

Gender and sexuality in the training of nurses in brazilian public higher education: a documentary study

Gênero e sexualidade na formação de enfermeiros no ensino superior público brasileiro: estudo documental

Género y sexualidad en la formación de enfermeras en la educación superior pública brasileña: un estudio documental

ABSTRACT

Objective: To analyze the syllabuses of disciplines that address gender and sexuality in undergraduate nursing courses. **Method:** Documentary research with a mixed approach. Data were collected with an instrument of its own elaboration, processed in the IRaMuTeQ software, presented in tables, dendrograms, thematic categories and analyzed interpretively. **Results:** The content of the syllabuses of disciplines was focused on women's health, specifically on reproductive aspects; curriculum policies, guidelines and parameters; history of sexuality; pedagogical practices on gender and sexuality; sexual and reproductive health; concept of gender and intersectionalities; gender as an analytical category and social markers of difference; masculinity and men's health. **Conclusion:** Gaps in the structuring of curricula and addressing issues related to gender and sexuality contribute to the fragmentation of training processes and care practices.

Descriptors: Gender Identity; Sexuality; Nursing; Education, Higher; Curriculum.

RESUMO

Objetivo: Analisar o conteúdo das ementas de disciplinas que abordam gênero e sexualidade nos cursos de graduação em enfermagem. **Método:** Pesquisa documental com abordagem mista. Os dados foram coletados com instrumento de elaboração própria, processados no software IRaMuTeQ, apresentados em quadros, dendograma, categorias temáticas e analisados interpretativamente. **Resultados:** O conteúdo das ementas focalizou-se na saúde da mulher especificamente nos aspectos reprodutivos; políticas, diretrizes e parâmetros curriculares; histórica da sexualidade; práticas pedagógicas sobre gênero e sexualidade; saúde sexual e reprodutiva; conceito de gênero e interseccionalidades; gênero como categoria analítica e marcadores sociais da diferença; masculinidade e saúde do homem. **Conclusão:** lacunas na estruturação dos currículos e abordagem de temáticas relativas a gênero e Sexualidade contribuem para fragmentação dos processos formativos e práticas assistenciais.

Descritores: Identidade de Gênero; Sexualidade; Enfermagem; Educação Superior; Currículo.

RESUMEN

Objetivo: Analizar el contenido de los planes de estudio de las disciplinas que abordan género y sexualidad en los cursos de enfermería. **Método:** Investigación documental con enfoque mixto. Los datos fueron recolectados con un instrumento de elaboración propia, procesados en el software IRaMuTeQ, presentados en tablas, dendrogramas, categorías temáticas y analizados interpretativamente. **Resultados:** El contenido de los planes de estudio se centró en la salud de la mujer, específicamente en los aspectos reproductivos; políticas, lineamientos y parámetros curriculares; historia de la sexualidad; prácticas pedagógicas sobre género y sexualidad; salud sexual y reproductiva; concepto de género e interseccionalidades; el género como categoría analítica y marcadores sociales de diferencia; masculinidad y salud de los hombres. **Conclusión:** Las brechas en la estructuración de los planes de estudio y el abordaje de temas relacionados con el género y la sexualidad contribuyen a la fragmentación de los procesos de formación y las prácticas de cuidado.

Descriptores: Identidad de Género; Sexualidad; Enfermería; Educación Superior; Currículum.

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INTRODUCTION

Nursing as a humanistic science seeks to develop care aimed at the prevention, promotion, cure, and rehabilitation of individuals and communities, needing trained professionals to cover the human being in its biopsychosociospiritual dimensions⁽¹⁾.

In this perspective, the National Curricular Guidelines (DCNs – Portuguese acronym) of undergraduate nursing courses show the need for the generalist, humanistic, critical, and reflective training when defining the profile of the student with the ability to act with a sense of responsibility, commitment to citizenship, and promotion health⁽²⁾.

These formative aspects must contemplate the biological and health sciences; human and social; and nursing, and essential content must be related to the health-disease process of patients, families, and communities, integrated with the epidemiological and professional reality to provide comprehensive care actions⁽²⁾.

Although there are documents that guide the pedagogical practice in undergraduate courses, these guidelines do not always include all aspects essential to the training of nurses. Studies with nursing students show that issues related to gender and sexuality are not sufficiently explored and, when the discussions occur, they are approached in a superficial and summarized way, through specific classes and lectures^(1,3-4).

A study with nursing professors pointed out weaknesses in academic training related to sexuality, lack of preparation, and difficulties in approaching and teaching these themes⁽³⁾.

Studies with nurses showed that learning about sexuality occurs via gender stereotypes in education received in childhood, adolescence, training and professional practice in different cultural settings (family, school, university, health services), characters, interpersonal and intrapsychic scripts, socially constructed, which define postures, attitudes and result in difficulties regarding the insertion of the theme as an object of care, as professional practices are developed fragmented, centered on a pathologizing view, with a strong biomedical orientation, disregarding the sociocultural approach to sexuality⁽⁵⁻⁷⁾.

The discussion and reflection on these themes in the training of nurses allow professors to break with the culture of silence, by transposing prohibitions, taboos, and prejudices; and configure the possibility of instrumentalization of students to

deal with several issues that they can raise in the daily care of nursing, performing it safely, without constraints or judgments of value^(4,8).

