

Healthcare Learners Awareness on Health Disparities among LGBTQ+ Community in a Selected Higher Education Institution: Basis for Cultural Competency Program Enhancement

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ABSTRACT

Healthcare systems have begun to recognize the importance of inclusive and equitable service for all patient groups, including the LGBTQ+ community. However, LGBTQ+ individuals still face barriers when it comes to receiving fair and culturally sensitive healthcare. This study aimed to assess the awareness levels of nursing, respiratory therapy, and midwifery students regarding LGBTQ+ health disparities. It sought to identify gaps and recommend strategies to strengthen cultural competence education. The study used a quantitative design, comparing and looking for correlations. It involved 209 healthcare students from the Nursing, Midwifery, and Respiratory Therapy programs at Mary Chiles College. Participants were selected using stratified quota sampling. Data was collected with a questionnaire designed by the researchers. The study followed ethical principles, including informed consent, voluntary participation, and confidentiality. Descriptive and inferential statistics were used to analyze the data. Respondents had moderate overall awareness of LGBTQ+ health disparities. They showed high awareness of violence and sexually transmitted infections, while moderate awareness was noted for heart disease, mental health conditions, and substance abuse. Obesity, eating disorders, breast cancer, and cardiovascular disease were all associated with low awareness. Awareness differed significantly based on age and academic year, with senior students demonstrating higher understanding. Gender and college program had no significant effect. The findings show the need for healthcare education that is thorough, inclusive, and culturally sensitive. LGBTQ+ health topics should be included early and continuously across all academic programs. Institutional policies must actively promote inclusivity, gender sensitivity, and safe learning environments. Faculty members are encouraged to use inclusive teaching methods, incorporating real-world scenarios and diverse case studies. Future research may examine the long-term effects of educational programs on learners' awareness and skills. Systematically integrating LGBTQ+ health content through stories and simulations is essential to strengthen cultural understanding and prepare healthcare learners to give inclusive and fair care.

Keywords: LGBTQ+, Health Disparities, Healthcare Learners, Awareness, Cultural Competence

INTRODUCTION

The healthcare landscape has undergone significant changes in recent decades, particularly regarding the inclusion and support of diverse patient populations. One such group that continues to face unique challenges in accessing quality healthcare is the Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual and Gender Minorities (LGBTQ+) community. Despite the progress made in recognizing LGBTQ+ rights, persistent health disparities remain a pressing concern in healthcare delivery, undermining the objectives of global development, specifically SDG 10 (Reduced Inequalities) and SDG 5 (Gender Equality).

According to the World Health Organization (WHO), LGBTQ+ individuals are significantly less likely to access essential healthcare services due to pervasive stigma and discrimination, often resulting in inappropriate clinical settings and negative health outcomes (WHO, 2025). Gillespie (2024) concurs, reporting that LGBTQ+ individuals continue to report higher rates of poor physical and mental health, as well as substance use disorders, compared to heterosexual populations. These disparities affect access to preventive care, chronic disease

management, and mental health services. Similarly, Gamarel et al. (2024) highlighted the ongoing inequalities in healthcare access and quality for LGBTQ+ populations, emphasizing the need for healthcare providers with stronger cultural competence.

The persistence of these disparities is a global phenomenon. For instance, studies in the United States report that a large majority of transgender and gender-nonconforming individuals face discrimination when seeking healthcare, which often leads to the avoidance of necessary medical care (Coleman et al., 2022). This situation is mirrored in the Philippine context. While such disparities are well-documented, the level of awareness among future healthcare professionals—including nursing, respiratory therapy, and midwifery students—remains underexplored. Here in the Philippines, cultural taboos and lack of exposure contribute heavily to health inequity for LGBTQ+ individuals (Rubio & Echem, 2022), linking the local challenge directly to the global issue of systemic discrimination.

Sadowski and Hagedorn (2020) found that nursing students demonstrated moderate levels of LGBTQ+ health literacy, with 62% scoring above the median in a health literacy scale. This suggests that while some foundational knowledge exists, it remains insufficient for ensuring equitable and inclusive care. These findings emphasize the importance of integrating LGBTQ+ health topics into healthcare curricula across various disciplines, including respiratory therapy, and midwifery, not just nursing.

The relevance of this study is further reinforced by its alignment with the United Nations Sustainable Development Goals, particularly SDG 10 and SDG 5. SDG 10 calls for the reduction of inequalities by ensuring equitable access to essential services, including healthcare, for marginalized populations (United Nations, 2022). Persistent healthcare disparities experienced by LGBTQ+ individuals reflect structural and social inequities that hinder inclusive health systems. Likewise, SDG 5 advocates for gender equality and the elimination of discrimination based on gender identity and sexual orientation, recognizing that marginalized gender groups are disproportionately affected by poor health outcomes (United Nations Development Programme, 2020). The World Health Organization (2022) emphasized that improving cultural competence among healthcare providers is a key strategy in promoting equitable, respectful, and inclusive care for sexual and gender minorities. By focusing on healthcare learners' awareness, this study supports the global agenda of fostering inclusive healthcare systems through education and capacity building.

Future healthcare learners from different allied health programs must be equipped to meet the needs of a diverse patient population. Cultural competence plays a crucial role in providing safe, inclusive, and effective care. Sadowski et al. (2020) also showed that healthcare providers who receive formal training in cultural competence report increased confidence in treating LGBTQ+ patients. However, Levitt et al. (2021) argued that many healthcare education programs still fail to cover LGBTQ+ health adequately, leaving graduates unprepared to address the community's unique health challenges.

The lack of education and awareness among students in different healthcare fields leads to biases, misunderstandings, and ultimately, compromised patient care. This is particularly important in the Philippine context, where cultural taboos and lack of exposure contributed to health inequity for LGBTQ+ individuals. By assessing the awareness levels of nursing, respiratory therapy, and midwifery students, this study aimed to identify educational gaps and recommend enhancements to existing cultural competency programs.

BACKGROUND OF THE STUDY

Healthcare systems have gradually begun to recognize the importance of inclusive and equitable service for all patient groups, including those within the LGBTQ+ community. However, LGBTQ+ individuals still face barriers when it comes to receiving fair and culturally sensitive healthcare. These include limited access to competent providers, discriminatory practices, and healthcare environments that do not affirm their identities. Such barriers contribute to significant health disparities that affect both physical and mental well-being.

Gillespie (2024) reported that LGBTQ+ adults are more likely to experience health conditions such as depression, anxiety, substance abuse, and poor chronic disease management due to the compounded effects of minority stress and discrimination. This gap in healthcare equity reinforces the importance of equipping future

healthcare providers with adequate awareness and education. Across various fields—including nursing, midwifery, and respiratory therapy—students must be informed of these disparities early in their training to ensure quality, culturally responsive care.

Sadowski and Hagedorn (2020) revealed that while nursing students had moderate LGBTQ+ health literacy, there is considerable room for growth. Similar assumptions can be made for other healthcare learners, where the depth of knowledge on LGBTQ+ health may vary depending on program content.

Cultural competence is the ability of healthcare providers to understand, respect, and effectively respond to patients from diverse backgrounds. It involves knowledge, attitudes, and skills that promote equity in care. Levitt et al. (2021) argue that many healthcare programs inadequately prepare students in this regard, especially concerning LGBTQ+ health. Without sufficient training, future providers may unknowingly perpetuate healthcare inequities, especially in environments where heteronormative assumptions dominate.

Despite the growing emphasis on diversity and inclusion in healthcare education, there remains a specific gap in assessing and addressing LGBTQ+ health awareness among healthcare students in the local context. In many institutions, nursing, respiratory therapy, and midwifery curricula still devote limited time to LGBTQ+ topics, often covering them only superficially or as part of general diversity modules. Informal feedback from faculty and clinical instructors has suggested that some student nurses and other healthcare learners feel unprepared to handle LGBTQ+ patient cases with full cultural sensitivity, relying instead on personal beliefs or incomplete information. This lack of structured, comprehensive training risks reinforcing stereotypes and perpetuating inequities in patient care—underscoring the need for targeted evaluation and educational interventions.

This study therefore aimed to assess the awareness levels of nursing, respiratory therapy, and midwifery students regarding LGBTQ+ health disparities. It sought to identify curricular gaps and recommend strategies to strengthen cultural competence education. By addressing these needs, the study aspired to improve the future of inclusive healthcare and ensure that all healthcare learners are prepared to meet the diverse needs of their patients, regardless of sexual orientation or gender identity.

Statement Of the Problem

This study aimed to determine the level of awareness of healthcare learners—specifically nursing, respiratory therapy, and midwifery students—on health disparities experienced by the LGBTQ+ community. The findings served as a basis for enhancing cultural competency programs in a selected higher education institution.

Specifically, this study sought to answer the following questions:

1. What is the profile of the healthcare learner respondents in terms of the following:
 - 1.1 Age;
 - 1.2 Gender;
 - 1.3 College Program; &
 - 1.4 Year level
2. What is the level of awareness of healthcare learner respondents regarding health disparities faced by LGBTQ+ community in terms of:
 - 2.1 Physical Health:
 - 2.1.1 Heart Disease;
 - 2.1.2 Violence;
 - 2.1.3 Breast & Cervical Cancer; and

2.1.4 Sexually Transmitted Infections (STIs);

2.2 Behavioral Health:

2.2.1 Mental Health Conditions;

2.2.2 Substance Abuse; and

2.2.3 Obesity and Eating Disorders?

3. Is there a significant relationship between the level of awareness of healthcare learner respondents regarding health disparities faced by the LGBTQ+ community when grouped according to their profile?

4. Is there a significant difference in the level of awareness of healthcare learner respondents regarding health disparities faced by the LGBTQ+ community when grouped according to their profile?

5. What educational program components can be utilized to enhance healthcare learners' awareness of health disparities among LGBTQ+ communities and improve their cultural competence in providing care.

Statement Of Hypotheses

H₀₁: There is no significant relationship between the profile of healthcare learner respondents and their level of awareness regarding health disparities faced by LGBTQ+ individuals in healthcare settings.

H_{a1}: There is a significant relationship between the profile of healthcare learner respondents and their level of awareness regarding health disparities faced by LGBTQ+ individuals in healthcare settings.

H₀₂: There is no significant difference between the profile of healthcare learner respondents and their level of awareness regarding health disparities faced by LGBTQ+ individuals in healthcare settings.

H_{a2}: There is a significant difference between the profile of healthcare learner respondents and their level of awareness regarding health disparities faced by LGBTQ+ individuals in healthcare settings.

Theoretical Framework

This study was anchored on the Campinha-Bacote's Model of Cultural Competence and The Health Belief Model.

Campinha-Bacote's Model of Cultural Competence

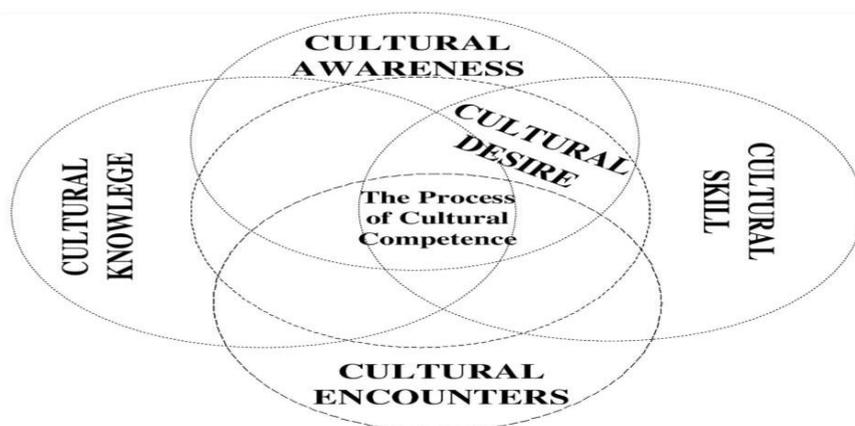


Figure 1: Campinha-Bacote's Model of Cultural Competence.

Source: Campinha-Bacote (2002)

Campinha-Bacote’s Model of Cultural Competence is a widely recognized theoretical framework in the healthcare field that emphasizes the importance of developing cultural competence among healthcare providers. The model views cultural competence as a continuous process, particularly relevant for healthcare learners who are in the process of developing their professional identity and practice.

The model consists of five key constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. These elements illustrate the ongoing journey healthcare professionals must undertake to provide culturally appropriate and effective care.

In the context of the study, which focuses on assessing healthcare learners’ awareness of health disparities among the LGBTQ+ community, the model serves as a guiding framework. Cultural awareness highlights the ability of learners to recognize their own cultural assumptions and biases, especially those that may impact their views and interactions with LGBTQ+ individuals. Cultural knowledge encompasses understanding the specific health disparities, challenges, and needs of the LGBTQ+ population. Cultural skills involve the ability to collect and interpret relevant cultural information while interacting with diverse clients. Cultural encounters include direct or indirect interactions with individuals from different cultural backgrounds, integrated into educational or clinical experiences. Lastly, cultural desire reflects the motivation of healthcare learners to engage in the journey of becoming culturally competent.

By applying this model, the study aims to effectively identify gaps in healthcare learners’ awareness and understanding. These findings will support the development and improvement of a cultural competency program within the institution, preparing learners from various healthcare disciplines—such as nursing, respiratory therapy, and midwifery—to become more inclusive, respectful, and effective healthcare providers.

Health Belief Model

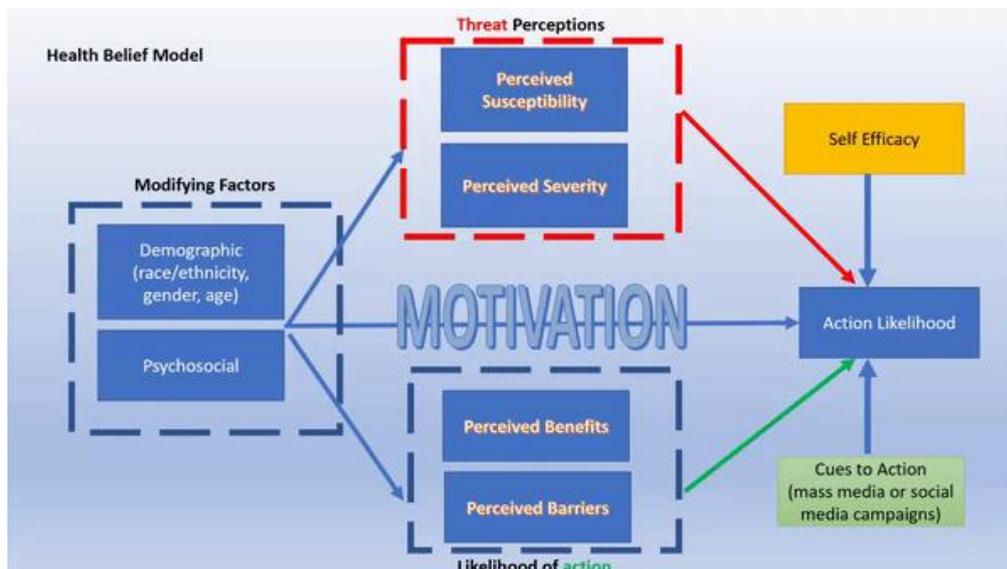


Figure 2: Health Belief Model. Adapted from

Source: “What is the Health Belief Model?” by Mental Health Matters (2023).

The Health Belief Model (HBM) is a psychological model that seeks to explain and predict health behaviors by focusing on individual beliefs about health conditions. Developed in the 1950s by a group of U.S. Public Health Service social psychologists’ namely: Hochbaum, Rosenstock and Kegels, the model proposes that people’s decisions about health-related actions.

The Health Belief Model (HBM) presented an effective framework for examining nursing students’ awareness of health disparities affecting the LGBTQ+ community. By exploring the concept of perceived susceptibility, the study assessed healthcare learners’ perceptions of the likelihood that LGBTQ+ individuals experience health disparities, helping to identify areas of limited awareness and understanding. The model’s perceived severity

component allowed for an examination of how seriously healthcare learners viewed these disparities, which in turn informed the development of targeted educational interventions. Additionally, the study investigated whether healthcare learners recognized the importance of providing culturally competent care to LGBTQ+ patients, which guided the creation of training programs that emphasized the value of such care.

Analyzing perceived barriers to addressing LGBTQ+ health disparities shed light on challenges students encountered in their practice. Furthermore, the implementation of interventions, such as seminars focused on LGBTQ+ health issues, served as cues to action that encouraged students to engage more meaningfully with these concerns. Finally, the study assessed students' self-efficacy—specifically their confidence in delivering competent care to LGBTQ+ patients—which informed adjustments aimed at enhancing their skills and preparedness in addressing health disparities.

Using the HBM in this context facilitated a better understanding of nursing students' perspectives and supported the development of targeted educational strategies to enhance cultural competency related to LGBTQ+ health disparities.

Transcultural Nursing Theory

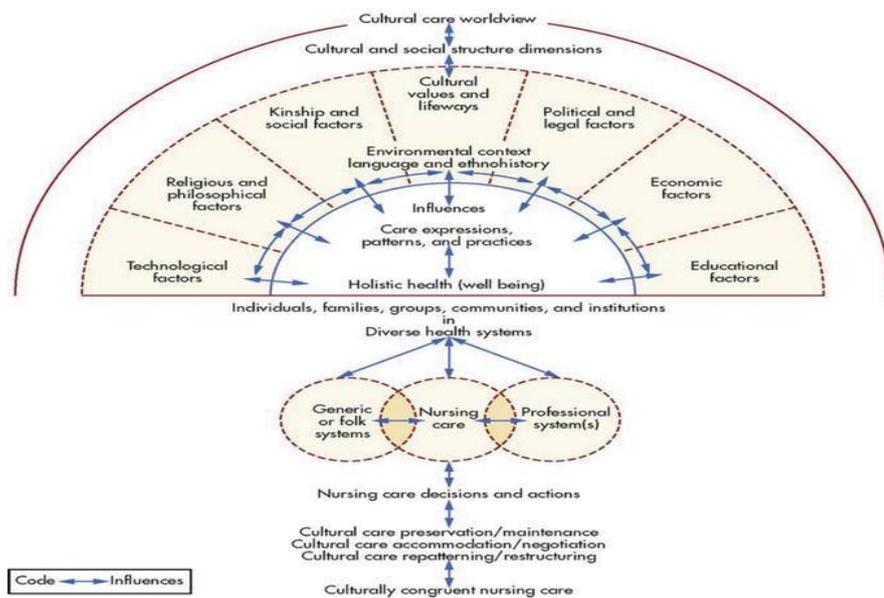


Figure 3: Transcultural Nursing Theory

Source: Gonzalo, A. (2024, April 29). Madeleine Leininger: Transcultural Nursing Theory.

The Transcultural Nursing Theory or also known as Cultural Care Theory is a theory originated by Madeleine Leininger in 1966 and focuses on the concept of providing patient care that is culturally consistent, which means the care is given taking into account the culture, values, beliefs, and practices of a person or group. This theory accepts that individuals come from different societies, each with its own set of beliefs and practices in regards to health and healing. More so, the provision of care aims to be supportive and meaningful and should target such inclusivity. Cultural Care Theory emphasizes the importance of understanding patients within their cultural context. It encourages nurses to gain detailed knowledge about the cultural background of their patients to deliver care that is not only medically effective but also culturally sensitive and personally respectful. By doing so, nurses can build trust and rapport with their patients, leading to improved health outcomes and more positive healthcare experiences.

The Cultural Care Theory can guide the development of interventions aimed at enhancing cultural competence in nursing education and practice. It can help, for example, in developing educational programs for nursing students on health disparities pertinent to the vulnerable population, such as the LGBTQ+ community. These programs can equip students with the skills and knowledge needed to provide equitable and inclusive care, ultimately improving the quality of healthcare delivery for diverse populations.

CONCEPTUAL FRAMEWORK

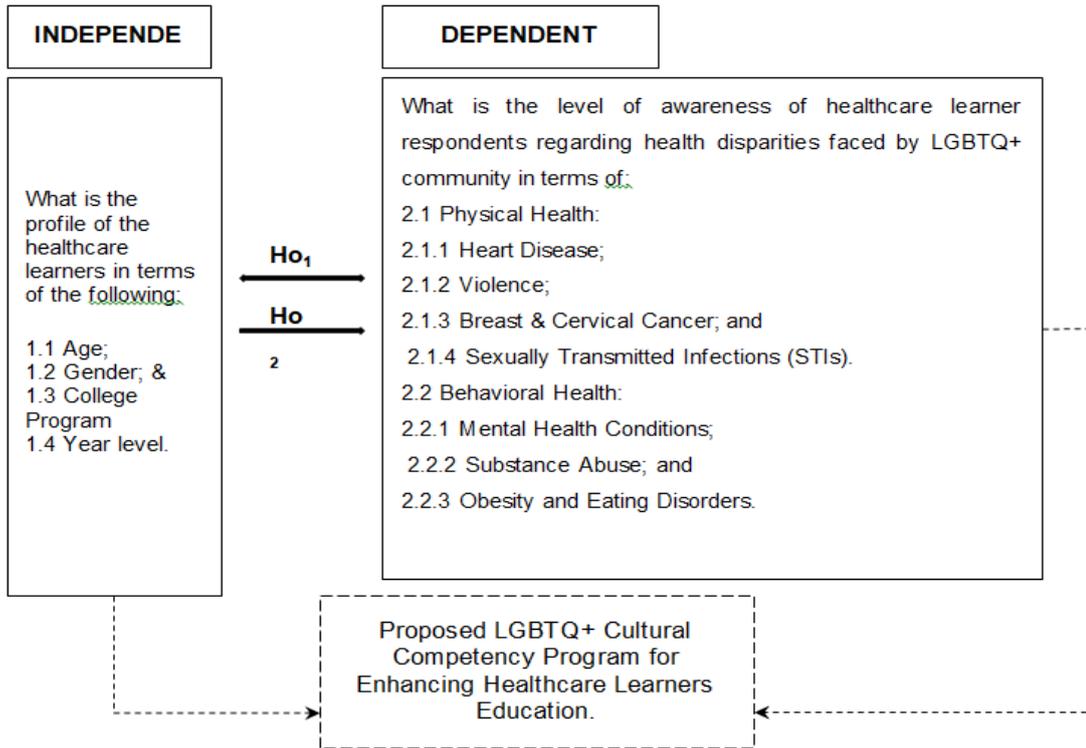


Figure 4: Healthcare Learners Awareness on Health Disparities among LGBTQ+ Community in a Selected Higher Education Institution: Basis for Cultural Competency Program Enhancement.

The paradigm of the study showed the interplay of the variables to intensively analyze the concept of the study. The first variables are the independent variables which included the profile of the healthcare learners who will be the respondents of the study. Specifically, age, gender, college program and year level. The dependent variables comprise one set of variables. The set consists of the level of awareness of healthcare learners regarding health disparities faced by LGBTQ+ community in the healthcare settings. In terms of: heart disease, violence, substance use, mental health conditions, obesity and eating disorder, breast and cervical cancer and sexually transmitted infections.

The two tailed arrows represent the relationship between the profile of the healthcare learners and their level of awareness regarding the health disparities faced by the LGBTQ+ community in healthcare settings.

The one tailed arrow represents the difference between the profile of the healthcare learners and their level of awareness regarding the health disparities faced by the LGBTQ+ community in healthcare settings.

The broken line shows the proposed LGBTQ+ cultural competency program enhancement for enhancing healthcare learners education.

Assumptions

The LGBTQ+ community continued to face significant health disparities due to stigma, discrimination, and a lack of culturally competent care. Healthcare learners—such as BSRT, BSN, BSM students, played a crucial role in addressing these issues. However, their awareness and understanding of LGBTQ+ health needs may vary depending on their education and clinical exposure. This study assumed that there are gaps in knowledge and sensitivity among healthcare learners, highlighting the need to assess their awareness as a basis for enhancing cultural competency programs within a selected higher education institution.

1. BSRT, BSM, and BSN students were assumed to have varying levels of awareness and understanding regarding the health disparities experienced by the LGBTQ+ community.

2. All participating healthcare learners were expected to answer the research instrument honestly and to the best of their knowledge.
3. Differences in course focus and clinical exposure among BSRT, BSM, and BSN students may have influenced their level of awareness and sensitivity toward LGBTQ+ health concerns.
4. Cultural competency was regarded as essential for all healthcare learners, regardless of specialization, to ensure inclusive and equitable care for LGBTQ+ individuals.
5. Improved awareness and understanding of LGBTQ+ health disparities among healthcare learners were assumed to contribute to the development of more inclusive healthcare environments.
6. The selected higher education institution was considered a valid setting to assess the cultural competency needs of future healthcare professionals.
7. It was assumed that enhancing cultural competency programs based on identified gaps would better prepare healthcare learners to meet the unique needs of LGBTQ+ patients in their future practice.

By evaluating these assumptions, the study sought to determine whether improving cultural competency programs could address disparities in healthcare education and contribute to creating a more inclusive healthcare environment for LGBTQ+ individuals.

Scope And Limitation

The study focused on healthcare learners from Mary Chiles College enrolled in the BSN, BSM, and BSRT programs, specifically those in Levels II, III, and IV who had clinical exposure. A total of 30 students from these programs and year levels participated in the pilot study, while 209 students were included in the main study, both provided their consent.

Level I students were excluded from both the pilot and main studies, as they did not yet have clinical exposure in the area.

One limitation of this study involved the feasibility issues encountered with initially proposed three (3) locales. Despite efforts made by the researchers to coordinate with these institutions, the following challenges were faced:

Locale 1: The institution could not participate due to differences in academic calendars, as their semester ended in May. During this period, the institution was focused on student deliberations and final assessments. As a result, they expressed concerns that the timing of the data collection might not yield reliable results due to students being preoccupied with academic requirements. Additionally, their research committee indicated that submitted documents could not be reviewed within the required time frame due to the unavailability of the committee head, which would have further delayed the data gathering process.

Locale 2: This institution neither approved nor reviewed the ethics form submitted by the researchers. Similar to Locale 1, their academic calendar did not align with the researchers' timeline. They also requested documents that could not be processed by the research committee of the researchers' institution due to certain constraint

Locale 3: The institution had strict policies that made communication with their research center difficult. The researchers were unable to directly coordinate with the committee, as security personnel relayed all letters and follow-ups. No feedback was received despite follow-up attempts.

Due to these feasibility challenges, the researchers decided to proceed with Locale 4. This decision ensured smoother coordination and timely data collection. To allow comparison and correlation of results, respondents were drawn from the Nursing, Respiratory Therapy and Midwifery departments, who represented healthcare learners. The title was changed from "Nursing Students' Awareness on Health Disparities among LGBTQ+ Community: Basis for Cultural Competency Program Enhancement to "Healthcare Learners Awareness on

Health Disparities Among LGBTQ+ Community in a Selected Higher Education Institution: Basis for Cultural Competency Program Enhancement.”

Another limitation was the possibility of non-participation from some of the students, which may have affected the target sample size and limited the generalizability of the study’s findings. In such cases, the study proceeded with the available participants who consented to take part.

