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Invisible Inequalities: How Social Determinants Shape Access to Healthcare Services in Contemporary Brazil

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SUMMARY

This study discusses how social determinants influence access to services. health in contemporary Brazil, highlighting that inequalities go beyond economic conditions and include factors such as education, race, gender, territory, working conditions and environment. An analysis is made of how these structural dimensions shape... Opportunities are created, but they limit rights and often produce forms of exclusion. made invisible by public policies. The text highlights that populations in situations of Vulnerability faces barriers in access, quality, and continuity of Careful, this reinforces historical disparities and compromises the effectiveness of the Unified Health System. It is argued that recognizing and addressing these inequalities is fundamental to promoting equity, strengthening integrated policies and redefining Care strategies that take into account the complexity of the Brazilian social context. This study contributes to the debate on social justice by presenting possible paths forward. to reduce inequalities and expand universal and comprehensive access to health.

Keywords: social inequalities; social determinants of health; access to health services; health equity; Brazilian public policies.

ABSTRACT

This study examines how social determinants shape access to healthcare services in contemporary Brazil, highlighting that inequalities extend beyond economic factors and encompass education, race, gender, territory, working conditions, and environmental

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context. It examines how these structural elements shape opportunities, limit rights, and create forms of exclusion that often remain invisible within public policy frameworks. The analysis reveals that vulnerable populations encounter significant barriers to access, quality, and continuity of care, thereby reinforcing historical disparities and limiting the effectiveness of the Unified Health System. The study argues that recognizing and addressing these inequalities is essential to promoting equity, strengthening integrated policies, and redefining care strategies that reflect the complexities of Brazilian social dynamics. It contributes to the broader debate on social justice by suggesting pathways to reduce disparities and enhance universal and comprehensive healthcare access.
Keywords: social inequalities; social determinants of health; healthcare access; health equity; public policies in Brazil.

INTRODUCTION

Understanding health inequalities in Brazil requires an analysis of social determinants that structure how different groups access and use and benefit from health services. Although the country has a universal public system, the Unified Health System (SUS), the practical guarantee of this right is still... marked by historical asymmetries that influence care opportunities. In Contemporary Brazil, aspects such as income, education, race, social class, gender, Territory and working conditions have a significant impact on the process. Health and illness are interconnected, shaping individual and collective trajectories. Therefore, health cannot... to be understood in isolation, but as a product of multiple social factors that, When they interact, they produce inequalities that are often invisible, but rooted in society.

The social determinants of health constitute a field of study that seeks to understand how living conditions and social structures interfere with physical well-being. and mental health of populations (Fornazari et al., 2024). In the Brazilian context, marked by regional disparities, income inequality, precarious work and exclusion Territorially, these factors become even more explicit. Peripheral regions, rural areas far from urban centers, indigenous and quilombola communities, black populations, Women and vulnerable groups face structural challenges that hinder... Effective access to health services. These inequalities are evident in the limited supply of

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services, in the low availability of professionals, in the unequal access to information, in physical distance from care units and the cultural and institutional barriers that They make the system more accessible to some than to others.

The invisibility of these inequalities is related to the fact that many of them... They become naturalized in everyday life (Krieger, 2023). When an individual is unable to mark consultation, abandons treatment due to lack of transportation, faces long lines, receives dehumanizing treatment or not finding available medications, such situations These experiences are often seen as isolated problems within the system. However, these experiences They reflect a set of social conditions that restrict rights and reproduce patterns of exclusion. Thus, what appears to be a specific problem is, in fact, expression of an unequal structure that precedes and surpasses the institutional space of health. This naturalization means that systemic barriers remain largely in place. discussed, making it difficult to develop public policies capable of addressing them. effective form (Silva, 2025).

In contemporary Brazil, in addition to the already historical challenges, new scenarios are taking shape. such as increased social vulnerability, the expansion of informal work, the food insecurity, rapid urbanization, and a lack of continuous investment in public sector. These factors impact the SUS's ability to guarantee universal access and integral (Krieger, 2025). In regions of greater vulnerability, the absence of policies Integrated public systems exacerbate the situation, making healthcare dependent on external conditions beyond the control of the system itself. In this way, access to... Health services become a reflection of the social inequalities accumulated over time. decades, demonstrating that health is both a consequence and an indicator of conditions. social structures of a population.

