Family relationships in the social network for young male homosexuals

Relações familiares da rede social de jovens homossexuais masculinos

Relaciones familiares de la red social de jóvenes homosexuales masculinos

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ABSTRACT

Objective: To evaluate the family relationships in the social network for young male homosexuals. **Methods:** this is a qualitative, descriptive, exploratory study anchored in the theoretical framework Social Network and including 20 male homosexuals selected by the Snowball technique through semi-structured script interview. The IRaMuTeQ software was analyzed by Similitude Analysis. **Results:** the primary social network was configured in the elements: 1 – Family affective ties: the center of the social network, 2 - Binding family relationship and religiosity. **Final considerations:** it was evaluated that the primary social network has been rooted to fragile relationships of socialization and solidarity, and that the social dimension is also rooted on conservatism, sexism/bigotry, and violence. When it comes to address this issue creates the contribution to the visibility of the homosexual youth family dynamics, since it represents the central core and first learning experience that will determine the development and ability to deal with adversities.
Descriptors: Nursing Care; Family Nursing; Parenting; Social Support; Male Homosexuality.

RESUMO

Objetivo: Avaliar as relações familiares da rede social de jovens homossexuais masculinos. **Método:** Trata-se de estudo qualitativo, descritivo, exploratório, ancorado no referencial teórico Rede Social, com 20 homossexuais masculinos, selecionados por meio da técnica *Snowball*, mediante entrevista com roteiro semiestruturado. Realizou-se a análise dos dados pelo software IRaMuTeQ, pela análise de similitude. **Resultados:** Configurou-se a rede social primária nos elementos: 1) Laços afetivos familiares: o centro da rede social; 2) Relação vinculativa da família e religiosidade. **Considerações finais:** Avaliou-se que a rede social primária está ancorada às relações de socialização e solidariedade fragilizadas; e que dimensão social está alicerçada ao conservadorismo, sexismo e violência. Ao se tratar deste tema, contribui-se com a visibilidade da dinâmica familiar dos jovens homossexuais, visto que representa o núcleo central e primeira experiência interpessoal para aprendizagem que determinarão o desenvolvimento e capacidade de lidar com as adversidades.
Descritores: Cuidados de Enfermagem; Enfermagem Familiar; Poder Familiar; Apoio Social; Homossexualidade Masculina.

RESUMEN

Objetivo: Evaluar las relaciones familiares de la red social de jóvenes homosexuales masculinos. **Método:** Se trata de estudio cualitativo, descriptivo, exploratorio, basado en el referencial teórico Red Social, con 20 homosexuales masculinos, seleccionados por medio de la técnica *Snowball*, mediante entrevista con guión semiestructurado. Se ha realizado el análisis de los datos por el software IRaMuTeQ, por el análisis de similitud. **Resultados:** Se ha configurado la red social primaria en los elementos: 1) Vínculos afectivos familiares: el centro de la red social; 2) Relación vinculante de la familia y religiosidad. **Consideraciones finales:** Se evaluó que la red social primaria está basada a las relaciones de socialización y solidaridad debilitadas; y que dimensión social está basada al conservadurismo, sexismo y violencia. Al tratarse de este tema, se contribuye con la visibilidad de la dinâmica familiar de los jóvenes homosexuales, puesto que representa el núcleo central y primera experiencia interpersonal para aprendizaje que determinarán el desarrollo y capacidad de lidiar con las adversidades.
Descriptores: Cuidados de Enfermería; Enfermería Familiar; Poder Familiar; Apoyo Social; Homosexualidad Masculina.

INTRODUCTION

The right to homosexual relationships, expressed in affective feelings and sexuality, must be demanded, and, to gain social support, there must be delivered visibility to provide rights in healthcare, job, education, and human dignity. Social movements and diversity parades represent the dynamics to occupy social participation spaces and to go against the structured violence directed to whom are excluded and on the margins of society[1].

The limitations on social support for homosexuals begin with the lack of family support. This has its roots in the construction of the family founded on patriarchy, with the perpetuation of the heteronormative model in family relationships. Masculinity and homophobia are cultivated, through the determination of gender by manly behavior in the social ideology of being "man", especially in certain religious beliefs[2].

