ORIGINAL RESEARCH ARTICLE

Evaluation of midwives' knowledge, attitudes, and opinions about LGBTI Individuals

DOI: 10.29063/ajrh2025/v29i1.5

Nazlı A. Sezer[1], Ayçasultan Kılıç[2], Seda F. Emre[3], Ezgi Tuna[4] and Nazlı S. Kurt[5]*

Kafkas University Faculty of Health Sciences, Department of Midwifery, Kars/Türkiye[1]; Kars Provincial Health Directorate Kağızman State Hospital Kars/Türkiye[2]; Antalya City Hospital Antalya/Türkiye[3]; Kars Harakani State Hospital Kars/Türkiye[4]; Kars Provincial Health Directorate Arpaçay Community Health Center Kars/Türkiye[5]

***For Correspondence:** Email: *nazakr80@gmail.com*; Phone: +90 5418708353

Abstract

LGBTI is an umbrella concept created by abbreviating the initials of the concepts lesbian, gay, bisexual, transgender and intersex. This study aims to investigate midwives' knowledge, attitudes and opinions towards LGBTI individuals. The sample of the study consisted of 264 midwives working in Turkey between January and March 2023. An information form consisting of questions about socio-demographic characteristics and LGBTI and the "Homosexuality Attitude Scale" was used to collect data.The average age of the midwives in the study was 28 ± 7.25 years, 82.6% of the midwives said they heard about LGBTI from the internet and social media, 37.1% said LGBTI individuals were very sensitive and vulnerable, 36.7% said being LGBTI was a psychological problem, 59.8% said they may have difficulty in educating LGBTI individuals, and 28.4% said there were LGBTI individuals in their circle of friends. The average score of the midwives on the Homosexual Attitude Scale was 165.56±2.14. In this study, it was decided that the attitudes of the midwives participating in the study towards homosexuals were negative and that they did not have enough information about LGBTI. *(Afr J Reprod Health 2025; 29 [1]: 46-58).*

Keywords: LGBTI; midwife; homosexuality; attitude

Résumé

LGBTI est un concept générique créé en abrégeant les initiales des concepts lesbienne, gay, bisexuel, transgenre et intersexe. Cette étude vise à étudier les connaissances, les attitudes et les opinions des sages-femmes à l'égard des personnes LGBTI. L'échantillon de l'étude était composé de 264 sages-femmes travaillant en Turquie entre janvier et mars 2023. Un formulaire d'information composé de questions sur les caractéristiques sociodémographiques et LGBTI et l'« Échelle d'attitude envers l'homosexualité » ont été utilisés pour collecter les données. L'âge moyen des sages-femmes participant à l'étude était de 28 ± 7,25 ans, 82,6 % des sages-femmes ont déclaré avoir entendu parler des personnes LGBTI sur Internet et les réseaux sociaux, 37,1 % ont déclaré que les personnes LGBTI étaient très sensibles et vulnérables, 36,7 % ont déclaré qu'être LGBTI était un problème psychologique, 59,8 % ont déclaré qu'elles pouvaient avoir des difficultés à éduquer les personnes LGBTI et 28,4 % ont déclaré qu'il y avait des personnes LGBTI dans leur cercle d'amis. Le score moyen des sages-femmes sur l'échelle d'attitude homosexuelle était de 165,56 ± 2,14.nDans cette étude, il a été décidé que les attitudes des sages-femmes participant à l'étude envers les homosexuels étaient négatives et qu'elles n'avaient pas suffisamment d'informations sur les LGBTI. *(Afr J Reprod Health 2025; 29 [1]: 46-58).*

Mots-clés: LGBTI; sage-femme; homosexualité; attitude

Introduction

LGBTI is an umbrella concept that is formed from the abbreviation of the initials of the concepts lesbian, gay, bisexual, transsexual, and intersex and which is used to describe individuals with sexual orientations other than heterosexual[1]. As a result of the current social structure and patriarchal order in Turkey, the term gender is used to refer to both the biological sex and gender of individuals in society[2]. Biological gender refers to the gender that begins to take shape in the intrauterine period with chromosomal, physiological, and biological characteristics and is assigned to the human being at birth[3,4]. In other ways, gender cites to the roles and responsibilities that are shaped within the framework of biological gender and expected to be fulfilled in society by the biological gender of the individual[5]. Humankind are social beings and begin to learn gender roles within the context of the

family, culture, social norms, religion, and traditions into which they are born. The family unit, which is the smallest structural unit of society and where the first social learning of the individual begins, is the place where the individual first learns gender roles by choosing clothes in the color appropriate to his or her biological gender at birth.

Sexual orientation is a concept that expresses the romantic, emotional, and sexual attraction an individual feels toward another individual of a certain gender[6,7]. When an individual's sexual orientation is towards individuals of the same sex, this is called homosexual; when it is towards individuals of the opposite sex, this is called heterosexual; and when it is towards both individuals of the same sex and individuals of the opposite sex, this is called bisexual[8]. The term gay is used for men, and the term lesbian is used for women who are homosexual[9]. Transsexuality is the rejection of one's biological gender and the desire to have the gender characteristics of the opposite sex (primary and secondary gender characteristics). At this point, there is an incompatibility between the biological gender of transsexual individuals and the gender they feel they belong to[10]. Intersex is the structure and appearance of the biological reproductive organs that the individual has as of birth and has a structure that is not suitable for the binary classification system of female or male[9]. Intersex individuals carry the morphological structure characteristics of both sexes[4].

