Supplementary material

Supplementary Table 1 – Evaluation of methodological quality of the studies included

Place and collection year (reference)	Response rate	95%CI[a] and subgroups	Participants described	Score
Pelotas 1992[17]	1	1	1	7
Salvador 1992[18]	0	0	0	4
Rio de Janeiro 1994[19]	1	1	1	7
Rio Grande do Sul 1995[20]	1	1	1	7
PNAD [b] 1998[38]	0	1	1	6
Rio Grande 2000[21]	1	1	1	7
Sobral 2000[22]	1	1	1	7
Fortaleza 2002[23]	1	1	1	7
Canoas 2002[24]	1	1	1	7
PNAD [b] 2003[39]	0	1	1	6
SB [c] Brasil 2003[40]	1	1	1	7
São Leopoldo 2003[25]	1	1	1	7
Pelotas 2005[26]	1	1	1	7
Maranhão 2006[27]	0	1	1	6
Maranhão 2006[28]	0	1	1	6
Pelotas 2007[29]	1	1	1	7
Lages 2007[30]	1	1	1	7
Brasil 2008[31]	1	1	1	7
Campinas 2008[32]	1	1	1	7
PNAD [b] 2008[41]	0	1	1	6
Porto Alegre 2009[33]	1	1	1	7
Florianópolis 2009[34]	1	1	1	7
SB [c] Brasil 2010[42]	1	1	1	7
Bahia 2011[35]	0	1	1	6
Brasília 2012[36]	1	1	1	7
PNS [d] 2013[43]	1	1	1	7
Maringá 2013[37]	0	1	1	6

a) 95%CI: 95% confidence interval
b) PNAD: National Household Sample Survey
c) SB: Dental Health
d) PNS: National Health Survey
Notes:
0 = criterion not attended by the study
1 = criterion attended by the study
The criteria with no variation between the studies (census sample, sample calculation, impartial assessment = 1 and validity tool = 0) were suppressed from this table.

| Data sources	Search strategy
MEDLINE (PubMed)	("prevalence"[mesh]) and (("health services"[tiab]) OR ("health service"[tiab])) and (brasil or brazil)
EMBASE	#1 'prevalence'/exp OR prevalence #2 'health service':ti #3 'health service':ab #4 #2 OR #3 #5 'brazil' #6 #1 AND #4 AND #5
Scopus	TITLE-ABS (health servic*) AND TITLE-ABS (prevalence) AND AFFILCOUNTRY (brazil)
LILACS	(brasil or brazil) and ((health services) or (health service) or servicios de salud) or (servicios de atención al paciente) or (consumo de servicios de salud) or (uso de servicios de salud) or (utilización de servicios de salud) or (serviços de saúde) or (serviços de atenção ao paciente) or (consumo de serviços de saúde) or (uso de serviços de saúde)) and (prevalence or prevalencia or prevalência)
SciELO	(ab:((brasil or brazil) and ((health services) or (health service) or (servicios de salud) or (servicios de atención al paciente) or (consumo de servicios de salud) or (uso de servicios de salud) or (utilización de servicios de salud) or (serviços de saúde) or (serviços de atenção ao paciente) or (consumo de serviços de saúde) or (uso de serviços de saúde)) and (prevalence or prevalencia or prevalência)))

