REVISTA O MUNDO DA SAÚDE

DOI: 10.15343/0104-7809.202347e14572022I

Health care for homosexual women: discourses of Primary Health Care nurses

Thalia Albuquerque Bezerra[1] **Beatriz Pereira Alves**[1] **Isabela Lunara Alves Barbalho**[1] **Jonathan Pereira de Sousa**[1] **Anna Kalyne César Grangeiro Adriano**[1] **Petra Kelly Rabelo de Sousa Fernandes**[2] **Marcelo Costa Fernandes**[2]

[1]Universidade Federal de Campina Grande – UFCG. Cajazeiras/PB, Brasil.
[2]Universidade Estadual do Ceará – UECE. Fortaleza/CE, Brasil.
E-mail: pbia012@gmail.com

Abstract

Healthcare is still a difficult issue to handle for the homosexual population, sometimes it is apparent that nurses are unprepared in providing care directed at issues related to the sexual orientation of women included in this group, implying that all women are heterosexual. Thus, the present study aimed to analyze the nursing care offered to homosexual women in primary health care from the nurse's perspective. This is a qualitative study of a descriptive nature, carried out with thirteen nurses working in Primary Care in a city in the interior of the state of Paraiba, Northeastern Brazil. Data collection took place between June and July 2020, through semi-structured interviews, and analyzed using the Collective Subject Discourse technique. The statements were synthesized into three categories: 1) Nursing care for homosexual women; 2) Weaknesses in the care plan: from equality to fairness; and 3) Limitations in knowledge about public health policies for homosexual women. Among the perceptions identified, we highlight the performance of care without direction, the non-recognition of specific healthcare needs, as well as the nurses' lack of knowledge about public policies involving homosexual women.

Keywords: Sexual and Gender Minorities. Nursing. Primary Health Care. Qualitative research.

INTRODUCTION

Sexual diversity is understood as forms of experience and social expression of subjects in aspects of sexual orientation, as well as sex and gender identity and covers people who are Lesbian, Gay, Bisexual, Transvestite, Transgender, Queen, Intersex, Asexual, and other sexual orientations and gender identities, encompassed by the acronym LGBTQIA+. Therefore, healthcare is clearly still a difficult issue to manage, whether due to the unpreparedness of the healthcare team, or due to institutional prejudice regarding sexual orientation or gender identity, for the referred population, especially with regards to homosexual women for their disconcerting invisibility[1].

It appears that the main form of access to healthcare services is through the Primary Health Care (PHC) system, with the Family Health Strategy (FHS) and Primary Care Center (PCC) as the gateways. In this scenario of

Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14572022I

care, professional nurses stand out having, within the family health team, a leading role in the management of care for the population of the assigned territory. This action is possible mainly because nursing is in constant contact with the community and provides healthcare in various aspects, including comprehensive care for women's health in all life cycles. Thus, it is fundamental to consider gender issues and sexual orientation, and the nurse as a fundamental member of the nursing team[2].

However, it is observed that sometimes, nurses are still unprepared in healthcare directed at issues related to the sexual orientation of these patients, implying that all are heterosexual. This disorganization is mainly associated with factors such as a lack of knowledge about sexual diversity, flaws in the training of nurses and the compulsory heteronormativity that exists in the western world, which results in assistance focused only on biological and sexual needs, forgetting the psychological and social aspects, thus contributing to the vulnerability of homosexual women[3-5].

In this context, knowledge and understanding about healthcare aimed at the highlighted public are essential to solidify quality care that fully addresses all their healthcare needs. This also addresses the discussion on the subject and provides the opportunity for making vulnerabilities of homosexual women visible, displacing them from the peripheral field considered by the heteronormativity imposed by the Brazilian patriarchal society[6].

It is also noteworthy that approaching sexual diversity focusing on homosexual women and the healthcare offered in primary care collaborates in perceiving the reality of the approaches provided and refers to the need for reflection upon the role of nurses in nursing care involving the peculiarities contained in healthcare demands. The goal is to expose a real question about the invisibility of healthcare present in female homosexuality, with the purpose of guaranteeing targeted, humanized, and resolute assistance, making the aforementioned social segment feel welcomed. Furthermore, it instigates the discussion of new means and techniques that guarantee equanimity in the service provided.