However, the family has the function of promoting affective bonds for empowerment and care, as well as a binding relationship for protection and transition to adult life[3]. It is considered that the difficulties of acceptance and the process of "coming out" are associated with the context of repression of the family by means of physical, psychological and moral aggressions, in order to "correct the behavior deviation"; however, homophobic family relationships impact the adolescent's physical and psychological health, and in some cases, lead to the suicide of young male homosexuals[4].

It is necessary to emphasize the preparation of nursing in promoting the visibility of homosexual men, considering relevant for this process, the reception and care of the family, through actions of health education. In this line, it is important to reveal taboos and reflections on the nurses' training process, with a view to inclusive, qualified, and ethical care for these people[5]. *The family is understood as the main element of the social network of young homosexuals; thus, it is worth highlighting the multi-professional action of health to work with the family in support of homosexual youth*[6].

The dynamics of action should be anchored to the social network in the exploration and interventions at substantially different but complementary levels: the affective bonds, the interactions, the structural organization and the relational and symbolic dimensions dimensions[3].

In this sense, it is necessary for nurses to promote health of young male homosexuals, with an emphasis on the family, since those relationships involve communication and affective exchanges associated with cultural aspects that are determinant for building autonomy and collective accountability for comprehensive care.

Thus, a following guiding question was defined: What are the family relationships in the social network for young male homosexuals?

OBJECTIVE

Evaluation of the family relationships in the social network for young male homosexuals.

METHOD

Ethical Aspects

The data were extracted from a dissertation developed in the Post-Graduate Nursing Program at the Federal University of Pernambuco[7], whose project was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Pernambuco and in compliance with Resolution No. 466/2012, from the perspective of the individual and collectivities, based on bioethics benchmarks, which aims to ensure the rights and duties of the participants, the scientific community and the State. The participants were identified by fictitious names in order to preserve their anonymity.

Study design

Qualitative, descriptive, and exploratory study based on the theoretical framework of Social Network, which followed the assumption that every human being is born within a certain network, and, throughout life, that network conditions him/her to expressions of socialization. The family was taken as the central dimension of the social network, which was revealed by affective and relational ties, based on polarized tensions of support and containment, so that family relationships were highlighted in the dynamics of health actions with a view to comprehensive care[8].

Methodology procedures

Study setting

The study was conducted in the city of Recife, capital of Pernambuco (PE), Brazil, in public places (university, town squares); private places (diners, workplaces) and residence of young male homosexuals. The participants have chosen dates, schedules, and places for the interview in order to provide greater comfort and freedom for verbalizations and expressions at the time of the interview.

Data Source

Twenty young male homosexuals, who lived in the city of Recife, (PE), Brazil, participated in the study. Those between the ages of 18 and 24 were considered young[9]. The participants were progressively included, due to the saturation of responses, resulting from the deepening and comprehensiveness of the verbalizations to the proposed questions[10]. Those who did not answer contacts by telephone or electronic address were excluded. For sample selection it was used the Snowball sampling[11] or chain sampling, a variant of the sample for convenience.

Data gathering and organization

Data were collected from February to August 2016, through interviews with a semi-structured script, consisting of two guiding instructions: 1) Tell me about you and your family (*affective bonds, education and care, associated with gender identity and support from the family nucleus*); 2) Tell me about your social relationships (*binding family relationships, transition and protection, associated with gender identity and family support in relationships with secondary social networks*). Twenty meetings were held to conduct the interviews, which lasted an average four hours. The reports were recorded, transcribed in its entirety on the same day after data collection and submitted to analysis.

Recruitment of participants was obtained through sampling in a reference chain (*Snowball*). This technique was chosen because of the need to bring together the population of interest, little known or difficult to identify. Recruitment was carried out through the indication of people belonging to the same group of the studied population, who had similar characteristics and were of interest to the research. It started with the selection of the "seed" people to proceed with the indication of the other participants who composed the sample[11].

Young people who identified themselves as male homosexuals, called "seeds", indicated the others. According to the steps recommended by the Snowball technique, first contact was made with the coordinator of GEMA (Feminist Gender and Masculinity Research Center); on that occasion, the invitation to contribute as a research site was presented. Each recruitment level or "wave" represented the indications of each individual interviewed, who, at the end of the interview, was invited to indicate other possible participants.

