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RESEARCH

Diversidade sexual e homofobia: o conhecimento de enfermeiros da estratégia saúde da família

Sexual diversity and homophobia: knowledge of nurses from the family health strategy

La diversidad sexual y la homofobia: conocimiento de las enfermeras de la estrategia de salud de la familia

Glauber Weder dos Santos Silva ¹, Romeika Carla Ferreira de Sena ², Alexandra do Nascimento Cassiano ³, Maura Vanessa Silva Sobreira ⁴, Francisco Arnoldo Nunes de Miranda ⁵

ABSTRACT

Objective: this study aims to analyzing the knowledge of nurses from the Family Health Strategy in relation to sexual diversity and homophobia. **Method:** this is an exploratory, qualitative research conducted with 12 nurses. We used a semi-structured interview and for analysis, Technical Analysis Speech Eni Orlandi, making analogy with the results with metaphor. This study had the project approved by the Research Ethics Committee, CAAE 0031.0.428.000-11. **Results:** the nurses have reported sexual diversity as sexual orientation system and biological sex. About homophobia, they attributed coherent meanings. However, having regard to the expression of "implicit homophobia" or "symbolic". **Conclusion:** it is urgent to promote health through the recognition of social determinants; therefore, the experience and the approach with existing sexual multiplicity in the area limited to nurses can be presented as a way of addressing the issues related to sexual diversity. **Descriptors:** Sexuality, Prejudice, Homophobia, Nursing.

RESUMO

Objetivo: objetiva-se analisar o conhecimento de enfermeiros da Estratégia Saúde da Família no tocante à diversidade sexual e à homofobia. **Método:** investigação exploratória, qualitativa, com 12 enfermeiros. Utilizou-se a entrevista semiestruturada e para a análise, a Técnica de Análise de Discurso de Eni Orlandi, fazendo analogia dos resultados com a metáfora. Este estudo teve aprovado o projeto pelo Comitê de Ética em Pesquisa, C.A.A.E. nº 0031.0.428.000-11. **Resultados:** os enfermeiros relatam a diversidade sexual como sistema de orientação sexual e sexo biológico. Sobre homofobia, atribuíram significados coerentes. No entanto, atenta-se para a expressão da "homofobia implícita" ou "simbólica". **Conclusão:** faz-se urgente a promoção da saúde através do reconhecimento das determinantes sociais, pois, a vivência e a aproximação com a multiplicidade sexual existente na área de adstrição de enfermeiros pode ser apresentada como forma de enfrentamento às questões relativas à diversidade sexual. **Descritores:** Sexualidade, Preconceito, Homofobia, Enfermagem.

RESUMEN

Objetivo: evaluar el conocimiento de las enfermeras de la Estrategia Salud de la Familia en relación a la diversidad sexual y la homofobia. **Método:** un estudio exploratorio, cualitativo realizado con 12 enfermeras. Se utilizó la entrevista semi-estructurada y para el análisis, la Técnica de Análisis del Discurso de Eni Orlandi, haciendo analogía de los resultados con la metáfora. Este estudio tuvo el proyecto aprobado por el Comité de Ética en Investigación, C.A.A.E. 0031.0.428.000-11. **Resultados:** las enfermeras tienen reportado la diversidad sexual como sistema de orientación sexual y el sexo biológico. Acerca de la homofobia, se atribuye significados coherentes. Sin embargo, teniendo en cuenta la expresión de "homofobia implícita" o "simbólica". **Conclusión:** es urgente promover la salud a través del reconocimiento de los determinantes sociales, por lo tanto, la experiencia y el enfoque con la multiplicidad sexual existente en el área de limitación de enfermeros puede ser presentada como una forma de abordar los temas de la diversidad sexual. **Descriptores:** Sexualidad, Prejuicio, Homofobia, Enfermería.

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INTRODUCTION

The variability of social dynamics is the result of evolution and the human condition. Long, sexuality has been treated as a practice of human reproduction, disregarding its role in the social and cultural context, and summarizing to the heteronormative practice: the relationship only between men and women, considering them, alone, males and females.

Thinking about the diversity of sexuality, some cultural patterns need to be reflected, since the cultural identity is inherited product, modified and reproduced by the following generations. The society was shaped in order to deny the "wrong", the different, because the same was not educated to respect differences, but rather to follow standardized assumptions necessarily here in sexuality limits, heteronormativity.

