



# Sexual and gender diversity in higher education in Brazil: an analysis of prejudice among dental students

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**Abstract** This study aimed to identify the profile of prejudice against sexual and gender diversity among undergraduate dentistry students in Ceará, Brazil. An observational, cross-sectional study design was adopted, and an online self-administered questionnaire survey was conducted among 276 students. Data were collected using a semi-structured instrument that included sociodemographic variables and the Revised Scale of Prejudice against Sexual and Gender Diversity (PASGD-R). Statistical analysis was performed using SPSS version 22.0, applying t-tests and Mann–Whitney tests at a 95% confidence level. The results indicated a low level of prejudice among students, with an overall mean score of 24.75 (SD=8.78). Students in the 10th semester had the lowest scores of prejudice (21.56±3.00), while those in the second semester had the highest scores (29.20±9.40). The statement "I would prefer my children to be heterosexual" showed the highest level of agreement (2.75±1.46), whereas "I think gay men are disgusting" had the lowest (1.08±0.36). Higher levels of prejudice were found among heterosexual students ( $p<0.001$ ), those with children ( $p=0.003$ ), religious individuals ( $p=0.002$ ), students without training on diversity outside of university ( $p=0.012$ ), and those who had neither witnessed ( $p=0.001$ ) nor experienced ( $p=0.001$ ) discrimination. The study concluded that prejudice is linked to heteronormative values, religiosity, lack of access to information, and the absence of lived experiences with prejudice.

**Descriptors:** Students, Dental. Prejudice. Sexism. Sexual and Gender Minorities.

## Diversidad sexual y de género en la educación superior: un análisis del prejuicio entre estudiantes de Odontología

**Resumen** El objetivo fue identificar el perfil de los prejuicios contra la diversidad sexual y de género entre los estudiantes de odontología del estado de Ceará. Se trata de un estudio observacional transversal con 276 estudiantes, realizado mediante un cuestionario en línea autoaplicable. La recopilación de datos se realizó mediante un instrumento semiestructurado, compuesto por datos sociodemográficos y la Escala de Prejuicio contra la Diversidad Sexual y de Género Revisada (EPDSG-R). El análisis se realizó en SPSS 22.0, utilizando las pruebas T y Mann-Whitney, con un nivel de confianza del 95 %. Los resultados indicaron un bajo nivel de prejuicio entre los estudiantes, con una media general de 24,75±8,78. Los estudiantes del décimo semestre presentaron los índices más bajos (21,56±3,00) y los del segundo semestre, los más altos (29,20±9,40). La afirmación «Prefiero que mis hijos sean heterosexuales» obtuvo el mayor nivel de intolerancia (2,75±1,46), mientras que «Creo que los hombres homosexuales son repugnantes» obtuvo el menor (1,08±0,36). El prejuicio fue mayor entre los estudiantes heterosexuales ( $p<0,001$ ), con hijos ( $p=0,003$ ), practicantes de una religión ( $p=0,002$ ), sin formación sobre diversidad fuera de la universidad ( $p=0,012$ ) y entre aquellos que no presenciaron ( $p=0,001$ ) o no experimentaron ( $p=0,001$ ) situaciones de discriminación. El estudio identificó que el prejuicio contra la diversidad sexual y de género entre los estudiantes de Odontología de una universidad de Ceará está asociado a la heteronormatividad, la religiosidad, la falta de acceso a información sobre el tema y la ausencia de experiencias en situaciones de prejuicio.

