REVISTA PREVENÇÃO DE INFECÇÃO E SAÚDE (REPIS)

Original

Meanings attributed by nurses to combat homophobia and prevention of homosexual suicide

Significados atribuídos por enfermeiros ao combate à homofobia e prevenção ao suicídio entre homossexuais

Significados atribuidos por enfermeros al combate a la homofobia y prevención al suicidio entre homosexuales

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ABSTRACT

Objective: to analyze the meanings attributed by primary care nurses about the fight against homophobia and suicide prevention among homosexuals. **Method**: descriptive and qualitative research performed with nurses who work in the Family Health Strategy of a city in Northeastern Brazil. A semi-structured script was used for interviews conducted in September and October 2018. The transcribed statements were processed in the IRaMuTeQ software and analyzed by the Descending Hierarchical Classification. **Results**: four classes were identified, named "Prevention of suicide among homosexuals in primary care", "Public policies focused on the homosexual population", "Reception of the homosexual population in primary care" and "Fighting homophobia in primary care" respectively. The meanings attributed by nurses were anchored in improving the reception of the lesbian, gay, bisexual, transvestite and transsexual population (LGBT). **Conclusion**: It is necessary to recognize the need to invest in studies that reinforce the expansion of humanized care and free of prejudice.
Keywords: Disease prevention; Homophobia; Suicide; Nurses; Primary Health Care.

RESUMO

Objetivo: analisar os significados atribuídos por enfermeiros da atenção primária acerca do combate à homofobia e prevenção de suicídio entre homossexuais. **Métodos**: pesquisa descritiva, qualitativa, realizada com enfermeiros que atuam na Estratégia Saúde da Família de uma cidade do Nordeste do Brasil. Utilizou-se um roteiro semiestruturado para entrevistas realizadas em setembro e outubro de 2018. Os depoimentos transcritos foram processados no software IRaMuTeQ e analisados pela Classificação Hierárquica Descendente. **Resultados:** foram identificadas quatro classes, nomeadas de "Prevenção de suicídio entre homossexuais na atenção primária", "Políticas públicas voltadas para a população homossexual", "Acolhimento da população homossexual na atenção básica" e "Combate à homofobia na atenção básica", respectivamente. Os significados atribuídos por enfermeiros foram ancorados na melhoria do acolhimento à população Lésbicas, Gays, Bissexuais, Travestis e Transexuais (LGBT). **Conclusão:** É preciso reconhecer a necessidade investir em estudos que reforcem a ampliação do atendimento humanizado e livre de preconceitos.
Descritores: Prevenção de doenças; Homofobia; Suicídio; Enfermeiros; Atenção primária à Saúde.

RESUMÉN

Objetivo: analizar los significados atribuidos por enfermeros de la atención primaria acerca del combate a la homofobia y prevención de suicidio entre homosexuales. **Métodos**: investigación descriptiva, cualitativa, realizada con enfermeros que actúan en la Estrategia Salud de la Familia de una ciudad del Nordeste de Brasil. Se utilizó un guión semiestructurado para entrevistas realizadas en septiembre y octubre de 2018. Los testimonios transcritos fueron procesados en el software IRaMuTeQ y analizados por la Clasificación Jerárquica Descendente. **Resultados**: se identificaron cuatro clases, denominadas "Prevención de suicidios entre homosexuales en la atención primaria", "Políticas públicas dirigidas a la población homosexual", "Acogida de la población homosexual en la atención básica" y "Combate a la homofobia en la atención básica", respectivamente. Los significados atribuidos por enfermeros fueron anclados en la mejora de la acogida a la población Lesbianas, Gays, Bisexuales, Travestis y Transexuales (LGBT). **Conclusión**: Es necesario reconocer la necesidad de invertir en estudios que refuercen la ampliación de la atención humanizada y libre de prejuicios.
Descriptores: Prevención de enfermedades; Homofobia; Suicidio; Enfermeras; Atención primaria a la salud.

