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RESEARCH

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GAP AND PROPOSALS FOR EDUCATIONAL PRACTICES OF SEXUAL AND REPRODUCTIVE HEALTH FOR THE LGBTQIA+ POPULATION: AN INTEGRATIVE REVIEW

Lacunas e propostas de práticas educativas de saúde sexual e reprodutiva para população lgbtqia+: revisão integrativa

Lagunas y propuestas de prácticas educativas de salud sexual y reproductiva para la población LGBTQIA+: una revisión integrativa

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ABSTRACT

Objective: to analyze national scientific publications on the attention to sexual and reproductive health offered to the LGBTQIA+ population about the main gaps and possibilities of educational practices referring to this topic in the Brazilian context. **Method:** integrative review in six stages, with two studies, carried out in June 2022 in the LILACS, MEDLINE, SCIELO Web of Science, and SCOPUS databases. **Results:** 5,643 studies were recovered 14 were selected for analysis and discussion. **Highlights the topics:** sexual and reproductive health with a focus on reproduction and techniques, sexually transmitted infections, education in sexual health, and finally sexual and reproductive rights. **Conclusion:** found highlighted the main gaps regarding the topics of sexual and reproductive health, as well as suggestions for educational practices.

DESCRIPTORS: Health education; Sexual and gender minorities; Reproductive health; Sexual health;

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RESUMO

Objetivo: analisar as publicações científicas nacionais sobre a atenção à saúde sexual e reprodutiva oferecida para população LGBTQIA+ com relação às principais lacunas e possibilidades das práticas educativas referentes a essa temática no contexto brasileiro. **Método:** revisão integrativa, em seis etapas, com busca dos estudos realizada em junho de 2022 nas bases de dados LILACS, MEDLINE, SCIELO e Web of Science e SCOPUS. **Resultados:** foram recuperados 5.643 estudos e selecionados 14 para análise e discussão. Destacaram-se os temas: saúde sexual e reprodutiva com foco na reprodução e nas técnicas reprodutivas, infecções sexualmente transmissíveis e educação em saúde sexual e, por fim, direitos sexuais e reprodutivos. **Conclusão:** foram evidenciadas as principais lacunas quanto ao tema de saúde sexual e reprodutiva, assim como sugestões para práticas educativas ligadas à temática.

DESCRIPTORIOS: Educação em saúde; Minorias sexuais e de gênero; Saúde reprodutiva; Saúde sexual;

RESUMEN

Objetivos: analizar las publicaciones científicas nacionales sobre la atención a la salud sexual y reproductiva ofrecida para la población LGBTQIA+ con la relación con las principales lagunas y posibilidades de las prácticas educativas referentes a esa temática en el contexto brasileño. **Método:** revisión integrativa, en seis etapas, con búsqueda de estudios realizados en junio de 2022 en bases de datos LILACS, MEDLINE, SCIELO y Web of Science y SCOPUS. **Resultados:** foram recuperados 5.643 estudios y seleccionados 14 para análisis y discusión. Destacaram-se os temas: saúde sexual e reprodutiva com foco na reprodução e nas técnicas reprodutivas, infecções sexualmente transmissíveis e educação em saúde sexual e, por fim, direitos sexuais e reprodutivos. **Conclusión:** foram evidenciadas como principais lagunas en cuanto al tema de salud sexual y reproductiva, así como sugerencias para prácticas educativas ligadas a temáticas.

DESCRIPTORIOS: Educación em salud; Minorias sexuales y de género; Salud reproductiva; Salud sexual.

INTRODUCTION

In the context of the Unified Health System (SUS), educational practices aimed at promoting the sexual and reproductive health of the LGBTQIA+ population, in addition to clinical care and counseling, make up sexual and reproductive health care.¹ Educational activity in groups or individually involves clarifying and mediating information about rights and sexual and reproductive health. Counseling is an individual moment in which the health professional must advise the patient on the use of contraceptive methods, especially those chosen by the person, and attend to any needs not covered by the educational approach. In clinical activity, health care from the perspective of comprehensiveness involves complementary exams, referrals and identification of other needs related to health in general and to contraception or conception.¹⁻²

In the area of health, educational actions have didactic-pedagogical characteristics, but also social, technical, political and scientific ones. Closely linked to these actions is the principle of health promotion, which aims to give individuals autonomy and active participation in improving their quality of life, encouraging dialogue and the exchange of knowledge, as well as access to information and opportunities for informed, autonomous and safe reproductive choices.¹

