

The health of LGBT+ people in nursing and health training, research and care

Saúde de pessoas LGBT+ na formação, pesquisa e atenção em enfermagem e saúde

Bruno Pereira da Silva¹
ORCID: 0000-0002-5825-7402

Cristiano Gil Regis¹
ORCID: 0000-0002-6024-6032

Eduardo Sodr  de Souza²
ORCID: 0000-0002-9698-028X

¹Universidade Federal do Acre, Cruzeiro do Sul, AC, Brasil

²Universidade Estadual de Campinas, Campinas, SP, Brasil

Editors:

Ana Carla Dantas Cavalcanti
ORCID: 0000-0003-3531-4694

Paula Vanessa Peclat Flores
ORCID: 0000-0002-9726-5229

Corresponding author:

Cristiano Gil Regis
E-mail: cristiano.regis@ufac.br

Submiss o: 04/03/2024
Aprovado: 05/03/2024

The Lesbians, Gays, Bisexuals, Transvestites, Transsexuals, Intersexuals and other gender identities and/or sexual orientations (LGBT+) movement has achieved rights in various areas of society. In the political and social spheres, the increase in the representation of LGBT+ people in political positions, the recognition of homoaffective unions as a family nucleus by the Federal Supreme Court in 2011, and the criminalization of homophobia in 2019 are just a few examples. In culture and the media, the representativeness and plurality of these people are becoming more present with efforts to deconstruct caricaturing and stigmatization. In health, within the scope of public and social state policy, the institution of the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals (*Pol tica Nacional de Sa de Integral de L sbicas, Gays, Bissexuais, Travestis e Transsexuais*, PNSILGBT) in 2011 established guidelines for promoting the comprehensive health of this population, with a focus on eliminating discrimination, institutional prejudice, reducing inequalities and consolidating the SUS⁽¹⁾.

However, these advances do not outweigh, in number or intensity, the violence and crimes committed against the LGBT+ population daily in the private and public spheres. Physical, verbal, psychological, and sexual violence resulting from LGBT+phobia has been happening in Brazil since the colonial period because even before the current denominations of sexuality and gender, people were already experiencing vulnerability. After all, they didn't fit the socially referenced standard of heteronormativity, binarity, and cismativity⁽²⁾. To this day, violence starts in homes and is perpetuated in schools, streets, universities, workplaces, health services, etc.

Specifically concerning sexual violence, lesbians and gays suffer approximately six times (6x) more aggression than cisgender heterosexual men. Occurrences increase for bisexual women (12x), non-binary people (15x), and transgender people (25x)⁽³⁾.

In terms of mortality, the most alarming rates are also related to transgender people. In 2022, 273 deaths of LGBT+ people were recorded in Brazil. Transvestites and transsexual women accounted for 58.24% of the cases, gay men accounted for 35.16% of the total and lesbians made up 2.93%. The figures make Brazil the country with the most murders of trans people in the world for the 14th consecutive year⁽²⁾.

Just as violence and murders of LGBT+ people are known to be underreported, LGBT+phobic manifestations do not always go public, resulting in the maintenance of the status quo of prejudice, discrimination, marginalization, and vulnerability of the community.

Cisgenderism, as a "CIStem"⁽⁴⁾ of oppression articulated with other systems such as sexism, machismo, classicism, and racism, by determining worse health outcomes for LGBT+ people, raises a central question for care: who is the universal being covered by the principle of universality?

Although initiatives around the world have endeavored to provide answers to these health inequities, it is important to reflect more deeply on the processes of exclusion of LGBT+ people from access to health rights. The dismantling of an ongoing idea, in health services, and among health professionals, about the “universal being” is a *sine qua non-condition* for the realization of universal care.

Therefore, recognizing the LGBT+ movement’s agendas in the health sphere implies, however, getting closer to the territories where these agendas are being built. The legitimization of the collective discourse developed in and by the LGBT+ community has historically guided the paths to be followed in the health sphere.

The PNSILGBT as one of these historic achievements, by recognizing the needs and singularities of the LGBT+ population, highlights the need to operationalize the principles and guidelines of the SUS. However, its implementation poses challenges and requires commitments from state and municipal health departments, health councils, and the Ministry of Health itself⁽¹⁾. Its creation aimed to reduce the inequalities of LGBT+ people in the SUS by strengthening and training them for comprehensive and equal care in various health institutions⁽⁵⁾. Even so, the exclusionary logic that operates in services regarding the health of the LGBT+ population reveals gaps in the training and continuing education of health professionals.

Considering the standardization of gender as a social structure that reduces sexuality to the genital organ and establishes rigid gender roles from a binary biological perspective, which interferes with the provision of healthcare from a universal perspective, nursing and healthcare training can commit to promoting reflection, deconstructing heteronormative precepts and developing skills for the healthcare of LGBT+ people⁽⁶⁾.

To this end, going beyond an exclusively technical and biomedical education based on teaching surgical procedures, dosing drugs and hormones, and treating sexually transmitted infections (STIs), for example, implies changing attitudes, acquiring specific knowledge, eliminating stereotypes, and developing cultural competencies⁽⁷⁾. Recognizing these people’s conceptions and views on the health-illness-care process contributes to the construction of new health narratives⁽⁸⁾. Added to this is the necessary and urgent overcoming of the absence or superficial approach to the health of the LGBT+ population in curricula⁽⁶⁻⁷⁾.

The privileged position that nursing occupies in international health systems is a potential driving force for reversing situations of social injustice and health inequities⁽⁹⁾. However, the professional training scenario is noteworthy, given the deficit in the development of themes related to the comprehensive health of the LGBT+ population⁽¹⁰⁻¹¹⁾.

