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RESEARCH

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Curricular proposals on LGBTQIA+ health education in undergraduate health programs at a public university in northern Brazil[a]

Propostas curriculares em ensino de saúde LGBTQIA+ na graduação em saúde de uma universidade pública da região norte do Brasil

Propuestas curriculares para la educación en salud LGBTQIA+ en programas de salud de pregrado en una universidad pública del norte de Brasil

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Abstract

Objectives: to characterize the curricular proposals of undergraduate health programs regarding lesbian, gay, bisexual, transvestite, transsexual, queer, intersex, and asexual in the undergraduate health program of a public university in the northern region of Brazil. **Method:** a documentary research study was conducted using the Ready, Extract, Analyze, and Distil (READ) strategy, drawing on teaching, research, and extension documents available on the university's institutional website. Data were extracted by searching for keywords in the documents and analyzed using the content analysis technique. **Results:** five categories emerged for analysis. The analysis showed that LGBTQIA+ health education is provided for in non-specific and elective curricular components. A cisnormative and reproductive conception predominates in the institution's education. **Conclusion and implications for practice:** the need to implement LGBTQIA+ health education in mandatory curricular components is evident. The absence of LGBTQIA+ health education in mandatory subjects can make it difficult for professionals trained at the institution to practice when they encounter issues related to the topic in professional practice that were not addressed, or were inadequately addressed, during their undergraduate studies.

Keywords: Curriculum; Education; Health Disparate Minority and Vulnerable Populations; Sexual and Gender Minorities; Universities.

Resumo

Objetivo: caracterizar as propostas curriculares dos cursos de graduação em saúde relacionadas às lésbicas, gays, bissexuais, travestis, transexuais, *queers*, intersexuais e assexuais em uma universidade pública da Região Norte do Brasil. **Método:** realizou-se uma pesquisa documental utilizando a estratégia de *Ready*, *Extract*, *Analyse and Distil* (READ) em documentos de ensino, pesquisa e extensão disponíveis no site institucional da universidade. Os dados foram extraídos por meio da busca por palavras-chave nos documentos e analisados com a técnica da Análise de Conteúdo. **Resultados:** emergiram cinco categorias para a análise. A investigação evidenciou que o ensino de saúde LGBTQIA+ está previsto em componentes curriculares não específicos e eletivos. Observou-se uma concepção cis binária e reprodutiva predominante na educação ofertada pela instituição. **Conclusão e implicações para prática:** evidencia-se a necessidade de implementar o ensino de saúde LGBTQIA+ em componentes curriculares obrigatórios. A ausência desse conteúdo em disciplinas obrigatórias pode dificultar do trabalho dos profissionais formados pela instituição, quando se deparam, no exercício profissional, com questões relacionadas ao tema que não foram abordadas ou que foram tratadas de forma inadequada durante a graduação.

Palavras-chave: Currículo; Educação; Minorias Desiguais em Saúde e Populações Vulneráveis; Minorias Sexuais e de Gênero; Universidades.

Resumen

Objetivo: caracterizar las propuestas curriculares de los cursos de grado en salud relacionadas con lesbianas, gays, bisexuales, travestis, transexuales, queers, intersexuales y asexuales en una universidad pública de la Región Norte de Brasil. **Método:** Se realizó una investigación documental utilizando la estrategia Ready, Extract, Analyse and Distil (READ) en documentos de enseñanza, investigación y extensión disponibles en el sitio institucional de la universidad. Los datos fueron extraídos mediante la búsqueda de palabras clave en los documentos y analizados con la técnica de Análisis de Contenido. **Resultados:** surgieron cinco categorías para el análisis. La investigación evidenció que la enseñanza de la salud LGBTQIA+ está prevista en componentes curriculares no específicos y optativos. Se observó una concepción cis-binaria y reproductiva predominante en la educación ofrecida por la institución. **Conclusión e implicaciones para la práctica:** se evidencia la necesidad de implementar la enseñanza de la salud LGBTQIA+ en componentes curriculares obligatorios. La ausencia de este contenido en las asignaturas obligatorias puede dificultar el trabajo de los profesionales formados en la institución cuando, en el ejercicio profesional, se enfrentan a cuestiones relacionadas con el tema que no fueron abordadas o fueron tratadas de manera inadecuada durante la formación de pregrado.

Palabras-clave: Curriculum; Educación; Minorías Sexuales y de Género; Poblaciones Minoritarias, Vulnerables y Desiguales en Salud; Universidades.

