

# Correlates of Attitudes of Filipino Healthcare Providers Toward the LGBT Patients

Rica Rose May Adjawie Rubio<sup>1</sup>, Rosalyn Romo Echem<sup>2</sup>

<sup>1</sup>Western Mindanao State University, College of Nursing, Zamboanga City, Philippines

<sup>2</sup>Western Mindanao State University, College of Liberal Arts, Zamboanga City, Philippines

---

## Article info

### Article history:

Received: September 11<sup>th</sup>, 2022

Revised: November 16<sup>th</sup>, 2022

Accepted: December 9<sup>th</sup>, 2022

---

### Correspondent author:

Name: Dr. Rica Rose May A. Rubio

Address: Western Mindanao State University College of Nursing, Normal Road, Baliwasan, 7000 Zamboanga City, Philippines

E-Mail: [rubic.rrm@gmail.com](mailto:rubic.rrm@gmail.com) / [rica.rubio@wmsu.edu.ph](mailto:rica.rubio@wmsu.edu.ph)

---

International Journal of Nursing and Health Services (IJNHS)

Volume 5, Issue 6, December 20<sup>th</sup>, 2022

DOI: 10.35654/ijnhs.v5i6.644

E-ISSN: 2654-6310

---

## Abstract

**Introduction.** An affirming environment for LGBT patients includes the attitudes of healthcare providers (HCPs) therein to enhance overall health and reduce disparities among the members of this population. **Objective.** Hence, this study aimed to determine the attitudes of the doctors and nurses toward LGBT patients in Zamboanga City, Philippines, and if age, gender, religion, and marital status affect their attitudes. **Method.** A questionnaire was given to a sample of 396 doctors and nurses working in hospitals and health clinics who were purposely chosen to participate. Percentage distribution, weighted means, T-test, ANOVA, and Scheffé post hoc criterion for significance at  $p < .05$  were used for data analysis. **Results.** The results generally showed that HCPs had positive attitudes in addressing the needs of LGBT patients. However, 13-17% have preferential treatment or care for heterosexual patients, which may indicate a negative attitude toward LGBT patients. The ANOVA test and Scheffé post hoc criterion for significance revealed that age, gender, and religion contributed to the nuances in their attitudes, while marital status did not. **Recommendation.** The HCPs' role is critical in eliminating discrimination in healthcare among the LGBT population. Hence, the inclusion of LGBT health issues in medical and nursing curricula and the presence of policy in health facilities for LGBT patients are necessary to ensure gender-responsive healthcare services in the Philippines.

**Keywords:** attitudes, gender, healthcare providers, LGBT health, nurses, religion



This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License CC BY -4.0

---

## INTRODUCTION

As with all other populations, the health needs of lesbian and gay, bisexual, and transgender (LGBT) people should be routinely considered by public health efforts to enhance their overall health and eliminate disparities that affect members of this population. Though they are typically mentally and physically healthy, some factors can place their health at risk and being discriminated against and marginalized, such as their sexual minority status (1,2,3,4). Their legal barriers to health insurance and providers who receive little training in culturally competent care of LGBT individuals (5,6,7).

Despite elevated health risks, the experience of discrimination makes the members of this population less likely to visit a healthcare provider (HCPs) or delay seeking care for routine screenings, like the lesbians seeking fewer Pap tests and mammograms than heterosexual women (8). Several studies have shown that lesbian and bisexual women, compared to heterosexual women, were more likely to report severe to moderate psychological distress, multiple chronic conditions, heavy drinking, and moderate to heavy smoking (9,10). Such experiences for LGBT individuals can lead to their feelings of vulnerability, preventing them from disclosing their sexual orientation or gender identity to HCPs (11), and can significantly decrease the likelihood that appropriate health services can be recommended to them (12).

Existing studies have shown that when LGBT members seek medical care, many experiences biased treatments (13,14,15). However, most of these empirical studies were done in other countries (16,17,18) but none in the Philippines. The information on LGBT health issues in the Philippines mostly comes from the gray literature like agency reports, anecdotes, conference papers, news, magazines, and interviews.

Nevertheless, the LGBT population in the Philippines, estimated at over 804,000 and continues to increase (19), has the right to be treated the same as everyone else. Existing literature suggests that creating an

affirming or welcoming environment for the LGBT patients and their family is a critical instrument in allowing for self-disclosure and consequently impacts the quality of the services and care provided to them (20). A welcoming environment not only pertains to the physical environment but also the attitudes of the HCPs therein because improving health outcomes and reducing health disparities of any patient are essential parts of the healthcare provider's role.

