



EDUCATIONAL STRATEGIES FOR PREVENTING STIs AND HIV/AIDS IN THE LGBTQIAP+ POPULATION

ESTRATÉGIAS EDUCATIVAS PARA PREVENÇÃO DE ISTs E HIV/AIDS NA POPULAÇÃO LGBTQIAP+

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ABSTRACT: Objective: To investigate the implementation of nurses' practices regarding the use of educational actions to prevent STIs and HIV/AIDS in the LGBTQIAP+ population in PHC. **Method:** Conducted in Pau dos Ferros - RN with 12 nurses from 7 Basic Health Units, the research adopted an exploratory descriptive method with a quantitative approach. **Results:** 75% of nurses know prevention strategies but have not received specific training; all participants agreed on the need for training. Additionally, 91.7% do not feel prepared to develop educational interventions for this audience, and only 58.3% have already carried out educational actions on sexuality and prevention of STIs and HIV/AIDS with the LGBTQIAP+ community. **Conclusion:** This reveals that, although nurses have a certain level of familiarity with the topic, a significant portion of these professionals do not carry out educational activities.

KEYWORDS: Sexual and Gender minorities. Sexual health. Health Education.

RESUMO: Objetivo: Investigar as práticas dos enfermeiros no uso de ações educativas para a prevenção de Infecções Sexualmente Transmissíveis (ISTs) e HIV/AIDS junto à população LGBTQIAP+ na Atenção Primária à Saúde. **Método:** Estudo realizado em Pau dos Ferros/RN, com 12 enfermeiros atuantes em 7 Unidades Básicas de Saúde (UBS). Adotou-se um método exploratório-descritivo com abordagem quantitativa. **Resultados:** Dos participantes, 75% declararam conhecer estratégias de prevenção, mas relataram não ter recebido capacitação específica; 100% concordaram sobre a necessidade de capacitação; 91,7% afirmaram não se sentir preparados para desenvolver intervenções educativas direcionadas a essa população; e apenas 58,3% já realizaram ações educativas sobre sexualidade e prevenção de ISTs e HIV/AIDS com a comunidade LGBTQIAP+. **Conclusão:** Os resultados evidenciam que, embora os enfermeiros possuam certo grau de familiaridade com o tema, uma parcela significativa desses profissionais ainda não realiza ações educativas específicas, apontando para a necessidade de capacitação e suporte técnico.

PALAVRAS-CHAVE: Minorias sexuais e de gênero. Saúde sexual. Educação em saúde.

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INTRODUCTION

Sexually Transmitted Infections (STIs) encompass a set of infectious diseases transmitted through unprotected sexual contact (oral, vaginal or anal) with an infected person. These infections can be caused by viruses, bacteria or other microorganisms. Additionally, vertical transmission is possible, where an infected mother transmits the infection to the baby during pregnancy, childbirth or breastfeeding. Blood transfusion is also a means of transmission, although to a lesser extent¹.

STIs represent a significant public health concern globally, particularly due to the mortality rates associated with Acquired Immunodeficiency Syndrome (AIDS) and the various negative impacts resulting from these infections². Therefore, it is essential to coordinate health services to reduce the number of infected individuals. In this context, preventive actions play a crucial role in controlling STIs and HIV/AIDS transmission, reinforcing the need for educational measures³.

Promoting sexual health is an ongoing challenge, even in developed countries⁴. Studies conducted with heterosexual populations indicate that sexual health education is associated with a reduction in risky behaviors. However, there is a significant gap when focusing on sexual and gender minorities, as approaches to the topic often lack the necessary depth⁵.

Concerning STIs and HIV/AIDS, lesbian, gay, bisexual, transgender/transsexuals, queer, intersex, asexual, pansexual, and other (LGBTQIAP+) individuals are in a vulnerable health context, with alarming statistics of illness and premature deaths. For example, lesbian women visit gynecological consultations less frequently than heterosexual women⁶.

Primary care is the main health service responsible for controlling STIs and HIV/AIDS. Thereby, nurses play a key role in consolidating health policies, leading the planning, organization, and execution of services⁷. From this perspective, the nurses' role in relation to STIs and HIV/AIDS occurs in various ways. Among them, the role of health educator stands out, promoting individual and collective awareness, strengthening prevention and care.