The dominant ideology throughout the historical process is heterosexual orientation based on the coupling of men and women. All sexual preferences other than heterosexuality have been seen as illnesses, deviances, and defects and there have been constant attempts to normalize or heal them[11]. With the advances in medical science, the American Psychiatric Association stopped considering homosexuality as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973[12], and the World Health Organization started not to consider different sexual orientations as a disease in 1992; International Classification of Diseases (ICD-10) in 1992[11], and Turkey has stopped considering sexual orientation other than heterosexuality as a disease or personality disorder as of 2010 and considered it as having a different sexual orientation[13], Individuals with different sexual preferences have always existed throughout human history, but the dates when leading organizations stopped seeing different sexual preferences such as diseases and mental disorders are quite recent. While different sexual orientations are more accepted in modern societies, in traditional societies, sexual orientations other than heterosexuality are not accepted[14].

In societies where heteronormativity is accepted as the only truth, LGBTI individuals may be exposed to homophobic behavior by other individuals in the society, including attitudes such as negative behaviors, emotion, hatred, and disgust[15]. Homophobic attitudes lead to severe consequences such as exclusion, stigmatization, social isolation, and violence for LGBTI individuals. In a study, it was found that being religious increased homophobic attitudes 3.6 times, and especially the size of religiosity and homophobic attitudes were highly correlated[16]. In line with the conservative social structure in our country and the orders of Islam, homosexuality is prohibited; therefore, homosexuality is considered a sin in our country, and homosexual individuals are seen as a threat to society[1]. Homophobic attitudes developed by heterosexual individuals toward LGBTI individuals have a undesirable consequences on both the mental and physical health of LGBTI individuals[17]. In a meta-analysis study, the prevalence of depression, anxiety, alcohol, and substance use was 1.5 times higher in LGBTI individuals compared to heterosexual individuals. In addition, the results of the same study indicated that the possibility of suicide attempts was higher in LGBTI individuals than in heterosexual individuals[18]. This situation results from the fact that LGBTI individuals, who do not need a special health service, cannot access healthcare services sufficiently compared to heterosexual individuals. However, the right to health of LGBTI individuals is relied on the prohibition of all forms of discrimination related to sexual orientation and gender identity in both national and international legislation. LGBTI individuals should fully benefit from health services without discrimination based on sexual orientation or gender identity[19].

However, LGBTI individuals avoid seeking healthcare services due to homophobic attitudes, minority stress, exclusion, stigmatization, abuse, and a lack of political and social security. Therefore, the attitude of the healthcare professionals who

provide care to LGBTI individuals applying for health care is gaining much more importance. Healthcare providers develop their personal beliefs under the influence of social, religious, and cultural phenomena and provide health care within the framework of their personal beliefs. While healthcare providers provide services with a heterosexist approach to all patients who apply for service under the influence of the existing heteronormativity in society, they accept all applicants as heterosexual and fail to question sexual orientation.

The healthcare professional facing an individual who openly declares his/her sexual orientation provides healthcare with a prejudiced attitude[20]. The outcomes of a study show that healthcare professionals lack knowledge about the health state of LGBTI individuals, healthcare is shaped on the heterosexual axis, and there are deficiencies in the provision of healthcare to LGBTI individuals[19]. A study examining the knowledge, attitudes, and behaviors of midwives, who are an significant part of the health system and offer professional care to LGBTI individuals, has not been found in the literature. Therefore, this research targeted to examine the knowledge, attitudes, and behaviors of midwives towards LGBTI individuals.

Methods

The type of research

The research was conducted in a descriptive design.

The research questions are:

Do midwives have knowledge and attitudes about LGBTI individuals?
What are the opinions of midwives about LGBTI individuals?

Place and characteristics of the study

The research was conducted in Turkey from January 20 to March 20, 2023. Turkey consists of seven regions (Eastern Anatolia, Southeastern Anatolia, Central Anatolia, Marmara, Black Sea, Mediterranean, and Aegean regions). The research was conducted on social media (Gmail, WhatsApp, Telegram, Instagram, and Twitter) in any environment with internet access through Google Forms. The first question on the questionnaire form was about volunteering, and midwives who agreed to volunteer were included in the study.

Population and sample of the study

The population of the study consisted of midwives working in Turkey, and the sample consisted of 264 midwives who fullfilled the research criteria and voluntarily agreed to participate in the study from January 20 to March 2023 without any sampling method.

Data collection tools and characteristics

A data form consisting of 32 questions about socio-demographic characteristics and LGBTI and the "Attitudes towards Homosexuality Scale" prepared by the researchers in line with the literature review was used. The Homosexuality Attitude Scale was developed by Doğan *et al*. in 2008, and its validity and reliability were studied[21]. The scale is a 5-point Likert-style measurement tool consisting of 56 items that measure individuals' attitudes and knowledge levels toward homosexuality. The 26 items in the scale were reverse coded. For each item on the scale, the evaluation is made in the form of “Strongly disagree” (1 point), “Disagree” (2 points), “No idea” (3 points), “Agree” (4 points), “Strongly agree” (5 points). The lowest score that can be obtained on the scale is 56, and the highest score is 280. A low score indicates a positive attitude, while a high score indicates a negative attitude. The Cronbach alpha value of the scale is 0.952. The Cronbach's alpha value of this study is 0.962.

Data collection

The data was obtained online via a Google form and the time it takes to fill out the forms varies from person to person.
Criteria for inclusion in the study for volunteers*:* Becoming a midwife and accepting informed consent.
Exclusion criteria for volunteers*:* Being a health professional other than a midwife, filling out the survey forms incompletely.

Data evaluation

The data were analyzed with SPSS for the Windows 22 package program. In the analysis of the data, numbers, percentiles, mean, standard deviation, minimum and maximum values, as well as a t-test

in independent groups, variance analysis, and Pearson correlation analysis were used (LSD was used in cases where the variances were homogeneous, and Dunnet C was used in cases where they were not).