Data Analysis

The corpus of the research was analyzed using the lexical analysis technique, with the aid of the software *Interface de R pour les Multidimensional Analyzes de Textes et de Questionnaires* (IRaMuTeQ). In qualitative studies, it is an important analysis tool, free of charge, which enables methodological rigor and the presentation of results in an illustrative way; moreover, it allows, based on statistical techniques of presentation of the most significant words, a better interpretation of the results. The analysis of the textual corpus of data related to the interviews was obtained, using the similarity analysis method, which is based on the indication of connectedness. Thus, this method allowed the graphic visualization of co-occurrence for the set of words that make up the corpus and originated a network of statically significant associations[12].
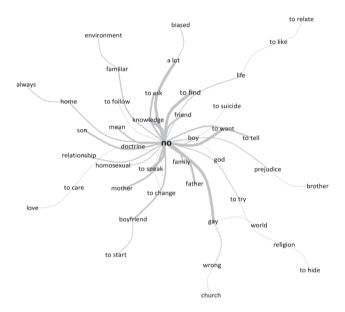
Validity and reliability / Rigor

Methodological rigor was achieved through regular meetings for team members involved in the research. Sampling techniques, study context, production, analysis and interpretation of qualitative data were discussed in the light of the theoretical framework. The transcription of the interviews recorded on a digital device, in full, was performed on the same day after each collection, and the saturation of the results was discussed. We used the method for data analysis based on the categorization of results, congruent with the critical realistic methodology and with the constructivist epistemology. The conduct and description of this study were conducted in accordance with the Consolidated Criteria for Qualitative Study Reports (Consolidated Criteria for Reporting Qualitative Research [COREQ])[13-14].

RESULTS

The study included the participation of 20 young male homosexuals with the following characteristics: age - on average, 22 years old; education - 2 had secondary education, while the others (18), incomplete higher education; occupation - 7 had no job, while 13 had a job; family constitution - lived with parents and siblings (10), father and mother (3), mother and siblings (6) and alone (1); type of relationship - 16 reported having a stable relationship, and 4 responded that they did not.

Next, there is the analyzed textual corpus (Figure 1) - the relationships between the words verbalized by young male homosexuals about their family relationships. In the similarity analysis, the connections between words are highlighted, with emphasis on the most relevant expressions that support the elements of culture and daily life by thoughts and opinions that determine the common sense of the studied group.

Source: corpus analysis processed by software IRaMuTeQ 0.7 alpha 2.

Figure 1 – Illustrative tree of the similarity analysis of the verbalizations of young male homosexuals for the inducing stimulus "Tell me about your family relationships", Recife, Pernambuco, Brazil, 2016

The textual corpus structure was obtained according to the variables described in the illustration presented above. The similitude analysis resulted in the construction of the co-occurrence tree, which demonstrates the associations between the most frequent words, based on the words expressed by young male homosexuals about family relationships (support and restraint). These were the most frequent terms: "no, to know, to ask, a lot, prejudiced, to find, to want, family, father, gay, wrong, church, to speak, mother, homosexual, doctrine". The submission of empirical data to interpretation makes it possible to correlate the empirical evidence to the connections between the most frequent expressions in the light of the Social Network framework. This aims to analyze the affective and relational aspects of family relationships of young male homosexuals, associated with gender identity, in order to highlight the family affective Ties: the center of the social network and Binding family relationship and religiosity.

DISCUSSION

Sharing difficulties was the main resource for transforming youth conflicts and overcoming individualization, based on

supportive relationships. The knowledge of the dynamics of the social network has become an important resource for the analysis of affective and relational bonds by health professionals for qualified performance. These are effective health interventions, which will require both the support of the social network for the care, education, protection and transition of young people to adulthood and the professional exercise of the health team abdicated from prejudices in welcoming human diversity[3].