In view of this, the objective was to analyze the nursing care offered to homosexual women in PHC from a nurse's perspective. This study aims to contribute to filling a scientific gap in nursing by exploring the theme in the nurse's conception of caring for these minorities in primary health care.

METHODS

This is a qualitative study of a descriptive nature, with the purpose of evaluating the subjective understanding of the topic, adopting the Collective Subject Discourse (CSD) method, which was proposed by Ana Maria Lefèvre and Fernando Lefèvre, and contemplates the possibility of representing the thoughts of a certain group through the speech-synthesis elaborated with parts of speeches of similar meaning[7].

The research was carried out in the PHC units of a city in the interior of the state of Paraiba, Northeastern Brazil. The study population was the nurses who make up the 23 FHS teams. As selection criteria, participants were nurses working for a period equal to or greater than 12 months in the unit, as this is

Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14572022I

the minimum period to deduce the establishment of a bond with the dynamics of the service. As exclusion criteria, nurses who were on vacation or on leave for any reason were excluded. Following the criteria, 13 nurses participated in the survey.

After obtaining the consent of the participants and clarifications about the anonymity of the recordings using the platform mentioned above, the nurses participating in this study sent the Informed Consent Form (ICF) signed in two copies to the researcher's e-mail, where one copy remained with them and the other with the interviewee.

Data collection took place during the months of June and July 2020, through a remote interview through the Google Meet platform and recorded using a semi-structured form. This remote collection strategy was due to the social isolation caused by the Covid-19 pandemic that began in mid-March 2020, when there was no forecast for a safe resumption of face-to-face activities.

The semi-structured interview was divided into two parts: the first part involved sociodemographic and professional data, and the second was composed of open questions for a better verbalization of the proposed theme, such as: "Describe the care you provide or should provide to homosexual women in the PHC"; "What public health policies are aimed at homosexual women? Tell us a little about these policies."; and "What are the factors that facilitate and hinder the implementation of healthcare practices for homosexual women in this care scenario?". The recording of the interviews lasted an average of 12 minutes.

The researcher carried out the interview individually, using simple language, with a logical sequence, clarifying any doubts and favoring their freedom of response. The recording of the interviews for better interpretation of the speeches took place virtually in an audiovisual media file and heard several times to transcribe the information provided by the interviewees, using the Word 2010 software.

The content analysis of the nurses' interviews followed. Initially, there was a fluctuating reading of the speeches in order to understand the set of transcripts. Then, successive readings were necessary so that it was possible to identify the core meanings related to the guiding questions that make up the semi-structured interview script.

Following the proposed methodology, Key Expressions (KE) were identified, which are defined as fragments, excerpts, or literal transcriptions of the speech that must be highlighted by the researcher and that reveal the essence of the entire set of observed speech[7], corresponding to the response towards each question, represented by the literal statements of the nurses.

From these expressions, the Central Ideas (CI) were elaborated, which are linguistic expressions that reveal and describe, in the most synthetic and precise way possible, the meaning of each of the analyzed speeches and of each homogeneous set of KE that will later give rise to the CSD[7], with the consequent discussion based upon the current scientific literature published on the subject.

In line with the provisions of Resolution No. 466 of December 12, 2012, of the National Health Council of the Ministry of Health of Brazil, which deals with research involving human beings, the present study was approved on July 8, 2020, by the Ethics Committee in Research at the Federal University of Campina Grande (FUCG), Cajazeiras campus, under consubstantiated opinion number 2.338.588.

Based on ethical precepts, the identities of the professionals who participated in the study are protected by using the denomination

DOI: 10.15343/0104-7809.202347e14572022I

of flowers: daisy; bromeliad; lily; sunflower; orchid; rose; camellia; hydrangea; hibiscus; lily; lavender; tulip, as they represent the rebirth of the day despite adversity.

RESULTS

The presentation of the results of this study was divided into two parts: the first refers to the characterization of the study participants and the second related to the CI that emerged from their testimonies.

Characterization of research participants

Of the thirteen nurses interviewed, working within the PHC in the municipality in question, it was evident that they belonged to the age group of 25 to 46 years old at the time of the study, with a predominance of females (11) and only two males. With regards to race, four nurses declared themselves to be white, seven brown, and two black.