The understanding of sexuality as an element that needs to be medicalized, reinforces the biomedical model. In contrast, when absent in the dimension of the human being cared for and, equally, in the dimension of the nurse caregiver, it reinforces the asexualized model of care⁽⁶⁾. Thus, the punctual approach or gaps in the training of nurses, regarding the themes of gender and sexuality, makes professionals make care biased due to prejudice, lack of knowledge, and the need to impose values^(4,8).

Studies conducted in Brazil on gender and sexuality have shown gaps in the training of nurses and/or difficulties in addressing these topics in professional practice^(1,3-9). Thus, this study aimed to analyze the content of the syllabus of the subjects that address gender and sexuality in undergraduate nursing courses, of Brazilian public Higher Education Institutions (HEIs).

METHOD

Type of study

This is documentary research developed from public domain data available online using the software *Interface de R pour L Multidimensionnelles de Textes L de Questionnaires* (IRaMuTeQ) as a tool to support data processing, characterized as a mixed approach as it allows the quantification of essentially qualitative variables originated from texts, subsidizing the integration of quantitative and qualitative analyzes on a given object of study.

Period/population/selection criteria/sample definition

Data collection started with a search carried out between August and October 2018 in a paired way, to check the methodological rigor of undergraduate nursing courses, offered in person by public HEIs registered in the electronic system of the Ministry of Education E- mec, implemented in 2007, for (re) accreditation, authorization, and recognition of HEI courses in Brazil.

In the first stage, we obtained 146 undergraduate nursing courses. Subsequently, we sought Political-Pedagogical Projects (PPP), curricular matrices, and/or flowcharts of courses available on the HEIs websites.

For the selection and inclusion of documents, we used the presence of the word gender and/or the sexual radical in the nomenclature of the disciplines as a criterion. We identified 61 subjects in 42 courses. Of them, 39 had the word gender and 22 contained the sexual radical in the nomenclature.

For the analysis of the curricular component, we sought for syllabus, as they contain detailed information on the teaching of the themes, and object of the study. Only 23 subjects had syllabus available online in full, so we needed to send an e-mail to the institutional HEIs to request the other 38 unavailable or incomplete. We waited 15 days for a return, obtaining 13 additional syllabuses. In this way, a final sample comprised syllabuses of 36 subjects taught in undergraduate nursing courses from 26 public HEIs.

Data collection instrument

We elaborated an instrument for the collection of data containing, in part I, characterization data of the HEI: Federation Unit (FU), region, administrative category (municipal, state or federal), academic organization (college, university center, federal institute, or university) and campus.

In part II, we obtained data related to the undergraduate course: degree (bachelor's degree or licentiate degree), minimum workload, and authorized annual vacancies. In part III, we considered data related to the subjects: offer modality (optional or mandatory), workload (theoretical and/or practical), menu (description, objective (s), and program content). Due to the diversity of formats and the non-uniform content of the syllabuses, we decided not to include information related to teaching and assessment methodologies.

Data organization

The information regarding the content of the syllabuses made up the corpus and was organized in the Libre Office Writer program, version 5.3, following specific guidelines for the construction of the database. We adopted a coding system for the variables: region where the university is located (REG_1 = Northeast, REG_2 = North, REG_3 = Midwest, REG_4 = South and REG_5 = Southeast), States where the universities

are located (EST_01 and so on for the 27 UF), degree of the courses (GRA_1 = bachelor's degree and GRA_2 = licentiate degree) and modality of offer of the subjects (MOD_1 = optional and MOD_2 = mandatory). The syllabuses were coded and numbered, sequentially, as the data was collected (Example: EME_01).

Data processing and analysis

For the treatment of data related to the HEI, undergraduate course, and offer of subjects, we used descriptive statistics (minimum and maximum values) and measures of central tendency (mean and fashion).

The processing of qualitative data took place using the software Interface de R pour L *Multidimensional Analyzes de Textes L de Questionnaires (IRaMuTeQ)*, version 0.7 alpha 2, which is anchored in the statistical environment of Program R, allowing different analyzes on textual corpus such as lexicographic (word frequency calculation) and multivariate (descending hierarchical classification, similarity analysis, and word cloud).

Among the forms of analysis, we used the Descending Hierarchical Classification (DHC), which divides the corpus into classes, groups the words according to the greatest association between them, and presents the percentage of representation in the studied corpus, to assist in the identification of the structure represented by the course syllabuses.

We presented the data descriptively, in thematic categories, and analyzed it in an interpretative way, discussed following the pertinent literature.

Ethical aspects

This type of study does not require an ethical appraisal.

RESULTS

Chart 1 shows data related to the distribution by location and characterization of the HEIs.

Chart 1 – Profile of public HEIs with nursing courses

Region	Universities	Administrative category		States	Campus
		Federal	State		
Northeast	13	09	04	03 Bahia 03 Ceará 02 Pernambuco 02 Rio Grande do Norte 01 Paraíba 01 Piauí 01 Sergipe	16
Southeast	05	02	03	02 Minas Gerais 02 Rio de Janeiro 01 São Paulo	06
South	05	03	02	02 Paraná 02 Santa Catarina 01 Rio Grande do Sul	05
Midwest	02	01	01	01 Goiás 01 Mato Grosso	02
North	01	01	-	01 Tocantins	01
Total	26	16	10	16	30

Source: Research data.

