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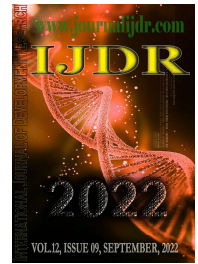
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HEALTH EDUCATION FOR SEXUAL AND GENDER MINORITIES IS A DUTY OF MEDICAL SCHOOLS

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ABSTRACT

The LGBTQIA+ population, as a result of vulnerability in several aspects, presents inequities in access to health compared to other population groups. Thus, the formation of the future doctor is questioned and how the teaching and learning on the subject is being passed on by professors in medical schools. This paper presents a narrative review of the approach to the theme in medical education, based on documental research in the main databases (Pubmed and Google scholar). From this study, it is observed that, among several factors that may interfere in this theme, the teaching role in the teaching and learning process for the acquisition of competences in the context of LGBTQIA+ health is of unique and fundamental importance in the formation of the future health professional critical and reflective about the necessary skills. Therefore, it is also necessary to train teachers in order to stimulate knowledge about the demands required by the LGBTQIA+ population.

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INTRODUCTION

The LGBTQIA+ population, in its various aspects of social, economic and cultural vulnerability, suffers daily in its restricted accessibility to adequate health care, leading to inequality vis-à-vis other population groups. In this aspect, the training of the health professional is questioned and, mainly, how the teaching and learning about health care for the LGBTQIA+ population is reaching these and if the teachers who train the health professional of the future present themselves with competences for the teaching of such a theme. In accordance with the basic principles of the SUS, all citizens must have access to health based on Universality, Equity and Integrality, respectively represented by the right to health or actions for such, regardless of sex, race, occupation or other social characteristics, and all must have "unequal" access based on their individual demands and complemented with the integration of health-oriented actions considering people as a whole (SANTOS, 2018; SILVA; SILVA, 2020). Added to the basic principles of the SUS are the principles of Yogyakarta, a document aimed at human rights related to sexual orientation and gender identity. This document governs, among many other principles, the right to health and protection against medical abuse (THE YOGYAKARTA, 2017). As it is such an important topic today, this review aims to address the teaching of health of sexual minorities in medical schools, aiming at greater knowledge about the training of new health professionals.

MATERIALS AND METHODS

A narrative review was carried out through a documental research in the main databases (Pubmed and Google scholar) using the following descriptors as a search form: "Sexual and gender minorities", "sexual and gender minorities ", "medical schools", " medical school ", "health education" and " health education " in the month of July 2022. Articles published in the last five years in any language and which were designed with all methodologies (quantitative and qualitative) were included, including observational, interventionist studies and reviews. Studies that did not investigate health education for sexual minorities in higher medical education institutions and studies that were not available in their entirety were excluded. After this search, an extensive reading of the articles found by the authors was carried out to carry out this review.

RESULTS

Health care provided in an adequate way, by trained professionals and directed to individual needs, has been shown to be essential so that people considered marginalized due to their sexual and gender identity do not face the specific health risks to which they are vulnerable (MUNTINGA, 2020). Thus, it is affirmed that the LGBTQIA+ population in its vulnerability, be it economic, social or cultural, exceeds the person's individual attitudes, supplanting the

concept of the biological and causing this population group to have high stigma and marginalization and consequently greater risk to their health (CARMO; GUIZARDI, 2018; RAIMOND, 2017). In view of this, there is an undeniable concern for better training of health professionals to better serve the LGBTQIA+ population (lesbians, gays, bisexuals, transsexuals, transvestites, queer, intersex, asexuals, in addition to other identities) as they still face major challenges. barriers to accessing appropriate and broad health care, corroborated by the fact that there is little opportunity for learning aimed at serving the LGBTQIA+ population. (BRAUN; RAMIREZ; ZAHNER; GILLIS-BUCK; SHERIFF; FERRONE, 2017). Such training is currently still based on a heteronormative model causing consequent insecurity of the student and health professional in the care provided to the LGBTQIA+ population. (VAL; MESQUITA; ROCHA; CANO-PRAIS; RIBEIRO, 2019) Still on the way the subject is approached in undergraduate health courses, DeVita et al. 2018 stated that in American medical schools, the approach to the LGBTQIA+ theme in health is not adequate, providing students with unpreparedness in meeting the health demands of this population, a fact that occurred even after the orientation carried out in 2014 by the Association of American Medical Colleges that medical students receive training on health and its peculiarities in the LGBTQIA+ population. (HOLLENBACH, 2014)