**Descriptores:** Estudiantes de Odontología. Prejuicio. Sexismo. Minorías sexuales y de Género.

## Diversidade sexual e de gênero no ensino superior: análise do preconceito entre estudantes de Odontologia

**Resumo** Objetivou-se identificar o perfil do preconceito contra diversidade sexual e de gênero entre graduandos de Odontologia no Estado do Ceará. Trata-se de um estudo observacional, transversal, com 276 alunos, por meio de questionário online autoaplicável. A coleta usou instrumento semiestructurado, composto por dados sociodemográficos e pela Escala de Preconceito contra Diversidade Sexual e de Gênero Revisada (EPDSG-R). A análise foi realizada no SPSS 22.0, utilizando os testes T e Mann-Whitney, com nível de

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confiança de 95%. Os resultados indicaram baixo nível de preconceito entre os alunos, com média geral de  $24,75 \pm 8,78$ . Estudantes do 10º semestre apresentaram menores índices ( $21,56 \pm 3,00$ ) e os do 2º semestre, os maiores ( $29,20 \pm 9,40$ ). A afirmação "Eu preferia que meus filhos fossem heterossexuais" teve o maior nível de intolerância ( $2,75 \pm 1,46$ ), enquanto "Eu acho que os gays homens são nojentos" apresentou o menor ( $1,08 \pm 0,36$ ). O preconceito foi mais elevado entre estudantes heterossexuais ( $p < 0,001$ ), com filhos ( $p = 0,003$ ), praticantes de religião ( $p = 0,002$ ), sem capacitação sobre diversidade fora da universidade ( $p = 0,012$ ) e entre aqueles que não presenciaram ( $p = 0,001$ ) ou não vivenciaram ( $p = 0,001$ ) situações de discriminação. O estudo identificou que o preconceito contra diversidade sexual e de gênero entre estudantes de Odontologia de uma universidade cearense está associado à heteronormatividade, religiosidade, falta de acesso à informação sobre o tema e ausência de vivências em situações de preconceito.

**Descritores:** Estudantes de Odontologia. Preconceito. Sexismo. Minorias Sexuais e de Gênero.

## INTRODUCTION

The term "homophobia" was coined by George Weinberg in 1972, in the book *Society and the Healthy Homosexual*<sup>1</sup>. Homophobia refers to prejudice manifested through negative attitudes and behaviors directed at non-heterosexual individuals, such as gay men, bisexuals, lesbians, and transgender people. This prejudice frequently results in violence, discrimination, exclusion, and marginalization, affecting various aspects of social life and reinforcing status hierarchies. Brazil has among the highest rates of LGBTQIA+ homicides, with prejudice being the central motivation behind this violence. This prejudice - sustained by heteronormativity and LGBTphobia - normalizes discriminatory practices<sup>2</sup>.

Intolerance imposes suffering and insecurity on LGBTQIA+ individuals, who are frequently exposed to discrimination and verbal, moral, and physical violence. This threat characterizes them not only as a vulnerable group but also as a socially marginalized one, requiring public policies that guarantee their rights. It is imperative to question imposed social norms to recognize and address LGBTQIA+ discrimination<sup>2</sup>. Discussing and challenging prevalent norms is the first step in raising awareness and correcting attitudes that perpetuate inequalities<sup>3</sup>. Although the LGBTQIA+ community has gained greater visibility and support in recent times, discrimination persists in various social contexts. Often, when seeking opportunities, it is not their skills that are evaluated, but their sexual orientation - limiting their chances, despite the protection provided by Law No. 7,716 of January 5, 1989.

In healthcare, humane and effective care is to be provided to all patients, irrespective of race, color, gender, and so on. However, LGBTQIA+ individuals face barriers in accessing the required care, including preventive care<sup>4</sup>. Reports of discrimination by healthcare professionals, in the form of homophobia and heterosexism, have long existed.<sup>5</sup> Studies indicate that heterosexual professionals tend to favor heterosexual patients over LGBTQIA+ individuals,<sup>6</sup> exacerbating difficulties in accessing care. In addition, the care itself is often marked by prejudice, poor communication, and a lack of understanding of this population's specific needs<sup>7</sup>.

In primary care, sexuality is rarely addressed during consultations, perpetuating a culture of silence around gender and sexuality<sup>8</sup>. Transgender people report difficulties accessing preventive services<sup>9</sup> and finding professionals trained to provide sensitive and appropriate care<sup>10</sup>. Lesbians, gay men, and transgender individuals also face challenges in finding professionals who understand their needs<sup>11</sup>.