Family affective bonds: the epicenter of the social network

Family affective bonds are the center of the social network for the education and care of the individual, which is a contribution to face the difficulties and challenges imposed by society. The family is understood as the main source of support and the first social nucleus for the affective and formative construction of the individual. It is known that the imbalance between affective bonds can result in emotional instability for all family members, with a relevant individual, family and social impact[3].

One can link the lack of family acceptance of the male homosexual to the fear of rejection and homophobic acts provoked by society. Social prejudice is linked to the representation of homosexuality as a disease, also considered to be sexual perversion in religious dogmas since the dawn of society. Thus, gender violence and binarism are perpetuated, as the "keys to the cupboards" are hidden, in order to model "docile bodies", based on the rhetoric of normativity and biopower over social subjects[15-16].

Youth is a period of discovery and consolidation of the personality with the greatest expectation of social acceptance. The "coming out" requires young homosexuals to be prepared for the challenges generated by the heteronormative social model and homophobia - challenges, which may emerge within family relationships weakened due to prejudice. Such a process can be identified in the following report:

> For my family, as we use to say amongst us in the LGBT environment, I am still in the closet. My family is very prejudiced, but my relationship whit them is particularly good because they do not know for sure. I think they are suspicious, but they are not really sure. They already said that if they found out anything, have a concrete proof they will expel me from home. (Marco)

The fragile intra-family relationship is perceived due to the constant conflicts of young homosexuals with their parents. In the verbalizations, it is noted that the maternal figure assumes a more complacent positioning, compared to paternal behaviors:

> Coexistence is easy with my mother and sisters, it is a little complicated with my father, always has been. The relationship with my father is not so close, he has different ideas of thoughts, he is a really difficult person [...] recently he stopped talking to me when he discovered my sexuality. (Fernando)

> About my sexuality the family knows, my father said he would rather have a drugged son, a thief, everything, but he did not want that in his family. Because he is from the old days, he does not accept it, but then he had to swallow it. They called home and someone said [...] My mom got sick for a month, then my dad kept blaming me. (Netinho)

> It was time to talk to my mother first, then I called her to talk in my room, I came and talked about the situation, I cried a lot, she kind of deduced what it would be, then she came and asked if I was a homosexual, I said ' yes'; she said it wouldn't change my relationship with them at all, at least it wouldn't change anything with her, that I wouldn't be afraid. (Ney)

The context of violence perpetrated by the family is shown, as well as in a similar study, derived from patriarchal, bigot, and heteronormative attitudes. From the statements, the weaknesses of family relationships in the care and education of young people emerged in the fight against homophobia, - on the contrary, there was repudiation of gender identity and the outcome of their expulsion from the family nucleus. The father figure was associated with the non-acceptance of the feelings and desires of the homosexual son, while the mother figure, with closer ties and welcoming [17].

A study carried out in the United States of America on the internalization of homophobia and family support processes with LGBT people problematized the greater susceptibility to psychosomatic and mental illnesses (depression, anxiety and suicide risk) in these people, in comparison with heterosexuals, since exposure to stressful events (homophobic experience, stigma, non-disclosure of sexual orientation and neglect) implies an increase in the degree of vulnerability to illness and a decrease in the quality of life, which originate from the lack of social support [18].

Emphasis is placed on the oppression experienced in the family environment through the demands of the extended family for young people to experience heterosexual relationships. During the interviews, the expressions of dissatisfaction of the young male homosexual were observed when reporting:

> I am 24 years old and it has been a long time since I took anyone into the family environment. There is always too many questions, always when they arrive at home, they ask where the girlfriend is, where is the girlfriend. It sucks, it is mandatory for the boy to have a girlfriend, then something is already wrong for them, then they say, I say: 'I don't know, I don't want to'. Now one day I am going to explode, and I am going to say, if you start asking too much I will say, I do not want to because I am gay. (Leonardo)

> A good family is a family far away from you, everyone is far away, there is only one that is close. And we fought enough already because she likes to meddle in the others' lives and she always looked for something about me to tell my mother [...] I was even kicked out of the house because of that, because of a little suspicion. (Leonardo)

Weaknesses or a break in the bond between the young homosexual and his family network were noted. Sometimes, these people avoid family reunions and issues or facts that evidence the homosexual relationship. A study conducted with LGBT youth in New York revealed the need to assess both the risks of rejection and homelessness that are exacerbated by family conflicts related to sexual orientation and the physical and emotional impacts on the expression of gender identity[19].