Sexual diversity can be understood as a social practice. Therefore, social practices cannot be dissociated of health by generating, for the most part, prejudice and discrimination and lead directly into the so-called normalization, changing the quality of life. Thus, the greater the social difference, the greater the inequality reflected in population health, understanding that "the social structure in a class system is peculiarity and [...] constitutes an unfair system [...] resulting in social differences".^{1:423}

Sexuality and, therefore, diversity are also closely linked to promotion of sexual and reproductive health. This perspective is able to generate positive approaches to human sexuality, promoting their healthy and satisfying experience, not limited to reproductive issues and prevention of Sexually Transmitted Infections (STIs). These aspects are important relevance in the areas of intervention covering the context of sexuality.²

Promote sexual health is also a matter of defense of sexual rights. So the way it is intuited reach a consensus on sexuality, pointed to essential rights to the full enjoyment of sexual health, such as access to sexual and reproductive health care, sex education, respect for the integrity, the choice its partners, the power of decision to be sexually active or not and have consensual sex.² The recognition of this set of rights is far from universal, even to ensure such rights to the people. But it has made a journey that is directed towards achieving these notes, especially with regard to the health of Lesbian, Gay, Bisexual, and Transgender (LGBT), such as the National Comprehensive Health of LGBT policy - 2010, incorporated under the Unified Health System (SUS).

The subjects that are part of this group, which are beyond the "social norm" are stigmatized, partly unknown legal form, prejudice and discrimination victims. Prejudice attaches to the subject-victim an irrational and negative categorization for the simple fact of belonging to a particular group. Such ideas have a fixed and unchanging connotation, so

obvious to anyone who believes in it, which does not require proof or are proven to act without each individual's judgment, creating a hegemonic group identity.³ At the time, discrimination becomes the negative differential treatment of a certain group because of its so-called feature incompatible with social life.

For LGBT, prejudice and discrimination cause the denial of rights, be they sexual, reproductive and social, both in health and in education. Materializes violently, be it physical, verbal or cultural, and in cases, data can be called as lesbophobia, homophobia or transphobia, with the central term homophobia to describe the prejudice against this population. These expressions add fundamentalist, sexist values, of revulsion and hostility against people who relate to the same sex, or reaching, too, straight, in the form of prohibition of fraternal affection among equals.

It is important to recognize that discriminatory actions against LGBT result in various forms of injury to health: psychological distress, alcoholism, smoking and other drugs. That prejudice health professionals on sexual and social practice of LGBT entails the disqualification of attention to this population, showing how the discriminatory processes accesses the health system itself.⁴

Regarding the problem, it is pertinent to open space for discussion about the knowledge of nurses concerning sexual diversity and generated prejudice, contributing to a diagnosis of the local situation, identifying weaknesses and providing an opportunity to (re) think professional practice. We emphasize the scarcity of bibliographical material about the theme in health, also considering that most publications are linked to studies with discussion of the Human Immunodeficiency Virus (HIV) and excessive discussions on biological order of sexuality, and ie, prejudice reflected in academic productions and devaluation of cultural aspects.⁵ As well, there is the complexity of the issue addressed in line of the subject matter, being coated taboos and stigmatization.

Considering the weakness in comprehensive care, universal and equity, mainly to the above-mentioned group, the question is: "What is the knowledge of nurses of the Family Health Strategy (FHS) in regard to sexual diversity and prejudice?" The study aims to investigating the knowledge of FHS nurses regarding sexual diversity and homophobia.

METHOD

This is an exploratory study with a qualitative approach, developed with 12 teams of the Family Health Strategy in a city of Serido of the State of Rio Grande do Norte (RN), Brazil. Study participants were 12 professional nurses, considering the following criteria: inclusion - FHS effective in urban areas and who agreed to participate in the study; and exclusion - those who were on vacation or leave or those who acted as occupational travelers, taking a vacation or licenses in addition to those who refused to participate in the study.

Featuring the showed, five were males and seven females; eleven were between 20 and 29 years old and only one older than 30; and about the role of time in the FHS ten are between zero and four, and two between five and ten years.

It is secured and maintained the confidentiality of study participants with the use of pseudonyms in respect for the dignity and defense of vulnerability. The names used relate to personalities who have had great representative for the LGBT movement and the fight for gender equality, but that does not make similarity relationship, origin or any other nature with the studied subject: Simone de Beauvoir, Harvey Milk, Frida Kahlo, Pagu, Nísia Floresta, Caio Fernando Abreu, Freddie Mercury, Cássia Eller, Bertha Lutz, Brenda Lee, Madame Satã, Leila Diniz.