In addition, the study can serve as a reference to plan an intervention and enhance policies to achieve gender-sensitive and responsive healthcare for LGBT patients. Moreover, it contributes to the global literature on LGBT health by being the first empirical study on the attitudes of doctors and nurses toward LGBT patients in the Philippine context.

## OBJECTIVE

This study aimed to determine the attitudes of the HCPs, specifically doctors and nurses, toward LGBT patients in Zamboanga City, Philippines.

## METHODS

### Design

The study utilized a descriptive survey design. The data obtained from the respondents were tabulated and analyzed using descriptive statistics in SPSS, such as percentage distribution, weighted means, T-test, ANOVA, and the Scheffe post hoc criterion for significance at  $p < .05$ .

### Sample size and sampling technique

Purposive sampling was used in choosing the respondents. The total population (N=396) was determined by computing the minimum sample size required for accuracy in estimating proportions by considering the normal standard deviation set at 95% confidence level (1.96), percentage picking a choice or response (50% = 0.5) and the confidence interval (0.05 =  $\pm 5$ ).

As shown in Table 1, 396 respondents participated in the study, and 69% were female, with 7% identifying themselves as

LGBT. Most of the respondents are single (75%), with an average age of 27.8 years. Two hundred fifty respondents are Catholic (63%), while Islam comprises 23%. Two hundred forty-five respondents worked in private hospitals (62%). Regarding work assignment on the interview date, 222 respondents were assigned to wards (56%), while the rest were assigned to the operating room, emergency room, and outpatient unit. Three hundred thirty-three are nurses, and only 63 are medical doctors. The respondents expressed that most of the patients they encountered and cared for were gays (n=348) and lesbians (n=325).

### The instrument for data collection

The self-administered questionnaire consisted of 14 statements that assessed the HCPs' attitudes toward LGBT patients. The respondents were requested to indicate their level of agreement or disagreement with each item along a 4-point scale (4 for strong agreement and 1 for strong disagreement). Six of the 14 statements were stated negatively to minimize response bias. The items in the questionnaire were adapted from the questionnaires used in the studies of Harris et al. (21), Sanchez et al. (22), Strong and Folse (11), and Yedidia et al. (23). The questionnaire was validated by three experts in the fields of medicine, nursing, and gender. It was pilot tested on 25 doctors and nurses working in a private hospital to determine reliability using Cronbach's alpha, with a result of .715, indicating an acceptable reliability coefficient.

Table 1. Respondents' Demographic Profile

Profile	%	N (396)
<b>Gender</b>		
Male	23.7	95
Female	68.7	273
LGBT	7.6	28
<b>Civil Status</b>		
Single	74.7	297
Married	25.3	91
<b>Religion</b>		
Catholic	63.4	250
Islam	23.0	91
Christian	13.6	55
<b>Age Group</b>		

25 below	42.9	170
26-30	35.9	143
31 above	21.2	83
<b>Type of Hospital</b>		
Government	33	131
Private	62	245
Clinic	5	20
<b>Area of Assignment</b>		
Outpatient	6	24
Emergency Room	11	44
Operating Room	13	51
Ward	56	222
<b>Health Profession</b>		
Doctor	16	63
Nurse	84	333
<b>Type of patients cared for (Multiple Answers)</b>		
Lesbian	82	325
Gay	88	348
Bisexual	53	210
Transgender	22	87

### Data collection process

After obtaining the ethics clearance for implementation from the [concealed for peer review] and before data collection, the doctor or nurse respondents were informed about the objectives, including their rights, confidentiality, and anonymity, before securing the informed consent. The questionnaires were retrieved immediately or within a week, after which the data gathered were sorted and analyzed using the SPSS software. The researchers surveyed from October 2018 to February 2019.

### Data analysis

The data obtained from the respondents were tabulated and analyzed using descriptive statistics in SPSS, such as percentage distribution, weighted means, T-test, ANOVA, and the Scheffé post hoc criterion for significance at  $p < .05$ .

### Ethical consideration

The researchers were given ethics clearance for implementation by the [concealed for peer review]. The agency concerned also obtained a letter granting

permission to conduct the study. Information about the study's purpose, process, and participants' rights were provided to the respondents before securing their consent to participate.

## RESULTS

### Overall Attitudes of the Health Providers towards the LGBT Patients

The findings in Table 2 below show that a great majority of the respondents agree to strongly agree with statements 1, 8, 9, 10, 11, 12, and 13 and disagree to strongly disagree with statements 2, 3, 4, 5, 6, 7, and 14. In the case of statement 14, "LGBT patients' health complaints are mostly related to genitourinary problems," 42% and 16% of the respondents disagree and strongly disagree with the statement, respectively. However, a significant percentage (33% agreed and 9% strongly agreed) of the respondents believed the statement.

