LGBTQIA+ Sexual and Reproductive Health: Results from a survey of Portuguese physicians

LGBTQIA+ e Saúde Sexual e Reprodutiva: Resultados de um inquérito aos médicos portugueses

Dora Antunes[1]*, Ana Rolha[2]*, Daniela Melo[3], Teresa Bombas[4]
Centro Hospitalar e Universitário de Coimbra

Abstract

Overview and Aims: Sexual and Reproductive Health (SRH) care should be adapted to sexual and gender minorities, as they present specific and unique needs. We aimed to understand the perspective of SRH professionals providing care to the Lesbian, Gay, Bisexual, Transexual/Transgender, Queer, Intersexual, Asexual and Others (LGBTQIA+) community, evaluating their clinical experience, level of knowledge and training needs.

Study design, Population and Methods: Nationwide survey using an online questionnaire distributed to Gynecology/Obstetrics (G/O) and General Practice (GP) physicians between September 2021 and April 2022. A total of 324 physicians have completed the survey (G/O 55.6%; GP 44.4%). The majority were female (81.8%), specialist (57.7%) and under 35 years-old (55.3%).

Results: In 40.8% and 23.5% of cases, physicians 'rarely'/'never' used to address patients' sexual orientation and sexual behavior, respectively. Over a third (37.0%) considered their level of preparedness to provide SRH care to LGBTQIA+ individuals as 'poor'/'none', pointing the professional's inexperience (58.0%) and lack of information (51.9%) as the main difficulties. Only 24.2%, 5.6% and 23.8% believed that LGBTQIA+ people often use contraceptives, have more unwanted pregnancies and multiple partners, respectively. Fear of stigmatization (81.5%) and providers without training (66.7%) were considered barriers for healthcare access. Most (96.0%) recognized the importance of holding trainings/workshops in this field. GP specialty, younger age, fewer years of clinical practice and working in the Centre region/Islands were negatively associated with knowledge and practices.

Conclusions: Portuguese physicians have insufficient knowledge and clinical experience addressing SRH care in sexual and gender minorities, highlighting the imperious need of training and skills' development within this domain.

Keywords: Reproductive health; Gender identity; Minority groups; Sexual behavior; Sexual orientation.

1. Interna de Formação Especializada em Ginecologia e Obstetrícia, Departamento de Ginecologia, Obstetrícia, Reprodução e Neonatologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal. Clínica Universitária de Obstetrícia, Faculdade de Medicina da Universidade de Coimbra (FMUC), Coimbra, Portugal. Centro Académico Clínico de Coimbra (CACC), Coimbra, Portugal. ORCID ID 0000-0001-9536-8243
2. Interna de Formação Especializada em Ginecologia e Obstetrícia, Departamento de Ginecologia, Obstetrícia, Reprodução e Neonatologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal. ORCID ID 0000-0001-8482-6034
3. Interna de Formação Especializada em Ginecologia e Obstetrícia, Departamento de Ginecologia, Obstetrícia, Reprodução e Neonatologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal. Clínica Universitária de Ginecologia, Faculdade de Medicina da Universidade de Coimbra (FMUC), Coimbra, Portugal.
4. Assistente Hospitalar Graduada, Departamento de Ginecologia, Obstetrícia, Reprodução e Neonatologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal.

* Both authors contributed equally to this manuscript.

Resumo

Introdução e Objetivo: Os cuidados de Saúde Sexual e Reprodutiva (SSR) devem ser adaptados às minorias sexuais e de género, uma vez que estas apresentam necessidades únicas e específicas. Este estudo pretende compreender a perspetiva dos profissionais de SSR que prestam cuidados à comunidade Lésbica, Gay, Bissexual, Transexual/Transgénero, Queer, Intersexual, Assexual e Outros (LGBTQIA+), avaliando a sua experiência clínica, nível de conhecimentos e necessidades formativas.
Desenho de Estudo, População e Métodos: Elaboração de um questionário *online* que foi distribuído aos médicos de Ginecologia/Obstetrícia (G/O) e Medicina Geral e Familiar (MGF) entre setembro de 2021 e abril de 2022. Um total de 324 médicos responderam ao questionário (G/O 55,6%; MGF 44,4%). A maioria era do sexo feminino (81,8%), especialista (57,7%) e tinha menos de 35 anos (55,3%).
Resultados: Em 40,8% e 23,5% dos casos, os médicos 'raramente'/'nunca' abordam a orientação sexual e o comportamento sexual dos seus pacientes, respetivamente. Mais de um terço (37,0%) considerou o seu nível de preparação para prestar cuidados de SSR a indivíduos LGBTQIA+ como 'razoável'/'nenhum', apontando a inexperiência do profissional (58,0%) e a falta de informação (51,9%) como as principais dificuldades. Apenas 24,2%, 5,6% e 23,8% acreditavam que os indivíduos LGBTQIA+ usam frequentemente contracetivos, têm mais gravidezes indesejadas e múltiplos parceiros, respetivamente. O receio de estigmatização (81,5%) e a ausência de formação (66,7%) foram considerados obstáculos no acesso aos cuidados de saúde. A maioria (96,0%) reconheceu a importância de realizar formações/*workshops* nesta área. A especialidade de MGF, a idade mais jovem, menos anos de experiência e trabalhar na região Centro/Ilhas foram negativamente associados ao nível de conhecimentos e de experiência.
Conclusão: Os médicos portugueses apresentam um nível de conhecimentos e experiência clínica insuficientes na prestação de cuidados de SSR a minorias sexuais e de género, salientando a necessidade imperiosa de formação e desenvolvimento de competências nesta área.

Palavras Chave: Saúde reprodutiva; Identidade de género; Grupos minoritários; Comportamento sexual; Orientação sexual.

INTRODUCTION

According to the World Health Organization (WHO), ensuring the highest standard of health is a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition[1]. Likewise, the Portuguese Republic Constitution states in its 64th article that everyone has the right to health protection and the duty to defend and promote it[2].

Moreover, healthcare should be adapted to communities according to their special needs, and mainly to each person in its specificity. In particular, the Lesbian, Gay, Bisexual, Transexual/Transgender, Queer, Intersexual, Asexual and Others (LGBTQIA+) community presents specific and unique health needs, where Sexual and Reproductive Health (SRH) is of particular importance[3]. Nevertheless, there are some disparities in the literature among heterosexual and LGBTQIA+ people regarding the access to healthcare, mainly in the context of SRH, including contraception, sexually transmitted diseases (STDs) and cervical cancer screening[4-8].

Previous negative experiences faced by LGBTQIA+ individuals in health services, particularly those related to sexuality and gender identity, are some of the barriers that could justify these inequalities, having been demonstrated in the study "Health in Equality" by Lesbian, Gay, Bisexual, Trans and Intersex Intervention (ILGA) Portugal[4] and the European LGBTI 2020 Survey[9] of the Agency for Fundamental Rights of the European Union. In the same way, the use of heteronormative language was also emphasized in the literature as a possible barrier to healthcare access. Both factors may contribute to decrease the interaction between LGBTQIA+ people and healthcare providers, thus impairing the quality of assistance to this community[3].

