

Female homosexuality: vulnerability in comprehensive health care for women*Homossexualidade feminina: vulnerabilidade na assistência integral de saúde à mulher**Homossexualidade feminina: a vulnerabilidade na assistência integral de saúde à mulher***Abilene do Nascimento Gouvêa¹**

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The aim was to analyze how the care centered on Brazilian homosexual women is carried out in the field of comprehensive health care for women. Integrative literature review research, carried out in five databases, in two languages. The search resulted in 489 articles, of which nine were selected for the research. Prejudice, discrimination, and fragmented care by health professionals are a set of factors that directly influence the care and access of this population. Despite advances in public health policies, female homosexuals still face a lack of visibility and prejudices that impact their quality of life. The importance of research and training focused on this population is emphasized.

Descriptors: Female Homosexuality; Women's Health; Nursing Care; Health Promotion; Bioethics.**Resumen**

El objetivo fue analizar cómo se lleva a cabo la atención centrada en mujeres homosexuales brasileñas en el campo de la atención integral de salud a la mujer. Investigación de revisión integradora de la literatura, realizada en cinco bases de datos, en dos idiomas. La búsqueda resultó en 489 artículos, de los cuales nueve fueron seleccionados para la investigación. Los prejuicios, la discriminación y la atención fragmentada por parte de los profesionales de la salud son un conjunto de factores que influyen directamente en la atención y acceso de esta población. A pesar de los avances en las políticas de salud pública, las mujeres homosexuales aún enfrentan una falta de visibilidad y prejuicios que impactan en su calidad de vida. Se enfatiza la importancia de la investigación y capacitación enfocadas a esta población.

Descriptores: Homossexualidad Femenina; Salud de la Mujer; Cuidado de Enfermera; Promoción de la Salud; Bioética.**Resumo**

Objetivou-se analisar como é realizado o atendimento centrado na mulher homossexual brasileira no campo da atenção integral de saúde da mulher. Pesquisa de revisão integrativa de literatura, feita em cinco bases de dados, em dois idiomas. A busca resultou em 489 artigos, dos quais foram selecionados nove para a pesquisa. O preconceito, discriminação e o atendimento fragmentado por parte dos profissionais da saúde são um conjunto de fatores que influenciam diretamente no atendimento e acesso dessa população. Apesar de avanços em políticas públicas de saúde, homossexuais femininas ainda enfrentam a falta de visibilidade e preconceitos que impactam em sua qualidade de vida. Enfatiza-se a importância de pesquisas e capacitação centradas nesta população.

Descriptores: Homossexualidade Feminina; Saúde da Mulher; Cuidados de Enfermagem; Promoção de Saúde; Bioética.

Introduction

Sexuality occupies a large space in the experience of a being, impacting the way in which he relates in society and with himself. As defined by the World Health Organization¹, sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction, being influenced by the interaction of biopsychosocial, economic, political, cultural, legal, historical, and religious factors.

In this way to better understand how sexuality affects each of us, we seek to observe not only sex, but the historical and social constructions made from it, where elements that interconnect and make up our sexual identity are derived. Authors² define sexual identity in four distinct concepts: biological sex (its genetic identity); gender identity (an individual's self-perception as male or female); social sexual roles (defined by the set of characteristics socially associated with female and male); and sexual orientation (affective and sexual inclination that a subject exercise towards another of the opposite sex, of the same sex or both).

Considering that gender can influence risk behaviors, vulnerability and exposure to health risks, shapes the experience and access to health services and affects the interaction with health providers³, it is necessary to focus on gender and sexual orientation when analyzing the access of female homosexuals to health services, as both impact the health-disease process of an individual.

As a way of analyzing socially constructed differences, the expression "social markers of difference" is used, which considers the intersections between different modes of differentiation, naming and hierarchization, such as gender, sexuality, class and race⁴. The analysis of the markers and their relations allows a better understanding of the systems of oppression and inequality in different contexts.