Government regulations for the promotion of sexual and reproductive health include the provision of these actions for all people, including the LGBTQIA+ population.¹ However, the existence of regulations does not guarantee their implementation in care practice, as identified in other studies.³⁻⁴

Other studies on the sexual and reproductive health care offered to LGBTQIA+ people show that the actions taken expose the gap in professionals' knowledge of gender and

sexuality, as well as communication difficulties and the lack of care aimed at the real health demands of this public.^{2,5} Lesbian and bisexual women face unpreparedness on the part of professionals, sexual orientation and gender identity being made invisible and absent from clinical records, heteronormative routines, prejudice and experiences of discrimination in health services, as well as omission in the face of their health demands, which constitutes symbolic violence and leads to less access to health care.⁵

Other realities demonstrate the invisibility of promoting the sexual and reproductive health of the LGBTQIA+ population, such as the lack of knowledge and guidance on the part of health professionals regarding the assisted reproduction methods available to this public and instructions on care and techniques for maintaining gametes when hormonal therapies are chosen for the transsexualizing process.⁶ Furthermore, adherence to erroneous popular knowledge, which explains lesbian women's "immunity" to sexually transmitted infections, hinders prevention and favors an increase in health problems in this group.⁷

Therefore, given the invisibility and rights to sexual and reproductive health of LGBTQIA+ people, considering the hypothesis of the incipience of actions and practices aimed at promoting sexual and reproductive rights and sexual and reproductive health of this public, this research aimed to analyze national scientific publications on sexual and reproductive health care offered to the LGBTQIA+ population in relation to the main gaps and possibilities of educational practices related to this theme in the Brazilian context.

In this way, this study aims to stimulate the role of nursing in actions to promote sexual and reproductive health for

LGBTQIA+ people, considering the importance of producing knowledge about the difficulties that permeate the exercise of sexual and reproductive rights of these people in health services, in order to propose inclusion and respect for diversity within the scope of these actions. It is known that nursing is one of the professional categories most involved in the development and coordination of sexual and reproductive health educational practices and, as such, this study contributes by encouraging these professionals to reflect on the need for inclusive care that includes not only heterosexual people, but also meets the needs of sexual and gender minorities.

METHOD

This is an integrative review, carried out according to the six methodological stages described below: 1) selection of the topic; 2) selection of articles according to pre-established inclusion and exclusion criteria, by reading the title and abstract, and subsequent analysis of the studies included in the final sample; 3) categorization of the studies using a summary table and extraction of the information using an Excel spreadsheet; 4) descriptive analysis of the selected articles in order to answer the review's objective; 5) interpretation and discussion of the results in accordance with the theoretical literature on the topic in question; and 6) presentation of the synthesis of knowledge.⁸

It should be noted that the summary table of the studies analyzed included the following variables: year of publication, title, authors, journal, study population, place where the research was carried out, topics covered in educational practice and approaches, as well as other information on the challenges and potential of educational practice and recommendations. This spreadsheet was completed independently by one researcher in order to organize the information and standardize the data extraction process.

The inclusion criteria for the studies in the sample were: studies produced in Brazil on educational practices focusing on the LGBTQIA+ population and studies in the form of articles published in Portuguese, English and Spanish. Publications unavailable to read the full text online, conference abstracts, editorials, letters, theses and dissertations were excluded.

To conduct this study, the following guiding question was defined: "What are the themes and main characteristics of published studies on educational practices focusing on the sexual and reproductive health of the LGBTQIA+ population in Brazil?".

The search for studies was carried out in June 2022, in four databases: Latin American and Caribbean Health Sciences Literature (LILACS); Medical Literature Analysis and Retrieval System via PubMed (MEDLINE); SCIELO Electronic Library and Web of Science and SCOPUS.