On the other hand, the knowledge and awareness of health professionals about the LGBTQIA+ community and their needs are often inadequate and scarce. Indeed, many health professionals reported to feel unprepared or even uncomfortable to provide counselling and therapeutic guidance for this population. Furthermore, even though many health professionals know the meaning of the acronym LGBTQIA+, issues related to sexuality and gender identity still remain poorly understood and worked on[3,4].

Frequently, sexual identity is confounded with sexual behavior, leading health professionals to presume that the majority of LGBTQIA+ people don't need contraception, despite its non-contraceptive benefits that could be of interest in this particular community (menstrual avoiding or protection from STDs). In fact, evidence suggests that 1 in 3 sexual minority women seek contraceptive counseling. Nonetheless, it would be more likely that they use less effective contraceptive methods or no contraception than heterosexuals, which could explain the increase in unwanted pregnancy and STDs rates in this community[3,5-7,10-12].

In fact, some studies have described the LGBTQIA+ point of view and the barriers faced in accessing healthcare[4,8,9]. However, there is actually insufficient published evidence regarding the perspective of healthcare providers and their main challenges in providing care to this community, particularly in the context of SRH.

Therefore, the aim of this study was to understand the perception of Gynecology/Obstetrics (G/O) and General Practice (GP) physicians in Portugal within the scope of providing SRH care to LGBTQIA+ people, evaluating their clinical experience, level of knowledge and training needs in this field. Additionally, we intend to evaluate whether these outcomes were affected by the physician's individual factors like age, medical specialty, professional category, number of years in practice and region of the country where they work from.

MATERIALS AND METHODS

Recruitment and survey development

In September 2021, we recruited physicians directly involved with SRH counseling, in particular of G/O and GP specialties, to complete a survey about their self-perception of knowledge and practices on SRH care to the LGBTQIA+ community. The survey link was shared online through the physician's professional contacts, email addresses and social networks, involving the collaboration of the main national societies of both medical specialties. To be eligible for our study, the participants needed to currently work as a physician (resident or specialist) in G/O or GP and provide medical care in a public and/or private Portuguese healthcare institution.

The survey was only available in Portuguese and data were collected until April 2022 using Google Forms. Participants' consent for the study was collected electronically. Participation was voluntary and not compensated, being blinded relative to physician identification, in order to guarantee the anonymity and confidentiality of the participants. All clinical investigations were conducted according to the principles expressed in the Declaration of Helsinki. The Clinical Research and Ethics Committee of Centro Hospitalar e Universitário de Coimbra determined that a review board approval was not necessary to report the results of the survey.

The survey included a structured and customized questionnaire that was developed by the research team for this purpose. Before fielding the survey, four medical providers with relevant clinical expertise beta-tested the survey to ensure the content was clear and appropriate for the intended audience and that the skip logic worked appropriately.

Sample characteristics

Overall, 324 physicians completed the survey, of which 55.6% were Gynecologists/Obstetricians and 44.4% were General Practitioners. Among participating physicians, over half (57.7%) were specialists, most of them (31.5%) with at least 10 years of specialized practice. The majority of respondents were female (81.8%) and over half (55.3%) were under 35 years of age. The professionals that work in the Centre and South regions of the country yielded the most responses (73.2%). The demographic characterization of the participants was summarized on Table I.

Survey instrument

The questionnaire comprised a small explanatory text

indicating the goals of the study, followed by four groups of questions. The first group contained 5 questions aimed at sample characterization (physician age, gender, medical specialty, professional category/years of clinical practice and region of the country where they work from). The second group included 5 questions regarding practices and clinical experience on sexuality and gender identity. The third group had 10 questions focusing on the level of knowledge and experience of physicians concerning SRH care to LGBTQIA+ people. In this section, questions approaching the following issues were included: difficulties and barriers experienced by LGBTQIA+ patients in SRH care, reasons that motivate a LGBTQIA+ family planning consultation and physician's preparation to perform this assignment, use of contraception and type of contraceptive methods, occurrence of unplanned pregnancies and existence of multiple partners. Finally, in the fourth group, a question to access the training needs in this field was considered, as well as other additional suggestions.

The questionnaire encompassed open and closed-ended questions, including dichotomous, multiple-choice and Likert scale types.

TABLE I. SAMPLE CHARACTERISTICS (N=324).

	n (%)
Medical Specialty	
Gynecology/Obstetrics	180 (55.6)
General Practice	144 (44.4)
Gender	
Female	265 (81.8)
Male	59 (18.2)
Age Group	
[24-35 years]	179 (55.3)
[36-45 years]	57 (17.6)
[46-55 years]	26 (8.0)
[56-65 years]	48 (14.8)
[66-70 years]	14 (4.3)
Professional Category	
Resident (1st-3rd year)	85 (26.2)
Resident (4th-6th year)	52 (16.1)
Specialist (< 10 years of specialization)	85 (26.2)
Specialist (10-20 years of specialization)	26 (8.0)
Specialist (21-30 years of specialization)	39 (12.1)
Specialist (>30 years of specialization)	37 (11.4)
Region of the country where physicians practice	
North	65 (20.0)
Centre	137 (42.3)
South	100 (30.9)
Islands	22 (6.8)

Statistical analysis

Univariate and multivariate analyses were carried out to characterize the study sample and assess the physician's responses. Categorical variables were expressed as percentages and analyzed considering the χ^2 test. A two-sided *p*-value <0.05 was considered statistically significant. All calculations were performed using STATA® software version 16.0.

RESULTS

Clinical practice on sexuality and gender identity

Most of the participants (91.1%) stated that SRH was within their areas of interest and the majority (71.6%) felt comfortable approaching issues related to sexuality and gender identity. Considering their practices, over half of the participants (69.4%) 'sometimes' or 'rarely' address the sexual orientation of their patients, although the majority (72.5%) used to 'frequently' or 'sometimes' inquire their sexual behavior. Additionally, three-quarters of the respondents claimed to know the meaning of the acronym LGBTQIA+ (Table II).

Level of knowledge and experience on SRH care to LGBTQIA+ people

Most of physicians (90.4%) had contact with LGBTQIA+ individuals in their clinical practice. Health professional's inexperience (58.0%), lack of information (51.9%), difficulty in addressing sexual orientation/behavior (46.3%) and fear of stigmatization (46.0%) were the main struggles pointed by the participants in providing SRH care to LGBTQIA+ people.

Over a third of the respondents (37.0%) considered that their level of preparedness to carry out a family

TABLE II. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE.