According to study⁵, heterosexuality went through a naturalization process, where the form of social organization considered "normal" is the heterosexual family model and its children, which means that all other ways of exercising sexuality are considered deviant and abnormal. Thus, heteronormativity has a great impact on society, also shaping the way in which health care is provided.

Advances in relation to public policies aimed at the health of this public are relatively recent, as it was only in 2011 that the National Policy for Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) was instituted, considered a historic landmark of recognition of the demands of this population. Although there is a notable progress in the field of health policies and in discussions about the right to health of female homosexuals, these women remain a discriminated and silenced group, which makes it difficult to elaborate public policies that contemplate them^{6,7}.

Expanding knowledge about this audience in the academic environment is a means of providing subsidies that strengthen health knowledge. The identification of gaps in the care of homosexual women makes it possible to create new strategies, coping actions, interventions, and specific

approaches. The performance of this work is justified, therefore, by the need to contribute to the strengthening of evidence-based practice and improved health care.

Given the scenario presented, the question is: Are nursing professionals trained to meet the health needs and demands of female homosexuals? In order to answer this question, the objective was to analyze how the care centered on Brazilian homosexual women is carried out in the field of comprehensive health care for women.

Methodology

It is an integrative literature review, which for study⁸, it is a method that synthesizes results of published research on a given theme, directing the practice, and basing it on scientific knowledge. The integrative review contributes to the construction of knowledge in nursing, by bringing the possibility of building a grounded and uniform knowledge, essential for the realization of a quality clinical practice⁹. Such a study has an important role in changing care, through findings that allow nursing professionals to decide to commit to a practice based on scientific evidence. It is noteworthy that integrative reviews, in addition to the great influence on care, allow to recognize gaps in the knowledge of the topic addressed and point to the need for further research.

The integrative review was carried out in six phases proposed by the researcher⁸: 1) identification of the theme and elaboration of the guiding question; 2) Search for articles in electronic databases through inclusion and exclusion criteria; 3) Collection and organization of data; 4) Critical analysis and evaluation of the selected studies; 5) Interpretation and discussion of results and 6) Presentation of the integrative review.

After identifying the topic, the elaboration of the guiding question was carried out in accordance with the PICO strategy, a tool used to build research questions, enabling a correct definition of information and evidence necessary for its resolution, providing greater scope of research, and maximizing the search in data base¹⁰. Being, P: Homosexual women in health care for women; I: Training of the nursing team in care centered on this group; C: Not applicable; O: Meeting the health needs and demands of female homosexuals.

Once the first stage was defined, the search for journals on electronic bases was started. The collection was carried out in March 2020 by searching for articles using the descriptors: Female Homosexuality, Women's Health, Nursing Care and Health Promotion, researched on the Health Sciences Descriptors (DeCS) platform from the Health Sciences Descriptors (DeCS) platform from the guiding question: Are nursing professionals trained to meet the health needs and demands of female homosexuals?

The databases used for this research were PubMed and Latin American and Caribbean Literature in Health Sciences (LILACS) and the virtual libraries Scientific Electronic Library Online (SciELO), Cochrane and Google Scholar, through the Virtual Library portal Health (VHL).

In the initial stage of the search, the search was made from the descriptor "Female Homosexuality", resulting in 3,229 articles. After the first search, associations