We observed a greater number of federal universities (n = 16) offering subjects related to gender and/or sexuality with greater concentration in the Northeast (n = 13) and a predominance of courses with a bachelor's degree (n = 29). The annual vacancies authorized for the offer, per course, ranged from 26 to 120 vacancies,

with 80 (n = 08) and an average of 65.7. The total workload of the courses ranged from 3,262 hours to 4,890 hours, with 4050 modes (n = 03) and an average of 4325.033.

Chart 2 shows information related to the subjects and their distribution by region.

Chart 2 – Characterization of the subjects and their spatial distribution

Region	FU	Word and/or radical	Modality	Hours (c/h)		Total
				Theory	Practice	
Northeast	Bahia	Gender	Optional	51	-	51
	Bahia	Gender	Optional	60	-	60
	Bahia	Gender	Optional	60	-	60
	Ceará	Sexuality	Mandatory	100	110	210
	Ceará	Sexuality	Mandatory	92	164	256
	Ceará	Gender/ Sexuality	Optional	72	-	72
	Ceará	Gender / Sexuality	Optional	72	-	72
	Pernambuco	Gender	Mandatory	120	120	240
	Pernambuco	Gender	Mandatory	30	-	30
	Paraíba	Sexuality	Optional	45	-	45
	Piauí	Gender	Optional	60	-	60
	Rio Grande do Norte	Gender	Mandatory	30	-	30
	Rio Grande do Norte	Gender / Sexuality	Optional	60	-	60
	Rio Grande do Norte	Gender	Mandatory	30	-	30
	Rio Grande do Norte	Gender	Mandatory	30	-	30
	Rio Grande do Norte	Gender	Optional	45	-	45
	Sergipe	Sexuality	Optional	45	-	45

(Continuing)

Chart 2 – Characterization of the subjects and their spatial distribution

Region	UF	Word and/or radical	Modality	Hours (c/h)		
				Theory	Practice	Total
North	Tocantins	Sexuality	Mandatory	105	90	195
Midwest	Goiás	Gender / Sexuality	Optional	60	-	60
	Mato Grosso	Sexuality	Mandatory	96	208	304
South	Paraná	Gender	Mandatory	96	127	223
	Paraná	Gender	Optional	30	-	30
	Santa Catarina	Gender	Optional	36	-	36
	Santa Catarina	Sexuality	Optional	36	-	36
	Santa Catarina	Gender / Sexuality	Mandatory	36	-	36
	Rio Grande do Sul	Gender / Sexuality	Optional	60	-	60
	Rio Grande do Sul	Gender / Sexuality	Optional	30	-	30
	Rio Grande do Sul	Gender / Sexuality	Optional	30	-	30
Southeast	Minas Gerais	Sexuality	Optional	30	-	30
	Minas Gerais	Gender	Optional	45	-	45
	Minas Gerais	Sexuality	Optional	30	30	60
	Rio de Janeiro	Sexuality	Optional	30	-	30
	São Paulo	Sexuality	Optional	15	-	15
	São Paulo	Gender	Optional	45	-	45
	São Paulo	Sexuality	Optional	30	-	30
	São Paulo	Sexuality	Optional	30	-	30
	São Paulo	Sexuality	Mandatory	30	-	30

Source: Research data.

Abbreviations: c/h = class hours, UF = Federative Units.

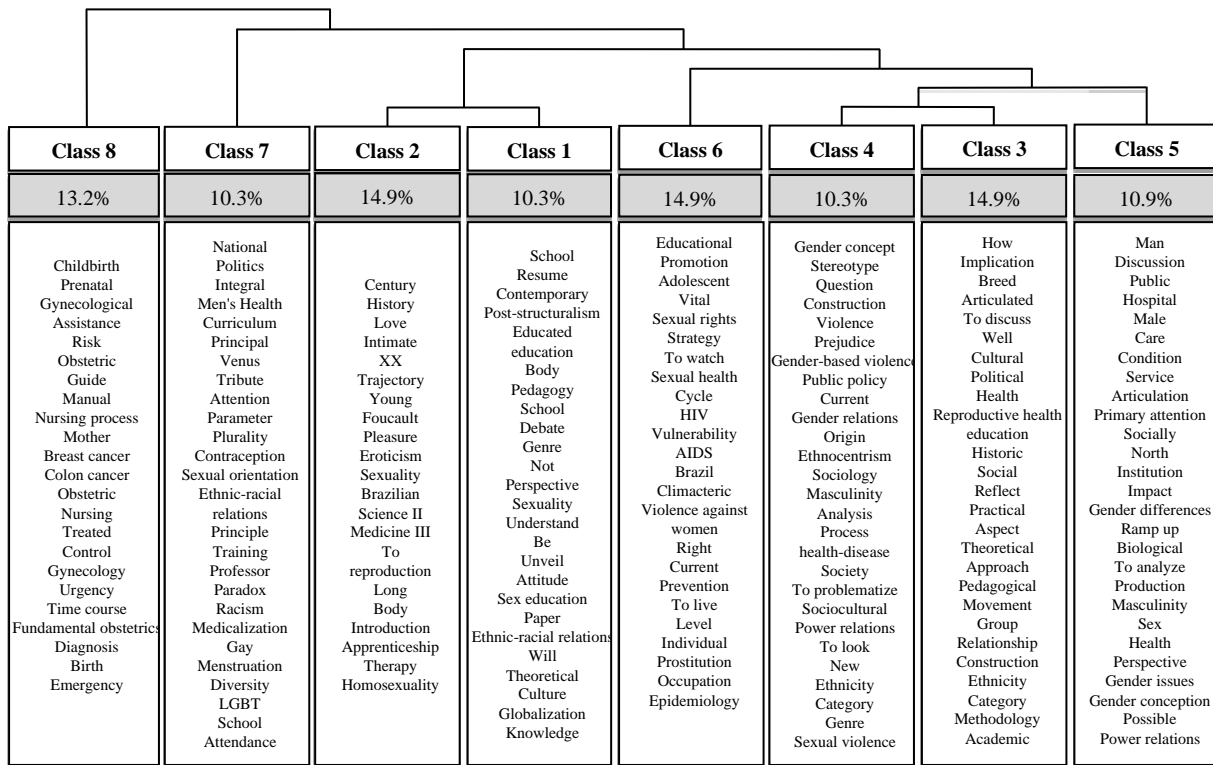
Regarding the total workload of the subjects ($n = 36$), there was a variation from 15 c/h to 304 c/h, mode 30 c/h ($n = 11$), and an average of 75.58 c/h. Among the optional ($n = 24$), it ranged from 15 c/h to 72 c/h, with 60 c/h modes ($n = 7$) and an average of 46.12 c/h, with only one theoretical-practical subject. Among the mandatory ($n = 12$) ranged from 30 c/h to 304 c/h, with a 30 c/h mode ($n = 5$) and an average of 134.5 c/h, six of which had theoretical and six theoretical-practical hours.