The study took place during the second semester of the academic year 2024–2025.

Significance Of The Study

This study aims to assess the awareness of healthcare learners—specifically BSRT, BSM, and BSN students, regarding health disparities among the LGBTQ+ community. The findings will serve as a basis for enhancing the cultural competency program of a selected higher education institution. This research will be beneficial to the following:

For Students (BSRT, BSM, BSN). The study will help increase their awareness and understanding of the unique health needs and challenges faced by the LGBTQ+ community. It will also help prepare them to provide culturally sensitive, respectful, and inclusive care in their future healthcare practice.

For the School Administrations and Policymakers. The results will serve as a guide in developing inclusive institutional policies and programs that promote gender sensitivity and equality in healthcare education.

For the Deans. The study may assist in evaluating existing curricular content and identifying areas where LGBTQ+ health topics can be further integrated or strengthened.

For Faculty and Teachers. The findings can help enhance their teaching strategies and encourage them to incorporate LGBTQ+ health issues into classroom and clinical discussions to improve student preparedness.

For Future Researchers. This study may serve as a reference for those who wish to explore further the issues of health disparities, cultural competency, and inclusive education in healthcare training. It may also inspire related studies focused on other populations or healthcare programs.

For the LGBTQ+ Community. The study advocates for more responsive and non-discriminatory healthcare services by promoting awareness and empathy among healthcare learners.

Definition Of Terms

The following terms are defined operationally for better understanding of the content of the study:

Cultural competency : For this study, cultural competency refers to the ability of healthcare learners to provide care that is respectful of and responsive to the cultural and health beliefs, practices, and needs of LGBTQ+ clients. It encompasses the skills and knowledge necessary to foster attitudes that enable effective communication with and care for diverse populations.

Gender: In this research, gender refers to the identity of healthcare learners participants as male, female, transgender, or another gender. It encompasses both the biological sex assigned at birth and the personal identification of gender, recognizing the diversity of gender identities within the LGBTQ+ community.

Healthcare learners: For this study, participating students include Level 2, 3, and 4 healthcare learners enrolled in health-related courses, specifically nursing students, midwifery students, and respiratory therapy students, in the second semester of the academic year 2024-2025. This ensures the respondents will have a variety of knowledge and experiences from which the data is to be gathered. The purpose will be to evaluate their knowledge as well as their understanding of health disparities in the LGBTQ+ community and cultural competence.

Healthcare learners' awareness: In this research, healthcare learners' awareness specifically refers to the degree to which students from nursing, respiratory therapy, and midwifery college programs recognize, understand, and possess knowledge about health disparities affecting the LGBTQ+ community. This encompasses their understanding of specific health conditions prevalent within this population, their ability to identify barriers to providing equitable healthcare services, and their recognition of the unique needs and challenges that LGBTQ+ individuals face in healthcare settings.

Health disparities: For this research, health disparities refer to the differences in health outcomes and access to healthcare services experienced by the LGBTQ+ community compared to the general population. These disparities can include higher rates of certain illnesses, lower quality of care, and barriers to accessing culturally competent healthcare.

Heart disease: In this research, heart disease is comparing incidence, risk factors, and prevalence of heart diseases in general population on LGBTQ individuals. Surveys will assess healthcare learners' awareness and understanding of the increased risk of heart disease among LGBTQ+ individuals and their knowledge of strategies to provide culturally competent care to mitigate these disparities.

Violence: For this study, violence includes the physical, emotional, and sexual violence that LGBTQ+ individuals undergo and which results in both acute and chronic health conditions. Surveys will measure healthcare learner's knowledge and sensitivity to the effects of violence on LGBTQ+ individuals and their familiarity with strategies to provide culturally sensitive care to manage the effects of such encounters.

Substance abuse: In this research, substance abuse refers to the prevalence and incidence of drug and alcohol addiction, as well as other drug use, in LGBTQ+ individuals. Surveys will measure healthcare learners' knowledge and sensitivity to the increased use of drugs by LGBTQ+ individuals and their familiarity with strategies to provide culturally sensitive care to manage the effects of such exposure.

Mental health: In this study, mental health refers to the incidence and severity of mental illness, depression, anxiety, and suicidal tendencies among LGBTQ+ community. Surveys will assess healthcare learners' awareness and understanding of the mental health challenges disproportionately affecting LGBTQ+ individuals and their knowledge of strategies to provide culturally competent care to address these disparities.

Obesity: For this research, obesity can be defined as the increased levels of overweight and obesity among LGBTQ+ populations, which is driven by stress, discrimination, and lack of access to healthy lifestyle options. Whereas, eating disorders can be defined as the higher incidence of diseases like anorexia, bulimia, and binge-eating disorder among LGBTQ+ populations, which is driven by stress, body dissatisfaction, and societal pressure. Surveys will be used to evaluate healthcare learners' knowledge and perceptions of these disorders and their strategies on how to intervene and prevent such disorders through culturally sensitive care. The paper is focused on detailing specific challenges faced by the LGBTQ+ community in weight and eating behavior management and how nursing students can practically assist such people.

Breast and cervical cancers : In this study, breast cancers refers to the occurrence and prognosis of breast cancer in LGBTQ+ individuals, especially those assigned female at birth. While, cervical cancer is the occurrence and prognosis of cervical cancer in LGBTQ+ individuals, especially those assigned female at birth. Surveys will assess healthcare learners' understanding of breast and cervical cancer risks in LGBTQ+ individuals, particularly lesbian and bisexual women, and their strategies for providing culturally competent care for early detection, treatment, and routine screening.

Sexually Transmitted Infections (STIs): For this research, sexually transmitted infections refers to the prevalence and treatment of sexually transmitted infections (STIs) in LGBTQ+ community. Surveys will evaluate the healthcare learners' knowledge and recognition of the greater prevalence of sexually transmitted diseases in LGBTQ+ persons and their knowledge of how to provide culturally appropriate care to avoid and treat the infections.

LGBTQ+ Community: For this study, LGBTQ+ community means individuals who self-identify as lesbian, gay, bisexual, transgender, queer, and other sexual and gender minorities. This population experiences distinct health disparities that are targeted by the research through more intensive cultural competency training for nursing students.

L: Lesbian: In this research, lesbian describes women who are sexually and/or romantically attracted to other women. The research will examine health disparities and particular needs in this subgroup of the LGBTQ+ population.

G: Gay: In this study, describes men who are sexually and/or romantically attracted to other men. The research will examine healthcare learners' knowledge of the health disparities and needs of gay individuals.

B: Bisexual: For this study, bisexual persons are those who find themselves attracted to men and/or women romantically and/or sexually.

This research will explore how healthcare learners comprehend and treat the health disparities among bisexual persons.

T: Transgender: In this research, transgender means those whose gender identity is different from the sex assigned at birth. The study will assess healthcare learners' knowledge of the targeted health disparities and care requirements of transgender individuals.

Q: Queer: In this study, queer is used to describe individuals who do not strictly define as heterosexual or refuse traditional gendered distinctions. Queer is a broad term used to cover the many sexual and gender identities beyond the binary vision of male/female and heteronormativity. The study will take into account the distinctive health disparities and needs of the queer members within the LGBTQ+ community.

+: Plus: For this research, the plus (+) sign is used to denote other sexual and gender identities not included in the labels lesbian, gay, bisexual, and transgender. These include but are not limited to queer, intersex, asexual, and pansexual individuals. The research will take into account the specific health disparities and needs of these varied identities.

REVIEW OF RELATED LITERATURE AND STUDIES

In this chapter different related literature and studies will be tackled and discussed both from local and international sources which significantly supports this research that will be conducted.

Related Literature

The Center for American Progress's (2023) article, "Widespread Discrimination Continues to Shape LGBT People's Lives in Both Subtle and Significant Ways," discusses the ongoing discrimination faced by LGBTQI+ people, particularly in public accommodations, the workplace, healthcare, and social settings. Despite advances in legal safeguards, LGBTQI+ people continue

to face prejudice in their daily lives. The article focuses on how many LGBTQI+ persons, particularly transgender people and people of color, change their behavior to avoid discrimination. For example, some people shun public locations, services, and transportation, while others change their resumes or professional identities to avoid bias. The study also emphasizes that these persons have special vulnerabilities, such as higher rates of avoidance behavior in the workplace and healthcare settings, where they are frequently mistreated or rejected.

Min (2023), explored the impact of stigma, prejudice, and discrimination on LGBTQ+ individuals, leading to increased psychological distress, limited social support, and reluctance to seek healthcare. These factors contribute to disparities in overall well-being. The study also pointed out the insufficient legal protections for LGBTQ+ individuals, including the absence of anti-discrimination laws that would recognize and safeguard their rights, including in healthcare settings. Furthermore, many LGBTQ+ individuals face rejection or lack of acceptance from their families when they express their gender identity or sexual orientation. This rejection,

fueled by negative attitudes, a lack of understanding, or cultural and religious beliefs, can strain relationships, cause emotional distress, and result in feelings of isolation. The absence of familial acceptance and limited social support can significantly affect mental health and overall health outcomes.

Related Studies

The study by Gonzales et al. (2022) titled "Barriers to healthcare access for LGBTQ+ individuals in the Philippines" provides valuable insights into the challenges faced by LGBTQ+ populations in accessing healthcare services in the country. Gonzales et al.'s research aimed to explore the barriers to healthcare access faced by LGBTQ+ individuals in the Philippines. The study employed a mixed-methods approach, combining quantitative surveys with qualitative interviews to gather comprehensive data on the experiences of LGBTQ+ patients.

One of the primary findings of the study was the existence of significant disparities in healthcare access for LGBTQ+ populations compared to cisgender, heterosexual individuals. These disparities manifest across various aspects of healthcare delivery such as provider discrimination, lack of LGBTQ+ - friendly facilities, stigma and shame, financial barriers, and lack of LGBTQ+ - specific healthcare providers. The research also identified several coping mechanisms employed by LGBTQ+ individuals such as seeking care from informal providers or online resources, delaying medical care until symptoms become severe, self - medicating or relying on friends/family for healthcare advice and traveling abroad for specialized LGBTQ+ healthcare services.

The study concludes that addressing these barriers requires a multifaceted approach involving policy changes, education for healthcare providers, and community-based initiatives. While not specifically focused on nursing students, the findings highlight critical areas where nursing education should focus to prepare future nurses to meet the unique healthcare needs of LGBTQ+ populations. These challenges underscore the importance of incorporating comprehensive LGBTQ+ health education into nursing curricula. Such training would equip nurses with the knowledge and skills necessary to provide culturally sensitive, inclusive care to LGBTQ+ patients, thereby mitigating some of the barriers identified in this study.

Furthermore, the study emphasizes the need for increased awareness among healthcare providers about the unique experiences and health challenges faced by LGBTQ+ individuals. This aligns with broader calls for cultural competence training in nursing education, which could indirectly benefit LGBTQ+ patients by improving overall healthcare access and quality for diverse patient populations in the Philippines.

The study by Santos et al. (2021) titled "Health Status and Experiences of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) Individuals in the Philippines" provides valuable insights into the health challenges faced by LGBTQ+ populations in the Philippines. This research aimed to examine the health status and experiences of LGBTQ+ individuals in the country, focusing on disparities in healthcare access and quality.

The study found significant disparities in healthcare access and quality for LGBTQ+ populations in the Philippines. These findings align with global trends, highlighting the broader context of LGBTQ+ healthcare challenges in the country. While not specifically focused on nursing students, this study provides crucial background information about the healthcare landscape for LGBTQ+ individuals in the Philippines.

The study aimed to examine the impact of the COVID-19 pandemic on the health, social, and economic experiences of LGBTQ+ individuals in the Philippines. It utilized a community survey distributed via email by local LGBTQ+ community organizations between September and December 2020. The survey collected data on various aspects of participants' experiences, including physical health, mental health, financial stability, meeting basic needs, and social connectedness.

The study emphasizes the need for culturally-focused responses to pandemics, particularly for marginalized communities like LGBTQ+. It suggests that interventions should address the unique challenges faced by LGBTQ+ individuals, including those related to healthcare access, mental health support, and economic security.

The study by Lampe, N. et al. (2023), titled "Health Disparities Among Lesbian, Gay, Bisexual, Transgender, and Queer Older Adults: A Structural Competency Approach," comes very close to the actual picture of the health problems associated with LGBTQ+ populations in the Philippines. The study examined the health status and experiences of LGBTQ+ people in the country along the lines of access to and quality of services. The study states the lack of age-friendliness and absence of LGBTQ+ affirmation as discouragements to older persons from using health services, thus leading to disparities in health care. Another point made was that there is a considerable lack of medical knowledge concerning both the short- and long-term health effects of gender-affirming medical therapies such as hormone therapy services in the case of transgender adults. Further, most health personnel see old age as a major risk factor for receiving gender-affirming treatments (e.g., hormone therapies), which can present as a barrier for giving care to older transgender patients.

It draws attention to the fact that these findings indicate two main topics of importance for researchers and clinicians: understanding the physiological effects of gender-affirming therapy and how the need for such care varies with age. Further probing into the intersections of age-friendly and LGBTQ+-affirming care reveals the barriers, enablers, and opportunities for healthcare improvement for LGBTQ+ elderly patients.

The study by Garcia et al. (2023) titled "Beyond Pride: Addressing health inequities for LGBTQ+ Filipinos" describes the health devastation with regards to LGBTQ+ people in the Philippines focusing on inequalities and stigma that confront it during health services. It intends to work for promoting actualized and just health schemes for LGBTQIA persons through examining how current systems of health care seem to be inaccessibly and un-inclusively heteronormative practice transformed. Surveys and interviews from and with LGBTQIA community members served as the method to draw out the data on the present condition of health inequities for LGBTQIA Filipinos throughout the country.

One of the major conclusions is that almost all of the health services in the Philippines that are focused on the LGBTQ+ community do so in the context of HIV/AIDS. That is, most of them are meant mostly for gay and bisexual men and transgender women, leaving out other essential health needs. General health services are by design one-size-fits-all and will not take into account the specific needs and circumstances of LGBTQ+ persons. Practically, specialized services such as gender-affirming therapies are not available. Against this backdrop, discrimination, denial of service, harassment, and even poor medical advice become predominant effects of the stigma attached to the healthcare providers coupled by ignorance on SOGIESC, thus most LGBTQ+ tended to defer or not even to go to health care.

The study by Saunders, C. L. et al. (2021), titled "Cervical screening attendance and cervical cancer risk among women who have sex with women," provides valuable insight into the health challenges faced by LGBTQ+ populations in the Philippines. This research aimed to examine the health status and experiences of LGBTQ+ individuals in the country, focusing on the disparities in healthcare access and quality. The study states that due to differences in the frequency of the human papillomavirus (HPV) and other risk factors, as well as differences in screening history, it is unclear if women who have sex with women (WSW) are at a higher or lower risk of developing cervical cancer.

The study found that the primary cause of cervical cancer is HPV. Lesbian or bisexual women were neither overrepresented or underrepresented among women with cervical cancer, despite their earlier study showing that HPV-associated cancers were those where risk differences between sexual minority women and men were greatest. Furthermore, the study found that the bisexual but not lesbian women had a higher risk of cervical cancer, according to a recent systematic review. Having more male sexual partners in one's lifetime increases the risk of HPV infection and cervical cancer, and women who identify as bisexual are more likely to have had more male partners

The study by Abesamis. (2022) titled "Intersectionality and the invisibility of transgender health in the Philippines" highlights the significant health vulnerabilities faced by transgender Filipinos due to the inaccessibility of essential healthcare services and their invisibility within the health system and related social institutions. The primary goal of the study is to analyze these intersecting prejudices and discriminatory structures to better understand the unique health needs of trans Filipinos. One of the primary findings is that It

highlights the gaps in the healthcare system, such as the lack of affirming and protective policies and the limited cultural competence of healthcare providers.

The researchers call for the future research and policy work to integrate gender-specific and gender-inclusive approaches, center the voices of trans Filipinos in health discourses, and expand the local understanding of trans health through a decolonized perspective.

The article by Oducado (2023), titled "Knowledge and attitude towards lesbian, gay, bisexual, and transgender healthcare concerns: A cross-sectional survey among undergraduate nursing students in a Philippine state university." The study specifically aims to assess the level of knowledge and attitudes among nursing students towards LGBTQ+ healthcare concerns and to examine how these factors could affect the quality of care provided to LGBTQ+ individuals. By surveying students, the study provides valuable insights into the preparedness of nursing students to care for LGBTQ+ patients and highlights areas where education and awareness may need improvement. The study found that nursing students in the Philippines had moderate knowledge and generally positive attitudes toward LGBTQ+ healthcare, but there were gaps in understanding specific issues. Female students and those in higher year levels had better knowledge and attitudes. The study emphasized the need for improved LGBTQ+ health education in nursing curricula to better prepare students for caring for LGBTQ+ patients.

The study concluded that while undergraduate nursing students showed moderate knowledge and relatively positive attitudes toward LGBTQ+ healthcare concerns, there were still substantial areas for improvement. The study emphasized the need for curriculum reform to include more comprehensive education on LGBTQ+ health issues, focusing on topics like gender identity, sexual orientation, mental health, and barriers to care. It also recommended that nursing programs integrate workshops, training, and clinical experiences that involve LGBTQ+ populations to increase both the knowledge and comfort level of nursing students in caring for LGBTQ+ patients.

The findings suggest that improving the preparedness of nursing students in the Philippines to care for LGBTQ+ individuals could lead to better healthcare outcomes for this marginalized group and contribute to reducing healthcare disparities.

The article by Alibudbud (2024), titled "Enhancing Nursing Education to Address LGBTQ+ Healthcare Needs: Perspectives from the Philippines," explores the need to improve nursing education in the Philippines to better address the healthcare needs of LGBTQ+ individuals. The study examines the current state of nursing education, identifies gaps in knowledge and training regarding LGBTQ+ healthcare, and gathers perspectives from nursing students and healthcare professionals. The findings highlight the importance of integrating

LGBTQ+ health topics into nursing curricula to ensure nurses are equipped to provide inclusive and competent care.

The study by Dela Cruz et al. (2022) titled "Inclusion of LGBTQ+ content in nursing education curricula in the Philippines" examines the current state of LGBTQ+ health education in nursing programs in the Philippines. The study aimed to investigate the extent to which LGBTQ+ health content is included in nursing education curricula in the Philippines. Through surveys and interviews with nursing faculty members and administrators, the researchers gathered data on the current state of LGBTQ+ health education in nursing schools across the country. One of the primary findings of the study was that many nursing schools in the Philippines lack comprehensive training on LGBTQ+ health issues. This gap in education highlights a significant challenge in preparing future nurses to address the unique healthcare needs of LGBTQ+ patients.

The researchers suggest that integrating LGBTQ+ health content into nursing education could significantly enhance students' ability to provide culturally sensitive care to LGBTQ+ patients. They propose including topics such as LGBTQ+ identities, sexual health, trans health, mental health, and social determinants of LGBTQ+ health in nursing curricula.

This study underscores the need for improved LGBTQ+ health education in Philippine nursing schools. It highlights the importance of addressing these gaps to better prepare nurses for providing culturally competent care to diverse patient populations, including LGBTQ+ individuals. The findings suggest that nursing education policy and practice should prioritize the inclusion of comprehensive LGBTQ+ health content in curricula to meet the evolving needs of the healthcare landscape in the Philippines.

While the study provides valuable insights into the current state of LGBTQ+ health literacy among nursing students, it also suggests areas for future research. Longitudinal studies examining the long-term effects of LGBTQ+ health education on nursing practice would be beneficial. Additionally, comparative studies investigating differences in LGBTQ+ health literacy across various nursing programs could provide further insights into effective teaching strategies.

In conclusion, the study underscores the critical role of comprehensive LGBTQ+ health education in preparing nurses to meet the unique healthcare needs of diverse patient populations. Its findings support the integration of LGBTQ+ health topics into nursing curricula and highlight the potential for such education to enhance students' confidence and competence in caring for LGBTQ+ patients.

Nursing education plays a crucial role in shaping the next generation of healthcare providers, and cultural competence is a critical aspect of this education. Levitt et al. (2021) suggest that nursing curricula frequently neglect topics related to LGBTQ+ health, leaving graduates ill-equipped to address the unique needs of these patients. This oversight is particularly concerning given the significant health disparities faced by LGBTQ+ individuals.

The study by Reyes et al. (2023) titled "Cultural Competence Training for Nurses in the Philippines: An Exploratory Study" examines the current state of cultural competence training for nurses in the Philippines. Reyes et al.'s study aimed to explore the existence, content, and effectiveness of cultural competence training programs for nurses in the Philippines. The researchers conducted surveys and interviews with nursing faculty members, hospital administrators, and practicing nurses to gather data on cultural competence training in nursing education and practice settings.

One of the primary findings of the study was that cultural competence training is generally lacking in nursing education and practice in the Philippines. The researchers discovered that many nursing schools and hospitals do not offer formal cultural competence training programs, despite recognizing the importance of such training. The study concludes that enhancing cultural competence training for nurses in the Philippines could significantly improve the quality of care provided to diverse patient populations. While not specifically focused on LGBTQ+ care, the researchers argue that cultural competence training has indirect benefits for LGBTQ+ patients by increasing nurses' ability to provide culturally sensitive care. The findings of this study emphasize the need for nursing education policy and practice to prioritize the development and implementation of comprehensive cultural competence training programs. Such training would not only benefit LGBTQ+ patients but also enhance overall healthcare delivery for diverse patient populations in the Philippines.

The Sexual Orientation, Gender Identity or Expression, or Sex Characteristics (SOGIESC) Equality Bill, also known as the SOGIE Equality Bill, is a proposed legislation in the Philippines aimed at protecting individuals from discrimination based on their sexual orientation, gender identity, or expression. The bill has been pending in the Philippine Senate for approximately 20 years, seeking to penalize SOGIESC-based discrimination and promote non-discrimination. According to Vargas (2024), the bill is grounded in experiences of discrimination, marginalization, and violence on the basis of SOGIESC. It seeks recognition and protection of LGBT rights; securing access to and enjoyment of opportunities, benefits, or privileges otherwise available to other persons. The bill includes significant sections on gender and gender identity definition, as well as corresponding sanctions and penalties. As of 2020, the Senate Bill 1600, known as the SOGIESC Equality Act, remained pending at the senate, awaiting sponsorship in the senate plenary session after receiving support from 19 out of 24 senators at the committee level. This legislative process highlights the challenges in enacting comprehensive anti-discrimination laws in the Philippines, despite constitutional commitments to gender equality and human rights.

The Philippines has been grappling with SOGIE-based discrimination despite its constitutional commitment to uphold rights regardless of gender identity. A proposed SOGIE Equality Bill has languished in the Philippine Senate for about 20 years, seeking to penalize SOGIE-based discrimination and promote non-discrimination. However, negative attitudes toward LGBTQ+ Filipinos persist, with approximately a quarter of the Filipino population holding such views over the years. These societal attitudes contribute to higher rates of mental disorders among LGBTQ+ individuals in the Philippines. According to a research conducted by Alibudbud (2023), it indicates that LGBTQ+ Filipinos experience higher rates of suicidal ideations, depression, anxiety, and stress compared to the general population. The minority stress model identifies both internal processes like self-stigma and external factors like discrimination as risk factors contributing to these mental health issues.

To address this gap, researchers suggest integrating LGBTQ+ health content into healthcare curricula, focusing on topics such as LGBTQ+ identities, sexual health, trans health, mental health, and social determinants of LGBTQ+ health. Incorporating these topics could help foster understanding and competence among future nurses, ultimately leading to more equitable and inclusive healthcare practices for LGBTQ+ individuals. By integrating LGBTQ+-specific content into nursing curricula, the Philippines can align with ethical mandates and inclusivity principles regardless of sexual orientation and gender identity (SOGI). This approach would support the country's commitment to promote well-being for vulnerable populations, including LGBTQ+ individuals.

In conclusion, while there has been progress in recognizing LGBTQ+ rights in Philippine law and policy, there remains a significant gap in addressing LGBTQ+-specific healthcare needs through healthcare education. Enhancing cultural competence among nursing students regarding LGBTQ+ health disparities could play a crucial role in improving care for this marginalized population in the Philippines.

A study conducted by Galang (2024), titled, "Sexual Orientation, Gender Identity, and Expression (SOGIE) Bill as Perceived in One State University", examined the relationship between discrimination against LGBTQ+ individuals and mental health outcomes in the Philippines. The research found that approximately a quarter of the Filipino population holds negative attitudes toward LGBTQ+ individuals, contributing to higher rates of mental disorders among LGBTQ+ Filipinos. Specifically, the study revealed that LGBTQ+ individuals in the Philippines experience significantly higher rates of suicidal ideations (34%), depression (27%), anxiety (25%), and stress (30%) compared to the general population. These findings underscore the urgent need for enhanced cultural competency training in healthcare settings to address the unique mental health needs of LGBTQ+ populations.

The minority stress model was applied in this study to explain the elevated prevalence of mental disorders among LGBTQ+ individuals. According to this model, discrimination and prejudice against LGBT+ individuals contribute to distal stressors rooted in one's sexuality and gender. The study found a strong correlation between discrimination experiences and mental health outcomes among LGBTQ+ Filipinos, supporting the minority stress model's applicability in the Philippine context.

To address these disparities, the researchers suggest integrating LGBT+ mental health content into psychiatric residency training programs. This could include modules on minority stress, intersectionality, identity concealment, and LGBT+-affirming practices. By incorporating these concepts into existing curricula, future healthcare providers can develop the necessary competencies to address the unique needs of LGBTQ+ patients effectively.

In conclusion, this study's statistical analysis highlights the significant mental health disparities faced by LGBTQ+ individuals in the Philippines due to discrimination. The findings strongly support the need for enhanced cultural competency training programs in healthcare education to address these issues and improve care for marginalized populations.

In their work, Eschliman, E. L., Adames, C. N., and Rosen, J. D. (2023), titled "Anti Discrimination laws as essential tools for achieving LGBTQ+ health equity," investigates the impact of legal safeguards in enhancing the health outcomes of LGBTQ+ people. They claim that antidiscrimination laws are critical for obtaining health equity for the LGBTQ+ community because they provide protection against discrimination in healthcare settings. The authors argue that a lack of such rights adds to inequities in healthcare access, which can lead to

poorer health outcomes for LGBTQ+ people. The authors emphasize the importance of strong legal frameworks, arguing that improving these rights might considerably improve the health and well-being of LGBTQ+ people. They also urge continuing activism and policy creation to secure fair treatment and opportunity for this population, as legal safeguards may not be sufficient without larger cultural and institutional changes. The study emphasizes that resolving legal impediments is a critical step toward lowering health disparities faced by LGBTQ+ people and securing their right to quality healthcare without fear of discrimination.