Question	*n* (%)	Question	*n* (%)
Sexuality and gender identity			
'Is SRH within your areas of interest?'		'Do you usually approach the sexual behavior of your patients?'	
1. Yes	295 (91.1)	1. Always	13 (4.0)
2. No	29 (8.9)	2. Frequently	108 (33.3)
'In your clinical practice, do you feel comfortable in working with issues related to sexuality and gender identity?'		3. Sometimes	127 (39.2)
		4. Rarely	70 (21.6)
1. Yes	232 (71.6)	5. Never	6 (1.9)
2. No	92 (28.4)	'Do you know what the acronym LGBTQIA+ stands for?'	
'Do you usually approach the sexual orientation of your patients?'		1. Yes	243 (75.0)
		2. No	81 (25.0)
1. Always	13 (4.0)		
2. Frequently	64 (19.8)		
3. Sometimes	115 (35.4)		
4. Rarely	110 (34.0)		
5. Never	22 (6.8)		
LGBTQIA+			
'Have you ever come into contact with LGBTQIA+ patients in your clinical practice?'		'Do you consider that LGBTQIA+ people frequently use contraceptive methods?'	
1. Yes	293 (90.4)	1. Yes	78 (24.2)
2. No	31 (9.6)	2. No	112 (34.8)
'What do you consider to be the main difficulties in providing SRH care to LGBTQIA+ people?'		3. I have no experience in this area	132 (41.0)
		'Do you consider that LGBTQIA+ people use less effective contraceptives?'	
1. Communication barriers	81 (25.0)	1. Yes	76 (23.6)
2. Addressing sexual orientation/behavior	150 (46.3)	2. No	103 (32.0)
3. Perception of contraceptive needs and reproductive project	98 (30.3)	3. I have no experience in this area	143 (44.4)
		'Do you consider that unwanted pregnancies occur more often in LGBTQIA+ people?'	
4. Preconceived ideas and/or prejudices	109 (33.6)	1. Yes	18 (5.6)
5. Fear of stigmatization	149 (46.0)	2. No	133 (41.3)
6. Lack of information in this area	168 (51.9)	3. I have no experience in this area	171 (53.1)
7. Inexperience of the health professional	188 (58)		
8. Others [A]	6 (1.9)	'Do you consider that LGBTQIA+ people usually have multiple partners?'	
'What do you consider your level of preparedness to carry out a family planning consultation for LGBTQIA+ people?'		1. Yes	76 (23.8)
		2. No	128 (40.0)
1. Very good	16 (4.9)	3. I have no experience in this area	116 (36.2)
2. Good	54 (16.7)	'What do you consider to be possible barriers to the access of LGBTQIA+ people to SRH care?'	
3. Acceptable	134 (41.4)		
4. Poor	107 (33.0)		
5. None	13 (4.0)	1. Previous negative experiences	181 (55.9)
		2. Fear of stigmatization	264 (81.5)
		3. Heteronormative language	143 (44.1)
		4. Health providers with little training	216 (66.7)
		5. Others [C]	2 (0.6)

TABLE II. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE. *(CONTINUATION)*

Question	*n* (%)	Question	*n* (%)
LGBTQIA+			
'What do you think drives LGBTQIA+ people to a family planning consultation?'		'Do you consider that it would be important to have an SRH consultation specific for LGBTQIA+ people?'	
1. Controlling menstrual symptoms	189 (58.3)	1. Yes	164 (50.6)
2. Ensure amenorrhea	99 (30.6)	2. No	107 (33.0)
3. Other non-contraceptive benefits	166 (51.2)	3. I don't know	48 (14.8)
4. Fertility preservation/Reproductive planning	170 (52.5)	4. Others [D]	5 (1.6)
5. Pregnancy prevention	104 (32.1)		
6. Emergency contraception	41 (12.7)		
7. Prevention of STDs	222 (68.5)		
8. Others [B]	7 (2.2)		
Training needs			
'Do you consider it pertinent to hold trainings/workshops in this area?'			
1. Yes	311 (96.0)		
2. No	11 (3.4)		
3. Others [E]	2 (0.6)		

[A] "Absence of a referral network care in the National Health System"; "Lack of consultation time"; "Lack of training in the field"; "Existence of a predefined binary system (M/F)"; "Patient's apprehensiveness about possible judgement and prejudices".
[B] "Routine consultation"; "Fertility-related issues"; "Management of vulvovaginitis"; "Cervical cancer screening and other type of screenings".
[C] "Difficulty in healthcare access"; "Bureaucratic issues (i.e., name change)".
[D] "A specific consultation could minimize the heteronormativity, but probably will not increase the number of attending patients"; "There must be fewer restrictions in accessing a family planning consultation (it should not be exclusively for women)"; "The family planning consultation should include the competence of SRH care to LGBTQIA+ people"; "The most important thing is to properly train health professionals, instead of creating an SRH consultation specific for LGBTQIA+ patients that could even increase the stigmatization".
[E] "Maybe"; "It doesn't seem important for General Practitioners but only for Gynecologists/Obstetricians".
LGBTQIA+: Lesbian, Gay, Bisexual, Transexual/transgender, Queer, Intersexual, Asexual and Others. SRH: Sexual and Reproductive Health. STDs: Sexually Transmitted Diseases.

planning consultation to LGBTQIA+ individuals was 'poor' or 'none', evoking the prevention of STDs (68.5%), the control of menstrual symptoms (58.3%) and the fertility preservation/reproductive planning (52.5%) as the main reasons that lead LGBTQIA+ patients to these appointments.

Concerning the use of contraception by LGBTQIA+ people, 24.2% of the participants believed that they often use contraceptive methods and 23.6% considered that they use less effective contraceptives. Moreover, 5.6% and 23.8% of the physicians considered that the rate of unwanted pregnancies and the existence of multiple partners were higher in the LGBTQIA+ community, respectively.

Fear of stigmatization (81.5%), healthcare providers without training (66.7%) and previous negative experiences (55.9%) were some of the barriers referred by participants that could hinder the access of LGBTQIA+ individuals to SRH assistance. In addition, near half of the physicians (50.6%) considered that it would be beneficial to have an SRH consultation specifically for LGBTQIA+ people (Table II).

Training needs on SRH care to LGBTQIA+ people

Most of the respondents (96.0%) recognized the importance of holding trainings/workshops dedicated to SRH care to the LGBTQIA+ community (Table II).

Factors influencing physician's knowledge and practices

Comparative analysis revealed that physician age, specialty, professional category/years of clinical practice and region of the country where they work from significantly influenced their knowledge and practices.

Physicians less than 35 years of age showed less experience and knowledge considering SRH care to LGBTQIA+ people than older professionals, recognizing more often the pertinence of holding trainings/ /workshops in this field (Table III).

Likewise, physicians of GP self-assessed more frequently clinical inexperience and lack of information on SRH counseling to LGBTQIA+ individuals when compared to G/O practitioners (Table III).