Data collection began in November 2011 and finalized in January 2012 from the semi-structured interview technique, recorded in MP4 device, downloaded and stored on a personal computer of an author; soon after, the audio transcribed in full and revised in Microsoft Office Word, they were sorted, classified and reorganized.

The speeches, moving words, practice the language, they were analyzed by Discourse Analysis (AD) proposed by Eni Orlandi, considering the dialogic possibilities of the subject. It appears from silencing, the unsaid, the unspoken than is put into political, ideological and cultural silence. Such an analysis is not confined to interpretation of itself, because there is no hidden truth, but, interpreting gestures in which we seek to understand the meanings of discourses and inter-discourses, imploring that language is ideological, and meaning, materiality.⁶

The analysis begins in the construction of the researcher and the research corpus, which is divided over the material collected and the question that organizes and avoids creating categorizations. There is no interest in the meaning of the text, but rather the dynamics and production of sense, in the materialization of ideologies manifest in the language, for the purpose of AD is understood as a symbolic object produces senses. Follow some basic concepts: production status, paraphrase, speech training and its historical form.⁶ After AD, the analysis is increased by other authors dealing with the main theme of this research.

To the dynamics of the analysis, it made use of metaphor. Metaphor is a language and human thought. It is in constant engagement with cognitive operations of the various functions, through which one can understand a given phenomenon due to other, not comparing, but abstract creations in order to enable the operationalization of concepts more closely and personal.⁷ As metaphorical thread, we dialogue in the analyzes with songs/compositions of Brazilian Popular Music (MPB), with a view to LGBT link the artistic manifestations, mainly the musicians, but also other exponents of the art.

This study from the research project was approved by the Research Ethics Committee of the University of the State of Rio Grande do Norte (CEP/UERN) by Opinion 035/11 and CAAE 0031.0.428.000-11. The research followed the legal and ethical recommendations of the National Health Council 196/1996, in force in the submission period of the CEP research proposal. However, it should be informed and assert that the resolution with guidelines and standards for research involving human subjects in effect is the No. 466/2013 of the National Health Council. There was no funding for research and there is no conflict of interest involved in it by the authors.

RESULTS AND DISCUSSION

It presents the results from two discursive axes, as a metaphorical way to tell the invisibility of sexual diversity in their daily lives and suffered prejudice, permeated by prohibition, silencing, non-speakable,⁶ where the order of the subjects is mediated the unconscious and ideology. Discursive events allowed confidently an approach to an artistic expression: two songs of MPB. Such artistic expression reflects the cover-up of reality to meet the norms of society, although his inter-discourse allows the revelation of something unspeakable in this study, the recognition of sexual diversity, in particular, LGBT, health services from the perspective of nurses.

Two common (Pitty, 2010)

Sexual diversity enables the most possible and impossible gender experiences and guidelines, and Pitty, music, considers a great pretense of man trying to regulate society. Positions in favor of freedom of expression favor the exercise of sexuality. A character who is not known whether is bisexual, gay or heterosexual, just to speak of the possibilities was created. In interviews about the impact of music, Pitty says that people are very exhaustive; it cannot be anything but predetermined, shouts that everyone should be allowed.

Thus, one must recognize the existence of such diversity, whether cultural, sexual and ethnic; open your eyes, and see the different design, reduce the disparity of relationships

through your own desire to be what you want to be. Shouting who is to be an affront attitude, provocative and haunting the closed patriarchal values in your own existence. There are due to share the feelings and genuinely experience the next, feel them, touch them, taste them.

Sexual diversity may be granted when it is possible to understand and accept that humanity has biological similarity, but in relation to social conventions adopted by each community and culture, there are huge differences in their expressions. This is because the structure of each social organization is the development of fundamentals, standards and systems inherent to it that are distinguished from created by other groups.

Sexual diversity refers to the variety of sexualities, sexual orientations, gender expressions, possible human identity and interpersonal relationships, how to dialogue with cultures and absorb the differences, designing them, learning, changing. Diversity adds value, offers the pleasure of multiplicity. In the survey, a guy can make a definition that considers the existence of a sexual and cultural diversity as a factor of sexuality:

Any relationship you have with the person with another person, it's a sexuality relationship, what happens to two people who have a gender, be feminine or masculine. And I see as sexual diversity, as each person regardless of sex, it, regardless of gender, lives. I see sexual diversity as so desires, the difference of attraction, unlike wills, to have relationship is with people of the same sex, be of the opposite sex, then diversity, for me the sexual diversity is this, it is the way each person acts and see the question of how to express, using his body ... the issue of behavior ... Before his life on the other. (Bertha Lutz).