Regarding the time of academic training, there was a variation between four and twelve years, while the time working in the PHC service was between one and a half to five years. Concerning the type of employment, of the thirteen nurses, six are public servants and seven are contracted, all have postgraduate degrees, eleven Lato Sensu and two Stricto Sensu. As for marital status, six nurses were married, five were single, and two were divorced. With regards to having additional employment, six participants have another job and seven participants do not.

Presentation of collective speeches

After immersion in the speeches, it was possible to identify three recurrent meanings that responded to the study objective of this research, namely: Nursing care for homosexual women; Weaknesses in the care plan: from equality to fairness; and Limitations in knowledge about public health policies for homosexual women, which will be presented below and are arranged in CI with their respective CSD.

The first CI arose from the analysis of a question from the interview, which contained the question regarding the description of healthcare provided to homosexual women in primary care; thus, addressing the nursing care performed with homosexual women in PHC. For the construction of this CI, 5 nurses participated: daisy, bromeliad, orchid, rose, and lily.

CI01: Nursing care for homosexual women

Just like women in general, care is for women's health, for example lesbians, they use contraceptives, so we suggest the use of contraceptives, including condoms, all contraceptive methods, and we deliver female condoms when they are available, but for six months we have had none. We have some women here who work with prostitution too, so sometimes they even have a sexual orientation, but they do a program, so they end up having sex with men, and so we advise them on condom use, and we take care of their sexual health, which is an issue of prevention of sexually transmitted infections. We also have cervical prevention, in which I advise on the importance of keeping their cytology up to date, and if they feel anything, like a discharge, that kind of thing, to seek the unit early. In addition, I carry out family planning that is encompassed by the Ministry of Health, in which they are protected by law to have the right to in vitro fertilization for a homosexual couple and

Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14572022I

even if some do not get pregnant, or they do not want to get pregnant, but they want some legal guidance on the issue of what the unit can do in the face of a desire to adopt. I also do prenatal care, there is a patient who is already six months pregnant, and we do lectures on women's day when we talk about breast cancer, since they are still women, right? As well as the issue of breast self-examination in pink October, where we intensify prevention actions for women's health, mammography, ultrasound, and night cytology (CSD01).

CI02, on the other hand, addresses the nurse's perception of care directed at homosexual women. For the construction of this CI, six nurses participated: sunflower, rose, camellia, hydrangea, hibiscus, and lavender.

IC02: Weaknesses in the care plan: from equality to equitable

Within sexual orientation, I try to treat everyone equally, because for me, in my understanding, there is no difference. In the case of homosexual women, I think healthcare should be the same as other women, they are women. Because they come for planning, for carrying out cytological exams, and whenever they need, a health problem, they look for the FHP. That's why I don't believe there should be different assistance, they are women like me and like any other woman, who have a sexual choice and which we must respect. Health is universal. I cannot see this difference in care for heterosexual women and for homosexuals, in all the guidelines that we provide for a heterosexual woman, we also provide for a homosexual woman and for me the care is just to make her feel comfortable, there is no specific care, whatever they need we provide (CSD02).

The third CI presents the fragility of nurses' knowledge about public health policies involving homosexual women. Eleven nurses participated in its construction: daisy, lily, sunflower, orchid, rose, camellia, hydrangea, hibiscus, lily, lavender, and tulip.

CI03: Limitations in knowledge about public health policies for homosexual women

I *don't know of any specific ones for homosexual women, these policies never got to us, of all the training carried out here in primary care, we don't have just for homosexual women, and this is a very big failure, I even think that the municipality should also train people for this type of assistance* (CSD03).

In view of the results achieved, it can be identified in the CSD that nurses provide nursing care to homosexual women based on the assistance they perform with women in general, with few reports of health practices directed towards their needs, reinforcing the invisibility of this public to this care based on the culture of heteronormative values.

DISCUSSION

Based on the discourses of the nurses in this study, it was observed that the assistance provided by these professionals is still fragmented, especially with regards to the LGBTQIA+ population's access to healthcare services, which point to paths permeated with obstacles.

According to studies, heteronormativity presents an idea of sexuality as solely and exclusively heterosexual, indicating a need to organize life around the heterosexual model

DOI: 10.15343/0104-7809.202347e14572021

and, corroborating this concept, it was found that the structure and organization of the FHS make these spaces into places of women and for women, that is, the main public to which the actions are directed is women and these actions are generally based upon reproductive aspects and motherhood[8-9].