The study of Gonzalez & Tan (2021) titled “Workplace non-discrimination policies and LGBTQ+ inclusion in the Philippines” provides a comprehensive analysis of workplace non-discrimination policies in the Philippines, focusing on the inclusion of LGBTQ+ individuals. They underscore the positive impact of such policies on employee satisfaction, retention, and organizational performance, while acknowledging the challenges organizations face, particularly in areas where cultural and religious views remain a significant barrier to policy adoption. Their work emphasizes the need for a national anti-discrimination law that guarantees LGBTQ+ protections in all workplaces and promotes equality across sectors. Until such legislation is passed, the authors argue that it is crucial for companies to lead the charge by implementing comprehensive and effective LGBTQ+ inclusivity policies. In this way, businesses not only create a better work environment for their employees but also enhance their reputation and market competitiveness. This expanded review of literature serves to demonstrate the multifaceted nature of LGBTQ+ inclusion in the workplace and its significance in promoting a safe, fair, and diverse working environment.

According to a study by Wooll, M. (2025). LGBTQ health disparities: Finding better care, safety, and well-being. This comprehensive review examines the extensive health disparities affecting the LGBTQ community, synthesizing research findings from multiple disciplines. The analysis reveals systematic connections between discrimination and health outcomes, with 95% of 300 peer-reviewed studies establishing links between LGBTQ discrimination and health disparities. The research identifies three primary categories of health disparities: physical health challenges, increased risk of violence, and mental health concerns. Physical health disparities manifest as elevated rates of HIV and sexually transmitted infections among gay men, particularly in communities of color, while lesbians demonstrate lower utilization of preventive cancer services

Violence-related disparities show LGBTQ individuals facing nearly four times higher likelihood of experiencing violence, including rape and sexual assault, with transgender persons reporting particularly high rates of sexual assault 0:5. Mental health disparities are pronounced, with LGB adults showing double the risk of mental health conditions and transgender individuals facing nearly quadruple the risk compared to their cisgender counterparts 0:6. The research emphasizes how these disparities intersect with generational factors, particularly affecting youth and older adults. LGBTQ youth exhibit heightened vulnerability to depression and suicidal ideation, while older LGBTQ adults face unique challenges including social isolation and reduced access to affirming healthcare.

The study highlights the critical role of social determinants in perpetuating these disparities, including economic insecurity, limited healthcare access, and systemic discrimination. Notably, LGBTQ Americans experience higher poverty rates (21.6%) compared to their counterparts (15.9%), with particularly elevated rates among transgender individuals (29.4%) and bisexual cisgender women. The research underscores the importance of considering intersectionality, as individuals belonging to multiple marginalized groups face compounded challenges and risks.

The study by Alibudbud (2023) titled "Gender in mental health: toward an LGBTQ+ inclusive and affirming psychiatry and mental healthcare in the Philippines," discusses the persistent discrimination and negative attitudes faced by LGBTQ+ individuals in the Philippines, despite the country's constitutional commitment to gender equality. It highlights the significant mental health issues that arise from these negative societal attitudes, which often lead to self-stigma and higher rates of mental disorders among LGBTQ+ Filipinos. The goal of the paper is to propose steps to achieve inclusive and affirming mental healthcare for LGBTQ+ people in accordance with the Philippine Mental Health Act, which protects individuals from SOGIE-based discrimination in healthcare settings.

Furthermore, the article points out the alarming fact that such negative attitudes are also present among mental health professionals, which complicates access to appropriate mental healthcare. The limited number of trained counselors available to address the specific mental health needs of LGBTQ+ individuals further exacerbates the situation. The study underscores the urgent need for responsive mental health services that cater specifically to the unique challenges faced by the LGBTQ+ community.

The article *LGBTQI+ People and Substance Use* (NIDA, June 3, 2024) investigates the higher prevalence of substance use among LGBTQI+ people than the general population. Discrimination, stigma, and stress from societal marginalization are key reasons driving these increased rates. These pressures frequently result in substance abuse as a coping technique, with increasing use of alcohol, tobacco, marijuana, and other illegal drugs, particularly among gay, bisexual, and transgender people. LGBTQI+ kids are especially vulnerable, enduring obstacles such as homelessness and assault, which exacerbate mental health issues and substance use. The article emphasizes the importance of personalized healthcare and substance use treatment for this population, addressing both the physical and emotional consequences of discrimination.

According to Parker et. al, (2020), their comprehensive literature review examines the intersection of eating disorders and disordered eating behaviors within the LGBT population, synthesizing research findings from multiple disciplines. The authors conducted a systematic review of existing literature, revealing significant disparities in eating disorder prevalence and manifestations across LGBT subpopulations. Key findings indicate that LGBT individuals experience higher rates of eating disorders compared to their heterosexual counterparts, with specific patterns varying across different sexual orientations and gender identities.

The research identifies unique factors contributing to eating disorder development in LGBT populations, including physical appearance stereotypes associated with certain sexual or gender identities. For transgender individuals specifically, disordered eating patterns often emerge as coping mechanisms related to body dysmorphia or attempts to socially align with their gender identity through weight modification. These findings align with broader literature demonstrating how societal pressures and discrimination contribute to mental health challenges in LGBT communities.

The study's methodology involved a systematic review of existing literature, examining both empirical research and theoretical frameworks. The authors employed a qualitative synthesis approach, analyzing patterns and themes across multiple studies to identify consistent findings and knowledge gaps. Their analysis revealed significant methodological limitations in existing research, including small sample sizes and inconsistent measurement tools.

The review contributes to our understanding of eating disorders in LGBT populations by highlighting the importance of intersectionality in research design and clinical practice. The authors emphasize that eating disorder manifestations in LGBT individuals often differ from traditional presentations, requiring specialized assessment approaches and treatment protocols. These findings complement existing research on LGBT health disparities, which consistently demonstrates higher rates of mental health challenges and substance misuse in these populations.

The study's conclusions underscore the need for increased awareness and specialized training among healthcare providers regarding LGBT-specific eating disorder presentations. The authors recommend the development of culturally competent assessment tools and treatment protocols tailored to LGBT+ individuals' unique experiences and challenges. These recommendations align with broader research emphasizing the importance of culturally sensitive healthcare delivery in reducing LGBT health disparities.

The review's findings have significant implications for clinical practice and future research directions. The authors highlight several areas requiring further investigation, including the development of standardized assessment tools and the examination of eating disorder prevalence across diverse LGBT subpopulations. Their analysis contributes to the growing body of literature documenting health disparities in LGBT populations while emphasizing the importance of considering intersectional factors in research design and clinical interventions.

The study by Sadowski et al. (2020) titled "LGBTQ+ Health Literacy Among Nursing Students" provides valuable insights into the importance of LGBTQ+ health education in nursing curricula. This research aimed to investigate the relationship between LGBTQ+ health literacy and nursing students' confidence in caring for LGBTQ+ patients. The study investigated the relationship between LGBTQ+ health literacy and nursing students' confidence in caring for LGBTQ+ patients. It found a positive correlation between LGBTQ+ health literacy and self-reported confidence in providing care to LGBTQ+ individuals. Students with higher levels of LGBTQ+ health literacy expressed greater confidence in their ability to care for LGBTQ+ patients.

The study emphasizes the critical need for LGBTQ+ health content to be incorporated into nursing curricula. This recommendation aligns with broader calls for increased diversity and inclusivity in nursing education to better prepare nurses for the diverse healthcare landscape. The study suggests that nursing schools should prioritize the inclusion of LGBTQ+ health topics in their curricula through dedicated courses, integrated modules, or LGBTQ+-specific clinical experiences. It highlights the importance of ongoing education and training throughout nursing students' educational journey. Regular exposure to LGBTQ+ health topics, coupled with practical experience in caring for LGBTQ+ patients, may further enhance students' comfort and competence in this area.

A study conducted by Fu, Zou, Aiyappan, Ye, Onanuga, Tan, Smith, and Baptista (2023) examined the perceptions of medical students towards LGBTQ+ healthcare in two countries: Singapore and the United Kingdom. The study aimed to assess the knowledge and attitudes of medical students regarding LGBTQ+ health issues, including understanding relevant terminology, sexual health, and issues such as conversion therapy. It also explored the students' views on providing healthcare to LGBTQ+ individuals.

The findings of this study revealed significant knowledge gaps among medical students, especially regarding specific LGBTQ+ health topics. Students in Singapore, in particular, demonstrated larger gaps in knowledge compared to their UK counterparts. Despite this, a majority of students in both countries (approximately 78%) reported having positive attitudes toward LGBTQ+ individuals. However, the study also found that most students (84%) had not received formal training in LGBTQ+-specific healthcare topics during their education. This highlights the need for greater integration of LGBTQ+ health topics into medical curricula.

Furthermore, students expressed a strong desire for more comprehensive training to better serve LGBTQ+ patients. The study emphasized the importance of including LGBTQ+ health education in healthcare programs to enhance cultural competency and address the healthcare disparities faced by the LGBTQ+ community. This research aligns with the objective of your study, emphasizing the importance of enhancing healthcare learners' awareness of LGBTQ+ health disparities and the need for cultural competency programs in educational institutions.

Empowering Midwifery Education (2023) highlights the importance of using gender-affirming language, creating safe and welcoming birth spaces, and building trust between midwives and LGBTQ+ patients to ensure positive maternal health experiences. Midwives play a key role as advocates for policy reforms that support LGBTQ+ healthcare rights and actively engage in community education initiatives to address misconceptions and stigma surrounding LGBTQ+ maternity care. By recognizing and respecting diverse paths to parenthood, midwifery promotes inclusive care practices that affirm everyone's right to respectful and affirming maternity care, regardless of their sexual orientation or gender identity.

Midwifery contributes significantly to reducing health disparities and improving care for LGBTQ+ individuals by equipping practitioners with the knowledge and skills necessary to deliver inclusive care. LGBTQ+ patients often experience challenges such as discrimination, reluctance to seek healthcare, and inadequate support services, which negatively impact their health outcomes. Integrating cultural competency into midwifery education addresses these issues and ensures practitioners can use affirming language, understand the needs of LGBTQ+ families, and eliminate barriers to accessing equitable maternity care.

Further, Empowering Midwifery Education (2023) underscores the necessity of collaboration between midwives and community groups to create supportive care settings. This partnership focuses on addressing health

disparities affecting LGBTQ+ individuals, including mental health differences, stigma in maternity care, and the need for support in diverse family structures.

Midwives are trained to recognize how societal stigma exacerbates maternal health disparities and to advocate for policy changes that promote equal access to care. Practicum experiences and workshop sessions integrated into midwifery education further enhance empathetic practices and respect for diverse family forms. Through these activities, midwives are empowered to provide care that is competent, compassionate, and affirming, contributing to better health outcomes and maternity care experiences for LGBTQ+ clients globally.

Cultural competence in healthcare refers to the ability of healthcare providers to deliver care that is sensitive to the patient's culture and individual characteristics. For LGBTQ+ patients, this means understanding and addressing the unique challenges they face in healthcare settings.

Research highlights the importance of cultural competence among healthcare learners—particularly those in nursing, respiratory therapy, and midwifery programs—when caring for marginalized communities. Studies have shown that students who receive training in cultural competence report higher levels of confidence in delivering care to diverse patient populations, including LGBTQ+ individuals. This underscores the need for comprehensive cultural competence training across all healthcare education programs.

However, a significant gap remains in our understanding of healthcare learners' perspectives on the challenges they face when providing care to LGBTQ+ individuals. This lack of insight limits the development of targeted educational interventions aimed at improving LGBTQ+ health outcomes in both academic and clinical settings. Addressing these disparities requires increased awareness among future healthcare providers, enhanced education on LGBTQ+-specific health concerns, and a commitment to fostering inclusive and affirming healthcare environments. Educators and institutions must prioritize integrating LGBTQ+ health topics into the curricula of nursing, respiratory therapy, and midwifery programs to adequately prepare students to meet the unique needs of this population. Despite growing awareness, there are still students who feel unprepared or lack sufficient exposure to LGBTQ+-inclusive healthcare education, which can affect the quality of care they provide.

Furthermore, healthcare organizations should invest in cultural competence training for their healthcare professionals. This could include workshops on LGBTQ+ terminology, common health issues affecting LGBTQ+ individuals, and strategies for creating welcoming environments for LGBTQ+ patients. By prioritizing cultural competence in nursing education and practice, we can work towards improving health outcomes for LGBTQ+ populations and reducing the significant gaps in healthcare access and quality that currently exist. This includes promoting inclusive environments in healthcare settings, fostering open communication about sexual orientation and gender identity, and addressing the unique health challenges faced by LGBTQ+ individuals.

According to Moroney et al. (2023), when participants were asked for further clarification regarding their satisfaction with their level of LGBTQ+ cultural competency training, most expressed that they received minimal knowledge or discussion about specific issues related to the community. The study reveals that Irish mental health professionals are lacking in understanding how to effectively provide healthcare to the LGBTQ+ individuals. Some participants noted that extracurricular training, organized through universities, was not mandatory, which became a key factor in the reported lack of access to LGBTQ+ cultural competency training. As it was neither compulsory nor part of the standard curriculum, health professionals often did not feel obligated to engage in such training.

On the other hand, some participants expressed satisfaction with the level of training they had received. These individuals often gained knowledge through personal experiences, such as interactions with LGBTQ+ clients, friends, fellow students, independent reading, or online resources. In conclusion, despite the positive feedback from some participants, the study indicates that if training is not mandatory, students and healthcare professionals may not pursue further education on the topic. The study found that those who were more receptive to the training were individuals already sympathetic to LGBTQ+ issues, while those who resisted it often held negative views or were unaware of LGBTQ+ issues.

According to the American Association for Respiratory Care (2023), respiratory therapists are increasingly required to navigate the complexities of diversity in their professional practice. As frontline healthcare providers, they encounter patients from a wide range of cultural, ethnic, religious, and gender backgrounds. These patients bring with them unique health beliefs, practices, and communication styles that may significantly influence their healthcare experiences and outcomes. The AARC emphasizes that respiratory therapists must develop a high level of cultural competence in order to effectively manage these differences and avoid cultural misunderstandings that could compromise the quality of care delivered. The AARC advocates for integrating cultural competence education into respiratory therapy training programs. This includes teaching students how to communicate respectfully, recognize and address implicit biases, and adapt care plans to meet the specific needs of diverse populations. By fostering cultural competence, respiratory therapists are better equipped to build trust with their patients, improve patient satisfaction, and ultimately contribute to more equitable healthcare outcomes for all, including those within the LGBTQ+ population who may face additional barriers to receiving inclusive and affirming care.

In the study of Empowering Midwifery Education (2024), for a vibrant mosaic of maternity care, midwifery emerges as a beacon of inclusivity, creating spaces where the diverse experiences of the LGBTQ+ community are not only acknowledged but celebrated. This study is an exploration of the vital role of midwifery in nurturing inclusive birth spaces for LGBTQ+ families. The study states that LGBTQ+ individuals often face challenges and have unique health needs in maternity care, and midwifery education prioritizes understanding these needs and ensuring that practitioners are equipped to provide culturally competent care. In addition, midwifery education incorporates cultural competence specific to the LGBTQ+ spectrum. Midwifery students are educated on the diverse identities within the LGBTQ+ community and taught to understand the impact of societal norms and systemic challenges on the health and well-being of LGBTQ+ individuals.

Cultural competence, particularly in relation to LGBTQ+ care, is a key component in dismantling biases and promoting health equity. The study highlights that when midwives are trained to recognize and address their own biases, they can create more inclusive environments that foster trust and open communication. This is especially important in maternity care, where trust and safety are fundamental to positive birth experiences. For LGBTQ+ individuals, being able to access care without fear of judgment or discrimination significantly improves both physical health outcomes and emotional well-being.

Moreover, the integration of LGBTQ+ cultural competence into midwifery education supports broader efforts to create a more equitable healthcare system. When LGBTQ+ individuals feel respected and supported, they are more likely to engage with maternity services, attend prenatal visits, and seek postpartum care. This not only contributes to better maternal and infant health outcomes but also helps address longstanding health disparities faced by the LGBTQ+ community.

Campinha-Bacote's Model of Cultural Competence is a widely recognized framework that emphasizes the continuous process of developing cultural competence among healthcare providers, particularly healthcare learners who are still shaping their professional identities and clinical approaches. The model consists of five key constructs—cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire—which collectively guide practitioners toward delivering culturally appropriate and effective care.

Cultural awareness involves healthcare learners recognizing their own biases and assumptions, particularly those that may influence their interactions with LGBTQ+ individuals. Cultural knowledge focuses on understanding the unique health disparities, challenges, and needs faced by the LGBTQ+ population, ensuring that healthcare professionals have the necessary insights to address inequities. Cultural skill refers to the ability to gather and interpret relevant cultural information during patient interactions, enabling practitioners to tailor their approach to diverse individuals. Cultural encounters involve direct or indirect interactions with people from varied cultural backgrounds, which can be integrated into educational and clinical experiences to enhance learners' cultural responsiveness.

Finally, cultural desire represents the intrinsic motivation to actively engage in the process of becoming culturally competent, driven by a genuine commitment to inclusivity and healthcare equity. In the context of this study, Campinha-Bacote's model serves as a guiding framework for assessing healthcare learners' awareness of

LGBTQ+ health disparities, identifying gaps in knowledge, and supporting the development of a cultural competency program within the institution.

According to Karimnejad, F., et al. (2025), incorporating this model into healthcare education for disciplines such as nursing, respiratory therapy, and midwifery, learners can be better prepared to provide inclusive, respectful, and effective health care to LGBTQ+ patients. Such an approach aligns with broader efforts to reduce health disparities and foster equitable healthcare environments that prioritize the needs and well-being of marginalized populations.

In a study by Khatoun, W. D., et al. (2025), as healthcare education continues to evolve, integrating structured cultural competency frameworks can enhance students' ability to navigate diverse patient interactions with sensitivity and effectiveness, ultimately contributing to more inclusive healthcare practices.

According to the article of Alyafei & Carr (2024), the Health Belief Model (HBM) is a psychological model that seeks to explain and predict health behaviors by focusing on individual beliefs about health conditions. Developed in the 1950s by a group of U.S. Public Health Service social psychologists—namely Hochbaum, Rosenstock, and Kegels—the model proposes that people's decisions about health-related actions are influenced by their beliefs. The Health Belief Model (HBM) presented an effective framework for examining healthcare learners' awareness of health disparities affecting the LGBTQ+ community.

By exploring the concept of perceived susceptibility, the study assessed healthcare learners' perceptions of the likelihood that LGBTQ+ individuals experienced health disparities, helping to identify areas of limited awareness and understanding. The model's perceived severity component allowed for an examination of how seriously nursing students viewed these disparities, which informed the development of targeted educational interventions. Additionally, investigating whether healthcare learners recognized the importance of providing culturally competent care to LGBTQ+ patients guided the creation of training programs that emphasized the value of such care. Analyzing perceived barriers to addressing LGBTQ+ health disparities shed light on challenges students encountered in their practice. Furthermore, implementing interventions, such as seminars focused on LGBTQ+ health issues, served as cues to action, encouraging students to engage more meaningfully with these concerns. Finally, assessing students' self-efficacy—specifically their confidence in delivering competent care to LGBTQ+ patients—informed program adjustments aimed at enhancing their skills and confidence in addressing health disparities.

Using the HBM in this context facilitated a better understanding of nursing students' perspectives and informed targeted educational strategies to enhance cultural competency related to LGBTQ+ health disparities.

According to Sherman (2024), 46% of Generation Z express interest in careers related to medicine and health, surpassing interest in science and engineering fields. Similarly, Adonis (2024) highlights that the COVID-19 pandemic has instilled a heightened sense of urgency among young people in the Asia-Pacific region to prioritize healthcare. The “Asia-Pacific Frontline of Healthcare 2024” report indicates that 58% of surveyed Gen Z respondents plan to allocate more resources toward healthcare.

According to Windsor University (2023). Non-traditional medical students within this group often come from diverse and unconventional backgrounds. These students have followed various paths before deciding to pursue a career in medicine. Some may have already established themselves in other professions, while others may have taken time off for personal or family reasons. Their ages often range from professionals in their 30s or 40s to military veterans seeking new callings. Motivations for entering medical school are frequently inspired by experiences in their previous careers, encounters with healthcare professionals, or personal health challenges.

According to EIM (2025), they are often referred to as “adult learners” who are drawn to healthcare for its competitive salaries, abundant job opportunities, and clear pathways for advancement. They bridge critical gaps in healthcare education, bringing professional experience and clear career goals.

According to the study by Shorey et al. (2021), which explores the experiences of individuals aged 45–65 transitioning into nursing careers, these learners are driven by a desire for meaningful work, personal fulfillment, and the opportunity to make a difference in others' lives.

According to Nietzel (2024), women now comprise the clear majority of students enrolled in the nation's postgraduate healthcare education programs. Similarly, in the study of Boyle (2024), the slow, steady expansion of women in medical school and medical practice has significantly changed the face of medicine, particularly as women have increased their presence in certain specialties, according to a data analysis by the Association of American Medical Colleges (AAMC).

In the study of Antiporda (2024), male nurses are motivated to pursue nursing in a female-dominated profession because of personal choice and the practicality and opportunity in the nursing profession. They are motivated to pursue nursing because of their passion and the wide horizon of job opportunities, as well as the high-paying wage nursing offers in the Philippines. In addition, men are also present in midwifery courses.

As stated in the study of Ipuole et al. (2024), the involvement of men in midwifery can lead to improved access to care by addressing cultural barriers, expanding the pool of skilled providers, and promoting gender equality in healthcare services. They contribute significantly to maternal and newborn care and can reduce maternal and neonatal mortality.

Respiratory therapy has limited resources in specific data. In an article by CareerExplorer (2025), the respiratory therapy demographics in the United States show that there are significantly more men interested in becoming respiratory therapists than those actually working as one.

A study by Danckers (2024), shows the challenges faced by LGBTQ+ individuals pursuing medical education. Despite the growing body of research, evidence-based guidance to overcome these challenges is still lacking. Medical educators and administrators must work toward understanding the complex journey of LGBTQ+ trainees and provide them with the necessary skill sets to succeed and propel meaningful cultural change. This essential shift toward inclusivity can potentially create a medical workforce that more accurately mirrors the colorful community it serves. Similarly, the study of Katta et al. (2025), revealed substantial deficiencies in healthcare professionals' knowledge of gender diversity, cultural competency, and the importance of inclusive communication. Addressing the identified barriers and challenges through targeted interventions such as providing training and support for healthcare professionals, investing in user-friendly design and data security, and promoting cultural competence.

The same study of Katta et al. (2025), emphasizes the importance of creating inclusive environments where individuals feel safe to disclose their identities. Healthcare professionals' perspectives on education and awareness of health issues related to transgender, non-binary, and intersex individuals highlight the need for inclusive practices.

According to Teresa-Morales et al. (2023), the main reasons for choosing a nursing degree were associated with fulfillment and a desire to help others and interact with them. The reasons for completing their studies were primarily related to an interest in providing professional care, showing a deeper and more concrete knowledge of nursing care work. According to Kraja (2022), midwifery is often considered a stepping stone to another career, such as nursing. The midwifery profession is generally not chosen willingly and tends to be selected for job security and manageability. According to Coombs (n.d.), a sharp drop in respiratory therapy education program participation has resulted in a significant and dangerous respiratory labor shortage.

In the study of Arthur (2021), it was found that while medical students generally held positive attitudes toward LGBTQ+ patients, their awareness of specific health disparities and their confidence in providing LGBTQ+ care varied significantly across academic year levels. The research observed that self-perceived confidence in discussing sexual orientation improved over the five-year course; however, confidence in discussing gender identity did not show the same progress. This discrepancy highlights that mere progression in year level does not automatically equate to comprehensive preparedness in LGBTQ+ health unless such topics are explicitly addressed in the curriculum. This suggests that academic year level plays a critical role in shaping healthcare

students' competence and comfort in addressing LGBTQ+ health issues. As students progress, particularly into clinical years, their exposure to real-world scenarios may influence their understanding and confidence.

The American Heart Association (2021) reported high risks for cardiovascular disease due to stress and discrimination. The organizations responsible for healthcare professional curricula had not specifically required LGBTQ-related content. In a 2018 online survey, 80% of students did not feel competent to provide care for them.

According to the Minority Stress Model by Meyer, minority health disparities are produced by excess exposure to social stress, stigma, and prejudice. This theory explains that exposure to discrimination can cause stress to LGBTQ+ individuals, which can lead to adverse responses such as elevated blood pressure and stress-related behaviors.

According to the Centers for Disease Control and Prevention (CDC) (2024), LGBTQ+ students experience higher rates of bullying and violence compared to their heterosexual peers. On average, 29% of LGBTQ+ students are bullied at school. Similarly, the Human Rights Campaign (HRC) (2022) noted that lesbian, gay, and bisexual high school-aged students reported elevated levels of physical and sexual dating violence.

A study by Johnson et al. (2020) found that LGBTQ+ individuals, especially transgender men and lesbians frequently face healthcare avoidance due to discrimination and insufficient provider knowledge about LGBTQ+ health needs. These factors contribute to delayed screenings and diagnoses, exacerbating health disparities. The authors underscore the importance of embedding LGBTQ+ inclusive content in clinical education to better prepare future providers.

According to the Centers for Disease Control and Prevention (CDC) (2024), LGBTQ+ individuals are disproportionately impacted by STIs. Similarly, the Dawson et.al (2020) highlighted that systemic stigma and discrimination hinder LGBTQ+ individuals from accessing essential sexual health services. These differences are due to a series of barriers in the healthcare system, including fragmentation of health services, discrimination from providers, and insurance issues. By becoming aware of these disparities, healthcare learners will be better prepared to address and provide appropriate care for LGBTQ+ individuals in the future.

The research of Weeks et al. (2021), Lopez et al. (2024), and Burford et al. (2021). Weeks et al. conducted a cross-sectional survey among medical students and found that while most respondents expressed positive attitudes toward LGBTQ+ individuals, their actual awareness and confidence in delivering appropriate care varied widely. Similarly, Lopez et al. (2024), through a systematic review and meta-analysis involving over 2,000 undergraduate medical students, found that even limited exposure to LGBTQIA+ health-related content regardless of instructional method significantly improved students' knowledge, attitudes, and self-efficacy.

Likewise, the study by Burford et al. (2021), which examined midwifery students and clinicians, highlighted how limited but meaningful curriculum interventions such as guided discussions and reflective activities can encourage awareness and recognition of sexual and gender diversity.

Student Perceptions of SUD Stigma Study (2023), which surveyed pharmacy and medical students in the U.S., supports the findings of the present study by revealing that healthcare learners possess a general awareness of the stigma surrounding substance use disorders (SUD) and its disproportionate impact on marginalized groups, including LGBTQ+ individuals.

Alibudbud (2024), who examined the state of LGBTQ+ health education in Philippine nursing schools. He found that while there is a lack of comprehensive LGBTQ+ health coverage in the curriculum, students are still exposed to these topics through general discussions on stigma, discrimination, and mental health. This indirect exposure contributes to a baseline level of awareness, even in the absence of in-depth instruction.