Ethical principles of the study

In the study, permission was obtained from the chairmanship of the ethics committee of Kafkas University, Faculty of Health Sciences, Non-Interventional Studies Ethics Committee. Permission was obtained from the midwives participating in the study to accept or refuse to participate in the research in the online survey form. Permission to use the "Homosexuality Attitude Scale" was obtained on November 28, 2022.

Results

96.2% of midwives were sexually and emotionally attracted to men, 47.7% were single and 76.9% had a bachelor's degree. The income of 43.6% of the midwives was equal to their expenditures, 20.5% lived in the Marmara region of Turkey, and 33.7% lived in a big city. 48.1% of the midwives worked in a public hospital, 27.3% served in a delivery room, and 34.8% had been working for 1 to 5 years (Table 1).

The total mean score of midwives on the Homosexuality Attitude Scale is 165.56±34.83. The difference in the total mean score of the Homosexuality Attitude Scale according to marital status and the region where midwives lived for the longest time was statistically significant ($p<0.05$) (Table 1).

In the further analysis (Dunnet C) performed to determine which group was the source of the variance according to marital status, as decided the scores of married people were more above than those of single people ($p<0.01$). In the further analysis (LSD) conducted to determine which group caused the difference according to the region where the longest lived, as decided the scores of those who lived in the Eastern Anatolia Region the longest were higher than those who lived in the Central, Black Sea, Mediterranean, Aegean, and Marmara Regions the longest ($p<0.05$).

The difference in the total mean scores of the Attitudes Toward Sexuality Scale according to the midwives' sexual orientation, educational level, income status, place of residence, institution, unit, and working period was not statistically significant ($p>0.05$) (Table 1).

72% of midwives have adequate knowledge about sexual identity, 55.3% did not gain sufficient information about sexual identity in midwifery education, 67.8% want to receive education about sexual identity, and 35.6% have a negative opinion of asking about sexual orientation during data collection. 47.3% of midwives think that homosexuals choose to be homosexual, 54.2% think that bisexuals choose to be bisexual, 59.5% think that transsexuals choose to be transsexual, and 75.4% believe that "Intersex individuals always adapt to the gender chosen by their family/doctors after birth." (Table 2).

According to the midwives' desire to receive information about sexual identity and their views about homosexual, bisexual, and transsexual individuals, the difference in the total mean score of the Attitude Scale for Same-Sex Attitudes was statistically significant ($p<0.01$)(Table 2).

In the further analysis (LSD) conducted to determine the group from which the difference in opinions about homosexual individuals resulted, as decided the scores of those who thought that homosexuals were born as homosexual were lower than those who thought that homosexuals chose to be homosexual and learned to be homosexual from someone else.

In the further analysis (LSD) conducted to determine from which group the difference resulted according to the opinions about bisexual individuals, as decided the scores of those who thought that bisexuals were born as bisexual were lower than those who thought that bisexuals chose to be bisexual and learned to be bisexual from someone else.

In the further analysis (LSD) conducted to determine which group caused the difference in views about transsexual individuals, as decided all groups were different from each other.According to the midwives' opinions on having sufficient information about sexual identity, receiving sufficient information about sexual identity in midwifery education, being asked about sexual orientation while collecting data, and the midwives' opinions on intersex individuals, the difference in the total mean score of the Homosexuality Attitude Scale was not statistically significant ($p>0.05$).

Table 1: Demographic characteristics of midwives and comparison of homosexuality attitude scale scores

		N	%	X̄ ±SD	Test value and significance
Sexual Orientation of Midwives	I am sexually and emotionally attracted to women.	2	0.8	145.00±39.60	F= 0.997 P=0.370
	I am sexually and emotionally attracted to men.	254	96.2	165.28±34.95	
	I am not sexually and emotionally attracted to men and women.	8	3	179.50±29.37	
Marital Status	Married	122	46.2	174.62±29.69	
	Divorced	16	6.1	153.13±41.47	F=8.270
	Single	126	47.7	158.37±36.62	**P=0.000**
Educational Level	High school	8	3.0	190.88±38.23	
	License	203	76.9	164.12±34.14	F=2.375
	Postgraduate	53	20.1	167.49±36.09	P=0.095
Income Status	Income less than expenditure	111	42	168.96±35.63	F=0.918
	Income equal to expenditure	115	43.6	162.95±34.79	P=0.401
	Income more than expenditure	38	14.4	163.53±32.58	
The region where the midwife lived the longest	Eastern Anatolia Region	48	18.2	179.75±30.94	
	Central Anatolia Region	33	12.5	160.88±33.25	
	Southeastern Anatolia Region	49	18.6	173.04±33.57	
	Black Sea Region	17	6.4	159.53±41.28	F=2.727
	Mediterranean Region	35	13.3	158.74±37.89	**P=0.014**
	Aegean Region	28	10.6	159.29±32.08	
	Marmara Region	54	20.5	158.59±34.12	
Place of Residence	Metropolitan	87	33.7	164.09±36.53	F=0.224
	City	83	31.4	166.30±33.03	P=0.880
	District	89		165.70±35.25	
	Village	5	1.9	176.40±34.51	
Employed Institution	Private hospital/clinic	21	8.0	146.48±42.00	F=1.832
	Public Hospital	127	48.1	164.49±31.69	P=0.107
	Training Research and Application Hospital	47	17.8	169.66±34.13	
	Family Health Center	31	11.7	173.84±38.36	
	Community Health Center	30	11.4	167.40±38.90	
	Sanitarium	8	3.0	169.63±25.90	
Unit of Work	Delivery Room	72	27.3	158.49±35.94	F=1.276
	Maternity Ward	31	11.7	163.94±35.19	P=0.274
	Gynecology Service	6	2.3	171.17±28.81	
	Neonatal Intensive Care Unit	8	3.0	174.38±24.19	
	A unit outside the professional field	31	11.7	175.42±38.48	
	Other	116	43.9	166.85±33.60	
Working Year	Less than 1 year	59	22.3	167.61±31.31	F=0.793
	1-5 years	92	34.8	161.47±38.75	P=0.499
	6-10 years	48	18.2	165.31±31.33	
	11 years and more	65	24.6	169.68±34.59	
Continuous Variables	**n**	**X̄ ±SD**			
	264	28 ± 7.25			
Scale	**n**	**min**		**max**	**X̄ ±SD**
Total Scores of the Homosexuality Attitude Scale	264	68.00		239.00	165.56±34.83