The correlation for all the demographic profiles was determined but yielded no significant difference. However, analysis by statement shows some differences.

Table 2. Frequency of Responses and Percentage Distribution (N=396)

Statements	Responses (f, %)
1. I provide the same level of care to LGBT and heterosexual patients.	SA (342, 86%) A (44, 11%)
2. I prefer to gather health history from a heterosexual patient than an LGBT patient.	SDA (210, 53%) DA (126, 31%)
3. I prefer to conduct a physical exam on a heterosexual patient than on an LGBT patient.	SDA (201, 50%) DA (135, 34%)
4. I prefer to conduct a genitourinary exam on a heterosexual patient than an LGBT patient.	SDA (201, 50%) DA (141, 35%)
5. I prefer to discuss sexual behavior with a heterosexual patient than with an LGBT patient.	SDA (185, 46%) DA (149, 37%)
6. I prefer to give an injection to a heterosexual patient than an LGBT patient.	SDA (215, 54%) DA (129, 32%)
7. I prefer to draw blood from a heterosexual patient than an LGBT patient.	SDA (200, 50%) DA (131, 33%)
8. I feel competent in providing medical/nursing care to an LGBT patient.	SA (193, 48%) A (110, 27%)
9. I have an open attitude toward LGBT health needs and issues.	SA (264, 66%) A (105, 26%)

10. I prefer that the medical/nursing curriculum adequately addresses the LGBT population.	A (174, 43%) SA (160, 40%)
11. I prefer more information on how to care for LGBT patients.	SA (188, 47%) A (156, 39%)
12. I prefer that our hospital set-up/resources be ready for LGBT patients.	SA (194, 48%) A (153, 38%)
13. I prefer that there should be hospital policies/guidelines for the care of LGBT patients.	A (168, 42%) SA (140, 35%)
14. LGBT patients' health complaints are mostly related to genitourinary problems.	D (167, 42%) SDA (62, 16%) A (129, 33%) SA (38, 9%)

Note: SA-strongly agree, A-agree, DA-disagree, SDA-strongly disagree

### Correlates of Healthcare Providers' Attitudes toward the LGBT Patients

Using the total average of attitudes to determine the correlation for the demographic profile of the HCPs generates equal or no significance. However, analysis by statement shows some significant differences.

**Attitudes by Age Group.** Out of the 14 statements, only Statement 1 ("I provide the same level of care to LGBT and heterosexual patients") shows a statistically significant difference at  $p < .05$  in the three age groups (see Table 3). Despite reaching statistical significance, the actual difference in mean scores between groups is relatively small. Post-hoc comparisons using the Scheffé post hoc criterion for significance ( $F(2,393) = 3.22, p < 0.04$ ) indicated that the score of the age group 26-30 years old ( $M = 3.90$ ) was significantly different from the two age groups ( $M = 3.77$  and  $M = 3.85$ ). The result suggests that the age group 26-30 strongly agrees with statement 1 more than the other age groups.

Table 3. Attitudes of the respondents by age group

Statement	Age Groups						F	P (.05)
	<25		26-30		>31			
	M	D	M	D	M	D		
1	3.7	S	3.9	S	3.8	S	3.2	0.04 (Sig.)
	7	A	0	A	5	A	2	

Note: M=mean, D=descriptive rating: 1.0-1.75=Strongly Disagree (SD), 1.76 - 2.25=Disagree (D), 2.26 - 3.25=Agree (A), 3.26 - 4.0=Strongly Agree (SA).

**Attitudes by Gender.** The result of one-way ANOVA in Table 4 below shows a statistically significant difference at  $p < .05$ . Level on statements 3 (I prefer to conduct a physical exam on a heterosexual patient than on an LGBT patient), 9 (I have an open attitude towards LGBT health needs and issues), and 14 (LGBT patients' health complaints are mostly related to genitourinary problems). For statement 3, the result shows that the female healthcare providers (HCPs) have the lowest mean score ( $M=1.64$ ) compared to the male ( $M=1.71$ ) and the LGBT HCPs ( $M=2.03$ ), which suggests that the female HCPs strongly disagreed with statement 3 more than the other genders. In addition, the female HCPs have the highest mean score ( $M=3.63$ ) compared to the male and the LGBT HCPs in statement 9, which suggests that the female HCPs strongly agreed with statement 9 more than the other genders.

