
Knowledge level and perceptions about LGBT health: an analysis of medical students in Salvador, Brazil

Nível de conhecimento e percepções sobre a saúde LGBT: uma análise de estudantes de medicina em Salvador, Brasil

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ABSTRACT

Objectives: To understand the perception of medical students about their education in the healthcare context experienced by LGBT individuals. **Methods:** A structured questionnaire was administered regarding their assessment of theoretical and practical training in attending the LGBT public. **Results:** 49.52% of the students showed great interest in the topic, with most representation coming from LGBT students. Although 98.10% agreed on the need for more training, 33.33% reported that they had never read about the LGBT Health Policy. They considered necessary LGBT-focused training (86.19%) and thought the LGBT population suffers discrimination when seeking healthcare (95.24%). **Conclusion:** Medical students are aware of the deficit in healthcare access of the LGBT community and perceive a gap in their education about LGBT health.

Keywords: Evaluation of Medical School Curriculum; Medical Education; Sexual and Gender Minorities.

RESUMO

Objetivos: Compreender a percepção de estudantes de Medicina sobre sua formação no contexto da saúde vivenciada por indivíduos LGBT. **Métodos:** Foi aplicado um questionário estruturado sobre a avaliação da formação teórica e prática no atendimento ao público LGBT. **Resultados:** 49,52% dos alunos demonstraram grande interesse pelo tema, com maior representatividade proveniente de alunos LGBT. Apesar de 98,10% concordarem com a necessidade de mais capacitação, 33,33% relataram nunca ter lido sobre a Política de Saúde LGBT. Além disso, os estudantes consideraram necessária a formação voltada para o público LGBT (86,19%) e creram que a população LGBT sofre discriminação ao procurar atendimento de saúde (95,24%). **Conclusão:** os estudantes de Medicina estão cientes do déficit no acesso à saúde da comunidade LGBT e percebem uma lacuna em sua formação sobre a saúde LGBT.

Palavras-chave: Avaliação Curricular das Faculdades de Medicina; Educação Médica; Minorias Sexuais e de Gênero.

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INTRODUCTION

The right to healthcare in Brazil is universally guaranteed and a duty of the State, arising from the Health Reform Movement inserted in the Federal Constitution. In this scenario, health encompasses the access of people and the community to public goods and services offered by universal social policies (BRASIL, 1988). Although one of the pillars of the Brazilian Unified Healthcare System (SUS) is universal access, the scenario faced by the Lesbian, Gays, Bisexual, Transgender (LGBT) community is far from what is intended by the Brazilian Constitution (POPADIUK; OLIVEIRA; SIGNORELLI, 2016).

Even after the establishment of public policies within the scope of the SUS, such as the National Integral LGBT Health Policy (PNSI-LGBT) (BRASIL, 2013), the LGBT community still faces obstacles when obtaining healthcare, such as discrimination from healthcare workers, including embarrassing situations, inappropriate conduct, and even verbal abuse by health professionals (ALBUQUERQUE et al., 2013). These scenarios of discrimination and limited healthcare are not limited to Brazil and have been demonstrated by studies that point to the need for greater efforts to reduce health disparities among the LGBT population (NGUYEN, 2020).

Historically, the LGBT community has been very marginalized for decades and has been considered "abnormal" and "pathological" by different groups in society. In this sense, homosexuality was considered a mental health disorder in the United States until 1974 and, globally, it remained with this status until 1993, when the World Health Organization finally decided to exclude it from the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). Although it states that sexual orientation alone is not a disorder, ICD-10 included categories for diagnoses based primarily on sexual orientation. Experts around the world strongly recommended that the category of classifications on psychological and behavioural disorders associated with sexual development and orientation be totally excluded, which occurred in the latest version (ICD-11) (AMERICAN PSYCHOLOGICAL ASSOCIATION, 2011; COCHRAN et al., 2014).

Given these facts, the still present LGBT-phobic behaviour can generate higher prevalence of mental disorders in LGBT people by an excess of social stressors related to stigma and prejudice with implications for policy and public health (MEYER, 2003;

PACHANKIS; BRANSTROM, 2019). These attitudes can contribute to the evasion of healthcare, contributing to inadequate care of LGBT patients and worse outcomes (ALBUQUERQUE et al., 2016).

Hence, we hypothesize that this discriminatory behaviour can be associated with the medical professional training, since, in Brazil, even after the institution of the PNSI-LGBT, there is a gap of curricular components that discuss the hurdles of healthcare access from the LGBT community in depth and studies about this topic among Brazilian specialists are still scarce. Once again, the same deficient training scenario is observed in various medical and health sciences schools throughout the world which can be identified by many studies focused on curricular gaps remodeling (COOPER; CHACKO; CHRISTNER, 2018; DEVITA; BISHOP; PLANKEY, 2018; DUBIN et al., 2018; LLAYTON; CALDAS, 2020; NOWASKIE; PATEL; FANG, 2020; PHELAN et al., 2017; SALKIND et al., 2019; TAYLOR; CONDRY; CAHILL, 2018; WAHLEN et al., 2020).