Como citar este artigo:
Rodrigues JTS, Júnior JAMC, Sousa GF, Araújo ETH, Pessôa FGS. Meanings attributed by nurses to combat homophobia and prevention of homosexual suicide. Rev Pre Infec e Saúde[Internet]. 2019;5:8376. Available from: http://www.ojs.ufpi.br/index.php/nupcis/article/view/8376 DOI: https://doi.org/10.26694/repis.v5i0.8376

INTRODUCTION

Brazil is rooted in diverse religious beliefs and cultures, these are mirrored as stereotypes according to their segments, reinforcing prejudice with certain situations of society .[1]

Some population groups are more vulnerable to violence, such as the lesbian, gay, bisexual, transvestite and transgender (LGBT) group, as they are not compatible with biological sex and gender identity.[2]

In this way, assuming their sexual identity for society is still a challenge for LGBT people. "Gay, lesbian, bisexual, transvestite and transsexual" feel on the skin the marks of intolerance of a society that is still unfair, negligent and prejudiced, denying the right to the other to live their sexuality, thus depriving their freedom as a sexualized subject.[3-4]

Homophobia emerges as a polysemous concept and a plural phenomenon, in which it refers to a set of negative emotions and behaviors of a person or group in relation to homosexuals. It is also a control device that reinforces the idea of naturalization related to heterosexual orientation and which manifests itself in social relations through physical, verbal, psychological and sexual aggressions.[5-6]

Brazil's Homophobic Violence Report in the year 2013, released by the Presidency's Office of Human Rights revealed a total of 1,695 reports and 3,398 violations related to the LGBTT population registered by the Human Rights Dialogue, involving 1,906 victims and 2,461 suspects, 40,1 % were associated with psychological violence, followed by discrimination, with 36.4%; and physical violence, with 14.4%.[7]

Suicide is a voluntary act of ending one's life, for many people, especially the LGBT population, it may be the last alternative to deal with the tension resulting from the non-acceptance of desires in the social field.[8]

The health area is concerned with the approach to violence as a social process. In this debate, we seek to assist in the development of prevention strategies of the phenomenon, including in the agenda debates and reflections on how to intervene in its complexity.[9,6,10]

In 2010, the Ministry of Health launched the National Comprehensive Health Policy for Lesbian, Gay, Bisexual, Transvestite and Transgender (LGBT), which provided a significant advance for the care of the LGBT population in the health setting.[11,8]

Among health professionals who need to focus on this issue in basic care, there are nurses. This professional, in addition to non-discriminatory care, has the function of monitoring violence, given its economic and social importance, and must notify the complaint in its own compulsory notification forms.[12-13]

The nurse performs actions with the LGBT community, from the adolescent to the elderly, offering information on sexually transmitted diseases, prevention of cases of prostate cancer and cervical cancer, as well as guaranteeing full reproductive rights and reducing the index of suicide by depression in these clients, within the basic health units.[8,13]

Thus, taking into account the greater susceptibility of the LGBT population to being a victim of violence and committing suicide, besides the difficulty of this population to access

health services as a result of prejudice and stigmatization of health professionals and the existence of protocols defined to deal with violence acts, the purpose of this study was to analyze the meanings attributed by primary care nurses about the fight against homophobia and the prevention of suicide among homosexuals.

METHODS

It was an exploratory and descriptive study, with a qualitative approach, based on Ogden and Richards's Representational Theory of Meaning (RTM). According to the RTM assumptions, the meanings have many concepts and the one that presents the representational meaning has been adopted. This theory has been used as a methodological resource in an international study in the interpretation of scientific and national terms of the health area on meanings, with emphasis on nursing.[14-16]

The data collection was conducted by a semistructured script applied through a comprehensive interview technique, with 25 nurses who work in the Family Health Strategy (FHS) of a city in Northeast Brazil. We included professionals who worked for more than a year registered at the Basic Health Unit (BHU) visited. Professionals who were on vacation and on a substitution basis were excluded because of the transitional situation that uncouples the professional from the personal and social reality, which constitutes limiting points of the health system in the FHS.

The number of participants in the study was determined by the representativeness of the participants and the depth of the meanings expressed by the interviewees, and the withdrawal was interrupted by saturation of the information. To select the participants, 25 of the 38 UBS were selected, which would be visited for a participant interview; this selection happened with the aid of the application Random.

For the presentation of the study, previous telephone contact, invitation and appointment scheduling were made according to the participant's availability. Data were collected between September and October 2018, in a private environment of the BHU and individually. The dialogues were conducted in a free way by one of the researchers trained.