Overall, residents from the 4th-6th years and specialists with more than 10 years of specialization revealed to be more instructed and prepared to deal with issues related to sexuality and gender identity and providing SRH care to LGBTQIA+ individuals than physicians that accounted fewer years of clinical practice (Table IV).

Professionals that worked in the North and South regions of the country had a higher clinical involvement with sexual and gender minorities, while those from the Centre region and Islands described less experience in this field (Table V).

DISCUSSION

As to our knowledge, this is the first nationwide survey assessing the perspective of G/O and GP physicians on SRH providing care to LGBTQIA+ people with the focus on their clinical experience, level of knowledge and training needs.

In our study, even though the majority of the participants (91.1%) considered SRH one of their areas of interest, 25.0% of them were unaware of the meaning of the LGBTQIA+ acronym. Similarly, although most physicians (71.6%) felt comfortable in approaching issues related to sexuality and gender identity, more than 40.0% affirmed that they 'have no experience' when questioned about contraceptive practices and occurrence of unwanted pregnancies in the LGBTQIA+ community. Additionally, 40.8% and 23.5% of the physicians 'rarely' or 'never' used to address the sexual orientation and the sexual behavior of their patients, respectively. These results demonstrate that, in general, LGBTQIA+ SRH has not been carefully assessed and guided in clinical practice, which is in accordance with the study "Health in Equality" of ILGA Portugal, in which most of the surveyed LGBTQIA+ individuals (83.0%) reported that their sexual orientation had never been directly questioned in the context of a medical consultation and that 70.0% of health professionals assume that the patient is heterosexual or has sexual behavior exclusively with people of the opposite sex[4].

Overall, most of the respondents (90.4%) had already contacted with LGBTQIA+ patients in their clinical practice, although only 21.6% self-assessed a 'very good' or 'good' preparedness to providing them with SRH care. Moreover, the main difficulties reported by physicians in this assignment were their own inexperience (58.0%) and the lack of information (51.9%) within this domain.

As conveyed by the literature, contraceptive counselling and SRH care are of unquestionable importance for all population, including LGBTQIA+ individuals, not only within the scope of STDs diagnosis and prevention, but also regarding the definition of a reproductive project, contraception-related issues and prevention of unwanted pregnancies.[3,5-7,10-12] Nonetheless, in our study, the prevention of an unwanted pregnancy (32.1%) and the access to emergency contraception (12.7%) were the least mentioned reasons that drive LGBTQIA+ people to a family planning consultation.

According to the published evidence, LGBTQIA+ women are more likely to use less effective contraceptive methods or none at all compared to heterosexual women, thus being exposed to an increased rate of unintended pregnancy and STDs.[3,5-7,10-12] In our study, 34.8% of the respondents also considered that LGBTQIA+ individuals don't use frequent contraception. However, the majority considered that LGBTQIA+ people don't use less effective contraceptives (32.0%) neither have an increased rate of unwanted pregnancy (41.3%) or multiple partners (40.0%), demonstrating a huge lack of knowledge and inexperience on these SRH related-issues.

TABLE III. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER AGE AND SPECIALTY.

Question	Age		*p*	Specialty		*p*
	≤ 35 years *n* (%)	> 35 years *n* (%)		G/O *n* (%)	GP *n* (%)	
Sexuality and gender identity						
'Is SRH within your areas of interest?'						
1. Yes	169 (94.4)	126 (86.9)	0.018*	161 (89.4)	134 (93.1)	0.258
2. No	10 (5.6)	19 (13.1)		19 (10.6)	10 (6.9)	
'In your clinical practice, do you feel comfortable in working with issues related to sexuality and gender identity?'						
1. Yes	126 (70.4)	106 (73.1)	0.590	131 (72.8)	101 (70.1)	0.601
2. No	53 (29.6)	39 (26.9)		49 (27.2)	43 (29.9)	
'Do you usually approach the sexual orientation of your patients?'						
1. Always	2 (1.1)	11 (7,6)		11 (6.1)	2 (1,4)	
2. Frequently	35 (19.5)	29 (20.0)		34 (18.9)	30 (20.8)	
3. Sometimes	64 (35.8)	51 (35.2)	0.002*	59 (32.8)	56 (38.9)	0.006*
4. Rarely	71 (39.7)	39 (26.9)		57 (31.7)	53 (36.8)	
5. Never	7 (3.9)	15 (10.3)		19 (10.5)	3 (2.1)	
'Do you usually approach the sexual behavior of your patients?'						
1. Always	1 (0.6)	12 (8.3)		11 (6.1)	2 (1,4)	
2. Frequently	70 (39.1)	38 (26.2)		52 (28.9)	56 (38.9)	
3. Sometimes	68 (38.0)	59 (40.7)	0.002*	70 (38.9)	57 (39.6)	0.087
4. Rarely	38 (21.2)	32 (22.1)		43 (23.9)	27 (18.7)	
5. Never	2 (1.1)	4 (2.8)		4 (2.2)	2 (1.4)	
'Do you know what the acronym LGBTQIA+ stands for?'						
1. Yes	132 (73.7)	111 (76.6)	0.562	134 (74.4)	109 (75.7)	0.796
2. No	47 (2.3)	34 (23.4)		46 (25.6)	35 (24.3)	
LGBTQIA+						
'Have you ever come into contact with LGBTQIA+ patients in your clinical practice?'						
1. Yes	156 (87.2)	137 (94.5)	0.026*	170 (94.4)	123 (85.4)	0.006*
2. No	23 (12.8)	8 (5.5)		10 (5.6)	21 (14.6)	
'What do you consider to be the main difficulties in providing SRH care to LGBTQIA+ people?'						
1. Communication barriers	51 (28.5)	30 (20.7)	0.107	44 (24.4)	37 (25.7)	0.796
2. Addressing sexual orientation/behavior	94 (52.5)	56 (38.6)	0.013*	77 (42.8)	73 (50.7)	0.156
3. Perception of contraceptive needs and reproductive project	58 (32.4)	40 (27.6)	0.348	51 (28.3)	47 (32.6)	0.402
4. Preconceived ideas and/or prejudices	57 (31.8)	52 (35.9)	0.447	56 (31.1)	53 (36.8)	0.281
5. Fear of stigmatization	85 (47.5)	64 (44.1)	0.548	81 (45.0)	68 (47.2)	0.690
6. Lack of information in this area	93 (53.6)	72 (49.7)	0.476	84 (46.7)	84 (58.3)	0.037*
7. Inexperience of the health professional	107 (59.8)	81 (55.9)	0.478	89 (49.4)	99 (68.8)	<0.001*

