

Social Inequalities As Barriers To Universal Access To Brazilian Public Health: A Theoretical Analysis

Mario Angelo Cenedesi Júnior, Neliane De Souza Platon,
Maria Aparecida De Almeida Araujo, Priscila Rocha Santos,
Patrícia Cristina Rodrigues Lima, Jocilane Lima De Almeida Vasconcelos,
Paulo Henrique Soles Dos Santos, Patrick Firmino De Neiva Costa,
Regina Gabriela Caldas De Moraes, Raimundo De Oliveira Lucena,
Sandra Letícia Souza Soares Junqueira, Sandra Helena Brito Rodrigues,
Dulcyane Ferreira De Oliveira, Keylla Taís De Amorim,
Maria Teresa Pinheiro Ribeiro, Rocio Edy Jacobe Ilizarbe,
Arlete Do Monte Massela Malta

Universidad De Ciencias Empresariales Y Sociales, Argentina

Abstract:

Social inequalities pose significant barriers to achieving universal access to public health in Brazil. These inequalities encompass disparities in income, education, occupation, race, ethnicity, gender, and sexual orientation, impacting various aspects of healthcare. Low-income individuals often struggle to afford medical care, medications, and health insurance, leading to delayed diagnoses and untreated health issues. Additionally, disparities in healthcare quality exist, with wealthier neighborhoods having better-equipped facilities and more qualified professionals, exacerbating health outcomes for vulnerable populations. Gender inequalities, particularly in reproductive healthcare, contribute to challenges for men, including limited access to family planning, prenatal care, and preventive services. Black men and those in socially vulnerable situations are disproportionately affected, widening existing social and racial disparities. The lack of health education exacerbates health inequalities, hindering individuals from making informed decisions about their well-being. This knowledge gap leads to delays in seeking healthcare, adoption of health-damaging behaviors, and increased susceptibility to infectious diseases. Social determinants of health, encompassing socioeconomic conditions and belonging to marginalized groups, play a crucial role in perpetuating health inequalities. Disparities in healthcare access affect individuals with low incomes and marginalized communities, creating an intergenerational cycle of poverty and illness. Health inequality based on sexual orientation remains a concern, with the LGBTQIA+ population facing discrimination, mental health issues, and limited access to sexual health services. Combatting discrimination and implementing inclusive policies are essential to address these disparities. Migration introduces complexities to health inequalities, as migrants often face barriers in accessing healthcare services, socioeconomic instability, and limited mental health support. Specific policies targeting migrant needs, ensuring equal access, and respecting human rights are essential to address these challenges. Although public policies, such as family health programs and initiatives for vulnerable groups, aim to combat inequality, continuous efforts are crucial. Redistributing resources, promoting health education, and addressing specific needs of vulnerable populations are essential to achieve equal opportunities and improve the overall well-being of the population.

Keywords: public health; social inequalities; universal access to healthcare

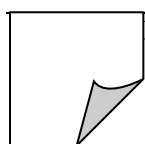
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I. Introduction

Social inequalities constitute one of the primary obstacles to universal access to public health. They refer to unjust and avoidable differences that exist among groups of people in terms of income, education, occupation, race, ethnicity, gender, sexual orientation, and other social determinants.

One of the main impacts of social inequalities on public health is the difficulty in accessing health services. Individuals with low income often lack sufficient resources to pay for medical care, medications, and



health insurance. This results in a lower quality of life and untreated health issues that could be avoided with proper access to health services.

Moreover, social inequalities also affect the quality of health services. Wealthier neighborhoods generally have hospitals and clinics with better infrastructure and more qualified healthcare professionals, while poorer communities have limited access to these resources. This leads to disparities in the quality of care, resulting in worse health outcomes for more vulnerable populations.

Another obstacle related to social inequalities is the lack of knowledge and education about health. Marginalized social groups often face barriers in accessing information and education regarding health issues, hindering the adoption of healthy behaviors and disease prevention.