IRaMuTeQ processed the textual corpus and recognized 36 units of text corresponding to the number of syllabuses obtained, 174 segments of

text, 5776 occurrences of words, with 1319 forms, of which 1021 were active (analyzable words indicating meaning, according to the syllabuses presented) and 66 supplementary forms. The number of active forms with frequency was $> = 3$: 312, the average of the forms per segment was 33.195402 and the number of clusters was eight, which constitute groupings based on frequency. We obtained a 100% rate of use of texts.

Figure 1 shows a dendrogram that illustrates the DHC resulting from the processing of the textual corpus.

Figure 1 – Dendrogram.



Source: Research data.

The dendrogram has eight classes, which constitute classifications based on an algorithm. In the distribution, the textual corpus initially branches into subsets of keywords/expressions. From the first branch (class 8) the other classes originate.

Chart 3 shows the thematic categories constructed based on the classes, which presented higher percentages of occurrence of the text segments that contained the word in the class in their occurrence in the corpus; and respective excerpts from the syllabuses showing representative words.

Chart 3 - Thematic categories elaborated from the classes

Historical aspects in the approach to sexuality (Class 2 - 14.9%)	<i>The learning of sexuality, reproduction and social trajectories of young Brazilians; sexuality and medicine: the 20th-century revolution; the techniques of the body; the construction of sexual difference in medicine: a science of difference (Syllable 06, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 178.07).</i>
	<i>The fight against syphilis in Brazil: from the turn of the century to the 1940s; intimate stories; sexuality and eroticism in the history of Brazil; myths and taboos of human sexuality: subsidies to sex education work (Syllable 07, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 135.61).</i>
Gender as an analytical category and social markers of difference (Class 3 - 14.9%)	<i>Discussing the inclusion of the gender construct in the elaboration of public health and education policies, as well as in the practices associated with these policies; apprehend the social, cultural, and historical construction of human sexuality and reproductive health, articulating the categories gender, race, ethnicity and social class (Syllable 06, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 228.63).</i>
	<i>Reflecting on the implications of the articulation between gender, ethnicity, race, and generation for the health of people and/or social groups; discussing the contribution of feminism, black movement, and LGBT movement¹ for the formulation of health policies (Syllable 01, Northeast, Bahia, Bachelor's degree, Optional discipline, Score: 171.33).</i>

¹ LGBT = Lesbians, Gays, Bisexuals and Transsexuals.

(Continuing)

Chart 3 - Thematic categories elaborated from the classes

Sexual and reproductive health: current challenges, educational and care practices from the perspective of the life cycle (Class 6 - 14.9%)	Educational practices and HIV ² /AIDS ³ : lessons learned and current challenges; the concepts of vulnerability and adherence to public health; sexuality of adolescents living with HIV: rights and challenges for care (Syllable 36, Southeast, São Paulo, Bachelor's degree, Optional discipline, Score: 146.20).
	Discussing emergency contraception, unsafe abortion, attention to violence against women and related topics, from the perspective of sexual and reproductive rights and their relationship with nursing; human rights and sexual and reproductive health: stories and concepts; educational practices in the promotion of human rights, sexual and reproductive rights (Syllable 31, Southeast, Rio de Janeiro, Bachelor's degree, Optional discipline, Score: 124.04).
Women's health with a focus on reproductive aspects (Class 8 - 13.2%)	Nursing care for sexual and reproductive health; care process in the prenatal period, childbirth and the puerperium; care process in emergencies and obstetric emergencies; nursing care in the preoperative, intraoperative and postoperative gynecological and obstetric operations; family planning (Syllable 05, Northeast, Ceará, Bachelor's degree, Mandatory discipline, Score: 339.48).
	Enabling to perform the stages of the nursing process, history, gynecological and obstetric physical examination; establishment of nursing diagnosis, goals and prescription in comprehensive assistance to women's health; nursing in the puerperal pregnancy cycle; obstetric and gynecological nursing (Syllable 08, Northeast, Pernambuco, Bachelor's degree, Mandatory discipline, Score: 181.77).