TABLE III. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER AGE AND SPECIALTY. *(CONTINUATION)*

Question	Age		*p*	Specialty		*p*
	≤ 35 years *n* (%)	> 35 years *n* (%)		G/O *n* (%)	GP *n* (%)	
LGBTQIA+						
'What do you consider your level of preparedness to carry out a family planning consultation for LGBTQIA+ people?'						
1. Very good	6 (3,3)	10 (6.9)		10 (5.6)	6 (4.1)	
2. Good	23 (12.9)	31 (21.4)		40 (22.2)	14 (9.7)	
3. Acceptable	80 (44.7)	54 (37.2)	0.052	74 (41.1)	60 (41.7)	0.005*
4. Poor	65 (36.3)	42 (29.0)		47 (26.1)	60 (41.7)	
5. None	5 (2.8)	8 (5.5)		9 (5.0)	4 (2.8)	
'What do you think drives LGBTQIA+ people to a family planning consultation?'						
1. Controlling menstrual symptoms	115 (64.3)	74 (51.0)	0.016*	109 (60.6)	80 (55.6)	0.364
2. Ensure amenorrhea	63 (35.2)	36 (24.8)	0.044*	56 (31.1)	43 (29.9)	0.808
3. Other non-contraceptive benefits	94 (52.5)	72 (49.7)	0.609	90 (50.0)	76 (52.8)	0.619
4. Fertility preservation/Reproductive planning	103 (57.5)	67 (46.2)	0.042*	89 (49.4)	81 (56.3)	0.223
5. Pregnancy prevention	59 (33.0)	45 (31.0)	0.712	59 (32.8)	45 (31.3)	0.770
6. Emergency contraception	29 (16.2)	12 (8.3)	0.033*	19 (10.6)	22 (15.3)	0.204
7. Prevention of STDs	136 (76.0)	86 (59.3)	0.001*	116 (64.4)	106 (73.6)	0.078
'Do you consider that LGBTQIA+ people frequently use contraceptive methods?'						
1. Yes	41 (23.0)	37 (25.7)		44 (24.6)	34 (23.8)	
2. No	49 (27.5)	63 (43.7)	0.001*	74 (41.3)	38 (26.6)	0.008*
3. I have no experience	88 (49.5)	44 (30.6)		61 (34.1)	71 (49.6)	
'Do you consider that LGBTQIA+ people use less effective contraceptives?'						
1. Yes	35 (19.7)	41 (28.5)		54 (30.2)	22 (15.4)	
2. No	50 (28.1)	53 (36.8)	0.007*	58 (32.4)	45 (31.5)	0.003*
3. I have no experience	93 (52.2)	50 (34.7)		67 (37.4)	76 (53.1)	
'Do you consider that unwanted pregnancies occur more often in LGBTQIA+ people?'						
1. Yes	7 (3.9)	11 (7.6)		14 (7.8)	4 (2.8)	
2. No	61 (34.3)	72 (50.0)	0.002*	85 (47.5)	48 (33.6)	0.002*
3. I have no experience	110 (61.8)	61 (42.4)		80 (44.7)	91 (63.6)	
'Do you consider that LGBTQIA+ people usually have multiple partners?'						
1. Yes	42 (23.7)	34 (23.8)		41 (23.2)	35 (24.5)	
2. No	57 (32.2)	71 (49.6)	0.002*	86 (48.6)	42 (29.4)	0.001*
3. I have no experience	78 (44.1)	38 (26.6)		50 (28.2)	66 (46.1)	

With respect to the main barriers in the access of the LGBTQIA+ community to SRH care, the majority of the inquired physicians reported the fear of stigmatization (81.5%), the providers' insufficient training (66.7%) and the existence of previous negative experiences (55.9%) as the most significant reasons.

TABLE III. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER AGE AND SPECIALTY. *(CONTINUATION)*

Question	Age		*p*	Specialty		*p*
	≤ 35 years *n* (%)	> 35 years *n* (%)		G/O *n* (%)	GP *n* (%)	
LGBTQIA+						
'What do you consider to be possible barriers to the access of LGBTQIA+ people to SRH care?'						
1.Previous negative experiences	110 (61.4)	71 (49.0)	0.024*	90 (50.0)	91 (63.2)	0.017*
2. Fear of stigmatization	150 (83.8)	114 (78.6)	0.233	143 (79.4)	121 (84.0)	0.291
3. Heteronormative language	90 (50.3)	53 (36.5)	0.013*	69 (38.3)	74 (51.4)	0.019*
4. Health providers with little training	128 (71.5)	88 (60.7)	0.040*	109 (60.6)	107 (74.3)	0.009*
'Do you consider that it would be important to have an SRH consultation specific for LGBTQIA+ people?'						
1. Yes	99 (55.3)	65 (44.8)	0.033*	85 (47.2)	79 (54.9)	0.098
2. No	52 (29.1)	55 (37.9)		68 (37.8)	39 (27.1)	
3. Don't know	23 (12.8)	25 (17.3)		26 (14.4)	22 (15.3)	
4. Others	5 (2.8)	0 (0.0)		1 (0.6)	4 (2.8)	
Training needs						
'Do you consider it pertinent to hold trainings/workshops in this area?'						
1. Yes	178 (99.4)	133 (91.7)	0.002*	170 (94.4)	141 (97.9)	0.202
2. No	1 (0.6)	10 (6.9)		9 (5.0)	2 (1.4)	
3. Others	0 (0.0)	2 (1.4)		1 (0.6)	1 (0,7)	

* Statistically significant differences for a significance level of 0.05.
LGBTQIA+: Lesbian, Gay, Bisexual, Transexual/transgender, Queer, Intersexual, Asexual and Others. SRH: Sexual and Reproductive Health. G/O: Gynecology/Obstetrics. GP: General Practice. STDs: Sexually Transmitted Diseases.

Similarly, in the study "Health in Equality" of ILGA Portugal, 17.0% of the surveyed LGBTQIA+ individuals had already been subject to discrimination or inappropriate approaches in health services, 66.0% feared that mentioning their sexual orientation or gender identity would provoke discriminatory reactions during medical consultations and 37.0% had already omitted their sexual orientation and/or sexual behavior in a situation where it would have been important to mention this information[4]. Also in the European LGBTI 2020 Survey, 8.0% of the Portuguese transgender people and 6.0% of intersex individuals faced difficulties in accessing healthcare due to their gender identity and/or expression, 19.0% of trans people had been or had considered going abroad to access specific medical interventions/medications and 9.0% of intersex people reported not having access to adequate health assistance[9].

Despite not consensual, half of the physicians considered a family planning consultation specifically for LGBTQIA+ individuals as a relevant accomplishment. On the contrary, other respondents highlighted the importance of training and developing competencies in this field instead of creating a consultation addressed to LGBTQIA+ people that may even enhance stigmatization. Likewise, when directly surveyed, the majority (96.0%) of the physicians recognized the pertinence of holding trainings/workshops in this area.

In addition, our findings revealed that physician's individual factors such as age, medical specialty, professional category/years of clinical practice and region of the country where they work from, significantly

TABLE IV. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER PROFESSIONAL CATEGORY AND YEARS OF CLINICAL PRACTICE (RESIDENTS AND SPECIALISTS).