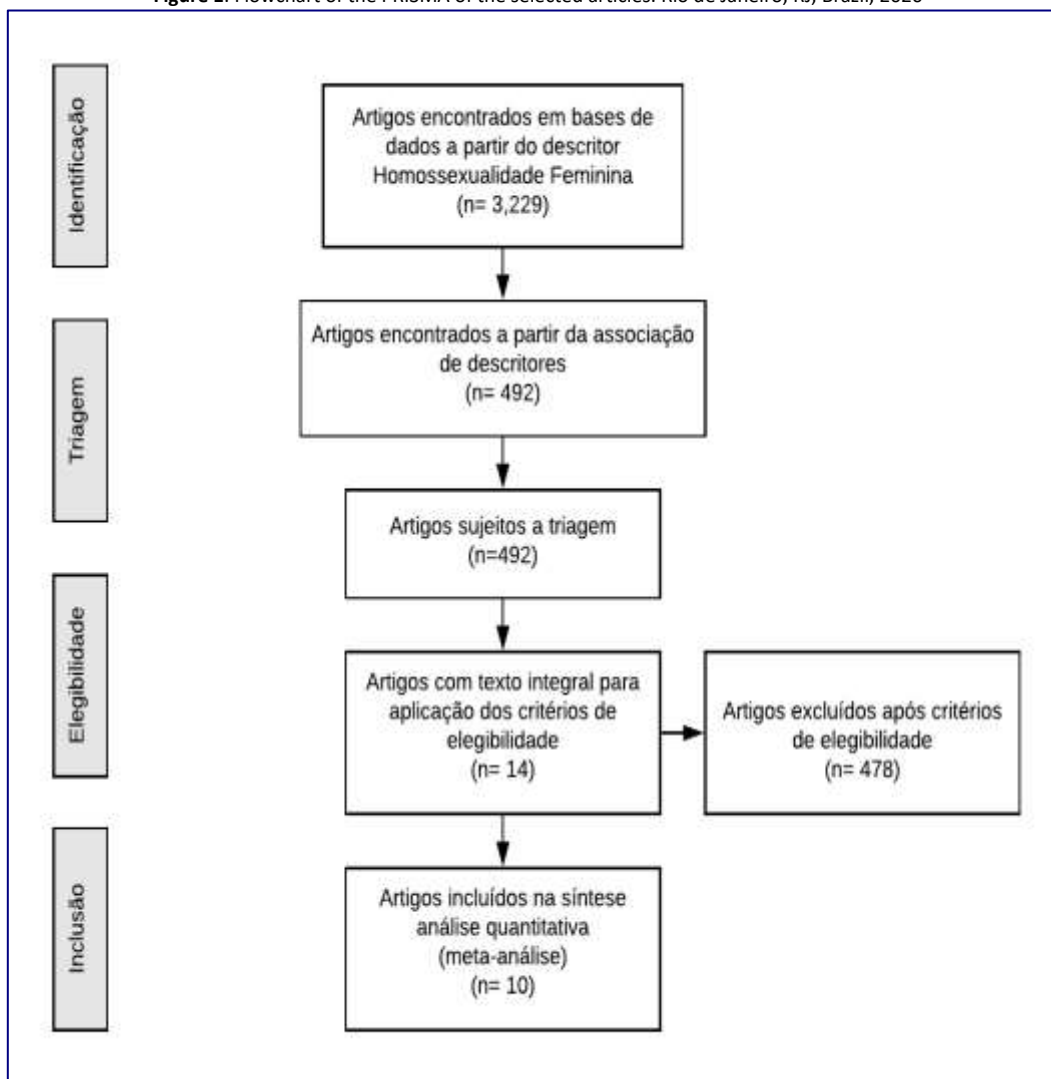
were made between previously selected descriptors to build the theoretical basis, with the following descriptor associations: "Female Homosexuality AND Women's Health" with 194 articles found, "Female Homosexuality AND Nursing Care" with 174 articles and "Female Homosexuality AND Health Promotion" with 121 articles.

For sample composition, the following inclusion criteria were defined: a) articles in Portuguese and English; b) publications made in the last five years (2015-2020); c) articles within the theme of the study; d) full texts and

available free of charge. Articles that did not comply with the proposed theme, duplicate publications, incomplete texts, theses, and dissertations were excluded.

Regarding the process of searching for articles in electronic databases, the Preferred Reporting Items for Systematic Reviews and Meta-Analyze (PRISMA) flowchart model was used, composed of four stages, which aims to help authors improve the reporting of systematic reviews and meta-analyses, which can be used for critical evaluation of published reviews¹¹ (Figure 1).