A rise in the number of same-sex couples and the expansion of anti-homophobic campaigns, especially in European and American societies, have broadened the debate on the need for health professionals trained to provide care free from heteronormative bias<sup>12,13</sup>. In Brazil, public policies have been introduced to promote education, training, and awareness of healthcare professionals to ensure equal access and respect for the specific needs of the LGBTQIA+ population<sup>14</sup>.

In addition, several measures have been proposed, such as the inclusion of LGBTQIA+ topics in continuing education for The Brazilian Unified Health System (SUS) professionals, development of educational materials, promotion of research, and the incorporation of this agenda into training courses, including distance learning programs. The limited presence of content on LGBTQIA+ health in courses of medicine, dentistry, and nursing,<sup>16,17</sup> as well as the scarcity of practical experience in this field and the absence of ethical reflection, contribute to the perpetuation of deficient and inappropriate practices<sup>18</sup>. This reinforces

the need for critical training focused on addressing health inequities and promoting ethical and qualified care for this population<sup>19</sup>.

Given this context, understanding the position of LGBTQIA+ issues in dental education is fundamental, as this knowledge can drive transformations in both healthcare and university educational practices. To promote an inclusive and prejudice-free environment, it is first crucial to identify the existing barriers. Hence, this study aimed to characterize the profile of students exhibiting prejudice against sexual and gender diversity. The students participating in this study were enrolled in an undergraduate dental program in the state of Ceará. It is expected that the findings from this study would be of significant value when developing strategies to raise awareness about LGBTQIA+ issues and bring about change in academic and professional settings.

## METHODS

This was an observational study with a cross-sectional design. The sample consisted of students in a dentistry program at a private university located in the state of Ceará, Brazil. The sample size was calculated using OpenEpi software ([https://www.openepi.com/Menu/OE\\_Menu.htm](https://www.openepi.com/Menu/OE_Menu.htm)), considering a total of 802 regularly enrolled students, resulting in an estimated minimum sample size of 260 participants, with a 95% confidence interval.

Data collection occurred between June and October 2022, using a self-administered questionnaire created on the Google Forms platform and distributed to students via institutional email and social media. The study included students regularly enrolled in the undergraduate dentistry program and excluded those under 18 years of age, those with suspended enrollment for the current semester, or those who did not complete the questionnaire correctly.

The instrument used was a semi-structured questionnaire divided into two sections. The first section collected sociodemographic information, such as gender, age, race/ethnicity, marital status, occupation, monthly household income, religion, and semester of study. In addition to these data, the survey included gender identification (male, female, cisgender, transgender, non-binary, "not clear to me," or "I do not wish to disclose") and sexual orientation (heterosexual, homosexual, bisexual, pansexual, asexual, "not clear to me," "I prefer not to say," or "I do not fit into these categories"), as well as questions regarding educational experiences related to the topic, interpersonal relationships with LGBTQIA+ individuals, and experiences of prejudice and discrimination.

The second part of the questionnaire comprised the Revised Scale of Prejudice against Sexual and Gender Diversity (PASGD-R)<sup>20,21</sup>. This scale provides a culturally sensitive measure of extreme manifestations of prejudice against sexual and gender diversity<sup>22,23</sup>. The instrument consists of 18 statements, with responses organized on a five-point Likert scale (1 = strongly disagree; 5 = strongly agree). Based on the responses, participants were categorized into two groups: "no prejudice" (for those who strongly disagreed with the item) and "prejudice" (for those who showed any degree of agreement).

After data collection, the data were organized into a spreadsheet and analyzed using the Statistical Package for the Social Sciences (SPSS), version 22.0. A 95% confidence level and a significance level of  $p < 0.05$  were adopted. Initially, a descriptive analysis was performed using absolute frequencies, means, and percentages. To analyze the association between the independent and dependent variables, the Student's t-test and the Mann-Whitney U test were applied depending on the suitability of the data.

The study was approved by the Human Research Ethics Committee of Christus University, under CAAE 55947722.3.0000.5049, opinion no. 5.441.478. All participants signed the Informed Consent Form (ICF) before filling out the questionnaire.