² HIV = *Human Immunodeficiency Virus*; ³ Aids = *Acquired Immunodeficiency Syndrome*.

Source: Research data.

Chart 4 shows the thematic categories constructed based on the classes, which presented lower percentages of occurrence of the text segments that contained the word in the class, in their occurrence in the corpus; and respective excerpts from the syllabuses, showing representative words.

Chart 4 - Thematic categories elaborated from the classes

Pedagogical practices on gender and sexuality at school (Class 1 - 10.3%)	The educated body, gender, sexuality, and education: a post-structuralist perspective. Body, gender and sexuality: a contemporary debate in education. Bodies, genders, and sexualities: possible issues for the school curriculum (Syllable 24, South, Rio Grande do Sul, Bachelor's degree, Optional discipline, Score: 234.01).
	Understanding that the school not only transmits knowledge but has been one of the central places in the process of producing a certain type of subject and their identities; understanding the study of gender issues (Syllable 24, South, Rio Grande do Sul, Bachelor's degree, Optional discipline, Score: 78.83).
Concept of gender and its intersectionality (Class 4 - 10.3%)	The concept of culture, nature, and culture; anthropology of health and disease; ethnocentrism, stereotype, and prejudice; the origins and applications of the concept of gender and social classification; social construction of identity and gender marks; sexual differences (Syllable 06, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 148.74).
	Developing a framework of knowledge on topics such as diversity, ethnicity, gender, sexuality, and sexual orientation; the concept of culture; heteronormativity; the concept of gender and sexuality; ethnocentrism, stereotype, and prejudice; the origins and applications of the concept of gender and social classification (Syllable 07, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 134.48).

(Continuing)

Chart 4 - Thematic categories elaborated from the classes

Masculinity and men's health (Class 5– 10.9%)	Discussion of the condition of being a man and being a woman as a category constructed historically and, socially, from the power relations established in society; deconstruction of the biological naturalization of gender differences; the production of health and nursing services and their articulation with gender issues (Syllable 12, Northeast, Rio Grande do Norte, Bachelor's degree, Mandatory discipline, Score: 216.66).
	Gender conception of male patients and health professionals of primary health care services and the possible impacts on the health of the male population; gender equity and women's health; the conception of gender, masculinity, and health care: a study with health professionals from primary health care; gender and health: Ibero-Brazilian dialogues (Syllable 12, Northeast, Rio Grande do Norte, Bachelor's degree, Mandatory discipline, Score: 170.97).
Curriculum policies, guidelines, and parameters (Class 7– 10.3%)	Gender, sexuality and reproductive health: national curriculum parameters; presentation of cross-cutting themes; ethic; national curriculum parameters; cultural plurality and sexual orientation; National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (Syllable 06, Northeast, Ceará, Bachelor's degree, Optional discipline, Score: 340.19).

Source: Research data.

Women's health with a focus on reproductive aspects

This class addresses the process of caring for women, with an emphasis on gynecological, obstetric, reproductive, and nursing care aspects. The syllabuses focused on fundamental obstetrics, basic perinatology, women's health, nursing in women's health, nursing in the pregnancy-puerperal cycle, obstetric and gynecological nursing, maternal and child nursing.

They incorporated the study and understanding of common pathologies associated with the reproductive system and impact on the woman's life; sought to enable students to carry out the stages of the nursing process, in health care (history, gynecological and obstetric physical examination, diagnosis, goals and nursing prescription), and the development of attitudes and skills necessary for qualified care based on the legal, ethical and technical-scientific precepts.

They included discussions in the context of the care process (attention, assistance, care, and guidance from the perspective of the life cycle) in contraception, emergency contraception, high-risk pregnancy, low-risk prenatal care, childbirth, birth, puerperium, climacteric, abortion, and gynecological surgeries (with an emphasis on quality of life, well-being, reception, risk classification, humanization, good practices, patient safety, urgent and obstetric emergencies), health promotion, prevention, control and surveillance of STIs/AIDS and from gynecological and breast cancers, emotional responses in the

pregnancy-puerperal cycle, to diseases and getting sick.

In the SAE, they focused on sexual and reproductive health, gynecology, pre-delivery, rooming-in, and people with STIs/AIDS/viral hepatitis, in the development of nursing consultation in women's health and nursing care in the pre, trans, and post periods gynecological-obstetric surgery.

They used devices to subsidize the educational-care practice as diagnostic, therapeutic, and conduct guides (situations of risk of maternal death, obstetric pathologies, effective care during pregnancy and childbirth, attention to the health of the newborn, and care practices in obstetric and gynecological nursing), technical and pocket manuals (reception and risk classification in obstetrics, STIs control, Integrated Care for Childhood Illnesses, guidance in obstetrics and gynecology, care for women in menopause and menopause), treated (human physiology, infectious diseases, gynecology, obstetrics, and obstetric nursing), care guidelines and technical standards.

The discussions pervaded principles and guidelines of the national policy of comprehensive health care for women, the humanization program for prenatal care and birth, the programming and evaluation of nursing care for sexual and reproductive health in the health care network for women and services Primary Health Care (PHC).