In addition, corroborating the findings of this research, other studies observed that, due to heteronormativity, professionals have difficulties in understanding homosexuality and dissociating sexual orientation from gender identity. The sexual orientation of individuals who consider themselves homosexuals characterizes them is a person who feels sexually, emotionally, or affectively attracted to people of the same sex/gender, while gender identity is an internal and individual experience of each person's gender, which may or may not correspond to the sex assigned at birth[10-11].

Therefore, it is essential that nurses master the knowledge about sexual diversity and, especially, about women's sexual practices, so that it is possible to direct their consultation, adapting these guidelines to the singularities of these women, especially with regards to their multidimensionality and not only to sexual practices.

However, despite a woman's sexual orientation being declared homosexual, it does not mean that risky sexual practices do not occur. For those who are sex workers, this vulnerability increases significantly, and the need to provide adequate guidance on the prevention of Sexually Transmitted Infections (STIs), as stated in CSD01, is evident. In national and international studies, most homosexual women believe they are immune to the risk of contracting any type of STI, but research shows a high prevalence of infections (47.3%) with a higher rate for HPV (45.3%) probably due to their individual vulnerability[12-14].

Although the studies indicate that almost half of these women (48.4%) are unaware of the methods of protection against STIs used in female homosexual intercourse, it is noteworthy that there are several necessary guidelines for prevention. Also, nurses must be aware of the adaptations of condoms for sexual relations and the importance of body hygiene, nail cutting, to avoid injuries and the transmission of any type of contamination to the other woman. They must also take a careful and sensitive look when carrying out the cytological examination, which must be carried out with great caution, adapting the size of the speculum to the sexual practice experienced by the patient[3,9,15-16].

Another study result found in CSD02 refers to the mentality of nurses about specific care for homosexual women, seeking to elucidate that care should not be differentiated. However, it is understood that the care plan must occur in an equitable way, because despite the body being identical to that of heterosexual women, the nursing consultation must attend to the particularities of the group so that it is possible to advise them according to their own needs[2,3].

Corroborating this result, it was shown in studies that 14.9% of healthcare professionals still reveal themselves as replicators of pre-established cultural standards within healthcare, and this lack of preparation regarding knowledge of practices linked to health and sexuality their unique demands and health needs, and the lack of quality care result in dissatisfaction and consequent evasion of these women from healthcare services for fear of not being supported and/or suffering prejudice[17-18-19].

Therefore, the deficit found in healthcare may be associated with two main factors identified in the scientific literature, the first being the constant presence of the heteronormative model that makes it difficult for

Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14572022I

professionals to understand sexual diversity and the factors that permeate it, and the second is related to the biomedical model that structures generalizing professionals, that is, incapable of perceiving differences, and as a result, does not allow women to reveal their sexual orientation[8,20]. In addition to the two factors mentioned, the compulsory cisgender issue can also be added as a negative determinant in care planning.

In the literature, it is highlighted that the likely inadequate academic training of nurses, concerning the subjects in question during their undergraduate periods, is an aggravating factor that reflects on the difficulties encountered in dealing with sexual diversity. Therefore, this data is linked to the reports highlighted in CSD03 that showed a great deficit in nurses' knowledge about public policies that assist homosexual women, as well as the practice of continuing education offered by management[21]. In a recent study, when a question was addressed about knowledge of the aforementioned policy, almost half of the nurses were neutral (42.55%)[22].

Therefore, these results show the need for professional education, in the form of training for nurses, since it would increase access, quality, and resolution of PHC, so that in the future there will be a change within the organization of healthcare services and in the attitudes of these public servants to carry out humanized and integral health care, based on individual and collective needs. Furthermore, this "lack of knowledge" of professionals about this theme assumes that there is truly a certain lack of interest in seeking to train and recognize the legitimacy of the rights of the health of individuals belonging to this group[2, 22-23].

It is understood that, although the academic training of nurses is regularly generalist, when they are faced with vast events and health problems in their field of work, they can act with confidence and aptitude. Therefore, continuing education must be a goal in their professionalism, focusing mainly on minority groups that need greater care.

CONCLUSION

The data presented here, although limited to the local reality, allow for the analysis of the nursing care provided in the PHC to homosexual women based upon the nurses' perceptions.

From this perspective, problems related to care planning associated with the vulnerable group are inferred, such as care delivery without due direction, heteronormativity rooted in healthcare services, in addition to distorted thinking in not recognizing the need for a specific care plan.