Human identity is a distinctive feature of each being, allowing distinguish one individual from another, groups of other groups, or even a civilization from another. It refers to the individual characteristics of each of mankind and society. It puts a mark on each of us and at the same time distinguishes us as humans from other species. So it is with sexual diversity.

Sexuality is a broad category, where it is important to consider the power relations, social class references, gender relations, social, historical, political, economic, ethical, ethnic, and also language concepts, body and culture. It cannot be considered something spontaneous, but rather constructed by society.⁸ Human sexuality has a very broad meaning, involving personality traits, behavior and feelings. It is a social construct, and can not be defined in biological terms.

Sex and interpersonal relationships are sexual devices in a social power game and can thus create regulations that give guide a living. It is this idea that regulates heterosexuality as the only possible and sexuality marginalizes the other.⁹ Sexuality Studies have shown that around the bodies are the ways one sees, feels, is defined, it is understood and practiced them to affection and sex itself. Human sexuality goes beyond the physical, is designed by values, social rules determined by each companion, what at different times in the history of mankind is considered right or wrong, appropriate or inappropriate, decent or indecent.¹⁰

From the subjects' discourse nurses about sexual diversity and their understanding of the same, focuses on the following concepts of diversity, with the dichotomies, the binomial

and trinomial sexuality. Their life experience leads them to associate with the diversity of sexual orientation system and its practice, disregarding gender, as well as can be observed:

The sexual orientation she has, whether gay, lesbian, right!?. (Simone de Beauvoir).

...sexual preferences, sexual impositions too right, and then we realized that in our country there are heterosexual, gay, bisexual, lesbia... (Harvey Milk).

...their sexual choice; if you'll be gay, if you will engage only with man, to engage with women, gets involved with them. (Caio Fernando Abreu).

...there are male and female and sexual diversity which speaks on the issue of sexual orientation would heterosexuality... Homosexuality... (Madame Satan).

...there are the different ways of expressing their sexuality, there are people who get involved with men, gets involved with women, and there are people who get involved with men and women, freedom of choice of how to exercise their sexual freedom. (Frida Kahlo).

From the analysis of these speeches, we can see the relationship that nurses make sexual diversity only to sexual orientation structure, legitimizing it as just the way that society demonstrates the desire, sex, sexual pleasure. There is an effort to try to break this paradigm, but the strength of the cultural baggage they bring with them, carry them to the perpetuation of a speech where only judges how experience sex, pleasure, orgasm, binary relations and trinary between man/woman, man/man, woman/woman, man/woman/man, woman/man/woman.

Mischaracterize up the manifestations of gender identity. Forget about them. Disregard the daily relationships, speech and look. Sees only that which, for them, it is eroticism, the manifestations of sexuality, linked only to sex and how and with whom they do. It can be noted, at least in speech, the recognition of other expressions of sexuality beyond heterosexuality, bisexuality and homosexuality as, much as acknowledge not accept and have good connivance with variety.

Sexual orientation is defined as the arrow, the direction to where it points the sexual desire of the subject. This may be gay, when there is the desire for the same sex; heterosexual, when the object of desire is the opposite sex; and bisexual, when he turns the desire for both sexes.

Sexual orientation is a spontaneous and not influenced attraction that can only be fully known by the individual who experiences it. It is therefore a mistake to say that it is a sexual orientation; it does not depend on conscious choices or that can be learned. The scientific literature often claimed that there are multiple aspects: psychological, social, cultural and even some participation of genetic factors - involved in the formation of sexual orientation. The most important thing is that one looks at it as an intimate manifestation of the person, and that must be respected as an inalienable right: everyone can relate to any other, erotic and emotionally free from any constraint, with autonomy to recognize and exercise their own desires freedom and dignity.^{10:17}

It is inferred that sexuality has not characterized by the choice, the power of choice of which will express their sexuality. It comes as something designed, not conscious, not learned, manifested in the person of each. It bounces off the biological concept of sexuality, where many researchers have tried to find, at all costs, a genetic cause for homosexuality. One of the subjects expressed the conception of sexuality and diversity related to the binary direction between biological sex and gender:

...sexual diversity, I think it's... Bringing to the health... How can I say... According to your gender (Leila Diniz).