Another key point is the role of racism, sexism, and other forms of discrimination. structural factors contribute to the production of health inequalities. Black populations, for example, They exhibit worse maternal mortality indicators and a higher incidence of diseases. chronic conditions and reduced access to specialized services. Women living in territories Vulnerable individuals face additional obstacles related to violence and overburdening. work and the devaluation of sexual and reproductive health (Paim, 2009). People LGBTQIA+ people, indigenous people, riverside communities, and people experiencing homelessness encounter barriers that They range from explicit prejudice to the complete absence of services adapted to their needs.

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realities. These phenomena demonstrate that health inequality is not just material, but also symbolic and institutional.

Social determinants shape not only who accesses the system, but also how The system responds to the needs of each group. The organization of services, many sometimes centered on a biomedical model and insensitive to sociocultural diversities, It contributes to pushing away populations that already face significant vulnerabilities. (Fornazari et al., 2024). The lack of welcoming environment, the absence of trained professionals to deal with cultural specificities, inadequate physical structure and language. Technical limitations hinder the connection between users and services. Thus, inequalities persist. These issues manifest both in initial access and in the continuity of care, compromising treatment and increasing health risks (Gomes; Órfão, 2021).

The discussion about invisible inequalities therefore seeks to illuminate dimensions of realities that do not appear in formal indicators, but that make up the daily lives of Millions of Brazilians. To speak of social determinants is to acknowledge that health is not... Not just the absence of disease, but the result of broader living conditions, work, housing, income, education, security, and environment. It is also about understanding that policies Fragmented public sectors, lacking dialogue between departments, tend to produce responses insufficient in the face of complex problems. Thus, the realization of the right to health requires actions that go beyond the health sphere, integrating social, economic and cultural.

Finally, understanding how social determinants shape access to services... Healthcare in contemporary Brazil is fundamental to advancing towards equity. This This implies recognizing historical inequalities and understanding the impacts of the context. socioeconomic, strengthen social participation and guarantee public policies that respond to the real needs of the population. The proposed analysis seeks to contribute to This debate highlights the importance of making visible the inequalities that still exist. They limit the right to health and point the way to building a system. universal, comprehensive and fair for all.

THEORETICAL FRAMEWORK

Understanding access to healthcare services in Brazil requires situating this discussion within...

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from a historical, social and political scenario marked by structural inequalities (Silva, 2025). The country has carried since its formation colonial, slave-owning, and patriarchal foundations that They shaped social relations and produced hierarchies that are still reflected today. Indicators of health, mortality, living conditions, and opportunities. The establishment of the Unified Health System in 1988 represented a fundamental milestone in... recognition of health as a right for all and a duty of the State, breaking with previous models that restricted access to employed workers. However, the The full exercise of this right remains contingent upon factors external to the sector. sanitary barriers, which act as invisible barriers and hinder the universalization of care. (Krieger, 2025).

Contemporary Brazil presents a complex scenario in which conditions Socioeconomic factors, demographic characteristics, and territorial dynamics influence... decisively influences how different social groups relate to services. health. Unequal income distribution, precarious work, low schooling in certain regions, insufficient urban and rural infrastructure and Unequal access to goods and services are elements that shape both... need in terms of the ability to seek care. While populations of greater Those with lower incomes have access to better housing, transportation, education, and resources. Materials, vulnerable groups face restrictions that limit their autonomy and They expose us to higher risks.

Territorial inequality is one of the most evident elements of this context. Brazil It presents intense regional disparities: regions such as the Southeast and South have, in Average, greater availability of health units, more evenly distributed professionals. and more consolidated infrastructure, while the North and Northeast regions coexist with scarcity of services, long distances, transportation difficulties and reduced presence of public authorities. This inequality is further accentuated when one considers riverside populations, indigenous peoples, quilombola communities, and isolated rural communities, who They depend on itinerant or rarely accessible services. Thus, the territory ceases to It is not just a physical space, but it becomes a determining factor for access. (Krieger, 2023).

