" OR "Barriers" OR "Challenges") AND ("Access to Primary Care" OR "Primary Health Care" OR "primary care" OR "basic health care" OR "Health Policy" OR "Public Health") AND ("LGBT" OR "sexual minority" OR "sexual and gender minority" OR "sexual orientation" OR "gender identity" OR "gay" OR "homosexual" OR "lesbian" OR "bisexual" OR "transgender")
SCOPUS	(("Barriers to Access of Health Services" OR "access" OR "Barriers" OR "Challenges") AND ("Access to Primary Care" OR "Primary Health Care" OR "primary care" OR "basic health care" OR "Health Policy" OR "Public Health") AND ("LGBT" OR "sexual minority" OR "sexual and gender minority" OR "sexual orientation" OR "gender identity" OR "gay" OR "homosexual" OR "lesbian" OR "bisexual" OR "transgender")

The selection of studies will be carried out in three stages with the help of the Rayyan® software to assist in the management of references.[13] For the description of the search results and the selection of studies, an adapted version of the PRISMA flowchart will be used and translated into Portuguese.[11]

To find relevant articles on the topic in question, the Rayyan Software Filter tool (Keywords for include, Keywords for exclude) will be used, which allows filtering by keywords and defining inclusion and exclusion criteria, thus initiating the exclusion of articles by deletion. This platform facilitates the identification of the words selected in the articles, making the process of choosing the studies more efficient and agile.[13] DeCS and MeSH descriptors were used, as well as synonyms and terms related to the theme, as listed in Table 4.

In the first stage, two authors independently examined all titles and abstracts resulting from database searches, selecting those related to the theme of the review for reading the full text. Only articles that are considered eligible by both authors will be read in full. In case of disagreement, a third author will decide whether or not to include the study.

In the second stage, the full texts of the eligible studies will be evaluated based on the inclusion and exclusion criteria mentioned above. This will be performed by two independent reviewers comparing the results. Disagreements will be discussed and, if there is no consensus, they will be resolved by two other reviewers.

In the third stage, based on the reference list of the articles read in full, additional studies judged to be of interest by the reviewers will be searched, which will later follow the same selection process mentioned above.

Eligible studies will then be evaluated in full, respecting the same eligibility criteria. To assess the methodological quality of qualitative studies, the JBI Critical Appraisal Checklist for Qualitative Research will be used, translating it into Portuguese, as shown in Table 5.[15]

Prior to the start of the definitive data extraction process, the reviewers will conduct a pilot study with the objective of testing and calibrating the data extraction spreadsheet in a sample of 3 to 5 eligible studies, ensuring the technical agreement of the research team in accordance with the recommendations of the JBI.

After the complete reading, the selected studies will be organized in a specific spreadsheet containing: Study Title, Authors/Year of Publication, Database/Country, Type of Study, Target Population/Location, Relevance of the theme for research, Context (PHC) and Individual/Object Involved in the Research. The criterion "Relevance of the topic for research" will be classified into three categories: High, Medium and Low relevance. This classification will be carried out through the full reading of the selected articles, analyzing whether the studies respond directly or indirectly to the proposed research question.

The data analysis will be conducted through

Table 4

Synonyms and related terms used in the tool Keywords for include, Keywords for exclude - Rayyan (Brasília/DF, Brazil, 2025).

