Chapter 25 / Capítulo 25

Screening, Diagnosis, and Prevention in Clinical Practice: Evidence from Argentine and Latin American Medicine (English Version)
ISBN: 978-9915-704-33-3
DOI: 10.62486/978-9915-704-33-3.Ch25
Pages: 365-379

Assessment of medical training on sexually transmitted infections and sexual dissidence among medical students at the Inter-American Open University - Rosario Campus, Argentina, in 2024

Valoración de la formación médica sobre infecciones de transmisión y disidencias sexuales de los estudiantes de la carrera de medicina de la Universidad Abierta Interamericana - Sede Rosario, Argentina en el año 2024

Marina Fiori[1], Mónica Gustafsson[1], Marcela Trapé[1], Sebastián Gabini[1]

[1]Universidad Abierta Interamericana, Facultad de Medicina y Ciencias de la Salud. Rosario, Argentina.

ABSTRACT

Introduction: sexually transmitted infections (STIs) are diseases caused by microorganisms that are transmitted through sexual contact. The lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and ally (LGBTQ+) community faces specific challenges in the prevention and treatment of these infections due to factors such as stigma, discrimination, and lack of access to adequate health services.
Objective: to describe the assessment of medical training on sexually transmitted infections and sexual dissidence among 6th-year medical students at the Inter-American Open University (UAI) - Rosario Campus, Argentina, in 2024.
Materials and methods: The study was quantitative, observational, with a descriptive cross-sectional and prospective design. The study setting was the UAI, and the population consisted of sixth-year medical students during the second semester of 2024. They were given a survey consisting of 13 closed-ended items that investigated the students' perceptions of their medical training in the area of STIs in LGBTQ+ individuals. The variables were analysed using absolute and relative frequencies.
Results: fifty surveys of sixth-year medical students were analysed. Sixty per cent of students consider themselves trained and qualified to provide medical care to LGBTQ+ individuals. Among the reasons why they do not feel trained or qualified to care for LGBTQ+ individuals, the lack of this focus in the content of the subjects was observed in 30 % of cases, the approach to issues such as gender reassignment or hormone treatments in 25 % of cases, and the lack of training on the subject in 25 % of cases. The elements that students considered important in providing medical care to LGBTQ+ individuals included humane treatment (100 %), clinical skills and competencies (98 %), and social and communication skills (92 %). Fifty-four per cent of students rated the quality of medical training related to STIs and LGBTQ+ individuals as average.
Conclusions: most students considered themselves trained to care for LGBTQ+ individuals. They considered humane treatment, clinical competencies, and communication skills to be important elements of care. On average, 54 % rated the quality of medical training on these topics as fair.

Keywords: Medical Care; Sexually Transmitted Infections; Training; Students; Medicine.

RESUMEN

Introducción: las Infecciones de Transmisión Sexual (ITS) son enfermedades causadas por microorganismos que se transmiten a través del contacto sexual. La comunidad de Lesbianas, Gays, Bisexuales, Transgénero, Interrogantes, Queer, Intersexuales, Asexuales, Pansexuales y Aliados (LGTBQ+) enfrenta desafíos específicos en la prevención y tratamiento de estas infecciones debido a factores como el estigma, la discriminación y la falta de acceso a servicios de salud adecuados.
Objetivo: describir la valoración de la formación médica sobre las infecciones de transmisión sexual y disidencias sexuales de los estudiantes de 6° año de la carrera de medicina de la Universidad Abierta Interamericana (UAI)- Sede Rosario, Argentina en el año 2024.
Método: el estudio fue de tipo cuantitativo, observacional, con un diseño descriptivo de corte transversal y prospectivo. El ámbito de estudio fue la UAI y la población fueron estudiantes de 6° año de la carrera de medicina durante el 2do cuatrimestre del año 2024; a los cuales se les aplicó una encuesta constituida por 13 ítems cerrados los cuales indagaron en la percepción que tienen los estudiantes en relación con su formación médica en el área de las ITS en personas LGTBQ+. Las variables se analizaron a través de frecuencias absolutas y relativas porcentuales.
Resultados: se analizaron 50 encuestas de estudiantes de 6° año de la carrera de medicina. El 60 % de los estudiantes se considera formado y capacitado para ejercer la atención médica de las personas LGTBQ+. Entre las razones de porqué no se sienten formados o capacitados en la atención de personas LGTBQ+ se observó la falta de este enfoque en el contenido de las materias 30 %, el abordaje de temas sobre cambio de género o tratamientos hormonales 25 % y la deficiencia de formación en el tema 25 %. Los elementos que los estudiantes consideraron importantes en la atención médica de personas LGTBQ+ se encontraban el trato humano 100 %, las competencias y habilidades clínicas 98 % y las habilidades sociales y de comunicación 92 %. El 54 % de los estudiantes valoró la calidad de la formación médica en relación con las ITS y las LGTBQ+ como regular.
Conclusiones: la mayoría de los estudiantes se consideraban capacitados para atender a personas LGBTQ+. Considerando como elementos importantes en la atención el trato humano, las competencias clínicas y las habilidades de comunicación. En promedio, el 54 % calificó la calidad de la formación médica sobre estos temas.

Palabras clave: Atención Médica; Infecciones De Transmisión Sexual; Formación; Estudiantes; Medicina.

INTRODUCTION

Sexual health is a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality, as well as the possibility of having pleasurable, safe experiences, free from coercion, discrimination, and violence (Gamma, 2016).