Gender inequalities also play a significant role in access to public health. Women often encounter additional obstacles, such as a lack of access to sexual and reproductive health services, discrimination in health policies, and gender-based violence, negatively impacting their health and well-being.

This article delves into these multifaceted issues in Brazil.

II. Methods

In the context of an academic essay on health inequalities in Brazil, methodology plays a crucial role in the analysis and understanding of these health conditions. A robust methodological approach may involve the combination of quantitative and qualitative methods to examine the complex relationships between social determinants and health. This may include the analysis of demographic and epidemiological data to identify patterns of disease incidence and prevalence in different social groups, as well as qualitative studies that explore the experiences and perceptions of affected communities. Additionally, participatory and collaborative research with marginalized individuals and groups may be essential for understanding the social and cultural contexts that shape health disparities. By adopting a comprehensive and inclusive methodological approach, researchers can significantly contribute to the identification of effective policies and interventions that address the social roots of diseases and promote health equity in Brazil.

As it is an essay, the authors chose to present the bibliographic references (which informed the discussion) only at the end of the text.

III. Results And Discussion

Gender Inequalities

In Brazil, gender inequality in health access is a concerning problem. Despite progress in recent decades, significant differences persist between men and women in terms of equal access to health services. One of the main challenges faced by men is the lack of access to reproductive health care, including family planning and birth control. Many men struggle to access contraceptive methods, information about sexual and reproductive health, and face high rates of teenage pregnancies.

Furthermore, access to men's health is hindered by the lack of suitable services for pregnancy monitoring and childbirth. Many men, especially those in remote or low-income areas, lack access to quality prenatal care, increasing health risks for both the father and the baby.

Another critical issue is access to prevention and treatment policies for specific men's health issues, such as prostate and testicular cancers. Despite existing screening and treatment programs, many men struggle to access preventive exams or face difficulties in obtaining appropriate treatment.

Gender-based violence also negatively affects men's health. Domestic and sexual violence, for example, are associated with physical and mental health problems, such as depression, anxiety, and post-traumatic stress disorder, as well as an increased risk of sexually transmitted diseases.

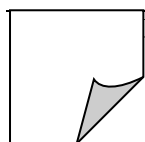
It is essential to emphasize that Black men and those in socially vulnerable situations are the most affected by gender inequality in health access, further widening existing social and racial disparities in the country.

Public policies must be implemented to ensure equal access to health services, promoting health education, strengthening healthcare systems, decentralizing services, and eliminating socioeconomic barriers to healthcare access. Additionally, it is crucial to combat gender-based violence and promote gender equity across all sectors of society.

Lack Of Health Education

The lack of health education is one of the primary factors contributing to health inequality. Health education involves providing information and skills necessary for individuals to make informed decisions about their health and well-being.

One of the most common forms of health inequality related to a lack of health education is the difference in access to healthcare. Individuals with less health education often are unaware of available services



or do not know how to access them. This can result in delays in the diagnosis and treatment of diseases, leading to poorer health outcomes.

Moreover, a lack of health education can lead to health-damaging behaviors. Without a proper understanding of the harmful effects of smoking, excessive alcohol consumption, unhealthy eating, and lack of physical activity, individuals are more likely to adopt these behaviors. This can increase the risk of developing chronic diseases such as heart disease, diabetes, and cancer.

Health education is also crucial for disease prevention. Individuals with less health education may lack knowledge about necessary preventive measures, such as the importance of vaccination, proper hygiene practices, and the use of contraceptives. This can lead to a higher incidence of infectious diseases and unintended pregnancies.

Furthermore, a lack of health education can result in inequalities in access to health information. Individuals with less education may struggle to understand complex written materials or use the internet to obtain reliable information. This can lead to difficulties in finding accurate information about health conditions, symptoms, treatments, and care options.

To address health inequalities due to a lack of health education, appropriate educational measures are needed. This includes health awareness initiatives, providing clear and accessible health information, and implementing health education programs in low-income communities and marginalized populations. It is also essential to ensure that healthcare systems provide equitable access to health services and invest in health promotion and prevention programs.