In 2008, Swedish scientists reported in the media that have found proof of the intrinsic biological characteristic of sexuality, where the head of gays and lesbians would be the source of their homosexuality. In this sense, puts that in the same proportion in which they study the origins of homosexuality and its specific causes, were producing theories to explain the origin of heterosexuality, perhaps today, not if there was more research to demonstrate homosexuality as sexuality the part, and no longer speak about it.¹¹

In biological determinism, there is no society, relationships, market, subjectivity. There are only hormones and the brain with their synapses, trying to "reduce thought to a neurone or to confuse desire with a chemical secretion".^{11:63} It all originate from the need for what might be explainable, quantifiable, tangible, thought Cartesian heritage.

In due course it reflected on the concept of policy orientation and sexual orientation, where it defends the use of the term sexual orientation. A defense engages in LGBT fear that talk of change of sexual orientation; that its manifestations in the desire and practice can meet variations. This fear just happens through the homophobia and the sexual monotheism, which seeks to impose heterosexuality as the only way of existence. There is a stigma when it comes to changing sexual orientation by choice because, just think it is in "abandon" or "break" of gay erotic/social practices. Therefore, it is understandable that has taken place in the middle LGBT a fear to justify the erotic choices in terms of freedom, as a factor options. It is feared that homophobic, conversationalists earn justifying the struggle that sexual orientation is a factor of choice, option, then all those who choose the diversion to the detriment of standardized may experience a new "re-orientation" to be "normal".¹¹

Continuing the analysis of the previous speeches, Madame Satan makes use of a term in disuse in the politics of diversity, which is the "homosexuality", instead of using the term "heterosexuality". The suffix "ism" is used to describe homosexuality as pathology, demonstrating little knowledge of the changes in the search for equality and equal rights. In the 1980s, it was removed from the Diagnostic Manual of Mental Disorders of the American Psychiatric Association, the term homosexuality, which in the 1990s, unfolded in the removal of the same term of the International Classification of Diseases and Related Health Problems of the World Organization Health, supporting itself on the claim that homosexuality is not a disease. This change at the international level led to changes at the national level.

The Federal Council of Psychology, in its resolution 001/99, establishes standards of performance for psychologists regarding service order in homosexuality, emphasizing that these should not act as homosexuality reversal of therapeutic, but rather act to end

discrimination, prioritize the fight against prejudice and end the stigma regarding homosexuality from the customer experience. It is permanently vetoed treatment and "cure" of homosexuality.

Despite the existence of these operational standards, much still has propagated through the media and other means of communication, proposals, especially those coming from fundamentalist religious forums, the existence of gay cure. These proposals are bizarre, based on subversive, monopolized and monogamous concepts. Thus, it is noticeable also the need of professionals in approach to diversity for the empowerment of the shares, reported in the lines:

Today there is much talk in diversity, one hears, but little is discussed as well, with respect to health services, the qualifications, and the forms of assistance. So with respect to health care, you hear, but do not have a direction to approach this issue. (Freddie Mercury).

Despite the existence of the National LGBT Integral Health Policy, it also failed to reach effectively to health services, reflecting the lack of nurses on social diversity, which may cause sealing situations of basic rights for this population.

One can refer here to the complexity in a game as well as diversity of human experience to understand the dynamics of society and how it is organized. The instant this society makes of its members, subject to rights and duties, are they who produces in how to organize the coexistence lies, producing effects on individuals at the point of these fail to model it.¹² In sexual diversity is noticeable that idea in denial of rights to lesbian, gay, bisexual and transgender people. The exercise of sexuality becomes the target of prejudice and discrimination, generating social exclusion, which in turn changes the health profile of this population, and the nurses and the healthcare team to intervene in this process, creating sociability mechanisms in their territorial area.

Prejudice (Antônia Maria and Fernando Lobo, performed by Cazuza, 1989)

Cazuza said that singing, we invented: invents a novel, a longing, a lie. That singing, it is history and that shouting, learned to sing, shamelessly, without sin. Sing to scare away demons, to join friends, to experience the world, to seduce life. Cazuza, a bourgeois rather, trying at all costs to print on his musical poetry multiplicity of human relationships suffered skin stigma of prejudice: marijuana user, bohemian, bisexual; all lived, admittedly, and therefore faced the paradigms of society. In music, if asked about the motive that would lead one to hate others for no reason, without trial, without justification. It reflects on the end that everyone expected: death; and that this prejudice only reduces, separates, it secretes humanity.

It also expresses a relationship that would be a great bias to break with the prejudices: the skin feels the torments experienced by those "marginalized". Embrace the cause. Regrets that, as in speeches, thinkers bring a peacemaker ideology, but no one wants to have empathy for martyrdom experienced by minority groups.