Table 2: Sexual identity, homosexual, bisexual, transsexual, and intersex views of midwives and Comparison of Homosexuality Attitude Scale Scores

		n	%	$\bar{X}$ ±SD	Test value and significance
Having Adequate Knowledge about Sexual Identity	Yes	190	72.0	165.16±37.04	t=-0332
	No	74	28.0	166.58±28.58	P=0.740
Getting Adequate Information about Sexual Identity in Midwifery Education	Yes	118	44.7	168.90±36	t=1.402
	No	146	55.3	162.86±33.74	P=0.162
The Desire to Receive Training about Sexual Identity	Yes	179	67.8	160.94±34.97	t=-3.183
	No	85	32.2	175.29±32.66	**P=0.002**
Asking Individuals about Sexual Orientation During Data Collection	Yes	78	29.5	162.68±35.50	F=0.449
	No	94	35.6	165.81±38.45	P=0.639
	Undecided	92	34.8	167.75±30.28	
Midwives' Opinions on Homosexual Individuals	He was born as a homosexual	114	43.2	154.42±36.21	F=11.967
	He chose to be a homosexual himself.	125	47.3	172.43±31.30	**P=0.000**
	He learned to be a homosexual from someone else	25	9.5	182.00±30.71	
Midwives' Opinions on Bisexual Individuals	He was born as bisexual.	89	33.7	151.01±36.57	F=14.707
	He chose to be bisexual himself.	143	54.2	170.73±31.90	**P=0.000**
	He learned to be bisexual from someone else	32	12.1	182.94±28.17	
Midwives' Opinions on Transsexual Individuals	He was born a transsexual.	80	30.3	145.85±35.12	F=35.542
	He chose to be a transsexual himself.	157	59.5	171.46±30.73	**P=0.000**
	He learned to be a transsexual from someone else	27	10.2	189.67±29.20	
Midwives' Opinions on Intersexual Individuals	Intersex individuals always adapt to the gender chosen by their family/doctors after birth.	196	75.4	167.16±36.27	t=1.618 P=0.205
	Intersex individuals always adapt to the gender chosen by their family/doctors after birth.	64	24.6	160.75±30.86	

65.9% of the midwives defined themselves religiously as "I have a religious belief, I fulfill some of the requirements of religion", and 28.4% thought that LGBTI individuals were very sensitive and vulnerable. 91.3% of them stated that there were no known LGBTI individuals in their family and 71.6% of them stated there were no known LGBTI individuals in their circle of friends (Table 3).

The difference in the mean total score of the Homosexuality Attitude Scale according to the midwives' religious beliefs, their thoughts about LGBTI, and the presence of LGBTI individuals in their circle of friends was statistically significant ($p<0.05$) (Table 3).

In the further analysis (LSD) conducted to determine from which group the difference resulted according to self-definition in terms of religion, as decided all groups were different from each other.

The mean score of those who have known LGBTI people in their circle of friends is lower. In the further analysis (LSD) conducted to determine from which group the difference resulted according to the thoughts about LGBT; as decided the scores of those who answered that LGBTI individuals should receive sexual health education because LGBTI individuals have promiscuous sexual intercourse were lower than those who answered that it is not religiously permissible to be an LGBTI individual.

Table 3: Comparison of midwives' religious beliefs, their thoughts about LGBTI, the presence of LGBTI individuals in their family and circle of friends, and Homosexuality Attitude Scale Scores

		n	%	$\bar{X}$ ±SD	Test value and significance
Religious beliefs of midwives	I have a religious belief. I fulfill the requirements of religion.	66	25.0	190.67±25.29	
	I have a religious belief. I fulfill some requirements of religion.	174	65.9	162.16±30.82	F=33.301 **P=0.000**
	I have just a religious belief. I don't fulfill the requirements of religion	18	6.8	127.67±26.52	
	I have no belief	5	1.9	107.00±40.55	
	Other	1	0.4		
Midwives' thoughts about LGBTI	Being LGBTI is an illness.	12	11.0	160.00±26.55	F=3.291
	Being LGBTI is a spiritual problem.	16	14.7	178.56±22.08	**P=0.003**
	It is not religiously permissible to be an LGBTI individual.	9	8.3	172.67±40.10	
	LGBTI is a trend.	2	1.8	177.00±9.90	
	An LGBTI person experienced a traumatic event when he was a child and became an LGBTI person as a result.	15	13.8	159.13±28.71	
	LGBTI individuals should receive sexual health education because they have promiscuous sexual relations.	13	11.9	141.15±33.15	
	LGBTI individuals are very sensitive and vulnerable people.	31	28.4	145.81±28.58	
	LGBTI individuals have special health needs.	11	10.1	170.73±28.78	
The presence of an LGBTI individual in the family	Yes	23	8.7	158.48±35.22	t= -1.021
	No	241	91.3	166.24±34.79	P=0.308
The presence of an LGBTI person in the circle of friends	Yes	75	28.4	146.77±35.44	t=-5.860
	No	189	71.6	173.02±31.72	**P=0.000**

LGBTI is a trend, and after a while this trend will pass like others, and LGBTI individuals have special health needs. According to the presence of LGBTI individuals in the family, the difference in the total mean score of the Homosexuality Attitude Scale was not statistically significant (p>0.05) (Table 3).