For statement 14, the LGBT HCPs agree ( $M=2.80$ ) more than the female HCPs ( $M=2.36$ ), while the male HCPs disagree ( $M=2.23$ ) with the statement.

Table 4. Attitudes of the Respondents by Gender

Statements	Gender						F	p (.05)
	Male		Female		LGBT			
	M	D	M	D	M	D		
3	1.71	S D	1.64	S D	2.03	D	3.12	0.05 (Sig.)
9	3.50	S A	3.63	S A	3.30	S A	3.76	0.02 (Sig.)
14	2.23	D	2.36	A	2.80	A	5.05	0.01 (Sig.)

Note: M=mean, D-descriptive rating; 1.0-1.75=Strongly Disagree (SD), 1.76 - 2.25=Disagree (D), 2.26 - 3.25=Agree (A), 3.26 - 4.0=Strongly Agree (SA).

**Attitudes by Religion.** Table 5 below shows that the ANOVA test result revealed a statistically significant difference at the  $p < .05$  level in statement 2 ( $F_{2,393} = 3.27, p < .039$ ). This suggests that more Muslim HCPs ( $M=1.85$ ) do not agree with the statement as compared to Catholic HCPs ( $M=1.60$ ) and those belonging to other religions ( $M= 1.80$ ). Moreover, the ANOVA test result shows that

the mean scores of statements 12 ( $F_{2,393} = 4.51, p=.012$ ) and 13 ( $F_{2,393} = 3.33, p=.037$ ) were statistically significant. Furthermore, the Scheffé post hoc criterion for significance indicated that the Catholic HCPs favor the hospital having resources and policies or guidelines for the treatment and care of LGBT patients more than the Muslim HCPs ( $p=.013$ ) and those belonging to other religions ( $p=.026$ ).

Table 5. Attitudes of the Respondents by Religion

Statements	Religion						F	p (.05)
	Catholic		Islam		Others			
	M	D	M	D	M	D		
2	1.60	S D	1.85	D	1.80	D	3.27	0.04 (Sig.)
12	3.37	S A	3.35	S A	3.02	A	4.51	0.01 (Sig.)
13	3.13	A	3.02	A	2.80	A	3.33	0.04 (Sig.)

Note: M=mean, D-descriptive rating; 1.0-1.75=Strongly Disagree (SD), 1.76 - 2.25=Disagree (D), 2.26 - 3.25=Agree (A), 3.26 - 4.0=Strongly Agree (SA).

**Attitudes by Civil Status.** The attitude of the respondents regarding civil status is a little. The single and married respondents expressed a positive attitude toward LGBT patients. Although most of those who are single are higher on the attitude scale than those married, the difference in the mean scores was slight. Thus, the independent samples t-test results revealed a non-significant trend in the predicted direction. Whether single or married, there is no sufficient evidence that the respondents' attitudes vary.

## DISCUSSION

A survey conducted in 2013 by Pew Research Center has shown that 73 percent of Filipinos believed that "society should accept homosexuality," making the Philippines the most "tolerant" nation surveyed in the Asia-Pacific region after Australia. Also, combined data from the

World Values Survey (total n = 9,182 respondents from Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam) indicated that the Philippines is the least rejecting of lesbian and gay sexual orientations in the region (24). This survey finding may give credence to the result of this study that Filipino healthcare providers, specifically doctors and nurses, generally have a highly positive and healthy attitude toward patients in the LGBT sector. They expressed a sense of equality among patients regardless they are heterosexual or LGBT. The majority of them are very much comfortable having direct physical contact without prejudice against the LGBT, whether it is a physical examination like a genitourinary exam (SDA=50%, D=35%) to injection (SDA=54%, DA=32%) or drawing blood (SDA=50%, DA=33%) from them.

In addition, more than three-fourths of the respondents believe (A=42%, SA=35%) that the hospital should set a policy guideline on handling patients from the LGBT community. The majority of them (A=43%, SA=40%) shared enabling mechanisms on how to better understand and respond to the needs of the LGBT-like facilities and the inclusion in the medical (25) and nursing curriculum (26,27) about LGBT health and issues so that these issues can be adequately and appropriately responded.

Moreover, despite their high claim of competence that they could respond to the health needs of LGBT patients, the majority (SA=47%, A=39%) articulated the need to acquire more information on how to care for this type of patient. The formal training acquired by the HCPs in school and the workplace in handling health issues commonly categorized patients as biologically male or female only and none of the other genders (28). The lack of information and understanding about the LGBT, especially adolescent ones, by health professionals (29) can create barriers to accessing appropriate and safe health services. Most medical and nursing schools in the Philippines rarely discuss LGBT health needs and issues, and neither are included in the curriculum. Thus, one wonders how a

health professional could be competent enough to address one's needs when one is not well-informed and trained. Ergo, the respondents articulated the need to include LGBT in the curriculum. Furthermore, most HCP respondents' preference for the hospital set-up or resources to be ready for LGBT patients and the presence of hospital policy suggests the absence of such, an indicator that LGBT health needs are being marginalized.

