Revista O Mundo da Saúde

Perception of undergraduate health field students about approaching LGBTI+ health

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Abstract

Prejudice and discrimination against Lesbians, Gays, Bisexuals, Transvestites, Transsexuals, and Intersex people (LGBTI+) are present in the care provided by health professionals. In an attempt to reduce the inequalities of LGBTI+ people in the Unified Health System (SUS), the Ministry of Health instituted, in 2011, the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (NPCHLGBT). In order to strengthen the preparation of future professionals in favor of integral care in health institutions and considering the hypothesis that undergraduate courses in the health field do not have a sufficient approach to train future professionals to provide assistance to this population, this study aimed to evaluate the perception of undergraduate students of the Nursing, Nutrition, Medicine, Physiotherapy, Biomedicine, and Pharmacy courses concerning their approach, during professional training, on LGBTI+ health. This is a quantitative, exploratory, and descriptive study, carried out between February and April 2019, using an online questionnaire. 335 undergraduate students from a Higher Education Institution in São Paulo participated. The results showed that 48.36% of the participants did not feel prepared to provide comprehensive care to LGBTI+ people, with a statistically significant difference between the participants of the different undergraduate courses (p=0.003) and, for 82.39% of the participants, NPCHLGBT was not addressed in their coursework. It was also evident that, in the students' perception, the approach and specific knowledge about the health of the LGBTI+ population were not sufficient to prepare future professionals.

Keywords: Higher Education. Students. Sexual and Gender Minorities. Sexism. Homophobia.

INTRODUCTION

Access to health services and actions is a right of a Brazilian citizen in accordance with Article 196 of the Constitution of the Federative Republic of Brazil[1], which describes that "Health is the right of all and the duty of the State", whose social policies must guarantee that this access is universal and equal. For structuring the Unified Health System (SUS), the doctrinal principles of universality, equality, and integrality of health services and actions were used[2].

The principles that guide SUS are defined as: the provision of health services and preventive actions for all, called universality;

DOI: 10.15343/0104-7809.202145175186

Article selected through a summary presented at the V Multiprofessional Congress of the Centro Universitário São Camilo, in November 2020. This study was submitted to the analytical process and meets the scope's specifications and appreciation of the editorial board of the journal O Mundo da Saúde.

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the consideration of the specific needs of each group of people, including divergences in their complexities, in terms of comprehensiveness; and the reduction of inequalities in health actions and services through the principle that permeates the previous two, which refers to equality[2].

Such principles, described in Law No. 8.080 of September 19, 1990, also guarantee equality of care, without prejudice of any kind[3]. For this equality to be achieved, it is necessary to use the concept of equity, since this doctrinal principle recognizes the differences that are inherent to being human, in which a specific approach is deemed necessary for each person in order to meet their individual needs[4].

When analyzing the perception of community health agents regarding comprehensive care for the Lesbian, Gay, Bisexual, Transvestite and Transsexual (LGBT) population, it was noticed that prejudice is present in the subjectivity of the care provided by these agents who work in Primary Care. This was a result of, mainly, the heteronormative pattern of health practices and the ignorance and/or neglect on the part of managers and other health professionals concerning the specific needs of the LGBT population, making it difficult to provide impartial care[5].

The main inequalities, obstacles, and challenges found in health institutions and experienced by Lesbian, Gay, Bisexual, Transvestite, Transsexual, and Intersex people (LGBTI+) are evident through social and institutional discrimination. Furthermore, it is pointed out that both public management and health services are inefficient in correcting this problem, which denotes how the reality of health in Brazil conflicts with what is provided for in the Constitution and the principles of SUS, causing divergence in the treatment given to this group of people when compared to the rest of the population[6].

In Brazil, the struggle for the rights of minorities with different identities emerged in the early 1980s, when the dictatorship lost strength and democratic movements emerged, such as the Gay movement groups[7] like Grupo Somos, which is considered the precursor of the struggle for homosexual rights. In an attempt to reduce inequalities in the care of LGBTI+ people who suffer prejudice in health services, the Ministry of Health, by Decree No. 2.836, of December 1, 2011, instituted the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals (NPCHLGBT), which develops guidelines for the development of health plans, programs, projects, and actions that improve the quality of care aimed at this population, as well as highlights gender identities and sexual orientations as social determinants of health due to prejudice and stigmatization, which in turn lead to illness and social exclusion[8].