In this context, sexually transmitted infections (STIs) represent a significant challenge to public health worldwide. Since ancient times, STIs have been a constant threat, affecting diverse populations and generating social stigma. Historically, diseases such as syphilis, gonorrhea, and, more recently, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) have had a profound impact on humanity, not only in terms of health, but also in shaping health and education policies (Gabini & Cuenya, 2024).

In recent decades, addressing this issue has become more complex because of societal

changes, including greater visibility and recognition of gender and sexual orientation diversity of all kinds. This change has highlighted the need for inclusive and comprehensive approaches to medical education, especially in the prevention and management of STIs (Ojeda, 2021).

For this reason, sexual health is one of the main problems facing the population today and is one of the priority objectives of the welfare state. Therefore, medical schools must train healthcare professionals to intervene appropriately as doctors in the field of STIs. Medical education is therefore becoming a topic of great interest and social impact, aimed at improving professional skills and attitudes to enhance healthcare for the general population. The connection between medical education, professional training, healthcare, and population health seems obvious, but the scope of each of these approaches is less clear (Mirón-Canelo et al., 2011).

Previous research on healthcare experiences related to STIs in women who have sex with women and other sexual dissidents has identified the structural factors that create inequalities in access to health services and participation in ongoing care (Brenick et al., 2017; Glick et al., 2018; Kerker et al., 2006; Li et al., 2015; Macapagal et al., 2016; Tabaac et al., 2015). Results from a study conducted in the city of Rosario (Gabini & Cuenya, 2024) indicate that people with vulvas who engage in sexual practices with other people with vulvas face certain barriers to accessing sexual health care, such as discrimination and a low perception of staff preparedness, which could lead to lower rates of gynecological checkups. This, coupled with the difficulty of accessing comfortable and practical barrier methods for non-coital practices, places this population at risk when it comes to STI prevention.

Similarly, a study conducted at the Inter-American Open University (UAI) in 2023, whose study population was women who have had sex with other women, observed that the population studied does not make adequate use of condoms during sexual intercourse as a method of protection against STIs, based on a lack of information about these infections from healthcare providers (Moriconi, 2023).

Many doctors continue to use traditional approaches that do not adequately consider gender and sexual diversity perspectives, despite the growing complexity and diversity of patient profiles. This not only limits the ability to provide high-quality, personalized care but also perpetuates stigmas and prejudices that can deter people from seeking necessary treatment (Alonso et al., 2019).

Incorporating a gender and sexual diversity perspective into medical curricula is necessary today, especially in the context of STI prevention and management, given that STIs affect people differently depending on their gender and sexual orientation. This highlights the need for medical training that prepares future professionals to address these differences effectively and empathetically. Medical education should include content on STI prevention and therapeutic approaches tailored to each gender. This will not only reduce the prevalence of STIs but also decrease the risks associated with the treatment of other pathologies that these infections may influence (Valenzuela et al., 2019).

In addition, training that integrates a gender perspective and sexual diversity can improve the doctor-patient relationship, promoting an environment of trust and respect. This is very important for groups that have been discriminated against in health systems, such as LGBTQ+ individuals. As shown in the study by Carranza (2023), 64 % reported having suffered some form

of discrimination, stigmatization, or violence during medical consultations.

By improving physicians' cultural competence and training, greater adherence to treatment and better preventive follow-up can be encouraged, ultimately contributing to overall improvements in public health. In this regard, one study found that medical students who received training in sexual and reproductive health and rights (SRHR) significantly improved their knowledge and clinical skills in handling cases of gender-based violence both within and outside of health services. It also enabled them to effectively recognize and address gender-based violence, access to sexual and reproductive health services, and the specific needs of vulnerable populations (Lopez, 2023).

Therefore, it is of utmost importance to evaluate current medical training in relation to the prevention and management of STIs in general and sexual dissidence in particular. Considering that the UAI's academic programs do not provide the necessary knowledge to include a comprehensive approach that takes gender and diversity into account, and that these measures will not only improve the effectiveness of STI prevention and management but also address the health needs of a diverse and changing society more comprehensively, reducing inequalities and improving health outcomes for all population groups.

How do medical students at the Inter-American Open University - Rosario Campus, Argentina, in 2024 rate medical training on sexually transmitted infections and sexual dissidence?

Objective

To describe the assessment of medical training on sexually transmitted infections and sexual dissidence by sixth-year medical students at the Inter-American Open University - Rosario Campus, Argentina, in 2024.

METHOD

A quantitative, descriptive, observational, cross-sectional, prospective study was conducted. The study lasted six months, from June to December 2024.

Setting

The study was conducted at the Inter-American Open University (UAI). The Faculty of Medicine and Health Sciences is located at Avenida Ovidio Lagos 944, Rosario, Santa Fe, Argentina. This is a private, secular, autonomous, pluralistic, and non-profit university in Argentina. It is part of the Vanguardia Educativa "VANEDUC" network of institutions, non-denominational entities dedicated to teaching and educational research since 1942.

Population and sample selection

The population studied consisted of students over the age of 18, regardless of gender, enrolled in the medical program, who were in their second semester in 2024.

The following selection criteria were applied:

Inclusion criteria

- Sixth-year students who voluntarily agreed to participate in the study.
- Active students (or currently enrolled) in good standing.

Exclusion criteria

- Students who refuse to participate in the study.
- Students who do not sign/submit the informed consent form.