INTRODUCTION

From the point of view of social and health inequities, sexual and gender minorities present particularities related to the experiences of stigmatization resulting from society's negative reaction to their non-conformity with cis-heteronormative social norms,[1] i.e. social norms that consider cisgender identity (gender linked to the sex assigned at birth) and heterosexuality (sexual orientation of attraction to people of the opposite sex or gender) as the only "normal" and "correct" ones.[2]

In this scenario, professionals need to take a holistic look and listen sensitively when providing care to this population. When this doesn't happen, situations of embarrassment and institutional violence tend to occur in the health field, which puts users off the initial service. As a result, access to health, advocated as a right in the Citizens' Constitution, is weakened, especially concerning comprehensive health care and equity of care.[3]

Adequate care for people from the Lesbian, Gay, Bisexual, Transvestite, Transsexual, Queer, Intersex and Asexual (LGBTQIA+) community is related to two main factors: the welcome they find in the health service, making it an environment open to sexual diversity, and the actions of professionals in an ethical manner, demonstrating knowledge of the contents related to sexuality to meet their health needs.[4] Despite this, a minority of professionals report feeling able to meet the needs of this population in the best possible way.[5]

In this sense, in 2006, the World Health Organization (WHO) reported the need to integrate discussions on gender and sexuality into the curricula of health courses in a longitudinal and transversal way, emphasizing that these issues are part of human diversity and are social determinants of health related to inequities and social injustices.[6]

Considering that discrimination against LGBTQIA+ people is a social determinant of the health-disease process, teaching about sexual and gender diversity in universities is already provided for in the National Curriculum Guidelines (NCGs) for medical courses.[7] However, it is necessary to expand the inclusion of the topic in the NCGs in other health courses in compulsory subjects, to prepare students for communication on the subject and care in situations of health inequality and vulnerable populations in professional practice.[1]

Without specific teaching on LGBTQIA+ health issues, health professionals graduate from higher education without the appropriate skills to meet the health needs of this population. It is therefore important to investigate how higher education institutions deal with LGBTQIA+ health issues during undergraduate studies, considering that students' contact with curricular teaching during their training is directly related to their professional activity.[1]

The relevance of this study lies in helping professionals in the areas of public policy, education and health to substantiate the relationship between LGBTQIA+ health teaching in undergraduate health courses and competent professional practice, based on training that includes the subject in undergraduate courses as part of the knowledge needed to guarantee the rights of LGBTQIA+ people in the Unified Health System (UHS).

This study considers that the gender category is inherent in the curricular constitutions of undergraduate health courses. In addition, this category is essential for the construction of meanings of the gender power relationship in the educational constitution.[8] Therefore, this study seeks to answer the research question: How does the curricular structure of undergraduate health courses at a public university in the North of Brazil address LGBTQIA+ health teaching?

This study aimed to characterize the curricular proposals of undergraduate health courses on lesbians, gays, bisexuals, transvestites, transsexuals, queers, intersexuals, and asexuals in undergraduate health courses at a public university in the northern region of Brazil.

METHOD

This is a qualitative study using documentary research. Content Analysis was used as the analytical support. Documentary research has the distinction of seeking information in documents that have not received any scientific treatment.[9] It stands out for being a rich source of stable data, similar to bibliographic research, but differing in terms of research sources, which can consist of articles, books, newspapers, notes published on the internet, among others.[10]

This study was carried out on two campuses of a public university in the North of Brazil, with the following codenames: Campus A, located in the municipality where the university is based, and Campus B, located in another municipality. Data collection took place between January and February 2023.

This study followed the Standards for Reporting Qualitative Research (SRQR) guideline,[11] and was based on the documentary analysis research design[12] which analyzed the approach to gender and sexuality in the Program Pedagogical Project (PPP) of undergraduate courses in Public Health at Public Higher Education Institutions throughout Brazil. In addition, this study design was expanded with the inclusion of the strategy for data extraction in documentary research called READ, which is an acronym for Ready, Extract, Analysis, and Distill, the steps used to process the selected documents. The READ strategy consists of a systematic procedure for collecting documents and extracting information in studies on health policies at any level.[13]

The READ method involves four stages: preparing the documents, extracting the data, analyzing the data, and refining the results, which can be done by presenting them in graphs, figures, tables, and other illustrative forms that help visualize the study's most important findings.

In the document preparation stage (Ready), the selection criteria were established based on the research problem, as recommended by the READ strategy, and were (1) type: institutional teaching, research and extension documents; (2) date of inclusion: current documents; (3) document search location: the university's official website.

