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Women's Health in the SUS: Challenges in Access and Equity

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Abstract

Women's health is a strategic area for Brazil's Unified Health System (SUS), grounded in the principles of universality, comprehensiveness, and equity. The National Policy for Comprehensive Women's Health Care (PNAISM), established in 2004, broadened the focus of women's health to include issues such as violence, mental health, and aging. However, its implementation still faces significant challenges. Structural, socioeconomic, and racial inequalities continue to hinder access and compromise the quality of care, particularly for Black, Indigenous, and socioeconomically vulnerable women. This essay critically analyzes these disparities through the lens of intersectionality, considering how gender, race, class, and other identities intersect to influence health outcomes. It highlights the need for targeted public policies, professional training, improved governance, and intersectoral articulation to ensure equitable and comprehensive care. Despite advances such as the Rede Cegonha and expanded contraceptive access, barriers remain due to fragmented services, insufficient funding, and limited institutional sensitivity. The study emphasizes that only coordinated actions aligned with social realities can fulfill the constitutional right to health for all Brazilian women.

Keywords: *Women's Health, SUS, Access to Health, Equity, Intersectionality*

Introduction

Women's health is a strategic area within the Unified Health System (SUS), which is based on the principles of universality, comprehensiveness, and equity in access to services. The National Policy for Comprehensive Women's Health Care (PNAISM), established in 2004, broadened the focus on women's health beyond reproduction to also include issues such as violence, mental health, and aging, seeking to overcome a limited biomedical model (Brazil, 2004; Ministry of Health, 2021). This progress marked an

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important step toward comprehensive care for women throughout all stages of life.

However, implementing these guidelines encounters complex challenges. Persistent regional, socioeconomic, and racial inequalities impact both access to and the quality of services. Black, Indigenous, and socioeconomically vulnerable women, particularly those in rural or peripheral areas, face substantial barriers to accessing basic health services, undermining the equity envisioned in SUS (Paim et al., 2011; Silva et al., 2022). Analyzing these inequalities is essential to understanding the limitations and opportunities within public policy for women's health.

Moreover, the contemporary context demands an intersectional approach — recognizing the multiple dimensions of inequality that cut across gender, race, class, and other identities. Incorporating this perspective into the planning and execution of women's health policies is vital for ensuring equitable and comprehensive care (Crenshaw, 1989; Silva et al., 2020). This essay thus aims to analyze the challenges of access and equity in women's health under SUS, highlighting structural, cultural, and institutional aspects.

Methodology

This academic essay is based on a critical review of scientific literature and official documents, including indexed articles, government reports, and recent academic publications. The selection prioritized studies addressing women's health within the SUS context, with a focus on public policies, access to services, and inequalities, drawing primarily from publications over the past ten years to ensure the contemporaneity of the discussion.

Development

The PNAISM marked a major advance in women's health in Brazil by promoting comprehensive and continuous care that transcends reproductive health, incorporating issues such as domestic violence, mental health, and chronic disease prevention. This policy laid the groundwork for expanding services within primary care, strengthening the comprehensiveness of care (Brazil, 2004; Ministry of Health, 2018). However, its implementation has been uneven and hampered by operational difficulties and gaps in professional training.

A recurring challenge is the persistence of inequalities in access to health services, especially among Black women and those living in rural or peripheral areas. Studies show that these women receive less quality prenatal care, undergo fewer consultations, and experience higher maternal mortality rates, reflecting the social and racial factors embedded in the health system (Paim et al., 2011; Ribeiro et al., 2018). This reality underscores the inadequacy of current strategies to reduce disparities.

The Rede Cegonha ("Stork Network"), created in 2011, is a key policy strategy to ensure comprehensive care for women during pregnancy, childbirth, postpartum, and early childhood. While prenatal coverage has improved, access and quality remain uneven across Brazilian regions, with lower service availability in smaller and more socially vulnerable municipalities (Souza et al., 2017; Ministry of Health, 2019). These obstacles hinder the network's intended impact.

Beyond infrastructure, professional qualification is a critical issue. The lack of specific training to address gender, sexual, and racial diversity leads to fragmented and sometimes disrespectful care, especially for women in vulnerable situations (Silva et al., 2020; Oliveira et al., 2019). Continuous education and sensitization are thus essential for fostering humane and equitable care.

Another fundamental aspect is access to family planning, which has progressed with the expansion of free contraceptive methods, including the increased use of intrauterine devices (IUDs) in primary care. Studies indicate that SUS has improved this access, reducing unplanned pregnancies and promoting women's autonomy over their bodies (Campos et al., 2021; Ministry of Health, 2022). Nonetheless, resistance and limitations in availability persist in some regions.

Violence against women is a severe issue that directly affects women's health and requires integrated responses. SUS has implemented protocols to support and care for women victims of violence, such as the "purple rooms," which provide specialized and welcoming care. However, resource shortages and fragmented support networks hinder access to these services, especially in smaller municipalities (Carvalho et al., 2018; Ministry of Health, 2020).

Intersectionality is essential to understand how multiple forms of discrimination affect access to health. Black, Indigenous, trans, and disabled women face additional barriers, ranging from prejudice to institutional invisibility, compromising their right to care (Crenshaw, 1989; Silva et al., 2020). Overcoming these disparities requires targeted policies and affirmative actions. Social participation in Health Councils is a strategy to strengthen social control and ensure that women's demands are heard. However, the low representation of marginalized groups within these forums limits their effectiveness in advancing women's health (Santana & Almeida, 2019). Enhancing participation is thus key to promoting equity.

The prevailing biomedical culture in SUS, which prioritizes curative and technical aspects over comprehensive and humane care, is a significant barrier. This manifests in practices that disregard women's subjectivities and the specificities of gender, race, and culture, leading to mistrust and disengagement from health services (Oliveira et al., 2019; Santos et al., 2021). Building an institutional culture sensitive to these issues remains a challenge for SUS.

Racial disparities in maternal health are particularly concerning. Data show that Black women face higher risks of maternal death and lower rates of adequate prenatal care — outcomes shaped by socioeconomic and racial factors compounded by systemic healthcare failures (Paim et al., 2011; Souza et al., 2017).

Tackling these inequalities must be a public policy priority. Domestic violence is a major determinant of women's health, increasing the risk of physical and psychological harm. The integration between health, justice, and social services remains incipient, hampering effective and continuous responses for victims (Carvalho et al., 2018; Ministry of Health, 2020). Intersectoral coordination is therefore crucial.

SUS's decentralization provides potential for local innovations in women's healthcare, but weak municipal governance limits this potential, especially in vulnerable areas (Paim et al., 2011; Silva et al., 2022). Strengthening local management and intersectoral coordination is necessary to amplify policy impact. Finally, underfunding and lack of rigorous monitoring compromise the sustainability and effectiveness of women's health policies in SUS.

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Continued investment and constant evaluation are indispensable to address failures and ensure universal access (Ministry of Health, 2021; Silva et al., 2020).

Conclusion

Women's health within SUS has seen important advances, especially with PNAISM and the Rede Cegonha, which expanded the scope and accessibility of services. However, structural, institutional, and cultural challenges persist, hindering equity, particularly for Black, Indigenous, and socioeconomically vulnerable women. Intersectionality and the strengthening of social participation must be prioritized in public policies.

To overcome these barriers, investments in professional training, intersectoral integration, local governance, and increased funding are essential. Only through coordinated actions that are sensitive to social specificities can the right to health be guaranteed for all Brazilian women, in line with SUS's founding principles.

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