Elimination criteria

- Students who did not complete the entire survey.

Sampling and sample size

Sampling was non-probabilistic for convenience, with the consecutive inclusion of all subjects.

Instruments

An adaptation of the validated survey conducted by Canelo et al (1999) was used as the data collection instrument. This adaptation consisted of 13 closed-ended items (yes/no and multiple choice) which sought to investigate students' perceptions of their medical training in the area of STIs in LGBTQ+ people.

Data collection was conducted in print format, and we visited the UAI headquarters on Mondays, Wednesdays, and Fridays from 2:00 p.m. to 6:00 p.m. during the period between November 1 and 30.

Teachers were asked for permission to enter the classroom and explain the purpose of the study and the confidentiality of their data to the students.

Data analysis

The survey data were coded and entered into a Microsoft Excel spreadsheet for further processing. Quantitative variables were analyzed using measures of central tendency (mean) and dispersion (standard deviation), while qualitative variables were reported as absolute frequencies and relative percentages. Based on these results, graphs were created in Excel, and tables were prepared for easy visualization.

Ethical considerations

The ethical principles for research with humans, as outlined in the Declaration of Helsinki and National Law 25.326 on the Protection of Personal Data, applicable throughout the national territory, were respected, preserving the identity of the participants and ensuring the confidentiality of the data obtained, as confirmed by their informed consent, as documented by the signed informed consent form.

Permission was obtained from university authorities to proceed with the research.

RESULTS

A total of 52 surveys were collected, of which 2 were excluded according to the exclusion criteria.

Fifty surveys were analyzed from sixth-year medical students, with an average age of 28.66 ± 4.14 years (min. 23; max. 41); of these, 36 (72 %) were women, and 14 (28 %) were men.

Sixty percent of the students consider themselves trained and qualified to provide medical care to LGBTQ+ individuals (figure 1).

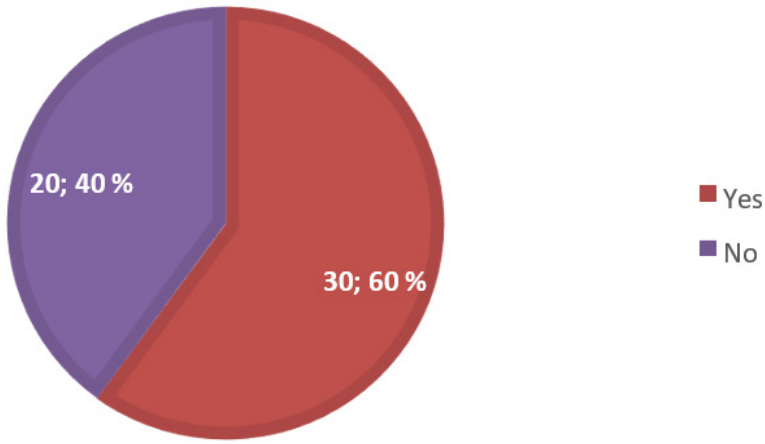

Figure 1. Sufficient training

Among the reasons why they do not feel trained or qualified to care for LGBTQ+ people, the following were observed: lack of this focus in the content of the subjects (30 %), addressing issues such as gender reassignment or hormone treatments (25 %), and lack of training on the subject (25 %) (figure 2).

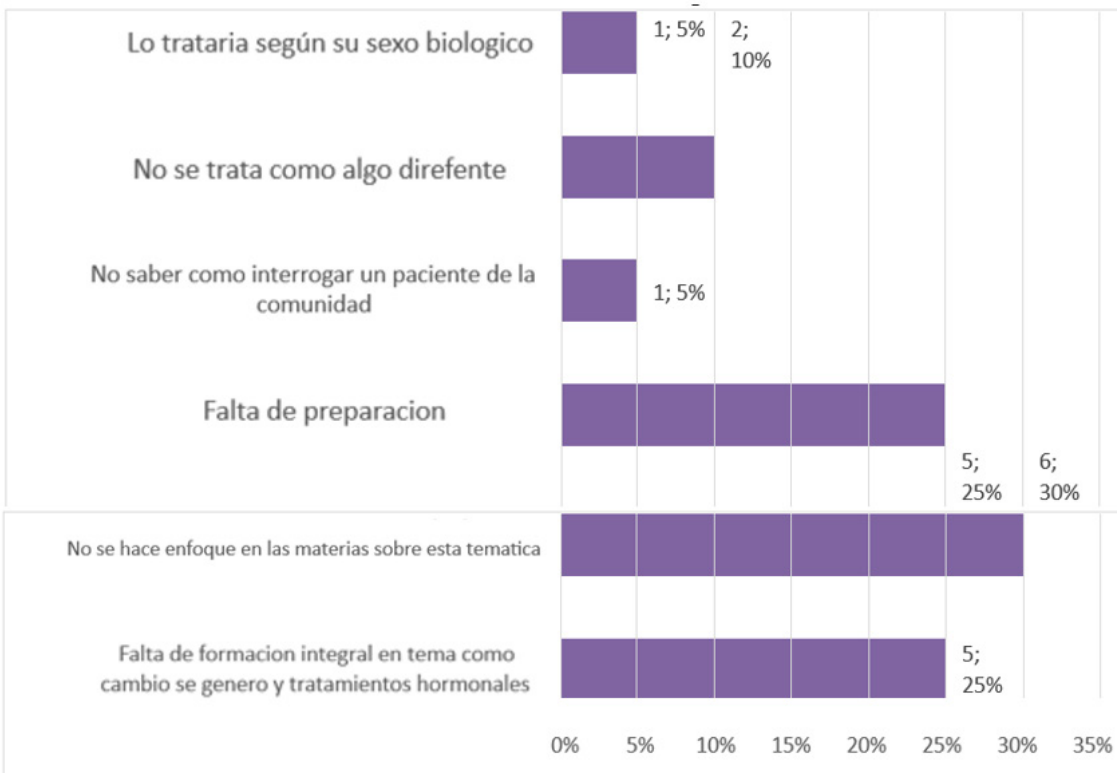

Figure 2. Reasons for insufficient training reported by students

Figure 3 shows the students' assessment of the different components of medical training in relation to STIs and the faculty.