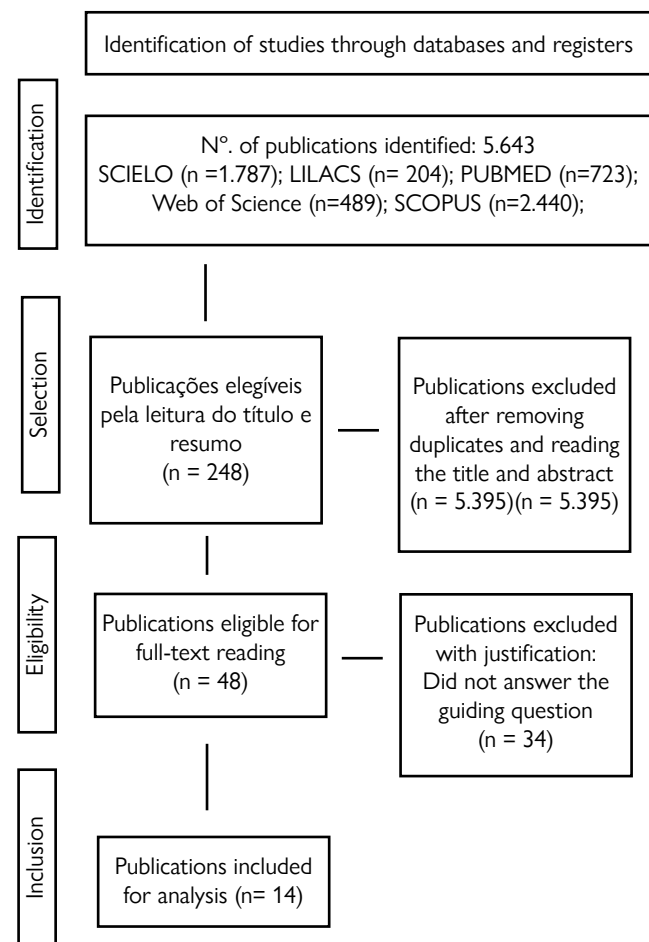
As it only involved studies with secondary data, it was not necessary to obtain approval from the ethics committee.

RESULTS

The search retrieved 5,643 studies, of which only those focusing on the sexual and reproductive health of the LGBTQIA+ population were included in the sample. After applying the previously established inclusion criteria, the number of articles was reduced to 48, and 34 were excluded because they were not related to the object of study. Thus, 14 articles were selected for analysis and discussion. The details of the study selection process, according to the PRISMA recommendation, are shown in Figure 1.

It was observed that the publications analyzed on the subject are recent, as 50% of the studies were published between 2022 and 2021. In addition, 29% were published in Nursing journals and 21% in Public Health journals. The most common topics covered were: sexual and reproductive health with a focus on reproduction and reproductive techniques, sexually transmitted infections and sexual health education and, finally, sexual and reproductive rights (Table 1). The target audience for the surveys was mostly trans people (43%).

Figura 1 – Fluxograma do processo de seleção dos estudos analisados.



Source: Prepared by the authors

Table 1 – Characterization of the articles selected from the LILACS, MEDLINE, SCIELO, Web of Science and SCOPUS databases. Juiz de Fora, MG, Brazil, 2023

Article title	Magazine and Year publication	Participants	Topics related to sexual and reproductive health	Gaps in sexual and reproductive health care for LGBTQIA+ people
Protecting the reproductive autonomy of transsexuals. ⁹	Journal of Feminist Studies (2012)	Transsexuals	Transsexual; family planning; assisted reproduction	The care offered to transgender people is still not based on the principle of comprehensiveness. There is a lack of respect for the autonomy of these people's sexual and reproductive rights, especially with regard to access to reproductive planning and the exercise of paternity and maternity, since access to assisted reproduction is still restricted
Lesbian (In)visibility in Health: Analysis of Vulnerability Factors in Lesbian Sexual Health Care. ⁷	Psychology: Science and Profession (2020)	Lesbians	Sexually transmitted infections; prevention; sexual health of lesbian women	The article portrays health professionals' lack of knowledge about lesbian women's sexual and reproductive health and the invisibility of gender identity and expression and lack of sexual orientation. The heteronormative, restrictive and biomedical approach to consulting women makes it impossible to identify their needs and vulnerabilities
A transgender man, a cisgender woman and assisted reproductive technologies: a Brazilian case report. ⁶	JBRA Assisted Reproduction (2020)	Transgender men	Reproductive rights of transgender men; fertility; pregnancy; assisted reproduction; hormone treatment	Transgender men face difficulties in accessing reproductive technologies (preserving gametes for future pregnancies through assisted reproduction), as well as hormone treatment