## RESULTS

The final study sample included 276 participants. As shown in Table 1, the sample mostly consisted of individuals over 21 years of age (52.7%), who were female (75.4%), self-identified as Black (53.2%), single (92.0%), and without children (93.8%). Regarding income, most participants were not engaged in paid work (73.9%) and had a monthly household income of up to 5000 reais (61.4%). Most of the sample reported having a religious affiliation (81.2%), with a large majority being Catholic (73.2%). Regarding the academic programs they were enrolled in, just over half of the students attended morning classes (55.8%) and were enrolled between the 1st and 5th semesters (60.9%). The majority of participants identified as cisgender (97.1%) and heterosexual (72.8%).

Regarding access to information on sexual diversity, just over half of the students reported not having had such discussions in the academic environment (51.1%). In contrast, 54.7% reported having already encountered educational materials on the topic outside the university.

**Table 1.** Sociodemographic and academic distribution of experiences related to sexual and gender diversity among dental students in Fortaleza, Ceará.

Variables	n	%
<i>Age</i>		
Up to 21 years	144	52.5
Over 21	132	47.8
<i>Gender</i>		
Male	68	24.6
Female	208	75.4
<i>Race</i>		
White	128	46.4
Black	148	53.6
<i>Marital Status</i>		
Single	254	92.0
Married / In a civil union	55	8.0
<i>Children</i>		
Yes	17	6.2
No	259	93.8
<i>Works</i>		
Yes	72	26.1
No	204	73.9
<i>Monthly household income</i>		
Up to 5,000 reais	154	61.4
Over 5,000 reais	97	38.6
<i>Has a religion</i>		
Yes	224	81.2
No	52	18.8
<i>Religion</i>		
Christian	10	4.5
Catholic	164	73.2
Protestant and/or Evangelical	41	18.3
Spiritist / Spiritualist	9	4.0
<i>Shift</i>		
Morning	154	55.8
Evening	122	44.2
<i>Semester</i>		
1st to 5th semester	168	60.9
6th to 10th semester	108	39.1
<i>Gender Identity</i>		
Cisgender	268	97.1
Transgender	8	2.9
<i>Sexual Orientation</i>		
Heterosexual	201	72.8
Homosexual	29	10.5
Bisexual	38	13.8
Pansexual	8	2.9
<i>Sexual diversity has already been discussed in the course.</i>		
Yes	135	48.9
No	141	51.1
<i>Have you had access to educational materials on diversity outside of university?</i>		
Yes	150	54.3
No	126	45.7
<i>Do you have friends, family members, or acquaintances who do not fit the heteronormative standard?</i>		
Yes	1	0.4
No	275	99.6
<i>Have you ever witnessed a situation of prejudice against sexual and gender diversity?</i>		
Yes	214	77.5
No	62	22.5
<i>Have you ever experienced prejudice due to sexual and gender diversity?</i>		
Yes	58	21.0
No	218	79.0

As shown in Table 2, the analysis revealed that dental students generally exhibited low levels of prejudice against sexual and gender diversity, with an overall mean score of  $24.75 \pm 8.78$ . When stratified by semester, it was observed that the 10th-semester students exhibited the lowest levels of prejudice (mean= $21.56 \pm 3.00$ ), while the second-semester students exhibited the highest (mean= $29.20 \pm 9.40$ ).

**Table 2.** Frequency of responses and mean scores for attitudes toward sexual and gender diversity according to the PASGD-R Scale among dental students in Fortaleza, Ceará.