In view of the above, the importance of nurses in Primary Health Care (PHC) in the care and prevention of STIs and HIV/AIDS in the LGBTQIAP+ population is evident. These professionals must adopt an intersectional perspective of care for vulnerable populations, aligning their practice with the doctrinal principles of the Unified Health System (SUS): universality, comprehensiveness, and equity. Therefore, it is essential to discuss how health care for the LGBTQIAP+ population is carried out in PHC, aiming to integrate qualified clinical practice with care that seeks to reduce social inequities⁸.

The nursing team, being in frequent contact with the LGBTQIAP+ public, requires continuous training to improve the quality of care. However, despite technological advances, there are still challenges in the performance of these professionals in addressing the health demands of this group, particularly regarding the safe capture of individuals to promote sexual health and disease prevention⁹.

This study is justified by the need to address the neglects and weaknesses in health services provided to the LGBTQIAP+ population in the context of STIs and HIV/AIDS prevention. It also seeks to analyze the obstacles faced in care, providing scientific contributions to the discussion and promoting improvements in the quality of life for this population. Recognizing that social exclusion and discrimination directly impact the social determinants of suffering and illness is essential to overcome these barriers.

Historically, the political and identity struggles of the LGBTQIAP+ population have crossed different contexts. For many years, this community was identified by the GLBT acronym (Gays, Lesbians, Bisexuals, Transvestites and Transsexuals). The I National GLBT Conference, held in 2008, marked an important advancement, approving the change of the acronym to LGBT, which is globally recognized.

This event was also fundamental for formulating the National Comprehensive Health Policy for LGBT people (PNSILGBT), launched in 2011.

The evolution of the acronym from GLBT to LGBTQIAP+ reflects not only a terminological change but also the recognition of the diversity of gender identities and sexual orientations. This expansion represents an effort to include different historically invisible groups. For this reason, this study adopts the LGBTQIAP+ terminology, which is more inclusive and comprehensive.

The motivation for this study lies in the possibility of disseminating educational strategies for STIs prevention in the LGBTQIAP+ population. It is hoped that the discussions presented can serve as a guiding tool for other health professionals, encouraging the formation of multidisciplinary teams trained to meet these demands. It is worth noting that implementing educational actions for this group not only promotes inclusion and recognition of their needs but can also reduce costs related to preventable complications.

Thus, this work raises the question: What is the proportion of nurses in PHC who implement educational interventions for the prevention and control of STIs in the LGBTQIAP+ population?

From this perspective, the overall objective of this research is to investigate the practices of nurses regarding educational actions for the prevention of STIs and HIV/AIDS in the LGBTQIAP+ population in PHC.

METHODOLOGY

This is a field research of an exploratory and descriptive nature, with a quantitative approach, conducted through a non-probability convenience sample, carried out in June and July 2023.

The study was conducted in the primary health care network of Pau dos Ferros, located in the Western region of Rio Grande do Norte. The municipality has a total of 12 health units; however, data collection took place in only 7 of these units, as the other units did not have participation from the target population, as will be detailed later. Among the participating units, one had a team composed of three nurses, three units had two nurses each, and the remaining three units had one nurse each.

The participants were nurses working in Primary Health Care (PHC) in the municipality, corresponding to the target population group proposed by the study objectives. The inclusion criteria were: nurses with at least one year of experience in their current position to ensure familiarity with the population characteristics of the assigned territory. The exclusion criteria excluded professionals who were away from their work activities during the data collection period.

Recruitment occurred through in-person invitations made during prior visits to the health units. During contact, nurses were informed about the study's theme, the data collection procedures, and the conditions of the informed consent form.

The initial intention was to obtain a sample of 16 nurses, corresponding to the total number of professionals working in PHC in the municipality. However, the actual participation was 12 professionals. The absences were justified by reasons such as vacations (two professionals), leave of absence (one professional), and less than one year of experience (one professional).

For data collection, a structured and closed-ended questionnaire was used, divided into two sections. The first section addressed the sociodemographic characteristics of the participants, such as age, sex, race/color, sexual orientation, years of service in the current position, graduation year, specializations, and employment relationships. The second section consisted of five questions

investigating the nurses' prior knowledge about demands and preventive strategies for STIs and HIV/AIDS in the LGBTQIAP+ population.

Before the start of data collection, formal authorization was requested from the Municipal Health Department through a declaration of agreement. At the time of the questionnaire application, each participant received an envelope containing the Informed Consent Form (ICF) and the Post-Consent Form, both in duplicate, along with the questionnaire, a pen, and a self-adhesive sticker to seal the envelope after filling out the questionnaire.