Figure 1. Flowchart of the PRISMA of the selected articles. Rio de Janeiro, RJ, Brazil, 2020



Results

A total of 10 articles compatible with the proposed theme were selected, six in English and four in Portuguese. Of the articles chosen, three of them are qualitative

research, followed by a quantiquitative research, an essay design, three integrative reviews, a multicentre cross-sectional study and a longitudinal study (Chart 1).

Chart 1. Characterization of the studied articles. Rio de Janeiro, RJ, Brazil, 2020

Title / Authors / Year	Objective / Methodology	Level of Evidence	Results
Implicações bioéticas no atendimento da população LGBTQBTT Santos et al (2015)	Analyze academic publications regarding health care actions for lesbians, gays, bisexuals, transvestites and transgender people. Essay design.	5	The existence of prejudices and limitations in the treatment of SUS professionals in relation to the LGBTQBTT public requires changes, as they are limiting health factors and promoters of illness.
Acesso de lésbicas, gays, bissexuais e travestis/transsexuais às Unidades Básicas de Saúde da Família Oliveira et al (2018)	Understand the access of lesbians, gays, bisexuals and transvestites/transsexuals to Basic Family Health Units. Qualitative study.	4	It was observed that access to health services is assured. However, when sexual orientation is revealed, access to the Basic Health Unit can vary from restrictive to excluding, generating embarrassment, psychological distress, social exclusion and physical harm.
O cuidado às mulheres lésbicas no campo da saúde sexual e reprodutiva Araújo et al (2019)	Describe the content of the social representations of nurses and doctors, in the field of sexual and reproductive health, about lesbian women, identifying their specificities. Descriptive and qualitative study.	4	The care for lesbians is permeated by heteronormative routines and the omission in the face of their demands operates as a symbolic violence, being a condition for less access to health.
Homossexualidade feminina e consulta ginecológica: uma revisão integrativa Assis et al (2017)	Summarize the Brazilian scientific production on the preparation of nurses in the care of homosexual patients during the gynecological nursing consultation. Integrative literature review.	5	Little adherence to gynecological consultations due to the professionals' lack of preparation, prejudice and women's lack of knowledge about their health. It is also added that many of these women do not have information regarding their sexual health.
Assistência de enfermagem às mulheres lésbicas e bissexuais Cabral et al (2019)	To analyze, from the perspective of lesbian and bisexual women, nursing care in Family Health Units. Descriptive-exploratory and qualitative study.	4	The difficulties faced by lesbian and bisexual women during the nursing consultation were found, such as: lack of welcoming, prejudice and non-specific information on disease prevention.
Preventive health care for women who have sex with women Knight & Jarrett (2017)	Identify barriers that prevent women who have sex with women from achieving better quality of health. Integrative literature review.	5	Women who have sex with women may be at increased risk for obesity, tobacco use, substance use, mental health problems, intimate partner violence, sexually transmitted infections, and some cancers.
Health behaviour, status and outcomes among a community-based sample of lesbian and bisexual women Bostwick et al (2015)	To compare health behaviors and physical and mental health outcomes in a community sample of bisexual and lesbian women. longitudinal study.	4	The study emphasizes the lack of research related to bisexual and homosexual women.
HPV, cervical cancer risks and barriers to care for lesbian women Waterman (2015)	Identify the rates of Pap smears among lesbian women and identify the reasons for the lack of recognition of cervical cancer risks in this audience. Integrative literature review.	5	Many lesbians do not seek gynecological care, which is focused on contraception and pregnancy services, which this group does not seek. The risk of cervical cancer among lesbians is often underestimated and not recognized by lesbians and health professionals.
Attitudes towards and knowledge about lesbian, gay, bisexual and transgender patients among Italian nurses: an observational study Pelle et al (2018)	Evaluate the knowledge and attitude of Italian nurses towards LGBT patients. Multicenter cross-sectional study.	4	Despite being aware of homosexuality as a "natural expression of sexuality", nurses showed moderately positive attitudes towards lesbian patients.
Saberes e práticas de alunos de enfermagem na atenção à saúde das minorias sexuais Costa et al (2020)	To analyze the knowledge and practices of nursing students regarding health care for sexual minorities. Quantitative study.	4	A knowledge gap was evidenced, impacting the care and practices of nursing students for LGBT people, pointing to insecurity in specific care.