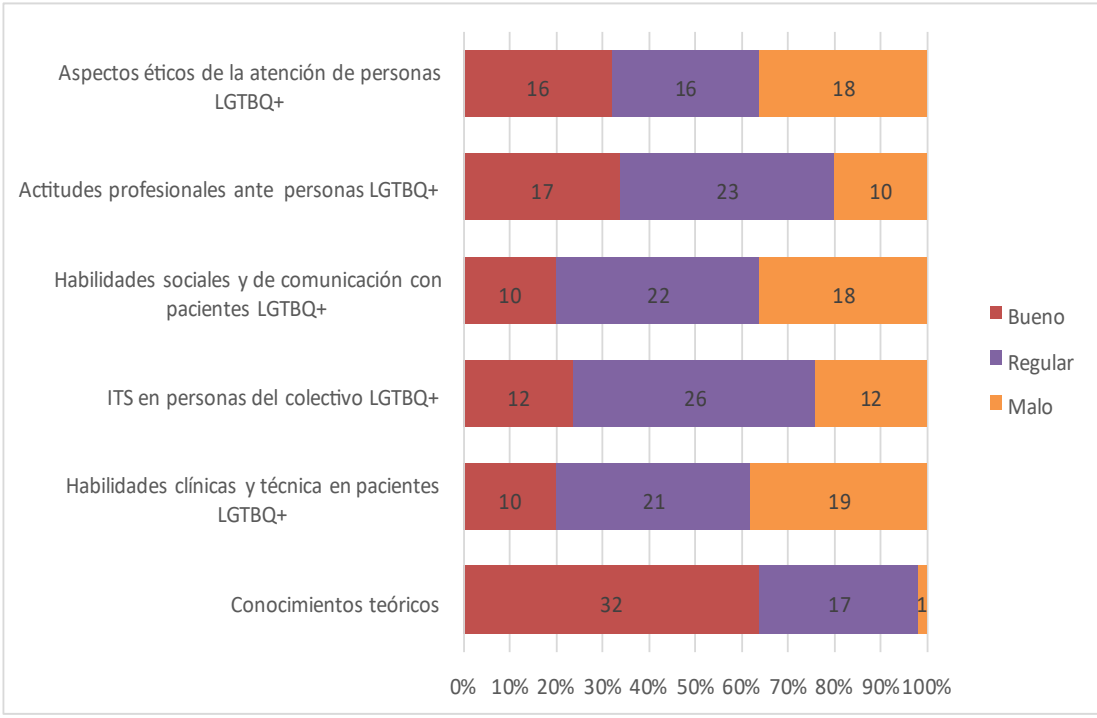

Figure 3. Students' assessment of the different components of medical training in relation to STIs and the faculty

It was observed that, among the 21 students who reported their medical training assessment, 43 % (9) considered it average, 26 % (5) poor, and 32 % (6) good.

- Thirty-six percent of students considered the ethical aspects of care for LGBTQ+ people addressed in the degree program to be poor.
- 46 % of students considered the professional attitudes towards LGBTQ+ people addressed in the degree program to be fair.
- 44 % of students considered the social and communication skills with LGBTQ+ patients covered in the degree program to be average.
- 52 % of students considered the approach to issues related to STIs in LGBTQ+ people to be average.
- 42 % of students considered the clinical and technical skills with LGBTQ+ patients covered in the degree program to be average.
- 64 % of students considered the theoretical knowledge covered in the degree program to be good.

56 % of students considered themselves sufficiently trained as doctors on STI information and prevention in LGBTQ+ people. Among the students who do not feel prepared, 8 (36 %) felt that the program lacked information on this topic; 5 (23 %) did not know how to communicate with this community; and 4 (18 %) were unaware of the most common STIs in this group (figure 4).

