

ORIGINAL ARTICLE

HEALTH OF THE LGBTQIA+ POPULATION IN THE TRAINING OF
NURSES IN BRAZILIAN PUBLIC INSTITUTIONS

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Highlights: (1) In 85.7% of courses, the topic of LGBTQIA+ health is not covered completely. (2) Most institutions that cover the topic on a mandatory basis are in the Northeast. (3) There are many gaps, recognizing needs allows us to restructure care.

PRE-PROOF

(as accepted)

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ABSTRACT

The LGBTQIA+ population has a demand around sexuality that has not been addressed in the training of nursing professionals. In this way, the objective was to analyze the teaching offered to students of nursing courses at Brazilian public institutions to welcome the LGBTQIA+ population. Documentary study was carried out using data from the Pedagogical Course Projects (PCP) of nursing courses from several Brazilian public institutions, available online, with the aim of verifying the existence of mandatory subjects that address the topic. Data collection took place from August to October 2022, and 63 available PCPs were selected and analyzed. It was found that only 9 (14.28%) courses covered the topic clearly in mandatory subjects. Learning about care for the LGBTQIA+ population provides a better welcome since, in many cases, family rejection still occurs, in addition to the prejudice and social censorship that comes from society. It is important to highlight that among the positive findings, there are still weaknesses, such as subjects that are entirely theoretical and therefore do not adequately prepare professionals for assistance. The conditions for humanization in serving all audiences are still fragmented, and taboos need to be overcome and treated with due importance for a more equitable society.

Keywords: Sexuality; Nursing; College education; Curriculum; LGBTQIA+ people.

INTRODUCTION

A minority group is defined as distinct groups belonging to the state's population that have stable ethnic, religious, or linguistic characteristics that differ strongly from those of the rest of the population; in general, they are numerically inferior in relation to the general population and do not occupy a dominant position.¹ The vulnerable group is defined by the chance of exposure to illness, formed by a set of aspects not only individual but encompassing their collective context, which results in greater susceptibility to pathologies.² The LGBTQIA+ population, black people, women, and people with disabilities are common examples of minority groups and vulnerable populations, as they have specific health needs according to their individual characteristics.

Just like other vulnerable populations, the demands of the LGBTQIA+ population are varied, which is why it is necessary to think about the specificity of each letter in the acronym.

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Therefore, the application of the comprehensive care process becomes essential, as each person needs to be evaluated in all dimensions, including sexuality, as this is intrinsically related to any person's life.

Nursing is seen as a humanistic science, and its main objective is to develop care related to the prevention, promotion, cure, and rehabilitation of individuals and communities.³ For this reason, it is important that professionals are trained to cover the human being in its entirety, that is, to address all its biopsychosocial dimensions.⁴ In this sense, sexuality cannot be poorly understood by this professional category, as it is intrinsically related to the life of any person.⁵

Furthermore, sexuality is understood as a social construction that constitutes the human experience, and, today, it is a key element in the formation of subjectivities. In view of this, due to the importance of educational processes in the construction of subjectivities, higher education must also be prepared to guide students to live in a plural world, where different sexual practices and desires are possible and equally respected, especially in nursing courses.⁶

It is important to highlight that health needs aim to include not only the biomedical aspects present in a service but also comprehensiveness and equity; thus, the needs are also social and historically constructed and must be perceived in the individuality of each service.⁷

The nursing school is not a place where only content such as human anatomy, human physiology, histology, embryology, and biochemistry should be taught; but it should be a space for learning about ethics and citizenship in the same way that coexistence and respect - and not just tolerance - for difference.⁶

This fact is extremely important, given that the nursing school is a space of great relevance for the construction of subjectivities in our society. Despite there being recommendations by the National Curricular Guidelines (NCGs) and the National Common Curriculum Base (NCCB), a study carried out in 2018 showed that nursing courses at Brazilian public higher education institutions have a small number of subjects that address gender and sexuality in a specific way in their curriculum.⁴

The biomedical vision of fragmentation of the human, which focuses only on pathologies, is still incorporated into nursing practices, especially in the area of sexuality, and directly interferes, making it difficult to promote health for users when there is difficulty in approaching the subject.⁸ Therefore, the lower demand for health services from this public may be associated with discrimination and/or the unpreparedness of professionals to deal with sexual diversity.⁹

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Therefore, the lack of understanding by the nursing professional category about non-heterosexual sexuality can negatively impact quality and care, allowing the provision of care that does not encompass culturally sensitive care in all life cycles.¹⁰

In view of the above, the objective of this study is to analyze the teaching offered to students of nursing courses at Brazilian public institutions to welcome the LGBTQIA+ population and consequently answer the guiding question, “Do undergraduate nursing courses have mandatory subjects that address the theme of satisfactoriness?”

