NURSING CARE FOR LESBIAN AND BISEXUAL WOMEN

ASSISTÊNCIA DE ENFERMAGEM ÀS MULHERES LÉSBICAS E BISSEXUAIS LOS CUIDADOS DE ENFERMERÍA PARA LAS MUJERES LESBIANAS Y BISEXUALES

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ABSTRACT

Objective: to analyze, from the perspective of lesbian and bisexual women, Nursing care in Family Health Units. **Method:** this is a qualitative, exploratory and descriptive study, carried out by means of interviews with five lesbian and bisexual women. The study adopted, for information analysis, the Content Analysis technique, in the modality of Thematic Analysis. **Results:** lesbian and bisexual women face difficulties during nursing consultation, such as lack of reception, prejudice and nonspecific information about prevention of diseases. **Conclusion:** women were not welcomed, cared for and assisted regarding their health needs and specificities. The lack of assistance of nursing professionals is worrisome in relation to issues of specificities of lesbians and bisexuals. **Descriptors:** Female Homosexuality; Primary Health Care; Nursing Care; Sexual and Gender Minorities; Prejudice; User Embrace.

RESUMO

Objetivo: analisar, sob a ótica de mulheres lésbicas e bissexuais, a assistência de Enfermagem em Unidades de Saúde da Família. **Método:** trata-se de um estudo qualitativo, exploratório e descritivo, realizado por meio de entrevista semiestruturada com cinco mulheres lésbicas e bissexuais. Adotou-se, para a análise das informações, a técnica de Análise de Conteúdo, na Modalidade Análise Temática. **Resultados:** constataram-se as dificuldades enfrentadas pelas mulheres lésbicas e bissexuais durante a consulta de Enfermagem tais como a falta de acolhimento, o preconceito e as informações inespecíficas sobre a prevenção de doenças. **Conclusão:** evidenciou-se que as mulheres não foram acolhidas, cuidadas e assistidas quanto às suas necessidades de saúde e especificidades. Conclui-se que é preocupante a falta de assistência dos profissionais de Enfermagem em relação às questões das especificidades das mulheres lésbicas e bissexuais. **Descritores:** Homossexualidade Feminina; Atenção Primária à Saúde; Cuidados de Enfermagem; Minorias Sexuais e de Gênero; Preconceito; Acolhimento.

RESUMEN

Objetivo: analizar, desde la perspectiva de las mujeres lesbianas y bissexuales, los cuidados de Enfermería en las Unidades de Salud de la Familia. **Método:** este es un estudio cualitativo, exploratorio y descriptivo, realizado por medio de entrevistas con cinco mujeres lesbianas y bissexuales. Se utilizó, para el análisis de la información, la técnica de análisis de contenido, en la modalidad de Análisis Temático. **Resultados:** se observó que las mujeres lesbianas y bissexuales enfrentan dificultades durante la consulta de enfermería, tales como la falta de recepción, el prejuicio y la inespecificidad información sobre la prevención de enfermedades. **Conclusión:** es evidente que las mujeres no fueron bien acogidas, atendidas y asistidas con respecto a sus necesidades de salud y especificidades. Se concluye que es preocupante la falta de asistencia de los profesionales de enfermería en relación con las cuestiones de las especificidades de las lesbianas y bissexuales. **Descriptores:** Homossexualidade Feminina; Atención Primaria de Salud; Atención de Enfermería; Minorías Sexuales y de Género; Prejuicio; Acogimiento.

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INTRODUCTION

Sexual diversity comprises different forms of social expression of the subject regarding sexual orientation, sex and gender identity categorized as Lesbian, Gay, Bisexual and Transgender (LGBT). This work focuses on lesbian and bisexual women (bi), using those names to define sexual orientation.¹

Lesbian and bisexual women face numerous obstacles in the search for access to health services, involving from the invisibility of female sexuality to prejudice. There is, however, after the popularization of certain social movements that emerged in the mid 20th century, with the purpose of claiming the creation of public policies, greater visibility of lesbians and bisexuals in demand for health services.²

While marks in the elimination of cultural barriers, the Brazil Without Homophobia Program (*Programa Brasil Sem Homofobia*) and the National Policy of Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT - *Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais*) aim to promote citizenship by ensuring the rights and the care to the specificities of each of these groups.³