During its structuring, the policy was modeled on the guidelines expressed in the Brazil without Homophobia Program launched in 2004 and coordinated by the Ministry of Human Rights of the Presidency of the Republic which aimed to promote respect and human rights for the LGBT population beginning with dialogues between the government and society concerning the fight against violence, prejudice, and discrimination. NPCHLGBT values “respect without prejudice and without discrimination”, establishing humanization within the actions taken by institutions and health professionals. To implement this philosophy, measures were developed to be executed by state and municipal government agencies, always in conjunction with the community[9].

Despite the challenges for the implementation of the NPCHLGBT, such as the prevalence of a conservative national legislative body, some advances have had a positive impact on the care of LGBTI+ people, among which the Transexualizing Process stands out. This is a program that improved

the specific service of the Trans population, promoting, for example, the creation of outpatient clinics for comprehensive care, providing actions such as clinical, psychological, and social monitoring[10]. Furthermore, more and more studies are being carried out, such as the one that cites the importance of lesbian and bisexual women having a service according to their sexual reality, developing protocols and methods that provide equitable care[11].

Even with advances, regarding the health of homosexual and bisexual women and men, the discrimination associated with the insufficient preparation of health professionals is the main barrier for these people assuming their sexual orientation during care. Concerning transvestites and transsexuals, the barriers in the quality of health care influence from the difficulty in complying with the use of their social name in the medical records, as well as the still persistent process of psychiatrization of the condition of transsexuality, thus jeopardizing the provision of surgeries for redefining their sex[12].

Professional practice in the health field is often permeated with negative attitudes, based on heteronormativity, myths, and stereotypes, reinforcing this type of service as a barrier to LGBTI+. Also, the importance of developing cultural competence for the care of LGBTI+ people, listing education and professional training as relevant elements, as well as the inclusion of this subject in the undergraduate curriculum in health courses has been recognized[13].

When it comes to the perception of doctors about their training, the insufficient approach of this theme during undergraduate studies and in the training processes of certain specialties stands out. This insufficiency does not enable them to effectively promote the health of the LGBTI+ population, thus requiring the expansion of NPCHLGBT implementation and the production of more studies on this subject[14].

Therefore, there is an urgent need to intensify discussions about higher education and LGBTI+ people, as it has become evident that undergraduate students in a nursing course have little knowledge about NPCHLGBT[15]. This reality was also identified in undergraduate medical students, which triggered the addition of health care for the LGBTI+ population on the curriculum[16].

According to Law No. 8.080, one of SUS's competences is to order the training of human resources in the health area, making it the responsibility of the State to monitor and evaluate the academic activities that involve the training of these professionals[3]. The National Curriculum Guidelines (NCGs) of undergraduate courses in nursing, medicine, physiotherapy, nutrition, biomedicine, and pharmacy do not mention approaches aimed at the LGBTI+ population; however, the NCGs state that professionals should exercise their profession according to the principles of ethics and equality[17-22].

In view of this scenario, this study raised the hypothesis that the education provided in undergraduate courses in the health field does not have a sufficient approach to train future professionals in helping this population. Therefore, the research was carried out based on the following question: does the content covered in undergraduate courses health field enable students to provide professional care on an equal basis to LGBTI+ individuals?

Despite advances in health technology, there is a gap regarding assistance with equity and integrality toward the LGBTI+ population. Therefore, this study seeks to demonstrate the students' perception about the approach on the health of the LGBTI+ population during their undergraduate course. Thus, an indication may be provided concerning the need to include in the curriculum of courses aimed at a more specific approach of health care concerning this theme during their professional education, leading them to rethink and associate scientific knowledge

with the social context, in the face of diversities.

Moreover, for there to be equity in health care in relation to the LGBTI+ population, it is necessary to address this theme during the training of future health professionals, justifying the carrying out of this study. Therefore, this study aims to evaluate the perception of undergraduate students of the Nursing, Nutrition, Medicine, Physiotherapy, Biomedicine, and Pharmacy courses concerning the approach, during professional training, on LGBTI+ health.

METHODOLOGY

A quantitative research with a descriptive exploratory design was carried out in two campuses of a private Higher Education Institution (HEI) located in the city of São Paulo.