Discussion

From the analysis of the selected articles, it was observed the prevalence of data that reveal the fragility in the health care of lesbian women, passing through fields that include discrimination, ignorance of their health demands, lack of research related to the theme and the scarcity academic debates related to the issue. The lack of visibility about the health needs of this public negatively impacts access to services, adherence to treatments, screening protocols and health promotion and disease prevention actions.

Studies¹²⁻¹⁵ emphasize that the sexual orientation of patients is not considered during care, where the health professionals involved end up assuming that all are heterosexual, making care deficient by not observing each patient in their individuality.

Authors¹⁵ barriers to quality care that meets the demands of this population include the lack of a welcoming environment for health users, the lack of communication between professionals and users, and the lack of evidence-based research.

Study⁷ points out that the first contact between the patient and the health professional may be permeated by hasty judgments about the patient's sexual orientation in the case of women who present a stereotype of "lesbian woman", even if their homosexual identity is not identified or even denied in the anamnesis. Such pre-judgment is characterized as symbolic violence, damaging the dialogue and the formation of a bond between professional and client. Female homosexuals who are considered masculine still tend to face constraints during care due to the professionals' non-recognition or denial of the possibility of



sexual and gender diversities, a scenario that reflects structural issues such as heteronormativity¹⁶.

An essential part of nursing that is directly impacted by heteronormativity is anamnesis, where data collection is necessary so that a care plan can be drawn up for that patient. When performed without analyzing the individual in its entirety, the identification of nursing conduct and care provided to female homosexuals is impaired and care is compromised.

Study¹⁷ indicates a need to transform the way health professionals think and act at graduation, pointing out that students often end up taking care of the LGBT population considering equality at the expense of equity. In the health system, treating all users equally does not indicate justice or quality of care, and may cause injustice.

Research¹⁸ adds that as nurses are health professionals in close contact with patients, their behavior can often reflect a system of cultural representations and collective beliefs that translate into negative attitudes that negatively impact the health of the LGBT + population, requiring an expansion of knowledge about sexual diversity and the debate about the deconstruction of society's normalization and gender stereotypes, thus creating ways to prevent homophobic attitudes.

Authors^{12,16,19} emphasize that users' negative experiences with the health system, fear of discrimination and lack of welcoming are factoring that impact adherence to preventive and / or curative treatment, restrict access and contribute to the lack of knowledge of the risk for certain diseases.

It is evident that equitable and comprehensive health care is described in the principles of SUS, where non-discrimination of any nature is guaranteed at all levels of assistance. In this way, any violation of discrimination is seen as a way of violating a person's rights to make his or her choices¹³.

Study²⁰ points out that there are few studies that directly compare the health of female homosexuals and

heterosexual women and that this scarcity limits the understanding of risk and protective factors related to cardiovascular diseases and cancers, emphasizing the importance of encouraging scientific research. The lack of research on health-related risks and vulnerabilities is not widely debated and disseminated, contributing to a scenario where myths and misinformation are gaining ground, such as the myth that female homosexuals are not at risk of contracting Sexually Transmitted Infections (STIs), if such infections affect people in heterosexual relationships, not adopting recommended preventive measures⁷.

Conclusion

This study emphasizes the value of nurses in care and, in parallel, the need to train these professionals about the diversity of the population, as care must be provided in a comprehensive, individualized, humanized and free from prejudice.

Amid achievements and milestones in the health policies of homosexual women, there are currently challenges to be overcome, such as the lack of visibility and prejudices that impact the quality of life of these women. Recognition of the right to orientation and gender identity is essential for the dignity and humanity of each person, and no difference should be an issue for discrimination, as such prejudices influence the health and disease process of this population.