Question	Residency year		*p*	Years of specialization		*p*
	1st-3rd year *n* (%)	4th-6th year *n* (%)		<10 years *n* (%)	≥10 years *n* (%)	
Sexuality and gender identity						
'Is SRH within your areas of interest?'						
1. Yes	79 (92.9)	51 (98.1)	0.185	70 (82.4)	95 (93.1)	0.023*
2. No	6 (7.1)	1 (1.9)		15 (17.6)	7 (6.9)	
'In your clinical practice, do you feel comfortable in working with issues related to sexuality and gender identity?'						
1. Yes	57 (67.1)	36 (69.2)	0.792	55 (64.7)	84 (82.4)	0.006*
2. No	28 (32.9)	16 (30.8)		30 (35.3)	18 (17.6)	
'Do you usually approach the sexual orientation of your patients?'						
1. Always	0 (0)	2 (3.9)		0 (0.0)	11 (10.8)	
2. Frequently	13 (15.3)	13 (25.0)		13 (15.3)	25 (24.5)	
3. Sometimes	28 (32.9)	19 (36.5)	0.071	34 (40,0)	34 (33.3)	0.003*
4. Rarely	40 (47.1)	18 (34.6)		31 (36.5)	21 (20.6)	
5. Never	4 (4.7)	0 (0)		7 (8.2)	11 (10.8)	
'Do you usually approach the sexual behavior of your patients?'						
1. Always	0 (0)	1 (1.9)		1 (1.2)	11 (10.8)	
2. Frequently	31 (36.5)	18 (34.6)		28 (32.9)	31 (30.4)	
3. Sometimes	31 (36.5)	23 (44.2)	0.496	35 (41.2)	38 (37.2)	0.060
4. Rarely	22 (25.9)	10 (19.3)		20 (23.5)	18 (17.7)	
5. Never	1 (1.1)	0 (0)		1 (1.2)	4 (3.9)	
'Do you know what the acronym LGBTQIA+ stands for?'						
1. Yes	66 (77.7)	38 (73.1)	0.544	54 (63.5)	85 (83.3)	0.002*
2. No	19 (22.3)	14 (26.9)		31 (36.5)	17 (16.7)	
LGBTQIA+						
'Have you ever come into contact with LGBTQIA+ patients in your clinical practice?'						
1. Yes	65 (76.5)	49 (94.2)	0.007*	81 (95.3)	98 (96.1)	0.792
2. No	20 (23.5)	3 (5.8)		4 (4.7)	4 (3.9)	
'What do you consider to be the main difficulties in providing SRH care to LGBTQIA+ people?'						
1. Communication barriers	23 (27.1)	15 (28.9)	0.821	21 (24.7)	22 (21.6)	0.612
2. Addressing sexual orientation/behavior	42 (49.4)	29 (55.8)	0.470	43 (50.6)	36 (35.3)	0.035*
3. Perception of contraceptive needs and reproductive project	32 (37.7)	18 (34.6)	0.721	16 (18.8)	32 (31.4)	0.050
4. Preconceived ideas and/or prejudices	29 (34.1)	16 (30.8)	0.686	29 (34.1)	35 (34.3)	0.978
5. Fear of stigmatization	41 (48.2)	23 (44.2)	0.648	45 (52.9)	40 (39.2)	0.061
6. Lack of information in this area	51 (60.0)	26 (50.0)	0.252	42 (49.4)	49 (48.0)	0.852
7. Inexperience of the health professional	55 (64.7)	31 (59.6)	0.550	47 (55.3)	55 (53.9)	0.851

TABLE IV. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER PROFESSIONAL CATEGORY AND YEARS OF CLINICAL PRACTICE (RESIDENTS AND SPECIALISTS). *(CONTINUATION)*

Question	Residency year		*p*	Years of specialization		*p*
	1st-3rd year *n* (%)	4th-6th year *n* (%)		<10 years *n* (%)	≥10 years *n* (%)	
LGBTQIA+						
'What do you consider your level of preparedness to carry out a family planning consultation for LGBTQIA+ people?'						
1. Very good	2 (2.3)	3 (5.8)		2 (2.4)	9 (8.8)	
2. Good	10 (11.8)	10 (19.3)		7 (8.2)	27 (26.5)	
3. Acceptable	38 (44.7)	19 (36.5)	0.483	41 (48.2)	36 (35.3)	0.002*
4. Poor	31 (36.5)	19 (36.5)		32 (37.7)	25 (24.5)	
5. None	4 (4.7)	1 (1.9)		3 (3.5)	5 (4.9)	
'What do you think drives LGBTQIA+ people to a family planning consultation?'						
1. Controlling menstrual symptoms	56 (65.9)	33 (63.5)	0.773	45 (52.9)	55 (53.9)	0.894
2. Ensure amenorrhea	34 (40.0)	20 (38.5)	0.858	21 (24.7)	24 (23.5)	0.851
3. Other non-contraceptive benefits	47 (55.3)	23 (44.2)	0.209	44 (51.8)	52 (51.0)	0.915
4. Fertility preservation/Reproductive planning	49 (57.7)	31 (59.6)	0.821	48 (56.5)	42 (41.2)	0.037*
5. Pregnancy prevention	27 (31.8)	21 (40.4)	0.305	28 (32.9)	28 (27.5)	0.414
6. Emergency contraception	15 (17.7)	9 (17.3)	0.960	8 (9.4)	9 (8.8)	0.889
7. Prevention of STDs	66 (77.7)	39 (75.0)	0.722	54 (63.5)	63 (61.8)	0.804
'Do you consider that LGBTQIA+ people frequently use contraceptive methods?'						
1. Yes	19 (22.6)	13 (25.5)		20 (23.5)	26 (25.5)	
2. No	18 (21.4)	13 (25.5)	0.732	32 (37.7)	49 (48.0)	0.180
3. I have no experience	47 (56.0)	25 (49.0)		33 (38.8)	27 (26.5)	
'Do you consider that LGBTQIA+ people use less effective contraceptives?'						
1. Yes	12 (14.3)	12 (23.1)		19 (22.3)	33 (32.7)	
2. No	23 (27.4)	11 (21.1)	0.379	31 (36.5)	38 (37.6)	0.173
3. I have no experience	49 (58.3)	29 (55.8)		35 (41.2)	30 (29.7)	
'Do you consider that unwanted pregnancies occur more often in LGBTQIA+ people?'						
1. Yes	1 (1.2)	3 (5.8)		4 (4.7)	10 (9.9)	
2. No	28 (33.3)	17 (32.7)	0.306	34 (40.0)	54 (53.5)	0.030*
3. I have no experience	55 (65.5)	32 (61.5)		47 (55.3)	37 (36.6)	
'Do you consider that LGBTQIA+ people usually have multiple partners?'						
1. Yes	14 (16.7)	16 (31.4)		21 (24.7)	25 (25.0)	
2. No	24 (28.5)	15 (29.4)	0.097	35 (41.2)	54 (54.0)	0.106
3. I have no experience	46 (54.8)	20 (39.2)		29 (34.1)	21 (21.0)	