Care for lesbian women in the field of sexual and reproductive health. ⁵	UERJ Nursing Journal (2019)	Doctors and nurses working in primary care	Sexual and reproductive health care for lesbian women; gender and health; institutional violence	Professionals working in primary care do not have the training to attend to the sexual and reproductive health of lesbian women. Heteronormative perceptions of sexuality, gender stereotyping, inability to communicate and omission in relation to health demands still permeate consultations with women, who sometimes don't verbalize their sexual orientation, both due to the absence of this question in the service and due to fear, stigma and prejudice
Sexual practices of women who have sex with women and condom use. ¹⁰	Revista Rene (2022)	Women who have sex with women	Sexually transmitted infections; sex education; female homosexuality; sexual and gender minorities; health vulnerability	Women's vulnerability to acquiring sexually transmitted infections, whether due to non-adherence to condoms or lack of information about the adaptations of barrier methods applicable to sexual practices among women. In addition, the lack of information and poor adherence to cervical and breast cancer screening appointments aggravate the difficulties in promoting sexual and reproductive health among these women

Sexual and reproductive health of transgender men and homosexual women. ¹¹	Research, Society and Development (2022)	Professionals working mainly in the gynecological field and who serve sexual minorities	Sexual and gender minorities; transgender people; homosexuality; gynecology	The article consistently addresses, as causes of disparities in care, the lack of training of professionals to take care of the specificities of these minority groups, the difficult access to the health system and the discontinuity of treatments, as well as a failure in professional training with regard to teaching and contact with appropriate techniques and theories of care for this public. It also highlights the challenges of adhering to gynecological consultations, the risk of sexually transmitted infections and the lack of guidance on the consequences of hormone replacement therapy and reproductive planning
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Lesbian reproductive practices: reflections on genetics and health. ¹²	Ciência & Saúde Coletiva (2017)	Lesbian women interested in having children	Reproductive techniques; medicalization; genetics	One of the main complaints of lesbian women when it comes to choosing a reproductive technique to build their families is the shortage of semen donors for the national bank. Access to assisted reproductive technologies is also difficult
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Sexual and reproductive rights under attack: the advance of political and moral conservatism in Brazil. ¹³	Sexual and Reproductive Health Matters (2019)	General population, with a focus on minority groups	Sexual and reproductive rights; political conservatism; gender; sexuality; feminist movement; LGBTI+	Moral and political conservatism prevents the advancement of sexual and reproductive rights for women and LGBTQIA+ people. Gender ideology is used as a conservative and religious argument. Political setbacks prevent discussion of sexual and reproductive health in schools, the right to legal abortion, health care in cases of sexual violence, prevention of sexually transmitted infections and homosexual citizenship
Scientific evidence on the experiences of pregnant transsexual men. ¹⁴	Texto e Contexto Enfermagem (2022)	Pregnant transsexual men	Transgender people; pregnancy; reproduction; fertilization; insemination; prenatal care; nursing	Difficulties in mental health care for LGBTQIA+ people during the pregnancy process (pregnancy, childbirth, birth and puerperium) are common, and health professionals not only lack knowledge about the health of transgender men, but also have stigma and taboos about the subject. These factors make it even more difficult for these people to attend prenatal care and contribute to the violation of reproductive rights, cisheteronormative care, transphobia and discriminatory professional practice

<p>Reproductive autonomy of the trans population: Human rights discourses, cisnormativity and biopolitics.¹⁵</p>	<p>Revista Direito e Praxis (2021)</p>	<p>Trans population</p>	<p>Trans population; reproductive autonomy; biopolitics</p>	<p>Invisibility and silencing contribute to the physical and symbolic sterilization of the trans population. The socio-cultural, historical and ideological nature of what is recognized as a gender reinforces society's lack of knowledge about sexual diversity and gender identity and keeps sexuality permeated by normalization devices. This accentuates the invisibility of the sexual and reproductive rights of gender minorities, as well as hindering access to hormone therapies and other techniques of the transsexualizing process. Furthermore, there is a lack of explicit normative guarantees or specific regulatory frameworks committed to promoting the reproductive citizenship of trans people</p>
<p>Sexual and reproductive health in primary health care: lesbian women's accounts.¹⁶</p>	<p>Revista Baiana de Enfermagem (2022)</p>	<p>Lesbian women</p>	<p>Sexual and reproductive health; primary health care; women's health; sexual and gender minorities</p>	<p>There is a lack of preparation on the part of the professionals, a lack of knowledge about the difference between sexual orientation and gender identity, a lack of acceptance and empathy in the professional approach, prejudice, objectification of the body, non-acceptance of homosexuality and a lack of knowledge about their affective-sexual practices, which makes care influenced by stereotypes of gender and sexuality. These were some of the gaps identified in sexual and reproductive health care by the lesbian women who took part in the study</p>