Curriculum policies, guidelines, and parameters

This class shows the normative and legal framework that guides public health and education policies based on the perspective of gender and sexuality.

The syllabuses sought to describe principles and guidelines for the operationalization of comprehensive health care for LGBT people, women, men, and the elderly population. They rescued the historical character of combating “venereal diseases”, reflections on menstruation, contraception, abortion, and paradoxes of medicalization from a gender perspective. The discussions focused on the present incorporated bioethical implications, in health care for the LGBT public, legal aspects in care for victims of sexual violence, human, sexual and reproductive rights in health care and its relationship with nursing.

They dealt with the curricular parameters contained in the Law of Guidelines and Bases (LDB – Portuguese acronym) of national education and approach of transversal themes focused on ethnic-racial relations, racism, prejudice, racial discrimination and its manifestations in society, diversity, sexual orientation, gender differences, sexual and gender discrimination and cultural plurality at school. To develop guidelines and actions for education, in this perspective, they pointed out pedagogical practices and professor training in gender and sexuality, based on respect for diversity.

Historical aspects in the approach to sexuality

This class shows the history of the construction of sexuality as a device legitimized by medical-scientific knowledge, based on the notion of sexual difference, especially from the revolution of the 20th century and aspects of philosophy, cultural anthropology and health, interpretation of cultures with an emphasis in Afro-Brazilian, Foucauldian, Freudian and psychoanalysis thoughts.

The syllabuses were directed to the introduction of themes aimed at learning about sexuality, homosexuality, reproduction, and social trajectories, especially of young Brazilians and problems of importance to the health sciences. Still, they turned to understand, critical reflection, contemporary debates in the context of education, conceptions about female sexuality, studies and approaches to gender and (homo) eroticism.

In the syllabuses, historical discussions of sexuality spanned different epochs and constituted

ethos, as they emphasized a rescue of intimate stories and transformation of intimacy, reproduction, love, use of sexual pleasures, aesthetic pleasure, practices, perversions, myths, sexual roles, use and worship of the sexualized body, analysis of the body from the perspective of biological sciences, (homo) eroticism and the fight against syphilis, especially in the Brazilian historical context.

Some discussions focused on different notions of female sexuality in the climacteric, the elderly, conjugality, pregnancy, and the hospitalization process.

Pedagogical practices on gender and sexuality at school

In this class, the syllabuses sought to unveil, debate, discuss and understand issues related to the body, gender, and sexuality, in education, in a critical, theoretical, analytical, conceptual, socio-anthropological, cultural, and post-structuralist perspective, placing these phenomena in their historicity for apprehension in contemporary times.

These debates were centered on discussions related to the educated and sexualized body, with the perspective of unveiling the learning and attitudes towards sexuality. School representation prevails as a privileged space for the inclusion of reflections and debates on sexual education, in this scenario, and the family context.

The training of professors and structuring of the school curriculum, through pedagogies of sexuality, are pointed out as elements that should provide opportunities to address issues related to identity, equality, differences, diversity, sexual orientation, gender, ethnic-racial, and gender relations, nationality in interface with ethical, political, media, religious, historical, technological aspects and, mainly, with the health and role of the nurse.

Sexual and reproductive health: current challenges, educational and care practices from the perspective of the life cycle

This class addresses sexual and reproductive health and its interface with identities, power, and rights, especially related to human, sexual and reproductive rights, public policies, and health care for women and gender. They presented an overview and epidemiology of reproductive health issues in Brazil, political, social, cultural, ethical, and ethnic-racial aspects.

They weaved a historical rescue and addressed the concepts of maternal health, sexual and reproductive health, women's health, sexual and reproductive rights, education, vulnerability, and adherence to collective health and in the context of AIDS, sexuality, diversity, and sexual orientation.

They addressed educational aspects and practices related to sexuality, sexual and reproductive health in the life cycle stages as strategies for the promotion of human, sexual and reproductive rights, from the perspective of PHC with an emphasis on the Family Health Strategy and its relationship with nursing.

They centered discussions on current ethical issues such as abortion, violence against women by an intimate partner, plastic surgery, sex, educational and preventive practices in sexuality aimed at STIs/AIDS, drugs and violence mainly for adolescents, prostitution including a child, expressions of sexuality, religion, death (euthanasia, dysthanasia, orthothanasia, and mysthanasia), pointed out as current, cross-cultural challenges and for the Unified Health System (SUS – Portuguese acronym).

They discussed care and nursing practices aimed at the prevention, promotion, and recovery of sexual and reproductive health in different life cycles, from the perspective of sexual and reproductive rights, sometimes with a focus on PHC and comprehensive assistance to women's health, emphasizing the victims of violence.

They aimed to understand the health-disease process of women, characteristics of female sexuality, of the couple, human sexual behaviors and responses, and the woman's reproductive cycle, going through repercussions, and complications.

They guided specificities of the Brazilian scenario and discussions in current and multidisciplinary approaches, non-medicalizing perspectives, under the principles of gender and humanization, in the ways of being and living corporeality, gender, and sexuality, as well as the development of individual and collective activities, assessment of vulnerability factors, promotion of sexual health in the life cycle, realities and possibilities of assisting in nursing, consultations, and Systematization of Nursing Assistance (SAE – Portuguese acronym) in the areas of women's health, obstetric nursing, and maternal-neonatal nursing.