55.3% of midwives' source of information about LGBTI is the Internet/social media, 68.2% of midwives do not have sufficient knowledge about approaching an LGBTI Individual, 36.7% of midwives address an LGBTI Individual by asking how they would like to be addressed, 94.8% of midwives treat LGBTI Individual in the same way as other patients, 12.5% of midwives have previously cared for LGBTI Individual, 59. 8% have difficulty in educating LGBTI individuals on sexual issues; 72.3% do not want to work in an LGBTI-specific clinic, 60.2% do not take more precautions when taking blood from LGBTI individuals, 90.5% advocate for LGBTI individuals, 86.4% did not feel compassion and interest in LGBTI individuals; 70.5% did not feel uneasy when touching LGBTI individuals.

Table 4: Comparison of midwives' knowledge and attitudes about LGBTI and Homosexuality Attitude Scale Scores

		n	%	$\bar{X}$ ±SD	Test value and significance
Sources of information about LGBTI	During vocational training	29	30.9	179.31±29.83	F=2.501
	TV/Radio	3	3.2	191.33±28.10	**P=0.048**
	Social media	52	55.3	170.60±33.18	
	Circle of friends	2	2.1	170.00±2.83	
	Other	8	8.5	140.63±41.13	
Having Sufficient Knowledge On Approaching to LGBTI Individuals	Yes	84	31.8	157.23±41.67	t=-2.405
	No	180	68.2	169.45±30.49	**P=0.018**
The Way of Addressing the LGBTI Individual	I address them by their name in the ID.	76	28.8	175.67±30.23	F=6.158
					P=0.000
	I add Mr/Mrs next to their name on the ID.	34	12.9	179.44±34.32	
	I address them by adding Mr. to the beginning of their surname.	17	6.4	164.18±45.82	
	I address them as you	40	15.2	163.40±28.43	
	I ask them how they want to be addressed.	97	36.7	153.91±35.18	
General Behavior towards LGBTI Individuals	I treat other patients the same way.	236	94.8	164.83±34.25	F=4.325
					P=0.014
	I try to get in and out of the patient's room less.	7	2.8	197.43±28.85	
	I don't talk to the patient unless I have to.	6	2,4	187.50±26.72	
Previous Caregiving for an LGBTI Person	Yes	33	12.5	156.06±41.30	t=-1.681
	No	231	87.5	166.92±33.69	P=0.094
Difficulty in Educating LGBTI Individuals on Sexuality	Yes	158	59.8	175.65±30.58	t=5.958
	No	106	42.3	150.52±35.48	**P=0.000**
Willingness to Work in an LGBT-Specific Clinic	Yes	73	27.7	133.51±29.95	t=-11.228
	No	191	72.3	177.81±28.18	**P=0.000**
Taking More Precautions When Taking Blood from LGBTI Individuals	Yes	105	39.8	178.24±29.34	t=5.226
	No	159	60.2	157.19±35.72	**P=0.000**
Advocacy for LGBTI Individuals	Yes	239	90.5	162.89±34.90	t=-5.766
	No	25	9.5	191.08±21.68	**P=0.000**
Compassion and Concern for LGBTI Individuals	Yes	36	13.6	150.78±34.63	t=-2.775
	No	228	86.4	167.89±34.36	**P=0.000**
Feeling uneasy while touching an LGBTI person	Yes	78	29.5	186.79±28.44	t= 6.970
	No	186	70.5	156.66±33.44	**P=0.000**

The difference in the total mean score of the Homosexuality Attitude Scale according to the midwives' sources of information about LGBTI, having sufficient knowledge about the approach to the LGBTI individual, addressing the LGBTI individual, general behavior, giving care previously, having difficulty in giving sexual education, willingness to work in an LGBTI-specific clinic, taking more precautions when taking blood from the LGBTI individual, advocating for the LGBTI individual, having compassion and interest in the LGBTI individual, and being uneasy when touching the LGBTI individual is statistically significant ($p<0.05$) (Table 4).

In the further analysis (LSD) conducted to determine which group is the source of the

difference according to the source of LGBTI information, as decided the scores of those who received information from other sources were lower than those who received information from the courses they took during vocational education, television/radio, and internet/social media.

The mean score of those who have sufficient knowledge about approaching an LGBTI person is lower.

In the further analysis (LSD) conducted to determine from which group the difference resulted according to the way of addressing the LGBTI individual; as decided the scores of those who answered "I ask how they want to be addressed." were lower than those who answered "I address them by their name on his/her identity card", "I address them by their name on his/ her identity card," and "I add Mr/Mrs next to their name".

In the further analysis (LSD) conducted to determine from which group the difference originated according to the general way of treating the LGBTI individual, it was settled that the scores of those who responded that "I behave in the same way as other patients" were lower than those who responded that "I try to get in and out of the patient's room less".

Those who have difficulty in providing sexual education to LGBTI individuals have a higher mean score.

Those who want to work in an LGBTI-specific clinic have a lower mean score.

Those who take more precautions when taking blood from LGBTI individuals have a higher mean score. The mean score of those who advocate for LGBTI individual is lower.

The mean score of those who have compassion and interest for LGBTI individual is lower.

The mean score of those who feel uneasy while touching LGBTI individual is lower.