METHODOLOGY

A descriptive, exploratory study was performed, with documentary analysis developed based on data from the Pedagogical Course Projects (PCP) of nursing courses at public institutions. The documents used are in the public domain and fully available online in accordance with MEC Normative Ordinance No. 40 of December 12, 2007. Therefore, there was no need to submit this study to the Research Ethics Committee, in accordance with Resolution No. 510 of April 7, 2016, of the National Health Council.

Data collection initially consisted of a search carried out between August and October 2022 of information on undergraduate nursing courses offered in person by public High Education Institute (HEIs) registered in the electronic system of the Ministry of Education E-MEC, implemented in 2007, for (re)accreditation, authorization, and recognition of HEI courses in Brazil, using the adapted methodology.⁴

After identifying the registered courses, we proceeded to survey the Pedagogical Course Projects (PCP) available online in a paired manner to provide methodological rigor. Access to documents was obtained through the websites of public institutions and requested via email to course coordinators. As an inclusion criterion, all documents available online or sent by email were included in the sample, and, as an exclusion criterion, PCPs available from private and/or private institutions were not listed.

Afterwards, the document analysis stage began, also in pairs, to provide methodological rigor. At this stage, all PPCs were read in full to identify the keywords, total course hours, and course hours that addressed the topic of the LGBTQIA+ population. The keywords LGBT, gay(s), homosexual(s), lesbian(s), and transsexual(s) were searched for in the syllabus of mandatory subjects. In the analysis, only courses that had themes in subjects from the

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mandatory matrix were considered, since, in the case of optional subjects, not all professionals would be qualified to work with this population, only those who are interested in the topic.

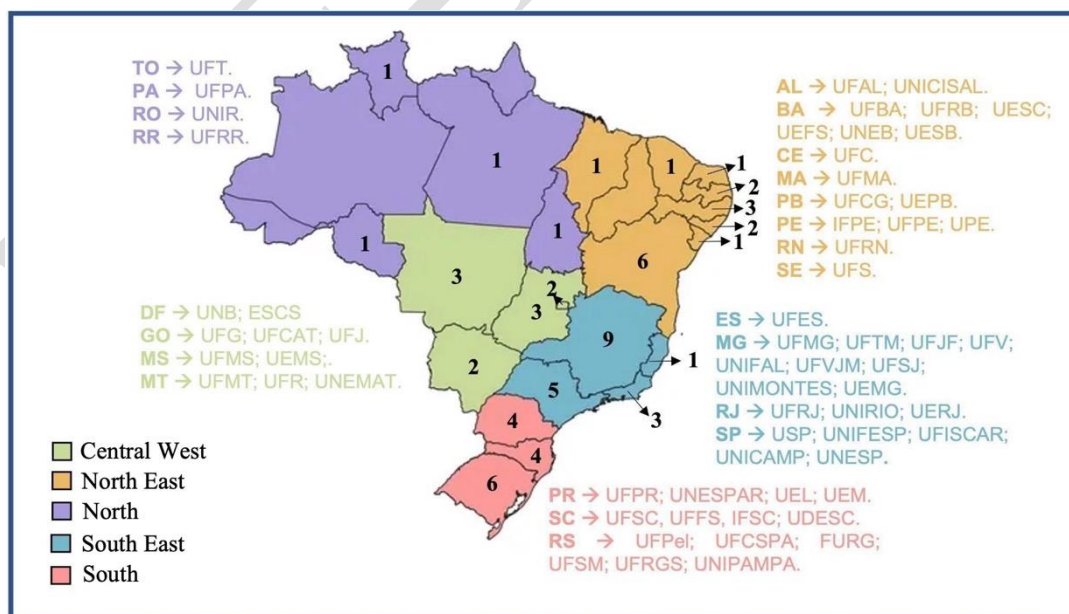
A self-designed instrument was used to collect data containing data characterizing the HEI: Federation Unit (FU), region, and administrative category (state or federal). To process data characterizing institutions and undergraduate courses, absolute and relative frequencies were used. Regarding the contents of the menus, they were described, analyzed, interpreted, and discussed.