Variables	No prejudice n (%)	Prejudice n (%)	Scores Mean (SD)
1. Sex between two men is totally wrong.	258 (93.5%)	18 (6.5%)	1.59 (1.17)
2. I think gay men are disgusting.	276 (100.0%)	0 (0.0%)	1.08 (0.36)
3. Male homosexuality is a perversion.	273 (98.9%)	3 (1.1%)	1.30 (0.76)
4. I would prefer my children to be heterosexual.	226 (81.9%)	50 (18.1%)	2.75 (1.46)
5. I think lesbian women are disgusting.	276 (100.0%)	0 (0.0%)	1.10 (0.40)
6. I would not feel comfortable seeing a gay doctor.	272 (98.6%)	4 (1.4%)	1.12 (0.56)
7. Men who act like women should be ashamed.	275 (99.6%)	1 (0.4%)	1.25 (0.68)
8. Marriage between lesbian women should be banned.	271 (98.2%)	5 (1.8%)	1.32 (0.84)
9. Children should play with toys appropriate for their own sex.	260 (94.2%)	16 (5.8%)	1.74 (1.25)
10. Women who see themselves as men are abnormal.	274 (99.3%)	2 (0.7%)	1.21 (0.65)
11. I don't trust lesbians.	275 (99.6%)	1 (0.4%)	1.12 (0.50)
12. Masculine girls should receive treatment.	270 (97.8%)	6 (2.2%)	1.26 (0.79)
13. Effeminate men make me uncomfortable.	276 (100.0%)	0 (0.0%)	1.18 (0.57)
14. I wouldn't go to a bar frequented by transvestites.	251 (90.9%)	25 (9.1%)	1.82 (1.29)
15. Masculine women make me feel uncomfortable.	274 (99.3%)	2 (0.7%)	1.26 (0.73)
16. Transvestites disgust me.	274 (99.3%)	2 (0.7%)	1.09 (0.38)
17. I can't understand why a woman would act like a man.	274 (99.3%)	2 (0.7%)	1.32 (0.78)
18. Men and women should be prohibited from changing their sex.	273 (98.9%)	3 (1.1%)	1.23 (0.71)

An individual analysis of the scale items (Table 3) revealed that the statement with the highest level of agreement, indicative of intolerance (18%), was "I would prefer my children to be heterosexual" (mean =  $2.75 \pm 1.46$ ). In contrast, the statement "I think gay men are disgusting" had the lowest mean ( $1.08 \pm 0.36$ ), reflecting the lowest level of intolerance.

**Table 3.** Distribution of mean PASGD-R scores by semester of the dental program among dental students in Fortaleza, Ceará.

Semester	n	%	Mean	Standard Deviation
1st	19	6.9	24.32	10.44
2nd	10	3.6	29.20	9.40
3rd	22	8.0	25.91	9.56
4th	55	19.9	25.35	10.16
5th	62	22.5	24.37	8.43
6th	40	14.5	24.50	7.12
7th	28	10.1	25.04	10.25
8th	20	7.2	23.40	7.02
9th	11	4.0	23.45	6.25
10th	9	3.3	21.56	3.00
TOTAL	276	100.0	24.75	8.78

In the association between the prejudice scale and the independent variables (Table 4), heterosexual individuals ( $p < 0.001$ ), those with children ( $p = 0.003$ ), religious practitioners ( $p = 0.002$ ), and those who had not had access to training related to gender, sexuality, or sexual diversity outside of university ( $p = 0.012$ ) exhibited higher levels of

prejudice. In addition, students who had not witnessed ( $p=0.001$ ) or experienced ( $p=0.001$ ) situations of prejudice or discrimination related to gender identity or sexual orientation also demonstrated higher levels of prejudice.

**Table 4.** Association between sociodemographic, academic, and experiential variables and the mean PASGD-R score among dental students in Fortaleza, Ceará.