Beyond territory and income, social markers of difference – such as race, gender, Social class and identity influence health experiences. The Black population in

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Brazil, marginalized and more exposed to precarious living conditions, faces indicators
disproportionate rates of maternal mortality, chronic diseases, violence, and reduced access to
specialized services (Fornazari et al., 2024). Structural racism is expressed both
in terms of living conditions as well as care, resulting in less acceptance,
Undervaluing pain and insufficient treatment. Poor women, especially black women,
They face additional barriers due to the increased burden of domestic work.
wage inequalities, gender-based violence, and difficulties accessing services
sexual and reproductive health (Paim, 2009).

Another central aspect of this context is the relationship between public policies and inequalities.
social issues. In recent decades, fiscal austerity policies and reductions in investment have led to significant changes.
Public and budgetary limitations have affected the SUS's ability to respond to...
The needs of the population. The implementation of management models that prioritize goals.
quantitative factors, chronic underfunding, and increasing dependence on services
Private or supplementary options reinforce inequalities between those who can afford to pay.
by health insurance plans and those who depend on the public system. Although the SUS is a
One of the largest and most comprehensive health systems in the world, its effectiveness depends
adequate funding, territorial planning and intersectoral actions that
Consider the specific characteristics of the population.

In urban areas, the uncontrolled growth of cities also produces impacts.
Significant health impacts. Peripheral regions suffer from a lack of basic sanitation, deficient transportation,
inadequate housing, food insecurity, and violence.
Daily life presents factors that increase illness and hinder access to care.
In this sense, health comes to be influenced not only by diseases, but by a set of factors.
of accumulated vulnerabilities that affect quality of life and intensify
Pre-existing inequalities. The absence of integrated policies between health and social assistance.
Social issues, education, security, and housing further hinder the development of effective responses to
the population's needs (Gomes; Órfão, 2021).

The interaction between social vulnerability and institutional practices also makes up the
context in which invisible health inequalities are produced. Even when
While services are available, users may face stigma, prejudice, and...
Discrimination that makes care impossible. People experiencing homelessness, alcohol users.
and other drugs, LGBTQIA+ people, migrants, and traditional populations find

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Symbolic and institutional barriers that overlap with material barriers. The lack of adequate professional training to deal with cultural, mental and social diversity. This results in dehumanized treatment, a lack of qualified listening, and abandonment. therapeutic (Krieger, 2025).

The current context highlights that access to healthcare cannot be understood solely as availability of services, but as an expression of broader social conditions that They influence daily life. When analyzing contemporary Brazil, it becomes evident that Social determinants shape not only who gets sick, but also who has the means to do so. The real need to seek care, be welcomed, and maintain appropriate treatment. With that, Understanding how invisible inequalities work is fundamental to to promote equity and strengthen public policies aimed at effectively guaranteeing the right to health.

METHODOLOGY

The methodology adopted for this study is based on a qualitative approach to descriptive and analytical in nature, aimed at understanding how social determinants They shape access to health services in contemporary Brazil. The research was structured from bibliographic and documentary review, bringing together productions academic studies, institutional reports, legislation, and official documents that address social inequalities, public health policies, and the organization of the Unified Health System. Health. The central objective of this methodological strategy is to identify, analyze and to interpret the structural, social, and territorial factors that influence the conditions of access, highlighting how such determinants, often rendered invisible, have repercussions in the healthcare pathways of the Brazilian population.

The literature review includes national and international authors who discuss social determinants of health, equity, structural inequalities and policies of social protection. Databases such as SciELO, LILACS and Google were consulted. Scholar, prioritizing studies published in the last two decades, but without excluding works relevant classics for the theoretical foundation. In addition to the scientific literature, there were Documents produced by institutions such as the Ministry of Health were analyzed. World Health Organization, Pan American Health Organization, Institute