The corpus of analysis for this research was made up of documents: Statutes, General Regulations, PPPs for

undergraduate health courses, Institutional Development Plan (IDP); Strategic Planning, Management Report, and Extension Curricularization Guide. The inclusion of other documents, in addition to the undergraduate health PPPs, is justified by the fact that these documents support the analysis of the curricular proposal, broadening access to the information that underpins the curricular proposals.

The PPPs of eight undergraduate degree courses were investigated: Bachelor's Degree in Biological Sciences - Campus B; Bachelor's Degree in Physical Education - Campus A; Bachelor's Degree in Nursing - Campus A; Bachelor's Degree in Nursing - Campus B; Bachelor's Degree in Medicine - Campus A; Bachelor's Degree in Nutrition - Campus A; Bachelor's Degree in Psychology - Campus A; Bachelor's Degree in Collective Health - Campus A.

All the documents were available in digital format on the university's official website, with the exception of the PPP for the Bachelor's degree in Physical Education, which was sent by the server in charge on request.

At the data extraction stage, the total volume of documents making up the corpus was 1952 pages. Extraction was performed manually. To do so, keywords were used to textually search the documents. The inclusion of these keywords was justified by a search in the MEDLINE/PubMed and Scopus databases to identify the main keywords in articles published in the last five years about LGBTQIA+ health (Chart 1).

The data was extracted using an instrument designed by the study's authors containing the following items: Document title, Identified keywords, and Excerpt. As the keywords were in the documents analyzed in this study, the excerpts that contained them were extracted. This analysis was the basis for identifying the empirical categories in this study.

In the data analysis stage (Analysis), the excerpts taken from the documents analyzed were subjected to Bardin's Content Analysis,[14] in the light of the analytical category "gender" developed by Scott.[8] This analysis was the basis for identifying the empirical categories in this study, which were described and exemplified by excerpts from the documents.

Chart 1. Keywords used in the research grouped by thematic similarity.

LGBTQIA community +	Reproduction	Gender discrimination and sexuality
LBGTQIA	Sexual	LGBTQIA+phobia
LBGT	Reproductive	LGBTphobia
Lesbian		Homophobia
Gay		Lesbophobia
Bisexual		Transphobia
Transsexual		Discrimination
Transvestite		
Queer		
Intersex		
Asexual		
Agender		
Gender	**Sexuality**	**Respect for diversity**
Gender	Sexual orientation	Diversity
Transgender	Sexual preference	Comprehensiveness
Cisgender	Homosexuality	Equity
Gender identity	Homosexuality	Universality
	Homosexualism	Human rights
	Transgenderism	Inclusion
	Transsexuality	
	Heterosexuality	
	Heterosexuality	
	Sexuality	

The categories resulting from the Content Analysis were described and exemplified by excerpts from the documents.

Based on Resolution 466/2012, this study was not submitted to the Research Ethics Committee (REC) as it did not directly or indirectly involve human beings.

RESULTS

Most of the institutional documents were out of date by 2023, the year they were submitted for analysis in this study. The Statutes and General Regulations date from 2013 and form the normative basis for all the PPPs analyzed. Among the PPPs, the oldest is the Bachelor's Degree in Biological Sciences - Campus B, from 2013. Other PPPs need to be updated, such as those for the Bachelor's Degree in Medicine - Campus A and the Bachelor's Degree in Psychology - Campus A, where the original PPP was reformulated in 2014.

In addition, two courses had their PPPs last reformulated in 2015, the Bachelor's Degree in Physical Education - Campus A and the Bachelor's Degree in Nutrition - Campus A. The PPP for the Bachelor's Degree in Nursing - Campus A was last updated in 2016.

Among the most up-to-date PPPs were those for the Bachelor's Degree in Nursing - Campus B and the Bachelor's Degree in Collective Health - Campus A, both of which were reformulated in 2018. The institutional planning documents were also more up-to-date, with the IDP dating from 2019 and the Management Report and Extension Curricularization Guide documents both dating from 2021. The most outdated planning document was the Strategic Planning document from 2014.

The five categories that emerged from the data analysis are summarized in Chart 2.

Addressing LGBTQIA+ health in non-specific elective curricular components

LGBTQIA+ health teaching is proposed in the curriculum of two undergraduate degree courses: Nursing - Campus B and Medicine - Campus A. And it is included in the syllabus of an elective subject of each course and is not the main theme to be worked on.