RESULTS

We analyzed 63 PCPs of undergraduate nursing courses in 63 federal and state higher education institutions that were publicly available, in accordance with MEC Normative Ordinance n° 40 of December 12, 2007.

It was observed that, of the 63 PCPs evaluated, ten are from institutions located in the Central-West Region (15.9%), seventeen in the Northeast Region (27%), four in the North Region (6.3%), eighteen institutions in the Southeast Region (28.6%), and fourteen in the South Region (22.2%) (**Figure 1**).

Figure 1. Federal and State institutions assessed in terms of their Curricular Pedagogical Projects for the existence of compulsory subjects that address the LGBTQIA+ health.



Source: Own elaboration, 2023.

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It was identified that nine PCPs (14.3%) were found by at least one term of the keywords in the syllabus of mandatory subjects of the course; consequently, in 85.7% of the courses, the topic of LGTBQIA+ health is not addressed in an appropriate way. Complete and individualized, however, it is worth noting that the subject may be approached in a non-specific and indirect way in other disciplines.

In addition, it is possible to observe that the largest number of public institutions (4 HEIs - 6.35%) that address the issue on a mandatory basis are concentrated in the Northeast region. However, it is still a small number, since in percentages, this number corresponds to only 23.5% of the HEIs in that state that were evaluated (**Table 1**).

Furthermore, it was observed that, even in HEIs that have disciplines that address the topic, this happens in a very punctual manner, being explored in a course discipline with different views or approaches. Furthermore, of the nine PCPs that have disciplines that address the topic, six include the role of nurses or health care for the LGBTQIA+ population (**Table 1**).

Table 1: Profile of public HEIs with Nursing course, total course workload and the subjects that address the issue with their respective workload (WL).

Region	Institution and course WL	Subject and WL	Topics covered
North East	UEPB WL. 4110 h.	Women's Health Care Process I WL. 120 h.	<ul style="list-style-type: none"> ● Social care policies for women. ● National Policy for Comprehensive Women's Health Care. ● National Policy for the Comprehensive Care of the LGBT Population. ● Sexual and reproductive rights and the legal basis of violence against women.

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			<ul style="list-style-type: none"> • Women's health care protocol and the nursing care process. • Reproductive cycles, climacteric and menopause. • Communicable and non-communicable diseases affect women's health.
UNCISAL WL. 4557 h.	Contemporary diseases, health policies and care for specific populations WL. 480 h.		<ul style="list-style-type: none"> • Carcinogenesis (neoplasms of the penis, prostate, breast, and cervix) and screening for cases. • Integrative and complementary practices. • Disability and accessibility. • Aspects related to the health of the LGBT population. • Aspects related to the health of the indigenous, black, quilombola, homeless, deprived of liberty (prison system population). • Aspects related to men's health care policy.

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	<p>UFS* WL. 4335 h.</p>	<p>Community Nursing Practice III WL. 60 h.</p>	<ul style="list-style-type: none"> ● The role of nurses in the family health strategy in multi-professional teams. ● Public policies and programs for primary health care. ● The role of nurses in health programs for children, adolescents, women, the homeless, and the LGBTQ+ community in the context of human rights. ● Systematization of nursing care. Extension activities involving the community.
	<p>UFMA WL. 5085 h</p>	<p>Embryology WL. 45 h.</p>	<ul style="list-style-type: none"> ● Embryonic development and organogenesis of the main functional systems: skeletal system, muscular system, serous cavities, cardiovascular system, respiratory system, digestive system, head, and neck (including formation of the pituitary gland, thyroid gland, parathyroid glands, thymus, and cells for follicular), ear, eye, skin, and appendages, central nervous system (including the formation of the pineal gland), peripheral nervous system (including the formation of the adrenal gland). Urogenital system.

