

Factors associated with the resistance of Brazilian dentistry professors and students toward the LGBTQIAPN+ theme: a cross-sectional study

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Abstract Using a sample of 156 pedagogical coordinators, this study evaluated the possible associations between faculty and student resistance toward the LGBTQIAPN+ theme and the development of curricular activities directed at the oral health care of this population, and with certain institutional characteristics. Among the main information found, two stood out: in academic settings resistant to the LGBTQIAPN+ theme predominated dentistry courses without curricular activities directed at the oral health care of this population; private dentistry courses predominated among those resistant or not toward the LGBTQIAPN+ theme. The information gathered may support future public policies aimed at dental care, including educational ones, directed at reducing the oral inequities experienced by this vulnerable population.

Descriptors: Education, Dental. Sexual and Gender Minorities. Cross-Sectional Studies.

Factores asociados a la resistencia de profesores y estudiantes de carreras de odontología en Brasil respecto a la temática LGBTQIAPN+: un estudio transversal

Resumen El objetivo de este estudio fue evaluar, en una muestra de 156 coordinadores pedagógicos, las posibles asociaciones entre la resistencia de docentes y/o estudiantes a la temática LGBTQIAPN+ y el desarrollo de actividades curriculares orientadas al cuidado de la salud bucal de esta población, así como algunas características institucionales. Entre los principales hallazgos, se destacaron dos: en contextos académicos con resistencia hacia la temática LGBTQIAPN+, predominaban los cursos de Odontología que no desarrollaban actividades curriculares enfocadas en el cuidado de la salud bucal de estas personas; los cursos de Odontología privados fueron los más prevalentes tanto en escenarios con como sin resistencia al tema LGBTQIAPN+. Se concluye que la información obtenida en este estudio puede respaldar futuras políticas públicas de atención odontológica, incluso en el ámbito educativo, orientadas a reducir las inequidades bucales vividas por esta población vulnerable.

Descriptorios: Educación en Odontología. Minorías Sexuales y de Género. Estudios Transversales.

Fatores associados à resistência de docentes e discentes de cursos de Odontologia brasileiros frente à temática LGBTQIAPN+: um estudo transversal

Resumo O objetivo deste estudo foi o de avaliar, em uma amostra de 156 coordenadores pedagógicos, as possíveis associações entre a resistência de docentes e/ou discentes na temática LGBTQIAPN+ e o desenvolvimento de atividades curriculares voltadas ao cuidado da saúde bucal desta população, assim como com algumas características institucionais. Dentre as principais informações encontradas, duas se destacaram, sendo elas: em cenários acadêmicos resistentes à temática LGBTQIAPN+ prevaleceram os cursos de Odontologia que não desenvolviam atividades curriculares voltadas ao cuidado da saúde bucal destas pessoas; os cursos de Odontologia privados foram os que mais prevaleceram entre os com presença e ausência da resistência junto à temática LGBTQIAPN+. Conclui-se que as informações levantadas neste estudo podem subsidiar futuras políticas públicas de atenção odontológica, inclusive educacionais, voltadas à redução das iniquidades bucais experienciadas por essa vulnerável população.

Descritores: Educação em Odontologia. Minorias Sexuais e de Género. Estudos transversais.

INTRODUCTION

Within contemporary capitalist society, fundamentally directed toward the interests of a white, male, and cisheteronormative hegemony, the social historicity of LGBTQIAPN+ persons is understood under the aegis of vulnerability¹⁻⁴.

To the unavoidable path of existential suffering lived by LGBTQIAPN+ people are linked prevalent experiences of violence (LGBTQIAPN+phobia), including in health care settings often marked by discriminatory care, inappropriate conduct, embarrassment, prejudiced connotations, or even verbal and physical offenses made by health professionals¹⁻¹⁰.

Said reality led to a fundamental reflection present in important global¹¹ and national¹² political instruments^{2,3,11,12} - that of implementing public health policies directed at the LGBTQIAPN+ population^{2,3,11,12}. This context require from higher education institutions (HEIs) the inclusion of "health of the LGBTQIAPN+ population" as a topic in their pedagogical activities (PA)^{2,3}.