In relation to sexual practice and contamination by sexually transmitted infections (STI), women with these sexual orientations, for a long time, were supposedly outside the group of people vulnerable to these infections, mainly lesbians, once the sexual practice associated with them deletes the penile penetration. With the increased number of cases of people with HIV/AIDS from the 80's and the emergence of researches involving lesbian women, who argued they were also vulnerable to the virus, this group began to gain visibility.²

The conception that lesbian and bisexual women do not need guidelines on the practice of safe sex results in a huge misconception, causing serious public health problems. Moreover, the Human Papilloma Virus (HPV) is transmitted through skin-to-skin contact or between skin and mucous membranes; Breast cancer has a high incidence in nulliparous women and who never breastfed; ovarian cancer, which is very aggressive, has a higher probability of developing in women who have never used contraceptives. All these factors are common among lesbians, which leads to a

lower demand for health services by them, especially, for preventive examinations, compared to heterosexual women.²

The nurse is the health professional that is closer to the population at health services, mainly in the Primary Care Network. Primary Health Care develops various programs, such as women's health, whose purpose is to direct assistance for women in family planning, prenatal, cytopathologic and clinical breast examination and puerperium. During nursing consultation, regardless of the assistance, the anamnesis must be performed; however, this procedure does not address the issues about women's sexual orientation, despite its importance, because, in this moment, the professional should direct their care and guidance to specific demands in care provision.¹

This assistance allows nurses to direct the care and guidelines in according to each woman's needs; however, there is still negligence on issues related to sexual orientation of these patients, leaving implicit that all women are heterosexual.¹

his neglect by both the heteronormativity imposed by society, which leads professionals not to understand the differences, such as the scarcity of disciplines in the curriculum of health courses, which discuss the health promotion of lesbians and bisexuals, inserting incapable professionals into the labor market in relation to this audience and, consequently, offering an assistance directed only to biological and sexual needs, forgetting about psychological and social aspects.^{1,4}

In this context, the following question arises: how is nursing care performed to lesbian and bisexual women in the Family Health Unit?

OBJECTIVE

- To analyze, from the perspective of lesbian and bisexual women, nursing care at Family Health Units.

METHOD

This is a qualitative, exploratory and descriptive study, at Family Health Units (FHU) located in the city of João Pessoa, capital of the state of Paraíba.

The participating public consisted of women who met the following inclusion criteria: lesbian and bisexual women aged

18 through 40 years, enrolled in the FHUs that compose the Sanitary District IV in the city of João Pessoa. The criterion used for the closure was of the exhaustion of qualitative researches, amounting five interviewees.

The FHUs for the study were chosen in a random and non-probabilistic way, resulting in the selection of the Family Health Unit *Viver Bem* and the Family Health Unit *Tambiá*, both in the same district.

Data collection occurred in February and March 2018, and, for the analysis, the Content Analysis technique, thematic modality, was adopted.⁵

The participants were interviewed individually, through conversations initially recorded at locations provided by the FHUs, which provided privacy at the time of data collection. The interviews were subsequently transcribed to compose the analysis corpus.

The study respected all the precepts of the National Health Council (NHC), by resolution 466, of 12 December 2012. The Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba approved the study, CAAE 45466515.2.0000.5188. In order to maintain the anonymity of the participants of this study, they were identified by E1, E2 and E5, for those who self-reported bisexual, and E3 and E4, who self-reported as lesbian.

RESULTS

◆ Participants' characterization

The interviewees were young women, aged 20 through 30 years, being two lesbians (E3 and E4) and three bisexual women (E1, E2 and E5). Four were attending higher education courses and one, technical course. The interviewees' monthly family income averaged R\$ 3.000,00 (around US\$ 778.92). Regarding conjugality, two were in a serious relationship, one is bride and two are unmarried. The interviews defined two categories for data analysis: **Category 1** - Nursing Care for lesbian and bisexual women in the Family Health Unit: lack of welcoming and **Category 2** - Care, health education and prevention of STI's, as shown below.

◆ Category 1 - Nursing Care for lesbian and bisexual women in the Family Health Unit: lack of welcoming

Women were discontent regarding the nursing care provided in the Family Health Unit already in the first contact of the users

with the professionals, since these women immediately face lack of welcoming and unpreparedness of the team during the call. The statements below show this problem.