The data collected was organized through typing and coding into spreadsheets, using Microsoft Excel 2007/2010 software. The data analysis used descriptive statistics, observing the absolute and relative frequencies of the variables, with the aim of identifying patterns and better understanding the phenomenon studied.

This research was conducted in accordance with the ethical principles of Resolutions No. 466/2012 and No. 510/2016 of the National Health Council (CNS). The project was previously submitted to the Ethics Committee of the State University of Rio Grande do Norte (CEP/UERN), and was approved under opinion No. 5.588.288 and CAAE 69219823.2.0000.5294.

RESULTS

In this section, the main results obtained from the field survey on the practices of nurses related to the use of educational actions for the prevention of Sexually Transmitted Infections (STIs) and HIV/AIDS in the LGBTQIAP+ population in Primary Health Care (PHC) are presented.

To characterize the socio-economic profile of the participating nurses, the following variables were analyzed: age, sex, race/color, sexual orientation, year of graduation, education level, years of service in the current position and employment relationships, as presented in Tables 1 and 2.

Table 1 – Characterization of Nurses according to sociodemographic variables. Pau dos Ferros - RN, 2023.

Variables	n	%	mean	(min-max)
Age Range	-	-	40	(28-56)
28 – 35	04	33,3	-	-
36 – 43	04	33,3	-	-
44 – 51	03	25	-	-
52 – 59	01	8,3	-	-
Gender				
Female	09	75	-	-
Male	03	25	-	-
Skin Color or Race				
White	08	66,7	-	-
Brown	04	33,3	-	-
Black	0	0	-	-
Asian	0	0	-	-
Sexual Orientation				
Heterosexual	11	91,7	-	-
Homosexual	01	8,3	-	-
Bisexual	0	0	-	-

The sample consisted of 12 nurses, with an average age of 40 years, ranging from 28 to 56 years. Of the total, 75% (n=9) were female. Regarding race or color, 66.7% (n=8) self-identified as white. As for sexual orientation, 91.7% (n=11) identified as heterosexual, and only 8.3% (n=1) identified as homosexual.

Regarding education, the average year of graduation was 2006, with variations between 1986 and 2020. In terms of academic qualifications, 91.7% of the participants had postgraduate degrees. In terms of their time in the current role, 25% (n=3) had worked in the position for 1 to 4 years, 16.7% (n=2) for 5 to 9 years, and 58.3% (n=7) for more than 10 years. Lastly, 66.7% (n=8) of the nurses reported having additional employment relationships, as shown in Table 2.

Table 2 – Characterization of Nurses according to education and work variables. Pau dos Ferros - RN, 2023.

Variables	n	%	mean	(min-max)
Year of Graduation Completion	-	-	2006	(1987-2020)
Education Level				
Undergraduate	01	8,3	-	-
Postgraduate	11	91,7	-	-
Time in Current Position				
1 to 4 years	03	25	-	-
5 to 9 years	02	16,7	-	-
10 years or more	07	58,3	-	-
Has Other Employment Links				
Yes	08	66,7	-	-
No	04	33,3	-	-

When asked about their knowledge regarding healthcare for LGBTQIAP+ individuals, focusing on sexual health and the prevention of STIs and HIV/AIDS, 75% (n=9) of the nurses stated that they were familiar with prevention strategies for this population. However, the same percentage reported not having received any type of training aimed at providing care to this group. It was a consensus among the participants that there is a need for professional training to address the sexual health needs of LGBTQIAP+ individuals, as shown in Table 3.

Table 3 – Nurses' Knowledge on Sexual Health Care for LGBTQIAP+ People. Pau dos Ferros - RN, 2023.

Knows prevention strategies for STIs and HIV/AIDS for LGBTQIAP+ people	N	%
Yes	09	75
No	03	25
Has received any type of training regarding the health of LGBTQIAP+ people	N	%
Yes	03	25
No	09	75
Believes it is necessary to train professionals to meet the sexual health needs of LGBTQIAP+ people	N	%
Yes	12	100
No	0	0

Regarding the nurses' knowledge of educational strategies for the prevention of STIs and HIV/AIDS, the majority, 91.7% (n=11), stated that they did not feel prepared to develop educational interventions with the LGBTQIAP+ population. Additionally, only 58.3% (n=7) reported having carried out any educational actions focused on sexuality and the prevention of STIs and HIV/AIDS with this group, as shown in Table 4.