Keywords for Include	Keywords for exclude
Health; Access; Barriers; Transgender; Gay; Challenges; Public Health; Bisexual; Health Care; Healthcare; Primary; Lesbian; Disparities; Sexual Orientation; Primary Care; Health Services; Sexual Minity; Trans; Queer; Lgbtq; LGBT; Difficulties; Sexual And Gender Minity; Brazil; Health; Brazilian; Intersex; Sexual And Gender Minities; Lesbians; Homosexual; Attention; Primary Health Care; SUS; Access; Access; Gays; Lesbians; Bisexuals; Transvestites; LGBTQIA; Lgbtqia+; Health Centers; Asexual; Transsexuals; Challenges; Difficulties; Primary; Barriers; Primary Care; Primary Care; Diversity; Transsexuals; Transvestites; Primary; Health Access; Unified Health System; Transvestite; Primary Care; Primary Health Care; Public; Access To Primary Care; Unified Health System; Transgenders; access to health services; gender identity; LGBTIQ; Lgbtiq+; Intersex And Asexual; Transgender; Health Service; Primary Health Care; sexual and gender minias; Public Health; Basic Health Unit; Health Unit; Primary Health Care; access to primary care; Primary Health Care; accessibility to health services; Access to primary care; Public Health Service; Health Services Accessibility; Effective Access To Health Services; Barriers To Access Of Health Services; Accesibilidad A Los Servicios De Salud; effective access to health services; barriers to access to health care; gender dysphoria; Nursing; gender identity; Nurses; LGBTQ2S; LGBTQ+ Persons;	HIV; Education; Violence; Policy; Students; Behavis; Infection; Prophylaxis; Prep; Behavi; Covid; Intimate Partner; Infections; Depression; Children; School; Pandemic; University; Adolescents; Systematic; Alcohol; Cancer; Adolescent; Epidemic; Systematic Review; Drugs; AIDS; Socioeconomic; Hospital; Pregnancy; Emergency; Homelessness; Behaviours; Vaccination; Human Immunodeficiency Virus; Scoping Review; Stis; Vaccine; Infected; Older Adults; Homeless; Syphilis; Tuxedo; Military; Pediatric; Tobacco; Epidemiology; Immigrant; Immigration; Hepatitis C; Diabetes; Systematic Reviews; Immigrants; Conavirus; Older People; HCV; Narrative Review; Monkeypox; Mpox; Cardiovascular; Epidemiologic; Oncology; Pharmacy; Elderly; Cigarette; Hepatitis C Virus; Palliative; Systematic Literature Review; Pathologists; Pediatrics; Sars-Cov-2; Emergencies; Pharmacists; Smokers; Hepatitis B Virus; Gestational; Hepatitis A; Prostitution; Cardiac; Residential Care; Adolescent; Epistemology; Pandemic; Abusive Partner; E-Cigarette; Viruses; Geriatric; Hypertensive; Systematic Review; Elderly; Child; Hepatitis B; Gestational Diabetes; Elderly; Hepatitis; Scope review; Tobacco; Cardiology; Scope Review; Narrative Review; Children; Hepatitis C; Cigarettes; Cardiac; Geriatrics; Pediatrics; Geriatrics; Cardiology; Hepatitis C Virus; Narrative review of literature; Mental; Indigenous; obesity; trauma; abuse; sexual abuse; anorexia; Academic; Victims; Scoping Literature Review; autism; psychiatric; spirituality; Substance; Anxiety

the content analysis technique, in the thematic modality, according to **Bardin**. The next steps will be: pre-analysis, exploration of the material and treatment/interpretation of the results.[15]

The summarization of the findings will seek to highlight the most relevant information identified in the studies, such as the main results, the limitations presented, and the recommendations for future investigations.

For the visual and descriptive presentation of the collected data, the structuring of the results is planned through: (a) an adapted PRISMA-ScR flowchart detailing the entire selection flow; (b) dynamic characterization tables containing the distribution of articles by year, country, study design, and relevance classification; and (c) conceptual diagrams or thematic correspondence maps that group the identified barriers into structural, institutional, and care categories, in order to provide an intuitive and systematic visualization of the gaps and evidence mapped.

CONCLUSION

This scoping review protocol aims to broaden

Table 5

JBI CheckList - Verification for Critical Evaluation of Qualitative Research - Translated (Brasilia-DF, 2025).

JBI CheckList - Verification for Critical Evaluation of Qualitative Research				
Evaluator:	**Date:**	**Registration Number:**		
Author:	**Year:**			
Evaluation Questions	Answer "Yes," "No," "Unclear," or "Not Applicable" for each item:			
	Yes	**No**	**It is not clear**	**Not Applicable**
Is there congruence between the stated philosophical perspective and the methodology of the research?				
Is there congruence between the research methodology and the research question or objectives?				
Is there congruence between the research methodology and the methods used to collect the data?				
Is there congruence between the research methodology and the representation and analysis of the data?				
Is there congruence between the research methodology and the interpretation of the results?				
Is there a statement that locates the researcher culturally or theoretically?				
Was the researcher's influence on the research, and vice versa, addressed?				
Were the participants and their voices adequately represented?				
Does the research meet current ethical criteria and is there evidence of ethical approval by an appropriate committee?				
Do the conclusions presented in the study derive from the analysis or interpretation of the data?				
Overall rating:	Include ( )	Delete ( )	Search for more information ( )	
Comments (including reason for deletion):				

the understanding of factors that hinder LGBTQIAPN+ individuals' access to Primary Health Care services, contributing to the visibility of this issue in both academic and institutional spheres. By systematically gathering and critically analyzing the available evidence, it will be possible to identify pathways to address the structural inequalities present in health care.

In addition to advancing scientific knowledge, the implementation of this protocol in alignment with JBI guidelines reinforces the importance of rigorous and transparent methodological approaches that enable the replication and practical application of findings. This review will thus contribute to strengthening the Unified Health System's commitment to the promotion

of universal, comprehensive, and equitable care grounded in respect for human diversity.Salomon ALR, Guilherme GS e Morais TCP participated in conceptualization, methodology, formal analysis, investigation, and writing – original draft preparation.análise formal, investigação, redação – elaboração do manuscrito original.

CONFLICTS OF INTEREST

The authors declare that there was no conflict of interest in the conception of this work.

AUTHOR CONTRIBUTIONS

Salomon ALR, Guilherme GS e Morais TCP participated in conceptualization, methodology, formal analysis, investigation, and writing – original draft preparation.análise formal, investigação, redação – elaboração do manuscrito original.

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