The study population consisted of undergraduate students, regularly enrolled in at least the third year or the 5th semester in the nursing, medicine, physiotherapy, nutrition, biomedicine, and pharmacy courses. Exclusion criteria were those who were not enrolled in this specific HEI for any semester of their study, due to transferring from another institution.

The project was sent for evaluation by the Research Committee (CPq) of the HEI in the study and, later, by the Research Ethics Committee (CoEP) of the institution itself. After the consent of the committees, under CoEP opinion number 3.087.702, the participants were informed about the objectives and purpose of the research, anonymity, and their freedom to participate in the study.

The Informed Consent Form (ICF) was made available to those who agreed to participate, in accordance with Resolution 466 of December 2012 on the regulatory guidelines and standards for research, which discusses the ethical aspects of research involving human beings[23].

Data collection was carried out from February to April 2019. Students who were interested in participating in the study, accessed the questionnaire link, which was composed of two parts, the first for sociodemographic data, in which the participants informed the age, course, semester, gender identity, sexual orientation, and if they were transferred from another HEI. The second part consisted of nine constructed statements based upon NPCHLGBT, on the principles of SUS, and on the literature on the subject, elaborated in a Likert-type scale format in which students responded according to five degrees of agreement: "Totally Agree", "Partially Agree", "Do Not Agree, Neither Disagree", "Partially Disagree" and "Totally Disagree". This type of scale consists of assessing the level of understanding and opinion of the group by choosing the fixed points stipulated[24-25].

After collection, the data were stored in an electronic spreadsheet for descriptive statistical analysis, the results of which were written in the form of graphs and were displayed in this work according to their relevance. To perform the analysis of the results found, the Chi-Squared Test and Fisher's Exact Test[26] were applied, and the cut-off value used to reject the null hypothesis was 0.05[27].

At the end of the data collection, we obtained 348 responses to the questionnaire, 15 of which were from students who did not attend all their semesters in the HEI studied; therefore, according to the established exclusion criterion, they did not participate in the analysis of the results. Thus, the final sample of this study was made up of 335 participants, whose results will be presented below.

RESULTS

According to the questionnaire's socio-demographic data, the participants' ages ranged between 18 and 56 years, with mean and median being 22.7 and 22 years, respectively. Students from the 5th to the 12th semester participated, and were characterized according to their major, campus, shift, gender, and sexual orientation. Regarding the Campus, (259) 77.31% of the participants studied at Campus 1, while (76) 22.69% at Campus 2, with a total of (58) 17.31% studying full time, (234) 69.85% in the morning period, and (43) 12.84% in the night period. Regarding gender, 42 (12.57%) declared themselves cisgender men, 288 (86.23%) cisgender women, four (1.2%) transgender women, and one participant answered “heterosexual” in the “Others” field.

Also, 260 (77.61%) of the sample identified themselves as heterosexual, 18 (5.37%) as homosexual, 51 (15.22%) as bisexual, four (1.19%) as pansexual, and two (0.6%) as asexual. In the variable of course (or major), we perceived a greater participation of nursing students (36.93% of the total participants), followed by students of Physiotherapy (18.11%), Biomedicine (13.47%), Medicine (13.47%), in Nutrition (9.96%) and Pharmacy (8.82%). Some of these characterization variables will be relevant in the discussion of the statements.

Table 1 shows the responses of the participants in the statements considering the categorical variable of their study course; in which it is possible to observe that there was a statistically significant difference, especially with regards to statement 8 - My training has prepared me to fully serve the LGBTI+ population, taking into account their individualities as factors of health.

Table 2 shows the responses of the participants in the statements considering the categorical variable of sexual orientation. There is strong evidence of association, statistically significant, mainly in statement 6 - It was discussed, during my graduation, that the concepts of equality and equity should be taken into account when attending LGBTI+ people.

Table 1 – Distribution of the values of the responses to the statements in relation to the course variable. São Paulo - SP, 2020.