The interviews were recorded and had an average duration of 30 minutes. At the end, the participants were given the opportunity to listen to their reports, and questioned about their willingness to withdraw from the study or modify a speech, there were no withdrawals or changes. The speeches were transcribed in full and returned to the participants for validation after transcription.

The software IRaMuTeQ (acronym of Interface for Multi-Dimensional Analyzes of Textes et de Questionnaires) was used to process the data. We chose to use software in this stage, based on the increasing use of this resource in studies of a qualitative approach in recent years, mainly due to the transparency and systematics given to the process in this case.[17-19]

Data were treated using the Descending Hierarchical Classification (DHC) method. In this method the textual corpus (statements) are classified according to their vocabularies, and the set of these is divided by the frequency of

the reduced forms, in order to obtain a stable and definitive classification from repeated X^2 tests. The discussion of the findings of the DHC, together with the statements related to each class obtained, was subsidized in the Representational Theory of Meaning.[17-19]

The X^2 test is used to compare the data obtained experimentally with the expected data. In this aspect it is a test of significance, in order to distinguish the frequencies obtained from the frequencies expected.[17]

The study carefully met the national ethical precepts in research involving human beings of Resolution 466/2012 of the National Health Council, being approved by the Research Ethics Committee of the Proponent Institution.

All participants were informed about the objectives of the study and recorded the agreement through the signing of the Informed Consent Term, in two ways. The anonymity of the participants and the confidentiality of the contents were preserved through the codification of the testimonies collected, using the letter "E", which represented "Nurses", followed by a sequential Arabic number each interview: "(E1), (E2) ...(E25).

RESULTS

Twenty-five nurses from the FHS participated in the study, all of them female, with an average age of 38 years, mean time of professional performance of 7 years and training time ranging from 5 to 29 years. On the realization of postgraduate courses, all revealed the completion of expertise (*lato sensu*). With regard to training on combating homophobia and prevention of suicide among gay, no nurse said to have done.

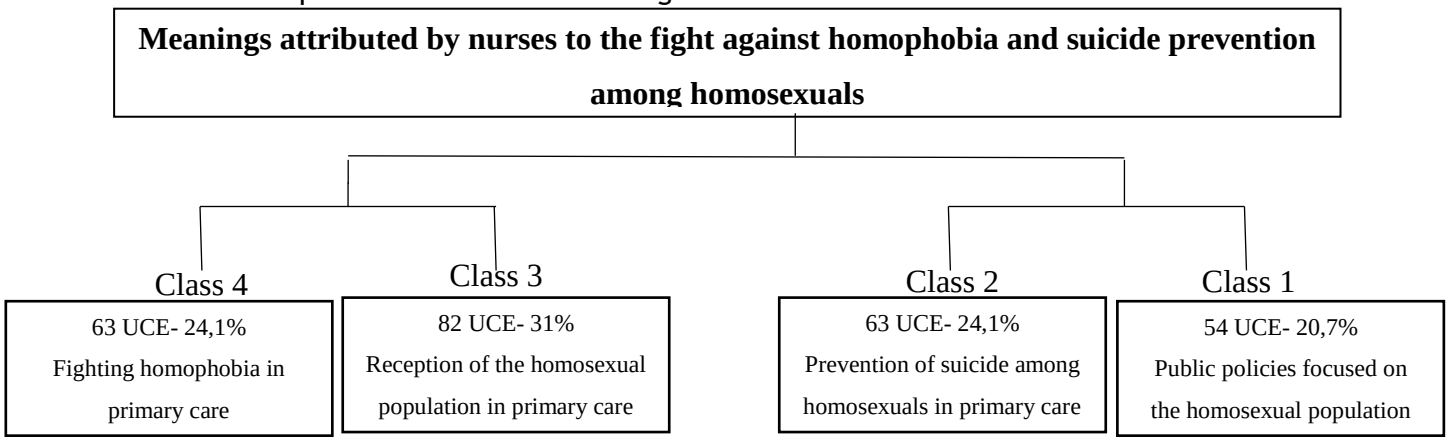
Regarding the statements, IRaMuTeQ recognized the separation of the corpus in 262 Elementary Context Units (ECU) from 329 segments of text. There were 1,066 occurrences, with a use of 87.8% of the total text corpus. The DHC allowed the identification and analysis of the textual domains, besides the interpretation of the meanings attributed by the participants, naming them in their respective senses in four classes originating from two axes.

