

Human Rights, Justice, and Health: gender and sexuality

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THIS SPECIAL ISSUE OF THE JOURNAL 'SAÚDE EM DEBATE', from the Brazilian Center for Health Studies (Cebes), focuses on 'Human Rights, Justice, and Health: Gender and Sexuality', which is also the title of this production.

Going down the path of human rights means, at first, understanding health as a human right, understanding that "this relationship contains a multidisciplinary vision in which health is considered an instrument of social transformation and an obstacle to the oppression of the population"¹⁽⁷⁾. By emphasizing that the health of the population should not be subjected to any form of oppression, we direct our gaze to gender and sexuality, which expresses the most diverse forms of violence practiced, especially against the LGBTI+ population, resulting in illnesses and health problems.

Most of the texts that make up this thematic issue originate from a training project for health professionals through the Professional Master's Degree in Human Rights, Justice and Health of the Department of Human Rights and Health (DIHS) of the Sergio Arouca National School of Public Health (ENSP) of the Oswaldo Cruz Foundation (FIOCRUZ). In addition, this special edition also includes texts by guests from academia, experts in the field, and articles from an open call.

The possibility of training professionals in the field of human rights and health and the production of this thematic issue itself came about as a result of the institutions involved in understanding the importance of the problem and the contribution of federal deputy David Miranda through a parliamentary amendment, to whom we would like to thank and acknowledge his exemplary work and life of integrity in Parliament, which was unfortunately cut short at an early age. The deputy's contribution was also due to his affectionate presence during the students' education, encouraging them to talk about their experiences and the importance of defending human rights, justice, and health.

The intersection between human rights, gender, and sexuality is increasingly recognized as a crucial area of public health research and policy-making. The texts in this thematic issue show how health outcomes are profoundly influenced by the social determinants of health, which must include factors such as gender identity, sexual orientation, and the systemic inequalities that individuals face daily as a consequence of their living conditions. These determinants are not isolated, but interact in complex ways, often exacerbating the vulnerabilities of the most impoverished and marginalized populations. Individuals who identify as LGBTI+ usually face multiple layers of discrimination that negatively impact access to health, mental health, and general well-being. Addressing these intersections is essential to creating inclusive health policies promoting equity and justice.

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The concept of intersectionality, based on the contributions of black feminism^{2,3}, offers a powerful analytical lens for understanding how different forms of oppression intersect and shape experiences with consequences for individuals' lives.

When applied to the context of public policy⁴, intersectionality provides a relevant framework for understanding how overlapping identities – such as race, class, gender, and sexuality – can exacerbate the barriers faced by certain groups in accessing healthcare. It challenges policymakers to go beyond a one-size-fits-all approach and consider how specific intersections can lead to unique health needs and disparities. In sexual and gender diversity, recognizing intersectionality is vital to ensuring that health policies are inclusive in principle and effective in practice.

It is imperative to identify and address the unique challenges faced by groups in situations of vulnerability, especially those at the intersection of multiple markers and marginalized identities, to promote human rights in the health field. Affirming human rights in this context means developing policies that are attuned to the specific needs of these groups, ensuring that they have equitable access to the full spectrum of health services. This approach requires a commitment to intersectionality as a guiding principle in public health, recognizing that we can only achieve accurate equity in health for all by addressing the complex interplay of factors that shape vulnerability.

Collaborators

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