In 2016, the Brazilian National Health Council created a Working Group to discuss the National Curricular Guidelines (DCN) of the undergraduate health courses in order to express the principles of the SUS (i.e., to ensure the completeness of care, quality and humanization in the care provided to individuals, families, and communities). A resolution of the National Health Council determines that professional training be directed at work that contributes to social development, considering the biological, ethnic-racial, gender, generational, gender identity, sexual orientation, inclusion of the person with disability, ethics, socioeconomic, cultural, environmental, and other aspects that represent the diversity of the Brazilian population. In order to make the applicability of this resolution effective, this resolution determines that the DCN use action-reflection methodologies, based on technical, behavioural, ethical, and political skills.

However, weaknesses are still observed in issues related to assistance to the LGBT community in the process of training medical students. There is a lack of LGBT-specialized training of future healthcare professionals who will be at the forefront of healthcare for this community. The present survey employed by this study sought to assess the level of knowledge and perceptions of medical students about the challenges faced by the LGBT community in obtaining healthcare, as well as the healthcare training employed by universities.

METHODS

This is a transversal study with a quantitative, descriptive, and analytical approach. All MD students (>18y/o) regularly enrolled in a private medical school in Salvador/Brazil were eligible to participate. Based on the population of interest composed of 1,390 students and considering an error of 5%, reliability of 95% and expected prevalence of knowledge on public health policy of the LGBT population of 20%, the sample calculation indicated the need for 210 students.

A virtual questionnaire was applied containing an electronic consent. The instrument contained 17 questions on the theme "Health of the LGBT population", in addition to socio-demographic variables. The questionnaire was prepared based on the study of Lopes and colleagues (LOPES; CARVALHO; ARAUJO, 2019) and, after modifications, went through a validation process seeking to improve the understanding of the statements and eliminate inaccuracies. This process was carried out by the authors and a group of nine medical students to eliminate ambiguities and verify the achievement of the proposed objectives.

For the recruitment of students, an invitation letter was sent with the link to access the survey questionnaire until 210 were reached, then the questionnaire data collection was closed. All information obtained during the survey was transformed into a database, which was tabulated using Excel 2016 software.

Subsequently, analysis of response frequencies was performed and for categorical data, the Fisher's exact test was performed to observe differences in the pattern of responses. An alpha of 5% was considered in the analyses. All data were tabulated and analysed in GraphPad Prism version 8.0.

The study was approved by the Research Ethics Committee (CAAE 28795020.8.0000.5032). All subjects were informed about the research objectives and provided appropriate informed consent.

RESULTS

The sample of this study was composed of 210 students, mostly on their 4th year in school (34.29%), aged 21-25 years (56.19%), female (72.86%), cisgender (100.00%) and straight (82.86%) (Table 1).

Table 1. Sample characterization.

Characteristics (N=210)	N	%
Year		
1°	18	8,57
2°	66	31,43
3°	47	22,38
4°	72	34,29
Intern	7	3,33
Age Group		
18-20 years	42	20
21-25 years	118	56,19
26-30 years	26	19,38
31-40 years	20	9,52
>40 years	4	1,9
Sex assigned at birth		
Female	153	72,86
Male	57	27,14
Gender identity		
Cisgender	210	100
Sexual orientation		
Straight	174	82,86
Gay	18	8,57
Bisexual	18	8,57

Note. Number and percentage of year, age group, biological sex, gender identity and sexual orientation of participating students.

Regarding the degree of interest of students in health and care for the LGBT population, 49.52% are very interested, 48.10% reasonably interested and only 2.38% consider the approach to the subject unnecessary (Table 2). When evaluating these data more in depth, we did not find any differences regarding age groups, biological sex, or gender identity, but we found that there was a statistically significant difference when stratifying by sexual orientation. Students from the LGBT community showed greater interest in the subject than straight students ($p<0.001$, Fig 1A). It is important to note that among those who reported that the topic is unnecessary in the medical curriculum ($n=5$), all were straight cisgender men.

Regarding the experience in their clinical clerkship experience, 106 (50.48%) had cared for a gay, lesbian, or bisexual patient. Among them, three out of four students (75.47%) felt prepared or did not notice any difference in the medical conduct performed (reporting that is not necessary specific skill to treat those patients), while 26 students (24.53%) stated that they did not feel prepared for the care. On the other hand, when asked

if they had ever seen a transgendered patient, the vast majority (94.76%) had never provided care. Of the participants who had already experienced this care, 6 (54.55%) felt prepared and 5 (45.45%) did not feel prepared for the consultation. In this context, most of the students (92.85%) reported that this topic (transgender healthcare) was never the subject of discussion in the curriculum or was only mentioned in a superficial way (Table 2).