### **Correlates of Attitudes**

**Age.** Some studies show age affects the attitudes of HCPs toward lesbian and gay individuals (30,31). These studies suggest older HCPs (>30) have stereotypical and condemning attitudes compared to younger ones. However, that is not the attitude of the HCP respondents in this study. Their attitudes toward LGBT patients were relatively positive regardless of age group. The result concurs with a report of a survey conducted by the US-based Pew Research Center (32). Seventy-one percent of those aged 30-49 and 68 percent of those 50 years old and above were accepting of gays.

**Gender.** The respondent's gender and sexual orientation somehow impacted responses in this study. There is an assumption that LGBT healthcare providers (HCPs) are more likely to have a highly positive attitude toward their sector than male and female HCPs. The finding shows that the women HCPs were more positive in their attitudes toward LGBT patients; they were more consistent with the stereotypical notion of caring (33) and nurturing (34).

However, the statement, "LGBT patients' health complaints are mostly related to genitourinary problems," got the highest mean of 2.80 (Agree) from the LGBT HCPs. The Scheffé post hoc criterion for significance indicated that LGBT HCPs agree more that LGBT patients' health issues are mostly related to genitourinary problems compared to the male and female genders. This assumption could be based simply on their experiences or association with the LGBT community and that most of the LGBT patients they treated or cared for had

genitourinary health problems. Another plausible explanation could be that it is a form of stereotyping wherein people assume that gays and bisexual men are preoccupied with sex or are highly sexually active (35). This stereotypical attitude has been fueled by HIV/AIDS epidemic in the 80s and until now, which significantly impacted gay and bisexual men and transgender women and the high-risk sexual behaviors of the LGBT youth leading to an increased incidence of other STDs such as gonorrhea and chlamydia (36).

**Religion.** Regardless of faith, the HCPs express acceptability, equal care, and non-discriminatory beliefs toward LGBT patients. Nonetheless, the one-way ANOVA has shown the effect of the religion of the HCPs on LGBT patients. Despite reaching statistical significance, the actual difference in mean scores between groups was relatively small. This result is contrary to the study done by Reyes (37), indicating that Filipinos who are more religious will show higher homonegativity.

Similarly, the study of Gastardo-Conaco et al. (38) found that young Filipino lesbians and gay men report experiences of heterosexism in the context of religion. Historically, most religions take a proscriptive stance against homosexuality, viewing it as "unnatural," "perverted," and "sinful" (39,40). Nevertheless, a plausible explanation for the contrasting results between this present study and other studies could be that the HCPs' positive attitudes reflect their professional ethics rather than religion, which prescribes equal treatment and care for all patients. Adherence to professional ethics may include a willingness to ignore a patient's sexuality, regardless of one's own opinions (41).

### **Limitations of the Study**

The study has its limitations. First, the findings represent the attitudes of the 396 respondents of this study in only one locale, Zamboanga City, one of the cities in the Philippines. The Philippines is a culturally diverse country, and the culture of the HCPs (except religion) was not examined in this

study. Second, among the respondents, there were more nurses than doctors and more female than male respondents. The reason could be that nurses are the most numerous among health care providers and that it is a female-dominated industry. Third, the scope of this study did not manage to include the HCPs' behavior. It is well known that attitude does not predict behavior. But the statements on preferences of taking a health history, conducting a physical exam, specifically a genitourinary exam, discussing sexual behavior, giving an injection, and drawing blood from a heterosexual patient than the LGBT patient offered insights into the possible actions taken by the HCPs. Even when HCPs commit to equitable care, implicit biases operating outside of conscious awareness may undermine that commitment, contributing to the health care disparities experienced by the LGBT population.

### **CONCLUSION AND RECOMMENDATIONS**

The attitudes of the HCPs towards the LGBT patients in this study were generally positive, and the correlates of age, gender, and religion showed differences in their attitudes, but marital status did not. Yet, a significant percentage have preferential treatment or care for heterosexual patients, which may indicate a negative attitude toward this sector. Being the prime and direct caregivers, the HCPs play a critical role in eliminating all forms of discrimination in healthcare among the LGBT population. Hence, the inclusion of LGBT health issues in the medical and nursing curricula and a policy in health facilities catering to LGBT patients are of prime importance to ensure gender-sensitive and responsive healthcare services.