It was too formal, they do not interact that much. (E1)

It was too technical... (E2)

Furthermore, there was lack of welcoming and professional unpreparedness, which, when added to prejudice, may move this group apart from health services.⁶

During the nursing consultation to women during prenatal care, family planning and in the implementation of the cytopathologic examination, patients' sexual orientation is often disregarded, and, for fear of prejudice, many women do not feel comfortable revealing their orientation sexual¹. This situation was identified in the following reviews of the interviewees.

I did not mention my sexual orientation nor did she [the nurse] ask. (E2)

Sometimes I have to hide my orientation. (E3)

No... if she [the nurse] could talk, I would have felt more comfortable, you know? - to speak [...].She asked whether I had few or many partners, and then suggested contraceptives. (E4)

During the nursing consultation, unfortunately, some professionals have difficulty constructing the bond with the individual/community, which often occurs due to their prejudice expressed during the call. In this moment, the goal of nursing consultation, which should be guiding and getting closer to the user of the health service through the construction of the bond, becomes an obstacle regarding the effectuation of public policies geared to this population. The speech of interviewee E5 clearly reveals the impact of prejudice in the health-disease process.

Yes, I told them I had relationships with women... I felt their [nurses] faces of disapproval, which made me give up on my return to pick up the result. (E5)

Moreover, this interview fragment shows that the right to sexual expression and sexual information free of discrimination of the interviewee was wounded, going against the guidelines of the National Policy of Integral Care to Women's Health.

◆ Category 2 - Care, health education and prevention of STI's

The omission of sexual orientation, due to several factors that comprise from fear to lack of a safe environment, implies choosing the incorrect size of the speculum,

consequently causing discomfort during and after the cytopathologic examination, as shown in the statement below.

Last time I felt pain. (E1)

Certain discomfort, I even bled... (E2)

None of the four interviewees, who revealed their sexual orientation, received health advices from the nurses.

Then she [nurse] told me I should seek methods for protection, even with relation with other women. (E1)

I think this is what moves lesbians apart from the cythological examination. (E3)

So, I sought it because I needed it. (E4)

Sometimes, I had to hide my orientation, right?... She only talked about clinical issues because they forget about lesbian and transexual women, you know? (E5)

Unfortunately, the users leave the consultation without answering their needs, so they have to search for information in other ways, often unreliable.

Due to lack of information, many homosexual women believe they are immune to STI's, thus keeping an unsafe sexual practice and, consequently, being at greater risk of acquiring infections.

I thought we were immune, you know? (E3)

So, I sought it because I needed it, because I was so scared of being in a relationship, and ending up acquiring some disease. (E4)

The orientations for prevention of STIs are still inefficient, shown in a statement of the interviewees.

Na area of the LGBT community not so explored, regarding prevention forms... (E5)

It is necessary to work in prevention and health promoting of this population, in order to decrease problems and ensure the sexual rights that relate to equality and freedom in the exercise of sexuality, which means treating sexuality as a dimension of citizenship and democratic life.

DISCUSSION

Family Health Strategy (FHS) was created with the goal of promoting health and represents the primary level on the scale of hierarchization, known as the population's entrance door into the Unified Health System (UHS).⁷ One of the main tools used in the FHS is the health education, which allows the professional to guide service users in order to promote health and prevent various diseases. The nursing professional stands out as the main FHS actor that performs health education, either during the nursing consultation, whether in the waiting room, at schools or during home visits.^{8,9}

Nursing care aims to meet the human being's individual and collective needs integrally. One of the Nursing areas is women's health, assisting them in all phases. Female sexuality is little discussed in the health areas, due to a historical consequence of a predominantly sexist society. Lesbian and bisexual women suffer most from invisibility, taboos and prejudices of professionals, related to their sexual and reproductive lives, hindering the integral care.⁹

The interviews show that the care to lesbian and bisexual women is deficient, because patients' sexual orientation is often disregarded. In this sense, these women's body is identical to that of heterosexual women, thus, the professional must meet the peculiarities of the group, making an anamnesis able to collect relevant information and provide a positive feedback, i.e., guide homosexual women according to their own needs.⁹

The narratives recorded show that the lack of welcoming for lesbian and bisexual women can move this population away from health services. Therefore, nursing professionals must provide a welcoming environment, addressing questions about sexuality, life style, safe sexual relationship between women and possible STI's.¹

