



ORIGINAL ARTICLE

Variables related to sexual prejudice among Mexican health science students



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Homosexuality

Abstract

Background: The stigmatization and discrimination of non-heterosexual persons is a reality in some institutions of the Health Services, and among health sciences students.

Objectives: To describe and predict the level of sexual prejudice in health sciences students, taking into account a set of qualitative and numerical variables on socio-demographic data, sexual life, social life, university (private or public) the student's major (medicine or psychology), and clinical aspects.

Methodology: A socio-demographic and life-history data questionnaire, an 8-item homophobia scale and a 16-item internalized homonegativity scale were applied to a non-probabilistic sample composed of 231 health sciences students. The predictive models were estimated by analyses of multinomial and ordinal regression.

Results: Twelve percent of participants exhibited an attitude of open rejection towards non-heterosexual persons (including 0.9% who exhibited extreme rejection). Non-heterosexual orientation, having non-heterosexual friends and acceptance of one's own homosexual desires were variables associated with lower levels of open rejection towards non-heterosexual persons. Only the two latter variables were significant predictive variables; they explained 21% of the variance in the ordinal regression model and 27% in the multinomial regression model. The percentage of the correct classification of cases of acceptance was high but the percentage of the correct classification of cases of rejection was low.

Conclusion: The level of open rejection towards non-heterosexual persons is low. An exclusively heterosexual identity, affirming not to share aspects of the sexual sphere and not having

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personal contact with the stigmatized subject are determinants of open rejection. There exist other variables that were not taken into account in this study, as is deduced by the high percentage of unexplained variance.

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Introduction

Concept and frequency of sexual prejudice

Homophobia can be defined as an extreme rejection towards people who have sexual practices and/or an erotica-affective orientation directed towards individuals of the same sex. It involves attitudes ranging from fear and avoidance to reactions of aggression.¹ The term "homophobia" has been criticized owing to its psychopathological connotations, for it makes a direct reference to a specific phobia. Most investigators prefer to conceptualize homophobia as an attitudinal phenomenon of rejection, and the term sexual prejudice has been proposed.²

Nowadays, even though open rejection towards non-heterosexual persons has tended to disappear and has been penalized, subtle rejection has still remained in Western society.^{3,4} This subtle rejection stems from an ideology that has been termed heterosexism by social researchers, a concept that involves a tendency to assume that everybody is, or should be, heterosexual.⁵ This ideology contends that heterosexuality is the only natural sexual orientation, and that heterosexual persons are superior to non-heterosexual persons. Therefore, all deviations from the hegemonic pattern should be kept at bay and without prestige or power.⁶ Just like homophobia, heterosexism generates a strong rejection towards one's own homosexual desires, as well as strong conflicts when integrating the behaviours motivated by this desire into a positive identity.⁷

Since the emergence of the HIV epidemic, it has been pointed out that the group of men who have sex with men are the main culprit for the spread of the epidemic, reviving ancient, deep-rooted prejudices against homosexuality.⁸ The stigmatization and discrimination of persons living with HIV, especially those with a non-heterosexual orientation, still exists in some institutions of the Health Services in Mexico,⁹ and this is also visible among young students in the process of professional formation.¹⁰ This differential treatment, even though it is more disguised and subtle, is negatively perceived by non-heterosexual persons and often reported to the authorities of the health services. Currently, there is a great deal of sensitivity towards this issue in some schools of medicine and health sciences around the world and, as a result, efforts are being made to evaluate the level of rejection towards non-heterosexual persons; likewise, workshops aimed at encouraging a greater level of acceptance of sexual diversity and at promoting a greater level of empathy towards persons living with HIV have been

implemented at those schools.¹¹ This is a pending issue in Mexico.¹²

Campo and Herazo (2008), in a systematic review of studies published from 1998 to 2007, found that the percentage of medical students harbouring an attitude of rejection towards non-heterosexual persons ranged from 10% to 25%.¹³ Likewise, Campo et al. (2010), in another systematic review, found that from 7% to 16% of nursing students harboured an attitude of rejection towards non-heterosexual persons.¹⁴ Similarly, Parker and Bhugra (2000) reported that from 10% to 15% of British medical students expressed a negative attitude towards non-heterosexual persons.¹⁵ Furthermore, among American medical students, Skinner et al. (2001) found that 12% of men expressed rejection towards non-heterosexual men.¹⁶

In Mexico, Moral and Martínez (2012) found an attitude of rejection in about 6% of psychology students, and extreme rejection was found in approximately 2%.¹⁷ Moral and Valle (2011) found an attitude of rejection in approximately 19% of medical students, and extreme rejection was found in about 3%.¹⁸ In the research performed by Moral and Martínez (2012),¹⁷ the attitudinal scale had more contents on open rejection than the scale used in the study performed by Moral and Valle (2011).¹⁸ Other differences were that, in the study performed by Moral and Martínez,¹⁷ the students were enrolled at a public university and had been exposed to the influence of programmes on sexuality; in contrast, the participants in the study performed by Moral and Valle (2011)¹ were enrolled at a private university and had not been exposed to programmes on sexuality, a fact that could explain the lower level of acceptance among these later students.

The term homonegativity has also been proposed to replace the term homophobia, since it does not imply any stigmatizing connotation.¹⁹ The distinction between internalized and externalized homonegativity is done in the specialized literature, and makes references to the evaluated population. The adjective "internalized" is used when the evaluation is carried out in non-heterosexual persons (rejection towards themselves owing to their sexual orientation), and the adjective "externalized" is used when the evaluation is carried out in heterosexual persons (rejection towards the others owing to their sexual orientation).^{20,21} However, a broader use of the concept of internalized homonegativity has been proposed.¹⁹ When one considers that any person, regardless of self-defined sexual orientation, can harbour homosexual fantasies and desires (potential bisexuality) and may experience fear of revealing these feelings and/or displaying deviant behaviours from

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