Theoretically, it can set the homophobic prejudice as being discriminatory actions perpetrated against individuals of sexual diversity primarily LGBT. However, this

understanding goes far beyond: is realized as a violence that can take two directions: the physical, directly affecting the integrity of the body, causing homicide, suicide; and the non-physical, cultural form of expression, social, verbal, psychological, a kind of symbolic violence.¹³

Homophobia is a multifaceted phenomenon, present in individual spheres, and collective and institutional. In all, point to homophobia characteristics as discriminatory actions against gender, sexual identity, generation, class, ethnicity/color. Such violence still affects more aggressively individuals where homosexuality is more apparent, effeminate, identifying traits of femininity; and those facing various stigmas, such as transvestites;⁴ in both, you can see the origin of this prejudice in manliness and sexism.

In the same relation denial of different forms of sexuality, the hegemonic model also imposes parameters for heterosexuals, taking these to assume its social role presenting his manhood from aggressive behavior. Thus, for the construction of the male, it has been to deny the roles normally attributed to women: sensitivity, delicacy. In addition to the denial of this stereotype, the insult is assumed to be psychological mechanism one who flees the rule. Sexist discriminatory processes are one such mechanism.¹⁴

From this perspective,

...what we call "courage" often has its roots in a form of cowardice: ...just remember all situations in which, to achieve acts such as killing, torture or rape, the will of domination, exploitation or oppression was based on fear "manly" to be excluded from the world of men without weaknesses, those who are sometimes called "hard" because they are hard to own feelings and above all for the feelings of others.^{15:66}

Homophobia takes place at the expense of normative system which concludes that Brazilian society is not just heterosexual, but, heteronormative.¹⁶ This element is present from the teaching materials used in the classroom, in family organizations in emotional speeches and absence of the theme sexual diversity in schools. "Silence is the dominant discursive strategy, making the hazy border between heteronormativity and homophobia".^{17:180}

Making health implies able to identify factors that might interfere with construction of the same in the social sphere. It is necessary, nurses, an active profile, a search for new knowledge and recognition itself in plural community where it operates. It is important, therefore, be able to see homophobia as an expression of social inequalities, fewer health indicator in the population. Thus, speaking in the subject:

Yes, homophobia means fear of homo. It is violence against the class of homosexuals, in which people for cultural reasons are, in a way, abhor these people. (Harvey Milk).

It is the prejudice against people who are... relates to people of the same sex. (Pagu).

Aversion to all with different sexual choices straight. (Nísia Forest). Homophobia is prejudice you have to ... How can I say ... Bringing the everyday, people who are gay, that are gay, who are lesbians, who are sympathetic. (Leila Diniz).

Homophobia is an aversion to men who love other men who have sexual affinity, for example, gays and lesbians, transvestites, transsexuals; I think everything fits in homophobia. (Frida Kahlo). Prejudice against people who are homosexual, the male or female. The people who do not accept, disagree with the sexual orientation of that population, those individuals. (Cassia Eller). Homophobia is completely related to phobia that exists to treatment with homosexual. Phobia would disrespect the phobia itself, the disabilities that people have to relate precisely to these people who exchange sex, trading sex not having sexual preference ...Prejudice, prejudice against homosexuals. (Brenda Lee).

In these speeches, nurses reveal knowledge and identification of the meaning of homophobia and as partially manifested; can identify factors such as repression, normativity, discrimination and allocation of homophobia also to heterosexuals in the use of the term 'sympathizers' by Leila Diniz.

This expansion of homophobic heterosexual factors is signaled by judgments without reference to any subjects that apparent homosexuality and demonstrate that forms of prejudice unaware limits and barriers. It indicates also that any kind or form of prejudice must be addressed individually, but collectively against any form of discrimination or inequality.