Thus, the professional need to have knowledge about the needs of this group, such as vulnerability in relation to drug use, mental suffering, guidelines on safe sexual relationship and preventive examinations. Several factors influence this failure in care, such as when the professional becomes mechanistic, focusing only on completing the procedure, showing the lack of knowledge about the peculiarities of these women, since graduation courses do not address issues related to the care that should be provided to lesbian and bisexual women - which is still invisible and results in individual and social vulnerability of these patients.¹⁰

The National Policy of Integral Care to Women's Health (PNAISM) was created in 2004 aiming at meeting all women, regardless of their context, i.e., rural women, lesbians, indigenous, black, in situation of freedom deprivation, etc., in order to promote quality of life, reduce morbidity and mortality, qualify professionals and expand women's access to health services. The policy is responsible for guiding and ensuring women's assistance in

all their aspects, in the reproductive period, pregnancy, puerperium, in the climacteric and in family planning, addressing the prevention and treatment of STI's, breast cancer and cervical cancer, and offering help to those who suffer domestic and sexual violence.¹¹

The creation and implementation of this policy were a great advance, especially regarding lesbian women, when considering all difficulties faced by them. It allowed, thus, the visibility of the group; however, the care for these women still does not contemplate what is established by PNAISM, requiring strengthening this policy in basic care to ensure the rights of these patients.

The PNAISM highlights the importance of preventive examinations, such as cytopathology, used for screening cervical cancer. The Ministry of Health (MH) recommends this exam for women aged over 25 years with active sexual life, in order to identify, at an early stage, the lesions caused by the HPV, transmitted through sexual intercourse and that, depending on its type, can cause cervical cancer. This exam, during the collection, used the speculum for the opening and visualization of the cervix, and the choice of the size of this object depends on several factors, such as women's frequency of sexual relations with penetration and having given birth vaginally or not.

The statements of interviewees E1 and E2, in the second category, reveal the discomfort felt during and after the exam, reinforcing the need for professionals to build a bond with the user and know women's sexuality, for the adequacy of the speculum for lesbian women who have not had sexual relation with penetration of the penis, thus avoiding the discomfort, pain and blood escapes, guaranteeing users' safety and comfort.¹

Furthermore, Nursing must, through health education, guide women about condom use and how to adapt it to sexual relations, report the importance of bodily hygiene, cutting the nails, in order to avoid injury and transmission of any type of contamination to the other woman, inform on the hygiene of the objects of penetration before and after using them, highlighting that these, as well as the penis, should not be placed into the anus, and, then, into the vagina. Moreover, professionals must guide users to undergo rapid tests for HIV, viral hepatitis and syphilis. The interviews show

that the patients did not receive this information; however, addressing this subject is extremely important to prevention and health promotion of these women.

Nursing professionals, and from other health areas, may have the conception that the sexual relationship between women does not harm the health.¹ Importantly, these professionals need to understand that most lesbians have already had sexual relations with other men, thus, sexuality can change during the life. In the absence of this understanding, the professional becomes unprepared to guide this group and ensure their sexual rights.

CONCLUSION

Lesbian and bisexual women are not welcomed, cared for and assisted regarding their health needs and specificities. The lack of assistance of nursing professionals is worrisome, which may result from lack of information or disinterest in relation to issues of specificities of lesbian and bisexual women. The professional does not provide a comfortable environment for women to express their sexuality issues, as well as their doubts and anxieties. When they report their orientation, professionals do not know how to conduct the consultation and educate women about safe sex, prevention of STI's, the importance of preventive examinations and family planning.

Furthermore, the knowledge acquired by women on the prevention of STI's did not come from nurses' guidance, nor from health services, inferring that the absence of information, coupled with curiosity, can lead them to untrusted information sources, risking their health status.

The results of the study show the importance of the knowledge, by municipal managers, about health and problems that surround this population, for appropriate measures. The municipalities are responsible for executing public health policies, considering the UHS guidance regarding decentralization, and providing workshops for nurses from each health unit in order to raise awareness among professionals, promote discussions on the various physical and mental consequences of negligence of care and prejudice by nurses in these women's lives. Permanent education should be used with the aim of

promoting the change of care and self-care practices.

Sexual orientation should be included in the files used for data collection during the Pap Smear examination and prenatal consultation, in order to provide a space for patients to expose their needs and expectations, as well as the creation of an exercise in which the nursing team can establish the habit of always asking about sexuality during the consultations, not mechanistically, but as a review of the instruments of anamnesis to obtain the necessary information and, thus, the correct guidelines.