They addressed aspects related to the sexual initiation of adolescents, health education,

prevention and control of the use of alcohol and drugs, in life and at work, gender-based violence against women, LGBTs, children and adolescents, HIV/AIDS, syphilis, hepatitis, and other STIs in Brazil (epidemiological evolution, public policies, control strategies, prevention models and practices, collective and individual approach to cope with these diseases), as well as sexuality, rights, and challenges for the care of adolescents living with HIV.

Concept of gender and its intersectionality

The syllabuses of this class addressed the origins, application, historical and philosophical background related to the evolution of the concept of gender, presenting it as a socio-historical construction and analytical category useful for understanding, problematizing, and addressing the power relations, transnational and transcultural issues of gender relations in society, health and nursing.

Based on theoretical frameworks, sociology studies, and research with the contribution of feminism, the syllabuses presented a framework of knowledge for conceptual and critical analysis of issues related to health, body, gender, sexuality, diversity, sexual orientation, generation, race, ethnicity, and their intersectionality, as forms of social classification present, historically and culturally, in society, as well as understanding their implications and interventions in the health-disease process, conception, and management of public health policies.

The syllabuses seek to discuss social processes for the construction of femininity and masculinity, differences (ethnocentrism, stereotype, and prejudice), identities, heteronormativity, new sexual identities, and even the historical construction of nursing from a gender perspective.

Under a gender perspective, they addressed discussions present in contemporary society related to the life and health-disease process of women, forms of oppression and violence (gender and sexual), masculinity, new contexts of individual and family sexual and affective citizenship, gender transversality public policies and their repercussions on the health care of individuals and communities and the construction of the professional identity of nurses.

Gender as an analytical category and social markers of difference

The syllabuses sought to problematize, analyze, study, reflect, discuss, unveil, highlight, understand, articulate, and include, in an interdisciplinary and post-structuralist perspective, through theoretical, conceptual, and historical approaches, gender (construct, concept and relations) as an analytical category and its articulation (intersectionality and transversality) with sexuality, sexual diversity, body, race, color, ethnicity, social class and generation as historical, cultural, social, economic, political and discursive constructions, as well as reproductive health, education, and pedagogical praxis.

In the syllabuses, the articulation between gender and social markers of difference is seen as producing implications for the health of people and/or groups, socio-cultural practices, and evaluation of health services. These discussions subsidize in the syllabuses the analysis of demographic and epidemiological aspects, health, educational, and nursing practices, because of the cultural specificities of different groups (especially women and LGBT people), relating them to the population's living conditions, as well as health care, managerial and educational practices in health communities, institutions, and services.

They also pointed out pedagogical practices in PHC, technologies to approach the individual, family, community, and sex education, based on feminist participatory methodologies applied to nursing and health care and in the perspective of diversity for the training of critical professionals regarding behaviors, exclusionary and prejudiced approaches.

These health, education, and nursing practices involved the production and application of specific knowledge in the field of women's health, considering the construction of scientific knowledge and female identity in society. Also, they discussed the contribution of movements (feminism, blacks, and LGBT) to the formulation of health and education policies.

Masculinity and men's health

This class addresses the concept and differentiation between health and disease and the study of the interrelationships that shape the complexity of the human nature of social individuals and human relationships in the context of the social sciences and health.

Discussions centered on the condition of gender (being a man and being a woman) as a category constructed historically and socially, from the power relations established in society, in the analysis of socio-cultural and gender factors that influence the differences in behavior between men and women and deconstruction of the biological naturalization of gender differences in a post-structuralist perspective, of social relations and cultural studies.

They addressed the relationships and articulations between issues of gender, health, medicine, body, sex, and society that involve men and women, especially male sexuality, masculinity, class, and social positions. They presented a look at bodies in history, new configurations of bodies today, male domination, pedagogies of the female body, their articulations with the production of a healthy body, and bioethical challenges.

They highlighted the concept of gender and possible impacts on the health of the male population, the production of services, the performance of professionals, and the role of PHC to fully meet the health needs of men and the relationship between gender, masculinities, and health care at this level of care.

They highlighted the articulation of nursing with issues of gender, sexuality, and health, presenting a look at the influence of the gender category in the provision of nursing care and its interfaces between experiences at the individual and collective level in basic health services, hospital network, outpatient care, public health, and educational institutions.

DISCUSSION

The analysis showed the small number of subjects that address gender and sexuality in a specific way, in the curriculum of undergraduate nursing courses in Brazilian public HEIs.

Schools and universities are spaces for the training of individuals with a critical perspective on social relations, capable of producing movements for transformation in society⁽¹⁰⁾. Considering the social determinants in health, it is pointed out the training of qualified professionals to understand the health-disease process and the health needs of different social segments.

In this sense, the professional nursing category stands out, which is the largest health workforce in Brazil and works at all levels of care, dealing directly with the population's health demands⁽¹¹⁾. The professional training with a

critical-reflexive perspective on social relations marked by domination, exclusion, and discrimination prepares the student to meet the needs of vulnerable populations and reduce health disparities^(10,12).

We emphasize the need for insertion, standardization, and approach of cross-cutting themes, among which are content related to gender and sexuality, such as identity, diversity, equality, and difference, in pedagogical practices and nursing curricula to provide comprehensive care⁽¹³⁻¹⁵⁾.