This study encountered some limitations, as there is little research that addresses health and care centered on female homosexuals. The lack of scientific studies aimed at health care for lesbian women, as well as the scarce approach at Universities, contributes to the lack of knowledge of this profile and its specific demands. Therefore, the importance of increasing research, teaching and extension aimed at female homosexuals starting with undergraduate and continuing education for the team is highlighted.

References

1. World Health Organization (WHO). Sexual health. Switzerland: WHO [acesso em 25 mar 2020]. Disponível em: <https://www.who.int/health-topics/sexual-health>
2. Pereira H, Leal IP. A Identidade (homo)sexual e os seus Determinantes: implicações para a saúde. *Análise Psicológica*. 2005;3(23):315-322.
3. World Health Organization (WHO). Gender. Switzerland: WHO [acesso em 26 mar 2020]. Disponível em: <https://www.who.int/health-topics/gender>
4. Hirano LFK, Acuna M, Machado BF. Marcadores sociais das diferenças: fluxos, trânsitos e intersecções / Luis Felipe Kojima Hirano, Maurício Acuña; Bernardo Fonseca Machado (Org.). – Goiânia: Editora Imprensa Universitária; 2019.
5. Louro GL, (Org.). O Corpo Educado: pedagogias da sexualidade. 4. ed. Belo Horizonte: Autêntica; 2018. p.19.
6. Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa (BR). Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais / Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa. Brasília:1. ed., 1. reimp. Ministério da Saúde; 2013.
7. Araújo LM, et al. O cuidado às mulheres lésbicas no campo da saúde sexual e reprodutiva. *Rev enferm UERJ*. 2019;27:e34262, p.6.
8. Kalinke LP, (org) et al. Metodologia da Pesquisa em Saúde. 4. ed. São Caetano do Sul: Difusão; 2019.
9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto contexto - enferm*. 2008 dez;17(4):758-764.



10. Santos CMC, Pimenta CADM, Nobre MEC. (2007). The PICO strategy for the research question construction and evidence search. *Rev Latino-am Enferm*. 2007 mai/jun;15(3):508-511Galvão TF, Pansani TSA, Harrad D. Principais itens para relatar Revisões sistemáticas e Meta-análises: A recomendação PRISMA. *Epidemiol. Serv. Saúde*. 2015;24:335–42.
11. Cabral T, et al. Assistência de enfermagem às mulheres lésbicas e bissexuais. *Rev enferm. UFPE on line*. 2019;13(1):79-85.
12. Santos AR, et al. Implicações bioéticas no atendimento de saúde ao público LGBTT. *Rev. Bioét*. 2015;23(2):400-408.
13. Assis C, et al. Homossexualidade feminina e a consulta ginecológica: uma revisão integrativa. *Congresso Internacional de Enfermagem (CIE)*, 2017.
14. Knight DA, Jarrett D. Preventive Health Care for Women Who Have Sex with Women. *American Family Physician*. 2017;95(5):314-321.
15. Oliveira GS, et al. Acesso de lésbicas, gays, bissexuais e travestis/transsexuais às Unidades Básicas de Saúde da Família. *Rev Rene*. 2018;19:e3295.
16. Costa CMA, Matta TF, Santos Junior EC, Araujo LM, Martins ERC, Spíndola T. Saberes e práticas de alunos de enfermagem na atenção à saúde das minorias sexuais. *Glob Acad Nurs*. 2020;1(3):e42.
17. Della Pelle C, et al. Attitudes Towards and Knowledge About Lesbian, Gay, Bisexual, and Transgender Patients Among Italian Nurses: An Observational Study. *Journal of nursing scholarship: an official publication of Sigma Theta Tau International Honor Society of Nursing*. 2018;50(4):367-374.
18. Waterman L, Voss J. HPV, cervical cancer risks, and barriers to care for lesbian women. *The Nurse Practitioner*. 2015;40(1):46-53.
19. Bostwick WB, Hughes TL, Everett B. Health Behavior, Status, and Outcomes Among a Community-Based Sample of Lesbian and Bisexual Women. *LGBT Health*. 2015;2(2):121-126.