Table 4 - Use of Educational Interventions by Nurses for STIs and HIV/AIDS Prevention Suitable for LGBTQIAP+ People. Pau dos Ferros - RN, 2023.

Has conducted any activity with LGBTQIAP+ community members related to sexuality and the prevention of STIs and HIV/AIDS	N	%
Yes	05	41,7
No	07	58,3
Feels prepared to develop educational interventions on STIs and HIV/AIDS with LGBTQIAP+ people	N	%
Yes	01	8,3
No	11	91,7

DISCUSSION

The predominance of women among the participants in this research reflects the historical development of the nursing profession, which was consolidated by the significant role of pioneering women and continues to reflect this influence today¹⁰. According to the World Health Organization (WHO) report, approximately 90% of the estimated 28 million nursing professionals worldwide are women¹¹. In Brazil, according to data from the Federal Nursing Council (COFEN), the nursing category, including assistants, technicians, and nurses, is composed of 84.6% women¹².

Despite the stereotypes socially attributed to this female predominance, it is important to emphasize that nursing is gradually shaping and empowering its work process through the strengthening of its scientific praxis¹³.

Regarding the sociodemographic characteristics of the twelve participants, only one (8.3%) identified as homosexual. This data reinforces scientific evidence about the inclusion of LGBTQIAP+ individuals in the formal labor market, which indicates that it is still marked by numerous problems and challenges¹⁴. In a study conducted in 20 countries, including Brazil, 81% of LGBTQIAP+ professionals believed that companies need to significantly improve their reception of this group¹⁵.

The results of this study indicate that the nurses' knowledge of strategies for preventing STIs and HIV/AIDS in LGBTQIAP+ individuals was considered positive, as more than half of the participants reported knowing such strategies, which represents a statistically significant sample within the total number of participants. However, it can be inferred that, despite this statement, the understanding of specific approaches for this population is limited and underdeveloped, aligning with the findings of a study conducted in Rio Grande do Norte¹⁶.

This finding is reinforced by the fact that 91.7% (n=11) of participants stated they did not feel qualified to develop the necessary educational interventions, even though 75% (n=9) claimed to possess the required knowledge. At this point, although the professionals have some level of knowledge, there is often no effective involvement with the strategies to disseminate this knowledge¹⁷.

Research conducted in the southwestern health region of the Federal District indicates that the absence of proactive educational approaches by nurses toward the LGBTQIAP+ population results in a scenario of misinformation. The limited view of care, restricted to spontaneous demands, reduces the scope of professionals' responsibilities as health educators, limiting their interventions to isolated moments, such as nursing consultations¹⁸.

Health promotion is one of the pillars of primary healthcare, and its application in the routine of professionals is indispensable as a strategy for strengthening public health. In this sense, the use of health education favors health equity and helps reduce disparities related to the incidence and impact of STIs, as it promotes self-care and disease prevention, bringing better quality of life to individuals and communities¹⁹.

Nurses play a fundamental role in engaging in education on issues related to the LGBTQIAP+ community, adopting a proactive stance in public health initiatives targeted at this population²⁰. A study conducted in Lesotho highlights the importance of providing information and services to the LGBTQIAP+ community on HIV, for example²¹.

The lack of training focused on the health of the LGBTQIAP+ community can be characterized as a limiting factor that restricts professionals' ability to develop educational intervention strategies for the prevention of STIs and HIV/AIDS in this group. Notably, 75% of the respondents reported not having received any specific training on LGBTQIAP+ health, although all unanimously agreed on the need for professional training to address the sexual health needs of this community.

The National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites, Transsexuals and Intersex People (PNSILGBT), formally established in 2011 by Ordinance No. 2.836, aims to promote the comprehensive health of the LGBTQIA+ community and emphasizes the importance of developing educational strategies as a means of recognizing the needs of this group²².

It is important to note that, although PNSILGBT includes the training of healthcare services within the Unified Health System (SUS) to provide comprehensive care to the LGBTQIAP+ population²³, it is also the responsibility of health professionals to seek to improve their skills and knowledge autonomously..

However, the practical implementation of PNSILGBT has not been fully achieved, partly due to the lack of training of many healthcare professionals on issues related to sexuality and the well-being of this population²⁴.