According to a brief literature review^{1-10,13-16}, however, the presence of theoretical and practical PAs aimed at the LGBTQIAPN+ population in health courses is incipient or even nonexistent.

Regarding national dentistry programs, only one identified study⁸ revealed that most dentistry programs (68.0%) lacked any type of pedagogical activity (teaching, research, and outreach) directed at qualifying future dental surgeons regarding oral health care for the LGBTQIAPN+ population⁸.

This scenario, reinforced by reflections from recent literature reviews^{6,9,10}, reveals a significant scientific gap, especially nationally, on the topic of qualifying future dental surgeons to meet the oral health specificity, needs, and demands of LGBTQIAPN+ patients^{6,9,10}.

Given the need to broaden the debate concerning the oral health care directed at the LGBTQIAPN+ population in dentistry education, this study analyzed, through self-reporting by pedagogical coordinators of Brazilian dentistry programs, the association between faculty and student resistance to LGBTQIAPN+ topics and the development of pedagogical activities targeting the oral health care of this population, as well as some HEIs characteristics (type of institution, religious character, location/region, time for curricular completion, training quality).

METHOD

This cross-sectional observational study, previously approved by the Research Ethics Committee of the Piracicaba Dental School (CAAE: 44088321.3.0000.5418), followed the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) initiative recommendations¹⁷.

Complying with the Brazilian General Data Protection Law (GDPL, Law N^o. 13.709, 08/14/2018)¹⁸ provisions, the data used in the study were provided by the authors responsible for the "LGBTQ+ related curricular activities in Brazilian Dental Schools: Do institutional and/or deans' profiles matter? (2024)"⁸ database.

Collected by means of a self-administered online questionnaire and an invitation letter sent via email between April 2021 and March 2023, the database comprised 156 academic coordinators from Brazilian Dentistry programs⁸.

Regarding the sampling process, as described in the study⁸ that originated the database used here, the sample was obtained via a non-probability convenience strategy⁸.

However, to analyze the adequacy of the sample size⁸ in relation to the studied outcomes, a post-hoc power analysis was performed considering the sample size (n=156), effect size ($1-\beta \geq 80.0\%$), significance level ($\alpha \leq 5.0\%$), and the statistical test used in the inferential analyses¹⁹⁻²³.

Faculty and/or student resistance toward LGBTQIAPN+ topics was considered the dependent (outcome) variable, whereas the development of curricular activities aimed at the oral health care for LGBTQIAPN+ individuals and certain institutional characteristics were treated as independent (grouping) variables.

Resistance was measured through the question: "Has there been / is there / could there be resistance from the faculty and/or student bodied of the dentistry program against addressing the topic 'oral health care for the LGBTQIAPN+ population'?" (Yes; No; I don't know).

Programs that did or did not develop pedagogical activities (theoretical or practical) aimed at qualifying future dentists to provide oral health care for the LGBTQIAPN+ population were identified by the question: "In the dentistry program at your institution, are there pedagogical activities (theoretical and/or practical) directed toward the LGBTQIA+ population?" (Yes; No; I don't know).

Other independent variables, aimed at outlining HEI characteristics, included the following questions: "Is the dentistry program affiliated with a (Public; Private) institution?"; "Does the institution have a religious character? (Yes; No)"; "In which region of Brazil is the institution located? (Midwest; Northeast; North; Southeast; South)"; "What is the expected time for program completion?" (< 5 years; 5 years; > 5 years); "On the ENADE (National Student Performance Exam) 2019 evaluation, what was the program's score? (1 or 2 – unsatisfactory quality; 3 – satisfactory quality; 4 or 5 – high quality; I don't know; No score/Not evaluated)"²⁴.