Statement	Scale*	Biomedicine		Nursing		Pharmacy		Physiotherapy		Medicine		Nutrition		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. My education has prepared me to fully serve all individuals, taking into account their individualities as factors of health.	TD	3.00	9.09	4.00	3.25	1.00	16.67	3.00	6.82	5.00	8.62	6.00	8.45	22.00	6.57
	PD	3.00	9.09	12.00	9.76	1.00	16.67	5.00	11.36	12.00	20.69	11.00	15.49	44.00	13.13
	NA, ND	2.00	6.06	2.00	1.63	0.00	0.00	5.00	11.36	1.00	1.72	3.00	4.23	13.00	3.88
	PA	12.00	36.36	51.00	41.46	1.00	16.67	11.00	25.00	26.00	44.83	22.00	30.99	123.00	36.72
	TA	13.00	39.39	54.00	43.90	3.00	50.00	20.00	45.46	14.00	24.14	29.00	40.85	133.00	39.70
p**															**0.133**
2. It was addressed during my training that there is inequality in access to health services by the LGBTI+ population when compared to the general population.	TD	12.00	36.36	25.00	20.33	3.00	50.00	15.00	34.09	16.00	27.59	32.00	45.07	103.00	30.75
	PD	5.00	15.15	28.00	22.76	0.00	0.00	8.00	18.18	19.00	32.76	15.00	21.13	75.00	22.39
	NA, ND	2.00	6.06	9.00	7.32	0.00	0.00	3.00	6.82	3.00	5.17	3.00	4.23	20.00	5.97
	PA	9.00	27.27	34.00	27.64	3.00	50.00	11.00	25.00	16.00	27.59	9.00	12.68	82.00	24.48
	TA	5.00	15.15	27.00	21.95	0.00	0.00	7.00	15.91	4.00	6.90	12.00	16.90	55.00	16.42
p**															**0.069**
3. I learned, during my training, that there are health actions directed specifically to the LGBTI+ population and their needs.	TD	15.00	45.46	34.00	27.64	5.00	83.33	19.00	43.18	26.00	44.83	41.00	57.75	140.00	41.79
	PD	4.00	12.12	21.00	17.07	1.00	16.67	7.00	15.91	12.00	20.69	9.00	12.68	54.00	16.12
	NA, ND	2.00	6.06	11.00	8.94	0.00	0.00	5.00	11.36	3.00	5.17	7.00	9.86	28.00	8.36
	PA	7.00	21.21	38.00	30.89	0.00	0.00	8.00	18.18	13.00	22.41	11.00	15.49	77.00	22.99
	TA	5.00	15.15	19.00	15.45	0.00	0.00	5.00	11.36	4.00	6.90	3.00	4.23	36.00	10.75
p**															**0.054**
4. I learned, in the course of my training, that specific health promotion actions for the homosexual population should be focused exclusively on the prevention of Sexually Transmitted Infections.	TD	10.00	30.30	39.00	31.71	0.00	0.00	15.00	34.09	18.00	31.03	28.00	39.44	110.00	32.84
	PD	4.00	12.12	25.00	20.33	1.00	16.67	5.00	11.36	6.00	10.35	11.00	15.49	52.00	15.52
	NA, ND	1.00	3.03	10.00	8.13	1.00	16.67	7.00	15.91	12.00	20.69	12.00	16.90	43.00	12.84
	PA	16.00	48.49	34.00	27.64	2.00	33.33	11.00	25.00	11.00	18.97	12.00	16.90	86.00	25.67
	TA	2.00	6.06	15.00	12.20	2.00	33.33	6.00	13.64	11.00	18.97	8.00	11.27	44.00	13.13
p**															**0.061**
5. The National Policy for Comprehensive Health of the LGBTI+ Population was addressed during my academic training.	TD	28.00	84.85	68.00	55.29	5.00	83.33	29.00	65.91	40.00	68.97	51.00	71.83	221.00	65.97
	PD	2.00	6.06	28.00	22.76	1.00	16.67	3.00	6.82	11.00	18.97	10.00	14.09	55.00	16.42
	NA, ND	2.00	6.06	7.00	5.69	0.00	0.00	7.00	15.91	3.00	5.17	3.00	4.23	22.00	6.57
	PA	1.00	3.03	13.00	10.57	0.00	0.00	5.00	11.36	2.00	3.45	4.00	5.63	25.00	7.46
	TA	0.00	0.00	7.00	5.69	0.00	0.00	0.00	0.00	2.00	3.45	3.00	4.23	12.00	3.58
p**															**0.076**
6. It was discussed, during my education, that the concepts of equality and equity should be taken into account when serving LGBTI+ people.	TD	8.00	24.24	16.00	13.01	1.00	16.67	11.00	25.00	8.00	13.79	19.00	26.76	63.00	18.81
	PD	3.00	9.09	12.00	9.76	1.00	16.67	3.00	6.82	8.00	13.79	5.00	7.04	32.00	9.55
	NA, ND	4.00	12.12	8.00	6.50	1.00	16.67	5.00	11.36	5.00	8.62	5.00	7.04	28.00	8.36
	PA	7.00	21.21	31.00	25.20	3.00	50.00	13.00	29.55	16.00	27.59	21.00	29.58	91.00	27.16
	TA	11.00	33.33	56.00	45.53	0.00	0.00	12.00	27.27	21.00	36.21	21.00	29.58	121.00	36.12
p**															**0.448**
7. In my training, I had access to the basic concepts of gender identity and sexual orientation.	TD	15.00	45.46	32.00	26.02	2.00	33.33	20.00	45.46	16.00	27.59	32.00	45.07	117.00	34.93
	PD	4.00	12.12	18.00	14.63	2.00	33.33	3.00	6.82	13.00	22.41	6.00	8.45	46.00	13.73
	NA, ND	2.00	6.06	17.00	13.82	1.00	16.67	5.00	11.36	6.00	10.35	6.00	8.45	37.00	11.04
	PA	7.00	21.21	27.00	21.95	1.00	16.67	11.00	25.00	15.00	25.86	14.00	19.72	75.00	22.39
	TA	5.00	15.15	29.00	23.58	0.00	0.00	5.00	11.36	8.00	13.79	13.00	18.31	60.00	17.91
p**															**0.233**