The nurse plays a leading role in encouraging the freedom of expression of young male homosexuals, since this professional has close ties to the central dimension of the social network of these young people, the family, especially in Primary Health Care. However, expectations are created as to the role of Nursing to solve

the "problems" that may emerge differently on the representation of homosexuality from the perspective of the young person and his family, which demands care for the specificities of both.

Binding family relationship and religiosity

The binding relationship of the family is something that is formed from birth, under the composition that cannot be chosen. Relationships are based on culture, values, resources and functions, since the common good among family members is reiterated for the confrontation between microsomal (individual) and macrosomal (social), aiming at protection and transition, achieving autonomy[3].

The family constitution was established according to the composition by a heterosexual couple and their children; thus, society structured the nuclear family, and any other divergent form of this constitution is not accepted by the normality formulated by the social ideal. In subsequent generations, the aim is to fulfill dreams and life projects based on the affective bonds arising from heterosexual marriage.

The practice of hiding family facts considered "shameful" for society is a common act in certain cultures. In China, India and Middle Eastern countries, for example, some young homosexuals opt for "nominal heterosexual marriage" with a woman, however the relationship can be seen by friends, neighbors or parents as a failure, due to the lack of children and little couple interaction[20]. In this sense, the family imposition for the heterosexual relationship is revealed directly or indirectly:

> When the son and daughter is 20 years old and has no boyfriend or girlfriend or is not married, she says it right away "my son is gay", I'm sure my mother speaks up a lot of indirectly, 'when you marry yours, when you will start getting a girlfriend, you will want to be a father', and I am very sincere and I say: 'if it doesn't work for me to be a father, I adopt and become a father in the same way'. (Leonardo)

> I dated twice with girls, but I never liked it. There was a moment in my life that I didn't want to relate to a man, but that didn't stop me from liking it, it was just a decision I made and, when I realized that nothing has changed, there was no point in hiding, hiding who I am, who I like, being unhappy. I was already getting depressed because of that. (Alessandro)

Homosexuality is considered a sinful and impure act, and this representation can be perceived in the daily life of social relations, which is based on the heteronormative model; thus, homophobia is identified through reports from homosexual neighbors that constitute the secondary social network of young people:

> I was very scared because my family had a repression, I had an example of people on the street from neighbors who were gay and I heard what they said, but this way, as a teenager, I am a determined person, it is not because they think so, that I cannot be. (Paulo)

However, the family's limits in understanding and reproducing the categories related to sex are contested, constructed by heteronormative assumptions. Through the physical and psychological force, the ideology of normative thinking operates, anchored in gender binarism and religious dogmas, which are materialized in social conservatism, political regression and violence[21]. Young

people question religious doctrine, family relationships and the power of "God" for the possible reversal of homosexual identity:

> I tried before to have a heterosexual relationship because I grew up in a religious family, but then I did not want that for me. After I saw that I distanced myself because of religion, for me to follow, I have to follow according to what has governed things, it's no use I'm in there and don't do as the doctrine asks. (Gustavo)

> I had a relationship with a woman because I thought the problem was all in my head [...] at the time I was going to church with her, thinking God is going to take that away from me, and nowadays I tell my friends who try to hide behind religion: 'Even if you have a relationship with a woman, you will always like a man'. (Alessandro)

In a similar study, the impacts of religious discourses about homosexuality were revealed. In the excerpts of the Bible, oppressive elements of the homosexual gender identity were evidenced, which affects social life and political spaces; thus, the contradiction regarding the secularity of the State is exposed[22].

The oppression of young male homosexuals in the family nucleus is stimulated, relying on religious and heteronormative precepts, as a form of "protection" to avoid homophobia. Homosexual attitudes are considered to cause embarrassment to their family members. Family determinism culminates in social isolation, low self-esteem, depressive disorders, self-destructive behaviors, with risk of suicide for these young people.