The lack of knowledge of professionals working in health services about the comprehensive health of LGBT+ populations results in care that does not correspond to or meet the health needs of these people⁽¹²⁾.

In terms of research, although there are still gaps in Brazilian scientific production, there is evidence of an increase, especially since the creation of the PNSILGBT. However, studies with a biological focus predominate, as is the case with the prevalence of studies on STIs. Despite being an important object of research, its predominance can reduce the demands of LGBT+ people to experience diseases, to the detriment of specific needs and vulnerabilities⁽¹³⁾. An integrative review published in 2023 found little worldwide scientific production on nursing practice in the health care of LGBT+ people, with only 25% being Brazilian. This scenario may be the result of gaps and inconsistencies in the professional nursing training process and a lack of sensitivity to the health needs of this population⁽¹⁴⁾.

Furthermore, the scientific literature lacks more precise and comprehensive information about LGBT+ people, as well as all the intersectionalities that exist in the constitution of these identities, such as generation, class, race, and ethnicity, among others, in addition to the specificities within the group itself. This lack of focal research can hinder the development of specific actions to achieve greater integrality and equality in the care of the Brazilian LGBT+ population^(5,7).

REFERENCES

1. Ministério da Saúde (BR), Secretaria de Gestão Estratégica e Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais [Internet]. Brasília (DF): Ministério da Saúde; 2013 [cited 2024 apr 30]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf
2. Spizzirri G, Eufrásio RA, Abdo CHN, Lima MCP. Proportion of ALGBT adult Bra-

- zilians, sociodemographic characteristics, and self-reported violence. *Sci Rep.* 2022;12(11176):1-8. <https://doi.org/10.1038/s41598-022-15103-y>
3. Observatório de Mortes e Violências contra LGBTI+ no Brasil. Mortes e violências contra LGBTI+ no Brasil: Dossiê 2022 [Internet]. Florianópolis (SC): Acontece, ANTRA, ABGLT; 2023 [cited 2024 apr 30]. Available from: <https://observatoriomorteseviolenciaslgbtibrasil.org/wp-content/uploads/2023/05/Dossie-de-Mortes-e-Violencias-Contra-LGBTI-no-Brasil-2022-ACONTECE-ANTRA-ABGLT.pdf>
 4. Vergueiro V. Por inflexões decoloniais de corpos e identidades de gênero inconformes: uma análise autoetnográfica da cis-generidade como normatividade. Salvador (BA): Edufba; 2023.
 5. Barchin VF, Carvalho B, Marques SMS, Franco CRP, Garzin ACA. Percepção de alunos de graduação da área da saúde acerca da abordagem sobre a saúde de LGBTI+. *Mundo Saúde [Internet]*. 2021 [cited 2024 apr 30];45(e0052021):175-186. Available from: <https://revistamundodasaude.emnuvens.com.br/mundodasaude/article/view/1081/1055>
 6. Paranhos WR, Willerding IAV, Lapolli EM. Formação dos profissionais de saúde para o atendimento de LGBTQI+. *Interface (Botucatu)*. 2021;25:e200684. <https://doi.org/10.1590/interface.200684>
 7. McCann E, Brown M. The inclusion of LGBT+ health issues within undergraduate health-care education and professional training programmes: A systematic review. *Nurse Educ Today*. 2018;64:204-214. <https://doi.org/10.1016/j.nedt.2018.02.028>
 8. Souza ES, Tanaka LH. Healthcare: action research with trans people living on the streets. *Rev Bras Enferm.* 2022;75(Suppl 2):e20210016. <https://doi.org/10.1590/0034-7167-2021-0016>
 9. Yingling CT, Cotler K, Hughes TL. Building nurses' capacity to address health inequities: incorporating lesbian, gay, bisexual and transgender health content in a family nurse practitioner programme. *J Clin Nurs*. 2017;26(17-18):2807-2817. <https://dx.doi.org/10.1111/jocn.13707>
 10. Lim F, Johnson M, Eliason M. A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate nursing programs. *Nurs Educ Perspect*. 2015;36(3):144-152. <https://doi.org/10.5480/14-1355>
 11. Carabez R, Pellegrini M, Mankovitz A, Eliason MJ, Ciano M, Scott M. "Never in all my years...": Nurses' education about LGBT health. *J Prof Nurs*. 2015;31(4):323-329. <https://doi.org/10.1016/j.profnurs.2015.01.003>
 12. Snelgrove JW, Jasudavicius AM, Rowe BW, Head EM, Bauer GR. "Completely out-at-sea" with "two-gender medicine": A qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC Health Serv Res*. 2012;12(110). <https://doi.org/10.1186/1472-6963-12-110>
 13. Domene FM, Silva JL, Toma TS, Silva LALB, Melo RC, Silva A, et al. Saúde da população LGBTQIA+: revisão de escopo rápida da produção científica brasileira. *Ciênc Saúde Colet*. 2022;27(10):3835-48. <https://doi.org/10.1590/1413-81232022710.07122022>
 14. Borges FA, Paiva AT, Junqueira AS, Loureiro RS, Abrahão AL, Rézio LA. Conhecimentos e estratégias utilizados pela enfermagem na atenção à lésbicas, gays, bissexuais e transexuais. *Enferm Foco*. 2023;14:e-202361. <https://dx.doi.org/10.21675/2357-707X.2023.v14.e-202361>



Copyright © 2024 Online Brazilian Journal of Nursing

This is an Open Access article distributed under the terms of the Creative Commons Attribution License CC-BY, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.