Statistical analysis began with descriptive evaluation of the variables (absolute and relative frequencies). Subsequently, the data were adjusted to analyze possible associations between faculty and/or student resistance against LGBTQIAPN+ topics and the development of pedagogical activities aimed at the LGBTQIAPN+ population, as well as HEIs characteristics. For this purpose, considering a 95% confidence interval and a 5% significance level ($p < 0.05$), the Chi-square test^{19,20,23} and its respective effect size and power analysis (Cramér's V)¹⁹⁻²³ were used. All analyses were performed on the JAMOVI (version 2.3.28)[®] and GPower (version 3.1.9.7)[®].

RESULTS

In total, 156 pedagogical coordinators participated in the study, accounting for nearly 32.4% of the 482 active Brazilian dentistry programs in 2021⁸. Of these, few (20.5%) confirmed possible resistance from their faculty and student bodies against discussing the LGBTQIAPN+ theme (Table 1).

However, only 32.7% of the analyzed programs developed pedagogical activities, both theoretical and practical, aimed at preparing future dentists for attending the oral health care of LGBTQIAPN+ individuals (Table 1).

Regarding HEIs characteristics, private dentistry programs (67.9%), secular (87.2%), with a curricular completion time of 5 years (71.8%), located in southeastern Brazil (37.2%), and which had high performance (concepts 4 or 5) on the ENADE 2019 evaluation (37.8%) prevailed (Table 1).

Table 1. Descriptive analyses of the collected data (n=156).

| Variable | Category | n (%) |
|--|--|------------|
| Was there/is there/could there be resistance from the faculty and/or student bodies of the dentistry program against the inclusion of pedagogical activities (theoretical and practical) focused on the oral health care of the LGBTQIAPN+ population? | Yes | 32 (20.5) |
| | No | 79 (50.6) |
| | I don't know | 45 (28.9) |
| In your institution's dentistry program, are there pedagogical activity(ies) directed at the LGBTQIAPN+ population? | Yes | 51 (32.7) |
| | No | 83 (53.2) |
| | I don't know | 22 (14.1) |
| The dentistry program is linked to what type of institution? | Public | 50 (32.1) |
| | Private | 106 (67.9) |
| Does the institution have a religious character? | Yes | 20 (12.8) |
| | No | 136 (87.2) |
| In which region of Brazil is the institution located? | Midwest | 18 (11.5) |
| | Northeast | 41 (26.3) |
| | North | 06 (3.8) |
| | Southeast | 58 (37.2) |
| | South | 33 (21.2) |
| What is the estimated time for completion of the dentistry program? | Less than 5 years | 44 (28.2) |
| | 5 years | 112 (71.8) |
| In the last ENADE (National Student Performance Examination) evaluation of 2019, what was the program's concept? | Unsatisfactory quality (concepts 1 or 2) | 12 (7.7) |
| | Satisfactory quality (concept 3) | 47 (30.1) |
| | High quality (concepts 4 or 5) | 59 (37.8) |
| | I don't know | 06 (3.9) |
| | No concept/Not evaluated | 32 (20.5) |

As can be observed in Table 2, analysis found a statistically significant association ($p < 0.05$) between faculty and/or student bodies resistance against the LGBTQIAPN+ theme and the development of curricular activities focused on the oral health care of this population (Table 2).

Consequently, dentistry programs that lacked curricular activities aimed at qualifying future dentists to meet the oral health specificity, needs, and demands of LGBTQIAPN+ people showed highest prevalence (62.5%) in institutions where their pedagogical coordinators recognized the presence or possibility of resistance from faculty and undergraduates to approaching this theme (Table 2).

Analysis of possible associations between faculty and/or student bodies resistance against the LGBTQIAPN+ theme and HEIs characteristics (type of institution, religious character, location/region, period/time for curricular completion, concept on ENADE 2019) proved statistically significant ($p < 0.05$) only for the type of institution (public or private) (Table 2).

Private dentistry programs exhibited a paradoxical behavior, showing prevalences 1.9 and 3.7 times higher, when compared with public institutions, regarding, respectively, the presence and absence of faculty and/or student bodies resistance against the LGBTQIAPN+ theme (Table 2).