Further studies are recommended by expanding the scope of healthcare providers to other professions in allied health other than doctors and nurses. In addition, this present study attempts to address lesbian, gay, bisexual, and transgender health issues as one, hence the reason for using the acronym "LGBT." Although there is value in

using such a combination in cultural and political contexts, it warrants individual critical scrutiny for scientific inquiry, in which an analysis of each is not present in this study.

#### ACKNOWLEDGEMENT

The authors offer their gratitude to the nurses and doctors who participated in this study, as well as everyone else who aided them in accomplishing this research. With special thanks to Western Mindanao State University for funding this study.

#### REFERENCES

1. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *J Youth Adolescence* [Internet] 2009 Feb [cited 2018 Oct 15];38(7): 1001-1014. Available from: <https://doi.org/10.1007/s10964-009-9397-9>
2. Ash M, Mackereth C. Assessing the mental health and wellbeing of the lesbian, gay, bisexual and transgender population. *Community Pract* [Internet] 2013 Mar [cited 2018 Oct 15]; 86(3): 24–27. Available from: <https://pubmed.ncbi.nlm.nih.gov/23540015/>
3. Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *Am J Public Health* [Internet] 2011 Aug [cited 2018 Oct 15]; 100(3): 452–459. Available from: <https://doi.org/10.2105/AJPH.2009.168815>
4. Herek GM, Garnets LD. Sexual orientation and mental health. *Ann Rev Clin Psych* [Internet] 2007 Apr [cited 2018 Oct 15]; 3: 353-375. Available from: <https://doi.org/10.1146/annurev.clinpsy.3.022806.091510>
5. Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G, Alves MJ, Belém JM, dos Santos Figueiredo FW, et al. Access to health services by lesbian, gay, bisexual, and transgender persons: a systematic literature review. *BMC Int Health Hum Rights* [Internet] 2016 Jan [cited 2018 Oct 10]; 16(2). Available from: <https://doi.org/10.1186/s12914-015-0072-9>
6. Dahlhamer JM, Galinsky AM, Joestl SS, Ward BW. Barriers to Health Care Among Adults Identifying as Sexual Minorities: A US National Study. *Am J Public Health* [Internet] 2016 Jun [cited 2018 Oct 10]; 106(6): 1116–1122. Available from: <https://doi.org/10.2105/AJPH.2016.303049>
7. Li CC, Matthews AK, Aranda F, Patel C, Patel M. Predictors and Consequences of Negative Patient-Provider Interactions Among a Sample of African American Sexual Minority Women. *LGBT Health* [Internet] 2015 Jun [cited 2018 Oct 8]; 2(2): 140–146. Available from: <https://doi.org/10.1089/lgbt.2014.0127>
8. Substance Abuse and Mental Health Services Administration (SAMHSA). Top Health Issues for LGBT Populations Information & Resource Kit. [Internet]. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2012 Mar [cited 2018 Oct 10]. Available from: <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>
9. Gonzales G, Przedworski J, Henning-Smith C. Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results from the National Health Interview Survey. *JAMA Intern Med* [Internet] 2016 Sep [cited 2018 Aug 30]; 176(9): 1344–1351. Available from: <https://doi.org/10.1001/jamainternmed.2016.3432>
10. Simoni JM, Smith L, Oost KM, Lehavot K, Fredriksen-Goldsen K. Disparities in Physical Health Conditions Among Lesbian and Bisexual Women: A Systematic Review of Population-Based