Supplementary Figure 1 – Search strategy
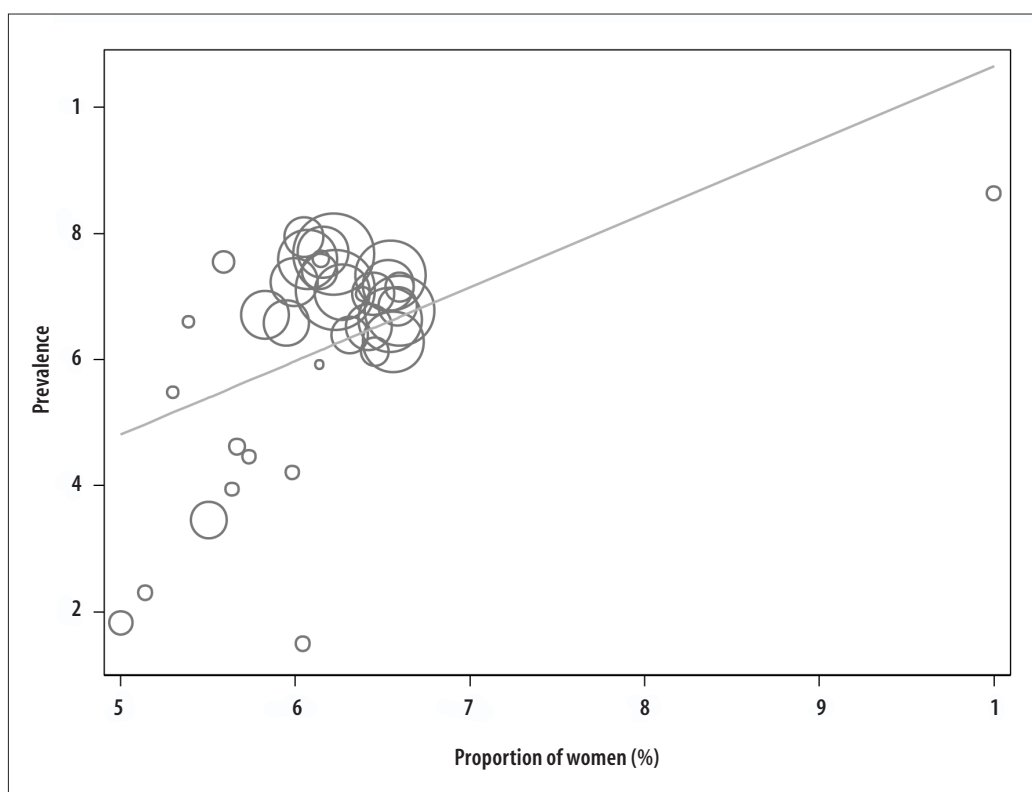
Note: Each study is represented by a circle, proportional to the sample size. The line represents the variation of prevalence of medical visit according to the proportion of women in each study. The prevalence of medical visit increased with the higher proportion of women and this variation was significant in Knapp and Hartung tests (p=0.001; R^2=25%).

Supplementary Figure 2 – Influence of the proportion of women in the prevalence of medical visit
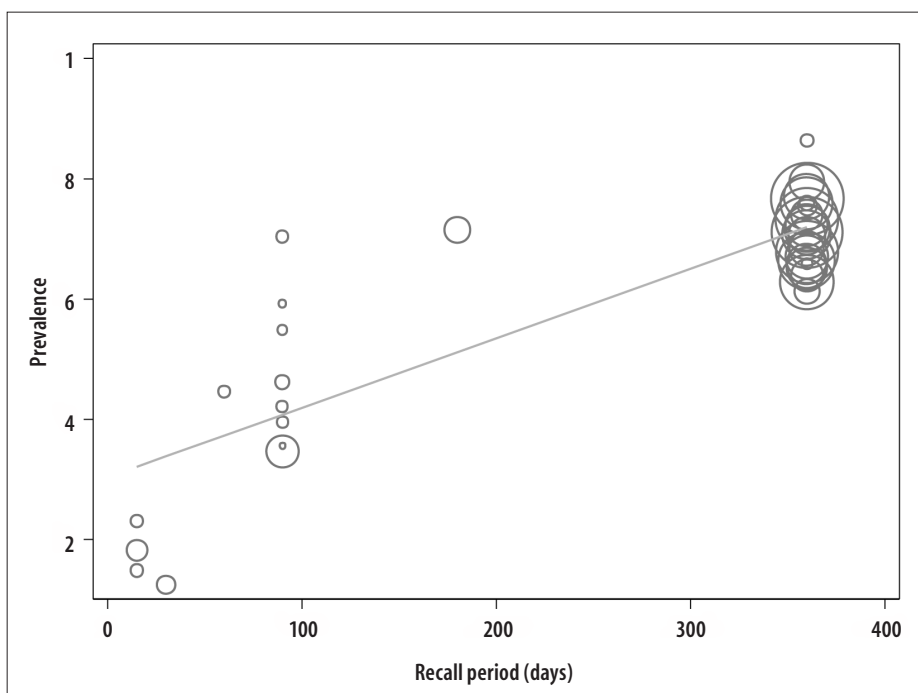
Note: Each study is represented by a circle, proportional to the sample size. The line represents the variation of prevalence of medical visit according to the proportion of women in each study. The prevalence of medical visit increased with the higher proportion of women and this variation was significant in Knapp and Hartung tests (>0.001; R^2=72%).