Nurses' lack of knowledge about public policies involving homosexual women was also identified, which may be associated with the presumption of lack of elaboration on the subject in nursing education.

This study had logistical limitations that are linked to the challenge of conducting the interviews remotely due to the COVID-19 pandemic and finding some time in the nurses' routine to carry out these interviews, as well as a certain resistance to accepting to participate in the study, restricting, therefore, the number of participants.

Finally, this study contributes to the reflection concerning the need for nurses to know the homosexual woman in her entirety and encourage them to carry out training for the elaboration of healthcare actions that are

DOI: 10.15343/0104-7809.202347e14572022I

adapted to these demands and that are met with equity and quality. Thus, it is proposed that interventional research be carried out based upon the problems identified in this study with the aim of changing and training nurses to better accommodate this public.

Author Statement CREdiT

Conceptualization: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC. Methodology: Bezerra, TA; Fernandes, MC. Validation: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC. Statistical analysis: Bezerra, TA; Alves, BP; Fernandes, MC. Formal analysis: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC. Research: Bezerra, TA; Fernandes, MC. Resources: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC. Elaboration of the original draft: Bezerra, TA; Fernandes, MC. Writing and proofreading: Alves, BP; Fernandes, MC. Visualization: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC. Supervision: Fernandes, PKRSF; Fernandes, MC. Project management: Bezerra, TA; Alves, BP; Barbalho, ILA; Sousa, JP; Adriano, AKCG; Fernandes, PKRSF; Fernandes, MC.

All authors read and agreed with the published version of the manuscript.

REFERENCES

1. Fontana L, Gomes MDAA, Silva SS. (In) visibilidade da comunidade LGBTQIA+ na assistência social: proteção social a quem necessitar?. Odeere. 2020; 5(10):304-319. doi: https://doi.org/10.22481/odeere.v5i10.7112
2. Silva DD, Silva FAB, Sobreira MVS, Andrade ALF, Araújo EB, Araújo AF. Assistência de enfermagem na atenção básica a população homossexual da cidade de Caicó-RN. Temas em Saúde. 2018; 18(3):261-284. Disponível em: https://temasemsaude.com/wp-content/uploads/2018/09/183.pdf
3. Cabral KTF, Pereira IL, Almeida LR, Nogueira WBAG, Silva FV, Costa LFP, et al. Assistência de enfermagem às mulheres lésbicas e bissexuais. Rev enferm UFPE on line. 2019; 13(1):79-85. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237896/31188
4. Belém JM, Alves MJH, Pereira EV, Moreira FTLS, Quirino GS, Albuquerque GA. Health care for lesbian, gay, bisexual, transvestite and transgender individuals in the family health strategy. Rev baiana enferm. 2018; 32:26475. Disponível em: https://periodicos.ufba.br/index.php/enfermagem/article/view/26475/17336
5. Garcia CL, Albuquerque GA, Drezett J, Adami F. Saúde de Minorias Sexuais do Nordeste Brasileiro: Representações, Comportamentos e Obstáculos. J Hum Growth Dev. 2016; 26(1):94-100. Disponível em: https://www.revistas.usp.br/jhgd/article/view/110985/112305
6. Cabral SL, Torres RAM, Silva LMS, Rodrigues ARM, Viana AB, Almeida PC. Homossexualidades femininas no contexto dos sistemas de informação de saúde. 2017; 11(4):1699-707. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/15267/18069
7. Lefèvre F, Lefèvre AMC. Discourse of the collective subject: social representations and communication interventions. Texto Contexto Enferm. 2014; 23(2):50-27. doi: https://doi.org/10.1590/0104-07072014000000014
8. Ribeiro UWR, Matos RL. Heteronormatividade e produções de violências lgbtfóbicas: análise a partir da teoria queer. REVES. 2020; 3(4):1-12. doi: 10.18540/revesvl3iss4pp06001-06012
9. Ministério da Saúde (BR). Secretaria de Políticas para as Mulheres. Relatório da Oficina Atenção à Saúde de Mulheres Lésbicas e Bissexuais. Brasília: Ministério da Saúde; 2014.
10. Guimarães NP, Sotero RL, Cola JP, Antonio S, Galavote HS. Avaliação da implementação da Política Nacional de Saúde Integral à população LGBT em um município da região Sudeste do Brasil. Rev Eletron Comun Inf Inov Saúde. 2020; 14(2):372-85. doi: https://doi.org/10.29397/reciis.v14i2.1712
11. Tzur-peled S, Sarid O, Kushnir T. Nurses' perceptions of their relationships and communication with lesbian women seeking perinatal care. J Clin Nurs. 2019; 28:3271-3278. doi: https://doi.org/10.1111/jocn.14904
12. Andrade J, Ignácio MAO, Freitas APF, Parada CMGL, Duarte MTC. Vulnerabilidade de mulheres que fazem sexo com mulheres as infecções sexualmente transmissíveis. Ciênc. Saúde Colet. 2020; 25(10):3809-3819. doi: https://doi.org/10.1590/1413-812320202510.03522019
13. Araújo LM, Penna LHG, Carinhanha JI, Costa CMA. O cuidado às mulheres lésbicas no campo da saúde sexual e reprodutiva. Rev enferm UERJ. 2019; 27:34262. doi: http://dx.doi.org/10.12957/reuerj.2019.34262
14. Dal Santo A, Zambenedetti G. Prevenção às ISTs/HIV entre mulheres lésbicas e bissexuais:uma revisão bibliográfica (2013-2017). PSI UNISC. 2021; 5(1):111-126. doi: 10.17058/psiunisc.v5i1.14846
15. Obón-Azuara B, Vergara-Maldonado C, Gutiérrez-Cía I, Iguacel I, Gasch-Gallén Á. Gaps in sexual health research about women who have sex with women. A scoping review. Gaceta Sanitaria. 2022; 36(5):439-445. doi: https://doi.org/10.1016/j.gaceta.2022.01.008
16. Bustamante G, Reiter PL, McRee AL. Cervical cancer screening among sexual minority women: findings from a national survey.