Such as xenophobia, racism and anti-Semitism, homophobia is an arbitrary manifestation that consists of establishing the other as not, lower or abnormal. This distinction puts the other in another world on the other side, outside the universe of other normal human.¹³ Homophobia is by-product of discrimination against LGBT group of stigmatized individuals. Taking a sociological perspective, prejudice appears in different groups, which from a power relations board, produces a hierarchy between them.¹⁷

Homophobia produces strategies directly related to the biopower. The aggression against any attempts to regulate individual behavior and becomes an example for the entire gay community, where those who transgress, run the risk of being punished. The link between the aggression of others and the chance to be the next is through sexual identity, strategically trying to control subjects.¹⁸

The rejection posture, fear of contact in such cases is always associated with homosexuality. Here, homophobia can have an ambiguous meaning. We conceive it as fear of homosexuals, but we cannot identify it with as much or as little. Agreement with its etymology, "homo" in Greek or Latin, means "the same", "equal", "the same", but also "man"; and "phobia", fear. In this case, fear of man, or fear of other men, or even fear of the other identical to.¹⁹

In social life, fears organize and plan hate. Fear and hate, together, create escape mechanisms, emptying, will hide. In popular conception of the term, homophobia would be situated between fear of man, fear of other men and fear among men. Meaning that expands the concept and can conclude that, homophobia, expressed the fear of a possible homosexuality in the subject homophobic, and its not enough sexual identity seated, at the risk of outbreak.¹⁹

Prejudice actually talks more about the subject than intolerant prejudice object. Prejudice is a negative value assigned to different objects. When certain attributes are motivated collectively, rejecting it takes. Threatened, trying to defend something that

emerges from himself, unable to separate cognitive affective, prejudice speaks of prejudice producer, concluding that homophobia is the fear of the other in himself.¹⁹

Given the trend of discussion that has taken in relations to the forms of prejudice and penalties provided for by law in many countries, it is believed that the expression of homophobia has taken another way, assuming different contours: an explicit, violent way; and other subtle or implied. Take as example of implicit attitude of homophobia the following speech, which, initially, it comes:

Homophobia just not seeing the person as a human being, sums up the person as like the person of the same sex, and that, society ends up denying, wanting to reject something that's not to reject, not to deny. There are people who feel attracted to the same sex and the two of them want to live, if two people want to live with each other, no one, has nothing that can stop or leave, because that there is not attacking anyone else, for me this is not an assault on society. On the contrary, who are assaulted are homosexuals, for me homosexuals do not harm society; they are attacked, though so, I think everything is interposed evolution. (Bertha Lutz).

And continuing the discussion, reference:

Now, I will not tell you that I agree with respect to, like, be in a crowd and have people of the same sex at the time, there, exchanging endearments, living kissing, being in there means, I confess that it is still an obstacle, I may be mistaken, but this is not the phase of that happening. (Bertha Lutz).

Her speech makes you think, and stands so as inclusive person, even though this is her aversion citizenship and sexuality on the other. It articulates the concept of homophobia to social exclusion of individuals and trainers it is against the socialization of gay people. It is a part of society which is spoken in the humanization of respect for diversity, but that little can do to reach it. In terms of health, deny the right to the exercise of sexuality, overlooks the freedom of expression provided for in the Brazilian State Constitution and the principles of integrity of the human person in the SUS.

A study aimed to verify if students had explicit or implicit homophobia through a psychometric instrument, interviewing young students, students of a public university of Paraíba. In the study, 63.3% revealed implicit homophobia, highly expressive number; it represents more than half of the study subjects. From this sample, the majority consisted of men.²⁰

These data lead to the conclusion that homophobia is present even in speeches and relievers that people have prejudice against homosexuals, even denying. The limited literature about the subject has shown that prejudice against homosexuals is more taken with regard to other forms of prejudice such as racial.²¹

The implicit homophobia is demonstrating the survival of even the prejudice to the social struggles for its dissolution. It has seen a growing idea that allowed no prejudice; based on this, the subjects with biased assumptions create exchange mechanisms, which disguise their prejudices, outsourcing them subtly, timid, mild, to believe that no longer exists,

expressing sympathy and admiration for homosexuals, even saying then differences social values and rights.

CONCLUSION

In this survey, respondents nurses showed little or no knowledge about sexual diversity, given the few reports to demonstrate familiarity with the subject, attached to the sexual diversity of sexual orientations and systems to biological sex, putting silent socio-psycho-cultural aspects. This silencing of the cultural background of the subjects may be linked to an academic background curative/biologizing where little is have considered the social determinants in the health-disease process and contribute to the implicit and explicit expression of prejudice formulated as homophobia. About this, respondents gave consistent meanings, sensing the recognition of it in the social sphere; however, attentive to the "implicit homophobia" or "symbolic", where the senses differ between acceptance and the repression of diversity.

It recognizes the limitations and concerns the study of a hand, not to assess the training of professional nurses and their identification with the AB, which influences how they developed the work process in nursing, a process building from academic life therefore graduate courses follow the National Curriculum Guide, which does not present oriented training for all diversities and human rights. On the other, it is necessary to research into knowledge and other health professionals practice in relation to diversity, and assessments of activities in the field of human rights in AB and psychometric measure of implicit bias, the projection of generating new thinking about nursing practice.