Social Determinants Of Health And The Impact On Health Inequality

Social determinants of health refer to the social, economic, and environmental factors that influence the health of individuals and communities. They include socioeconomic conditions such as income, education, occupation, and housing, as well as factors related to belonging to socially marginalized groups, such as gender, ethnicity, race, and migration.

These social determinants play a fundamental role in creating and maintaining social inequalities in health. Individuals and groups facing unfavorable socioeconomic conditions are more likely to live in environments lacking access to healthcare services, clean water, sanitation, and adequate housing. Additionally, they may also be affected by increased exposure to environmental risks, such as pollution, violence, and natural disasters.

The lack of access to quality healthcare services, exacerbated by the context of poverty and inequality, can result in a higher prevalence of preventable and chronic diseases. These unfavorable health conditions are particularly observed in marginalized populations, such as ethnic and racial minority groups, immigrants, LGBTQIA+ individuals, women, and those with low incomes.

People from different socioeconomic strata face disparities in access to healthcare. Individuals with low income often struggle to afford treatments, medications, and health insurance, leading to delays in the diagnosis and treatment of diseases. Similarly, black and indigenous populations often experience inequalities in healthcare access. Issues such as racial discrimination, stigma, and inadequate representation in healthcare services contribute to less favorable health outcomes for these groups. The lack of adequate healthcare access can contribute to an intergenerational cycle of poverty and illness, where poor health conditions impact educational and economic development, perpetuating inequality over time.

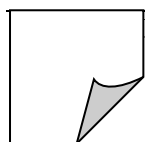
Social inequality in health is unjust and unacceptable, as it prevents individuals from reaching their full potential for health, well-being, and quality of life. Addressing social determinants of health is crucial to reducing social inequalities in health. This requires a comprehensive approach involving governments, international organizations, civil society, and communities to promote equitable social, economic, and health policies and practices.

Some solutions to address social determinants of health include investments in improving socioeconomic conditions, ensuring fair wages, providing affordable and quality education, promoting gender equality, and combating discrimination. Additionally, it is crucial to expand access to quality healthcare services for everyone, regardless of their socioeconomic status.

By recognizing and addressing social determinants of health, we can move towards a more just and equitable society, where all individuals have the opportunity to enjoy good health and well-being.

Health Inequality Based On Sexual Orientation

Health inequality based on sexual orientation in Brazil is still a concerning reality. The LGBTQIA+ population, consisting of lesbians, gays, bisexuals, transgender individuals, queer, intersex, and asexual people, faces various obstacles and prejudices in accessing healthcare services.



Numerous studies and research confirm that individuals in the LGBTQIA+ community are more likely to experience mental health issues, such as depression and anxiety, due to social stigma and discrimination they face daily. Suicide and suicide attempts are also more frequent in this group.

Additionally, LGBTQIA+ individuals are more susceptible to risky behaviors, such as drug use, both due to the stress caused by discrimination and the difficulty of accessing adequate healthcare services and support.

Concerning sexual health, this population also faces barriers. Lack of information and discrimination often hinder access to preventive methods for sexually transmitted diseases, such as HIV/AIDS. There are still reports of cases where healthcare professionals refuse to provide treatments and services related to sexual health for LGBTQIA+ individuals.

Another crucial aspect is access to hormonal therapy for transgender individuals and undergoing gender-affirming surgeries. The process is often bureaucratic and complicated due to the lack of standardized protocols, as well as uninformed or prejudiced healthcare professionals.

It is essential to implement public policies aimed at combating health inequality based on sexual orientation. There needs to be increased investment in the training of healthcare professionals to ensure an appropriate and prejudice-free approach. Furthermore, it is necessary to ensure equal access to healthcare services, promoting inclusion and respect for the rights of this population.

The fight against health inequality based on sexual orientation in Brazil needs to be continuous and involve all sectors of society. Awareness and combating discrimination are essential to ensure that all individuals, regardless of their sexual orientation, have access to dignified and prejudice-free health.