Revista O Mundo da Saúde

DOI: 10.15343/0104-7809.202347e14572022I

Cancer Causes Control. 2021; 32(8):911-917. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/mdl-33987774
17. Oliveira GS, Nogueira JÁ, Costa GPO, Medeiro RLSFM, Oliveira T, Almeida AS, et al. Serviços de saúde para lésbicas, gays, bissexuais e travestis/transexuais. Rev enferm UFPE. 2018; 12(10):2598-609. doi: https://doi.org/10.5205/1981-8963-v12i10a237014p2598-2609-2018
18. Karakaya S, Kutlu FY. LGBT individuals' opinions about their health care experiences: a qualitative research study. J Nurs Manag. 2021; 29:24-31. doi: https://doi.org/10.1111/jonm.13199
19. Lovison R, Ascari TM, Zocche DAA, Durand MK, Ascari RA. Travestis e transexuais: despindo as percepções acerca do acesso e assistência em saúde. Enferm Foco. 2020; 10(5). doi: https://doi.org/10.21675/2357-707X.2019.v10.n5.2370
20. Costa-Val A, Manganelli MS, Moraes VMF, Cano-Prais HÁ, Ribeiro GM. The care of the LGBT population from the perspective of Primary Health Care professionals. Physis. 2022; 32(2): e320207. doi: http://dx.doi.org/10.1590/S0103-73312022320207
21. Nietsche EA, Tassinari TT, Ramos TK, Beltrame G, Salbego C, Cassenote LG. Formação do enfermeiro para o cuidado à população homossexual e bissexual: percepção do discente. Rev baiana enferm. 2018; 32:25174. doi: 10.18471/rbe.v32.25174
22. Silva ASM. Reflexões sobre a Política Nacional de Saúde Integral de LGBT: percepção de enfermeiros que atuam na atenção primaria à saúde. [Monografia]. Brasília: Escola Superior de Ciências da saúde, Brasília; 2019. Disponível em: http://repositorio.fepecs.edu.br:8080/handle/prefix/34
23. Santos ATS, Oliveira CB, Passos MC, Andrade ASA, Gallotti FCM. Integralidade do cuidado na formação do enfermeiro: visões e vivências do acadêmico de enfermagem. Enferm Foco. 2019; 10(1):122-6. Disponível em: http://revista.cofen.gov.br/index.php/enfermagem/article/view/1397/507

Received: 13 december 2022.
Accepted: 06 april 2023.
Published: 06 july 2023