During the search in the PPPs, the word LGBTQIA+ was not found. On the other hand, the term LGBT was used twice and is considered in this study to be equivalent to the existing variations of the acronym LGBTQIA+. In the PPP for the Medicine degree course - Campus A, the word LGBT is included in the syllabus for the subject Human Sexuality (30 hours), which deals with other health issues about sexuality and the sexual health of LGBT people.

Also, in the same PPP for the Medicine degree course - Campus A, the term sexual preference is incorrectly used to refer to sexual orientation.

In the Nursing course - Campus B, it is possible to find the term LGBT in the syllabus of the subject Coping with Violence in the Various Life Cycles (45 hours), which, in addition to working on the sociological aspects of violence and human rights in general, also includes violence against the LGBT population.

Chart 2. Summary of categories.

Categories	Results	Reference document
LGBTQIA+ health approach in non-specific elective curricular components.	LGBTQIA+ health teaching is proposed in the curriculum of two undergraduate health degree courses in elective subjects.	PPP of the undergraduate courses in Nursing - Campus A and Medicine - Campus B.
Predominance of cisnormative and reproductive approach.	The documents have a predominantly cis-binary and reproductive approach to gender and sexuality issues, without considering the particularities of trans or non-binary people.	PPPs for all undergraduate health courses.
Approaches to gender as a social determinant of health and variables for health practice.	Some documents address gender as a social determinant in health, but from a binary perspective.	PPPs for the undergraduate courses in Collective Health - Campus A and Nursing - Campus A.
Institutional commitment and human rights approach in teaching.	There is an institutional commitment to training and qualifying the institution's public policy managers in human rights, as well as addressing the issue in most PPPs.	PPP for the undergraduate course in Nursing - Campus A.
Comprehensive health care as an educational principle.	Comprehensive care was one of the terms most frequently found in the PPPs analyzed, and was constantly characterized as a training principle.	Included in most of the PPPs, with the exception of the PPPs for the undergraduate courses in Biological Sciences, Physical Education and Psychology.

Predominance of cisnormative and reproductive approach

The analysis showed that the documents generally deal with men and women, without considering or explaining the particularities of sexual and gender diversity, such as the health of trans or non-binary people. As can be seen in the subject Men's Health (45 hours), of the Nursing course - Campus B:

> *National Policy for Comprehensive Men's Health Care. Access and reception in men's health care. Male Anatomy and Physiology - Endocrine and Functional Particularities. Prevention and care of diseases prevalent in men* [...] (PPP Nursing - Campus B, p. 71).

Most undergraduate courses work with concepts related to sexual and reproductive health in cis-heteronormative contexts related to pregnancy and the puerperium. In the Biological Sciences PPP, for example, of all the 39 keywords searched, the word "reproductive" was the only one found:

> "[...] *the change in women's reproductive behavior, the growing participation of women in the labor market, the use of contraceptive methods, leading to a decrease in the number of children* (PPP Biological Sciences - Campus B, p. 34).

Approaches to gender as a social determinant of health and variables for health practice

Some documents mention gender as a social determinant in health, as evidenced by the presence of the issue in the syllabi of various courses:

> [...] *social inequalities and health: social hierarchization and access to health services, unequal distribution of health and disease by social class, gender, and race/ethnicity* (PPP Collective Health - Campus A, p. 54).

In addition, the subject Nursing in Women's and Reproductive Health I (135 hours), of the Nursing degree course - Campus A, presents in its syllabus the construction of gender as a social construction. Another document sets out the problems linked to violence against LGBTQIA+ people, involving gender and sexuality.

No subject in the health courses addressed gender as a social determinant of health as a central theme, and, in most curricula, it was interpreted in a binary gender sense. The Nursing - Campus B and Medicine - Campus A courses present gender, sexuality, and sexual orientation as important variables for health planning and care.

The Medicine degree course - Campus A works to respect all three concepts in various spheres of the PPP, and these are present both in the agglutinating nuclei and competences and skills to be developed, and in the syllabus of most of the subjects:

> *AXIS 5 - Learning the main reasons or complaints linked to surgical needs, taking care to avoid judgments linked to gender, race, sexual or other options* (Medicine PPP - Campus A, p. 41).

Institutional commitment and human rights approach in teaching

The analysis found that there is an institutional commitment to respecting human rights and differences. The internal and external evaluation processes aim to improve the quality of higher education, with the aim of:

> [...] *by valuing its public mission, promoting democratic values, respect for difference and diversity, affirming autonomy and institutional identity* (IDP, p.138).