Another study by Arthur et al. (2021) further supports this pattern. In a cross-sectional study of medical students' knowledge and attitudes toward LGBTQ+ health issues, Arthur et al. found that learners often possessed positive attitudes and a general awareness, but lacked detailed understanding or clinical competence. This distinction

between awareness and preparedness is critical. Their findings showed that while medical students could recognize the health disparities and challenges faced by LGBTQ+ individuals including barriers to treatment access and effects of discrimination they were not always equipped to manage these in practice. Additionally, Oducado (2023) conducted a study among Filipino nursing students that assessed their attitudes and awareness of LGBTQ+ health issues. His results revealed that although most participants had positive views and expressed support for inclusive care, many admitted to having gaps in their academic knowledge and practical skills. Oducado stressed that cultural factors, minimal classroom integration of LGBTQ+ topics, and institutional biases contribute to these knowledge gaps..

This finding is aligned with the study of Muller and Carson (2024), who posited that individuals in early to middle adulthood demonstrate greater sensitivity to public health issues, including those related to minority and marginalized populations. Their research emphasized that maturity and accumulated academic and clinical exposure contribute to enhanced empathy and awareness, particularly within health profession learners. They further argued that this age group is at a critical point of identity consolidation and professional formation, making them more receptive to inclusive and culturally competent healthcare concepts.

Moreover, Stevens and Haro (2025) highlighted that young adult learners often access health equity content through both formal instruction and digital media platforms, which may serve as supplementary sources of awareness. Their study underscored that consistent exposure to narratives surrounding LGBTQ+ experiences—whether through educational modules, community engagement, or social media—reinforces awareness and fosters a deeper understanding of the systemic challenges these populations face, especially regarding access to physical healthcare services.

However, it is important to note that equal access to content does not necessarily translate into equal depth of comprehension. As emphasized by Santiago et al. (2023), educational inclusivity alone does not guarantee the development of cultural competence. Without intentional efforts to deepen content related to gender-diverse health needs—such as specific challenges faced by transgender, non-binary, or intersex individuals—learners may retain only a superficial understanding of these complex disparities. This gap may hinder their ability to deliver sensitive, individualized care in clinical practice.

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Park and Liu (2023) highlight that while interprofessional education efforts have grown, many healthcare programs still adopt a generalized approach to LGBTQ+ health topics. Their study emphasizes that without program-specific curriculum development—tailored to the scope, competencies, and clinical roles of each discipline—learners may only receive surface-level instruction. This can lead to uniform but insufficient understanding, as the content fails to address the unique ways each profession engages with LGBTQ+ patient care.

This pattern is supported by Banerjee and Clarke (2024), who emphasized that awareness and sensitivity toward LGBTQ+ issues tend to plateau—or even diminish—over time without sustained, integrative curricular strategies. Their study highlighted that educational institutions often front-load diversity content during early coursework without embedding it meaningfully across upper-level modules, resulting in inconsistent retention and application of inclusive principles.

Moreover, D'Souza and Freeman (2022) observed that without deliberate scaffolding of cultural competency in clinical training, learners may focus predominantly on biomedical content while overlooking the social determinants of health, including disparities faced by marginalized groups such as LGBTQ+ individuals. Their work reinforces the idea that awareness must be intentionally cultivated across all levels of training, especially in practical and decision-making contexts where bias can affect care outcomes.

Stevens and Haro (2025) support this interpretation, emphasizing that behavioral health issues have gained substantial attention in public discourse, media coverage, and academic curricula. Moreover, unlike physical or social health disparities that may require specialized or targeted instruction, behavioral health topics are often addressed in general education, mental health campaigns, and community initiatives. This broader reach may reduce variability in awareness across age groups, as suggested by the current findings.

Lee and Gonzales (2024) support this interpretation, noting that mental and behavioral health topics—particularly those addressing diversity, equity, and inclusion—are increasingly incorporated as core components in contemporary healthcare education. Their study highlights that the integration of LGBTQ+ behavioral health issues into general training modules can help reduce disparities in awareness across demographic variables, including gender.

Morabito and Russell (2021), who argue that healthcare programs offering interdisciplinary, trauma-informed, and inclusive mental health curricula tend to produce learners with higher levels of empathy and cultural competence. Their findings suggest that even in the absence of formal LGBTQ+-specific modules, the presence of inclusive pedagogical frameworks can influence student awareness and attitudes toward behavioral health disparities in marginalized communities.

Ford and Ramirez (2024), who argue that a lack of continuity in cultural competence education undermines long-term awareness and sensitivity to minority health issues. Their study emphasized that while many health programs introduce diversity-related content early, few embed these principles consistently throughout the entire academic progression, particularly in clinical practice modules where behavioral health and identity-based disparities should be integrated into patient care.

The Healthy People 2020 Midcourse Review examined measurable objectives related to LGBTQ+ health awareness and found that age was not a significant factor in determining knowledge levels among healthcare learners. The study emphasized that institutional learning strategies and exposure to LGBTQ+ health topics were more influential than age in shaping awareness. Similarly, research from Medical students' awareness of health issues, attitudes, and confidence about caring for LGBTQ+ patients (Arthur et al., 2021) highlighted that confidence in discussing sexual orientation increased with year of study, but confidence in discussing gender identity did not, reinforcing the idea that age alone does not determine awareness levels. Recent studies reaffirm that age alone is not a strong determinant of LGBTQ+ health awareness, and institutional learning approaches play a greater role in shaping healthcare learners' understanding.

Institutional learning and systematic training, rather than age itself, are more powerful predictors of LGBTQ+ healthcare competence, as stated by Inclusive LGBTQIA+ healthcare: An interprofessional case-based experience for cultural competence awareness (Prasad et al., 2022). The research finds that physicians with formal exposure to LGBTQ+ patient care acknowledge higher competency regardless of age. Likewise, a Centers for Disease Control and Prevention (CDC, 2024) report on LGBTQ+ health disparities suggests that age does not consistently predict awareness among healthcare students. However, the study emphasizes curriculum integration and medical training environments as the most decisive factors in LGBTQ+ health competency. The report stresses that educational programs must reinforce inclusivity training across all healthcare levels to prevent gaps in awareness.

Additionally, a 2023 study by Damery et al. further supports these findings, demonstrating that age was not a significant factor in determining healthcare students' ability to recognize LGBTQ+ health disparities. Rather, institutional focus on inclusive educational content is the strongest predictor of competency. The research calls for formal interventions in healthcare curricula to ensure equal LGBTQ+ sensitivity among individuals of all ages.

Current studies support the conclusion that the program exclusively has little effect on LGBTQ+ health awareness, while institutional learning approaches play a greater role in shaping healthcare learners' knowledge. According to The State of LGBTQ Health™ National Survey (HealthLGBTQ, 2025), awareness levels remained consistent across various healthcare programs, reinforcing the idea that curriculum integration and institutional learning strategies were more influential than program specialization. Similarly, Guideline Central (2025)

highlighted the importance of uniform LGBTQ+ health training across all healthcare professions, further demonstrating that the program alone does not significantly impact awareness levels.

Moreover, a 2022 publication in *Frontiers in Public Health* examined interprofessional case-based learning for LGBTQ+ cultural competency and found that students across multiple healthcare programs exhibited comparable improvements in awareness, supporting the assertion that organized education, rather than program specialization, is the primary factor influencing competency.

Recent studies indicate that students' academic progression affects their sensitivity toward LGBTQ+ health concerns, particularly in physical health awareness. Harvard Medical School (2024) reports that LGBTQ+ individuals experience higher rates of chronic diseases, substance use, and healthcare bias, and that students in advanced healthcare training exhibit greater competency in addressing these conditions. The research supports early exposure to LGBTQ+ health education, equipping students with the necessary knowledge to improve patient care. Likewise, a Harvard Medical School (2024) study found that healthcare students who receive structured LGBTQ+ health training demonstrate increased confidence in managing LGBTQ+ health concerns, reinforcing the necessity for continuous and structured training throughout medical education.

Additionally, a 2020 report by the National Academies of Sciences, Engineering, and Medicine concluded that students in later academic years demonstrated higher awareness of LGBTQ+ physical health concerns, while awareness of behavioral health remained unchanged across all academic levels. The study highlights the need for enhanced mental health education in healthcare curricula to ensure comprehensive understanding of LGBTQ+ healthcare needs across all year levels.

Synthesis

The literature reviewed reveals significant healthcare disparities faced by LGBTQ+ individuals in the Philippines, particularly in areas of access to care, discrimination, and mental health outcomes. Numerous studies consistently report that LGBTQ+ populations encounter barriers in healthcare settings, including negative experiences with healthcare providers, the absence of LGBTQ+-friendly facilities, and a lack of adequate training among healthcare professionals (Gonzales et al., 2022; Santos et al., 2021). These systemic issues are often exacerbated by societal stigma and persistent discriminatory attitudes, leading to disproportionately high rates of depression, anxiety, substance abuse, and suicidal ideation among LGBTQ+ individuals (Alibudbud, 2023).

Despite the growing visibility of LGBTQ+ issues, healthcare learners—including students of nursing, respiratory therapy, and midwifery—continue to report insufficient exposure to LGBTQ+-related topics in their formal education. Studies focusing on nursing students highlight that curricula often lack comprehensive discussions on LGBTQ+ health, with limited integration of topics such as gender identity, sexual orientation, and LGBTQ+-specific health risks (Dela Cruz et al., 2022; Oducado, 2023). This gap is not exclusive to nursing. In allied health fields such as respiratory therapy, where direct patient interaction is essential, there is also limited cultural competency training addressing the unique healthcare needs of LGBTQ+ populations.

Midwifery education, while focused on maternal and reproductive health, has also been noted to inadequately address the needs of LGBTQ+ individuals, particularly transgender and non-binary patients who may seek reproductive and gynecological care. The lack of training in inclusive communication, gender-affirming care, and LGBTQ+-friendly clinical practices poses challenges for future midwives in providing respectful and effective care (Liamzon & Sarmiento, 2021).

To bridge these educational gaps, various scholars and professional organizations advocate for the incorporation of LGBTQ+ health topics across all healthcare programs. Dowski et al. (2020) suggest the inclusion of modules covering sexual orientation, gender identity, minority stress theory, health disparities, and the social determinants of health as they relate to LGBTQ+ populations. Reyes et al. (2023) emphasize that cultural competence training—grounded in empathy, respect, and awareness of diverse identities—is essential in cultivating inclusive healthcare environments.

Furthermore, experiential learning opportunities, such as workshops, clinical exposure to diverse patient populations, and the involvement of LGBTQ+ community advocates in educational programs, are recommended as strategies to deepen healthcare learners' understanding and sensitivity (Villanueva & Castro, 2021). These educational enhancements are especially vital for healthcare students, who frequently engage with patients in home and long-term care settings, where issues of inclusivity and respect significantly impact patient well-being.

In summary, existing literature underscores a pressing need to expand LGBTQ+-inclusive education across healthcare-related disciplines in the Philippines. By integrating comprehensive LGBTQ+ content into the curricula of nursing, respiratory therapy, and midwifery programs, institutions can foster a culturally competent healthcare workforce equipped to address the unique needs of LGBTQ+ patients. This approach supports broader efforts to reduce health disparities, promote equitable care, and uphold the dignity of all individuals within the healthcare system.

RESEARCH METHODOLOGY

This chapter discusses the research design chosen for the study. The research instrument for data collection and the procedures that will be followed to carry out this study are also included

Research Design

This study utilized a quantitative research design to investigate the awareness of healthcare learners—specifically nursing, respiratory therapy, and midwifery students—regarding health disparities faced by the LGBTQ+ community, with implications for cultural competency program enhancement.

The quantitative approach focused on gathering numerical data through a standardized survey. This method facilitated the collection of information about respondents' demographic profiles (age, gender, college program and year level) and their awareness levels regarding specific health disparities faced by the LGBTQ+ community. These disparities included heart disease, violence, substance abuse, mental health conditions, obesity and eating disorders, breast and cervical cancer, and sexually transmitted infections (STIs).

A comparative descriptive design was employed to compare awareness levels across different demographic groups. This method allowed the examination of differences in variables between two or more naturally occurring groups. In this study, the comparison of awareness levels based on demographic profiles helped identify potential differences in understanding among various subgroups of healthcare learners.

The research sought to address several specific objectives. First, it profiled healthcare learner respondents based on their age, gender, college program and year level. Second, it investigated their level of awareness regarding specific health disparities faced by the LGBTQ+ community. Third, it examined the relationship between demographic profiles and awareness levels. Fourth, it compared awareness levels across different demographic groups. Lastly, it explored the educational program components needed to enhance healthcare learners' awareness and cultural competence.

A correlational research design was employed to examine the relationships between demographic profiles and awareness levels regarding LGBTQ+ health disparities among healthcare learners. Specifically, this design analyzed correlations between variables such as age, gender, college program and year level, and awareness levels related to health disparities like heart disease, violence, substance abuse, mental health conditions, and other specified areas. By investigating these relationships, the study aimed to uncover patterns and associations that could inform the development of more targeted cultural competency programs. These programs were designed to improve healthcare education and ultimately enhance the quality of care for LGBTQ+ individuals.

Through the use of this comparative-correlational quantitative design, the study provided a detailed overview of healthcare learners' current awareness of LGBTQ+ health disparities, identified gaps in knowledge, and offered insights into how demographic factors influence understanding. The findings will serve as a basis for developing and enhancing cultural competency programs within healthcare education, aiming to improve patient care and foster inclusivity for LGBTQ+ individuals in the healthcare system.

Sources of Data

The primary data for this research were obtained from nursing, respiratory therapy, and midwifery students actively enrolled at Mary Chiles College. The researchers utilized a researcher-made instrument in conjunction with secondary data, such as articles and literature related to healthcare learners' awareness of health disparities faced by LGBTQ+ individuals. These sources provided valuable insights into the demographic profiles of nursing, respiratory therapy, and midwifery students, their awareness of specific LGBTQ+ health issues, and the gaps in cultural competency within healthcare education. One key secondary source was the journal article titled “7 Major Health Disparities Affecting the LGBTQ+ Community” by Claire Gillespie, which discusses health disparities experienced by the LGBTQ+ community, including heart disease, violence, substance abuse, mental health conditions, obesity and eating disorders, breast and cervical cancer, and sexually transmitted infections. These secondary data sources offered a broad overview of the disparities and healthcare needs of the LGBTQ+ community.

Research Locale

The study was conducted at a selected higher education institution, one of the most respected nursing schools in the country, with over a century of experience. Known for its strong academic foundation and commitment to clinical excellence, the institution had shaped the careers of numerous successful healthcare professionals, including nurses, midwives, and respiratory therapists. The study aimed to assess the level of awareness of healthcare learners from this institution regarding the health disparities faced by the LGBTQ+ community. Conducting the study at this institution is particularly relevant due to its longstanding history in healthcare education and its dedication to producing well-rounded, culturally competent healthcare professionals. The findings helped identify potential gaps in LGBTQ+ health awareness, serving as a basis for further enhancing the healthcare program and improving the cultural competency of future healthcare workers.

The Population and Sampling Procedures

This study focused on healthcare learners from Mary Chiles College, particularly those enrolled in the Bachelor of Science in Nursing (BSN) Levels II, III, and IV, as well as students from the Bachelor of Science in Midwifery (BSM), Bachelor of Science in Respiratory Therapy (BSRT). These students were selected due to their direct involvement in healthcare education and their potential future roles as frontline healthcare providers. A preliminary pilot study involved 30 students, randomly selected from Level II to Level IV of each program, to test the research instrument. The primary data collection was carried out at Mary Chiles College, which served as the final and sole selected locale of the study. The total sample size for the main study was 209 students which is randomly selected from Level II, III, and IV.

Data were gathered using a structured questionnaire administered to the respondents. The questionnaire used a 4-point scale and was designed to assess the participants' awareness of health disparities experienced by the LGBTQ+ community. It consisted of sections covering demographic information and levels of awareness across various health domains.

The researchers used stratified quota sampling. As noted in the literature of Nikolopoulou, K. (2023, June 22). This method was used to ensure proper representation of each group in the population when differences existed across segments. The population was divided into subgroups, or strata, based on specific characteristics such as college programs. In this case, the strata included nursing, midwifery, and respiratory therapy students. A fixed number of participants was then set for each group according to their proportion in the population. Participants were selected non-randomly until the required quota for each stratum was filled. This approach ensured that all subgroups were properly represented in the study.

Research Instrument

The research questionnaire was self-administered. It was designed by the researchers on the basis of reviewing available relevant literature. While constructing the questionnaire, the researchers made use of the content of the article “7 Major Health Disparities Affecting the LGBTQ+ Community” by Claire Gillespie, as well as insights

gathered from relevant literature reviewed during the research. For conducting the survey, the researchers used physical paper for the pilot study to distribute the questionnaire to the participants, who answered it. For the actual study, the researchers administered the questionnaire through an online platform, using Google Forms. Each participant was instructed to complete the questionnaire on designated orientation days, or class sessions, with clear guidance on how to use the 4-point rating scale (Fully aware, Aware, Slightly aware, Not aware).

Before answering the questionnaire, every participant received an invitation letter and a consent form. In this process, the researchers explained why the research was being done and what participation involved. The participants were informed that participation was voluntary, that they had the right to decline any question that made them uncomfortable, and that they may withdraw at any time without giving any reason. They were also informed that all their responses would remain confidential and anonymous, that the questionnaire might take 10–15 minutes to answer, and that no identifying information would be used in any stage of data collection or reporting.

Participants were informed that their responses, whether answered through printed questionnaires for the pilot study or through Google Forms in the actual study, would be used solely for research purposes and would be securely stored and handled with confidentiality. They were told that they would receive a verification letter after the researchers came up with a result of the study for them to confirm and correct any error that may arise. Participants below 18 years old were required to have the guidance of a parent or guardian before answering the consent form. They were also informed of the possible benefits of the study, such as contributing to the improvement of cultural competency programs in healthcare education and helping enhance future healthcare services for LGBTQ+ individuals. Only those who selected “Yes, I do” in all consent statements proceeded with the questionnaire.

The questionnaire aimed to assess the awareness and understanding of healthcare learners—specifically nursing students, midwifery students, and respiratory therapy students—regarding health disparities within the LGBTQ+ community. It evaluated their awareness of health disparities that disproportionately affected LGBTQ+ individuals, particularly heart disease, violence, substance abuse, mental health conditions, obesity, eating disorders, breast and cervical cancers, and sexually transmitted infections. Data from the responses were used to establish measures to inform and enhance cultural competency programs in healthcare education, ultimately contributing to the improvement of care provided to LGBTQ+ patients.

A cover letter was attached to the questionnaire, inviting participants to be part of the study and providing a broader perspective for the healthcare learners regarding the research. The questionnaire contained two (2) parts where: Part One (1) collected participants' profiles — age, gender, college program, year level and school while Part Two (2) measured healthcare learners' awareness on the different health disparities among the LGBTQ+ community. Part Two (2) contained seven (7) sections, and each section consisted of five (5) items, making five (5) items per disease or condition. The sections were as follows: Heart Disease (5 items), Violence (5 items), Substance Abuse (5 items), Mental Health Conditions (5 items), Obesity and Eating Disorders (5 items), Breast and Cervical Cancer (5 items), and Sexually Transmitted Infections (5 items).

This part included several sections, each containing five (5) items focusing on different health disparities.

The heart disease section included items on evaluating by participants understanding cardiovascular health risk factors, the societal stigmas that heighten cardiovascular risks, barriers to preventive health care access, stress due to discrimination affecting cardiovascular health, and importance of linking the LGBTQ+-identity to heart disease risk.

The domain of Violence had a variety of items such as participants' awareness of the incidence and consequences of violence and abuse on the LGBTQ+ population, societal acceptance which affects the likelihood to experience violence, higher incidents of bullying and violence in LGBTQ+ youth, fear of discrimination which prevented them from accessing healthcare services, and role played by intersectionality in higher rates of violence.

The section of Substance Abuse focused on participants' awareness of higher rates of substance abuse among LGBTQ populations as compared to the general population and other items dealing with the effects of stigma in

society, substance use as a coping competence for discrimination and stress, barriers to accessing treatment services, and the importance of intersectionality between LGBTQ status and substance abuse factors.

The section of Mental Health Conditions comprised items which measured participants’ awareness on rates of mental health conditions among LGBTQ individuals as being higher compared with members of the general population, societal stigma, barriers to accessing mental health services, effects of stress from discrimination, and the importance to understanding how discrimination relates to mental health.

The section of Obesity and Eating Disorders included items pertaining to greater susceptibility to obesity and eating disorders related to societal pressures, the effects of societal expectations with regard to gender and body image, barriers to gaining access in treating services for obesity or an eating disorder due to discrimination, the effect of stress from discrimination on weight and body image, and the understanding of importance how gender-affirming care interacts with these conditions.

The section of Breast and Cervical Cancer included items such as gauging the awareness of learners that breast and cervical cancer incidences are higher among LGBTQ than among the heterosexual population. Along with that were also items with predicates accessing preventive care in relation to the impact of social stigma, barriers in accessing screening services, the risk of cancer and gender-affirming care, as well as the importance of understanding the intersectionalities from LGBTQ identity factors and their effect on cancer risk factors.

The last section on STIs included items relating to how STIs look higher in LGBTQ populations, as well as the weight of societal stigma surrounding them, the barriers of accessing sexual health services, and gender-affirming determinants to access for sexual health services as well as underlining the need for intersectionality in nursing practice.

Data collected from the questionnaires ends up being tabulated and analyzed to draw trends and patterns in the awareness of healthcare learners regarding health disparities will then include the impact of societal stigma, discrimination, and access barriers on such health conditions of the LGBTQ+ community. A report will comprehensively summarize the results from the study and recommend ways to improve cultural competence programs in healthcare education. Such a strategic approach would detail all the collection, analysis, and ethical processes involved.

The questionnaire utilized a 4-point rating scale to evaluate healthcare learners’ awareness of various health disparities affecting the LGBTQ+ community. This researcher-developed instrument was derived from the article titled “7 Major Health Disparities Affecting the LGBTQ+ Community” by Claire Gillespie. The scale measures the extent of the students’ awareness and understanding of these health disparities, with each point on the scale representing different levels of awareness.

Table 1: Four-Point-Likert Scale

4 Fully Aware (FA)	3 Aware (A)	2 Slightly Aware (SA)	1 Not Aware (NA)
- This demonstrates complete awareness of the subject.	- This shows a general awareness of the subject.	- This displays limited awareness.	- Lacks of awareness of the subject.

Construction and Validation of the Instruments

The questionnaire designed for this study was thoroughly constructed to assess healthcare learners’ awareness of health disparities among the LGBTQ+ community, with a focus on informing cultural competence program enhancement Following extensive review by experts in healthcare, education, and psychology. The questionnaire was subjected to a pilot study to establish its effectiveness in measuring awareness related to LGBTQ+ healthcare issues. T-his preliminary phase allowed for refinement of items and assessment of response patterns, ensuring that the final instrument would yield meaningful data. The validated questionnaire comprised multiple sections, including demographic information, self-assessment of current knowledge regarding

LGBTQ+ health disparities, perceptions of educational gaps, and willingness to engage in culturally competent care practices. A cover letter introducing the survey and explaining its purpose was included to inform participants about the nature and expected outcomes of the research.

Three experts were asked to evaluate each item and rate its relevance using a 4-point scale, where 1 indicated "not relevant" and 4 meant "highly relevant." The goal of this evaluation was to assess the instrument's content validity, and a statistician calculated the Item-Level Content Validity Index (I-CVI). The results showed that all experts scored each item as either 3 or 4. Accordingly, every item received an I-CVI score of 1.00, indicating complete agreement among the validators on item relevance. As outlined by Polit and Beck (2006) and Yusoff (2019), an I-CVI of 1.00 is acceptable when three experts are used, suggesting strong content validity of the instrument. The Scale-Level Content Validity Index achieved a perfect score of 1.00, substantiating the overall consistency and high applicability of the questionnaire.

The study addresses a sensitive and complex issue, making it essential to approach the research from multiple perspectives. To ensure the questionnaire is comprehensive and accurately reflects various viewpoints, careful validation was necessary. For this reason, validators from diverse fields were selected, including psychometricians, healthcare providers, and social science experts.

The psychometrician validator helped ensure that the research questionnaire was valid and sensitive to the different ways people perceive LGBTQ+ health issues. The healthcare professional validator contributed their clinical experience, ensuring that the questions and findings were relevant to real-world healthcare settings. Lastly, the social science expert played a crucial role in capturing the social dynamics, biases, and stigmas that influence healthcare access and treatment. Their input ensured the study took a well-rounded approach to understanding these issues.

After the validation phase, the researchers conducted a pilot study with 30 students from Levels II, III, and IV of the BSN, BSM, and BSRT programs. Once the pilot study was completed, the researchers submitted the questionnaire results to the statistician for a reliability test using Cronbach's Alpha. The analysis yielded an alpha score of 0.917, indicating excellent reliability. This value reflected high consistency among the items, which was especially desirable since the instrument pertained to a health-related topic.

Data Gathering Procedures

The process of data gathering for this study began with securing formal authorization from the selected higher education institution, which served as the locale of the study. The researchers first sought approval from the research adviser, followed by permission from the program heads of the Nursing, Midwifery, and Respiratory Therapy departments. Letters of request were submitted to each college, and only upon receiving their approval did the researchers proceed to administer the study. This ensured that all academic and administrative protocols were properly observed before the data collection commenced.

After securing authorization, the process of data gathering for this study continued with the careful development of the research instrument, a researcher-made questionnaire. The items in the questionnaire were designed with the aim of measuring the level of healthcare learners' awareness about the health disparities of the LGBTQ+ community. While constructing the questionnaire, the researchers made use of the content of the article "7 Major Health Disparities Affecting the LGBTQ+ Community" by Claire Gillespie, as well as insights gathered from relevant literature reviewed during the research. The items in the questionnaire covered different dimensions of awareness, such as physical and behavioral health issues, and also included a demographic component. The aim was to make the instrument effective in measuring the level of awareness and identifying areas of cultural competence gaps, which could be used to improve future program enhancements.

Since the questionnaire was intended for healthcare learners with diverse academic backgrounds, it was translated into Filipino to ensure clarity and accessibility for all student respondents. The translation was done carefully to preserve the meaning and intent of each item. After translating the instrument, the questionnaire

underwent grammar checking to ensure accuracy, clarity, and consistency in both English and Filipino versions before proceeding with pilot testing.

After the initial draft was completed, the questionnaire was submitted for validation by three expert validators. These validators were chosen to represent a range of expertise relevant to the study. A psychometrician assessed the questionnaire's structure, wording, and scaling to ensure that the questions were reliable and sensitive to possible respondent interpretations of LGBTQ+ health issues. A clinician contributed clinical expertise, ensuring that the questions reflected real-world healthcare settings. In addition, a social science expert provided insights on stigma, prejudice, and cultural attitudes affecting healthcare access, ensuring that the instrument addressed both the clinical and social aspects of LGBTQ+ health disparities.