It was found that, every 19 hours, an LGBT person is savagely murdered or commits suicide in Brazil due to "LGBT phobia"[23]. In the verbalizations, one of the interviewees reported the attempt to commit suicide due to oppression and family rejection; this fact was also mentioned in other studies carried out with homosexual people[17-18]. It is known that youth is the period of discovery; thus, weaknesses in family bonds at this stage of life can culminate in severe depression and suicide attempts:

> I tried to commit suicide, I went in and stayed for an hour and a little bit in a coma but I came back quickly, I had cardiac arrest, it was from that time on that they started to give me more attention and consider me as a son. (Theodoro)

The heteronormative model is imposed through violent acts, which can be subtle (the look that oppresses and denies) or evident (physical, psychological and institutional aggressions). In a study carried out in Spain with homosexual people, prejudice and discrimination were revealed, which, by presenting themselves in a subtle, constant and inherent way in homophobia social relations, substantially affect the quality of life of these people more than the acts of discrimination considered aggressive and punctual. However, support from social networks has been reported as an important mechanism for tackling homophobia and protection in reducing the effects of stress produced by discrimination, especially in the youth period[24].

Regarding the emerging demands for protection, Brazil stands out as the country with the highest number of crimes, compared to the 13 countries in the East and Africa where the death penalty against LGBT people is regularized[23]. In the context of oppression, male homosexuals struggle for visibility and the guarantee of basic human rights, to maintain life and freedom of expression

of feelings and desires. In addition to the family contribution, the importance of friendships in the process of acceptability and respect for diversity is emphasized:

> But then, this affective relationship didn't work out, but then I ended up meeting the person, the friends, and that inserted me in the middle and I found myself more comfortable, happier, but it was not much retraction, for example, my friends from childhood, nowadays, most are homosexuals, you know, I think it was better, it clarified more, I was more relaxed. (Allen)

We must recognize the weaknesses and potential of the social network, which mainly includes family, friends, community, work and school, in the clash between the new and the conservative, regarding the conquest of LGBT rights. In this sense, it is necessary to carry out actions based on the National Plan for the Promotion of Citizenship and Human Rights of LGBT people, based on the guidelines: insertion of the theme of new family arrangements; promoting sexual diversity; facing stigma and prejudice in public services; research support; reformulation of curricula and practices adopted in the school environment; and national network to combat homophobia in partnership with civil society[26].

In the USA, there is an abrupt increase in research that emphasizes the demands and disparities of health services in comprehensive care for homosexual people. This meets the emerging need for health actions in the face of a shortage of cultural education and training for the training of health professionals, with emphasis on nurses, focusing on clinical evaluation and specific health care for LGBT people. Efforts should be stepped up to support LGBT health needs in undergraduate and graduate nursing curricula effectively[26]. It is necessary to prioritize open dialogue on the part of health professionals, based on the understanding of the social network and acceptance of suffering, enabling a relationship of exchange of knowledge, discoveries and escape from the silence imposed by rules[27].

Study Limitations

The problem listed in this study comprises a social, historical, and healthcare context based on conservatism, prejudice, and stigmas, since the social ideal was formed by moral precepts of heteronormative origin. This instigates social taboos and judgments that may have hindered the verbalization and collaboration of young male homosexuals.

Contributions to the Nursing field, Health or Public Policy

Nursing is the science of caring, producing meaning in the link of educational practices and health care. There is a sharing with the social network of accountability for the emancipation of

social subjects, especially those who live in a context of vulnerability. This shows the importance of implementing the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals and promoting a context of respect for diversity, combating homophobia, advocated by the Brazil without Homophobia (BWH) initiative.

It is necessary to incorporate the theme "Family relationships and social networks of homosexuals" in the Nursing curriculum since the awareness of nurses through frequent training and qualified training will enable decision-making in the health care field. The history of homosexuality, the context of vulnerability and the uniqueness of the young homosexual are important spheres to be considered in the construction of health education strategies aimed at network interventions, contextualized to the elements that compose it (family, friends, neighbors, school, work and community), as a guarantee of health provided for in the Brazilian Federal Constitution.

FINAL CONSIDERATIONS

In this study, family relationships from the first experience of socializing the primary social network of young male homosexuals were evaluated; this was based on social taboos, low level of knowledge of family members about gender identity and lack of support. In the relationship of the young homosexual, religious conservatism, sexism, and perpetrated violence were perceived, elements that oppress diversity and homosexual freedom of expression.