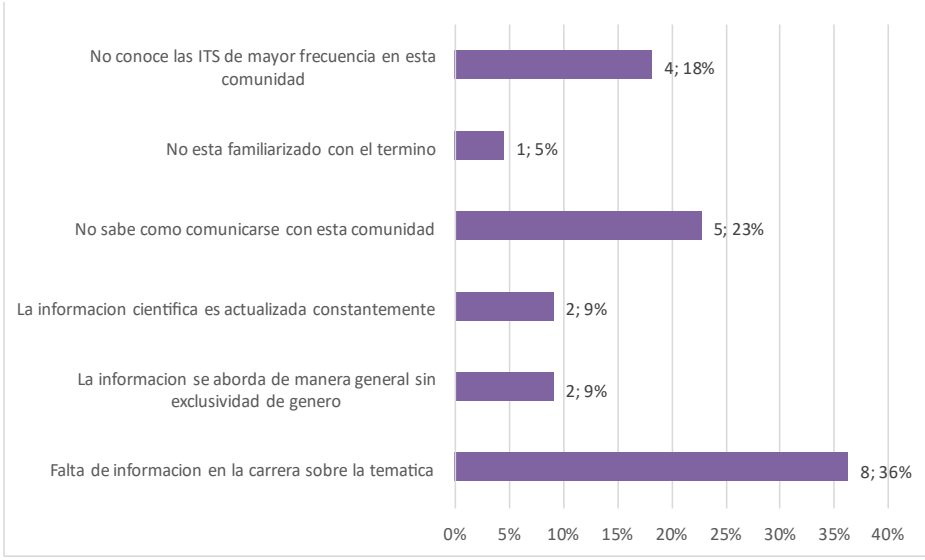

Figure 4. Limitations reported by students in their medical training on STIs and LGBTQ+ individuals

It was observed that 37 (74 %) students reported that undergraduate training is adequate for the diagnosis and treatment of STIs in LGBTQ+ people. Likewise, 13 (26 %) students consider it necessary to include topics related to STI care for LGBTQ+ people in the degree program's curriculum.

The elements that students considered important in the medical care of LGBTQ+ individuals included humane treatment (100 %), clinical competencies and skills (98 %), and social and communication skills (92 %) (figure 5).

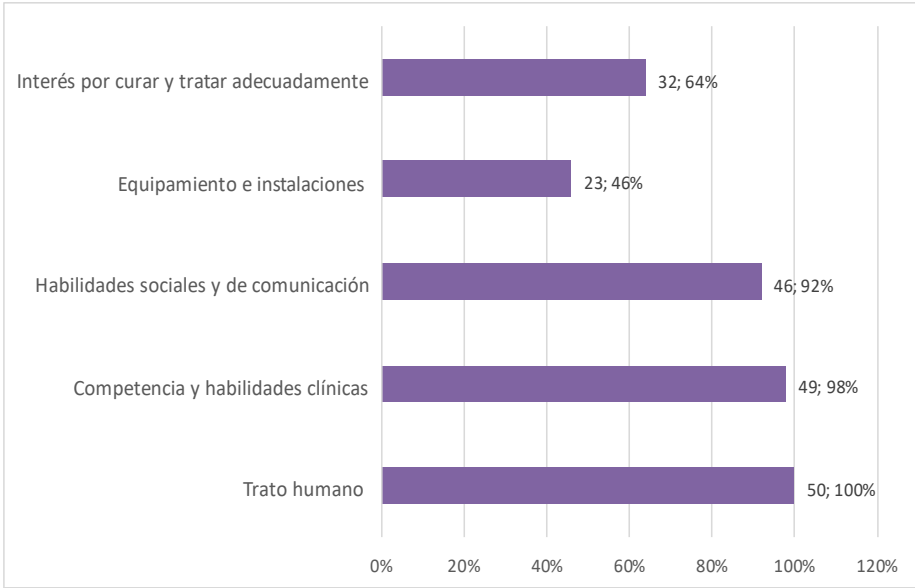

Figure 5. Important elements in the medical care of LGBTQ+ individuals as reported by students

It was observed that 25 (50 %) students have been interested at some point in their training and preparation in medical care for LGBTQ+ individuals and STIs, and 25 (50 %) reported that STI care is the same regardless of the gender with which the person identifies.

On the other hand, 30 (60 %) students consider that undergraduate teaching methods and techniques are sufficient for the care of LGBTQ+ individuals and STIs, and 20 (40 %) report that these topics are not addressed in medical training as a specific approach.

It was found that 32 (64 %) students considered that there is no collaboration or coordination between the areas of knowledge (subjects) related to STIs and the inclusion of LGBTQ+ people in undergraduate education.

Regarding the material or sources of knowledge students used in their training on STIs and LGBTQ+ individuals, the internet (84 %), books (58 %), notes (44 %), and class notes (42 %) were most commonly used (figure 6).