Table 2. Faculty and/or student bodies resistance against the development of curricular activities focused on oral health care for the LGBTQIAPN+ population ($n=156$); Faculty and/or student bodies resistance against the inclusion of pedagogical activities (theoretical and practical) focused on oral health care for the LGBTQIAPN+ population and HEIs characteristics ($n=156$).

| Variable | Resistance of faculty and/or student bodies | | | p-value (95CI%) | Effect Size (Cramér's V) |
|--|---|--------------------------|------------------------------------|---------------------|--------------------------|
| | Yes n (%) ^a | No n (%) ^a | I don't know n (%) ^a | | |
| <i>Development of curricular activities focused on the LGBTQIAPN+ population</i> | | | | | |
| Yes | 03 (9.4) | 09 (11.4) | 10 (22.2) | 0.012 ^{b*} | 0.203 ^c |
| No | 20 (62.5) | 35 (44.3) | 28 (62.2) | | |
| I don't know | 09 (28.1) | 35 (44.3) | 07 (15.6) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |
| <i>Dentistry program linked to an institution that is:</i> | | | | | |
| Public | 11 (34.4) | 17 (21.5) | 22 (48.9) | 0.007 ^{b*} | 0.253 ^c |
| Private | 21 (65.6) | 62 (78.5) | 23 (51.1) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |
| <i>Does the institution have a religious character?</i> | | | | | |
| Yes | 08 (25.0) | 08 (10.1) | 04 (8.9) | 0.068 ^b | 0.186 ^c |
| No | 24 (75.0) | 71 (89.9) | 41 (91.1) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |
| <i>In which region of Brazil is the institution located?</i> | | | | | |
| Midwest | 01 (3.1) | 11 (13.9) | 06 (13.3) | 0.443 ^b | 0.159 ^c |
| Northeast | 09 (28.1) | 21 (26.6) | 11 (24.4) | | |
| North | 02 (6.3) | 02 (2.5) | 02 (4.4) | | |
| Southeast | 09 (28.1) | 32 (40.5) | 17 (37.9) | | |
| South | 11 (34.4) | 13 (16.5) | 09 (20.0) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |
| <i>What is the estimated time for completion of the dentistry program?</i> | | | | | |
| Less than 5 years | 10 (31.2) | 25 (31.6) | 09 (20.0) | 0.349 ^b | 0.116 ^c |
| 5 years | 22 (68.8) | 54 (68.4) | 36 (80.0) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |
| <i>What was the course's concept on the ENADE 2019?</i> | | | | | |
| Unsatisfactory (1 or 2) | 03 (9.4) | 04 (5.1) | 05 (11.1) | 0.156 ^b | 0.195 ^c |
| Satisfactory (3) | 09 (28.1) | 27 (34.2) | 11 (24.5) | | |
| Very satisfactory (4 or 5) | 11 (34.3) | 26 (32.8) | 22 (48.9) | | |
| I don't know | 03 (9.4) | 01 (1.3) | 02 (4.4) | | |
| No concept/ Not evaluated | 06 (18.8) | 21 (26.6) | 05 (11.1) | | |
| Total ^a | 32 (100.0) | 79 (100.0) | 45 (100.0) | | |

^a Sum in column; ^b Chi-square test; ^c Cramér's V; * Statistically significant association ($p < 0.05$).

Said paradoxical behavior evidences the importance of analyzing the possible associations between the types of HEIs (public and private) and the independent variables (development of curricular activities focused on the LGBTQIAPN+ population, religious character, location/region, time for curricular completion, ENADE 2019 evaluation) (Table 3).

In addition to the evident statistical significances for all possible associations investigated, when compared with public institutions, some characteristics prevailed in private dentistry programs: the number of curricular activities developed focused on the LGBTQIAPN+ population was 2.2 times higher (39.6%); the presence of religious character was 4.25

times higher (17.0%); a 2.1 times higher prevalence among courses with curricular completion in less than five years (34.0%); concepts (ENADE 2019) unsatisfactory (9.4%) and very satisfactory (26.4%), respectively, 2.35 times higher and lower.