Variables	PASGD-R Mean	Standard Deviation	p-value
<i>Age</i>			
Up to 21 years	1.36	0.46	
Over 21 years	1.38	0.51	0.605
<i>Gender</i>			
Male	1.43	0.54	
Female	1.35	0.46	0.539
<i>Race</i>			
White	1.36	0.45	
Black	1.38	0.51	0.696
<i>Marital Status</i>			
Single	1.35	0.46	
Married / In a civil union	1.65	0.67	0.111
<i>Children</i>			
Yes	1.88	0.74	
No	1.34	0.44	0.003
<i>Works</i>			
Yes	1.36	0.42	
No	1.37	0.51	0.933
<i>Monthly household income</i>			
Up to 5,000 reais	1.35	0.47	
Over 5,000 reais	1.38	0.46	0.671
<i>Has a religion</i>			
Yes	1.41	0.50	
No	1.20	0.35	0.002
<i>Religion</i>			
Christian			
Catholic	1.37	0.48	
Protestant and/or Evangelical	1.37	0.49	0.795
Spiritist / Spiritualist			
<i>Shift</i>			
Morning	1.39	0.52	
Evening	1.33	0.42	0.417
<i>Semester</i>			
1st to 5th semester	1.37	0.49	
6th to 10th semester	1.24	0.18	0.960
<i>Gender Identity</i>			
Cisgender	1.46	0.53	
Transgender	1.12	0.14	<0.001
<i>Sexual Orientation</i>			
Heterosexual			
Homosexual	1.35	0.47	
Bisexual	1.39	0.50	0.383
Pansexual			
<i>Sexual diversity has already been discussed in the course.</i>			
Yes	1.31	0.42	
No	1.44	0.54	0.012
<i>Have you had access to educational materials on diversity outside of university?</i>			
Yes	1.37	0.48	
No	2.44	-	0.123
<i>Do you have friends, family members, or acquaintances who do not fit the heteronormative standard?</i>			
Yes	1.32	0.44	
No	1.54	0.59	0.001
<i>Have you ever witnessed a situation of prejudice against sexual and gender diversity?</i>			
Yes	1.25	0.40	
No	1.40	0.50	0.001
<i>Have you ever experienced prejudice due to sexual and gender diversity?</i>			
Yes	1.36	0.46	
No	1.38	0.51	0.605

## DISCUSSION

The results of this study revealed the presence of prejudice against gender diversity among dental students in Northeast Brazil. Despite living in a social environment with greater access to information and advances in civil rights, discriminatory attitudes still persist in the university. The study found that these attitudes of prejudice are influenced by cultural and religious factors and by the lack of a systematic approach to sexual and gender diversity in academic training, highlighting the urgent need for educational practices that promote respect, inclusion, and equity in higher education in health.

This study assessed the level of prejudice against gender diversity among students in the dental program to collect information that would inform measures to improve the quality and access of healthcare and university education for the LGBTQIA+ population. As mentioned before, LGBTQIA+ individuals in Brazil are highly vulnerable to physical, psychological, and verbal aggression, including murder. Brazil has the highest number of LGBTQIA+ deaths in the world. Pereira *et al.* (2013)<sup>24</sup> suggest that in Brazil, social representations of homosexuality reinforce homophobic attitudes and behaviors<sup>24</sup>.

Although the results of this study are alarming, especially given that the study population consists of a generation that, in theory, has greater access to information and has led the fight for gender equality, the literature confirms the persistence of such attitudes. Homophobia manifests itself through speech, behaviors, and attitudes that can originate from different individuals and contexts. However, the perception of prejudice is often subjective, being specific to an individual's experiences in public and private settings.

Silva and Ortolano (2015)<sup>25</sup> argue that, despite living in a contemporary society, people are deeply influenced by Western cultural structures grounded in patriarchal and conservative values. They further state that the heteronormative standard remains the most socially, culturally, and historically accepted model. Gonçalves da Silva (2007)<sup>26</sup> points out that heterosexual orientation is viewed as the standard of normality, being desired and considered necessary in social behavior, both in public and private spheres. Furthermore, the authors report that heterosexual individuals may develop the perception that any interaction with homosexual people threatens their own identity. Thus, heterosexuality is a socially accepted norm sustained by patriarchal roots and reinforced by religious practices.

Religion, in turn, constitutes a historical phenomenon that is transmitted from generation to generation and is present in diverse cultures around the world. According to Gomes (2021),<sup>27</sup> religious beliefs and practices directly influence the way people perceive and understand themselves and the world, functioning as important agents in the construction of moral, social, and economic values. Given that Brazilian society is largely shaped by Judeo-Christian values, it is common for individuals affiliated with Christian denominations, such as Catholicism and Protestantism, to adopt homophobic behaviors. These values, which guide their personal lives, are often imposed on social interactions, manifesting themselves through aggressive speech and discriminatory treatment directed at LGBTQIA+ people. Natividade (2006)<sup>28</sup> adds that one of the most common forms of homophobic expression among Christians is the use of discriminatory discourse attributing social inferiority to homosexual people.