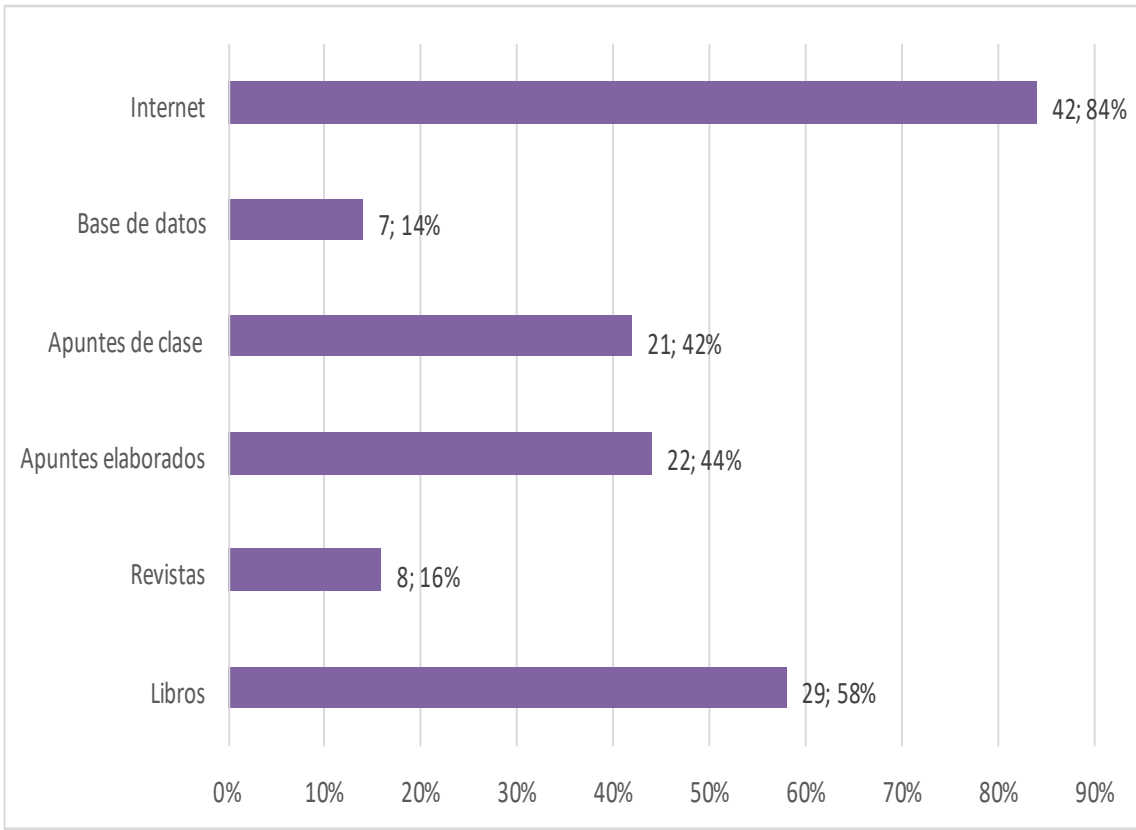

Figure 6. Material or source of knowledge that students have used in their education in relation to STIs and LGBTQ+ individuals

Finally, 54 % (n=27) of students rated the quality of medical training in relation to STIs and LGBTQ+ issues as fair (figure 7).

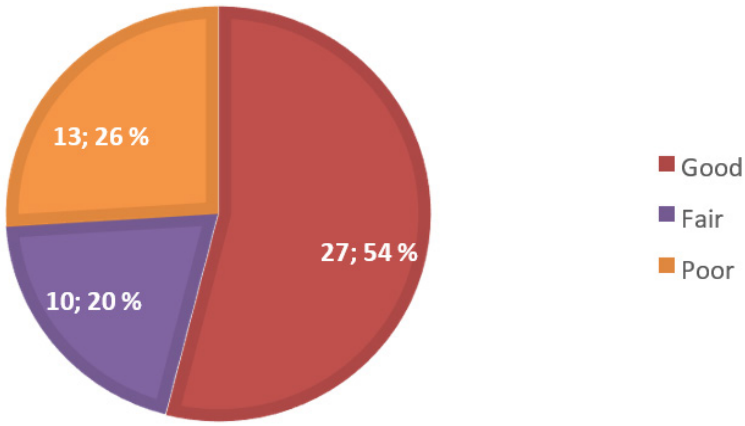

Figure 7. Quality of medical training in relation to STIs and LGBTQ+

DISCUSSION

The objective of this study was to describe the assessment of medical training on sexually transmitted infections and sexual dissidence among sixth-year medical students at the Inter-American Open University, Rosario campus, Argentina, in 2024. It has been observed that 60 % of students consider their medical training to be adequate for providing medical care to LGBTQ+ individuals, as well as for treating sexually transmitted diseases.

This contrasts with the findings of Mirón-Canelo et al. (2011), who conducted research with medical students at the University of Salamanca in Spain and found that 95 % of students did not consider themselves adequately trained to practice this profession, even though they viewed their training in theoretical aspects positively, but not in clinical, social, and communication skills.

In addition, Valenzuela and Cartes (2019) state that sex and gender are relatively new topics in medicine, which creates a disconnect for medical students in training, as most faculties do not formally integrate these concepts into their study programs. Currently, women are the ones most often enrolling in health careers, a change that followed the women's rights movements in the United States. This is in contrast to the low female participation observed until the last third of the 20th century, leading to talk of a feminization of medicine today. Although women are in the majority, the health education model continues to focus on the "average man," ignoring the particularities of those who are not men. As a result, women are relegated to health care, meaning future health professionals are not adequately prepared to recognize the importance of social contexts that affect both men's and women's health.

The above is related to the issue of stigma. Brenick et al. (2017) examined medical mistrust and found that it is also a potential barrier to participation in healthcare. When patients have an overall sense of medical mistrust (i.e., distrust of the healthcare system as a whole), they participate less, which can lead to poorer health outcomes. While several studies have examined the role of mistrust in healthcare services, there has not been sufficient research on the role of medical mistrust and its subsequent relationship with healthcare participation, particularly among the population of black lesbian women. All of this may be related to the training of

medical students, especially on the topics of STI disease management and sexual dissidence.

In this regard, Carranza (2023) addressed the issue of transgender people and the quality of healthcare in Argentina, finding that 64 % of respondents reported experiencing some form of discrimination, stigmatization, or violence during their medical appointments. Of these, 30 % attributed responsibility to doctors, 40 % to administrative staff, 10 % to security personnel, and 20 % to other patients. Despite these experiences, 55 % said they did not stop attending medical appointments or abandon treatments, while 45 % did withdraw from some appointments or treatments because of these situations. Regarding the quality of care received, 36 % rated their experience as excellent or good, and 28 % considered it average.