From the goal of working prevention, spaces, groups or wheels of sharing of knowledge and experiences should be created, allowing sharing the health demands of lesbian and bisexual women, discussing issues such as safe sex, the importance of preventive examinations, mental diseases that most affect the group, as well as prevention and reduction of damage resulting from the use of drugs.

There is also the need for implementing the theme of homosexual and bisexual women's health in the curriculum of health courses, especially in the Nursing Course, aiming at creating spaces for discussions on the best ways to meet needs, to deconstruct the prejudice and the visibility of this population, as well as promoting more scientific studies, to increase the visibility of the LGBT population and identify these women's difficulties in the health context, improving nursing care.

REFERENCES

1. Sousa JC, Mallmann DG, Galindo Neto NMG, Freitas NO, Vasconcelos EMR, Araújo EC. Health promotion of lesbian woman: nursing care. *Rev Gaúcha Enferm.* 2014 Dec;35(4):108-13. Doi: <http://dx.doi.org/10.1590/1983-1447.2014.04.45308>
2. Albuquerque GA, Garcia CL, Quirino GS, Alves MJ, Belém JM, Figueiredo FWS, et al. Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC Int Health Hum Rights.* 2016 Jan;16:2. Doi: <https://doi.org/10.1186/s12914-015-0072-9>
3. Popadiuk GS, Oliveira DC, Signorelli MC. The National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals and Transgender (LGBT) and access to the Sex Reassignment Process in the Brazilian Unified Health System (SUS): progress and challenges. *Ciênc saúde coletiva.* 2017 May; 22(5):1509-20. Doi: <http://dx.doi.org/10.1590/1413-81232017225.32782016>
4. Crispim JEB, Barreto EF, Nogueira WBAG, Almeida SA. Assistência de enfermagem à mulher lésbica e bissexual na atenção básica: protocolo de atendimento. *Rev Pesqui Cuid Fundam.* 2018;10(3):34-9. Doi: <http://dx.doi.org/10.9789/2175-5361.2018.v10i3.34-39>
5. Bardin L. *Análise de Conteúdo.* 4th ed. Lisboa: Edições: 70; 2010.
6. Garcia CL, Albuquerque GA, Drezett J, Adami F. Health of sexual minorities in north-eastern Brazil: representations, behaviours and obstacles. *J Hum Growth Dev.* 2016 Apr; 26(1):94-100. Doi: <http://dx.doi.org/10.7322/jhgd.110985>
7. Soratto J, Pires DEP, Dornelles S, Lorenzetti J. Family health strategy: a technological innovation in health. *Texto contexto-enferm.* 2015 Apr/June; 24(2):584-92. Doi: <http://dx.doi.org/10.1590/0104-07072015001572014>
8. Alves CMR, Gonçalves MAM. O papel da enfermagem no rompimento dos preconceitos LGBT nos serviços de saúde. In: 16 Congresso Nacional de Iniciação Científica: Anais do 16 Congresso Nacional de Iniciação Científica, 2016 [Internet]. São Paulo: SEMESP; 2016 [cited 2018 June 15]. p. 1-11. Available from: <http://conic-semesp.org.br/anais/files/2016/trabalho-1000022939.pdf>
9. Rizio TA, Thomas WJ, O'Brien AP, Collins V, Holden CA, Andrology Australia Practice Nurse Reference Group. Engaging primary healthcare nurses in men's health education: a pilot study. *Nurse Educ Pract.* 2016 Mar; 17:128-33. Doi: [10.1016/j.nepr.2015.11.011](http://dx.doi.org/10.1016/j.nepr.2015.11.011)
10. Carvalho PMG, Nóbrega BSM, Oliveira JL, Almeida RO, Abdalla FTM, Nichiata LYI. Prevention of sexually transmitted diseases by homosexual and bisexual women: a descriptive study. *Online Braz J Nurs.* 2013 Dec; 12(4):931-41. Doi: <http://dx.doi.org/10.5935/1676-4285.20134177>
11. Ministério da Saúde (BR), Secretaria de Políticas para as Mulheres. *Atenção integral à saúde de mulheres lésbicas e bissexuais: relatório da oficina "Atenção Integral à*

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