About the healthcare experience of the LGBT population, students believe that the current medical professional is not prepared to welcome and guide the LGBT population in the best way and think that greater knowledge of the area is necessary. On the other hand, when asked if they had ever read the PNSI-LGBT, a third of those interviewed reported that they had never read it and more than half (60.48%) of the students were unaware of the existence of this national policy (Table 2).

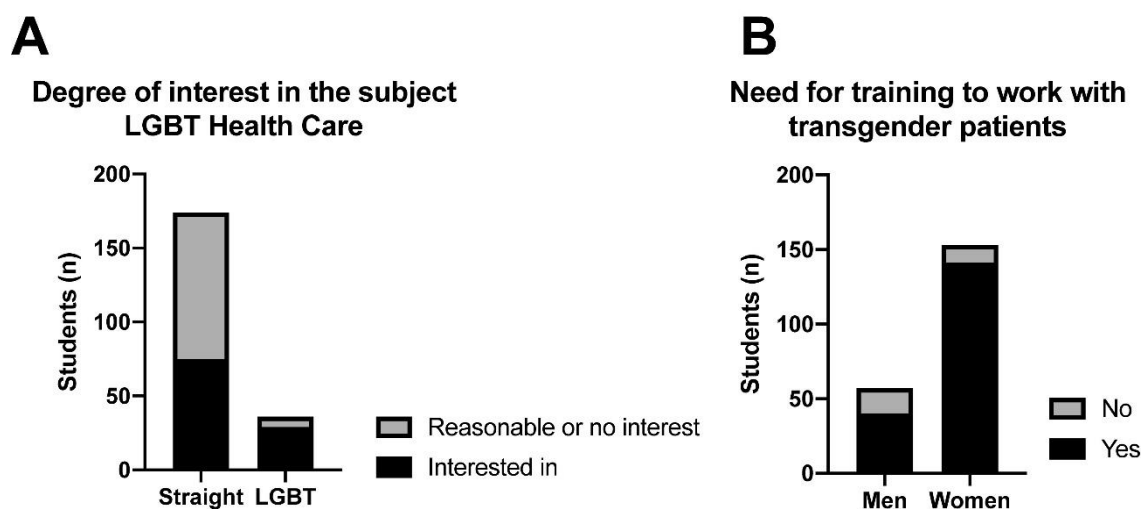
Still in this analysis, students were asked about the need for complementary training to attend transgender patients. Most of the respondents (86.19%) considered it necessary, with women more inclined to believe that training is essential for these patients ($p < 0.001$, Fig 1B). Finally, most students (95.24%) believe that the LGBT population suffers discrimination when seeking healthcare services.

Table 2. Degree of interest and opinion of medical students on training about LGBT health care.

Characteristics (N=210)	N	%
Degree of interest in the subject		
Very	104	49,52
Reasonable	101	48,1
Unnecessary	5	2,38
Satisfactory approach of the best conduct for transgender patients		
Yes	16	7,6
No	151	71,9
It was only briefly quoted	44	20,95
Knowledge of PNSI-LGBT		
Yes	13	6,19
No	70	33,33
I had no knowledge of the existence	127	60,48
Importance of further discussion on the needs and peculiarities of serving the LGBT population		
Yes	206	98,1
No	4	1,9

Note: Number and percentage of interest, satisfactory approach in the best conduct for transgender health, discipline that addressed the subject and knowledge of the PNSI-LGBT.

Figure 1. Student's perceptions about LGBT Health care. Stratified analysis (A) of interest in the theme "LGBT health care" by sexual orientation and (B) of the degree of agreement with the need for training for the Transgender Health care by sex assigned at birth.



DISCUSSION

In this study, we found that 98.1% of the medical student sampled recognized the need for and importance of more in-depth knowledges on the needs and particularities of LGBT health care. This finding is corroborated by data from other studies in which students report that LGBT healthcare is not satisfactorily addressed in professional training at universities and that curricular strategies in this regard can have a positive impact on their attitudes and professional skills in attending this public (GREENE et al., 2018; LLAYTON; CALDAS, 2020; LOPES; CARVALHO; ARAUJO, 2019; NOWASKIE; PATEL; FANG, 2020; SALKIND et al., 2019; SEKONI et al., 2017; SHINDEL; PARISH, 2013; TAYLOR; CONDRY; CAHILL, 2018; WAHLEN et al., 2020).