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continuation table 1...

Statement	Scale*	Biomedicine		Nursing		Pharmacy		Physiotherapy		Medicine		Nutrition		Total	
8. My education has prepared me to fully serve the LGBTI+ population, taking into account their individualities as factors of health.	TD	5.00	45.46	15.00	12.20	4.00	66.67	12.00	27.27	16.00	27.59	22.00	30.99	84.00	25.07
	PD	4.00	15.15	33.00	26.83	1.00	16.67	8.00	18.18	17.00	29.31	14.00	19.72	78.00	23.28
	NA, ND	3.00	12.12	14.00	11.38	0.00	0.00	3.00	6.82	10.00	17.24	9.00	12.68	40.00	11.94
	PA	6.00	9.09	40.00	32.52	1.00	16.67	14.00	31.82	11.00	18.97	12.00	16.90	81.00	24.18
	TA	23.00	18.18	21.00	17.07	0.00	0.00	7.00	15.91	4.00	6.90	14.00	19.72	52.00	15.52
p**															0.003
9. I consider the content that has been addressed so far, in my academic training, concerning the health of the LGBTI+ population to be sufficient.	TD	23.00	69.70	67.00	54.47	4.00	66.67	26.00	59.09	33.00	56.90	43.00	60.56	196.00	58.51
	PD	4.00	12.12	32.00	26.02	2.00	33.33	11.00	25.00	12.00	20.69	19.00	26.76	80.00	23.88
	NA, ND	2.00	6.06	6.00	4.88	0.00	0.00	3.00	6.82	7.00	12.07	0.00	0.00	18.00	5.37
	PA	4.00	12.12	15.00	12.20	0.00	0.00	4.00	9.09	5.00	8.62	4.00	5.63	32.00	9.55
	TA	0.00	0.00	3.00	2.44	0.00	0.00	0.00	0.00	1.00	1.72	5.00	7.04	9.00	2.69
p**															0.254

*TD: I totally disagree; PD: Partially disagree; NA, ND: I neither agree nor disagree; PA: Partially agree; and TA: Totally agree
p** descriptive level of the chi-squared test

Table 2 – Distribution of the values of the responses to the statements in relation to the variable Sexual Orientation. São Paulo-SP, 2020.