All of the validators were asked to rate the relevance of each questionnaire item on a 4-point scale, with 1 being "not relevant" and 4 being "highly relevant." The scores were then analyzed using the Item-Level Content Validity Index (I-CVI), which was calculated by a statistician. The results showed that all the items were rated either 3 or 4, thereby giving each item an I-CVI score of 1.00. The validators also provided specific comments, including rewording certain words for clarity, rearranging some items, and simplifying technical terms to make them more understandable to students. These suggestions were incorporated into the final version of the instrument.

Before conducting the primary data collection, the questionnaire was pilot-tested on a small group of healthcare learners. A total of 30 students participated in the pilot testing, with 10 participants randomly selected from each program (Nursing, Midwifery, and Respiratory Therapy) across Levels 2 to 4. This ensured that the pilot respondents represented a range of knowledge and experiences about LGBTQ+ health disparities. The pilot study was conducted using printed hard-copy questionnaires, since the target number of respondents for this stage was limited to 30 students, making a physical distribution manageable and appropriate. This step allowed the researchers to examine the effectiveness of the instrument in generating substantive responses, observe participants' understanding of the questions, assess clarity of wording, and determine consistency of response patterns with the study's objectives. As part of the pilot testing process, a reliability evaluation using Cronbach's Alpha was conducted. The result yielded a Cronbach's Alpha score of 0.917, which indicates excellent reliability and very high internal consistency of the items. This confirmed that the questionnaire was not only easy to complete but was also capable of generating consistent and dependable data. Only minor refinements were made after this step before the instrument was finalized for use in the main study.

Before the data gathering for the actual study, the statistician also advised the researchers to use a mixed mode of data gathering due to the varying availability of the students across the three departments. Since the actual study required a larger number of participants compared to the limited group in the pilot study, the researchers decided to use a Google Forms version of the questionnaire for the main data collection. This ensured wider reach, convenience, and timely responses from a larger population of healthcare learners.

After finalizing the questionnaire, the researchers obtained the necessary approvals and ethical clearances. Permission for the study was secured from the faculty of the respective departments, while ethical approval was granted by the Institutional Ethics Review Committee. The principles of voluntary participation, informed consent, and confidentiality were strictly observed. To confirm the eligibility of participants, they were asked to provide their official school email addresses through a secure Google Form system. These email addresses were used only for verification purposes and were kept strictly confidential. Participants were also provided with a cover letter along with the questionnaire, which explained the purpose of the study, emphasized the voluntary nature of their participation, and assured them of the anonymity of their responses.

The distribution of the questionnaires for the main study was carried out using Google Forms, as this method allowed the researchers to reach a larger number of students efficiently and accommodate their varying schedules. During the earlier pilot testing, however, the printed hard-copy format was used as the number of pilot respondents was smaller and more manageable. The researchers oversaw both distribution methods to provide explanations when necessary and to ensure that participants completed the questionnaires independently. Adequate time was given to the respondents so they could answer without pressure.

Once completed, the questionnaires were collected, screened for completeness, and systematically organized for analysis. The data that were gathered were then processed and computed using appropriate statistical methods. Patterns and trends were examined to determine the awareness levels of healthcare learners regarding LGBTQ+ health disparities. Overall, this process—from careful questionnaire construction, expert validation, pilot testing, ethical clearance, recruitment of participants, and systematic data collection—ensured that the data obtained were valid, reliable, and accurate.

Ethical Considerations

Ethical considerations were paramount throughout the instrument development process. Researchers ensured that all elements of the questionnaire were appropriate, respectful, and free from bias. Before the respondents took the questionnaire, the researchers implemented measures to reduce the likelihood of negative impact:

For the pilot testing, which used physical paper questionnaires, the researchers provided each participant with an informed consent letter, and only upon signing and agreeing to participate was the questionnaire administered. Participants were informed that their responses would remain anonymous and confidential. A clear introduction was provided on the first page of the questionnaire, outlining the purpose of the study and including a trigger warning. At the end of the questionnaire, an immediate support message was included, and a list of support resources and links was provided to assist participants should they experience any distress or negative effects on their well-being after completing the questionnaire.

For the main study, which was conducted using Google Forms, the researchers provided a clear introduction at the beginning of the form, including a brief description of the study and an appropriate trigger warning. A dedicated section for informed consent was created, allowing participants to decide whether they wished to proceed with the questionnaire. Participants were informed that their responses would remain anonymous and confidential. At the end of the form, the researchers included an immediate support message and provided a full list of support resources and links to help participants if they experienced any negative effects on their well-being after completing the questionnaire.

This comprehensive approach to questionnaire construction and validation aligned with best practices in research methodology, particularly in the field of cultural competence in healthcare education. It is anticipated that the resulting data would provide valuable insights into healthcare learners current levels of awareness and understanding, thereby informing targeted interventions aimed at enhancing cultural competency programs and improving healthcare delivery for LGBTQ+ populations.

Statistical Treatment

Comparative descriptive design was employed in order to compare awareness levels among various demographic categories. This method allows comparison of differences in any variable between two or more naturally occurring groups within a setting. The researcher applied the comparative statistic in the form of:

Percentage Distribution

According to Shapiro (n.d), percentage distribution is a display of data that specifies the percentage of observations that exist for each data point or grouping of data points. This statistical treatment is used to compare groups and express the relative frequency of survey responses. Where the frequency for each variable was divided with the total number of the respondents to be multiplied by 100. This provides quantitative summaries and analysis of the profile of the healthcare learners in terms of: Age; Gender; College Program; & Year Level.

Formula:

$$\% = \frac{F \times 100}{N}$$

Where:

% = Percentage

F = Frequency

N = Total number of Respondents

Median

According to Gantii (2024), median was the middle number in a sorted list of either ascending or descending numbers. It was used in statistical studies. The number had to be sorted or arranged in value order from the lowest to highest or highest to lowest to determine the median value in a sequence. The median could be used to determine an approximate average. The researcher used this as the median served as a measure of central tendency, representing the middle value data making it useful for summarizing healthcare learners' awareness. It provided a clear view of the awareness level. This helped to identify gaps in understanding and served as a basis for designing programs to enhance cultural competency. Ensuring the students were better equipped to interact respectfully and effectively.

Formula:

$$M = \left\{ X \left[\frac{n+1}{2} \right] \right\} \text{ if } n \text{ is odd} \quad M = \left\{ X \left[\frac{\left[\frac{n}{2} \right] + X \left[\frac{n}{2} + 1 \right]}{2} \right] \right\} \text{ if } n \text{ is even}$$

Where:

X = ordered list of values in data set

n = number of values in data set

Spearman Correlation

According to Survey Monkey (n.d), a test that examines whether the two variables are correlated with one another or not. It is used to analyze ordinal level as well as continuous level data, because it uses ranks instead of assumptions of normality. This made Spearman correlation great for 3, 5, to 7-point scale questions or ordinary questions. In this study this statistical treatment revealed whether factors like the educational level or clinical experience were related to the awareness. This helped identify areas that required attention to improve cultural competency.

Formula:

$$p = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)}$$

Where:

p = Spearman's rank correlation coefficient

d_i = difference between the two ranks of each observation

n = number of observations

Kruskal-Wallis H Test

According to Laerd statistics (n.d), it is sometimes called one way- ANOVA on ranks). It is a rank-based nonparametric test that can be used to determine if there are statistically significant differences between two or more groups of an independent variable on a continuous or ordinal variable. This statistical treatment identified the significance differences in awareness level based on factors like educational level. This, in turn, helped pinpoint groups needed focused interventions to enhance cultural competency.

Formula:

$$H = \left[\frac{12}{n(n+1)} \sum_{j=1}^c \frac{T_j^2}{n_j} \right] - 3(n+1)$$

Where:

n = the total number of observations in all groups

T_j = rank of the total each group

n_i = number of observations in each groups

Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparison Test

According to Statistical Help (n.d), the Dwass-Steel-Critchlow-Fligner (DSCF) test is a nonparametric procedure used for multiple comparisons analysis of differences between median values. It is applied after obtaining a significant result from the Kruskal–Wallis test. In this study, the DSCF test was utilized to determine significant differences in the awareness of healthcare learners across year levels regarding health disparities experienced by the LGBTQ+ community. By adjusting for multiple comparisons, the DSCF test ensured a more accurate identification of where these differences occur, thereby serving as an evidence base for the development of a cultural competency program enhancement.

Formula:

$$W_{ij} = \frac{T_{ij} - E(T_{ij})}{\sqrt{Var(T_{ij})}}$$

Where:

W_{ij} = standardized test statistic for comparison of group i and group j

T_{ij} = Wilcoxon rank-sum statistic between groups i and j

$E(T_{ij})$ = expected value of the Wilcoxon rank-sum statistic under the null hypothesis

$E(T_{ij})$ = variance of the Wilcoxon rank-sum statistic

Presentation, Analysis, And Interpretation Of Data

This chapter presents the analysis and interpretation of data as posted in the statement of the problem.

Problem 1: Demographic profile of the respondents in terms of:

Table 2: Percentage and Frequency Distribution of the Healthcare Learners According to Age

Age Range	Frequency	Percentage
18-24	171	81.8%
25-34	24	11.5%
35-44	11	5.3%

45-54	2	1%
55-64	1	0.5%

Table 2 presents the distribution of the healthcare learner respondents based on their age ranges. This demographic distribution is particularly relevant as it represents the background of the students who are being assessed for their understanding of health disparities affecting the LGBTQ+ community, thereby highlighting the potential for diverse perspectives within the student body itself as they prepare for careers in midwifery, nursing, and respiratory therapy.

In the age range of 18–24 years old, there are 171 respondents, accounting for 81.1% of the total respondents. This age range represents the majority of participants, suggesting that most healthcare learners who answered the survey are young adults. These respondents typically consist of students in undergraduate programs for nursing, respiratory therapy, and midwifery. Secondly, the next largest group of respondents falls within the age range of 25–34 years old, there are 24 respondents, accounting for 11.5% of the total respondents. These individuals are in their mid-20s to early 30s and likely include students who took a gap after high school, switched careers, or are pursuing an advanced degree. Thirdly, respondents aged 35–44 years old account for 5.3% of the total, making this group relatively smaller than the two previously mentioned. These individuals might be mid-career professionals seeking transitions to healthcare or enhancing their existing qualifications. Fourth, the age group of 45–54 years old accounts for 1% of the total respondents. This group has minimal participation, potentially pursuing healthcare programs as a second career or fulfilling a long-held aspiration later in life. Lastly, the age group of 55–64 years old accounts for 0.5% of the total respondents, making it the smallest group in the study. Their participation may represent professionals re-entering education for specialized knowledge or personal development.

According to Sherman (2024), 46% of Generation Z express interest in careers related to medicine and health, surpassing interest in science and engineering fields. Similarly, Adonis (2024) highlights that the COVID-19 pandemic has instilled a heightened sense of urgency among young people in the Asia-Pacific region to prioritize healthcare. The “Asia-Pacific Frontline of Healthcare 2024” report indicates that 58% of surveyed Gen Z respondents plan to allocate more resources toward healthcare.

This suggests that healthcare learners aged 18–24 years are more actively engaged with their own healthcare compared to other age groups. This increased engagement likely contributes to their strong interest in pursuing healthcare-related programs, reflecting their broader commitment to improving health outcomes both personally and professionally.

Windsor University (2023), notes that non-traditional medical students within this group often come from diverse and unconventional backgrounds. These students have followed various paths before deciding to pursue a career in medicine. Some may have already established themselves in other professions, while others may have taken time off for personal or family reasons. Their ages often range from professionals in their 30s or 40s to military veterans seeking new callings. Motivations for entering medical school are frequently inspired by experiences in their previous careers, encounters with healthcare professionals, or personal health challenges. This suggests that healthcare learners from this age group bring life experiences and valuable skills that significantly enhance patient care.

According to EIM (2025), they are often referred to as “adult learners” who are drawn to healthcare for its competitive salaries, abundant job opportunities, and clear pathways for advancement. They bridge critical gaps in healthcare education, bringing professional experience and clear career goals.

In the study by Shorey et al. (2021), which explores the experiences of individuals aged 45–65 transitioning into nursing careers, these learners are driven by a desire for meaningful work, personal fulfillment, and the opportunity to make a difference in others’ lives. This suggests that enrolling in healthcare programs is not hindered by age.

Table 3: Percentage and Frequency Distribution of the Healthcare Learners According to Gender

Gender	Frequency	Percentage
Female	163	78%
Male	32	15.3%
Queer	7	3.3
Pansexual	1	0.5%
Non-Binary	1	0.5%
Binary	1	0.5%
Prefer not to say	4	1.9%

Table 3 presents the gender profile of the healthcare learner respondents. This demographic distribution is particularly relevant as it represents the background of the students who are being assessed for their understanding of health disparities affecting the LGBTQ+ community, thereby highlighting the potential for diverse perspectives within the student body itself as they prepare for careers in midwifery, nursing, and respiratory therapy.

The healthcare learner respondents in this research exhibit a diverse gender profile. The majority of the respondents identified as female, totaling 163 students and accounting for 78% of the total respondents, making them the largest demographic within this group of healthcare learners. Male respondents accounted for a smaller proportion at 32 students, or 15.3% of the total respondents. For respondents who identify as queer, there were 7 students, representing 3.3% of the total. One individual identified as pansexual, comprising 0.5% of the total respondents. Furthermore, there was one respondent each for non-binary and binary identities, both also making up 0.5% of the total. Finally, 4 students, accounting for 1.9% of the total respondents, preferred not to disclose their gender identity.

According to Nietzel (2024), women now comprise the clear majority of students enrolled in the nation's postgraduate healthcare education programs. Similarly, in the study of Boyle (2024), the slow, steady expansion of women in medical school and medical practice has significantly changed the face of medicine, particularly as women have increased their presence in certain specialties, according to a data analysis by the Association of American Medical Colleges (AAMC). This suggests demographic dominance in the general feminization of nursing, midwifery, and respiratory therapy. Their awareness towards health disparities will heavily influence the overall findings of the study.

In the study of Antiporda (2024), male nurses are motivated to pursue nursing in a female-dominated profession because of personal choice and the practicality and opportunity in the nursing profession. They are motivated to pursue nursing because of their passion and the wide horizon of job opportunities, as well as the high-paying wage nursing offers in the Philippines. In addition, men are also present in midwifery courses. As stated in the study of Ipuole et al. (2024), the involvement of men in midwifery can lead to improved access to care by addressing cultural barriers, expanding the pool of skilled providers, and promoting gender equality in healthcare services. They contribute significantly to maternal and newborn care and can reduce maternal and neonatal mortality. Respiratory therapy has limited resources in specific data. In an article by CareerExplorer (2025), the respiratory therapy demographics in the United States show that there are significantly more men interested in becoming respiratory therapists than those actually working as one. This suggests their unique perspectives, potentially influenced by different experiences within programs that are predominantly female fields. They can offer valuable insights into how awareness of LGBTQ+ health disparities is cultivated or not among male healthcare learners.

A study by Danckers (2024), shows the challenges faced by LGBTQ+ individuals pursuing medical education. Despite the growing body of research, evidence-based guidance to overcome these challenges is still lacking. Medical educators and administrators must work toward understanding the complex journey of LGBTQ+ trainees and provide them with the necessary skill sets to succeed and propel meaningful cultural change. This essential shift toward inclusivity can potentially create a medical workforce that more accurately mirrors the colorful community it serves. Similarly, the study of Katta et al. (2025), revealed substantial deficiencies in healthcare professionals' knowledge of gender diversity, cultural competency, and the importance of inclusive communication. Addressing the identified barriers and challenges through targeted interventions such as providing training and support for healthcare professionals, investing in user-friendly design and data security, and promoting cultural competence. This suggests that their lived experiences as members of the LGBTQ+ community could provide understanding of health disparities, systematic discrimination, and the need for culturally competent care. Their baseline awareness could help identify blind spots in existing curricula and foster greater awareness.

The same study of Katta et.al (2025), emphasizes the importance of creating inclusive environments where individuals feel safe to disclose their identities. Healthcare professionals' perspectives on education and awareness of health issues related to transgender, non-binary, and intersex individuals highlight the need for inclusive practices.

Table 4: Percentage and Frequency Distribution of the Healthcare Learners According to College Program

College Program	Frequency	Percentage
Nursing	150	71.8%
Midwifery	42	20.1%
Respiratory Therapy	17	8.1%

Table 4 shows the distribution of respondents across the college programs offered at Mary Chiles College. This demographic distribution is significant as it reflects the academic pathways through which future healthcare professionals are being trained.

The table shows that a majority of respondents are enrolled in the Nursing program, with 150 students accounting for 71.8% of the total respondents. This is followed by the Midwifery program, with 42 students enrolled, accounting for 20.1% of the total. Lastly, the Respiratory Therapy program has the fewest respondents, with 17 students enrolled, making up 8.1% of the total respondents. This reflects the actual enrollment patterns within the selected higher education institution, where nursing typically has the highest number of students. This significantly indicates that most insights on LGBTQ+ health disparities may be influenced by nursing students' perspectives. However, including students from Midwifery and Respiratory Therapy ensures representation of varied clinical roles and competencies across programs.

According to Teresa-Morales et al. (2023), the main reasons for choosing a nursing degree were associated with fulfillment and a desire to help others and interact with them. The reasons for completing their studies were primarily related to an interest in providing professional care, showing a deeper and more concrete knowledge of nursing care work. Kraja (2022), emphasizes that midwifery is often considered a stepping stone to another career, such as nursing. The midwifery profession is generally not chosen willingly and tends to be selected for job security and manageability.

In contrast, Coombs (n.d.), a sharp drop in respiratory therapy education program participation has resulted in a significant and dangerous respiratory labor shortage. This suggests one of the reasons why the number of Midwifery and Respiratory Therapy students is lower than that of Nursing students. However, understanding these programs and their importance can help encourage more students to enroll in them.

Table 5: Percentage and Frequency Distribution of the Healthcare Learners According to Year Level

Year Level	Frequency	Percentage
Second Year	77	36.8%
Third Year	87	41.6%
Fourth Year	45	21.5%

Table 5 presents the distribution of healthcare learner respondents across different academic year levels. This demographic detail is crucial for understanding the students' stage of education, which can influence their exposure to and awareness of topics like LGBTQ+ health disparities.

The third-year students consist of the largest group, with 87 respondents accounting for 41.6% of the total respondents, followed by second-year students with 77 respondents, making up 36.8% of the respondents. Lastly, the fourth-year students make up the smallest proportion, with 45 students accounting for 21.5% of the total respondents. This suggests that the respondents have already completed the first year of their programs, meaning they have clinical exposure.

In the study of Arthur (2021), it was found that while medical students generally held positive attitudes toward LGBTQ+ patients, their awareness of specific health disparities and their confidence in providing LGBTQ+ care varied significantly across academic year levels. The research observed that self-perceived confidence in discussing sexual orientation improved over the five-year course; however, confidence in discussing gender identity did not show the same progress.

This discrepancy highlights that mere progression in year level does not automatically equate to comprehensive preparedness in LGBTQ+ health unless such topics are explicitly addressed in the curriculum. This suggests that academic year level plays a critical role in shaping healthcare students' competence and comfort in addressing LGBTQ+ health issues. As students progress, particularly into clinical years, their exposure to real-world scenarios may influence their understanding and confidence. Therefore, evaluating students' awareness across year levels, as done in the present study, can provide insights into how exposure and curriculum structure contribute to differences in their preparedness to serve LGBTQ+ individuals.

Problem 2: Level of Awareness of the Respondents on Health Form in terms of:

Table 6: Physical Health

Table 6.1: Awareness of Level of Respondents Regarding Heart Disease

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals are at higher risk for heart disease compared to the general population	2.00	0.915	Slightly Aware
2. Societal stigma can contribute to increased cardiovascular risk among LGBTQ+ people.	3.00	0.951	Aware
3. LGBTQ+ individuals may face barriers in accessing preventive care for heart disease due to discrimination.	3.00	0.967	Aware
4. Stress from discrimination can affect cardiovascular health in LGBTQ+ individuals.	2.00	0.791	Slightly Aware

5. Understanding the relationship between the LGBTQ+ identity and heart disease risks is crucial for healthcare practice.	2.00	0.863	Slightly Aware
Average of median	3.00	Aware	

Note: Level of Awareness of Healthcare Learners regarding Heart disease 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

Table 6.1 focuses on the level of awareness of the respondents in terms of the health disparities faced by LGBTQ+ individuals, specifically regarding heart disease, which falls under Physical Health. The table shows the respective weighted median and standard deviation.

The first indicator presents the statement, “LGBTQ+ individuals are at higher risk for heart disease compared to the general population.” The respondents rated this statement at 2.00, with a standard deviation of 1.00, indicating a “Slightly Aware” level of understanding.

Moving to the second indicator, “Societal stigma can contribute to increased cardiovascular risk among LGBTQ+ people,” the respondents rated this statement at 3.00, with a standard deviation of 0.951, indicating an “Aware” level of understanding.

The third indicator, “LGBTQ+ individuals may face barriers in accessing preventive care for heart disease due to discrimination,” was rated at 3.00, with a standard deviation of 0.967, indicating an “Aware” level of understanding.

The fourth indicator, “Stress from discrimination can affect cardiovascular health in LGBTQ+ individuals,” was rated at 3.00, with a standard deviation of 0.791, indicating an “Aware” level of understanding.

Lastly, the fifth indicator, “Understanding the relationship between the LGBTQ+ identity and heart disease risks is crucial for healthcare practice,” was rated at 3.00, with a standard deviation of 0.863, indicating an “Aware” level of understanding.

The American Heart Association (2021) reported high risks for cardiovascular disease due to stress and discrimination. The organizations responsible for healthcare professional curricula had not specifically required LGBTQ+ related content. In a 2018 online survey, 80% of students did not feel competent to provide care for them. This suggests that even if they are slightly aware in the first indicator, there are still gaps in how they can provide care for LGBTQ+ individuals. According to the Minority Stress Model by Meyer, minority health disparities are produced by excess exposure to social stress, stigma, and prejudice. This theory explains that exposure to discrimination can cause stress to LGBTQ+ individuals, which can lead to adverse responses such as elevated blood pressure and stress-related behaviors.

The overall median awareness level for pressure and stress-related behaviors linked to heart disease in LGBTQ+ individuals is 3.00, indicating that respondents are generally “Aware” of the disparities affecting this population.

This suggests that students possess a foundational understanding of how social stressors, such as discrimination, stigma, and minority stress, contribute to cardiovascular health risks in LGBTQ+ patients. However, it is important to note that the first indicator in this section received a slightly lower score compared to others, pointing to a specific gap in knowledge regarding LGBTQ+-specific cardiovascular risk factors. This discrepancy indicates that while students may be familiar with general concepts of heart disease, they may not fully grasp the unique ways in which these risks manifest within the LGBTQ+ community.

In summary, Table 6.1 presents a comprehensive overview of the respondents’ awareness regarding heart disease disparities and stress-related health behaviors, consistently showing an “Aware” level across various indicators. These findings emphasize the need for targeted education and deeper curricular integration of LGBTQ+ cardiovascular health topics. By addressing these knowledge gaps, healthcare programs can better prepare

students to recognize, assess, and manage cardiovascular conditions in LGBTQ+ patients, ultimately contributing to more equitable and effective patient care.

Table 6.2: Awareness of Level of Respondents Regarding Violence

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals are nearly four times more likely to experience violence, including sexual and physical assault, compared to non-LGBTQ+ individuals.	4.00	0.783	Fully Aware
2. Societal acceptance impacts the likelihood of LGBTQ+ individuals experiencing violence.	3.00	0.784	Aware
3. LGBTQ+ youth are at higher risk for bullying and violence.	4.00	0.650	Fully Aware
4. Fear of discrimination may lead LGBTQ+ individuals to avoid healthcare services, increasing violence risk.	3.00	0.705	Aware
5. Intersectionality between LGBTQ+ identity and other factors contributes to higher rates of violence.	2.00	0.884	Slightly Aware
Average of median	4.00	Fully Aware	

Note: Level of Awareness of Healthcare Learners regarding Violence 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

Table 6.2 focuses on the level of awareness of the respondents in terms of the health disparities faced by LGBTQ+ individuals, specifically regarding violence, which falls under Physical Health. The table shows the respective weighted median and standard deviation.

The first indicator presents the statement, “LGBTQ+ individuals are nearly four times more likely to experience violence, including sexual and physical assault, compared to non-LGBTQ+ individuals,” which was rated by the respondents at 4.00, with a standard deviation of 0.783, indicating a “Fully Aware” level of understanding.

For the second indicator, “Societal acceptance impacts the likelihood of LGBTQ+ individuals experiencing violence,” it was rated by the respondents at 3.00, with a standard deviation of 0.784, indicating an “Aware” level of understanding.

The third indicator, “LGBTQ+ youth are at higher risk for bullying and violence,” was rated by the respondents at 4.00, with a standard deviation of 0.650, indicating a “Fully Aware” level of understanding.

The fourth indicator, “Fear of discrimination may lead LGBTQ+ individuals to avoid healthcare services, increasing violence risk,” was rated by the respondents at 3.00, with a standard deviation of 0.705, indicating an “Aware” level of understanding.

For the fifth indicator, “Intersectionality between LGBTQ+ identity and other factors contributes to higher rates of violence,” it was rated by the respondents at 3.00, with a standard deviation of 0.884, indicating an “Aware” level of understanding.

According to the Centers for Disease Control and Prevention (CDC) (2024), LGBTQ+ students experience higher rates of bullying and violence compared to their heterosexual peers. On average, 29% of LGBTQ+ students are bullied at school. Similarly, the Human Rights Campaign (HRC) (2022) noted that lesbian, gay, and bisexual high school-aged students reported elevated levels of physical and sexual dating violence.

The first and third indicators received a rating of 4.00, the highest score on the scale, reflecting a strong level of awareness among the respondents regarding specific aspects of violence-related health disparities affecting the LGBTQ+ community. In contrast, the three remaining indicators were rated at 3.00, indicating a more moderate level of awareness.

Despite these lower scores, the overall median awareness level remains at 4.00, signifying that, on average, respondents are “Fully Aware” of the broader issue. This result suggests that students have developed a significant foundational understanding of the violence and discrimination experienced by LGBTQ+ individuals, which is a crucial component in fostering empathy and cultural competence in healthcare delivery. However, the variation in scores across the indicators also highlights the unevenness of this understanding. While students demonstrate strong awareness in some areas, the lower ratings on other indicators suggest that certain aspects of LGBTQ+ health, particularly those that are more nuanced or less commonly discussed, may still be underrepresented in their education.

Therefore, this finding underscores the importance of reinforcing and expanding LGBTQ+ health education in healthcare curricula. By ensuring more comprehensive and consistent coverage of these issues, institutions can better prepare future healthcare providers to offer inclusive and affirming care to all patients, regardless of sexual orientation or gender identity.