Weaknesses were identified in the affective and binding relationships of family members of young homosexuals, marked by fear and paternal rejection, in addition to the risk of suicide and exposure to situations of violence in all spaces of social interaction, which can interfere in physical, mental health, in the quality and maintenance of life itself, in view of the context of social vulnerability. From the statements, the unpreparedness of the family network emerged in the provision of welcoming, care, education, and protection for the transition of the young homosexual to adult life.

It became evident the need for comprehensive health care for young homosexuals in care practice and in research carried out by nursing, based on the incorporation of the National Plan for the Promotion of Citizenship and Human Rights of LGBT people, in order to provide the realization of the right to health without distinction of gender identity, race / ethnicity and sexual orientation in health education actions with an emphasis on the family.

FUNDING

REFERENCES

1. Silva MAD. Numa tarde qualquer: uma antropologia da Parada da Diversidade em Cuiabá e da cultura LGBT no Brasil contemporâneo. Rev Bagoas [Internet]. 2016[cited 2018 Sep 12];10(15):101-30. Available from: https://periodicos.ufrn.br/bagoas/article/view/9891/8363

2. Oliveira JC, Santana TC. Ditadura e homossexualidades no Brasil. Rev Bras Hist Ciên Soc[Internet]. 2016[cited 2018 Sep 12];8(15): 300-304. Available from: https://www.rbhcs.com/rbhcs/article/view/387/263

3. Sanicola L. As dinâmicas de rede e o trabalho social. 2ª ed. São Paulo: Editora Veras; 2015.

4. Ministério da Saúde (BR). Atenção integral à saúde do adolescente: questões da prática assistencial para médicos [Internet]. UNA-SUS/UFMA, Maranhão; 2017[citado 2018 Sep 14]. Available from: https://ares.unasus.gov.br/acervo/handle/ARES/7791

5. Silva MML, Frutuozo JFF, Feijó MR, Valerio NI, Chaves UH. Família e orientação sexual: dificuldades na aceitação da homossexualidade masculina. Temas Psicol [Internet]. 2015[cited 2018 Sep 13];23(3):677-92. Available from: http://pepsic.bvsalud.org/pdf/tp/v23n3/v23n3a12.pdf

6. Nietsche EA, Tassinari TT, Ramos TK, Beltrame G, Salbego C, Cassenote L. Formação do enfermeiro para o cuidado à população homossexual e bissexual: percepção do discente. Rev Baiana Enferm [Internet]. 2018[cited 2018 Sep 13];32(25174):1-11. Available from: https://portalseer.ufba.br/index.php/enfermagem/article/viewFile/25174/16483

7. Freitas NO. Representações Sociais sobre HIV/AIDS de Jovens Homossexuais Masculinos: implicações nas práticas de prevenção[Dissertação]. Universidade Federal de Pernambuco; 2016.182 p.

8. Minayo MCS, (Org.). Pesquisa social: teoria, método e criatividade. 29ª ed. Petrópolis: Vozes; 2015.

9. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Proteger e cuidar da saúde de adolescentes na atenção básica [Internet]. Brasília, DF: Ministério da Saúde; 2017 [cited 2018 Mar 10]. Available from: http://189.28.128.100/dab/docs/portaldab/publicacoes/saude_adolescentes.pdf

10. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev Pesqui Qualitat[Internet]. 2017 [cited 2017 Dec 15];5(7):1-12. Available from: https://edisciplinas.usp.br/pluginfile.php/4111455/mod_resource/content/1/Minayosaturacao.pdf

11. Sampierre RH, Collado CF, Lucio MPB. Metodologia de Pesquisa. 5ª ed. Porto Alegre: Penso; 2013. p. 401-412.

12. Camargo BV, Justo AM. IRaMuTeQ: um software gratuito para análise de dados textuais. Temas Psicol [Internet]. 2013 [cited 2018 Mar 3];21(2):513-8. Available from: http://pepsic.bvsalud.org/pdf/tp/v21n2/v21n2a16.pdf

13. Maxwell JA, Miller B. Real and virtual relationship in qualitative data analysis. In: Maxwell JA. A realist approach for qualitative research. Los Angeles: SAGE Publications; 2012.