During the division, the first axis formed originated in class 4, which is related to the fight against homophobia in basic care, and class 3, with content depicting the reception of the homosexual population in primary care. The second partition (axis) has two branches (sub-divisions), represented by classes 2 and 1, which deal with homicide prevention among homosexuals in primary care and public policies aimed at the homosexual population, respectively (Figure 1).

Classes and their meanings

Class 1 is entitled "Public Policies for the Homosexual Population". Its content is focused on the performance of public policies directed at the health of the Brazilian homosexual population. In this class, the participants recognized the importance of the Brazil Without Homophobia Program and the Comprehensive Assistance Policy to the health of the LGBT population.

FIGURE 01. Thematic structure of primary care nurses' knowledge about the fight against homophobia and the prevention of suicide among homosexuals



However, they demonstrated lack of knowledge and difficulty in understanding their performance in these public policies specifically directed to the health needs of the homosexual population.

> *[...] this policy is important for raising public awareness of the value of LGBT rights [...] (E2)*

> *[...] was created to guarantee access to health in a comprehensive way [...] (E3)*

> *[...] I am not aware of the National LGBT Health Policy [...] (E12)*

> *[...] until I answered the script I did not know that politics existed, nor do I know how I can use [...] (E010)*

In Class 2, titled "Preventing suicide among homosexuals in primary care," professionals reported negative life experiences, rejection in society, and family relationship difficulties as major factors for impairment in the emotional development of homosexual subjects, overburdening them and increasing the risk of committing suicide.

It is notorious the doubt that arises among the professionals when the subject is prevention to the suicide. However, they discussed strategies for suicide management, citing the importance of teamwork, humanized care without prejudice, and qualified listening in family care. They also reported feelings that indicate distress and empathy.

> *[...] There are many cases of LGBT people who commit suicide because of prejudice even by their own family [...] (E20)*

[...] feeling excluded, marginalized is a triggering factor of suicide [...] (E14)

[...] many times the LGBT population feels excluded, or is afraid of accepting their reality, with loss of value of life and suicide [...] (E16)

[..] We have to promote their inclusion in society, so that they exercise their citizenship [..] (E4)

[...] guarantee access to health in a comprehensive manner with humanized care and without prejudice [...] (E2)

From Class 3, the " Reception of the homosexual population in primary care" emerged, the participants revealed that health services still tend to organize for a heterosexual clientele, limiting their possibilities of effective action with homosexual patients. Nurses pondered the limited knowledge of appropriate care delivery to this public.

[...] only submit compliance with a protocol that is intended for heterosexuals [...] (E1)

[...] professionals know more about family approach, we do not have training on approaching and welcoming the homosexual population [...] (E13)

[...] lack of knowledge and training on integral health for homosexuals by team members [...] (E5)

[...] we never received instructions on the National LGBT Health Policy [...] (E12)

Lastly, in Class 4, it was called "Fighting homophobia in primary care", the participants stated that no difference should be grounds for discrimination or abuse.

The inclusion of the LGBT population in the health spaces also depends on the changes in the way of thinking and acting of health professionals.

This problematic of access to health services makes this population more susceptible to acquire pathologies more prevalent to this public, such as: psychological problems and

sexually transmitted infections. What justifies the prevalence of these diseases is precisely the lack of follow-up to prevent them, since professionals feel uncomfortable in providing care to patients with a sexual orientation different from heterosexuality.

> *[...] arises from the lack of awareness and disrespect for the rights of people to exercise their sexual freedom, which can not happen in the care [...] (E6)*

> *[...] Nurses should value the rights of the LGBT population [...] (E25)*

> *[..] Everyone is vulnerable to homophobia, so we must as professionals respect the rights of people to be healthy [..] (E8)*

Thus, through the descending hierarchical classification (distribution of the classes and their contents), it is noticed that the professional action founded in the molds of heteronormativity presents itself as a limiting factor of quality attention, being even associated to illness.

DISCUSSION

Some participants demonstrated their lack of knowledge and doubts in expressing their understanding of public policies aimed at the homosexual population. There were paused speeches and moments of silence, showing, barriers in the knowledge of the professionals in front of their actions for health of the LGBT population.