Migrations In Brazil And Inequality In Health Access

Health inequalities related to migrations in Brazil are a concerning and complex reality. Migration, both internal and international, can lead to conditions of vulnerability that significantly impact migrants' health.

One of the main health inequality issues related to migration is access to healthcare services. Many migrants face barriers in accessing healthcare services, whether due to bureaucratic difficulties, lack of information about health rights, or discrimination by healthcare professionals. This results in unequal access to healthcare, preventing migrants from receiving the same quality of care as the local population.

Furthermore, migrants often have limited access to social determinants of health, such as employment, decent housing, adequate nutrition, and education. Socioeconomic instability exacerbated by migration can lead to precarious living conditions, lack of access to clean water, basic sanitation, and exposure to environmental risks. These factors contribute to a higher prevalence of diseases, especially infectious and chronic diseases, among migrants.

Another challenge is addressing the mental health of migrants. Migrants often face traumatic experiences, such as violence, family separation, and discrimination, which can have a negative impact on their mental health. However, access to mental health services is even more limited for migrants, perpetuating inequalities in this area.

Some specific migrant groups face even greater health inequalities. For example, migrants in vulnerable situations, such as refugees, asylum seekers, and undocumented migrants, are especially exposed to precarious health conditions due to their uncertain legal status and lack of access to healthcare services.

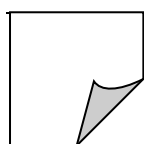
Addressing health inequalities related to migration requires specific policies and programs that take into account the needs of migrants. It is necessary to ensure equal access to healthcare services, implement actions to facilitate access to necessary documentation, and ensure respect for the human rights of migrants. Additionally, actions are needed to promote social integration and inclusion of migrants in society to reduce health inequalities.

IV. Conclusion

Inequality in healthcare access is a reality in several countries, including Brazil. Public policies are instruments used by governments to combat this inequality and ensure that all individuals have access to quality healthcare services.

One of the most important policies in this regard is the creation and expansion of the Unified Health System (SUS), which is a universal and free healthcare system. SUS seeks to ensure equal access to healthcare services for all citizens, regardless of their socioeconomic condition. Through SUS, the Brazilian population has access to medical consultations, exams, hospitalizations, vaccines, among other services.

In addition to SUS, other public policies are also implemented to combat inequality in healthcare access. Family health programs, for example, are adopted to bring basic healthcare services to communities that do not have access to healthcare facilities. These programs aim to prevent diseases, promote health education, and early identify health issues.



Another essential initiative to combat inequality in healthcare access is the creation of specific policies for vulnerable groups, such as indigenous populations, quilombolas, people experiencing homelessness, and people with disabilities. These policies aim to overcome access barriers, address the specific needs of these groups, and ensure that they can benefit from healthcare services adequately.

Moreover, policies redistributing resources are also fundamental to combat inequality in healthcare access. An example is allocating resources to regions that historically have less access to healthcare services, ensuring that healthcare facilities are built and equipped in these areas.

In summary, public health policies to combat inequality in access aim to guarantee the universal right to health, bring basic services to vulnerable communities, and redistribute resources more equitably. These measures are fundamental to promoting equal opportunities and improving the quality of life of the population.