14. Booth A, Hannes K, Harden A, Noyes J, Harris J. COREQ (Consolidated Criteria for Reporting Qualitative Studies). In: Moher D, Altman D, Schulz K, Simera I, Wager E, editors. Guidelines for reporting health research: a user's manual. Oxford: John Wiley & Sons; 2014.

15. Silva LV, Barbosa BRSN. Sobrevivência no armário: dores do silêncio LGBT em uma sociedade de religiosidade heteronormativa. Est Relig [Internet]. 2016[cited 2018 Sep 14];30(3):129-154. Available from: https://www.metodista.br/revistas/revistas-ims/index.php/ER/article/view/6309/5485

16. Foucault M. Curso no College de France (1975-1976). 2ª ed. São Paulo: Editora WMF Martins Fontes 2010.

17. Braga IF, Oliveira WA, Silva JL, Mello FCM, Silva MAI. Violência familiar contra adolescentes e jovens gays e lésbicas: um estudo qualitativo. Rev Bras Enferm [Internet]. 2018[cited 2018 Sep 14];71(3):1295-303. Available from: http://www.scielo.br/pdf/reben/v71s3/pt_0034-7167-reben-71-s3-1220.pdf

18. Puckett JA, Woodward EN, Mereish EH, Pantalone DW. Parental rejection following sexual orientation disclosure: impact on internalized homophobia, social support, and mental health. LGBT Health [Internet]. 2015[cited 2018 Sep 16];2(3):265-9. Available from: http://online.liebertpub.com/doi/10.1089/lgbt.2013.0024

19. Castellanos HD. The Role of Institutional Placement, Family Conflict, and Homosexuality in Homelessness Pathways Among Latino LGBT Youth in New York City. J Homosexual [Internet]. 2015[cited 2018 Sep 17];18(34):601-632. Avalable form: https://doi.org/10.1080/00918369.2015.1111108

20. Choi SYP, Luo M. Performative family: homosexuality, marriage and intergenerational dynamics in China. British J Sociol [Internet]. 2016[cited 2018 Sep 17];67(2):260-80. Available from: https://doi.org/10.1111/1468-4446.12196

21. Butler J. Problemas de gênero: feminismo e subversão da identidade. Rio de Janeiro (RJ): Civilização Brasileira, 2017.

22. Mesquita DT, Perucchi J. Não Apenas Em Nome De Deus: Discursos Religiosos Sobre Homossexualidade. Psicol Soc [Internet]. 2016[cited 2018 Sep 15];28(1):105-14. Available from: http://www.scielo.br/pdf/psoc/v28n1/1807-0310-psoc-28-01-00105.pdf

23. Mott L, Michels E, Paulinho. Pessoas LGBT Mortas No Brasil. 7ª ed. Bahia: Editora Grupo Gay Da Bahia – GGB; 2017.

24. Molero F, Ferrero PS, Apodaca MJFR, Pallejá EM, Garín DP. Subtle and blatant perceived discrimination and well-being in lesbians and gay men in Spain: the role of social support. Psicothema [Internet]. 2017[cited 2018 Sep 17];29(4):475-81. Available from: http://www.psicothema.com/pdf/4423.pdf

25. Minayo MCS, Silva RA. Homossexuais: entre as conquistas e a força conservadora dos preconceitos. Rev Educ Emancip [Internet]. 2017[cited 2018 Sep 17];10(4):32-57. Available from: http://dx.doi.org/10.18764/2358-4319.v10n4p32-57

26. Bonvicini KA. LGBT healthcare disparities: what progress have we made? Patient Educ Couns. 2017;5695(5):2357-61. doi: 10.1016/j.pec.2017.06.003

27. Pinto AGA, Jorge MSB, Marinho MNASB, Vidal ECF, Aquino OS, Vidal ECF. Experiences in the Family Health Strategy: demands and vulnerabilities in the territory. Rev Bras Enferm. 2017;70(5):920-27. doi: 10.1590/0034-7167-2015-0033