The difference in the mean total score of the Homosexuality Attitude Scale according to the midwives' previous care of an LGBTI person was not statistically significant ($p>0.05$)

Discussion

Midwives have a key role in sexual and reproductive health. Therefore, considering that evaluating the knowledge, attitudes, and opinions of midwives towards LGBTI individuals is important for LGBTI individuals in particular and for public health in general, this study was conducted to include midwives in seven regions of Turkey. According to the findings of the study, 96.2% of midwives were sexually and emotionally attracted to men. In a study conducted by Yüksel[22], with nursing students, 97.6% of the students were attracted to opposite sex.

In this study, when the average scores of the midwives on the homosexual attitude scale were examined, it was seen that the married ones were higher than the single ones. In the study conducted by Akhan Utaş and Ünsal Barlas[23], with healthcare professionals, the difference in the mean score of the Homosexuality Attitude Scale according to marital status was statistically significant and it was stated that this difference was due to married people. The results of our research are similar to the literature. It is thought that this similarity arises from cultural and social structure (Table 1).

In this study, it was observed that the attitude scale scores of midwives living in the Eastern Anatolia Region towards homosexuality were higher than those of midwives living in other regions.It is thought that this is due to the fact that homosexuality is higher in the western regions and the rate of midwives encountering LGBTI individuals is lower in the Eastern Anatolia Region (table 1). As a outcome of the study, the total mean score of midwives on the Homosexual Attitude Scale was 165.56±34.83. In this context, midwives do not show sufficient attitudes towards homosexual individuals.

72% of midwives, who are at the center of sexual and reproductive health, stated that they had sufficient information about sexual identity, but more than half of them stated that they did not receive sufficient information about sexual identity during midwifery training. This shows that midwives obtain information about sexual identity from different sources after graduation. Although 72% of the midwives stated that they knew their sexual identity, 67.8% of them stated that they wanted to get information about sexual identity. This suggests that midwives want to access more accurate and effective information about their sexual identity. Studies in the literature show similarities with our study result and health professionals do not receive sufficient information about sexual identity during vocational training[24-28]. It is recommended that midwives be provided with sufficient information about sexual identity during midwifery education and in-service training after

graduation. 35.6% of midwives have a negative view of asking questions about sexual orientation while collecting data from individuals who apply for service. Complete and accurate data should be collected in order to provide holistic care. Therefore, it is thought to emphasize the importance of training on sexual identity, sexual orientation, reproductive health, and sexual health during midwifery education (Table 2).

47.3% of midwives think that homosexuals, 54.2% of them think that bisexuals, and 59.5% of them think that transsexuals choose to be homosexual, bisexual, and transsexual themselves. 75.4% of midwives believe that "Intersex individuals always adapt to the gender chosen by their family/doctors after birth."

The result of the study conducted by Öcalan and Hiçdurmaz[28], with nurses is similar to the result of our study. In the study conducted by Utaş Akhan and Ünsal Barlas[23], 15.5% of health professionals stated that they chose homosexuality and bisexuality themselves. In a study conducted by Küçükkaya[26], with nursing students, 50.8% of the students stated that LGBTI is an illness and should be treated. In a study by Deniz Doğan[10], as decided nurses saw transsexuality more as a personal choice. The reason for the difference with the study of Akhan Utaş and Ünsal Barlas[23], is thought to be due to the year the study was conducted and the increase and updating of information about LGBTI over time. At the same time, the difference in the total mean score of the Homosexuality Attitude Scale according to the midwives' opinions about homosexual, bisexual, and transgender individuals who want to receive information about sexual identity is statistically significant ($p<0.05$).

The mean score of those who wanted to receive education on sexual identity was lower. In the further analysis (LSD) conducted to determine which group was the source of the difference according to the views on homosexual and bisexual individuals, as decided those who thought that homosexuals were born as homosexuals and bisexuals were born as bisexuals had lower Homosexual Attitude Scale scores. In the further analysis (LSD) conducted to determine which group caused the difference in views about transsexual individuals, as decided all groups were different from each other. This indicates that midwives do not have sufficient knowledge about sexual identity and sexual orientation, but their willingness to receive training to satisfy this information hunger shows that midwives care about this issue and want to provide more effective and quality care and counseling (Table 2).

97.7% of the midwives believed in religion, but 65.9% of them defined themselves religiously as "I have a religious belief, I fulfill some requirements of religion". At the same time, the difference between the midwives' religious beliefs and the total mean score of the ITS was statistically significant ($p<0.05$), and further analysis showed that all groups were different from each other. In the study conducted by Öcalan and Hiçdurmaz[28], 54.2% of the nurses defined themselves religiously as "I have a religious belief and fulfill some requirements of religion". In the study conducted by Yüksel[22], with nurse students, 97.6% of the students believed in any religion, and the mean strength of belief was found to be 4.27±1.27. 28.4% of midwives think that LGBTI individuals are very sensitive and vulnerable. In the study conducted by Öcalan & Hiçdurmaz[28], 38.6% of nurses thought that LGBTI individuals were very sensitive and vulnerable. The reason why midwives and nurses think this way to a little extent, may be because of the fact that LGBTI individuals are exposed to more stigma in society and cannot express themselves comfortably Table 3.

8.7% of midwives stated that there were LGBTI individuals in their family circle, and 28.4% stated that there were LGBTI individuals in their circle of friends. Also as decided the difference in the total mean score of the Homosexuality Attitude Scale was statistically significant ($p<0.05$) according to the presence of LGBTI individuals in the midwives' circle of friends, and the mean score of those with known LGBTI individuals in their circle of friends was lower. In the study conducted by Yüksel[22], with nurse students, 26% of the students declared that they had a homosexual acquaintance, and in the study conducted by Baykal Akmeşe and Alış[29], 16.5% of the students declared that there was a transsexual individual in the family or relatives. In the study conducted by Mete and Özerdoğan[30], 3.6% of the students declared that they knew a homosexual individual in their family, and 24.7% among their friends. In a study conducted by Utaş Akhan and Ünsal Barlas[23], with healthcare professionals, it was stated that 14.5% of healthcare professionals had homosexual or bisexual sexual preferences in their families and 9.6% in their circle of friends. The result of our study is similar to the

literature. As seen in this research and other researches, the number of LGBTI individuals cannot be underestimated and it is thought that midwives should first learn the right information from the right source to provide quality service to these individuals (Table 3).