TABLE IV. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER PROFESSIONAL CATEGORY AND YEARS OF CLINICAL PRACTICE (RESIDENTS AND SPECIALISTS). *(CONTINUATION)*

Question	Residency year		*p*	Years of specialization		*p*
	1st-3rd year *n* (%)	4th-6th year *n* (%)		<10 years *n* (%)	≥10 years *n* (%)	
LGBTQIA+						
'What do you consider to be possible barriers to the access of LGBTQIA+ people to SRH care?'						
1.Previous negative experiences	51 (60.0)	36 (69.2)	0.276	42 (49.4)	52 (51.0)	0.831
2. Fear of stigmatization	72 (84.7)	45 (86.5)	0.768	71 (83.5)	76 (74.5)	0.134
3. Heteronormative language	46 (54.1)	22 (42.3)	0.180	37 (43.5)	38 (37.3)	0.383
4. Health providers with little training	62 (72.9)	31 (59.6)	0.105	56 (65.9)	67 (65.7)	0.978
'Do you consider that it would be important to have an SRH consultation specific for LGBTQIA+ people?'						
1. Yes	49 (57.7)	27 (51.9)	0.272	41 (48.2)	47 (46.1)	0.718
2. No	23 (27.0)	16 (30.8)		29 (34.1)	39 (38.2)	
3. Don't know	9 (10.6)	9 (17.3)		15 (17.7)	15 (14.7)	
4. Others	4 (4.7)	0 (0.0)		0 (0.0)	1 (1.0)	
Training needs						
'Do you consider it pertinent to hold trainings/workshops in this area?'						
1. Yes	85 (100.0)	51 (98.1)	0.199	82 (96.5)	93 (91.2)	0.250
2. No	0 (0.0)	1 (1.9)		3 (3.5)	7 (6.9)	
3. Others	0 (0.0)	0 (0.0)		0 (0.0)	2 (1.9)	

* Statistically significant differences for a significance level of 0.05.
LGBTQIA+: Lesbian, Gay, Bisexual, Transexual/transgender, Queer, Intersexual, Asexual and Others. SRH: Sexual and Reproductive Health. STDs: Sexually Transmitted Diseases.

impact their experience, level of knowledge and training needs on SRH care to the LGBTQIA+ community. Therefore, although both specialties were directly involved with SRH care in their clinical practice, GP professionals demonstrated less knowledge and clinical experience compared to G/O practitioners, reinforcing the need of additional training in this domain. Moreover, younger physicians and those with fewer years of clinical practice also showed to be less prepared to deal with sexuality and gender identity issues and providing SRH assistance to LGBTQIA+ people. Furthermore, professionals that worked in the North and South regions, which correspond to the most urbanized and inhabited parts of the country, revealed a higher involvement with sexual and gender minorities, contrarily to those from the Centre region and Islands.

A major strength of the present study is that it is a nationwide survey that included a significant number of G/O and GP physicians directly involved with SRH care in Portugal. Moreover, our findings may have important implications on clinical practice and healthcare assistance to sexual and gender minorities, highlighting the biggest challenges faced by physicians and their significant training needs on this subject, thus representing an important contribution to the literature.

The conclusions from this study should be evaluated within the context of its potential limitations. First, its self-assessment design, considering the opinion and perspective of health professionals involved with SRH,

TABLE V. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER REGION OF THE COUNTRY WHERE THEY PRACTICE.

Question	Country region				*p*
	North *n* (%)	Center *n* (%)	South *n* (%)	Islands *n* (%)	
Sexuality and gender identity					
'Is SRH within your areas of interest?'					
1. Yes	57 (87.7)	126 (92.0)	93 (93.0)	19 (86.4)	0.552
2. No	8 (12.3)	11 (8.0)	7 (7.0)	3 (13.6)	
'In your clinical practice, do you feel comfortable in working with issues related to sexuality and gender identity?'					
1. Yes	47 (72.3)	93 (67.9)	76 (76.0)	16 (72.7)	0.591
2. No	18 (27.7)	44 (32.1)	24 (24.0)	6 (27.3)	
'Do you usually approach the sexual orientation of your patients?'					
1. Always	0 (0.0)	5 (3.6)	6 (6.0)	2 (9.1)	
2. Frequently	16 (24.6)	21 (15.3)	25 (25.0)	2 (9.1)	
3. Sometimes	19 (29.2)	50 (36.5)	38 (38.0)	8 (36.4)	0.173
4. Rarely	26 (40.0)	52 (38.0)	23 (23.0)	9 (40.9)	
5. Never	4 (6.2)	9 (6.6)	8 (8.0)	1 (4.5)	
'Do you usually approach the sexual behavior of your patients?'					
1. Always	1 (1.5)	3 (2.2)	7 (7.0)	2 (9.0)	
2. Frequently	15 (23.1)	48 (35.0)	37 (37.0)	8 (36.4)	
3. Sometimes	29 (44.6)	49 (35.8)	41 (41.0)	8 (36.4)	0.079
4. Rarely	20 (30.8)	34 (24.8)	12 (12.0)	4 (18.2)	
5. Never	0 (0.0)	3 (2.2)	3 (3.0)	0 (0.0)	
'Do you know what the acronym LGBTQIA+ stands for?'					
1. Yes	45 (69.2)	101 (73.7)	80 (80.0)	17 (77.3)	0.446
2. No	20 (30.8)	36 (26.3)	20 (20.0)	5 (22.7)	
LGBTQIA+					
'Have you ever come into contact with LGBTQIA+ patients in your clinical practice?'					
1. Yes	60 (92.3)	119 (86.9)	99 (99.0)	15 (68.2)	<0.001*
2. No	5 (7.7)	18 (13.1)	1 (1.0)	7 (31.8)	
'What do you consider to be the main difficulties in providing SRH care to LGBTQIA+ people?'					
1. Communication barriers	19 (29.2)	39 (28.5)	17 (17.0)	6 (27.3)	0.174
2. Addressing sexual orientation/behavior	29 (44.6)	64 (46.7)	44 (44.0)	13 (59.1)	0.627
3. Perception of contraceptive needs and reproductive project	16 (24.6)	44 (32.1)	33 (33.0)	5 (22.7)	0.541
4. Preconceived ideas and/or prejudices	16 (24.6)	47 (34.3)	39 (39.0)	7 (31.8)	0.294
5. Fear of stigmatization	30 (46.2)	63 (46.0)	46 (46.0)	10 (45.5)	1.000
6. Lack of information in this area	31 (47.7)	71 (51.8)	53 (53.0)	13 (59.1)	0.810
7. Inexperience of the health professional	37 (56.9)	81 (59.1)	56 (56.0)	14 (63.6)	0.907