Supplementary Figure 3 – Influence of the recall period in the prevalence of medical visit
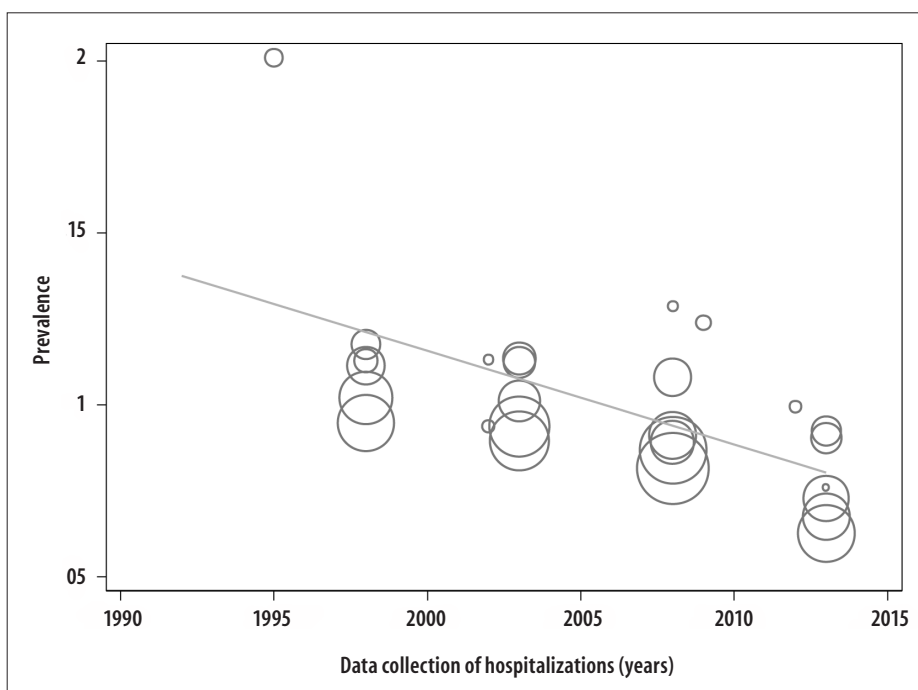

Note: Each study is represented by a circle, proportional to the sample size. The line represents the variation of prevalence of hospitalization according to the year of data collecion of each study. The prevalence of hospitalization reduced as the years passed by and this variation was significant in Knapp and Hartung tests =0.001; R^2=36%).