The difference between the midwives' opinions about LGBTI and the total mean score of the Homosexuality Attitude Scale was statistically significant ($p<0.05$). In further analysis, it was settled that the scores of those who answered that LGBTI individuals should receive sexual health education because they have promiscuous sexual intercourse were low. In the study conducted by Öcalan and Hiçdurmaz[28], 69.3% of nurses stated that LGBTI individuals should receive sexual health education because they had promiscuous sexual intercourse. This research finding is similar to the result of our study.

It can be said that midwives have the opinion that LGBTI individuals should be properly informed about sexual health education to prevent sexually transmitted infections and promote health to protect the health of LGBTI individuals first and then the health of the community (Table 3).

More than half of the midwives get information about LGBTIs from the internet/social media. 68.2% of midwives do not have sufficient knowledge about approaching an LGBTI person, and 36.7% addressed the LGBTI person by asking how they would like to be addressed. Only 12.5% of midwives had previously provided healthcare for an LGBTI person. Almost every midwives who provided healthcare to LGBTI individuals behaved in the same way as other patients.

More than half of the midwives had difficulty in providing sexual education to LGBTI individuals. 72.3% of the midwives did not want to work in an LGBTI-specific clinic, and 39.8% stated that they needed to take more precautions when taking blood from LGBTI individuals. 86.4% of midwives do not feel compassion or interest in LGBTI individuals, and 70.5% do not feel uneasy when touching LGBTI individuals. The findings of our study are similar to the literature[23,26,28]. This similarity is thought that because of the fact that midwives live in the same cultural structure and society as well as the training received. 90.5% of midwives stated that they would advocate in cases of inequality experienced by LGBTI individuals while receiving care. In the study of Öcalan and Hiçdurmaz[28], 73.7% of nurses stated that they would advocate for LGBTI individuals. It can be said that this difference may be due to the fact that midwives encounter problems related to sexual identity and sexual orientation more and form the basis of preventive health services (Table 4).

As decided midwives who had sufficient knowledge about the approach to LGBTI individuals, those who asked how they wanted to be addressed, those who behaved in the same way as other patients, those who wanted to work in clinics specific to LGBTI individuals, those who wanted to advocate for LGBTI individuals, those who were caring and compassionate, and those who felt uneasy while touching developed more positive attitudes towards LGBTI individuals. In this case, it can be said that midwives develop more professional behaviors and attitudes while providing care and counseling services for these individuals as their level of knowledge about sexual identity and sexual orientation increases.

The midwives who stated that they had difficulties in providing sexuality education to LGBTI individuals and took more precautions when taking blood from LGBTI individuals had higher mean scores on the Sexual Attitude Scale. This shows that midwives develop negative attitudes. In addition, this may be because midwives do not have sufficient knowledge about LGBTI individuals.

Conclusion

As a result, as decided midwives had a level of knowledge about LGBTI and generally showed positive behavior, but this was not sufficient. Midwives' positive attitudes towards LGBTI individuals are not at a sufficient level. In accordance with the outcomes of the study, LGBTI individuals should not be ignored, these individuals need midwifery healthcare and counseling. The right to health is the most natural right of all individuals regardless of sexual orientation and sexual identity. Midwives, who contribute to the improvement of individual health and public health by providing professional care, should also provide care and counseling services by being aware of this right. Therefore, midwives should be provided with sufficient knowledge about sexual identity, sexual orientation, and sexual and reproductive health during midwifery education. In addition, midwives working in the field should also be provided with

sufficient knowledge through in-service training and existing information should be updated.

Difficulties and limitations of the study

The limitations of the study are that only midwives were included in the study. The difficulties of the study are that the data was sent to midwives working in different parts of our country as an online form in order to reach more midwives.