Table 6.3: Awareness of Level of Respondents Regarding Breast and Cervical Cancer

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals may experience higher rates of breast and cervical cancer compared to the general population.	2.00	1.01	Slightly aware
2. Societal stigma can affect the LGBTQ+ individuals’ access to preventive care for breast and cervical cancer.	3.00	0.904	Aware
3. Barriers in accessing screening services for breast and cervical cancer affect LGBTQ+ individuals.	3.00	0.871	Aware
4. Gender - affirming care may impact breast and cervical cancer risk in transgender individuals.	3.00	0.900	Aware
5. Understanding the intersectionality between LGBTQ+ individuals and factors affecting breast and cervical cancer risk is crucial for healthcare practice.	3.00	0.838	Aware
Average of Median	3.00	Aware	

Note: Level of Awareness of Healthcare Learners regarding Breast and Cervical Cancer 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

The first indicator presents the statement, “LGBTQ+ individuals may experience higher rates of breast and cervical cancer compared to the general population.” This was rated at 2.00, with a standard deviation of 1.01, indicating a

“Slightly Aware” level of understanding. The higher standard deviation suggests variability in responses, which may point to inconsistency in knowledge among healthcare learners. This finding implies that while some respondents are aware of the elevated risks, a significant portion may lack familiarity with epidemiological data regarding cancer prevalence in LGBTQ+ populations, particularly among transgender men and lesbians who may retain organs susceptible to these cancers.

The second indicator, “Societal stigma can affect the LGBTQ+ individuals’ access to preventive care for breast and cervical cancer,” was rated at 3.00, with a standard deviation of 0.904, indicating an “Aware” level of

understanding. This shows that participants are generally informed about the role of stigma in deterring LGBTQ+ individuals from accessing timely screenings and care. Stigma may manifest through provider bias, lack of inclusive policies, or fear of discrimination, leading to lower health-seeking behavior.

The third indicator, “Barriers in accessing screening services for breast and cervical cancer affect LGBTQ+ individuals,” was similarly rated at 3.00, with a standard deviation of 0.871, signifying an “Aware” level. This suggests respondents recognize that systemic barriers—such as insurance exclusions, lack of gender-neutral screening protocols, and limited provider training—directly affect LGBTQ+ patients’ access to preventive services.

The fourth indicator, “Gender-affirming care may impact breast and cervical cancer risk in transgender individuals,” also scored 3.00, with a standard deviation of 0.900, reflecting an “Aware” level of understanding. This indicates acknowledgment among respondents of the nuanced effects that hormone therapy or surgical transition may have on cancer risks and screening guidelines, reinforcing the importance of individualized and affirming care plans.

The fifth and final indicator, “Understanding the intersectionality between LGBTQ+ individuals and factors affecting breast and cervical cancer risk is crucial for healthcare practice,” received a rating of 3.00, with a standard deviation of 0.838, again demonstrating an “Aware” level of understanding. This highlights a growing recognition among learners of the layered factors—such as race, gender identity, socioeconomic status, and healthcare access—that intersect to influence health outcomes, in alignment with principles of culturally competent care.

The overall median rating of 3.00 reflects an “Aware” level of understanding among respondents concerning breast and cervical cancer disparities in the LGBTQ+ population. However, the notably lower score on the first indicator suggests gaps in knowledge about epidemiological trends and population-specific risks. This gap reinforces the necessity for integrated, evidence-based LGBTQ+ health education within medical and allied health curricula.

A study by Johnson et al. (2020) found that LGBTQ+ individuals—especially transgender men and lesbians—frequently face healthcare avoidance due to discrimination and insufficient provider knowledge about LGBTQ+ health needs. These factors contribute to delayed screenings and diagnoses, exacerbating health disparities. The authors underscore the importance of embedding LGBTQ+ inclusive content in clinical education to better prepare future providers.

These findings also align with Meyer's Minority Stress Model, which posits that marginalized populations experience unique, chronic stressors stemming from prejudice and social exclusion. This prolonged stress can contribute to poor health outcomes, including cancer, due to both direct physiological effects and indirect impacts via healthcare avoidance.

In this context, addressing stigma and improving provider preparedness is not just a matter of equity but a necessity for effective disease prevention.

In conclusion, while respondents demonstrate a general awareness of the issues affecting LGBTQ+ individuals regarding breast and cervical cancer, there is a clear need for targeted education on specific health risks, intersectionality, and inclusive screening protocols. Bridging this knowledge gap is vital in fostering culturally competent, accessible, and affirming healthcare environments for LGBTQ+ communities.

Table 6.4: Awareness of Level of Respondents Regarding Sexually Transmitted Infections (STIs)

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals experience higher rates of sexually transmitted infections compared to the general population.	4.00	0.664	Fully Aware

2. Societal stigma contributes to increased risk of sexual transmitted infections among the LGBTQ+ individuals.	4.00	0.746	Fully Aware
3. LGBTQ+ individuals may face barriers in accessing sexual health services due to discrimination.	4.00	0.741	Fully Aware
4. Gender - affirming care may impact sexual transmitted infection risk in transgender individuals.	3.00	0.800	Aware
5. Understanding the intersectionality between LGBTQ+ identity and factors affecting sexual transmitted infection risk is crucial for healthcare practice.	4.00	0.763	Fully Aware
Average of Median	4.00	Fully Aware	

Note: Level of Awareness of Healthcare Learners regarding Sexually Transmitted Infections (STIs) 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

Table 6.4 focuses on the level of awareness of the respondents in terms of the health disparities faced by LGBTQ+ individuals, specifically regarding sexually transmitted infections, which falls under Physical Health. The table shows the respective weighted median and standard deviation.

The first indicator presents the statement, “LGBTQ+ individuals experience higher rates of sexually transmitted infections compared to the general population,” which was rated by the respondents at 4.00, with a standard deviation of 0.664, indicating a “Fully Aware” level of understanding.

For the second indicator, “Societal stigma contributes to increased risk of sexually transmitted infections among the LGBTQ+ individuals,” it was rated by the respondents at 4.00, with a standard deviation of 0.746, indicating a “Fully Aware” level of understanding.

The third indicator, “LGBTQ+ individuals may face barriers in accessing sexual health services due to discrimination,” was rated by the respondents at 4.00, with a standard deviation of 0.741, indicating a “Fully Aware” level of understanding.

The fourth indicator, “Gender-affirming care may impact sexually transmitted infection risk in transgender individuals,” was rated by the respondents at 3.00, with a standard deviation of 0.800, indicating an “Aware” level of understanding.

For the fifth indicator, “Understanding the intersectionality between LGBTQ+ identity and factors affecting sexually transmitted infection risk is crucial for healthcare practice,” it was rated by the respondents at 4.00, with a standard deviation of 0.763, indicating a “Fully Aware” level of understanding. According to the Centers for Disease Control and Prevention (CDC) (2024), LGBTQ+ individuals are disproportionately impacted by STIs. Similarly, the Dawson et.al (2020) highlighted that systemic stigma and discrimination hinder LGBTQ+ individuals from accessing essential sexual health services. These differences are due to a series of barriers in the healthcare system, including fragmentation of health services, discrimination from providers, and insurance issues. By becoming aware of these disparities, healthcare learners will be better prepared to address and provide appropriate care for LGBTQ+ individuals in the future.

The overall median rating was 4.00, which indicates that the respondents are generally “Fully Aware” of the disparities in STI risk faced by the LGBTQ+ community. This suggests that students have developed a significant understanding of these disparities, which is a promising sign for delivering inclusive and equitable care in future healthcare practice. However, not all areas reflected the same level of awareness. For instance, the fourth indicator, “Gender-affirming care may impact sexually transmitted infection risk in transgender individuals,” received a mean rating of 3.00, with a standard deviation of 0.800, indicating only an “Aware” level of understanding. This comparatively lower rating reveals a gap in knowledge that needs to be addressed through more targeted education and training. While the overall results are encouraging, they also emphasize

the need for continued efforts to enhance students' competence in specific areas of LGBTQ+ health to ensure truly inclusive care across all spectrums of identity and experience.

Table 7: Behavioral Health

Table 7.1: Awareness of Level of Respondents Regarding Mental Health Conditions

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals experience higher rates of mental health conditions compared to the general population.	3.00	0.773	Aware
2. Societal stigma contributes to higher rates of mental health issues among LGBTQ+ individuals.	3.00	0.730	Aware
3. LGBTQ+ individuals may face barriers in accessing mental health services due to discrimination.	3.00	0.808	Aware
4. Stress from discrimination affects LGBTQ+ individuals' mental health.	4.00	0.649	Fully Aware
5. Understanding how discrimination affects LGBTQ+ individuals' mental health is crucial for healthcare practice.	4.00	0.639	Fully Aware
Average of Median	4.00	Fully Aware	

Note: Level of Awareness of Healthcare Learners regarding Mental Health Conditions 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

The first indicator addressed the statement, "LGBTQ+ individuals experience higher rates of mental health conditions compared to the general population." Respondents gave an average rating of 3.00 with a standard deviation of 0.773, reflecting an overall "Aware" level of understanding.

The second indicator focused on the statement, "Societal stigma contributes to higher rates of mental health issues among LGBTQ+ individuals." This received an average score of 3.00, with a standard deviation of 0.730, also indicating a general "Aware" level of awareness among participants.

The third indicator explored awareness of the statement, "LGBTQ+ individuals may face barriers in accessing mental health services due to discrimination." Respondents reported an average score of 3.00, with a standard deviation of 0.808, indicating an overall "Aware" level of understanding.

The fourth indicator focused on the recognition that "Stress from discrimination affects LGBTQ+ individuals' mental health." This statement received a higher average score of 4.00, with a standard deviation of 0.649, reflecting a "Fully Aware" level of awareness among respondents.

The fifth indicator examined the statement, "Understanding how discrimination affects LGBTQ+ individuals' mental health crucial for nursing practice." Respondents gave an average score of 4.00, with a standard deviation of 0.639, indicating a "Fully Aware" level of awareness overall.

Taking all indicators into account, the overall mean awareness score is 3.00, with a standard deviation indicating a consistent "Aware" level of understanding. This result reinforces the conclusion that respondents demonstrated an "Aware" level of awareness regarding mental health conditions affecting LGBTQ+ individuals.

The findings of the study reveal that respondents generally hold an "Aware" level of understanding regarding the mental health challenges faced by LGBTQ+ individuals, as reflected by the consistent weighted mean score

of 3.00 across key indicators. This level of awareness is evident in their agreement with statements such as “LGBTQ+ individuals experience higher rates of mental health conditions compared to the general population,” “Stress from discrimination affects LGBTQ+ individuals’ mental health,” and “Understanding how discrimination affects LGBTQ+ individuals’ mental health is crucial for nursing practice.” Their responses demonstrate recognition of the negative impacts of stigma, discrimination, and social pressures on LGBTQ+ mental health, as well as the importance of inclusive, culturally competent care within healthcare settings. While the “Aware” rating is a positive indication of foundational understanding, the moderate score suggests that comprehensive knowledge may still be lacking. This could be attributed to varying levels of exposure to LGBTQ+ health issues among respondents, influenced by factors such as differences in academic training, societal and cultural norms, personal biases, and limited clinical experience. Despite these differences, the consistency in their responses across different courses and levels indicates that a general awareness is present. These results highlight the critical need for enhanced and structured education on LGBTQ+ health disparities in nursing and allied health programs, with the goal of advancing learners from basic awareness to deeper understanding, clinical competence, and advocacy for equitable care.

The findings of the present study are strongly supported by the research of Weeks et al. (2021), Lopez et al. (2024), and Burford et al. (2021). Weeks et al. conducted a cross-sectional survey among medical students and found that while most respondents expressed positive attitudes toward LGBTQ+ individuals, their actual awareness and confidence in delivering appropriate care varied widely.

Despite receiving minimal formal instruction on LGBTQ+ health topics, students still demonstrated a foundational level of awareness closely mirroring the 3.00 average score reported in this study. This is reflected in indicators such as “LGBTQ+ individuals experience higher rates of mental health conditions compared to the general population,” which received a mean score of 3.00, indicating an “Aware” level.

Similarly, Lopez et al. (2024), through a systematic review and meta-analysis involving over 2,000 undergraduate medical students, found that even limited exposure to LGBTQIA+ health-related content regardless of instructional method significantly improved students’ knowledge, attitudes, and self-efficacy. This supports other indicators from the current study, including “Stress from discrimination affects LGBTQ+ individuals’ mental health” and “Understanding how discrimination affects LGBTQ+ individuals’ mental health is crucial for nursing practice,” which also achieved a mean of 3.00. Likewise, the study by Burford et al. (2021), which examined midwifery students and clinicians, highlighted how limited but meaningful curriculum interventions such as guided discussions and reflective activities can encourage awareness and recognition of sexual and gender diversity.

This also aligns with findings from this study that healthcare learners, regardless of course or year level, commonly expressed an “Aware” level of understanding regarding LGBTQ+ health disparities, including indicators related to substance abuse, eating disorders, and access to care.

Collectively, these studies affirmed that even in the absence of comprehensive LGBTQ+ health education, foundational awareness can emerge through informal learning, clinical exposure, or limited curricular inclusion. However, these consistent scores also underscore the pressing need to build upon this awareness with more structured, inclusive, and culturally competent education to prepare healthcare learners to deliver affirming and equitable care to LGBTQ+ individuals.

Table 7.2: Awareness of Level of Respondents Regarding Substance Abuse

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ individuals experience higher rates of substance abuse compared to the general population.	3.00	0.978	Aware
2. Societal stigma contributes to higher rates of substance abuse among	3.00	0.938	Aware

LGBTQ: individuals.			
3. LGBTQ+ individuals may use substance abuse as a coping mechanism for discrimination and stress.	3.00	0.908	Aware
4. Barriers in accessing substance abuse treatment services affect LGBTQ+ individuals.	3.00	0.942	Aware
5. Understanding the intersectionality between LGBTQ+ identity and substance abuse factors is crucial for healthcare practice.	3.00	0.896	Aware
Average of Median	3.00	Aware	

Note: Level of Awareness of Healthcare Learners regarding Substance Abuse 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

The first indicator focuses on awareness that LGBTQ+ individuals experience higher rates of substance abuse compared to the general population, with a mean of 3.00 and a standard deviation of 0.978, demonstrating an overall "Aware" level of understanding.

The second indicator addresses the belief that societal stigma contributes to higher rates of substance abuse among LGBTQ+ individuals, with a mean of 3.00 and a standard deviation of 0.938, reflecting an "Aware" level of awareness.

The third indicator highlights the understanding that LGBTQ+ individuals may use substances as a coping mechanism for discrimination and stress, with a mean of 3.00 and a standard deviation of 0.908, again indicating an "Aware" level of understanding.

The fourth indicator focuses on the barriers that LGBTQ+ individuals face in accessing substance abuse treatment services, with a mean of 3.00 and a standard deviation of 0.942, showing an "Aware" level of recognition.

The fifth indicator emphasizes the importance of understanding the intersectionality between LGBTQ+ identity and substance abuse factors for nursing practice, with a mean of 3.00 and a standard deviation of 0.896, also reflecting an "Aware" level of awareness.

Taking all indicators into account, the respondents demonstrated a consistent "Aware" level of understanding, with a mean score of 3.00 across all statements related to substance abuse among LGBTQ+ individuals. This uniform level of awareness was evident despite the respondents' differences in academic programs and year levels. Such consistency may be attributed to the inclusion of common topics within healthcare curricula, such as mental health, substance abuse, and cultural sensitivity, which provide learners with a foundational understanding of issues affecting vulnerable populations like the LGBTQ+ community. Additionally, shared clinical experiences and exposure to similar learning environments may have contributed to this comparable level of awareness. The increasing societal focus on LGBTQ+ rights and health disparities, as well as the institutional emphasis on inclusive and culturally competent healthcare education, may also have played a role in shaping the respondents' perspectives. These findings underscore the importance of continued education and training to further deepen learners' understanding and responsiveness to the unique healthcare needs of LGBTQ+ individuals.

The key study that supports the findings is by Student Perceptions of SUD Stigma Study (2023), which surveyed pharmacy and medical students in the U.S., supports the findings of the present study by revealing that healthcare learners possess a general awareness of the stigma surrounding substance use disorders (SUD) and its disproportionate impact on marginalized groups, including LGBTQ+ individuals. Participants in that study recognized that societal stigma contributes significantly to barriers in accessing treatment and acknowledged that substance use can be a coping mechanism for stress and discrimination key insights that directly align with

indicators from the present study such as “Societal stigma contributes to higher rates of substance abuse among LGBTQ+ individuals” and “LGBTQ+ individuals may use substances as a coping mechanism for discrimination and stress,” both of which received a mean score of 3.00, indicating an “Aware” level of understanding. The SUD Stigma Study also found that although students had limited formal training, their awareness was shaped by shared clinical experiences and exposure to diversity-related topics, reinforcing the current study’s conclusion that informal learning and societal emphasis on inclusion may contribute to baseline awareness. This further highlights the need to translate awareness into clinical competence through structured curriculum content focused on LGBTQ+ substance abuse care.

Table 7.3: Awareness of Level of Respondents Regarding Obesity and Eating Disorders

Indicators	Median	Standard Deviation	Verbal Interpretation
1. LGBTQ+ individuals experience higher rates of mental health conditions compared to the general population.	3.00	0.968	Aware
2. Societal stigma contributes to increased risk of sexual transmitted infections among the LGBTQ+ individuals.	3.00	0.850	Aware
3. LGBTQ+ individuals may face barriers in accessing sexual health services due to discrimination.	3.00	0.884	Aware
4. Gender - affirming care may impact sexual transmitted infection risk in transgender individuals.	3.00	0.806	Aware
5. Understanding the intersectionality between LGBTQ+ identity and factors affecting sexual transmitted infection risk is crucial for healthcare practice.	3.00	0.825	Aware
Average of Median	3.00	Aware	

Note: Level of Awareness of Healthcare Learners regarding Obesity and Eating Disorders 1.00-1.75 (Not Aware), 1.76 - 2.50 (Slightly Aware), 2.51 - 3.25 (Aware), 3.26 - 4.00 (Fully Aware)

The first indicator focused on the awareness that LGBTQ+ individuals may be at higher risk for obesity and eating disorders due to societal pressures. Respondents demonstrated an “Aware” level of understanding with a median score of 3.00 and a standard deviation of 0.968, indicating a general recognition of the impact of external stressors on LGBTQ+ health behaviors.

The second indicator addressed the influence of societal expectations around gender and body image on the weight and eating habits of LGBTQ+ individuals. With a mean of 3.00 and a standard deviation of 0.850, this again reflects an “Aware” level of awareness among participants, showing that learners understand how social norms and stereotypes contribute to disordered eating behaviors in this population.

The third indicator explored respondents’ awareness that LGBTQ+ individuals may encounter barriers in accessing treatment for obesity and eating disorders due to discrimination. A mean score of 3.00 and a standard deviation of 0.884 suggests a consistent “Aware” level of understanding regarding systemic obstacles in healthcare access.

The fourth indicator emphasized the role of discrimination-related stress in influencing weight and body image issues among LGBTQ+ individuals. Respondents again showed an “Aware” level of understanding with a mean of 3.00 and a lower standard deviation of 0.806, reflecting slightly more agreement among participants.

Finally, the fifth indicator assessed awareness that understanding how gender-affirming care affects obesity and eating disorders in transgender individuals is crucial for nursing practice. With a mean of 3.00 and a standard

deviation of 0.825, learners demonstrated a consistent “Aware” level of understanding, indicating foundational recognition of the role of gender-affirming interventions in promoting equitable care.

Taken together, these results revealed that healthcare learners exhibit a uniform “Aware” level of understanding with a mean of 3.00 across all indicators related to obesity and eating disorders among LGBTQ+ individuals. This consistency suggests that respondents recognize the multifactorial influences such as stigma, discrimination, societal pressures, and access barriers that shape the health outcomes of LGBTQ+ populations. The awareness, while foundational, highlights the need for more in-depth education on LGBTQ+ health issues in nursing and allied health curricula.

The findings of this study revealed that respondents composed of healthcare learners from diverse levels and programs demonstrated an “Aware” level of understanding across all five indicators related to obesity and eating disorders among LGBTQ+ individuals. This result aligns with emerging evidence in recent literature that highlights the growing, although still limited, awareness of LGBTQ+ health disparities among healthcare students.

A key study that supports this result is by Alibudbud (2024), who examined the state of LGBTQ+ health education in Philippine nursing schools. He found that while there is a lack of comprehensive LGBTQ+ health coverage in the curriculum, students are still exposed to these topics through general discussions on stigma, discrimination, and mental health. This indirect exposure contributes to a baseline level of awareness, even in the absence of in-depth instruction. Alibudbud emphasizes that topics like body image and mental health, often influenced by gender norms and societal expectations, are occasionally integrated into broader lectures, which helps explain how students develop an “Aware” level of understanding. His findings validated that students may recognize the intersectionality of identity and health, even if they lack deep knowledge. This strongly supports the study’s observation that respondents were aware of the link between societal pressure and health risks like obesity and eating disorders in LGBTQ+ populations.

Another study by Arthur et al. (2021) further supports this pattern. In a cross-sectional study of medical students’ knowledge and attitudes toward LGBTQ+ health issues, Arthur et al. found that learners often possessed positive attitudes and a general awareness, but lacked detailed understanding of clinical competence. This distinction between awareness and preparedness is critical. Their findings showed that while medical students could recognize the health disparities and challenges faced by LGBTQ+ individuals including barriers to treatment access and effects of discrimination they were not always equipped to manage these in practice. This supports the interpretation that the respondents were consistently aware, but their understanding may still be surface-level and in need of further development through curriculum enhancement. Additionally, Oducado (2023) conducted a study among Filipino nursing students that assessed their attitudes and awareness of LGBTQ+ health issues. His results revealed that although most participants had positive views and expressed support for inclusive care, many admitted to having gaps in their academic knowledge and practical skills. Oducado stressed that cultural factors, minimal classroom integration of LGBTQ+ topics, and institutional biases contribute to these knowledge gaps. Still, the general awareness and openness among students suggests a readiness to learn and an initial level of recognition, much like the “Aware” rating.

The presence of awareness, despite inconsistencies in formal training, supports the need for intentional and structured educational reforms that go beyond awareness and build competence.

Taken together, these findings provided strong support for the study’s result that respondents demonstrated an “Aware” level of understanding regarding obesity and eating disorders among LGBTQ+ individuals. These studies confirmed that healthcare learners often gain awareness through partial curriculum content, informal exposure, and broader discussions around discrimination and mental health. However, they also highlighted the need for deeper and more targeted LGBTQ+ health education, especially around sensitive and nuanced topics like eating disorders, body image, and gender-affirming care. This foundational awareness among learners is an encouraging sign of progress, but it also presents an opportunity for nursing education programs to transform awareness into actionable clinical competence.

Problem 3. Relationship Between the Profile of Healthcare Learner Respondents and Their Level of Awareness of Health Disparities Faced by the LGBTQ+ Community.

This section aims to determine whether a statistically significant relationship exists between the level of awareness of healthcare learner respondents regarding health disparities experienced by the LGBTQ+ community and their demographic profiles—specifically age, gender, program or department, and year level. To assess these relationships, appropriate statistical analyses were employed: the Chi-square test was used for categorical variables, while Spearman rho correlation was applied for ordinal data. The level of significance was set at $\alpha = 0.05$.

The table presents the computed values and p-values derived from these tests, providing the basis for accepting or rejecting the null hypotheses for each demographic variable. The results offer insight into how various learner characteristics may influence their awareness and understanding of LGBTQ+ health disparities, serving as a foundation for the development of culturally responsive educational interventions.

Table 8: Test of Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Age Range

	χ^2	df	p-value	Decision	Interpretation
Physical Health	23.3	12	0.026	Reject the null hypothesis	Significant
Behavioral Health	11.1	12	0.519	Failed to reject the null hypothesis	Not Significant

Note: Test of Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Age Range degree of freedom (12), p - value (> 0.05) (Significant), Degree of freedom (12), p value (< 0.05) (Not Significant)

The relationship between respondents' age and their level of awareness regarding physical health disparities faced by the LGBTQ+ community was examined using the Chi-square test. The statistical result yielded a value of $\chi^2 = 23.2$ with degrees of freedom (df) = 12 and a p-value = 0.026, which is lower than the predetermined alpha level of 0.05. This indicates a statistically significant relationship between age and awareness of LGBTQ+ physical health disparities, thereby warranting the rejection of the null hypothesis.

This result suggests that respondents' levels of awareness are significantly correlated according to age. Among the age groups, the “Young Adulthood” category (21–40 years old) comprised the largest proportion of participants, accounting for 40.6% of the total sample, as presented in Table 4 of Chapter 4. The predominance of this group implies that their responses may have substantially influenced the observed outcome. Given that young adults are typically more engaged with academic, professional, and social environments that promote diversity and inclusion, their awareness of LGBTQ+ health concerns is likely to be more developed compared to other age brackets.

This finding is aligned with the study of Muller and Carson (2024), who posited that individuals in early to middle adulthood demonstrate greater sensitivity to public health issues, including those related to minority and marginalized populations. Their research emphasized that maturity and accumulated academic and clinical exposure contribute to enhanced empathy and awareness, particularly within health profession learners. They further argued that this age group is at a critical point of identity consolidation and professional formation, making them more receptive to inclusive and culturally competent healthcare concepts.

Moreover, Stevens and Haro (2025) highlighted that young adult learners often access health equity content through both formal instruction and digital media platforms, which may serve as supplementary sources of awareness. Their study underscored that consistent exposure to narratives surrounding LGBTQ+ experiences—whether through educational modules, community engagement, or social media—reinforces awareness and fosters a deeper understanding of the systemic challenges these populations face, especially regarding access to physical healthcare services.

In contrast, respondents belonging to the older age groups—specifically those aged 35 years and above—constituted a relatively small portion of the sample population. Their limited representation may reflect reduced exposure to recent developments and academic discourse on LGBTQ+ health disparities, which could contribute to the observed variation in awareness levels across age categories. Notably, a significant majority of the participants (81.8%) were within the 18 to 24 age range, suggesting that the overall awareness patterns identified in the study are predominantly shaped by the knowledge, experiences, and educational exposures of younger learners. These findings underscore the necessity of implementing age-responsive strategies within cultural competency training. Such interventions should not only reinforce and expand the foundational awareness of younger learners but also actively engage those from less represented age groups to ensure equitable acquisition of competencies essential to addressing the physical health needs of the LGBTQ+ community.

The results of the Chi-square test revealed a statistic of $\chi^2 = 11.1$ with 12 degrees of freedom and a p-value of 0.519. Given that the p-value exceeds the conventional alpha level of 0.05, the null hypothesis is retained. This indicates that there is no statistically significant relationship between age range and awareness of behavioral health disparities. In other words, levels of awareness regarding issues such as mental health and substance abuse appear to be relatively consistent across different age groups within the sample.