Supplementary Figure 4 – Influence of the data collection in hospitalization
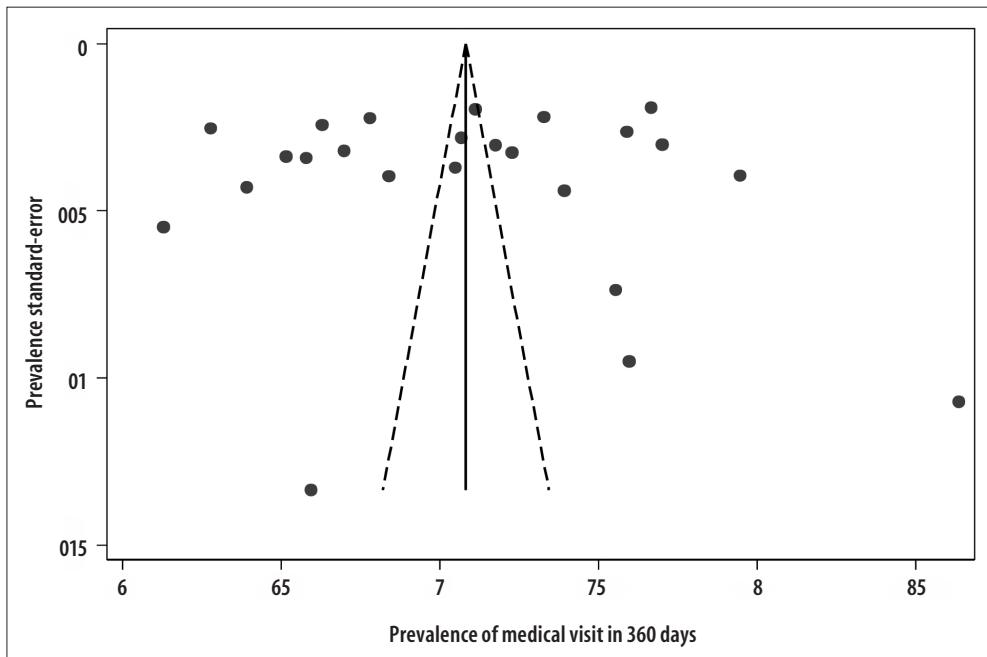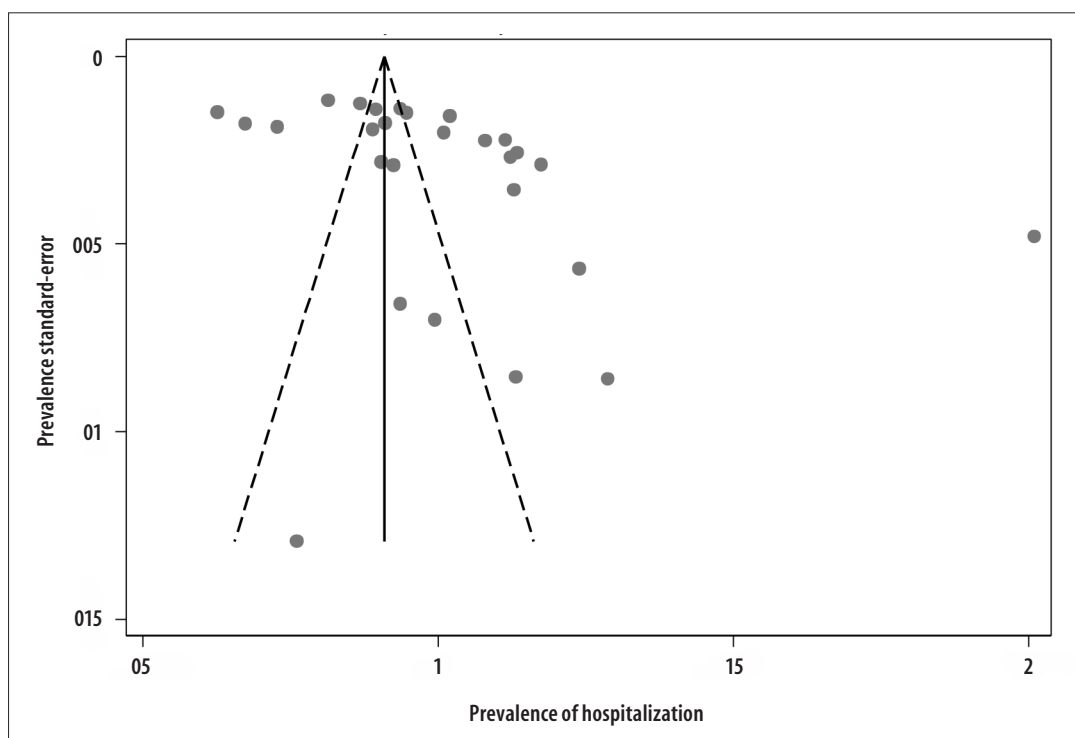
Note: The studies, represented by points, are distributed according to the prevalence standard-error by the prevalence estimate: bigger studies, with lower error, are in the superior part of the funnel, and smaller studies, on the base. There is asymmetry in the distribution of the four smaller studies, located on the inferior part of the graph; however, the effect of such studies was discarded by Egger test (p=0.841).