Statement	Scale*	Assexual		Bissexual		Heterossexual		Homossexual		Pansexual	
		N	%	N	%	N	%	N	%	N	%
1. My education has prepared me to fully serve all individuals, taking into account their individualities as factors of health.	TD	0	0.0	8	15.7	11	4.2	3	16.7	0	0.0
	PD	0	0.0	10	19.6	29	11.2	4	22.2	1	25.0
	NA, ND	0	0.0	3	5.9	9	3.5	1	5.6	0	0.0
	PA	0	0.0	17	33.3	95	36.5	8	44.4	3	75.0
	TA	2	100.0	13	25.5	116	44.6	2	11.1	0	0.0
p**											0.033
2. It was addressed during my training that there is inequality in access to health services by the LGBTI+ population when compared to the general population.	TD	0	0.0	15	29.4	76	29.2	11	61.1	1	25.0
	PD	1	50.0	13	25.5	54	20.8	5	27.8	2	50.0
	NA, ND	0	0.0	4	7.8	15	5.8	1	5.6	0	0.0
	PA	1	50.0	11	21.6	68	26.2	1	5.6	1	25.0
	TA	0	0.0	8	15.7	47	18.1	0	0.0	0	0.0
p**											0.326
3. I learned, during my training, that there are health actions directed specifically to the LGBTI+ population and their needs.	TD	0	0.0	24	47.1	100	38.5	12	66.7	4	100.0
	PD	1	50.0	8	15.7	41	15.8	4	22.2	0	0.0
	NA, ND	0	0.0	5	9.8	22	8.5	1	5.6	0	0.0
	PA	1	50.0	8	15.7	67	25.8	1	5.6	0	0.0
	TA	0	0.0	6	11.8	30	11.5	0	0.0	0	0.0
p**											0.219
4. I learned, in the course of my training, that specific health promotion actions for the homosexual population should be focused exclusively on the prevention of Sexually Transmitted Infections.	TD	0	0.0	19	37.3	82	31.5	6	33.3	3	75.0
	PD	0	0.0	7	13.7	44	16.9	0	0.0	1	25.0
	NA, ND	2	100.0	9	17.6	27	10.4	5	27.8	0	0.0
	PA	0	0.0	11	21.6	71	27.3	4	22.2	0	0.0
	TA	0	0.0	5	9.8	36	13.8	3	16.7	0	0.0
p**											0.024

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Statement	Scale*	Assexual		Bissexual		Heterossexual		Homossexual		Pansexual	
		N	%	N	%	N	%	N	%	N	%
5. The National Policy for Comprehensive Health of the LGBTI+ Population was addressed during my academic training.	TD	2	100.0	37	72.5	165	63.5	15	83.3	2	50.0
	PD	0	0.0	7	13.7	45	17.3	1	5.6	2	50.0
	NA, ND	0	0.0	4	7.8	17	6.5	1	5.6	0	0.0
	PA	0	0.0	1	2.0	23	8.8	1	5.6	0	0.0
	TA	0	0.0	two	3.9	10	3.8	0	0.0	0	0.0
p**											**0.698**
6. It was discussed, during my education, that the concepts of equality and equity should be taken into account when serving LGBTI+ people.	TD	0	0.0	11	21.6	43	16.5	8	44.4	1	25.0
	PD	0	0.0	4	7.8	28	10.8	0	0.0	0	0.0
	NA, ND	0	0.0	3	5.9	20	7.7	5	27.8	0	0.0
	PA	0	0.0	20	39.2	64	24.6	5	27.8	2	50.0
	TA	2	100.0	13	25.5	105	40.4	0	0.0	1	25.0
p**											**0.007**
7. In my training, I had access to the basic concepts of gender identity and sexual orientation.	TD	2	100.0	22	43.1	80	30.8	11	61.1	2	50.0
	PD	0	0.0	6	11.8	37	14.2	2	11.1	1	25.0
	NA, ND	0	0.0	5	9.8	30	11.5	2	11.1	0	0.0
	PA	0	0.0	8	15.7	64	24.6	2	11.1	1	25.0
	TA	0	0.0	10	19.6	49	18.8	1	5.6	0	0.0
p**											**0.441**
8. My education has prepared me to fully serve the LGBTI+ population, taking into account their individualities as factors of health.	TD	0	0.0	15	29.4	57	21.9	9	50.0	3	75.0
	PD	0	0.0	15	29.4	58	22.3	5	27.8	0	0.0
	NA, ND	1	50.0	7	13.7	30	11.5	2	11.1	0	0.0
	PA	1	50.0	7	13.7	71	27.3	1	5.6	1	25.0
	TA	0	0.0	7	13.7	44	16.9	1	5.6	0	0.0
p**											**0.059**
9. I consider the content that has been addressed so far, in my academic training, concerning the health of the LGBTI+ population to be sufficient.	TD	2	100.0	36	70.6	141	54.2	13	72.2	4	100.0
	PD	0	0.0	10	19.6	67	25.8	3	16.7	0	0.0
	NA, ND	0	0.0	2	3.9	15	5.8	1	5.6	0	0.0
	PA	0	0.0	1	2.0	30	11.5	1	5.6	0	0.0
	TA	0	0.0	2	3.9	7	2.7	0	0.0	0	0.0
p**											**0.555**