References

1. Bilgilier HA and İnceli P. Production and Spread of Sexual Identity-Based Hate Speech in New Media: Example of Youtube. Global Media Journal TR Edition 2021;12(23): 28-57. https://www.researchgate.net/publication/358683792
2. Aslan K and Toker ÇD. Being LGBT in Turkey: Cross-sectional data analysis in the triangle of discrimination, violence, satisfaction Bidge Yayınları 2023;210
3. Ayçiçek M. The effect of social media and social media phenomena on homophobia. İstanbul Gelişim University 2020; Master's Thesis.
4. Ekitli GB and Çam MO. A review of Our Handicapped Area of Care Process for, LGBTI. Journal of Psychiatric Nursing 2017;8(3):179-187. https://doi.org/10.14744/phd.2017.97659
5. Bülbül A and Başar K. Incarceration, sexual identity and health. Community and Physician (2023); 38(1): 43-58.
6. Durmuş H, Balcı E, Solak Y and Timur A. Discrimination based on sexual orientation: Homophobia in intern physicians. Medical Research Reports 2018; 4(3): 18-27.
7. Karataban E and Balcıoğlu İ. Examining discrimination based on sexual orientation and gender identity in the context of hate crimes. Intellectual Human and Society Journal *2021;7*(2): 169-190. https://doi.org/10.17932/IAU.AIT.2015.012/ait_v07i2004
8. Soner G and Altay B. Health of Homosexual and Bisexual Individuals and Nursing Care. Süleyman Demirel University Journal of Health Sciences 2019;10(4):454-459. DOI: 10.22312/sdusbed.520068
9. Başar K. Sexual identity and health inequality: Medicine beyond the individual and the clinic. Community and Physician 2020;35(4): 252-268.
10. Deniz Doğan S, Karaçay Yıkar S, Atıcı M and Arslan S. The approach of nurses working in the plastic surgery service to transgender individuals who have gender reassignment surgery. Cukurova Medical Journal 2020; 45(4): 1355-1360. https://doi.org/10.17826/cumj.726189
11. Hasan K and Kırman T. Homophobia: A Theoretical and Empirical Assessment. Researcher: Social Science Studies 2020;8(1): 86-104.
12. Karaca P. Examining the discrimination that LGBTI individuals may face in the health sector. Adnan Menderes University 2019; Master's Thesis.
13. İpek RE and Türk Delibalta R. Determining university students' views on homosexuality. Journal of Life Long Nursing 2022;3(1); 36-55.
14. Kanbur N. Internalized homophobia in adolescents: Is it really about culture or religion? Journal of The Canadian Academy of Child and Adolescent Psychiatry 2020;29(2):124-126.
15. Ventriglio A, Castaldelli-Maia JM Torales J, Berardis DD and Bhugra D. Homophobia and mental health: A scourge of modern era. Epidemiology and Psychiatric Sciances 2021;30:1-3. https://doi.org/10.1017/S2045796021000391
16. Vildosola-Oyarce O, Fernandez-Rodriguez A and Sintjago-Maury E. Association between homophobia and sociodemographic characteristics in health workers in southern Chile. International Journal of Environmental Research and Public Health 2022;19(13749):1-9. https://doi.org/10.3390/ijerph192113749
17. Zeeman L, Sherriff N, Browne K, McGlynn N, Mirandola M, Gios L, Davis R, Sanchez-Lambert J, Aujean S, Pinto N, Farinella F, Donisi V, Niedzwiedzka-Stadnik M, Rosinska M, Pierson A and Amaddeo F. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. The European Journal of Public Health 2019;29(5): 974-980. https://doi.org/ 10.1093/eurpub/cky226
18. King M, Semlyen J, Tai SS, Killaspy H, Osborn D, Popelyuk D and Nazareth I. A systematic review of mental disorder, suicide and delibare self harm in lesbian, gay and bisexual people. BMC Psychiatry 2008;8(70):1-17. doi:10.1186/1471-244X-8-70
19. Günbegi M, Uygul ES, Turla A and Aydın B. Experiences of LGBTI+ individuals in accessing right to health; a survey study from Turkey. African Health Sciences 2022;22(4): 325-333. https://dx.doi.org/10.4314/ahs.v22i4.38
20. Albuquerque GA, Quirino GS, Figueiredo Santos FW, Paiva LS, Abreu LC, Valenti VE, Nascimento VB, Maciel ES, Peixoto Quaresma FR and Adami F. Sexual diversity and homophobia in health care services: Perceptions of homosexual and bisexual population in the cross-cultural theory. Open Journal of Nursing 2016; 6:470-482. https://doi.org/10.4236/ojn.2016.66049
21. Doğan S, Doğan M, Baştepe E and Eker E. Development, validity and reliability study of the Homosexual Attitude Scale: A preliminary study. Anatolian Journal of Psychiatry 2008;9:84-90. https://www.researchgate.net/publication/289814655
22. Yüksel R, Arslantaş H, Eskin M and Kızılkaya M. The factors affecting the attitudes of nursing students towards homosexual individuals. New Symposium 2020;58(1):18-25. DOI: 10.5455/NYS.20200119070637
23. Utaş Akhan L and Ünsal Barlas G. Study of health care providers and attitudes against homosexual, bisexual individuals. International Journal of Human Sciences 2013;10(1):434-444.
24. Bostanci Dastan N. The attitudes of nursing students

towards lesbians and gay males in Turkey. International Journal of Nursing *Practice* 2015;21(4):376-82. https://doi.org/10.1111/ijn.12294

25. Greene MZ, France K, Kreider EF, Wolfe-Roubatis E, Chen KD, Wu A and Yehia BR. Comparing medical, dental, and nursing students' preparedness to address lesbian, gay, bisexual, transgender, and queer health. PLoS One 2018;13(9):1-16. DOI: 10.1371/journal.pone.0204104
26. Küçükkaya B and Süt HK. Attitude of nursing school students towards lesbian, gay, bisexual, transgender and ıntersex (LGBTI) individuals. Journal of Continuing Medical Education 2018;27(6):373-383. https://www.researchgate.net/publication/328759523
27. Lim FA and Hsu R. Nursing students' attitudes toward lesbian, gay, bisexual, and transgender persons: An integrative review. Nursing Education Perspectives 2016;37(3):144-152. DOI: 10.1097/01.nep.0000000000000004
28. Öcalan S and Hiçdurmaz D. Thoughts of clinical nurses about LGBTI individuals: A cross sectional descriptive study from Türkiye. Journal of Nursing Effect 2024;17(1):12-24. https://doi.org/10.46483/deuhfed.1161605
29. Akmeşe ZB and Alış B. Gender change as per the views of health sciences faculty students. Mediterranean Journal of Women's Studies and Gender 2023;6(1):123-139. https://doi.org/10.33708/ktc.1234022
30. Mete A and Özerdoğan N. The Evaluation of the Knowledge, Opinions and Attitudes among the Students of Midwifery Department about LGBTs (Lesbian, Gay, Bisexual, Transgender). Journal of Continuing Medical Education 2019;28(3):163-171. DOI:10.17942/sted.403797.