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			<ul style="list-style-type: none"> • A brief history of hermaphroditism, pseudo-hermaphroditism, transsexuality, homosexuality, eunuchs (including castrati), and transvestism.
North	UFT WL. 4125 h.	Health of Vulnerable Populations WL. 45 h.	<ul style="list-style-type: none"> • Identification of vulnerable populations. • The health-disease process in different population groups: black, indigenous, and homossexual populations. • The role of nurses is based on public programs and policies regarding vulnerable populations.

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South East	UFVJM WL. 4005 h.	Sexuality and Health Education - WL. 60 h.	<ul style="list-style-type: none"> ● General aspects of human sexuality. ● Identity, gender, and sexual orientation. ● Public policies and sexuality. ● LGBTQIA+ population. ● Health education. ● Attention from nursing professionals on the subject.
	UFES WL. 4050 h.	Women's, Children's, and Adolescents' Health Care WL. 390 h.	<ul style="list-style-type: none"> ● Assist children and adolescents at different levels of assistance, considering their uniqueness, family and social context, citizenship rights and health specificities of Afro-descendant, indigenous, LGBTQIA+, and child labor populations. ● Assist women at different levels, considering their uniqueness, family and social context, citizenship rights and health specificities of Afro-descendant, indigenous, LGBTQIA+ populations, residents, workers in rural areas and women in prison.

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South	UFSC WL. 4980 h.	Body, gender, and sexuality. WL. 36 h.	<ul style="list-style-type: none"> ● Definition of the body from the Greeks to post-modern times and miscegenation in Brazil. ● History of sexuality, sexual difference, and the gender and sexuality paradigm. ● Multidimensional aspects of human sexuality and the construction of the heterosexual and homosexual paradigm. ● Understanding sexual counseling in nursing consultations.
	IFSC WL. 4280 h.	Collective Health II WL. 80 h.	<ul style="list-style-type: none"> ● Understand the concepts and approaches of the Unified Health System. ● Policies for indigenous health, prisons, and the LGBT population, and persons with disabilities. ● SUS financing. ● The Family Health Strategy and PAC. ● Theoretical and practical applications of nursing between care and social aspects, according to local reality.

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	<p>IFSC</p> <p>WL. 4280 h.</p>	<p>Collective Health</p> <p>II</p> <p>WL. 80 h.</p>	<ul style="list-style-type: none"> ● Understand the concepts and approaches of the Unified Health System. ● Policies for indigenous health, prisons, and the LGBT population, and persons with disabilities. ● SUS financing. ● The Family Health Strategy and PAC. ● Theoretical and practical applications of nursing between care and social aspects, according to local reality.
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Caption: WL: Workload; h: hours. *Only in the Lagarto Unit. 1. Skills mentioned in the syllabus. Source: Own elaboration, 2023.

DISCUSSION

According to E-MEC, an electronic system from the Ministry of Education, implemented in 2007, for the (re)accreditation, authorization, and recognition of HEI courses in Brazil, there are currently 156 undergraduate nursing courses offered free of charge and in person. In this study, 63 (40.4%) PCPs from public institutions were analyzed. Among the 63 HEIs analyzed, only 14.3% cover the topic in a mandatory manner, and when extending the analysis to the total number of nursing courses, the percentage decreases to 5.8%. In this way, the analysis highlighted a scarcity of disciplines that specifically address the issue of LGBTQIA+ health.

Universities are important spaces for training subjects with a critical perspective on social relations, capable of producing movements of transformation in society.¹¹ Therefore, when considering the social determinants of health, it is important that there is training of qualified professionals to understand the process of health-disease and the health needs of different social segments.⁴ The stigmatization process related to sexual orientations and gender

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identities that deviate from cis and heteronormative standards is one of the main determinants of health problems for LGBTQIA+ people.¹²

The health professional must be able to meet the demands of the population, therefore, considering that such demands are not always linked only to the health-disease process, undergraduates and future health professionals need to be equally qualified in the scope of critical thinking, reflective and develop the ability to accept social demands. Considering that professional nurses make up most of the healthcare workforce and work at all levels of care, it is these professionals who will deal directly with the demands of the community.¹³