Regarding professional experience in primary care, 75% (n=9) of the participants have more than 5 years of experience in their current positions, with 58.35% (n=7) having more than 10 years of experience in the same role. This suggests that the professionals are familiar with the individuals in their communities, including the knowledge of the LGBTQIAP+ population and its vulnerabilities.

Healthcare professionals must be familiar with the LGBTQIAP+ population in their regions, as this facilitates the identification of adversities and opportunities to improve the user experience in healthcare services²⁵. However, as demonstrated in a study conducted in a northeastern Brazilian capital, there are still gaps in the care provided to LGBTQIAP+ health issues within the Family Health Strategy²⁶.

Thus, it is evident that only 41.7% of the study participants have engaged in activities with the LGBTQIAP+ community related to sexuality and the prevention of STIs and HIV/AIDS. A study conducted in a municipality in Pará highlighted that medical professionals and nurses tend to prioritize topics more emphasized in undergraduate education, such as hypertension and pregnancy, often neglecting other health demands, such as those related to the LGBTQIAP+ population²⁷.

This reality is not limited to Brazil, as it is also observed in the United States, according to a study that revealed that nurses report a lack of awareness of the health needs of this population. This issue begins during academic training and persists during professional practice²⁸.

The implementation of strategies for this population is essential, given the historical health disparities faced by this community. The discussion and incorporation of LGBTQIAP+ health perspectives in academic training emerge as a crucial point. However, a study conducted at the Nursing School of the State University of Rio de Janeiro (UERJ) showed that among 29 nursing students about to graduate, 65.5% reported the absence of specific content on LGBTQIAP+ health in their curriculum²⁹.

This gap extends beyond the classroom, as the subject is often neglected in practical activities. In a study involving 29 students, 72.45% reported observing inadequate practices by nurses in attending to the LGBTQIAP+ population³⁰. This educational gap may impact the future ability of these professionals to provide quality and inclusive care for individuals in this community.

Nevertheless, a study conducted in the municipality of Caxias do Sul, in Rio Grande do Sul, with 70 health students, showed that 93% of the participants considered the inclusion of content focused on healthcare for this group to be relevant³¹. This demonstrates that improving professional training and implementing educational strategies are crucial to ensuring a more inclusive approach in healthcare.

In this context, the importance of educational strategies in the daily practices of nursing professionals is highlighted, such as the use of Health Educational Technologies (TES) as tools for strengthening health education actions for health promotion and disease prevention, particularly in the fight against STIs and HIV/AIDS. A comprehensive set of information should integrate health education processes, as disease management goes beyond simple medication administration³².

Based on the results obtained, some practical implications can guide future actions, including the promotion of continuing education on the topic and the development of inclusive protocols in primary care to support professionals who feel insecure in carrying out these educational practices. Additionally, collaboration with LGBTQIAP+ organizations to implement community educational initiatives may be a viable strategy to promote greater acceptance and adherence, contributing to the strengthening of the bond between primary healthcare services and the target population.

CONCLUSION

The analysis of the data from this study reveals important information about the role of nurses in Primary Health Care (PHC) concerning the LGBTQIAP+ population and the prevention of STIs and HIV/AIDS. Although some professionals have implemented educational interventions aimed at this population, the majority are not engaged in such practices, indicating a significant disparity in the implementation of these actions.

Despite a general familiarity with the topic, most nurses do not feel equipped to conduct educational activities related to the sexual health of this population, although there is consensus on the need for professional training. Educational strategies are essential for promoting sexual health and well-being in the LGBTQIAP+ community by providing accurate information about safe practices, sexual rights and access to healthcare services. Additionally, these initiatives have the potential to reduce stigma, strengthen trust in healthcare and empower individuals to make informed decisions about their sexual health.

The present study highlights the importance of implementing continuing education programs and training, which are crucial for addressing knowledge gaps among nursing professionals, enabling more inclusive and adequate care for the LGBTQIAP+ population. However, the limitations of the study, such as the sample being restricted to a single municipality and the lack of more detailed questions in the data collection instrument, indicate the need for future research with broader and more comprehensive samples. These future studies should explore nurses' experiences, training suggestions

and the activities they carry out with the LGBTQIAP+ community, in order to develop more effective interventions.

Finally, promoting a more inclusive approach and providing continuous training for healthcare professionals are essential for improving care for the LGBTQIAP+ population and strengthening public health.

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