- Studies. *Journal of Homosexuality* [Internet] 2017 [cited 2018 Aug 30]; 64(1): 32-44. Available from: <https://doi.org/10.1080/00918369.2016.1174021>
11. Strong KL, Folsie VN. Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *The Journal of Nursing Education* [Internet] 2014 Dec [cited 2018 Aug 2]; 54(1): 45-49. Available from: <https://doi.org/10.3928/01484834-20141224-07>
  12. Petroll AE, Mosack KE. Physician awareness of sexual orientation and preventive health recommendations to men who have sex with men. *Sexually Transmitted Diseases* [Internet] 2011 Jan [cited 2018 Oct 2]; 38(1): 63-67. Available from: <https://doi.org/10.1097/OLQ.0b013e3181ebd50f>
  13. Burgess D, Tran A, Lee R, van Ryn M. Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research* [Internet] 2008 Oct [cited Sep 8]; 3(4): 1-14. Available from: <https://doi.org/10.1080/15574090802226626>
  14. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* [Internet]. Washington DC: The National Academies Press; 2011 [cited 2018 Sep 8]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64806/> doi: 10.17226/13128
  15. Sabin JA, Riskind RG, Nosek BA. Health Care Providers' Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *Am J Public Health* [Internet] 2015 Sep [cited 2018 Oct 16]; 105(9): 1831-1841. Available from: <https://doi.org/10.2105/AJPH.2015.302631>
  16. Huang YT, Luo H, Ko NY, Yen CF. Perceived Attitudes Toward Lesbian, Gay, and Bisexual (LGB) Issues and Mental Health Among Taiwanese LGB Adults: The Mediating Role of Self-Acceptance. *Arch Sex Behav* [Internet] 2020 Apr [cited 2022 July 3]; 49(5): 1671-1682. Available from: <https://doi.org/10.1007/s10508-020-01686-y>
  17. Nhamo-Murire M, Macleod CI. Lesbian, gay, and bisexual (LGB) people's experiences of nursing health care: An emancipatory nursing practice integrative review. *Int J Nurs Pract* [Internet] 2017 Oct [cited 2018 Sep 17]; 24(1). Available from: <https://doi.org/10.1111/ijn.12606>
  18. Suen YT, Chan RCH. A nationwide cross-sectional study of 15,611 lesbian, gay and bisexual people in China: disclosure of sexual orientation and negative treatment experiences in health care. *International Journal for Equity in Health*, [Internet] 2020 Apr [cited 2020 Jul 3]; 19(1): 46. Available from: <https://doi.org/10.1186/s12939-020-1151-7>
  19. Bontia LS. *The effects of discrimination on the self-worth of LGBT people. Undergrad [thesis] 2017.* Available from: <https://www.academia.edu/>
  20. Mayer KH, Bradford J, Stall R, Makadon HJ, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. *Am J Pub Health* [Internet] 2008 Jun [cited 2018 Oct 15]; 98(6): 989-995. Available from: <https://doi:10.2105/AJPH.2007.127811>
  21. Harris M, Nightengale J, Owens N. Health care professionals' experience, knowledge, and attitudes concerning homosexuality. *J Gay Lesbian Soc Serv* [Internet] 2008 Oct [cited 2018 Aug 2]; 2: 91-107. Available from: [http://dx.doi.org/10.1300/J041v02n02\\_06](http://dx.doi.org/10.1300/J041v02n02_06)
  22. Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual,

- and transgender patients. *Family Medicine* [Internet] 2006 [cited 2018 Aug 2]; 38(1): 21-27. Available from: <https://www.stfm.org/fmhub/fm2006/january/nelson21.pdf>
23. Yedidia MJ, Berry CA, Barr JK. Changes in physicians' attitudes toward aids during residency training: a longitudinal study of medical school graduates. *J Health Soc Behavior* [Internet] 1996 Jun [cited 2018 Aug 2]; 37(2): 179-191. Available from: <http://www.jstor.org/stable/2137272>
  24. Manalastas EJ, Ojanen TT, Torre BA, Ratanashevorn R, Hong BCC, Kumaresan V, Veeramuthu V. Homonegativity in Southeast Asia: Attitudes Toward Lesbians and Gay Men in Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. *Asia-Pacific Soc Sci Rev* [Internet] 2017 [cited 2018 Oct. 30]; 17(1): 25-33. Available from: <http://www.tinyurl.com/y8z5sevn>
  25. Eliason MJ, Dibble SL, Robertson PA. Lesbian, gay, bisexual, and transgender (LGBT) physicians' experiences in the workplace. *Journal of Homosexuality* [Internet] 2011 Oct [cited 2018 Aug 8]; 58(10): 1355-1371. Available from: <https://doi.org/10.1080/00918369.2011.614902>
  26. Dorsen C. An integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender patients. *Can J Nurs Res* [Internet] 2012 Sep [cited 2018 Aug 2]; 44(3): 18-43. Available from: <https://pubmed.ncbi.nlm.nih.gov/23156190/>
  27. Hsu, C.Y. Nursing competencies of healthcare for sexual/gender minorities. *Natl. Taiwan Univ Hosp J Nurs* [Internet] 2018 Jan [cited 2019 Feb 14]; 14: 6-17. DOI : 10.6740/NTUHJN.201801\_14(1).0003. Available from: <https://www.airitilibrary.com/Publication/alDetailedMesh?DocID=P20180208001-201801-201802080005-201802080005-6-17>
  28. Risberg G, Johansson EE, Hamberg K. 'Important... but of low status': male education leaders' views on gender in medicine. *Med Educ* [Internet] 2011 May [cited 2020 Mar 10]; 45(6): 613-624. Available from: <https://doi.org/10.1111/j.1365-2923.2010.03920.x>
  29. Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health care disparities among lesbian, gay, bisexual, and transgender youth: a literature review. *Cureus* [Internet] 2017 Apr [cited 2021 Mar 10]; 9(4): e1184. Available from: <https://doi.org/10.7759/cureus.1184>
  30. Lin H-C, Lin Y-C, Chang Y-P, Lu W-H, Yen C-F. Attitudes toward homosexuality among nurses in Taiwan: Effects of survey year and sociodemographic characteristics. *Int. J. Environ. Res. Public Health* [Internet] 2021 Mar [cited 2022 Jun 15]; 18(7): 3465. Available from: <https://doi.org/10.3390/ijerph18073465>
  31. Siva IT, Karthikeyan S, Sumithra DS, Arumuganathan S, Usaid S, Sethumadhavan V. An online survey of education, knowledge, and attitude toward homosexuality in adults. *Indian J Soc Psych* [Internet] 2020 Dec [cited 2022 Jun 3]; 36: 344-50. Available from: <https://www.indjsp.org/text.asp?2020/36/4/344/305950>
  32. Pew Research Center [Internet]. *The Global Divide on Homosexuality*. Washington, DC; 2013 [cited 2019 May 8]. 23 p. Available from: <https://www.pewresearch.org/global/2013/06/04/the-global-divide-on-homosexuality/>
  33. Hentschel T, Heilman ME, Peus CV. The multiple dimensions of gender stereotypes: a current look at men's and women's characterizations of others and themselves. *Front Psychol* [Internet] 2019 Jan [cited 2022 Jun 5]; 10:11. Available from: <https://doi.org/10.3389/fpsyg.2019.00111>