Bonvicini reports in his study that despite a significant increase in the number of peer-reviewed publications on the health of the LGBTQIA+ population, showing the need and importance of teaching this topic, there is a clear deficiency in the training of competencies for health professionals with a view to health assistance (BONVICINI, 2017). The National Curriculum Guidelines for the Undergraduate Course in Medicine address in its Article 5 that "..... the undergraduate student will be trained to always consider the dimensions of biological, subjective, ethnic-racial, gender, sexual orientation... .." (BRAZIL, 2014). However, even if the DCNs guide such training, it is observed that teachers and sometimes the Curricular Pedagogical Projects (PPCs) tend to direct the teaching of **sexuality** based only on the organic and pathological and still in a non-standardized way (RUFINO; MADEIRO; GIRÃO, 2014) leading to a fragmented and unfeasible training for better medical care for the LGBTQIA+ population and highlighting the importance of introducing new curricula that incorporate the teaching of LGBTQIA+ health (SANCHEZ; SOUTHGATE; ROGERS; DUVIVIER, 2017). It is noteworthy, in this context, that it is not enough to just prove the need for health professionals with recognized competences to provide health care offered to the LGBTQIA+ population, but it is also essential that the desire of the teaching staff of the Universities to work on the development of programs and policies aimed at the LGBTQIA+ public with the objective of providing more competent health professionals to provide health care for this population (KHALILI; LEUNG; DIAMANT, 2015). The importance and need for better medical training in the development of skills for the health care of the LGBTQIA+ population was corroborated in the research by Alpert, Cichoskikelly and Fox (2017) which concluded, through a survey of the experiences of LGBTQIA+ people about what the doctor should know and do to offer better care, the need for educational interventions for a more comfortable care by health professionals, in addition to having sufficient knowledge to do so.

Within this scenario in which it is extremely important that the teacher appropriates solid knowledge for the training of health professionals with recognized competences in the care of the LGBTQIA+ population, Paulo Freire is cited when he talks about the knowledge that the teacher needs to pass on knowledge:

"For me it is impossible to understand teaching without learning and both without knowledge. In the teaching process there is the act of knowing on the part of the teacher. The teacher has to know the content of what he teaches. So in order for he or she to be able to teach, he or she must first know and, simultaneously with the teaching process, continue to know because the student, when invited to learn what the teacher teaches, actually learns

when he or she is able to know. the content of what he was taught." (FREIRE, 2003, p. 79)

The LGBTQIA+ population has been suffering prejudice and violence for a long time, including being considered as belonging to mental illness. Over the years, the struggle for equal rights has led to the creation of public policies in order to provide adequate and specific care. However, it is clear that much of the non-humanized care is due to the lack of knowledge and resistance to issues of sexual orientation, which represents a curricular gap in medical schools and other areas of health. It is essential, therefore, that there is adequate training for health education, as determined by the 2014 DCN of Medicine (MORAIS, 2020). It is important to realize that users and students who identify as LGBTQIA+ feel that they are listened to when having this specific approach to the specifics of the LGBTQIA+ population during their training. Aspects such as situations of vulnerability and bringing a social and political perspective, in addition to the biomedical, are important, bringing knowledge of definitions, the transsexualizing process in the SUS, mental health, access to health services, organic characteristics in trans people, hormone therapy, bringing a look more human. As important as learning would be to build products that benefit the community, such as tools and technological products. The idea is to expand knowledge about sexual diversity and raise awareness among students about the proper reception of the LGBTQIA+ population, creating an inclusive service environment, with multidisciplinary training dealing with issues addressed throughout life in a respectful way.

The Curricular Pedagogical Projects were analyzed by a large study that showed that 50% of federal medical schools in Brazil address gender and sexuality issues with a biological approach, rather than a more integrative approach (MORAIS, 2020). The ethical and critical training with social responsibility of the medical professional is addressed in the Curriculum Guidelines, and must encompass the vulnerabilities of the LGBTQIA+ population associated with a humanistic reflection to overcome them. The LGBTQIA+ community often suffers from prejudice within the universities themselves. The WHO points out that we should address gender equality policies and the promotion of human rights in an integral and transversal way during the graduation of health professionals, however, in Brazil we observe that these themes are treated in a fragmented and non-standardized way (RAIMONDI, 2020). According to a 2014 study, students state that these themes are addressed in a punctual way, with a predominant biological approach, with a so-called "selective visibility" due to formal curricula, influenced by the principles of heteronormativity. The curriculum of medical schools may leave this focus aside, but it has been presenting aspects of teaching including the LGBTQIA+ population and all its singularities. (RAIMONDI; MOREIRA; BARROS, 2019)

CONCLUSION

Despite several works published in periodicals showing the attempts of adequacy in the teaching and training of LGBTQIA+ care in undergraduate health courses both in Brazil and abroad, it still maintains proposals normally focused on a specific moment of training and directed only to the student. In contrast, it is emphasized that this theme must be understood by all those involved in the teaching and learning process and especially by teachers who have important gaps in their knowledge of this theme as a result of training strongly based on heteronormativity. Thus, it is concluded that among several factors that may interfere in this theme, the teaching role in the teaching and learning process for the acquisition of competences in the context of LGBTQIA+ health is of unique and fundamental importance in the formation of the future critical and reflective health professional about the necessary skills. Therefore, it is also necessary to train teachers in order to stimulate knowledge about the demands required by the LGBTQIA+ population for their health care, thus resulting in the training of professionals with legitimate preparation to offer an adequately technical service. and humanized capable of

meeting the demand for health care aimed at the LGBTQIA+ population in a humanized way and with knowledge of the biological and social conditions of this population group for a better integration of teaching, service and community with important mediation by the teacher and consequently by the fact that the information collected will be fundamental in adding value to the teaching and learning process as education is of great value in improving health equity.

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