Nurses' lack of understanding of gender and sexuality can negatively affect the type and quality of care as culturally sensitive care is not provided in all phases of the life cycle⁽¹⁶⁾. This weakened training context is aggravated by the lack of continued professional qualification as a result of training that prioritizes the amount of content taught. Although content related to gender and sexuality is being discussed, teaching occurs superficially⁽¹⁷⁾.

Teaching strategies and training programs for health care focused on these themes can develop knowledge, skills, and attitudes in academics, teachers, and professionals; promote cultural competence, sensitivity and reduce difficulties in approaching care^(12-13,18-21).

Among the disciplines analyzed in this study, there was a lack of uniformity in the contents taught, modality, discipline offer, and workload. Studies show the need to review nursing curricula regarding gaps in the approach to themes inherent to gender and sexuality, especially the health of vulnerable populations, among which LGBT stands out^(13,15,21-23).

This process is not limited to examining program content, clinical procedures, pedagogical and evaluative activities, but to incorporating social values that recognize diversity, respect and equality, integrate and recognize the health needs to develop practices free of sexism, homophobia, prejudices, and stereotypes⁽²²⁻²³⁾.

When analyzing the content of the subjects in this study, in its entirety, we observed that they contemplate a diversity of content and essential themes, although focused on sexual and reproductive health, sometimes centered on biological, pathological, technical-assistance aspects and about women.

This biomedical, technical, and pathological view is materialized in nursing practices, in the context of sexuality, and shows little relationship with health promotion, in the consultations and

services where difficulties in addressing the patients' sexuality are evidenced⁽⁴⁾. Also, less demand for patients' health services may be associated with discrimination and/or unpreparedness of professionals to deal with sexual diversity⁽⁷⁾.

During the training of nurses, the approach to sexuality in the subjects and curricular contents has little relation to gender, being limited to biological or reproductive aspects, sometimes with pathologizing bias, reduction in genitality and/or neutralization of sexualized bodies, asexualization of the patient and the assistance provided, concealing the theme and the technician view of care, disregarding health determinants and social relations intertwined in the health-disease process^(8,24).

The character of eventuality and informality throughout the training are mechanisms that generate insecurity, anguish, embarrassment, negative or unwanted reactions in nursing care that lead to unpreparedness to deal with sexuality, especially if it deviates from heteronormative standards⁽⁸⁻⁹⁾.

With this gap, when performing care and teaching activities, the nurses end up reproducing the heteronormative model, which prevails during their academic training, consequently their care and/or pedagogical practices tend to be supported by personal beliefs and values^(9,18).

There is a discrepancy in the workload between the subjects in the courses analyzed. The subjects with shorter workloads may not provide reflections and subsidies necessary to work in care practice. The prevalence of theoretical subjects can hinder students to understand the practical applicability and its articulation with nursing care. Also, the optional nature of most subjects hinders to insertion of these discussions into the training process, as the provision of the subject continuously is not guaranteed.

Thus, the structuring of interdisciplinary pedagogical models and practices capable of developing knowledge, skills, and attitudes in academics are pointed out as strategies to reduce care biases, to assess and recognize health vulnerabilities related to the way of being and living the corporeality, gender, and sexuality, discussing these issues in the context of education and health linked to everyday life. This perspective can broaden the view of professionals beyond the biomedical view and, consequently, perceive individuals/collectivities, their histories, vulnerabilities, desires, values, and beliefs^(7,18,20).

The categories of gender and sexuality, as historical, cultural, and social constructions, must be seen in an intersectional way to understand the experiences, practices, and subjectivities of social subjects that occur in the collectivity. This approach, during training, should enable the reorientation of professional practices to the cultural specificities of social groups, critical reflection on behaviors, exclusionary or prejudiced approaches that influence care⁽⁷⁾.

In this context, new curricular parameters must emerge as a programmatic strategy so that nursing courses can incorporate theoretical and practical activities aimed at the acquisition of clinical and cultural skills about gender and sexuality in the care process, with an emphasis on the integrality and equity of care, reorienting training processes, the creation, implementation, and evaluation of public, social and health policies^(1,12,20,24-25).

In this sense, discussions about didactics, educational support strategies, and teaching-learning should be provided to incorporate these contents into the nursing and health curricula at undergraduate and graduate levels^(15,19,20,24,25). Strategies can be used to promote greater integration of these themes into the curriculum, such as simulation, case studies, nursing care plans, training courses, discussions, independent studies and extracurricular elective courses, partnerships with institutions, health services, and specialists, study groups, research, academic advice, interprofessional education, workshops and consultancies^(15,20,22-23,25).

These discussions cannot be restricted to specific moments, but have a permanent and integrated character, which reinforce the need to structure programs, minimum curricula, and/or specific disciplines aimed at teaching gender and sexuality, in health care with continuous encouragement so that the discussions are carried out in a transversal way in other subjects throughout the course^(15,19-20,24).

Despite the operational limitations associated with unavailability, a low number of PPPs and syllabuses, lack of feedback on requests for these documents, access, and functioning of compromised institutional sites, the study points out ways to review, update, structure, and operate curricular changes that support inclusion, consolidation of transversal themes and reorientation of training and assistance processes.

CONCLUSION

Gender and sexuality are health determinants that must be addressed in professional training. In nursing courses at Brazilian public HEIs, there are gaps in the approach to these themes, a small number of subjects, non-uniform content, irregularity in the offer, and diversified workloads that contribute to the fragmentation of training processes and, consequently, of care practices.

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