TABLE V. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER REGION OF THE COUNTRY WHERE THEY PRACTICE. *(CONTINUATION)*

Question	Country region				*p*
	North *n* (%)	Center *n* (%)	South *n* (%)	Islands *n* (%)	
LGBTQIA+					
'What do you consider your level of preparedness to carry out a family planning consultation for LGBTQIA+ people?'					
1. Very good	4 (6.1)	5 (3.6)	6 (6.0)	1 (4.6)	
2. Good	12 (18.5)	14 (10.2)	25 (25.0)	3 (13.6)	
3. Acceptable	29 (44.6)	55 (40.2)	41 (41.0)	9 (40.9)	0.097
4. Poor	16 (24.7)	58 (42.3)	26 (26.0)	7 (31.8)	
5. None	4 (6.1)	5 (3.7)	2 (2.0)	2 (9.1)	
'What do you think drives LGBTQIA+ people to a family planning consultation?'					
1. Controlling menstrual symptoms	39 (60.0)	78 (56.9)	57 (57.0)	15 (68.2)	0.768
2. Ensure amenorrhea	21 (32.3)	46 (33.6)	27 (27.0)	5 (22.7)	0.590
3. Other non-contraceptive benefits	31 (47.7)	76 (55.5)	49 (49.0)	10 (45.5)	0.614
4. Fertility preservation/Reproductive planning	31 (47.7)	73 (53.3)	54 (54.0)	12 (54.6)	0.858
5. Pregnancy prevention	24 (36.9)	37 (27.0)	34 (34.0)	9 (40.9)	0.351
6. Emergency contraception	9 (13.9)	17 (12.4)	11 (11.0)	4 (18.2)	0.814
7. Prevention of STDs	45 (69.2)	92 (67.2)	70 (70.0)	15 (68.2)	0.971
'Do you consider that LGBTQIA+ people frequently use contraceptive methods?'					
1. Yes	19 (29.2)	32 (23.7)	22 (22.0)	5 (22.7)	
2. No	22 (33.9)	28 (20.7)	55 (55.0)	7 (31.8)	<0.001*
3. I have no experience	24 (36.9)	75 (55.6)	23 (23.0)	10 (45.5)	
'Do you consider that LGBTQIA+ people use less effective contraceptives?'					
1. Yes	16 (24.6)	20 (14.8)	38 (38.0)	2 (9.1)	
2. No	21 (32.3)	36 (26.7)	38 (38.0)	8 (36.4)	<0.001*
3. I have no experience	28 (43.1)	79 (58.5)	24 (24.0)	12 (54.5)	
'Do you consider that unwanted pregnancies occur more often in LGBTQIA+ people?'					
1. Yes	3 (4.6)	8 (5.9)	7 (7.1)	0 (0.0)	
2. No	28 (43.1)	46 (33.8)	50 (50.5)	9 (40.9)	0.159
3. I have no experience	34 (52.3)	82 (60.3)	42 (42.4)	13 (59.1)	
'Do you consider that LGBTQIA+ people usually have multiple partners?'					
1. Yes	14 (21.9)	28 (20.7)	28 (28.3)	6 (27.3)	
2. No	29 (45.3)	42 (31.1)	53 (53.5)	4 (18.2)	<0.001*
3. I have no experience	21 (32.8)	65 (48.2)	18 (18.2)	12 (54.5)	
'What do you consider to be possible barriers to the access of LGBTQIA+ people to SRH care?'					
1.Previous negative experiences	32 (49.2)	81 (59.1)	58 (58.0)	10 (45.5)	0.407
2. Fear of stigmatization	51 (78.5)	113 (82.5)	84 (84.0)	16 (72.7)	0.568
3. Heteronormative language	29 (44.6)	62 (45.3)	46 (46.0)	6 (27.3)	0.431
4. Health providers with little training	41 (63.1)	92 (67.2)	67 (67.0)	16 (72.7)	0.859

TABLE V. PHYSICIAN EXPERIENCE, LEVEL OF KNOWLEDGE AND TRAINING NEEDS ON SRH CARE TO LGBTQIA+ PEOPLE PER REGION OF THE COUNTRY WHERE THEY PRACTICE. *(CONTINUATION)*

Question	Country region				*p*
	North *n* (%)	Center *n* (%)	South *n* (%)	Islands *n* (%)	
LGBTQIA+					
'Do you consider that it would be important to have an SRH consultation specific for LGBTQIA+ people?'					
1. Yes	30 (46.2)	75 (54.7)	49 (49.0)	10 (45.4)	0.475
2. No	24 (36.9)	41 (29.9)	37 (37.0)	5 (22.7)	
3. Don't know	11 (16.9)	18 (13.2)	13 (13.0)	6 (27.3)	
4. Others	0 (0.0)	3 (2.2)	1 (1.0)	1 (4.6)	
Training needs					
'Do you consider it pertinent to hold trainings/ /workshops in this area?'					
1. Yes	63 (96.9)	129 (94.2)	97 (97.0)	22 (100.0)	0.753
2. No	2 (3.1)	7 (5.1)	2 (2.0)	0 (0.0)	
3. Others	0 (0.0)	1 (0.7)	1 (1.0)	0 (0.0)	

* Statistically significant differences for a significance level of 0.05.
LGBTQIA+: Lesbian, Gay, Bisexual, Transexual/transgender, Queer, Intersexual, Asexual and Others. SRH: Sexual and Reproductive Health. STDs: Sexually Transmitted Diseases.

might have introduced inherent bias of information as their answers will be notably more subjective and dependent on their clinical experience. Besides, the use of an online and voluntary questionnaire, originally designed for this purpose, could be associated with several constraints, namely regarding its validation, disclosure and physicians' adherence. In this way, it would be pertinent to extend this survey to a larger number of participants, increasing its duration and using other means for the questionnaire's advertisement.

CONCLUSIONS

Physicians (G/O and GP) had insufficient knowledge and clinical experience regarding SRH care in sexual and gender minorities, recognizing their limitations and the imperious need of training in this field. These findings were more evident among General Practitioners, in young physicians and in those with less years of clinical practice, particularly if they work in the Centre region or Islands. Therefore, future training sessions aimed at physicians dedicated to SRH are fundamental in order to develop their skills and competency in providing care to the LGBTQIA+ community and improve global health assistance in our country.

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DA, AR and DM contributed to the concept, study design, analysis and interpretation of data. DA and AR were responsible for the article draft. TB supervised the team research and revised the article critically. All authors approved the final article as submitted and agreed to be accountable for all aspects of the work.

CONFLICT OF INTEREST

All contributing authors declare no conflicts of interest.

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CORRESPONDENCE TO:

Dora Antunes
E-mail: dora.antunes9@gmail.com
https://orcid.org/0000-0001-9536-8243

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