The national policy of special attention to lesbians, gay, bisexual, transvestites and transsexuals - LGBT, had its origin with the Ministry of Health. Currently, this partnership presents more than two decades, but the studies ratified that the professionals do not know how to proceed, even with the current scenario of gender diversification, since during their training they did not have the opportunity to discuss this policy in their professional performance.[20-21]

The lack of knowledge about the national policy for special attention to lesbian, gay, bisexual and transgender - LGBT is named as one of the homophobia rooting factors in health care and difficult to obtain the actual data on violence against homosexuals, because these crimes are not always monitored and systematized.[21-22]

A survey that analyzed the training of health professionals for the integral health care of the LGBT population has proven the limited training to respond to the guidelines of the National Comprehensive Health Policy of the LGBT population. It was not possible to identify elements in the professional conception that contributed to the integral care to the LGBT health, including the prevention to the suicide.[23]

On the other hand, other studies point out that the limitations to the effectiveness of these policies are in the inefficiency of budget forecasts for the execution of the actions, noting

that despite the good perspectives of the policies, the materialization of these policies becomes the main problem, because of homophobia and heteronormativity in the institutional context.[24]

However, the need to sensitize health professionals to the non-discriminatory care of the LGBT population is still one of the most recurrent themes in public health policies formulated for these segments.[25]

Quantitative studies have shown that sexual minority populations are exposed to more forms of individuals suffering than straight, thus increasing the risk of suicidal behavior. The main finding in a survey was that young homosexuals exhibit more suicidal ideation, more suicide attempts and are at greater risk of consummation of suicide than heterosexual.

An analysis conducted in Australia investigated the interrelationships between homophobia, depressive symptoms and suicidal ideation, testing additive models, mediation and moderation. The results suggested that health professionals should focus on reducing internalized homophobia and depressive symptoms among gays and lesbians to reduce suicidal ideation.[27]

It is important to emphasize that nurses play a fundamental role in caring for and working with homosexuality, since this is marked by innumerable prejudices in health services.[28,26]

Literature shows evidence that less than 10% of LBGT people on the planet have access to prevention and care, and with respect to the transsexual person, the same document points to the denial of their identity, making their accessibility to the health system difficult.[29-30]

In addition to the stigma of AIDS, qualitative research has described the occurrence of discriminatory care in the units, constraints, inadequate behaviors, prejudiced connotations or even verbal offenses spoken by professionals.[31]

The challenges to be overcome constitute a barrier of personal longitudinality in the care to be provided and based on the rethinking of the training of nurses unrelated to reality, which results in unpreparedness to deal with the problems of the LGBT population.[32]

The limitations of this study are related to the method adopted, which limits the generalization of the results beyond the subjective context of the participants. The expansion of the scenarios and the participants will make it possible to offer more subsidies to improve the reception and nursing care of minority population groups.

CONCLUSION

The meanings attributed by primary care nurses to the fight against homophobia and suicide prevention among homosexuals were related to the symbols (politics, national, health, population, importance, suicide, exclude, need, normal, prejudice, homophobia, sexuality), that is, significant words evoked from the participants' statements and used to compose the corpus originating the Elementary Context Units.

In general, according to the Representational Theory of Meaning, the meanings in thought point out that the homosexual population is inserted in a peculiar

context in relation to the degree of vulnerability in the fulfillment of its essential rights, including health, bringing challenges to the consolidation of the Unified Health System as a universal, integral and equitable system.

Given the peculiarities that involve the subject in question, it is necessary an assistance plan of continuing education and investment in studies that reinforce the expansion of the proposals of humanization for every multiprofessional class in the humanized care and free of prejudices.

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Submitted: 2019-02-10
Accepted: 2019-02-26
Published: 2019-04-01

COLLABORATIONS

JTSR and JAMCJ: Substantial contributions in design, work design, data collection, analysis and interpretation. GFS, ETHA and FGSP: substantial contributions in the writing of the article, in its critical revision and in the final version to be published.

ACKNOWLEDGMENTS

Does not apply

CONFLICTS OF INTEREST

The authors declare no conflicts of interest

AVAILABILITY OF DATA

Available upon request to the authors

FUDING SOURCE

Does not apply

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