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Brazilian Institute of Geography and Statistics and National Health Council, which provide data
Epidemiological guidelines and analyses on the health situation in the country.
The analysis of the selected materials was carried out through critical reading and categorization.
thematic, seeking to identify patterns, recurrences, and contradictions in discussions about
Social inequalities and access to healthcare. The central categories adopted were:
social determinants of health, territorial inequalities, social markers of
Difference, public policies, and barriers to access. This categorization made it possible to...
construction of a broader interpretation of the phenomenon, integrating dimensions
economic, cultural, historical and institutional.
A methodological approach that values intersectorality was chosen.
recognizing that health is influenced by multiple factors and cannot be...
understood in isolation. Thus, discussions from areas such as
Sociology, geography, public policy, and gender and race studies enrich the analysis.
and promoting a more complete understanding of the complexity of the subject.
Finally, the choice of a qualitative approach is justified by the objective of interpreting.
meanings, relationships, and processes that cannot be captured by indicators alone.
quantitative. Considering the structural and multifaceted nature of inequalities in
In the context of health, this methodology allows us to highlight invisible, subjective, and symbolic dimensions.
that influence access to care and that often do not appear in the statistics.
official. Therefore, the methodology adopted seeks to offer a critical, contextualized, and comprehensive
reading of Brazilian reality, contributing to reflections that...
so that they can support more equitable practices and policies.

RESULTS

The results obtained from the bibliographic and documentary analysis reveal that the
Social determinants exert a direct and significant influence on access to
Health services in contemporary Brazil, producing inequalities that...
These manifest themselves in a structural, territorial, and institutional way. It was observed that factors
Factors such as income, education, race, gender, and place of residence continue to be the main ones.
conditions for access to care, reflecting historical disparities that affect the
The ability to use the system in a timely and continuous manner. In particular, populations

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Low-income individuals and residents of peripheral or rural areas face long
displacements, insufficient service supply and difficulties in maintaining
Regular monitoring, highlighting the strong influence of the territory as a factor.
limiter (Krieger, 2025).

Another relevant finding concerns racial inequalities in access to healthcare.
Studies show that the black population has worse health indicators and lower
access to specialized services (Fornazari et al., 2024). In addition, racism
The institutional framework appears as a symbolic and concrete barrier, hindering acceptance and
generating negative experiences that often drive users away from the system. Similarly
In this way, indigenous, quilombola, riverside, and migrant populations face obstacles.
related to geographical distance, lack of trained teams and lack of
adequate infrastructure to meet their specific cultural needs (Silva, 2025).

The analysis also identified that the organization of the health system reinforces
Inequalities arise when it is unable to meet demand or when it presents...
Structural deficiencies, such as lack of professionals, shortage of supplies, and lead times.
Excessive waiting times (Paim, 2009). In several regions, the irregular supply of services
specialized care and the fragmentation of care networks hinder continuity of care.
Careful, harming individuals with chronic illnesses and conditions that require
prolonged monitoring. The chronic underfunding of the SUS (Brazilian Public Health System) emerges as one of the
main factors that aggravate this situation, limiting the expansion of services and compromising the quality
of care (Gomes; Órfão, 2021).

Another important finding relates to the subjective and symbolic barriers that impact the
access. Even when services are available, many users face challenges.
Prejudice, lack of acceptance, incomprehensible technical language, and inadequate environments.
sensitive to social diversities. These elements, although they do not appear in indicators.
Official decisions influence the care experience and can lead to treatment abandonment.
This is particularly significant among LGBTQIA+ people, people experiencing homelessness, and...
substance users who report experiencing discrimination and lack of acceptance in
health services (Krieger, 2023).

Overall, the results indicate that access to healthcare in Brazil is shaped by a
a combination of structural and institutional factors that go far beyond the simple
availability of services. The inequalities observed are not the result of choices.

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individual factors, but also the interaction between socioeconomic conditions, public policies and
These institutional practices intertwine and produce persistent barriers.
The findings reinforce the need for intersectoral policies, affirmative action, and...
Care strategies that are sensitive to the specificities of different social groups, in order to
To promote equity and guarantee the right to health in an effective manner.