Sexual and reproductive rights of trans people: Institutional erasure in health services and violations of personality rights. ¹⁷	<i>Brazilian Journal of Development</i> (2021)	Trans population	Violation of rights; sexual and reproductive health of transgender people; transgender men; assisted reproduction	The study highlights the invisibility of transgender people's sexual and reproductive rights in institutions and documents. The lack of use of the social name, the inadequacy of care, the absence of scientific studies and the scarce training of professionals on the reproductive health of trans people were all obstacles cited in the study. In addition, the lack of care for trans men in assisted human reproduction services and in the physical environment of clinics and hospitals was highlighted
Weaving networks to defend the sexual and reproductive rights of the LGBT population: reflections on the Banana-Terra project in Cariri, Ceará. ¹⁸	Revista NAU Social (2021)	LGBT population	Human rights; networks; activism; LGBT resistance	The study warns of the potential of articulating the social protection network for human rights, including the sexual and reproductive rights of LGBTQIA+ people. It also highlights conservatism, the misconception of gender ideology, heteronormative discourses, the need to discuss and rethink the realization of this population's right to health and to encourage the countering of religious intolerance and free sexual and gender expression

Rights and reproductive health for the transvestite and transsexual population: abjection and symbolic sterility. ¹⁹	Saúde Soc. São Paulo (2017)	Transvestites and transsexuals	Gender studies; reproductive rights; reproductive health; abortion; transsexuality; transvestility	The authors highlight the problem of the lack of training for health professionals in sexual and reproductive health for transgender people, as well as the absence of these people in practices and discourses related to rights and reproductive health in general. They also draw attention to the invisibility of these people in documents related to the transsexualization process and the rights of the lesbian, gay, bisexual, transvestite and transgender (LGBT) community, and to the reproductive heterocisnormativity and "symbolic sterility" of the trans population
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Source: Prepared by the authors.

DISCUSSION

All the studies analyzed in this review describe gaps in sexual and reproductive health care for LGBTQIA+ people in Brazil, with the lack of adequate training and qualification for health professionals and the invisibility of sexual and reproductive rights being the most prominent issues. The emphasis placed on these issues demonstrates some of the countless challenges to be overcome in providing health care for LGBTQIA+ people, which makes it essential to debate and reflect on these aspects.

On the other hand, educational practice on sexual and reproductive health for LGBTQIA+ people was described in only four studies, of which only one presented an experience report on educational actions to promote human rights and sexual and reproductive rights, taking into account the specificities and singularities of sexual and gender diversity.¹⁶⁻¹⁹ The others mostly addressed topics restricted to transgender people and lesbian women, with a limited focus on assisted reproduction, reproductive planning, STI prevention and gynecological health.

Regarding the sexual and reproductive health of the trans population, the most recurrent subject in the studies analyzed involved assis-

ted human reproduction techniques, which are of great importance for opening up new possibilities for conception in situations where this is naturally not possible.⁹ However, the studies reinforced the slowness and difficulty of access faced by lesbian, gay and transgender couples, both in terms of techniques and information about this reproductive right protected by Law n. 9.263/96 and Ordinance n. 1.707 of August 18, 2008. Both, it is worth noting, guarantee conception techniques for all SUS users, with a view to comprehensive family planning and the transsexualizing process. In addition, it has been pointed out that care with guidance and preservation of gametes for future conceptions is ignored, so that the possibility of transsexual people having children from their own genetic material is disregarded, which prevents them from exercising their reproductive rights.⁹