34. Koenig AM. Comparing prescriptive and descriptive gender stereotypes about children, adults, and the elderly. *Front Psych* [Internet] 2018 Jun [cited 2022 Jun 15]; 9: 1086. Available from: <https://doi.org/10.3389/fpsyg.2018.01.086>
35. Parsons JT, Rendina HJ, Ventuneac A, Moody RL, Grov C. Hypersexual, sexually compulsive, or just highly sexually active? Investigating three distinct groups of gay and bisexual men and their profiles of HIV-related sexual risk. *AIDS Behav* [Internet] 2016 Mar [cited 2021 May 29]; 20(2): 262-272. Available from: <https://doi.org/10.1007/s10461-015-1029-7>
36. Benson PAS, Hergenroeder AC. Bacterial sexually transmitted infections in gay, lesbian, and bisexual adolescents: medical and public health perspectives. *Sem Pedia Infect Dis* [Internet] 2005 Jul [cited 2022 Jun 3]; 16(3): 181-191. Available from: <https://doi.org/10.1053/j.spid.2005.04.007>
37. Reyes MES, Ballesteros KCA, Bandol PAA, Jimenez KAH, Malangen SDR. Religiosity, gender role beliefs, and attitudes toward lesbians and gays in the Philippines. *North American Journal of Psychology* [Internet] 2019 Sep [cited 2022 Jun 15]; 21(3): 559-571. Available from: [https://www.researchgate.net/publication/336069715\\_Religiosity\\_Gender\\_Role\\_Beliefs\\_and\\_Attitudes\\_Toward\\_Lesbians\\_and\\_Gays\\_in\\_the\\_Philippines](https://www.researchgate.net/publication/336069715_Religiosity_Gender_Role_Beliefs_and_Attitudes_Toward_Lesbians_and_Gays_in_the_Philippines)
38. Gastardo-Conaco MC, Jimenez CJ, Billedo CJF. *Filipino Adolescents in Changing Times*. Quezon City: University Center for Women's Studies and the Philippine Center for Population and Development; 2003.
39. Barnes DM, Meyer IH. Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *Am J Ortho* [Internet] 2012 [cited 2022 Jun 15]; 82(4): 505-515. Available from: <http://dx.doi.org/10.1111/j.1939-0025.2012.01185.x>
40. Rodriguez EM. At the intersection of church and gay: a review of the psychological research on gay and lesbian Christians. *J Homo* [Internet] 2010 Jan [cited 2022 Jun 16]; 57(1): 5-38. Available from: <https://doi.org/10.1080/00918360903445806>
41. Lim D, Ang SB. Primary care physicians' knowledge, attitude and perception towards homosexuality in Singapore. *Global Health Journal* [Internet] 2021 Dec [cited 2022 Jun 4]; 5(4): 209-214. Available from: <https://doi.org/10.1016/j.glohj.2021.11.002>