This finding suggests a uniform distribution of behavioral health awareness, which may reflect the increasing visibility and integration of these topics within both educational and societal contexts. Stevens and Haro (2025) support this interpretation, emphasizing that behavioral health issues have gained substantial attention in public discourse, media coverage, and academic curricula. As a result, individuals across various age demographics may be similarly exposed to information related to behavioral health, contributing to a more consistent level of understanding.

Moreover, unlike physical or social health disparities that may require specialized or targeted instruction, behavioral health topics are often addressed in general education, mental health campaigns, and community initiatives. This broader reach may reduce variability in awareness across age groups, as suggested by the current findings.

In summary, the absence of a significant relationship between age and behavioral health awareness highlights the potential effectiveness of widespread public and educational efforts in promoting mental health literacy. However, it also underscores the importance of continuing to ensure that behavioral health education remains accessible and inclusive across all age demographics to sustain and further enhance this uniformity.

Table 9: Test of Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Gender

	χ^2	df	p-value	Decision	Interpretation
Physical Health	15.0	18	0.664	Failed to reject the null hypothesis	Not Significant
Behavioral Health	17.9	18	0.462	Failed to reject the null hypothesis	Not Significant

Note: Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Gender degree of freedom (18), p - value (> 0.05) (Significant), Degree of freedom (18), p value (< 0.05) (Not Significant)

The relationship between respondents' gender and their level of awareness regarding physical health disparities faced by the LGBTQ+ community was evaluated using the Chi-square test. The computed value was $\chi^2 = 15.0$ with degrees of freedom (df) = 18 and a p-value of 0.664, which exceeds the set alpha level of 0.05. Consequently, the null hypothesis is retained, indicating that there is no statistically significant relationship between gender and awareness of LGBTQ+ physical health disparities among the healthcare learner respondents.

This result suggests that the level of awareness concerning LGBTQ+ physical health issues does not vary significantly across gender identities. One possible explanation is the uniform inclusion of basic LGBTQ+ health content within the healthcare curriculum, which may be designed to reach all students regardless of their gender identity. Such exposure could foster a consistent baseline understanding across the respondent population.

However, it is important to note that equal access to content does not necessarily translate into equal depth of comprehension. As emphasized by Santiago et al. (2023), educational inclusivity alone does not guarantee the development of cultural competence. Without intentional efforts to deepen content related to gender-diverse health needs—such as specific challenges faced by transgender, non-binary, or intersex individuals—learners may retain only a superficial understanding of these complex disparities. This gap may hinder their ability to deliver sensitive, individualized care in clinical practice.

Moreover, the presence of a small number of respondents identifying as queer, pansexual, non-binary, or gender non-conforming, as shown in the demographic profile, highlights the need for more intersectional and personalized approaches in health education. Curricula that fail to address these nuanced identities in depth risk reinforcing a generalized or heteronormative view of health disparities, which can perpetuate care inequities in the long term.

Therefore, the findings underscored the need to not only broaden LGBTQ+ health content but also contextualize it—ensuring it is relevant, specific, and responsive to the needs of diverse gender identities. This will better prepare healthcare learners to deliver competent and compassionate care to all patients, regardless of gender identity or expression.

The relationship between respondents' gender and their awareness of behavioral health disparities affecting LGBTQ+ individuals was analyzed using the Chi-square test. The result yielded a value of $\chi^2 = 17.9$ with 18 degrees of freedom and a p-value of 0.462. Since the p-value exceeds the conventional alpha level of 0.05, the null hypothesis is retained. This indicates that there is no statistically significant relationship between gender and behavioral health awareness among the participants.

This finding is consistent with the earlier results regarding physical health awareness, reinforcing the observation that gender does not significantly influence levels of understanding related to LGBTQ+ health issues within the sampled population. Such uniformity may suggest that the institution's curriculum on behavioral health is standardized and equitably delivered across gender identities.

Lee and Gonzales (2024) support this interpretation, noting that mental and behavioral health topics—particularly those addressing diversity, equity, and inclusion—are increasingly incorporated as core components in contemporary healthcare education. Their study highlighted that the integration of LGBTQ+ behavioral health issues into general training modules can help reduce disparities in awareness across demographic variables, including gender.

However, while equal exposure to behavioral health content is commendable, it is important to recognize that parity in access does not automatically ensure depth of understanding. Behavioral health disparities—such as those related to stigma, access to care, and minority stress—often affect LGBTQ+ individuals in unique and intersectional ways. Ensuring that gender-diverse learners not only receive content but also develop cultural sensitivity and clinical competence requires more than baseline inclusion; it demands intentional pedagogy that contextualizes behavioral health within lived LGBTQ+ experiences.

In conclusion, while the absence of gender-based differences in behavioral health awareness may reflect the success of uniform curriculum design, it also points to the need for continued curriculum enhancement. Educational institutions must strive to deliver content that goes beyond equality in access and fosters genuine equity in understanding—especially when preparing future healthcare professionals to address the complex behavioral health needs of diverse LGBTQ+ populations.

Table 10: Test of Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on College Program

	χ^2	df	p-value	Decision	Interpretation
Physical Health	8.36	6	0.213	Failed to reject the null hypothesis	Not Significant
Behavioral Health	11.6	6	0.071	Failed to reject the null hypothesis	Not Significant

Note: *Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on College Program degree of freedom (6), p - value (> 0.05) (Significant), Degree of freedom (6), p value (< 0.05) (Not Significant)*

The relationship between the respondents' academic program and their awareness of physical health disparities affecting LGBTQ+ individuals was assessed using the Chi-square test. The statistical analysis produced a Chi-square value of $\chi^2 = 8.36$ with 6 degrees of freedom and a p-value of 0.213. As the p-value exceeds the alpha level of 0.05, the null hypothesis is retained.

This indicates that there is no statistically significant relationship between the academic program (Nursing, Midwifery, or Respiratory Therapy) and the level of awareness regarding LGBTQ+ physical health disparities.

This finding suggests that awareness levels are relatively consistent across the different healthcare programs surveyed. It is possible that this outcome reflects a standardized approach in curricular content related to LGBTQ+ health, either due to a shared institutional framework or a lack of discipline-specific enhancements. In either case, the result points to minimal variation in exposure or emphasis on LGBTQ+ physical health issues among the three programs.

Park and Liu (2023) highlighted that while interprofessional education efforts have grown, many healthcare programs still adopt a generalized approach to LGBTQ+ health topics. Their study emphasized that without program-specific curriculum development—tailored to the scope, competencies, and clinical roles of each discipline—learners may only receive surface-level instruction. This can lead to uniform but insufficient understanding, as the content fails to address the unique ways each profession engages with LGBTQ+ patient care.

In this context, the absence of significant differences in awareness between Nursing, Midwifery, and Respiratory Therapy students may underscore the need for more nuanced, profession-specific training. For instance, midwifery students may benefit from focused modules on inclusive reproductive and perinatal care for LGBTQ+ individuals, while respiratory therapy students might explore gender-affirming care implications for pulmonary health.

Therefore, although the data do not show a statistically significant variation in awareness based on program affiliation, the result should not be interpreted as an indication of curricular adequacy. Rather, it points to a potential uniformity that may lack depth and specialization. This highlights the importance of integrating culturally competent and program-relevant LGBTQ+ health content to ensure that all future healthcare professionals are equipped to deliver inclusive, context-sensitive care.

The relationship between the respondents' academic program and their awareness of behavioral health disparities affecting LGBTQ+ individuals was assessed using the Chi-square test. The analysis yielded a Chi-square value of $\chi^2 = 11.6$ with 6 degrees of freedom and a p-value of 0.071. While the p-value exceeds the standard alpha level of 0.05, leading to the retention of the null hypothesis, it is sufficiently close to the threshold to suggest a potential trend that merits further exploration.

Although no statistically significant relationship was confirmed, the near-significant result implies that differences in awareness of LGBTQ+ behavioral health disparities may exist across academic programs such as Nursing, Midwifery, and Respiratory Therapy. Programs that incorporate more patient-centered approaches and culturally inclusive narratives—particularly within courses related to mental health, communication, and ethics—may inadvertently foster heightened awareness among students.

This interpretation is supported by the work of Morabito and Russell (2021), who argue that healthcare programs offering interdisciplinary, trauma-informed, and inclusive mental health curricula tend to produce learners with higher levels of empathy and cultural competence. Their findings suggest that even in the absence of formal LGBTQ+-specific modules, the presence of inclusive pedagogical frameworks can influence student awareness and attitudes toward behavioral health disparities in marginalized communities.

The results of this study may reflect a general parity in behavioral health content across programs, or alternatively, a lack of program-specific enhancements focused on LGBTQ+ issues. Regardless, the findings highlight an opportunity for academic institutions to further evaluate the depth, consistency, and relevance of behavioral health education provided to future healthcare professionals.

To move beyond generalized exposure, curriculum developers are encouraged to tailor behavioral health training to each profession’s scope of practice, ensuring that students not only recognize disparities but also acquire the competencies needed to address them in diverse clinical contexts.

Table 11: Test of Significant Relationship in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Year Level

	χ^2	df	p-value	Decision	Interpretation
Physical Health	-0.118	207	0.090	Failed to reject the null hypothesis	Not Significant
Behavioral Health	-0.172	207	0.013	Reject the null hypothesis	Significant

Note: Spearman descriptor on both positive & negative relationships: 0.01 - 0.19 (negligible relationship), 0.20 - 0.29 (weak relationship), 0.30 - 0.399 (moderate relationship), 0.40 - 0.69 (strong relationship), > 0.70 (very strong relationship), adapted from Dancey & Reidy, 2004. The level of significance is 0.05.

The relationship between respondents' academic year level and their awareness of physical health disparities affecting LGBTQ+ individuals was examined using Spearman's rho correlation coefficient. The analysis produced a rho value of -0.118 with a p-value of 0.090.

As the p-value exceeds the conventional alpha level of 0.05, the null hypothesis is retained, indicating no statistically significant correlation between year level and awareness. The weak and negative correlation suggests a negligible inverse relationship—implying that increased academic progression does not necessarily translate to heightened awareness of LGBTQ+ physical health issues.

This finding challenges the common assumption that students in higher year levels possess greater awareness due to increased academic exposure and clinical immersion. Instead, the result points to a stagnation in learning outcomes related to LGBTQ+ health equity across academic levels. This could suggest that the healthcare curriculum, while possibly introducing relevant topics in early stages, lacks sufficient longitudinal reinforcement throughout the academic trajectory.

This pattern is supported by Banerjee and Clarke (2024), who emphasized that awareness and sensitivity toward LGBTQ+ issues tend to plateau—or even diminish—over time without sustained, integrative curricular strategies. Their study highlighted that educational institutions often front-load diversity content during early coursework without embedding it meaningfully across upper-level modules, resulting in inconsistent retention and application of inclusive principles.

Moreover, D’Souza and Freeman (2022) observed that without deliberate scaffolding of cultural competency in clinical training, learners may focus predominantly on biomedical content while overlooking the social determinants of health, including disparities faced by marginalized groups such as LGBTQ+ individuals. Their work reinforces the idea that awareness must be intentionally cultivated across all levels of training, especially in practical and decision-making contexts where bias can affect care outcomes.

Therefore, the findings of the present study suggest a need for more coherent, year-spanning strategies in the healthcare curriculum to ensure that LGBTQ+ health disparities are not only introduced but continually emphasized and contextualized in both classroom and clinical settings.

The relationship between respondents’ academic year level and their awareness of behavioral health disparities affecting LGBTQ+ individuals was analyzed using Spearman’s rho correlation. The test produced a correlation

coefficient of $\rho = -0.172$ with a p-value of 0.013. Since the p-value is less than the established alpha level of 0.05, the null hypothesis is rejected, indicating a statistically significant, though weak, negative relationship between year level and awareness. This suggests that as students progress through their academic years, their awareness of LGBTQ+ behavioral health disparities tends to slightly decline.

This finding runs counter to expectations, as advanced learners are generally presumed to develop more nuanced understandings of health disparities through accumulated academic knowledge and clinical experience. However, the observed decrease in awareness may reflect structural limitations within the curriculum. It is possible that LGBTQ+ behavioral health content is introduced early—perhaps during general education or foundational courses—but not sufficiently reinforced in the more advanced, clinically oriented phases of training. Without ongoing emphasis, student retention and engagement with such content may diminish over time.

This interpretation is supported by Ford and Ramirez (2024), who argue that a lack of continuity in cultural competence education undermines long-term awareness and sensitivity to minority health issues. Their study emphasized that while many health programs introduce diversity-related content early, few embed these principles consistently throughout the entire academic progression, particularly in clinical practice modules where behavioral health and identity-based disparities should be integrated into patient care.

Furthermore, studies such as that of Chen and Wallace (2021) echo this concern, noting that without sustained exposure, students may deprioritize psychosocial topics in favor of technical clinical competencies. This disjointed approach can result in reduced engagement with behavioral health concepts as learners move into specialized or high-pressure clinical environments—areas where such awareness is arguably most needed.

The present study’s findings therefore highlight the necessity of curricular reform that ensures LGBTQ+ behavioral health awareness is scaffolded across all academic levels. Rather than concentrating inclusive education solely in early coursework, institutions should implement longitudinal strategies that reinforce and expand upon cultural competency themes, particularly in clinical training and professional preparation.

Problem 4: Differences in the Level of Awareness of Healthcare Learner Respondents Regarding Health Disparities Faced by the LGBTQ+ Community When Grouped According to Their Profile.

This section aims to determine whether a statistically significant difference exists between the level of awareness of healthcare learner respondents regarding health disparities experienced by the LGBTQ+ community and their demographic profiles—specifically age, gender, program or department, and year level.

To assess differences in healthcare learners' awareness of LGBTQ+ health disparities across various demographic profiles, appropriate statistical analyses were employed: the Kruskal-Wallis H test was used to determine significant variations in knowledge levels regarding physical and behavioral health. The level of significance was set at $\alpha = 0.05$.

The table presents the computed values and corresponding p-values derived from the Kruskal-Wallis H test, providing the basis for accepting or rejecting the null hypotheses for each demographic variable. The findings offer valuable insight into how demographic characteristics influence awareness levels, providing a foundation for the development of culturally responsive educational interventions that address gaps in knowledge and promote inclusivity in healthcare education.

Table 12: Test of Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Age Range

	χ^2	df	p-value	Decision	Interpretation
Physical Health	3.58	4	0.466	Failed to reject the null hypothesis	Not significant
Behavioral Health	5.10	4	0.278	Failed to reject the null hypothesis	Not significant

Note: Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Age Range. degree of freedom (4), p - value (> 0.05) (Significant), Degree of freedom (4), p value (< 0.05) (Not Significant)

A statistical analysis was performed to determine whether there was a significant difference in healthcare learners' awareness of LGBTQ+ health disparities based on age range. The results indicated that there were no significant differences in awareness across different age groups. Results of the Kruskal-Wallis test showed a χ^2 value of 3.58, which was lower than the critical value of 9.488 for physical health awareness, with a p -value of 0.466, meaning that age has no significant influence on respondents' understanding of LGBTQ+ physical health concerns. Similarly, in the context of awareness regarding behavioral health, the χ^2 -value of 5.10 was lower than the critical value, and the p -value was 0.278, indicating that age does not have any significant influence on awareness regarding LGBTQ+ behavioral health issues.

Additionally, each has a higher p -value than the alpha level of 0.05. This suggests that the age range did not significantly vary in respondents' level of knowledge. These results indicate that healthcare learners of all ages have equal knowledge regarding LGBTQ+ health disparities; that is, exposure to LGBTQ+ health education may be uniformly distributed instead of rising with age. The results support the assertion that age does not need to be assumed to be a determining factor in knowledge regarding LGBTQ+ health disparities among healthcare learners. Instead, formal education and curriculum inclusion have a stronger influence on levels of awareness.

The Healthy People 2020 Midcourse Review examined measurable objectives related to LGBTQ+ health awareness and found that age was not a significant factor in determining knowledge levels among healthcare learners. The study emphasized that institutional learning strategies and exposure to LGBTQ+ health topics were more influential than age in shaping awareness.

Similarly, research from Medical students' awareness of health issues, attitudes, and confidence about caring for LGBTQ+ patients (Arthur et al., 2021) highlighted that confidence in discussing sexual orientation increased with year of study, but confidence in discussing gender identity did not, reinforcing the idea that age alone does not determine awareness levels. Recent studies reaffirm that age alone is not a strong determinant of LGBTQ+ health awareness, and institutional learning approaches play a greater role in shaping healthcare learners' understanding.

Institutional learning and systematic training, rather than age itself, are more powerful predictors of LGBTQ+ healthcare competence, as stated by Inclusive LGBTQIA+ healthcare: An interprofessional case-based experience for cultural competence awareness (Prasad et al., 2022). The research finds that physicians with formal exposure to LGBTQ+ patient care acknowledge higher competency regardless of age. Likewise, a Centers for Disease Control and Prevention (CDC, 2024) report on LGBTQ+ health disparities suggests that age does not consistently predict awareness among healthcare students. However, the study emphasizes curriculum integration and medical training environments as the most decisive factors in LGBTQ+ health competency. The report stresses that educational programs must reinforce inclusivity training across all healthcare levels to prevent gaps in awareness.

Additionally, a 2023 study by Damery et al. further supports these findings, demonstrating that age was not a significant factor in determining healthcare students' ability to recognize LGBTQ+ health disparities. Rather, institutional focus on inclusive educational content is the strongest predictor of competency. The research calls for formal interventions in healthcare curricula to ensure equal LGBTQ+ sensitivity among individuals of all ages.

The statistical analysis confirms that age range does not significantly impact healthcare learners' awareness of LGBTQ+ health disparities, reinforcing the idea that systematic curriculum exposure is more influential than age progression in competency development. This highlights the importance of early curriculum implementation to ensure equal training across all age categories. Institutions should prioritize inclusive healthcare education through experiential learning, case discussions, and patient interaction training, rather than relying on age-based assumptions about competency.

Furthermore, findings reaffirm that structured education, rather than age progression, is the key factor influencing awareness. Institutions must ensure timely and consistent integration of essential LGBTQ+ health topics in curriculum design to facilitate equitable knowledge distribution. Looking ahead, medical institutions should develop customized learning strategies focused on curriculum enrichment, field exposure, and targeted interventions, rather than assuming that awareness naturally increases with time.

Table 13: Test of Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Gender

	χ^2	df	p-value	Decision	Interpretation
Physical Health	7.39	6	0.286	Failed to reject the null hypothesis	Not significant
Behavioral Health	6.91	6	0.329	Failed to reject the null hypothesis	Not significant

Note: Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Gender. degree of freedom (6), p - value (> 0.05) (Significant), Degree of freedom (6), p value (< 0.05) (Not Significant)

A statistical analysis was conducted to determine the significant difference in healthcare learners' awareness of LGBTQ+ health disparities based on gender, revealing no substantial variation across different gender groups. The Kruskal-Wallis test data showed that in the case of physical health awareness, the χ^2 value of 7.39 was less than the critical value of 5.99, with a p-value of 0.286, indicating that gender does not have a significant effect on respondents' awareness regarding LGBTQ+ physical health issues. Likewise, for awareness of behavioral health, the χ^2 -value of 6.91 was lower than the critical value, with a p-value of 0.329, confirming that gender does not significantly impact awareness of LGBTQ+ behavioral health. These results indicate that awareness levels remain the same across various gender identities, meaning exposure to LGBTQ+ health education is homogenous rather than differentiated by gender.

Additionally, the higher p-values beyond the threshold of 0.05 reaffirm that gender minimally impacts learners' awareness, confirming equal exposure to LGBTQ+ healthcare topics across gender groups. This finding suggests that institutional initiatives in LGBTQ+ health education are likely applied across all academic levels without gender-based differentiation.

Current research supports the fact that gender does not play a significant role in affecting LGBTQ+ health awareness, and institutional learning strategies have a greater influence on healthcare learners' knowledge. According to Medical students' awareness of health concerns, attitudes, and self-assurance regarding the care of LGBTQ+ patients (Arthur et al., 2021), self-assurance in addressing sexual orientation increased with the year of study but did not improve in addressing gender identity, suggesting that gender does not directly affect awareness levels.

Similarly, a Centers for Disease Control and Prevention (CDC, 2024) health disparities report identifies gender as not always a predictor of awareness among healthcare students. Instead, the study highlights curriculum integration and medical training environments as the primary determinants of LGBTQ+ health competency. The report stresses the need to reinforce inclusivity training at all levels of healthcare to ensure equal knowledge distribution among students.

Additionally, a 2023 report by Damery et al. further endorses these findings, demonstrating that gender was not an important factor in determining healthcare students' competency in identifying LGBTQ+ health disparities. Rather, institutional focus on inclusive learning materials serves as the best predictor of competency. The study calls for structured interventions within healthcare curricula to ensure consistent LGBTQ+ awareness across all gender identities.

The analysis suggests that gender does not influence how healthcare students learn about LGBTQ+ health disparities, reinforcing that awareness remains consistent across all gender identities. Rather than assuming

gender affects healthcare competencies, schools should implement standardized, inclusive training procedures to guarantee equal learning opportunities. Incorporating gender-inclusive content into medical curricula and using diverse case illustrations can further enhance students' ability to provide culturally competent care to LGBTQ+ patients.

Furthermore, findings confirm that structured education, not gender identity, is the key determinant of competency, emphasizing the need for institutions to prioritize LGBTQ+ health inclusivity in curriculum development. Early and continuous integration of relevant topics will ensure equitable knowledge distribution. Moving forward, healthcare institutions must focus on curriculum enrichment, hands-on experience, and targeted interventions, rather than assuming that gender identity directly influences LGBTQ+ health awareness.

Table 14: Test of Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on College Program

	χ^2	df	p-value	Decision	Interpretation
Physical Health	2.33	2	0.312	Failed to reject the null hypothesis	Not significant
Behavioral Health	5.53	2	0.063	Failed to reject the null hypothesis	Not significant

Note: Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Academic Program degree of freedom (2), p - value (> 0.05) (Significant), Degree of freedom (2), p value (< 0.05) (Not Significant)

A statistical analysis was conducted to determine the significant difference in healthcare learners' awareness of LGBTQ+ health disparities based on their study program, revealing no substantial variation among different fields of study. The Kruskal-Wallis test findings showed that for awareness of physical health, the χ^2 -value of 2.33 was below the critical value of 9.49, with a p-value of 0.312, meaning that program does not significantly impact respondents' awareness of LGBTQ+ physical health issues.

Similarly, for awareness of behavioral health, the χ^2 -value of 5.53 was less than the critical value, with a p-value of 0.063, confirming that the program does not significantly influence awareness of LGBTQ+ behavioral health concerns. These results indicate that awareness levels remain consistent across various academic programs, suggesting that exposure to LGBTQ+ health education is evenly distributed rather than varying by discipline.

Furthermore, the higher p-values beyond the significance threshold of 0.05 reinforce that the program does not significantly impact learners' awareness, supporting uniform exposure to LGBTQ+ healthcare topics across academic disciplines. This finding implies that institutional efforts in LGBTQ+ health education are likely applied across all medical programs uniformly, without specialization-based differentiation.

Current studies support the conclusion that the program exclusively has little effect on LGBTQ+ health awareness, while institutional learning approaches play a greater role in shaping healthcare learners' knowledge. According to The State of LGBTQ Health™ National Survey (HealthLGBTQ, 2025), awareness levels remained consistent across various healthcare programs, reinforcing the idea that curriculum integration and institutional learning strategies were more influential than program specialization.

Similarly, Guideline Central (2025) highlighted the importance of uniform LGBTQ+ health training across all healthcare professions, further demonstrating that the program alone does not significantly impact awareness levels.

Moreover, a 2022 publication in *Frontiers in Public Health* examined interprofessional case-based learning for LGBTQ+ cultural competency and found that students across multiple healthcare programs exhibited comparable improvements in awareness, supporting the assertion that organized education, rather than program specialization, is the primary factor influencing competency.

Findings indicate that academic program specialization does not significantly alter healthcare learners' awareness of LGBTQ+ health disparities, reinforcing the need for equal exposure across all fields. Since program-specific training does not create disparities, institutions must enhance LGBTQ+ health education in all healthcare curricula, ensuring competency development regardless of specialization. Additionally, interdisciplinary learning opportunities and collaborative educational models can further strengthen inclusive healthcare principles.

The statistical analysis confirms that structured education, rather than specialization, is the key factor influencing competency, emphasizing the importance of prioritizing LGBTQ+ health inclusivity in curriculum planning. Early and continuous integration of relevant topics will promote equitable knowledge distribution among students. To achieve this, healthcare institutions should focus on curriculum enhancement, practical exposure, and targeted interventions, rather than relying solely on academic programs to shape LGBTQ+ health awareness.

Table 15: Test of Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Year Level

	χ^2	df	p-value	Decision	Interpretation
Physical Health	10.43	2	0.005	Reject the null hypothesis	Significant
Behavioral Health	4.58	2	0.101	Failed to reject the null hypothesis	Not significant

Note: Significant Difference in Awareness of Healthcare Learners Regarding LGBTQ+ Health Disparities Based on Academic Program degree of freedom (2), p - value (> 0.05) (Significant), Degree of freedom (2), p value (< 0.05) (Not Significant)

A statistical test was conducted to determine the significant difference in awareness of health disparities among healthcare students with respect to LGBTQ+ individuals based on academic year, revealing differences in awareness of physical health but no significant difference in awareness of behavioral health. The results of the Kruskal-Wallis test showed that for awareness of physical health, the χ^2 -value of 10.43 exceeded the critical value of 7.81, with a p-value of 0.005, indicating that academic year significantly influences participants' awareness of LGBTQ+ physical health problems.

Additionally, it has a lower p-value than the alpha level of 0.05. This suggests that the program/course significantly varies in respondents' level of knowledge. Conversely, for awareness of behavioral health, the χ^2 -value of 5.53 was lower than the critical value, and the p-value of 0.101 confirmed that academic year has no significant impact on awareness of LGBTQ+ behavioral health issues. Furthermore, each has a higher p-value than the alpha level of 0.05, suggesting that the year level did not significantly vary in respondents' level of knowledge regarding behavioral health awareness. These results indicate that students progressively become more aware of LGBTQ+ physical health disparities as they advance through their academic years, likely due to increased coursework exposure, clinical rotations, and inclusive healthcare discussions.

The significant difference in physical health awareness implies that higher-year students possess greater knowledge, potentially resulting from advanced training and engagement with diverse patient populations. However, the lack of significant variation in behavioral health awareness suggests that students across all academic years may receive equal exposure to LGBTQ+ mental health discussions, or that behavioral health topics are not distinctly emphasized at different year levels.

Recent studies indicate that students' academic progression affects their sensitivity toward LGBTQ+ health concerns, particularly in physical health awareness. Harvard Medical School (2024) reports that LGBTQ+ individuals experience higher rates of chronic diseases, substance use, and healthcare bias, and that students in advanced healthcare training exhibit greater competency in addressing these conditions. The research supports early exposure to LGBTQ+ health education, equipping students with the necessary knowledge to improve patient care. Likewise, a Harvard Medical School (2024) study found that healthcare students who receive

structured LGBTQ+ health training demonstrate increased confidence in managing LGBTQ+ health concerns, reinforcing the necessity for continuous and structured training throughout medical education.