Therefore, when considering the institutions that integrate the subject into their curriculum, the average minimum duration of the course is 4,392 hours, and the average of these subjects is 146 hours; this represents a little more than 3% of the total workload. Considering the particularities of each institution, it is worth noting that some offer exclusively theoretical subjects. Although progress is relevant compared to institutions that do not address the topic, there is still no real preparation for this future professional. The training of future nurses requires quality teaching, which involves care, management, teaching, and research skills. Given the diversity of pathologies and technical procedures carried out, it becomes relevant for academics to understand nursing as an applied science, which moves from the empirical phase to the scientific phase, developing its theories and systematizing its knowledge.¹⁴

The nursing professional has roles, responsibilities, and competencies related to the LGBTQIA+ population, and among them, it is worth highlighting that nurses must offer support to life cycle transitions, including phases such as “coming out of the closet” and family conflicts related to sexual orientation and gender identity.¹²

Therefore, it is up to professionals to address sexual and gender diversity in all health actions (childcare, prenatal care, childbirth, home visits, palliative care, among others); when caring for unconscious people without identification, respect gender expression (clothes, accessories), regardless of genitals or body features; to define the use of treatment pronouns; and carry out educational groups in the community, health services, and school, whether specific to the LGTBQIA+ population or not, which include aspects of sexual and gender diversity. However, for these professionals to be trained, this content must be included in mandatory subjects so that all students have access to knowledge.¹⁵

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Some strategies that can be used to include these themes in the curriculum are case studies, nursing care plans, discussions, study groups, research, academic counseling, training courses, independent studies and extracurricular elective courses, partnerships with institutions, health services and specialists, interprofessional education, workshops, simulation, and consultancy.⁴ In this aspect, there are two important fields of action within the scope of primary health care (PHC); nursing consultation and the development of educational groups in the basic health unit. health (UBS) or in other spaces available in the territory, such as schools, neighborhood associations, churches, and public and collective spaces.¹⁵

Therefore, the National Humanization Policy highlights the importance of welcoming, which consists of recognizing what the other brings as a legitimate and unique health need. Its objective is to build relationships of trust, commitment, and bonding between services, workers, and users with their socio-affective network through qualified listening. That way, we have the National Primary Care Policy, which is guided by the principles of universality, accessibility, bonding, accountability, humanization, and equity. Therefore, primary care must consider the individual in their uniqueness and sociocultural insertion, seeking to produce comprehensive care.¹⁶

Finally, even today, there is a lack of studies on sexual behavior and STI prevention strategies in lesbian, bisexual women, and other sexual identities.¹² In view of this, there is an urgent need for research on LGBTQIA+ health to be developed to improve understanding of the specific needs, risks, behaviors, and vulnerabilities of the acronym. Invisibility is so present that studies on mental health, quality of life, health indicators of the lesbian population, access to health and sexuality of LGBTQIA+ people with disabilities or chronic illnesses other than HIV, social support, or intimate partner violence.

The discussion about the health of the LGBTQIA+ population, as well as other specific needs, constitutes the possibility of deconstructing and reconstructing concepts and values established throughout life.¹⁷ The promotion of sexual health is entirely related to the quality of professional training across the entire spectrum. aspects involving sexuality.¹⁸

It is worth noting that one of the limitations found was the possibility for institutions to address the topic in subjects, even though it was not detailed in the syllabus available in the PCP, and, due to this, they were not included in this study. Another limitation identified was the unavailability of the online PCP or even the lack of response to the email sent to the course coordinator requesting access.

CONCLUSIONS

The need to discuss the health needs of LGBTQIA+ people in higher education institutions stands out, which constitutes a major difference in the training of these professionals. However, as demonstrated in the research, in nursing courses at Brazilian public HEIs, there are still many gaps in the approach to this topic, such as the scarcity of subjects, which contributes to a decrease in the quality of care provided to these people.

Recognizing these needs makes it possible to restructure care, making it more attentive and appropriate to specificities, as well as reducing access inequities linked to sexual and gender diversity. To this end, it is necessary to think about strategies for improving curricular activities so that they comply with the National Curriculum Guidelines (NCGs) for undergraduate nursing courses and introduce in a standardized way the transversal themes established by the Law of Guidelines and Bases (LGB) of national education.

In this way, the deficit in the training of this future professional can lead to consecutive gaps in care. Lack of information on how to act, react, and welcome this community when providing services directly harms humanization. That said, it is essential that the individualities of LGBTQIA+ clients are included in everyday health care, whether in care practices or in theoretical disciplines that address life cycles.

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