Human rights training and qualifications are expected of the institution's public policy managers. In addition, the institutional documents encourage the proposal and implementation of extension actions on human rights at the university. Human rights education is one of the eight specific areas for university extension work.

It is possible to observe a superficial approach to human rights in health teaching in the PPPs in general. As well as finding the subject in specific and non-specific curricular components and in agglutinating axes or nuclei.

The subject is present in a core course in Collective Health and, in addition to being a non-specific curricular component in most health courses. It is also a specific curricular component of the subject Human, Social and Health Rights (30 hours) in the Nursing degree course - Campus A:

> [...] *the subject aims to stimulate understanding of the foundations and normative aspects inherent to human rights, especially concerning human rights related and/or applied to health* (PPP Nursing - Campus A, p. 83).

Comprehensive health care as a training principle

Comprehensive health care is included in most of the PPPs analyzed, but not in the Biological Sciences, Physical Education, and Psychology PPPs. In the Veterinary Medicine and Nutrition degrees, of the 39 keywords searched, only the word "comprehensiveness" (*integralidade*) was found.

Of the courses whose PPPs included teaching activities linked to comprehensive health care as a training principle, the term was one of the most common. Despite this, the Nutrition course had only one document analyzing the topic in the course objectives.

DISCUSSION

In Brazil, there are gaps in the inclusion of LGBTQIA+ issues in undergraduate health courses.[1] The lack of specific training on the subject prevents most health professionals from graduating from higher education with the necessary skills and competencies to deal with the specific issues surrounding sexual and gender minorities, making it difficult to meet the health needs of this population.

Undergraduate health courses approach gender and sexuality issues from a cis-binary perspective. Most of the time, the concepts of gender and sexuality are presented in a binary context and centered on the reproductive vision. As a result, the curricular components restrict students to understanding the body from a biological perspective.[15] By constantly exposing men's and women's health issues related to reproduction, it is inferred that there is still a difficulty in thinking about comprehensive health education for the LGBTQIA+ population, especially trans and non-binary people.[16] In general, there are curricular components on women's and men's health, but they deal with these concepts as strictly reproductive in a cis-heteronormative context.

In the pedagogical projects, the words "man" and "woman" are predominantly used in reproductive contexts, especially when referring to women's health practices, which, despite their large presence in the documents, reduce gender issues by limiting themselves to the contexts of cisgender women. In this way, it can be said that the construction of the curriculum centered on cisgender bodies does not allow students to reflect on the systematic subjugation, violence, and exclusion of certain bodies and subjects from health care,[17] while also understanding the effects of the inequities experienced by minorities in situations of health inequality and vulnerability.

Among the possible causes of these barriers is the association of gender with political-ideological connotations, and the belief that the "scientific objectivity" of the health sciences implies ignoring the differences between sex and gender in higher education. As a result, it is easier to incorporate sex and gender issues into existing transversal assignments at universities than to create assignments that address these issues beyond the cisnormative perspective.[18]

Gender and sexual orientation are often used as variables for adequacy, referring only to the conduct of treatment, respect, and non-judgment of users during service practice. However, this can limit professionals to only respecting and not judging users on these issues, choosing not to explore the possible health consequences generated by these variables.[19]

It was identified that even though gender is present as a social determinant of health in various curricular components, in no subject in the institution's undergraduate courses was this issue treated as a central theme and, in most curricula, it was interpreted in a binary gender sense, without addressing gender identities other than "man" and "woman" from a cisgender perspective.

Although gender and sexual orientation are important social determinants of health, the PPPs focus on educating these aspects for vulnerable population segments as "factors to be known", not as "conditions to be challenged". This is evidenced when the curricular components analyzed predominantly address sex, but not sexism; the fight against discrimination, but not racism and LGBTphobia, making possible debates superficial and tied to a model of health care focused on disease.[20] It is essential that these aspects be expanded, as well as the issue of gender inequality, including the agenda of violence against women,[12] given the little or almost no manifestation of this debate in the documents analyzed.

Within a health care model that takes into account factors that are not just related to the disease, gender, although seen as a social determinant, often becomes an obstacle to accessing health care, causing many people, especially transsexuals and transvestites, who are afraid of the stigma and prejudice they may suffer in institutions, to end up staying away from services. LGBTQIA+ people say they feel welcomed in services because of the way professionals treat them and show respect for their gender identities, especially in terms of knowledge about sexual and hormonal issues.[4]

Although we are aware of the historical violence against the human rights of sexual and gender minorities and the achievements of the movement related to the inclusion of health actions in the human rights policy, there is still a lack of inclusion of the LGBTQIA+ theme and the community's health rights. Even though the relationship between the subjects creates a space for the development of disciplines that address these issues, human rights are often treated superficially.[21]

Despite the superficial inclusion of human rights in curricular components, the analysis showed, based on other institutional documents, that the institution is committed to respecting human rights and valuing differences. This openness could create scope for teaching and extension activities to follow the same commitment, enabling LGBTQIA+ health teaching to be performed in these scenarios.