On the other hand, Pérez et al. (2019) believe that currently, resident physicians think they can treat a patient simply because they know the recommendations, which is causing them to lose their ability to reflect. This is a significant mistake, as biology is varied and each patient may present unique problems. Therefore, residents must learn to navigate between different approaches and understand which ones are effective and which are not in each situation.

Baruch, Infante, and Saloma (2016) report on the need for training on the condition of LGBTQ+ people, as well as on the topic of STIs, to avoid bullying people with a different gender condition as much as possible. Arenas (2018) explains that a physician treating a patient from the LGBTQ+ population may feel uncomfortable and doubt their ability to address some of their concerns or provide health advice. In these situations, they must recognize their limitations, communicate them to the patient, and, if necessary, indicate that they will research the issue or consult with other colleagues.

In general, there is evidence of a lack of understanding and sensitivity on the part of physicians, including in their university training, on the subject of the LGBTQ+ population, which often results in lower-quality care. Homophobic, lesbophobic, or transphobic attitudes among healthcare personnel can make LGBT people reluctant to share their sexual orientation, which in turn reinforces their sense of isolation from healthcare services and hinders their access to adequate care. This difficulty in communicating with healthcare personnel is considered a barrier to obtaining medical information, which prevents accurate diagnoses and reduces treatment adherence (Arenas, 2018).

CONCLUSIONS

Most students considered themselves capable of caring for LGBTQ+ individuals. Reasons for feeling unprepared included a lack of focus in coursework, inadequate coverage of gender-related topics or hormone treatments, and insufficient training. Important elements of LGBTQ+ care included humane treatment, clinical competencies, and communication skills. Overall, 54 % rated the quality of medical training on these topics as average.

REFERENCES

Alonso Pérez, T., Arenas Jiménez, M. D., Ausín Benito, B., Aymerich Martínez, M., Blasco Blasco, M., Boada Centeno, N., & Ruiz Cantero, M. T. (2019). Perspectiva de género en medicina. http://icmab.es/images/gender/Libro-EM-39-Perspectiva-degenero-en-medicina_MTRuizCantero.pdf

Arenas G., S. H. (2018). Experiencias de atención en salud de personas LGBT y significados del personal de salud que les atiende.

Attawell, K. (2012). Education sector responses to homophobic bullying (Good policy and practice in HIV and health education, No. 8). UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000216493

Barrientos, J., Díaz, J. L., Gómez, F., & Muñoz, F. (2012). Derechos, política, violencia y diversidad sexual: Segunda Encuesta Marcha de la Diversidad Sexual Santiago de Chile 2011. Universidad Católica del Norte. http://www.clam.org.br/uploads/arquivo/Derechos,%20politica,%20violencia%20y%20diversidad%20-%20segunda%20encuesta%20Santiago.pdf

Baruch-Dominguez, R., Infante-Xibille, C., & Saloma-Zuñiga, C. E. (2016). Homophobic bullying in Mexico: Results of a national survey. Journal of LGBT Youth, 13(1-2), 18-27. https://doi.org/10.1080/19361653.2015.1099498

Bouza, E., & Burillo, A. (2016). Las enfermedades de transmisión sexual alcanzan máximos. EIDON, 46, 3-10. https://revistaeidon.es/public/journals/pdfs/2016/46_diciembre.pdf

Brenick, A., Romano, K., Kegler, C., & Eaton, L. A. (2017). Understanding the influence of stigma and medical mistrust on engagement in routine healthcare among Black women who have sex with women. LGBT Health, 4(1), 4-10. https://doi.org/10.1089/lgbt.2016.0083

Buse, K., Hildebrand, M., & Hawkes, S. (2016). A farewell to abstinence and fidelity? The Lancet Global Health, 4(9), e599-e600. https://doi.org/10.1016/S2214-109X(16)30138-3

Canelo, J. A. M., & González, M. D. C. S. (1999). Valoraciones y opiniones de los estudiantes de medicina sobre la formación del pregrado. FEM: Revista de la Fundación Educación Médica, 2(2), 95-100. https://scielo.isciii.es/pdf/edu/v14n4/original2.pdf

Carranza, G. (2023). Atención médica recibida por personas trans que pertenecen a la Asociación Varones Trans Santa Fe en la ciudad de Rosario (Argentina) en el año 2023 [Tesis de grado, Universidad Abierta Interamericana]. https://dspaceapi.uai.edu.ar/server/api/core/bitstreams/f72aba0e-d4af-4c0e-856c-facbdd5e3a82/content

Centers for Disease Control and Prevention. (2023). Prevención de ITS. Stony Brook Medicine. https://es.stonybrookmedicine.edu/LGBTQ/education/sti_prevention

Conde-González, C. J., & Uribe-Salas, F. (1997). Gonorrea: la perspectiva clásica y la actual. Salud Pública de México, 39, 543-579. https://www.scielosp.org/article/spm/1997.v39n6/543-579/

Díaz, A., & Díez, M. (2013). Infecciones de transmisión sexual: epidemiología y control. Revista Española de Sanidad Penitenciaria, 13, 58-66. https://scielo.isciii.es/pdf/sanipe/v13n2/05_revision.pdf

Estay G., F., Valenzuela V., A., & Cartes V., R. (2020). Atención en salud de personas LGBT+: perspectivas desde la comunidad local penquista. Revista Chilena de Obstetricia y Ginecología, 85(4), 351-357. https://dx.doi.org/10.4067/S0717-75262020000400351