References

- [1] Ayres, J. R. C. M., Paiva, V., França-Júnior, I., Gravato, N., Lacerda, R., & Dantas, T. (2015). Vulnerabilidades E Direitos Humanos: Prevenção E Promoção Da Saúde. *Revista De Humanidades*, 31(3), 187-200.
- [2] Ayres, J. R. C. M., & França Júnior, I. (2010). Desigualdades Em Saúde: Bases Para A Reformulação Da Atenção Primária Em Saúde No Brasil. *Ciência & Saúde Coletiva*, 15(3), 753-762.
- [3] Delatorre, L. C., & Guimarães, R. B. (2018). Migração E Saúde: Desafios Para O Sistema Único De Saúde No Brasil. In *As Muitas Faces Da Migração (Vol. 2, Pp. 157-179)*. Porto Alegre: Edipucrs.
- [4] Gay, J. (2009). Desigualdades Em Saúde No Brasil E Avaliação Em Saúde: Uma Revisão Bibliográfica Sistemática. *Cadernos De Saúde Pública*, 25(5), 876-882.
- [5] Madeiro, A., & Pellegrini, A. (2018). Educação Para A Saúde E Promoção De Saúde Mental: Análise Da Produção Científica. *Trabalho, Educação E Saúde*, 16(1), 301-320.
- [6] Magalhães, R., Ribeiro, J. C., & Thompson, L. A. (2017). Acesso E Desigualdades Em Saúde: Revisitando A Relação Entre Gênero E Utilização De Serviços De Saúde No Brasil. *Cadernos De Saúde Pública*, 33(7), E00126215.
- [7] Malta, D. C., Bernal, R. T., & Iser, B. P. M. (2017). Vigilância De Fatores De Risco Para Doenças Crônicas Por Inquérito Telefônico: Mudança No Perfil Dos Indicadores De Tabagismo E Prevalência De Ex-Fumantes Nas Capitais Dos Estados Brasileiros E No Distrito Federal Entre 2006 E 2011. *Ciência & Saúde Coletiva*, 22(3), 935-944.
- [8] Malta, D. C., Souto, R. M., & Soares, T. C. C. (2018). Desigualdades Sociodemográficas Na Prevalência De Doenças Crônicas No Brasil, National Health Survey, 2013. *Ciência & Saúde Coletiva*, 23(2), 499-510.
- [9] Melo, M. C. A., Carmo, R., & Zibetti, M. L. (2019). Saúde E Orientação Sexual: A Luta Por Direitos E Enfrentamento De Violências Em Uma Perspectiva De Gênero. *Interface-Comunicação, Saúde, Educação*, 23, E180033.
- [10] Paiva, V., Ayres, J. R., & Buchalla, C. M. (2017). Vulnerabilidade, Direitos Humanos E Saúde: Avanços E Desafios Às Ações De Promoção Da Saúde. *Interface-Comunicação, Saúde, Educação*, 21(1), 31-44.
- [11] Portella, A. D., & Pereira, M. F. (2017). Gênero E Equidade Na Saúde: Uma Análise Sobre As Diferenças Entre Os Sexos No Sistema De Saúde Brasileiro. *Revista Brasileira De Ciências Do Envelhecimento Humano*, 14(1), 23-39.
- [12] Reis, C. T., Farias, S. F., & Vasconcellos, M. M. (2018). A Educação Em Saúde Na Redução Das Desigualdades No Acesso E Uso Dos Serviços De Saúde. *Ciência & Saúde Coletiva*, 23(6), 2041-2052.
- [13] Ribeiro, L. A., Mantovani, A. M., & Moura, F. C. (2014). Desigualdades Em Saúde De Lésbicas, Gays E Bissexuais: Uma Revisão Sistemática Da Literatura. *Saúde E Sociedade*, 23(1), 180-193.
- [14] Santos, E. C., Santos, S. R., Fernandes, L. M., & Padoin, S. M. (2018). População Lgbt E As Desigualdades Sociais E De Saúde: Revisão Integrativa. *Journal Of Nucleus Of Health Technology Assessment*, 5, 41-53.
- [15] Santos, M. N. D., Levcovitz, E., & Saavedra, R. L. C. (2016). Desigualdades Em Saúde Entre Imigrantes Na Cidade De São Paulo. *Saúde E Sociedade*, 25(4), 947-958.
- [16] Souza, L. M. (2017). Migração, Saúde E Desigualdades: O Acesso Às Políticas De Saúde E As Condições De Saúde Dos Migrantes No Brasil. *Saúde E Sociedade*, 26(3), 620-634.
- [17] Uchôa-Figueiredo, L. R., Delatorre, L. C., & Carneiro, A. V. (2018). Acesso À Saúde E Às Políticas De Saúde Das Populações Imigrantes No Brasil. *Revista Brasileira De Estudos De População*, 35(3), 607-639.