Another factor contributing to the perpetuation of prejudice is lack of information and knowledge regarding concepts of gender, sexuality, and sexual diversity. This lack of understanding causes behaviors and identities that deviate from socially imposed norms to be viewed as abnormal and treated with strangeness or intolerance. Even today, the topic of sexual diversity is still considered taboo in many households and is rarely discussed between parents and children. However, in some classrooms, terms related to diversity have been introduced, providing spaces for clarification and addressing questions, which can help combat prejudice.

Studies analyzing the importance of a humanistic approach and the inclusion of topics related to sexual and gender diversity in the training of health and education professionals indicate that a humanistic approach is essential for professional practice, suggesting the need for educational initiatives promoting respect for diversity<sup>29</sup>. Complementarily, the literature has investigated the attitudes of Brazilian psychologists toward sexual diversity<sup>30</sup>. Although overall levels of prejudice were considered low, any rate above the minimum is cause for concern, especially since professional ethics require psychologists to act as agents promoting inclusion. The data revealed that heterosexual psychologists demonstrated higher levels of prejudice than their non-heterosexual colleagues, suggesting that positive attitudes toward diversity are associated with a reduced need to maintain prejudices. The study also reinforced the importance of including content on sexual and gender diversity in psychology course curricula.

Furthermore, a previous study analyzed prejudice among college students, finding that students in fields such as engineering and exact sciences exhibited higher levels of prejudice, whereas humanities students had more inclusive attitudes<sup>31</sup>. The study also highlighted that factors such as religiosity and gender significantly influence prejudice, with men and religious individuals exhibiting higher rates. Although the length of time spent at the university showed a limited impact on prejudice, participation in training focused on gender diversity lowered prejudice.

Finally, Stucky *et al.* (2019)<sup>32</sup> assessed prejudice in 28 public high schools in Brazil and identified that religiosity - especially among adherents of neo-Pentecostalism - was associated with higher levels of prejudice. The study also indicated that interacting with LGBTQIA+ individuals is an important factor in mitigating negative attitudes, reinforcing that interpersonal contact can be an effective mechanism for reducing prejudice. Furthermore, the lack of education on sexual and gender diversity in schools was identified as a critical factor, highlighting the need for educational reforms that ensure a safe and inclusive learning environment for all students.

Given the evidence presented, it is essential that higher education institutions, especially those training healthcare professionals, commit to incorporating topics related to sexual and gender diversity in a cross-cutting and continuous manner into their curricula. Academic training that ignores these discussions contributes to the perpetuation of stigmas, prejudices, and discriminatory practices in the university environment and, consequently, in health care services. Addressing these issues is fundamental not only to improving the quality of care but also to ensuring more ethical, welcoming, and socially responsible academic and professional environments.

This study has some limitations. The geographical scope was restricted to a single educational institution in Northeast Brazil, which limits the generalizability of the results to other regional and cultural contexts. Furthermore, the study used self-reported data, which may have influenced responses due to social desirability bias, as participants may have understated or concealed prejudiced attitudes for fear of judgment. Future research should expand the number of institutions evaluated, consider complementary qualitative approaches, and explore the impact of educational interventions on reducing prejudice in academic settings.

## CONCLUSION

The results of this survey-based study revealed the presence of prejudice against sexual and gender diversity among dental students. This prejudice was predominantly associated with characteristics related to heteronormative standards, religious practice, lack of access to information on sexual and gender diversity, and lack of personal experience with prejudice situations. These findings reinforce the urgent need to incorporate discussions on sexual and gender diversity in a structured manner into academic training. Education is an essential tool for building more inclusive academic and professional environments, and educational institutions should prioritize policies and pedagogical practices that promote awareness and respect for diversity.

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