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"THE ESSENTIAL AND INVISIBLE TO THE EYES": HEALTH CARE OF SEXUAL AND GENDER MINORITY

"O ESSENCIAL E INVISÍVEL AOS OLHOS": A ATENÇÃO À SAÚDE DE MINORIAS SEXUAIS E DE GÊNERO

"LO ESENCIAL E INVISIBLE A LA VISTA": LA ATENCIÓN A LA SALUD DE LAS MINORÍAS SEXUALES Y DE GÉNERO

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Prejudice and discrimination against sexual and gender diversity can be understood as an attempt to lower individuals from the hierarchy of sexualities, which gives a higher status to heterosexuality (affective-sexual attraction among people of opposite sexes or genders), placing it on the plane of natural and evident.[1]

Contemporary society and, nevertheless, nurses and other health professionals still presuppose a deterministic alignment between sex and gender, which corresponds to cisgenderness (cis), despite the notorious advances in human rights in relation to the issues involving sexual and gender diversity, such as the right to civil union between homosexuals and the creation of public policies that seek to guarantee equality between women and men. Even so, everyday situations of violence and prejudice against lesbians, gays, bisexuals, transvestites, transsexuals and other people who differ from the cis, heterosexual and binary pattern are still perceptible (classification of gender and sex in only two distinct and opposite ways: man and women), that is, LGBT+ people.[4,12]

In the health context, one in five LGBT+ people do not reveal their sexual orientation to the health professional during their care, and transgender people tend to avoid seeking health care even when they are sick[7,10] or abandoning the treatment proposed due to fear of discrimination by health professionals.[8] Added to this, access to health services by the LGBT+ population is permeated by constraints and prejudices, highlighting exclusion, helplessness, omission and indifference as the main feelings expressed by these people.[8,11]

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Prejudice against LGBT+ people directly influences the social determination of health, generating suffering and, consequently, illness. A study developed with 140 LGBT+ people in Turkey found that 65% of them reported complaints involving their mental health[10] and another one carried out with 60 students from health courses at a Brazilian Public University found that non-heterosexual students have the worst mental health indicators.[3] Also, LGBT+ people, when compared to non-LGBT+, have higher prevalence of depression and anxiety, greater risk for suicide and more intense use of psychoactive substances.[2]

Regarding Nursing, it has great potential in establishing a bond and carrying out an effective reception, having them as great allies for a humanized practice that preserves, respects and guarantees the fundamental right to health of LGBT+ people.[9] However , it is necessary to understand the needs of the LGBT+ population for the construction of knowledge and practices that support nursing care[6], pointing to the relevance of a training process that is sensitive to the health needs of LGBT+ people.

Given this context, attention should be paid to the training process of health professionals in order to meet the health needs of LGBT+ people, looking beyond what is established, that is, what seems “obvious” and that it is given from the social constructions established within the daily practices of health. It consists of removing “marginal issues” from marginality, placing them in the horizontality of the curricula and, above all, in the centrality of discussions on the health-disease process. Added to this, it is necessary to ensure reflective processes from the daily work itself, through continuous spaces that effect the reflection of practice, in a team and focused on and for health care.

REFERENCES

1. Borrillo D. Homofobia: história e crítica de um preconceito. Belo Horizonte: Autêntica; 2016.
2. Bordiano G, Liberal SP, Lovisi GM, Abelha L. COVID-19, vulnerabilidade social e saúde mental das populações LGBTQIA+. Cad Saúde Pública [Internet]. 2021 [citado em 14 set 2022]; 37(3):e00287220. doi: https://doi.org/10.1590/0102-311X00287220
3. Cerqueira-Santos E, Azevedo HVP, Ramos MM. Preconceito e saúde mental: estresse de minoria em jovens universitários. Rev Psicol IMED. [Internet]. 2020 [citado em 14 set 2022]; 12(2):7-21. Disponível em: from: https://seer.imed.edu.br/index.php/revistapsico/article/view/3523
4. Costa AB, Bandeira DR, Nardi HC. Avaliação do preconceito contra diversidade sexual e de gênero: construção de um instrumento. Estud Psicol (Campinas). [Internet]. 2015 [citado em 14 set 2022]; 32(2):163-72. doi:http://dx.doi.org/10.1590/0103-166X2015000200002
5. National Alliance on Mental Ilness (NAMI). LGBTQ [Internet]. Arlington: NAMI; 2016 [citado em 14 set 2022]. Disponível em: https://www.nami.org/Find-Support/LGBTQ
6. Paulino DB, Rasera EF, Teixeira FB. Discourses of the healthcare of lesbian, gay, bisexual and transgender (LGBT) people adopted by doctors working in Brazil’s Family Health

Strategy. Interface Comun Saúde Educ. [Internet]. 2019 [citado em 14 set 2022]; 23:e180279. doi:https://doi.org/10.1590/Interface.180279
7. Quinn GP, Alpert AB, Sutter M, Schabath MB. What Oncologists Should Know About Treating Sexual and Gender Minority Patients With Cancer. JCO Oncol Pract. [Internet]. 2020 [citado em 14 set 2022]; 16(6):309-16. Disponível em:http://dx.doi.org/10.1200/op.20.00036
8. Rocon PC, Wandekoken KD, Barros MEBB, Duarte MJO, Sodré F. Acesso á saúde pela população trans no Brasil: nas entrelinhas da revisão integrativa. Trab Educ Saúde [Internet]. 2020 [citado em 14 set 2022]; 18(1):e0023469. doi: https://doi.org/10.1590/1981-7746-sol00234
9. Rosa DF, Carvalho MVF, Pereira NR, Rocha NT, Neves VR, Rosa AS. Nursing care for the transgender population: genders from the perspective of professional practice. Rev Bras Enferm. [Internet]. 2019 [citado em 14 set 2022]; 72(Suppl1):299-306. doi: https://doi.org/10.1590/0034-7167-2017-0644
10. Sahin NE, Aslan F, Emiroglu ON. Health status, health behaviours and healthcare access of lesbian, gay, bisexual and transgender populations in Turkey. Scand J Caring Sci. [Internet]. 2020 [citado em 14 set 2022]; 34(1):239-46. Disponível em: https://onlinelibrary.wiley.com/doi/10.1111/scs.12759
11. Santana ADS, Lima MS, Moura JWS, Vanderley ICS, Araújo EC. Difficulties in access to health services by lesbian, gays, bisexuals and transgender people. Rev Enferm UFPE Online. [Internet]. 2020 [citado em 14 set 2022]; 13:e243211. doi: https://doi.org/10.5205/1981-8963.2020.243211
12. Silva K, Vaz AF. Pessoas trans no ensino superior: lutas por acesso e permanência, a exemplo da Universidade Federal de Santa Catarina (2012-2015). Crítica Cultural [Internet]. 2019 [citado em 14 set 2022]; 14(2):209-21. doi: 10.19177/rcc.v14e22019209-221

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