With regard to lesbian women, a recurring topic was their invisibility, manifested in the myth that this public is less likely to contract STIs, a situation which reiterates the need for guidance on the use of condoms, as well as encouraging them to seek gynecological consultations.⁷ Linked to the invisibility of these women's sexual and reproductive rights, a lack of preparation on the part of health professionals and a lack of knowledge about lesbian women's health needs emerged as aspects which reinforce barriers to access and increase

the vulnerability of this public. In addition, consultations, dialogues and routines established in services based on compulsory heteronormativity prevent the creation of a bond and the establishment of a relationship of trust between the professional and the subject of care, which directly interferes with satisfaction and reduces adherence to disease prevention, health promotion and treatment actions.⁵

The implementation of educational practices to strengthen the sexual and reproductive rights of the LGBTQIA+ population was the subject of only one of the studies analyzed.¹⁸ It presents the experiences of the Banana-Terra project, a partnership between the Brazilian offices of Amnesty International and Greenpeace, which seeks, through educational actions, to promote human rights and combat environmental degradation. In this experience, the numerous links between participants, social movements and activists made it possible to hold workshops, dynamics, conversation circles, debates and collective reflections, integrating the theme into the most varied contexts experienced by this population, from the school, religious, social and university environments. With this, the authors demonstrate the possibility of expanding this initiative beyond the health services, as a proposal to improve the guarantee of the rights of this population.¹⁸

Although educational activities focused on promoting the sexual and reproductive health of LGBTQIA+ people were not the focus of the studies selected in this review, the readings and reflections on the subject during the preparation of this article have highlighted some important themes that can be applied in health education actions in order to favor the exercise of the sexual and reproductive rights of sexual and gender minorities.

Among the topics related to reproductive health, we highlight guidance for transgender men on hormone treatment and surgical procedures to preserve eggs to enable future pregnancies, fertilization, insemination, masculinizing mammoplasty surgery and other procedures related to sexual reassignment. Information on the care network and means of access to the transsexualization process and assisted reproduction practices was also highlighted, covering the instruments and legal paths for exercising the right to paternity and maternity, the process of adopting children, prenatal care for homosexual couples, including psychological and/or emotional impacts after childbirth, breastfeeding and social rights during and after pregnancy, gynaecological consultation and cervical and breast cancer screening for people who have these organs.

In addition to these, other topics can be covered in the sexual and reproductive health practices of LGBTQIA+ people, such as gender and sexuality, sexually transmitted infections, the use of condoms on sex toys shared with partners, as well as cling film and latex or polyurethane films adapted from male or female condoms during oral sex, testing for sexually transmitted infections and intimate hygiene methods. Also pertinent are guidelines on risky sexual behavior, sexual and institutional violence and reporting channels to help identify and report verbal and/or physical aggression in health services, the rights of LGBTQIA+ people and the deconstruction of the concept of gender ideology.

In addition, the health services that offer sexual and reproductive health education can direct these groups towards transsexual men

and lesbian and bisexual women, which is also an opportunity to produce health, answer questions and identify health needs, complaints and fears. In addition, in order to strengthen homosexual citizenship, these events can count on the collaboration of higher education institutions, members of the legal profession and other sectors of society.

As a way of breaking with the cisheteronormative model, the inclusion of debates on LGBTQIA+phobia in the training of health courses and the development of mini-courses and conversation circles with moderators who are members of the LGBTQIA+ population was one of the recurring demands in most of the studies analyzed.^{5,16-17,19} The publications also reinforced the need for other strategies for the qualification and continuing education of health professionals on welcoming, respecting diversity, social name, gender identity and expression, sexual orientation, sexual and reproductive health of lesbian and transgender women, health care for the trans population and its specificities.^{15,17-18}

FINAL CONSIDERATIONS

This integrative review draws attention to the visibility of sexual and reproductive rights and the promotion of the sexual and reproductive health of LGBTQIA+ people and, in this way, contributes to sensitizing nursing to the need to implement care and educational actions that meet the particularities of these people.

It is therefore necessary for new studies to be carried out on inclusive and plural educational practices, especially with regard to demonstrating strategies applied to the sexual and reproductive health of LGBTQIA+ people, not only on preventing the transmission of sexually transmitted infections, but also on topics relevant to their real demands and needs.

For some of the strategies presented in this review to be applied effectively, health professionals must be trained and updated based on the best scientific evidence, in order to provide safe, inclusive, comprehensive and humanized care. It should also be emphasized that encouragement and awareness on the subject should start from the beginning of their academic training and during graduation, in order to transform and improve the health care offered to sexual and gender minorities.

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