Table 3. Significant associations ($p < 0.05$) between the types of HEI (public or private) and the independent variables ($n = 156$).

| Variable | Nature of the HEI | | p-value (95%CI) | Effect Size (Cramér's V) |
|--|---------------------------|----------------------------|---------------------|--------------------------|
| | Public n (%) ^a | Private n (%) ^a | | |
| <i>Development of curricular activities focused on the LGBTQIAPN+ population</i> | | | | |
| Yes | 09 (18.0) | 42 (39.6) | 0.021 ^{b*} | 0.230 ^c |
| No | 31 (62.0) | 52 (49.1) | | |
| I don't know | 10 (20.0) | 12 (11.3) | | |
| Total ^a | 50 (100.0) | 106 (100.0) | | |
| <i>Does the institution have a religious character?</i> | | | | |
| Yes | 02 (4.0) | 18 (17.0) | 0.024 ^{b*} | 0.181 ^c |
| No | 48 (96.0) | 88 (83.0) | | |
| Total ^a | 50 (100.0) | 106 (100.0) | | |
| <i>What is the estimated time for completion of the dentistry program?</i> | | | | |
| Less than 5 years | 08 (16.0) | 36 (34.0) | 0.020 ^b | 0.186 ^c |
| 5 years | 42 (84.0) | 70 (66.0) | | |
| Total ^a | 50 (100.0) | 106 (100.0) | | |
| <i>What was the course's concept on the ENADE 2019?</i> | | | | |
| Unsatisfactory (1 or 2) | 02 (4.0) | 10 (9.4) | <0.001 ^b | 0.446 ^c |
| Satisfactory (3) | 09 (18.0) | 38 (35.8) | | |
| Very satisfactory (4 or 5) | 31 (62.0) | 28 (26.4) | | |
| I don't know | 05 (10.0) | 01 (0.9) | | |
| No concept/ Not evaluated | 03 (6.0) | 29 (27.5) | | |
| Total ^a | 50 (100.0) | 106 (100.0) | | |

^a Sum in column; ^b Chi-square test; ^c Cramér's V; * Statistically significant association ($p < 0.05$).

The inferential stage concluded by measuring and interpreting the effect size and test power found for each association analysis between the dependent variable (faculty and/or student bodies resistance against the LGBTQIAPN+ theme) and independent variables (development of curricular activities focused on the oral health care of the LGBTQIAPN+ population and HEIs characteristics)¹⁹⁻²³ (Table 4).

Regarding the significant associations ($p < 0.05$), the possibility of finding them in other sample studies is assumed to be greater than 95.0% ($\alpha < 5.0\%$)¹⁹⁻²³ (Table 4).

Moreover, inferring this information for the studied population will only be valid for findings with test power greater than 80.0% ($\beta < 20\%$), that is, less than 20.0% related to chance¹⁹⁻²³ (Table 4).

Considering both effect size and test power, two associations (faculty and/or student bodies resistance against the LGBTQIAPN+ theme versus type of institution; type of institution versus concept on the ENADE 2019) achieved the 1:4 ratio (0.05/ α :0.20/ β ; chances of Type I and II statistical errors are lower than 5.0% and 20.0%, respectively)¹⁹⁻²³. However, this statement should be interpreted with caution, as no strong effects were found in any of the statistical analyses performed (Table 4).

DISCUSSION

Our study investigated the faculty and/or student bodies against the LGBTQIAPN+ theme in a sample composed of 156 Brazilian dentistry programs. This outcome presented statistically significant associations with the presence and/or development of curricular activities focused on the oral health care aimed at the LGBTQIAPN+ population (Table 2) and type of institution (public or private).

As a starting point, among the study sample, the programs that reported no resistance from their faculty and/or student bodies against the inclusion of pedagogical activities focused on the oral health care of the

LGBTQIAPN+ population prevailed (50.6%).

However, this optimistic snapshot was not reflected in practice, as the most programs (53.2%) stated lacking curricular activities aimed at qualifying future dentistry professionals for meeting the oral health specificities. Needs, and demands of the LGBTQIAPN+ population.