Gabini, S., & Cuenya, L. (2024). Métodos anticonceptivos y prevención de infecciones de transmisión sexual: una perspectiva histórica y sexogenérica. Revista Facultad Nacional de

Salud Pública, 42, e353522. https://doi.org/10.17533/udea.rfnsp.e353522

Gamma, G. (2016). ¿De qué hablamos al hablar de salud sexual? Grupo Gamma. https://www.grupogamma.com/de-que-hablamos-al-hablar-de-saludsexual/

Garcia, B. (2022). ¿Cuáles son las enfermedades de transmisión sexual que se pueden curar? Saludiario. https://www.saludiario.com/cuales-son-las-enfermedades-de-transmision-sexual-que-se-pueden-curar/

Glick, J. L., Theall, K. P., Andrinopoulos, K. M., & Kendall, C. (2018). The role of discrimination in care postponement among trans-feminine individuals in the U.S. National Transgender Discrimination Survey. LGBT Health, 5(3), 171-179. https://doi.org/10.1089/lgbt.2017.0093

Kerker, B. D., Mostashari, F., & Thorpe, L. (2006). Health care access and utilization among women who have sex with women: Sexual behavior and identity. Journal of Urban Health, 83(5), 970-979. https://doi.org/10.1007/s11524-006-9096-8

Li, C., Matthews, A. K., Aranda, F., Patel, C., & Patel, M. (2015). Predictors and consequences of negative patient–provider interactions among a sample of African American sexual minority women. LGBT Health, 2(2), 140-146. https://doi.org/10.1089/lgbt.2014.0127

Lopez, J. M. M. (2023). La importancia de la inclusión de temas sobre salud y derechos sexuales reproductivos en la currícula **médica.** Spirat, 1(2), 57-60. https://doi.org/10.20453/spirat.v1i2.4478

Macapagal, K., Bhatia, R., & Greene, G. J. (2016). Differences in healthcare access, use, and experiences within a community sample of racially diverse LGBTQ emerging adults. LGBT Health, 3(6), 434-442. https://doi.org/10.1089/lgbt.2015.0124

Mayo Clinic. (2021). Enfermedades de transmisión sexual (ETS): síntomas y causas. https://www.mayoclinic.org/es-es/diseases-conditions/sexually-transmitted-diseases-stds/symptoms-causes/syc-20351240

Messite, J., & Warshaw, L. (2001). Protección y promoción de la salud. Instituto Nacional de Seguridad y Salud en el Trabajo. https://www.insst.es/documents/94886/161958/Cap%C3%ADtulo+15.+Protecci%C3%B3n+y+promoci%C3%B3n+de+la+salud

Ministerio de Salud de la Nación. (2022). Sífilis. Fundación Huésped. https://www.huesped.org.ar/informacion/otras-infecciones-de-transmision-sexual/sifilis/

Ministerio de Salud. (2022). Ampliación de la vacuna contra el VPH. Argentina.gob.ar. https://www.argentina.gob.ar/salud/vacunas/novedadvph

Mirón-Canelo, J. A., Iglesias-De Sena, H., & Alonso-Sardón, M. (2011). Valoración de los estudiantes sobre su formación en la Facultad de Medicina. Educación Médica, 14(4), 221-228. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1575-18132011000400005

Moriconi, M. (2023). Autocuidado de la salud sexual en personas con vulva que tienen prácticas sexuales con otras personas con vulva, Ciudad de Rosario (Santa Fe), año 2023 [Tesis de

grado, Universidad Abierta Interamericana].

O'Byrne, D., Jones, J., Macdonald, H., & Sen-Hai, Y. (1996). WHO's global school health initiative. World Health, 49(4), 5-6.

Ojeda, G. M. (2021). Diversidad sexual, identidad de género y ciudadanía: las leyes de "Matrimonio igualitario" e "Identidad de género" en la Argentina [Tesis de maestría, Facultad Latinoamericana de Ciencias Sociales].

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2016). Out in the open: Education sector responses to violence based on sexual orientation and gender identity/expression. https://unesdoc.unesco.org/ark:/48223/pf0000244652

Organización Mundial de la Salud. (2019). Salud sexual. https://www.who.int/es/health-topics/sexual-health

World Health Organization. (2013). Addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual and transgender (LGBT) persons. https://apps.who.int/iris/handle/10665/82517

Tabaac, A. R., Perrin, P. B., & Trujillo, M. A. (2015). Multiple mediational model of outness, social support, mental health, and wellness behavior in ethnically diverse lesbian, bisexual, and queer women. LGBT Health, 2(3), 243-249. https://doi.org/10.1089/lgbt.2014.0110

Valenzuela V., A., & Cartes V., R. (2019). Perspectiva de género en la educación médica: incorporación, intervenciones y desafíos por superar. Revista Chilena de Obstetricia y Ginecología, 84(1), 82-88. https://dx.doi.org/10.4067/S0717-75262019000100082

Vasquez Sanchez, T. A. (2019). Nivel de conocimiento en enfermedades de transmisión sexual y medidas preventivas en los estudiantes del Colegio "Saco Oliveros" [Tesis de licenciatura, Universidad Continental]. https://repositorio.continental.edu.pe/bitstream/20.500.12394/7179/3/IV_FCS_504_TI_Vasquez_Sanchez_2019.pdf

The Yogyakarta Principles. (2007). Principios sobre la aplicación de la legislación internacional de derechos humanos en relación con la orientación sexual y la identidad de género. International Commission of Jurists. https://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_sp.pdf