Besides the insufficient knowledge about the health of the LGBT population in the training of medical students, it is worth noting that the degree of interest of these students varied from moderate to high. This finding can be related to the recent demands of the LGBT population and to the influence of the curricular guidelines that caused universities to stimulate, even if at a slow pace, the approach to health care of this group in the classroom. Another factor that can contribute to these changes is that this population has become politically visible for the administration of universities. Research shows a growth in the population of students who identify themselves as LGBT (BOURDON;

SAUNDERS; HANCOCK, 2018). In our sample, it is interesting to note that this percentage of students, around 13%, have more interest in the subject than straight cisgender students. This observation was similar to the study by Greene and collaborators who demonstrated that they are more involved and demanding in the curricular approaches carried out during their training (GREENE et al., 2018). Thus, there is an optimistic perspective of the current health scenario marked by heteronormativity and the naturalization of gender binarism, socio-historically constructed (LIONÇO, 2009). In this context, since as healthcare populations become less hetero/gendernormative, probably the interest in this subject would increase.

A recent study brought together physicians who worked in basic care and showed that, although an online and free course was available from the Ministry of Health on LGBT health issues, there was low rate of presence / participation to or any other type of training. This study also shows that the physicians did not carry out training or courses on LGBT health, nor did they participate in lectures, symposia, and seminars about this topic (NEGREIROS et al., 2019). This research found discretely divergent results regarding the curriculum of the Medicine course since some students already state that health care for the LGBT community is addressed in the curriculum. This attitude may reflect recent curricular changes in the medical education scenario that seems to be helping students to feel more capable and comfortable in the care of LGBT patients (GREENE et al., 2018; WAHLEN et al., 2020; WHITE et al., 2015), especially when they have more hours of classes and more practical contacts with the care of this population (HONIGBERG et al., 2017).

According to the Ministry of Health, it is the physician's responsibility in primary care to consider his/her biopsychosocial context. Their action should not be limited to strictly defined health problems (BRASIL, 2017). Thus, to understand the individual, it is essential to be aware of the National Integral Health Policy for LGBT of the Ministry of Health (PNSI-LGBT), since it refers to promotion, prevention, and recovery in health care, highlighting the importance of reducing inequalities arising from gender identity and sexual orientation. It is thus an important instrument in the fight against LGBT-phobia in health field and against institutional prejudice in the SUS (GUIMARÃES et al., 2017).

By recognizing institutional discrimination, the policy elucidates the vulnerability of the LGBT population to homophobia by health professionals in service, which

disqualifies the attention given and compromises the efficiency of the health system (GUIMARÃES et al., 2017). However, contrary to what is advocated by the Ministry of Health, what was observed in this research is that more than half of the students were unaware of the existence or had never read about the PNSI-LGBT. The students' knowledge of the policy, therefore, is minimal even after 9 years of medical education.

In their clinical practice, half of the students have attended at least one gay, lesbian, or bisexual patient. Our data shows that most of them felt able to perform their care. This allows us to draw a parallel about a possible negligence in the training of future doctors.

Although there are many recent studies on the health of transgender patients, the topic still needs more research in order to identify and prioritize the main health-related needs of this population, as well as providing data and information capable of reducing difficulties faced by them in access to quality health (CICERO et al., 2020). There are several barriers to access and permanence in the health services of these patients, such as the lack of knowledge of physicians regarding their demands, the lack of resolution of specific issues in this category, the non-recognition of the social name, and moral and religious judgment (NEGREIROS et al., 2019; ROCON et al., 2016). It is possible that this perception is associated with a deficiency in the medical professional's training, evidenced in this study in the observation that almost all students never provided care to a transgender patient. It is known that the practice of this care is associated with confidence in professional conduct (HONIGBERG et al., 2017) and, in this sense, the currently available and practiced teaching methodologies, such as simulations, could minimize the problems derived from this gap in the formation of the medical student (UNDERMAN et al., 2016).

Given the countless evidence of precarious health care for the LGBT population, a greater command of the subject through courses and immersion in the subject is of extreme importance. Our results show that students in general agree with this need for greater training, especially female students. The data from Greene's study and collaborators corroborate this observation by demonstrating twice as much interest in continuing education on LGBT health topics by women as men (GREENE et al., 2018). Moreover, it seems clear that straight cis-gender students need education the most.

The perspective of the students in this research converges with the reality presented in the literature, since most of the medical students ratified the existence of

discrimination of the LGBT population seeking health service. However, it is important to point out that the results of this research are limited, since we did not investigate student's religion or socioeconomic upbringing and the participants enrolled are from only one medical private school in the city of Salvador. Even so, we believe that this work presents an accurate picture of the perception of medical students about their education about the health context experienced by different types of gender.

These results confirm that the teaching model of Brazilian medical schools of LGBT health is deficient and curricular changes with the objective of better solutions such as incorporating clinical simulations and didactic lectures into a longitudinal curriculum are warranted to minimize this problem.

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