Table 4. Effect size and test power found in the study analyses (n=156).

| Dependent Variable | Outcomes | | Effect Size (Cramér's V) | Test Power (1-β)≥80.0% | Ratio 1:4 (0.05):(0.20) |
|---|---|---|--------------------------|------------------------------|-------------------------|
| | Independent Variables | p-value (95%CI) | | | |
| Dentistry faculty and student bodies against the inclusion of pedagogical activities (theoretical and practical) focused on the oral health care of the LGBTQIAPN+ population | Development of curricular activities focused on the LGBTQIAPN+ population | 0.012 ^a (α≤0.05) | 0.203 (small) | 0.5006=50.06% (1-β)<80.0% | not reached |
| | Type of institution | 0.007 ^a (α≤0.05) | 0.253 (small) | 0.8142=81.42% (1-β)≥80.0% | reached * |
| | Religious character | 0.068 ^a (α>0.05) | 0.186 (small) | 0.5365=53.65% (1-β)<80.0% | not reached |
| | Location/ Region | 0.443 ^a (α>0.05) | 0.159 (small) | 0.2343=23.43% (1-β)<80.0% | not reached |
| | Time for curricular completion | 0.349 ^a (α>0.05) | 0.116 (small) | 0.2350=23.50% (1-β)<80.0% | not reached |
| | Concept on the ENADE 2019 | 0.156 ^a (α>0.05) | 0.195 (small) | 0.3526=35.26% (1-β)<80.0% | not reached |
| | | Development of curricular activities focused on the LGBTQIAPN+ population | | | |
| Type of HEI (public or private) | Religious character | 0.024 ^a (α≤0.05) | 0.181 (small) | 0.6182=61.82% (1-β)<80.0% | not reached |
| | Time for curricular completion | 0.020 ^a (α≤0.05) | 0.186 (small) | 0.6417=64.17% (1-β)<80.0% | not reached |
| | Concept on the ENADE2019 | <0.001 ^a (α≤0.05) | 0.446 (moderate) | 0.9978=99.79% (1-β)<80.0% | reached * |
| | | | | | |

References/interpretation^{18,20-22}

| Cramér's V | 1-β (Test Power) |
|--|--|
| - Trivial association/negligible effect (<0.10) | - (1-β)<80%: insufficient test power for population generalization |
| - Weak association/small effect (0.10-0.29) | - (1-β)≥80%: test power sufficient for population generalization |
| - Moderate association/medium effect (0.30-0.49) | |
| - Strong association/large effect (≥ 0.50) | |

^a Chi-square test; * Statistically significant association with respect to the 1:4 ratio (α≤0.05/ β≥80.0%)

Despite this contradictory scenario, we inferred a significant association between faculty and/or student bodies resistance against the development of curricular activities aimed at the health oral care of the LGBTQIAPN+ population. Conversely, the highest prevalence (62.5%) of dentistry programs lacking pedagogical strategies directed at LGBTQIAPN+ people also presented a greater possibility of faculty and/or student bodies resistance against the LGBTQIAPN+ theme.

These findings can be confronted with some considerations raised from the scientific literature^{1-3,8,25-31}.

First, regarding the insufficiency or absence of content directed at the oral health care of LGBTQIAPN+ peoples, recent studies conducted in other settings, such as the United States^{25,26}, Canada²⁷ and the Netherlands²⁸, reported similar findings.

In line with the reflections of a systematic review²⁹, we must recognize the resistance of health education and training environments to the specificities, Needs, and demands of LGBTQIAPN+ patients, making it essential to implement pedagogical strategies in the curricula of medical, nursing, and dentistry programs aimed at assessing and mitigating the prevalent prejudices suffered by LGBTQIAPN+ people in academic settings²⁹.

Studies^{1-3,8,30,31} indicate the prevalent insecurity of dentistry undergraduates regarding the provision of care for

LGBTQIAPN+ patients, a reality that reflects the demand for teaching activities focused on this vulnerable population group^{1-3,8,30,31}.