DISCUSSION

The analysis of the results shows that there are inequalities in access to health services.
In Brazil, these cannot be understood solely as operational failures of the system.
but as expressions of a set of social determinants rooted in the structure
Brazilian social context. The discussion reveals that factors such as income, race, gender, territory and
Education not only influences illness, but also determines who succeeds.
to access, remain in, and benefit from the care offered by the SUS. Thus, access to
Health presents itself as a multifaceted phenomenon, traversed by conditions.
historical and political factors that unequally shape life possibilities for
population (Fornazari et al., 2024).
The findings reinforce that the principle of equity, although foreseen in the guidelines
constitutional principles still face significant challenges in becoming a reality in everyday life.
services. The system, when subjected to cycles of underfunding and policies of
Due to austerity measures, it begins to operate in a limited way, increasing queues and reducing the supply of...
services are disrupted, hindering comprehensive care. This situation has a significant impact.
disproportionately vulnerable groups, who depend on the SUS (Brazilian public healthcare system) and have less
material and social resources to seek alternative forms of care. Therefore, inequality
In healthcare, it also reflects socioeconomic inequality, reproducing
historical patterns of exclusion.
Another relevant point discussed is the role of institutional practices in maintaining
invisible inequalities. Although the SUS (Brazilian Public Health System) is guided by principles of universality and
humanization, situations of institutional racism, gender discrimination,
stigmatization of homeless or LGBTQIA+ people and lack of preparedness to deal with them.
Cultural diversity shows that symbolic barriers are just as important.
Regarding material barriers. When the service does not welcome, does not listen, or does not acknowledge.
Given the specific needs of the users, continued care becomes fragile, generating

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Therapeutic abandonment and worsening of clinical conditions. Thus, the discussion points to
Addressing inequalities requires not only expanding the supply of services, but also...
transform institutional practices and cultures (Silva, 2025).

It is also evident that territory plays a central role in the process of
Inequality. The distance between residences and health facilities, the precariousness of
Public transportation, lack of basic sanitation, and urban violence make it more difficult for certain
populations to access basic and specialized care (Gomes; Orphan,
(2021). This scenario indicates that health policies need to be coordinated with other policies.
urban, social, and economic factors, because health issues cannot be resolved solely within the health sector.
sanitary. Intersectorality emerges as a fundamental requirement for understanding and
confronting the multiple dimensions of invisible inequalities (Krieger, 2023).

The discussion highlights that overcoming inequalities in access to healthcare requires recognizing that
They are the result of a social system that distributes opportunities unequally.
rights and living conditions (Paim, 2009). Equity in health depends on actions
integrated, adequate funding, vocational training sensitive to diversity and
Public policies that understand the complexity of social determinants.
In this way, the debate points to the need to strengthen the SUS (Brazilian Public Health System) and, at the same time,
to promote structural transformations that guarantee a more just and inclusive society.
and capable of ensuring the right to health for all.

CONCLUSION

The analysis conducted allows us to conclude that inequalities in access to health services
In Brazil, these factors are determined by social, economic, territorial, and institutional factors.
which extend beyond the health sphere and reflect the unequal structure of Brazilian society.
Although the SUS (Brazilian Public Health System) represents a historic advance in guaranteeing health as a universal right,
The realization of this right is still limited by barriers that affect people in a more significant way.
intense vulnerability among populations, such as Black people, residents of the outskirts of cities.
urban, isolated rural communities, indigenous peoples, quilombola communities, people in
Homelessness and other marginalized groups. These inequalities are invisible.
not because they cannot be perceived or measured, but because they are naturalized and
treated as individual problems, when in fact they are the result of conditions.
structural.

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The conclusion points to the fact that the social determinants of health play a central role.
in defining who can access, remain in, and benefit from the services.
available. The territory, income, education, work relationships, quality of
housing, sanitation, experiences of discrimination, and how services are provided.
Organized groups shape care trajectories. It is observed that the lack of acceptance, the
shortage of professionals, chronic underfunding of the SUS (Brazilian Public Health System), and fragmentation of networks.
Lack of attention contributes to widening existing inequalities, harming those
who are most dependent on the public system.
Thus, the conclusion reinforces that addressing invisible health inequalities requires much more than
expanding services or improving specific indicators. It is
It is necessary to adopt intersectoral policies, invest in strengthening the SUS (Brazilian Public Health System), and promote...
continuous professional development that is sensitive to diversity and developing strategies that
Consider the cultural and territorial specificities of each population. Furthermore, it is
It is essential to recognize and confront institutional racism, sexism, homophobia, and
other forms of discrimination that hinder care and perpetuate exclusion.
Therefore, reducing inequalities and ensuring equitable access to healthcare in Brazil depends
from a broad and integrated approach that considers the complexity of the determinants
social policies that place the defense of life and social justice at the center of public policies.
The full guarantee of human rights. The construction of a more just and healthy country.
It demands continuous efforts, active social participation, and political commitment to the
equity, so that the right to health ceases to be a formal promise and becomes
A reality for the entire population.

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