Additionally, a 2020 report by the National Academies of Sciences, Engineering, and Medicine concluded that students in later academic years demonstrated higher awareness of LGBTQ+ physical health concerns, while awareness of behavioral health remained unchanged across all academic levels. The study highlights the need for enhanced mental health education in healthcare curricula to ensure comprehensive understanding of LGBTQ+ healthcare needs across all year levels.

Statistical analysis verifies that academic advancement significantly increases awareness of LGBTQ+ physical health disparities, while behavioral health awareness remains constant across all year levels. Since upper-year students exhibit greater competency in recognizing LGBTQ+ physical health issues due to advanced education and clinical exposure, addressing gaps in behavioral health awareness becomes essential. Institutions should therefore strengthen discussions on LGBTQ+ mental health across all academic years, ensuring continuous and inclusive training in culturally competent care.

These findings confirm that structured education plays a vital role in developing competency, reinforcing the need for early and consistent integration of LGBTQ+ health topics in curriculum planning.

To achieve this, healthcare institutions should implement specialized learning strategies that enhance curriculum, provide practical exposure, and introduce targeted interventions, ensuring both physical and behavioral LGBTQ+ health disparities are thoroughly addressed throughout all academic years.

Problem 5: What educational program components shall be utilized to enhance healthcare learners' awareness of health disparities among LGBTQ+ communities and improve their cultural competence in providing care?

Enhancement Program titled **“BEYOND AWARENESS: BUILDING INCLUSIVE HEALTHCARE THROUGH CULTURAL COMPETENCE”** based on the study *“Healthcare Learners' Awareness on Health Disparities Among LGBTQ+ Community: Basis for Cultural Competency Program Enhancement”*

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I. Rationale :

- The research study identified that Level II healthcare learners exhibit significantly lower awareness of LGBTQ+ health disparities, particularly in physical health domains. This gap, influenced by both age and academic exposure, underscores the need for early educational intervention. To address this, a one-day seminar has been developed to introduce foundational concepts of cultural competence through structured activities, reflective exercises, and testimony from an LGBTQ+ speaker.

- The program aims to equip lower-year students with the awareness and sensitivity necessary to provide inclusive and equitable care early in their professional formation.

II. Objectives :

General Objective:

- To strengthen awareness and cultural sensitivity among Level II healthcare learners through a one-day learning seminar integrating case-based activities, real-life insights, and inclusive communication strategies.

Specific objectives:

- To introduce students to basic LGBTQ+ health disparities (physical and behavioral).
- To foster inclusive communication and bias recognition using age-appropriate strategies.
- To encourage younger learners (18–24 y/o, Level II) to adopt culturally competent mindsets early in their academic and clinical careers.
- To provide real-life perspectives from an LGBTQ+ guest speaker.
- To cultivate confidence in inclusive care practices through participatory activities.

III. Target Beneficiaries : Healthcare learners in Level II (Nursing, Midwifery, Respiratory Therapy)

IV. Program :

The project will be structured around three key components of inclusive education: awareness-building, communication skills, and reflective growth. Each component is designed to foster cultural competence, empathy, and affirming practices among healthcare learners, particularly those in the lower academic levels. Through this modular seminar, the program aims to create a foundation of inclusive knowledge, respectful clinical behavior, and personal accountability for equitable care.

1. INSIGHT MODULE — Awareness and Knowledge Building

This component aims to provide participants with a clear understanding of the LGBTQ+ health landscape through focused modules, simplified research insights, and guided discussions.

- Introductory Module on LGBTQ+ Health Disparities (Physical and Behavioral)
- Case - Based Scenarios: Sample stories based on common healthcare experiences of LGBTQ+ individuals.
- Interactive Worksheets on health disparities, SOGIESC, and inclusive patient narratives.

2. CONNECTION MODULE — Inclusive Communication Practice

This module focuses on improving interpersonal skills, specifically in using respectful, inclusive language during patient interactions.

- Inclusive Language Roleplays: Using correct names, pronouns, and identity-respecting terms in clinical scenarios
- Intake Form Simulation: Practice with mock patient charts that include inclusive options
- SOGIESC Mapping Exercises: Understanding diverse identities and how they affect health needs

- Group Coaching: Peer-led microteaching on pronoun use, gender sensitivity, and listening skills.

3. REFLECTION MODULE — Personal Values and Bias Awareness

This final component guides participants through exercises in self-awareness, reflection, and values formation, ensuring they are emotionally and ethically prepared to support diversity in healthcare settings.

- “What’s in Your Backpack?” Reflection Activity: Participants explore their assumptions and write them down in a structured worksheet
- Positioning Exercise: “Where Do You Stand?” — group spectrum activity on real statements about SOGIE and inclusion
- Guest Sharing Session: Testimony from an LGBTQ+ individual about their healthcare experiences.
- Personal Journaling: Short written reflections on lessons learned and changes in perspective.

V. Implementation Plan :

Phase 1: Planning and Preparation (1 month Prior to Seminar)

Timeline	Activity	Description	Program Coordinator
Week 1	Establish Program Committee Confirm Seminar Date & Venue	<ul style="list-style-type: none"> ● Form organizing team from faculty and student leaders. ● Book appropriate space and finalize date with department heads. 	<ul style="list-style-type: none"> ● Research team ● Admin Office
Week 2	Invite & Confirm Guest Speaker Develop Learning Materials	<ul style="list-style-type: none"> ● Invite LGBTQ+ individuals with relevant healthcare experience. ● Prepare worksheets, scenarios, infographics, and intake forms for all modules 	Research Team
Week 3	Train Peer Facilitators Stimulate Activities	<ul style="list-style-type: none"> ● Brief students who will assist in group coaching and lead activities. ● Dry run of the three modules to ensure timing and clarity 	Faculty, Clinical Instructors, and Research team
Week 4	Prepare Kits and Certificates Promote the Program	<ul style="list-style-type: none"> ● Print handouts, reflection sheets, and completion certificates. ● Disseminate the information to Level II students via classes and posters 	Research team and Student Services

Phase 2: Seminary Day (1 day)

Time	Activity	Module	Facilitator
9:00 - 9:10 AM	Opening Remarks		Research Team Lead
9:10 - 9:20 AM	Message of Support		Research Adviser

9:20 - 9:30 AM	Pre - Test and Overview of Objectives		Program Committee
9:30 - 10:00 AM	Intro to LGBTQ+ Health Disparities + Case - Based Scenarios	INSIGHT MODULE	Research Team
10:00 - 10:30 AM	SOGIESC Mapping + Inclusive Intake Form Practice	CONNECTION MODULE	Research Team + Peer Coaches
10:30 - 10:50 AM	Roleplay Activity: Using Inclusive Language in Clinical Encounters	CONNECTION MODULE	Peer Mentors/ Program Facilitators
10:50 - 11:20 AM	Testimony Segment: "Walking Into a Clinic as Myself" - Personal story from an LGBTQ+ individual on accessing healthcare in the Philippines - Open floor for Q&A and guided dialogue	REFLECTION MODULE	Guest Speaker
11:20 - 11:35 Am	Reflection Activities - "What's in Your Backpack?" bias unpacking worksheet - "Where Do You Stand?" positioning spectrum exercise.	REFLECTION MODULE	Faculty & Peer Facilitators
11:35 - 11:45 AM	Personal Journaling: "What Will You Take Forward?"	REFLECTION MODULE	Participants
11:45 - 11:55 AM	Closing Message from Research Team		Research Representative
11:55 - 12:00 NN	Formal Closing Remarks		Dean / Research Adviser

Phase 3: Monitoring and Evaluation (Month 6)

Week	Activity	Description	Facilitator
Week 1	Collect and Analyze Post - Test Results	Compare awareness levels pre- and post-seminar	Research Team
Week 2	Compile Reflection Journals	Review students' insights and identify common themes	Research Team
Week 3	Faculty and Peer Feedback	Get feedback from facilitators and peer leaders	Research Team
Week 4	Prepare Final Report Present Outcome to Admin	Document outputs, outcomes, photos, and future recommendations Share program findings and Dean, Faculty, and Guidance Office	Research Team

VI. Monitoring and Evaluation :

- Pre- and Post-Seminar Awareness Assessment using identical test items to measure knowledge gain on LGBTQ+ health disparities.
- Reflection Journals Review to evaluate shifts in perception, awareness of bias, and personal growth.
- Facilitator Observation Checklists during activities to monitor communication skills, engagement, and inclusive language use.
- Participant Feedback Forms (administered immediately after the seminar) to assess content clarity, relevance, and speaker impact
- Guest Speaker Feedback Tool to gather the speaker’s evaluation of student attentiveness, sensitivity, and interaction

VII. Expected Outcomes:

- Increased LGBTQ+ health disparity awareness among Level II students.
- Reduced implicit bias and improved cultural sensitivity in clinical thinking.
- Enhanced readiness to engage in inclusive communication.
- Established early foundation for lifelong cultural competence in healthcare.

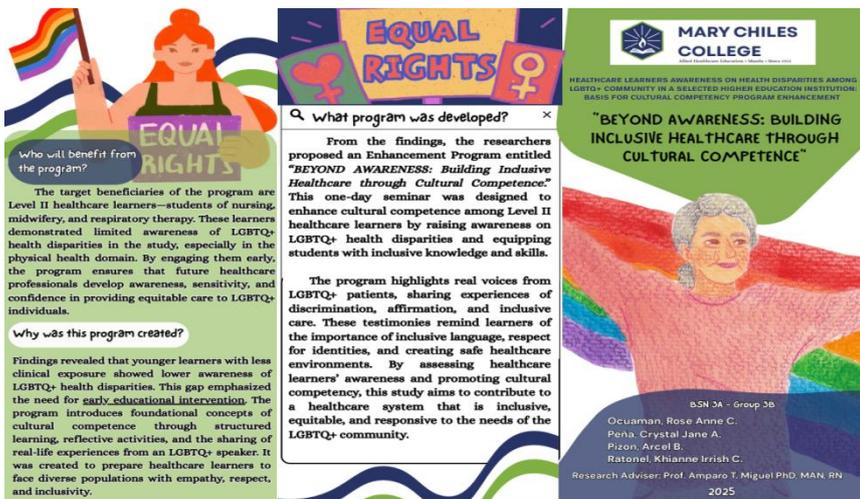


Figure 4: Infographics for the Program Utilization (FRONT)



Figure 5: Infographics for the Program Utilization (BACK)

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary of Findings

The following are the findings of the study:

1. In terms of age, most respondents are from the age range of 18–24, with 171 respondents or 81.8%. The second highest number of respondents falls within the age bracket of 25–34, with 24 respondents or 11.5%. This is followed by the 35–44 age bracket, with 11 respondents. The two smallest groups are from the age ranges of 45–54, with 2 respondents or 1%, and 55–64, with 1 respondent or 0.5%.

In terms of gender, most respondents are female, with 163 respondents or 78%. The second highest number of respondents are male, with 32 respondents or 15.3%, followed by queer individuals, with 7 respondents or 3.3%. There were 4 respondents, or 1.9%, who preferred not to disclose their gender. The remaining groups—pansexual, non-binary, and binary—each had 1 respondent, accounting for 0.5% each.

In terms of college programs, most respondents are from the Nursing program, with 150 respondents or 71.8%. The second highest number of respondents are from the Midwifery program, with 42 respondents or 20.1%. Lastly, the least number of respondents are from the Respiratory Therapy department, with 17 respondents or 8.1%

In terms of year level, most respondents are in their third year, with 87 respondents or 41.6%. The second highest number of respondents are in their second year, with 77 respondents or 36.8%, followed by fourth-year students, with 45 respondents or 21.5%

2. The level of awareness of healthcare learner respondents regarding health disparities faced by the LGBTQ+ community, specially regarding heart disease, which falls under Physical Health. The overall average mean score of the respondents' awareness regarding heart disease among LGBTQ+ individuals is 3.00 with a standard deviation of 0.914, indicating a generally aware level of understanding based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). This suggests that respondents recognize the health disparities and the impact of stigma, discrimination, and access barriers on cardiovascular health within the LGBTQ+ community.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of violence. The overall average median score is 4.00 with a standard deviation of 0.761, indicating that respondents are fully aware of the increase of violence faced by LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). This includes recognition of factors such as sexual and physical assault, bullying, societal acceptance, fear of discrimination, and the influence of intersectionality on violence exposure.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of Breast and Cervical Cancer. The overall average median score is 3.00 with a standard deviation of 0.905, indicating that respondents are generally aware of the breast and cervical cancer affecting LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). The data reflects awareness of issues such as stigma, barriers to screening, the impact of gender-affirming care, and the importance of understanding intersectional factors.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of Sexually Transmitted Infections. The overall average median score is 4.00 with a standard deviation of 0.743, indicating that respondents are fully aware of the heightened of sexually transmitted infections (STIs) among LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). Respondents demonstrate strong awareness of contributing factors such as societal stigma, discrimination, limited access to sexual health services, and the relevance of intersectionality and gender-affirming care.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of Behavioral Health, that falls under Mental health Conditions. The overall average median score is 3.00 with a standard deviation of 0.720, indicating that respondents are aware of the mental health challenges faced by LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). They recognize the role of societal stigma, discrimination, and stress in contributing to mental health conditions, as well as the importance of understanding these factors in healthcare practice.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of Substance Abuse. The overall average median score is 3.00 with a standard deviation of 0.932, indicating that respondents are aware of the increased risk of substance abuse among LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). Respondents recognize that societal stigma, discrimination, and barriers to treatment access contribute to substance use, often as a coping mechanism, and acknowledge the importance of intersectionality in healthcare practice.

The level of awareness of healthcare learners respondents regarding health disparities faced by the LGBTQ+ community in terms of Obesity and Eating Disorders. The overall average median score is 3.00 with a standard deviation of 0.867, indicating that respondents are generally aware of the heightened risk of obesity and eating disorders among LGBTQ+ individuals based on the indication or scale of 1.00-1.75 (Not Aware), 1.76-2.51 (Slightly Aware), 2.52-3.27 (Aware), 3.28-4.03 (Fully Aware). This includes awareness of the influence of societal pressures, gender norms, discrimination, and the relevance of gender-affirming care in shaping body image and eating behaviors.

3. This section aimed to determine whether healthcare learners' levels of awareness about health disparities faced by the LGBTQ+ community were significantly associated with their demographic profiles—specifically age, gender, college program, and year level. To analyze this, statistical tests such as the Chi-square test and Spearman's rho correlation were used, with a significance level set at $\alpha = 0.05$.

The results showed that there was a statistically significant relationship between the respondents' age and their awareness of physical health disparities affecting LGBTQ+ individuals. Specifically, younger healthcare learners, particularly those aged 18–24, were more aware of these disparities. This finding suggests that younger students may be more exposed to recent educational content, media discussions, and social advocacy concerning LGBTQ+ health issues, which positively influences their understanding. The age group 18–24 made up the majority of respondents, so their higher awareness may have influenced the overall results.

However, the analysis also revealed that there were no statistically significant relationships between awareness and other demographic variables such as gender, college program (Nursing, Midwifery, Respiratory Therapy), and year level. This means that students, regardless of whether they were male, female, queer, or belonged to other gender identities, and regardless of their academic program or whether they were in second, third, or fourth year, tended to have similar levels of awareness when it came to LGBTQ+ health disparities.

Furthermore, when behavioral health aspects—such as mental health conditions and substance abuse—were analyzed in relation to age, the findings showed no significant differences. This implies that awareness of behavioral health disparities among LGBTQ+ individuals is relatively consistent across all age groups.

This section aimed to determine whether healthcare learners' awareness of health disparities faced by the LGBTQ+ community significantly differed based on their demographic profile, including age, gender, college program, and year level. To analyze this, the Kruskal-Wallis test was used with a significance level set at 0.05 to assess variations in awareness across different groups.

4. The findings revealed no significant difference in levels of awareness by age, gender, or college program, which suggests that students from different backgrounds were equally aware of LGBTQ+ health disparities.

The Kruskal-Wallis values for physical health ($\chi^2 = 3.58$, $p = 0.466$) and behavioral health ($\chi^2 = 5.10$, $p = 0.278$) in relation to age suggest that awareness did not significantly vary across age groups. Similarly, gender too did not reveal significant differences, with $\chi^2 = 7.39$ ($p = 0.286$) for physical health and $\chi^2 = 6.91$ ($p = 0.329$) for behavioral health. Awareness levels by different college programs too were statistically the same, with physical health ($\chi^2 = 2.33$, $p = 0.312$) and behavioral health ($\chi^2 = 5.53$, $p = 0.063$) not showing a statistically significant difference.

However, a significant difference was observed on the year level of awareness of physical health ($\chi^2 = 10.43$, $p = 0.005$), with senior students reporting a higher level of understanding LGBTQ+ physical health disparities compared to lower year students. This result confirms that the academic progress level is responsible for healthcare students' knowledge gain, likely because of greater exposure to course work, clinical practice, and discussion on inclusive healthcare approaches. Behavior health awareness was not found to be significantly different on varying year levels ($\chi^2 = 4.58$, $p = 0.101$), implying that awareness of behavioral health disparities remains consistent regardless of students' academic standing.

These findings show the effect of educational progress on students' understanding of health disparities, particularly in the physical health aspects. The findings show that while general knowledge is uniform across demographic groups, higher-level students develop a deeper sense of understanding through ongoing exposure to health care education and hands-on experience.

5. This study examined the level of awareness among healthcare learners regarding physical health disparities experienced by the LGBTQ+ community. It found that while both age and academic year level influenced awareness—with younger and upper-year students generally showing better understanding—the awareness was not uniform across all learners and programs. Certain physical health issues, such as HIV/STIs, cancer screening, and risks from hormone therapy, were often underrecognized. In response, the researchers designed a seminar-module series titled “Tiwala at Tinig: Cultural Competency in LGBTQ+ Healthcare”, aiming to strengthen awareness and skills related to LGBTQ+ physical health through culturally competent education.

Conclusion

The demographic profile of the respondents highlighted the majority of respondents belonging to the younger age group of 18-24 years old, indicating that the population is predominantly composed of youth or early adults. This reflected their growing interest and active engagement in healthcare, influenced by recent global health events and an increasing awareness of personal and public health. Their inclination to pursue healthcare-related programs suggested a purposeful commitment to improving health outcomes. The minimal participation from older age groups, particularly those aged 45 and above, highlighted that healthcare education in this setting is largely concentrated among youth in the early stages of their academic and professional development.

The gender distribution of respondents showed a clear predominance of female participants, reflecting the continuing trend of women pursuing careers in healthcare fields such as nursing, midwifery, and respiratory therapy. While male respondents were fewer, their participation highlighted growing diversity in these fields. LGBTQ+ respondents, though a small group, bring important perspectives on inclusivity and health disparities. Those who preferred not to disclose their gender underscore the need for safe and respectful environments. Overall, the gender diversity among respondents added depth to the understanding of healthcare learners' awareness and experiences.

The majority of respondents were enrolled in the Nursing program, indicating its strong appeal due to the profession's sense of purpose and fulfillment. The lower number of students in the Midwifery and Respiratory Therapy programs may reflect varying motivations for enrollment and limited awareness or interest in these fields. This highlights the need to promote the value and significance of all healthcare programs to attract more students and address workforce demands across specialties.

The distribution of respondents across different year levels—primarily third-year, followed by second- and fourth-year students—suggests varying degrees of exposure to healthcare education and clinical experiences. While advancement in year level may enhance general knowledge and confidence, it does not necessarily ensure

comprehensive awareness of specific issues like LGBTQ+ health disparities. This highlights the importance of intentional and inclusive curriculum design. Evaluating awareness across academic levels can help identify gaps and guide improvements in preparing future healthcare professionals to provide equitable and culturally competent care.

The data collected across various health domains revealed that respondents generally possess a moderate level of awareness regarding the health disparities experienced by LGBTQ+ individuals. The findings showed that while awareness exists, it is not uniformly strong across all topics. High levels of awareness were particularly evident in issues related to violence and sexually transmitted infections (STIs), where respondents scored a median of 4.00, indicating that they were fully aware of the elevated risks faced by LGBTQ+ populations in these areas. This suggests that public discourse or existing educational efforts may have effectively highlighted these specific issues. In contrast, moderate awareness (median of 3.00) was observed in other health aspects, including heart disease, breast and cervical cancer, mental health conditions, substance abuse, and obesity and eating disorders.

Despite respondents recognizing the impact of societal stigma, discrimination, and limited access to healthcare services, the variation in standard deviation suggests that levels of understanding vary among individuals. For example, the relatively lower awareness in topics such as breast and cervical cancer and obesity and eating disorders indicates that these health concerns may not be as widely associated with LGBTQ+ health in public or academic settings.

The findings underscore the need for comprehensive, inclusive, and culturally sensitive health education and training that address the unique healthcare needs of LGBTQ+ populations. It is clear that societal stigma, discrimination, and intersectional identities remain significant barriers to health equity. These factors not only contribute to negative health outcomes but also discourage LGBTQ+ individuals from seeking timely and appropriate health care services due to fear of bias or mistreatment.

Furthermore, the results support the integration of LGBTQ+ health issues into nursing and medical curricula to equip future healthcare providers with the knowledge, empathy, and competence necessary to deliver safe, respectful, and affirming care. Promoting awareness in less recognized areas—such as the influence of gender-affirming care on cancer risks, or the link between minority stress and eating disorders—can bridge the knowledge gap and ultimately lead to improved health outcomes.

In conclusion, while respondents demonstrate a basic understanding of LGBTQ+ health disparities, there remains a critical need for targeted interventions, advocacy, and education to deepen awareness, eliminate healthcare barriers, and promote a more equitable health system for LGBTQ+ individuals.

The findings concluded that among the various demographic factors examined, age had a statistically significant influence on the level of awareness regarding LGBTQ+ physical health disparities. This suggests that younger healthcare learners are more likely to be informed about these issues, possibly due to increased exposure to inclusive education, digital media, and contemporary social discourse. On the other hand, gender, college program, and year level did not show significant effects on awareness, indicating a relatively uniform understanding across these groups. The consistency in behavioral health awareness across different age groups further implies that this area may be either consistently emphasized or uniformly lacking across the healthcare curriculum.

These findings underscored the need for curricular improvements in healthcare education. Specifically, LGBTQ+ health issues must be taught in a structured, continuous, and discipline-specific manner across all programs and academic levels. Strengthening LGBTQ+-inclusive content in the curriculum—beyond isolated lectures or one-time modules—will help ensure that awareness is not confined to younger students or incidental learning. Instead, all future healthcare professionals, regardless of their background, should graduate with a deep, practical understanding of LGBTQ+ health disparities.

By doing so, institutions can better prepare learners to deliver equitable, compassionate, and culturally competent care to LGBTQ+ individuals in diverse healthcare settings.

The findings indicated that, out of the demographic variables that were assessed, year level was the exclusive determinant in demonstrating a statistically significant difference in physical health disparities awareness occurring within the LGBTQ+ community. Senior healthcare learners exhibited a higher level of awareness compared to lower year students, suggesting that academic year progression contributes to a more comprehensive understanding of these disparities. This is based on increased exposure to relevant coursework, clinical practice, and class discussions on inclusive healthcare practices, thus the need for the inclusion of LGBTQ+ health topics throughout the educational curriculum.

On the other hand, age, gender, and college programs did not result in statistically significant variation, suggesting that healthcare students of different ages, genders, and academic programs have equal foundational knowledge regarding LGBTQ+ health disparities.

Furthermore, knowledge of behavioral health disparities remained consistent among all demographic groups, suggesting learners are provided with similar exposure to these areas regardless of individual or academic characteristics. These results underscored the need to enhance LGBTQ+ health education in healthcare training courses. Although senior students showed greater awareness of physical health differences, a structured and continuous curriculum that incorporates inclusive and culturally sensitive healthcare education is necessary to ensure all healthcare learners, regardless of academic standing, have an in-depth understanding of both physical and behavioral health disparities for LGBTQ+ community. A more integrated approach to healthcare education will more effectively equip future professionals to deliver equitable and inclusive care in diverse clinical settings.

Although some students demonstrated high awareness, the study revealed variations in understanding depending on their age, year level, and exposure. This suggests that awareness is present, but not yet consistent across all learners and physical health topics.

The proposed seminar-module addresses these gaps by equipping students with inclusive, research-based strategies to ensure they are prepared to deliver competent, affirming care to LGBTQ+ patients.

Recommendations

The following suggestions are put forward considering the study's results:

For Students (BSN, BSM, BSRT) : To enhance their preparedness in delivering culturally sensitive and inclusive care, it is recommended that LGBTQ+ health issues should be integrated early in the healthcare learners' education, especially for lower-year students who show less awareness. However, higher-year level students must be engaged through continued exposure and advanced learning strategies. This ensures consistent development of culturally sensitive, competent and gender-affirming care across all year levels.

For School Administrations and Policymakers: The study highlights the need for institutional policies and training programs that actively promote gender sensitivity and inclusivity. These are essential to ensure a safe, supportive, and equitable learning environment for students and patients. Administrators should support the integration of LGBTQ+ content into the curriculum and ensure ongoing faculty development, inclusive campus environments, and clear anti-discrimination policies that support both students and LGBTQ+ patients in clinical training settings.

For Deans: It is recommended that deans conduct a comprehensive curriculum mapping to identify gaps in LGBTQ+ health content. This process involves systematically reviewing course syllabus, learning objectives, teaching strategies, and assessment tools to determine where LGBTQ+ topics are currently included and where they are missing or insufficient. Based on this study's findings—particularly the moderate awareness in several health domains—curricula should be revised to systematically incorporate LGBTQ+ health topics across all year levels and disciplines. A vertical and horizontal alignment of content will help ensure that students build on their knowledge as they progress through their programs, promoting continuity and depth in understanding inclusive care.

For Faculty and Teachers: To improve student preparedness, faculty members should receive training on LGBTQ+ health disparities and inclusive teaching methods. Incorporating real-world scenarios, inclusive language, and diverse case studies into both classroom and clinical instruction will encourage more meaningful discussions and learning experiences for students. Faculty can play a crucial role in normalizing inclusive care as a professional standard.

For Future Researchers: This study opens the door for future researchers to conduct comparative and longitudinal studies to assess how awareness changes over time and with targeted interventions. Additionally, similar research could be conducted among other healthcare disciplines or across different educational institutions to broaden the evidence base for LGBTQ+ inclusive education strategies.

For the LGBTQ+ Community : The study supports the advocacy for more equitable healthcare services by recommending the formal inclusion of LGBTQ+ health issues in healthcare education. This will help foster a generation of healthcare professionals who are not only aware of but also actively committed to addressing the unique needs and challenges of the LGBTQ+ population through competent and compassionate care.

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