Supplementary Figure 5 – Small study effect in the prevalence of medical visit in the last year
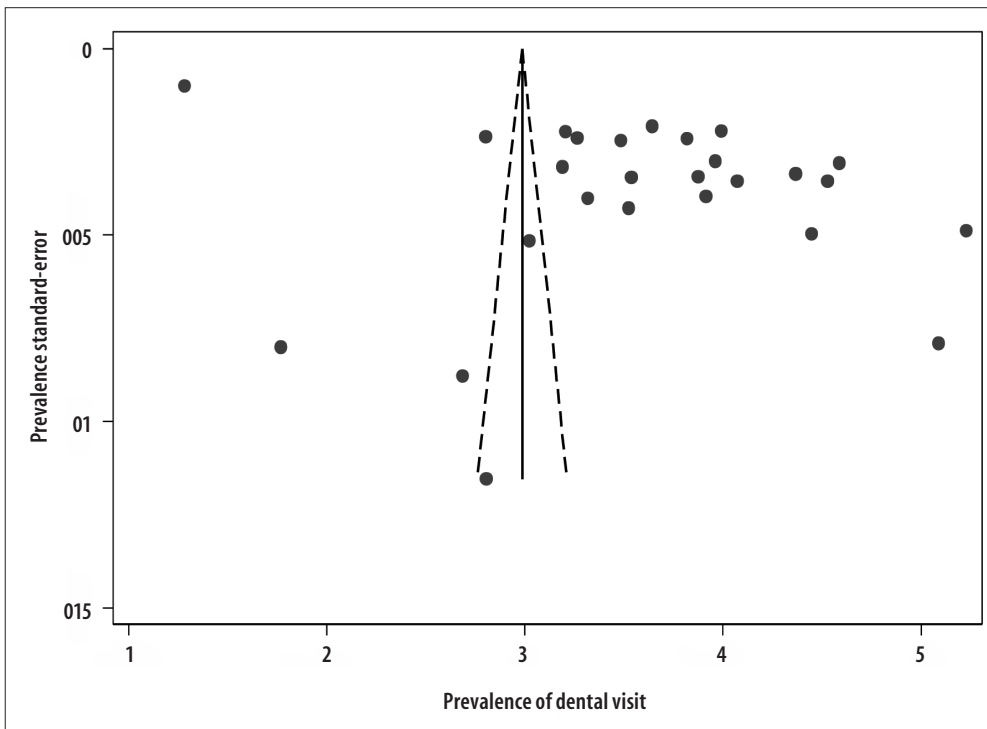
Note: The studies, represented by points, are distributed according to the prevalence standard-error by the prevalence estimate: bigger studies, with lower error, are in the superior part, and smaller studies, on the base. There is asymmetry in the distribution of the four studies located on the inferior part of the graph; the effect of such studies was discarded by Egger test (p>0.001)

Supplementary Figure 6 – Small study effect in the prevalence of dental visit in the last year

Note: The studies, represented by points, are distributed according to the prevalence standard-error by the prevalence estimate: bigger studies, with lower error, are in the superior part, and smaller studies, on the base. There is asymmetry in the distribution of the five studies located closer to the base; the effect of such studies was discarded by Egger test (p=0.007).

Supplementary Figure 7 – Small study effect in the prevalence of hospitalization in the last year