*TD: Totally disagree; PD: Partially disagree; NA, ND: Neither agree nor disagree; PA: Partially agree; and TA: Totally agree
p** descriptive level of the chi-squared test

DISCUSSION

It is relevant to consider the foundation of the National Curriculum Guidelines for the academic training of students, since they guide the curriculum of the course taught and establish important criteria that should be addressed within the content offered. Therefore, an ethical and humanized interpretation of the plurality of the population and its diversities, during the undergraduate course, is extremely value for the understanding of social determinants and subsequently offering equitable health[13].

In face of the SUS principles of comprehensiveness, equity, and universality of care, it is worth emphasizing the need for a holistic look at each individual and their social well-being, as one of the spheres of the definition of health. In view of this, from the distinctions of social determinants, it is possible

to associate them with their vulnerabilities and, consequently, better serve the individual and community[13].

According to Table 1, which was associated with the study course variable, in the results of the first statement about academic training preparing the students to fully serve all individuals while taking into account their individualities as health factors, the vast majority of respondents agreed totally (39.70%) or partially (36.72%), showing that the health courses in the educational institution in this study focused on philosophy, which also prevails in the SUS theory: universality, equity, and comprehensiveness. It is also noted that there is a significant divergence between the answers related to the same statement, according to the sexual orientations (p=0.033), as shown in Table 2. Nevertheless, it is worth noting that the question alone does not assess more specific knowledge, such as serving the LGBTI+ population or how to employ this philosophy on a daily basis in the exercise of the profession.

When we compare, in Table 1, the results of statement 1 with statement 8, the answers demonstrate that, while 76.42% of the participants totally or partially agreed on academic training to prepare their students to fully serve all individuals, only 39.70% totally or partially agreed with the statement about their education having prepared them to fully serve the LGBTI+ population, taking into account their individualities as factors of health.

LGBTI+ individuals are constantly resistant to seeking health care for fear of discrimination, due to the unpreparedness of the professionals who work there, a fact that is totally understandable since discriminatory practices have been observed at all levels of care, from students to professionals trained in the health field. Few are the cases in which patients report that their sexual condition was seen naturally or as a motivator for better treatment and care. Such situations point to the need to put into practice public policies and programs aimed at sexual minorities that address health care and consider the effects of gender identity on the quality of life of this population. What are found in health services are teams without adequate preparation and who do not provide a welcoming environment that respects and perceives the LGBTI+ population as a vulnerable group[28].

Still considering Table 1, another important point to be discussed is concerning statement 8 which is had a statistically significant difference in the responses of the participants in relation to the variable study course (p=0.003), demonstrating the probable difference in the approach about the theme between the different undergraduate courses. Those who most agreed with the statement were those studying Nursing and Physiotherapy.

In statement 2, there was weak evidence of an association in the responses between undergraduate courses (p=0.069), in which only 137 (40.9%) of the students totally or partially agreed with the statement: “It was addressed during my training that there is inequality in access to health services by the LGBTI+ population when compared to the general population.”

The analysis of statement 9 reinforces the previous discussion, since 276 (82.39%) participants disagree totally or partially with the proposition: “I consider the content that has been addressed so far, in my academic training, about the health of the LGBTI+ population to be sufficient.” These results portray the lack of training of future health professionals to deal with this population and corroborates the study that evaluated the perception of nursing students about their education. When it comes to issues related to sexuality, they have several doubts and are confused regarding the terms and concepts that involve this spectrum of knowledge. Some students reported that the topic is not addressed, and when approached, it is done so superficially[29].

