

Homoparenting: challenges for public health

Although the term “homoparenting” may be perceived as recent in the field of public health, it was coined in 1997 by the Association of Gay and Lesbian Parents in France¹. This expression refers to families that include at least one adult who identifies as homosexual, raising one or more children¹.

One of the main reasons for homoparenting to be addressed in public health is the need to problematize what constitutes a family. The diversity of family configurations in society can raise questions about what is understood by the so-called normal family², implying – at the very least – a better understanding of this institution. Conscious of this need, most of the studies produced in the field of health in general, in their inception, question the heteronormative context that serves as an explanatory model for the lack of care and specific health actions for families constituted by lesbian and gay couples and their children³.

As this challenge is tackled, a plethora of health actions may emerge or be broadened, such as including the issue within the scope of health professionals’ training, developing programmatic lines for health care for homoparental families or, as some people call them, for homoffective families and promoting of reproductive rights for homosexual couples, among others.

Furthermore, it is important to highlight the contributions of social movements in demanding rights for these families, including those in the health field, especially in more conservative political contexts.

Based on the logic of problematizing homoparenting in the field of health in general, and public health in particular, this Thematic Issue – with its varying theoretical-methodological approaches and themes from national and international authors – can be a starting point for other discussions to be developed.

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