In this sense, professionals, especially nurses, need to pay attention to the importance of health care and appropriate assistance to such individuals, justifying the construction of links that this professional has with respect to other health professionals, may contribute effectively in the skills development process. It stands out, so that it is essential to discuss this subject in the curricula of the courses in health and spaces to health, whether in management, assistance or research, valuing a SUS that is popular, accessible and humane.

The experience, the approach and the recognition of cultural and sexual multiplicity exists in the periodic penalty payment area nurses can be presented as a way of coping with issues related to gender and sexual orientation, as well as the search for professional qualification. The commitment to the guidelines primary care makes it possible to dispense care for subjectivity and the enhancement of individual and collective characteristics.

REFERENCES

1. Silva JG, Gurgel AA, Frota MA, Vieira JLES, Valdés MTM. Promoção da Saúde: Possibilidades de superação das desigualdades sociais. *Rev enferm UERJ*. 2008;16(3):421-25.
2. World Health Organization. Growing in Confidence: Programming for Adolescent health and Development - Lessons from eight countries. Genebra: World Health Organization. 2002.
3. Mezan R. Tempo de muda: ensaios de psicanálise. São Paulo: Cia das Letras, 1998.
4. Carrara SL, Heilborn ML (Coord.). Derechos, política, violencia e diversidad sexual: Segunda encuesta - Marcha de la Diversidad Sexual. Santiago de Chile: Universidad Católica del Nbre. 2011.
5. Costa LHR, Coelho ECA. Enfermagem e sexualidade: revisão integrativa de artigos na Revista Latino-Americana de Enfermagem e na Revista Brasileira de Enfermagem. *Rev Latino-am. Enferm*. 2011;19(3):10telas.
6. Orlandi EP. Análise de Discurso: princípios e procedimentos. 8ª ed. Campinas: Pontes; 2009.
7. Andrade AD. A metáfora na contextualização de artigos científicos. *Veredas*. 2011;15(2):70-82.
8. Santos DBC. Sexualidades e gêneros: questões introdutórias. In: Anais do Congresso Fazendo Gênero 8 - Corpo, violência e poder; 2008 ago 25-28; Florianópolis (SC), Brasil. Florianópolis (SC): UFSC; 2008. p.1-8.
9. Foucault M. História da Sexualidade I: a vontade de saber. Rio de Janeiro: Paz e Terra, 2014.
10. Brasil. Ministério da Saúde. Diversidades sexuais: adolescentes e jovens para a educação entre pares. Brasília: Ministério da Saúde. 2010.
11. Sousa Filho A. A política do conceito: subversiva ou conservadora? - Crítica à essencialização do conceito de orientação sexual. *Bagoas*. 2009;3(4):59-77.
12. Morin E. Introdução ao Pensamento Complexo. 4ª ed. Porto Alegre: Sulina, 2011.
13. Borillo D. Homofobia. Barcelona: Edicions Bellaterra, 2010.
14. Junqueira RD. Homofobia nas escolas: um problema de todos. In: _____. Diversidade sexual na educação: problematização sobre a homofobia nas escolas. Brasília: MEC/UNESCO. 2009. p. 13-51.
15. Bourdieu P. A dominação masculina. Rio de Janeiro: Bestbolso. 2014.
16. Butler J. Problemas de gênero: feminismo e subversão da identidade. 3ª ed. Rio de Janeiro: Civilização Brasileira. 2010.
17. Lionço T, Diniz D. Homofobia, silencio e naturalização: por uma narrativa da diversidade sexual. *Rev Psicol Polít*. 2008;8(16):307-24.
18. Cassal LCB, Bicalho PPG. Homofobia e sexualidade: o medo como estratégia de biopoder. *Psicologia UNESP*. 2011;10(2):57-64.
19. Smigay KLV. Sexismo, homofobia e outras expressões correlatas de violência: desafios para a psicologia política. *Psicol Ver (Belo Horizonte)*. 2002;8(11):32-46.

20. Souza VCR, Pereira PC. Homofobia: manifestações implícitas e explícitas de preconceito e discriminação. *Rev Fafibe On-line*. 2013;6(6):40-49.
21. Borges ZN, Meyer DE. Limites e possibilidades de uma ação educativa na redução da vulnerabilidade à violência e à homofobia. *Ensaio: aval pol públ educ*. 2008;16(58):59-76.



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