It is known that, in order to provide the LGBTI+ population comprehensive care, their social context and their health needs must be known. It is therefore necessary

that the team of professionals who care for them is adequately prepared, since it is their responsibility to provide a safe and prejudice-free environment, understand the nuances surrounding gender identity, and reduce any stigmatization. However, only a minority feels able to meet the needs of these people[30].

It is worth mentioning that, before understanding the demands of the so-called "LGBTI+ health needs", it is important to highlight the understanding of the specific health needs of the population in question. Currently, this specific aid is a challenge for health professionals, especially with regards to the historical stigmatizing approach of this type of public described as pathological by the medical-scientific discourse.

Therefore, in order to know the health needs of each subject, the ideal situation is to understand their particularities, to expand the understanding of the context of the social factors involved in the health-disease process, and to overcome the stigmas that produce a restricted and limited perspective of the sexually transmitted infections (STIs) spectrum as well as the psychological distress of being LGBTI+. Therefore, there is a lack of effort by health teams to fully translate and understand the complex needs of this population, thus providing comprehensive health care. In fact, formal training that addresses the LGBTI+ public is rare, which demonstrates that there should be further developments in the curricula of health professionals on this topic[31].

According to the data collected in Table 2, there is a significant difference between the answers of statement 6 (p=0.007) that discusses the approach, during graduation, that the concepts of equality and equity should be taken into account when attending to LGBTI+ people. This may indicate that the perception of people who do not know or live the specific issues of the LGBTI+ population differs from people who know or live this reality in society and within the academic environment. Along the same line of thought, such a disagreement could be justified by the fact that the non-homosexual and cisgender population do not have such an intense identification of sexual orientation and gender identity that is different from the "straight and cis norm", and do not experience the weight of different homophobias in their daily lives, when compared to the LGBTI+ population[32].

Moreover, according to Table 2, it was observed that there was a strong association among responses between sexual orientations in statement 1 (p=0.033), concerning training to prepare the professional to meet the individual taking into account their individualities, and in statement 4 (p=0.024), concerning professionals learning during their education that actions aimed at the LGBTI+ population are exclusively for the prevention of STIs.

All these disagreements in the responses of groups of different sexual orientations can be the result of the diverse and complex subjectivities of these people, built according to each one of these characteristics. This fact reflects the idea that the human being is plural, and reinforces the need for individualized care and the understanding of the existence of these differences. In spite of this, it is evident that an excellent education is necessary for the prevention of STIs, which breaks down such individualities.

The NPCHLGBT, created as a way to reduce inequalities in health services, is considered an extremely relevant public document when it comes to LGBTI+ health, as it addresses the specificities of sexual and gender minorities, and that the qualification of professionals is essential for equitable and equal care. However, according to statement 5, 82.39% of the participants disagreed totally or partially that the National Policy for Comprehensive Health of the LGBTI+ Population was addressed during their education, which indicates how unprepared these future health professionals are on this topic.

Furthermore, it can be inferred that the differences observed with regards to the variable of sexual orientation can be justified by the fact

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that the concepts addressed in the classroom are not sufficient to explain the LGBTI+ population requires differentiated services so that their needs are met.

CONCLUSION

The elaboration of the present study made it possible to analyze the perception of undergraduate health students concerning their training on the comprehensive health care of LGBTI+ individuals and demonstrated that the health courses at the educational institution in the study focused on the principles of universality, equity, and comprehensiveness in undergraduate education. However, students did not feel apt regarding specific knowledge about the LGBTI+ population, making it suggestive that themes related to sexuality and sexual diversity are not addressed in a satisfactory, clear, and objective way.

It was also demonstrated that the general perception of students about the approach to LGBTI+ health in the academic environment is not sufficient to prepare these future professionals. Thus, it is necessary to include the theme in undergraduate courses in the health field so that the general population, and especially the LGBTI+ population, may enjoy health care that is free of prejudice and stigma.

Finally, one of the limitations of this study is the fact that it does not assess the participants' knowledge about the theme related to LGBTI+ health; therefore, it is not possible to know if the participants' opinion would be the reality practiced during the care of this population. It is suggested, therefore, that more studies be carried out that correlate these two variables (knowledge x self-perception), for the development of more detailed content, focusing on better training of future professionals with regards to health and the care of the LGBTI+ population.

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Received in november 2020.
Accepted in march 2021.