There is still a barrier to expanding LGBTQIA+ health issues beyond sexual issues in higher education curricula. This association with sexual practice not only hinders professionals from considering this population and their differences in an integral way but also makes it difficult for students to move away from the stigmatizing view of communicable diseases, which has historically been so present in the discourse of health professionals.[22,23]

The expansion of curricular components in academic health training that address issues related to sexual and gender minorities is incipient and demonstrates the need to update the curricular structure of higher education courses.[24] The analysis in this study showed that most of the PPPs were out of date. However, it is worth noting that curriculum analysis is a field in constant transformation.[25] Many PPPs in this study's analysis were identified as reformulations of the original documents. Therefore, there is a possibility that these documents will be updated to include LGBTQIA+ health education.

The lack of content on sexual and gender minorities in higher education curricula represents a scenario that can mean that not only do health students remain unaware of the health needs of LGBTQIA+ people, but it also does not contribute directly to changing the LGBTphobic behaviors that some of them may have.

Some studies[26,27] have indicated that there is a large proportion of undergraduate health students who display homophobic attitudes at university. In addition, one of the best ways to avoid such attitudes in an academic environment is for teachers to take an educational approach to the subject to deal with it properly in teaching activities and to carry out actions that mobilize student participation to recognize sexual diversity as a sign of respect for the full comprehensive health care of LGBTQIA+ people.[28]

Thinking about LGBTQIA+ health care means thinking about the principle of comprehensive health care while still an undergraduate. Vulnerable populations need care that considers their physical and social particularities. The care planned for cis women should not be the same for trans women, as the curricular proposals analyzed show when planning the education of undergraduate health courses. Even so, it is important that the specificity of care does not differentiate or subordinate one group to the detriment of the other, but rather seeks to work on the comprehensiveness that each gender identity carries. What's more, the health of LGBTQIA+ people must be seen as a subject that brings particularities that deserve due attention from higher education.[29]

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The analysis of the documents led to the conclusion that the curricular proposals do not guarantee, through documentary analysis, that LGBTQIA+ health teaching is carried out at the public university studied. It was found that LGBTQIA+ health teaching is not part of the compulsory curricular components and does not constitute core content in the elective subjects in which the topic is supposed to be addressed. There was a lack of specificity and superficiality in the way the topic appears in the curriculum of each course analyzed, which can lead to professionals not working with it properly during their professional practice. Furthermore, it was found that gender is dealt with in cis-heteronormative contexts.

However, there seems to be a favorable context for teaching this subject at the institution in the future. Several PPPs have included themes linked to human rights, comprehensive care, and gender in their curricula, which could support and motivate the inclusion of teaching about LGBTQIA+ health in a more in-depth and direct way, from the curricular components.

As implications for practice, it is understood that the lack of commitment to including LGBTQIA+ health teaching in compulsory curricular components may hinder the performance of professionals trained at the institution when they come across issues related to sexual and gender minorities that were not addressed or were addressed inadequately and superficially during their undergraduate studies.

It should be noted that this study has some limitations. The existence of outdated documents in the university database was seen as a limitation to data analysis. In addition, the study has the natural limitation of analyzing secondary data.

Finally, it is understood that the study contributes to recognizing how teaching about LGBTQIA+ health is proposed in the curriculum of undergraduate health courses at a public university, especially in the North of the country, which lacks studies on this subject. This has allowed us to make progress in identifying gaps that can support new studies in this area.

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DATA AVAILABILITY RESEARCH

The contents underlying the research text are included in the article.

CONFLICT OF INTEREST

No conflict of interest.

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Study design. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Data acquisition. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Data analysis and interpretation of results. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Rafaela Gessner Lourenço. Aida Maris Peres. Writing and critical revision of the manuscript. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Rafaela Gessner Lourenço. Aida Maris Peres. Approval of the final version of the article. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Rafaela Gessner Lourenço. Aida Maris Peres. Responsibility for all aspects of the content and integrity of the published article. Malan de Agrone e Silva Neto. Cristiano Gil Regis. Rafaela Gessner Lourenço. Aida Maris Peres.

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