Nevertheless, debating and practicing the importance of inclusive and prejudice-free practices based on embracement, Humanization, and the reduction of oral health inequities experienced by the LGBTQIAPN+ population is essential in dentistry¹⁻³.

According to Almeida et al. (2024)⁸, this context highlight the crucial role played by pedagogical coordinators; after all, the greater probability of developing pedagogical activities aimed at the oral health care of the LGBTQIAPN+ population occurred in dentistry programs whose pedagogical coordinators attributed high relevance to the theme⁸.

Finally, our findings also evinced the association between faculty and/or student bodies resistance against the LGBTQIAPN+ theme and the classification of HEIs (public or private). From this analysis we inferred that private programs were more likely to report presence and absence of faculty and/or student bodies resistance against the LGBTQIAPN+ theme.

In view of this contradictory nature, we performed a more in-depth comparative analysis between the private and public programs studied. Results showed that private programs were more likely to develop curricular activities focused on the LGBTQIAPN+ population, to have religious character, curricular completion in less than five years, and an unsatisfactory quality concept.

This expressive number of private dentistry programs aligns with Bleicher and Cangussu (2024)³². According to the authors, private sector expansion into higher education occurred gradually over the years, in a relatively homogeneous manner across all undergraduate courses, including health degrees³².

When considering the LGBTQIAPN+ population, however, Almeida et al. (2024)⁸ highlight that the hegemonic mercantile logic of dental training and education in private HEIs, besides refuting the unquestionable differences of human life and, consequently, impairing adequate dental care provided to this population, also denies evidence that shows a strong association between social vulnerability and a high risk of oral diseases.

Another important point is the possible influence, even if generic, of the brought by the National Curricular Guidelines (DCN) for the Dentistry undergraduate programs of 2021³³. More specifically, subsection III of Article 24 foresees the inclusion of theoretical and practical content aimed at gender and sexual orientation equity.

This inducing instrument may have motivated private programs, which have a greater probability of achieving an unsatisfactory concept in ENADE, to be less resistant toward developing curricular activities aimed at the LGBTQIAPN+ population³³.

Some study limitations deserve mention. One first limitation concerns the study design, as observational cross-sectional research does not allow to determine cause and effect relations^{19,20,22,23}.

A second limitation was the sampling process. Since it was not probabilistic (convenience)⁸, the sampling failed to successfully reach Brazilian dentistry programs quantitatively and qualitatively. Future studies should aim for a convenience sample and greater sample size to compose a more representative sample group (probabilistic techniques)^{19,20}.

But the present work also brings some contributions. First is bringing scientific evidence aimed at understanding the interfaces between the dental training and education process and vulnerable LGBTQIAPN+ identities. Second was measuring and interpreting the effect size and test power involved in the statistical analyses, information that can support future research in selecting more effective variables for study designs (longitudinal) and/or more robust statistical models (multivariate).

Finally, we highlight the importance of future qualitative studies to make emerge the fundamental subjectivities related to the phenomenon analyzed here, namely: the resistance shown by Brazilian dentistry faculty and/or student bodies toward the LGBTQIAPN+ theme.

CONCLUSION

Our study found statistically significant associations between faculty and/or student bodies resistant to the LGBTQIAPN+ theme and the development of curricular activities focused on the oral health care of this population. HEIs in which their pedagogical coordinators recognized the presence or possible resistance from their faculty and students regarding the LGBTQIAPN+ thematic approach, the prevalence of not developing curricular activities aimed at qualifying the future dentist to provide dental care for this population increased. Private dentistry courses showed paradoxical behavior by presenting faculty and student bodies with the most and least resistance to LGBTQIAPN+ topics. In addition to evincing weaknesses in the dental educational process regarding the qualification of future dentist in providing oral health care and meeting oral health demands of LGBTQIAPN+ people, our findings can support the idealization, implementation, and consolidation of future public policies for dental care, including educational ones, aimed at reducing the oral health inequities experienced by this vulnerable population.

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