Journal of Public Health International

Open Access - Peer-Reviewed - ISSN 2641-4538

Portico Archived | Crossref DOI | CC BY 4.0 Licensed

Research Article

Attitude of Nursing Students towards LGBTIQ Individual and its Associated Factors in Kathmandu Metropolitan City

Sabita Dangi [1], **Amrit Bist** [2*], **Aashish Acharya** [3]

[1] Nobel College, Pokhara University

[2] Nutrition Officer at Nepali Technical Assistance Group (NTAG)

[3] Lecturer at Nobel College, Pokhara University

*** Correspondence:** Amrit Bist, Nutrition Officer at Nepali Technical Assistance Group (NTAG).

Published citation: Sabita Dangi, Amrit Bist, Aashish Acharya (2023) **Attitude of Nursing Students towards LGBTIQ Individual and its Associated Factors in Kathmandu Metropolitan City**. *Journal of Public Health International* - 6(3):1-12. https://doi.org/10.14302/issn.2641-4538.jphi-23-4412

Article DOI: 10.14302/issn.2641-4538.jphi-23-4412

Abstract

Background

People may have both negative and positive attitudes about other people, their way of living and those attitudes can be influenced by various factors. LGBTIQ individuals are facing various difficulties and barriers to run their daily life due to different attitudes of people. Attitudes may be different from person to person influenced by their knowledge, acceptance behaviour and understanding. By finding out the associated factors that influence the attitude of people we can change people's view towards LGBTIQ individuals. Each and every person deserves to be treated equally regardless of their gender, sexual orientation, and preferences.

Methods

This was a cross-sectional study in which the sample size was 423 and the study population was nursing students. A simple random sampling method was used to select the sample for the study. A self-administered questionnaire was used to collect data. The collected data was entered in EPI 3.1 and analyzed using SPSS 25. A descriptive statistic was used to find out the frequency and percentage and analysis (chi-square) was used to find out the association between the dependent and independent variables. A p-value of <0.05 was considered statistically significant.

Results

Results showed that 87.2% have positive attitudes towards LGBTIQ individuals, and the majority (56.6%) have knowledge about homosexuality. Similarly, more than two-thirds (82.7%) of respondents were not homophobic, and 50.4% showed positive stereotypes about LGBTIQ individuals. Religion

(p=0.030), caste (p=0.001) and Family type (p=0.016) were statistically significant with regard to the attitudes of students towards LGBTIQ.

Conclusion

The majority of students had positive attitudes towards LGBTIQ individuals and few had negative attitudes. Almost half of the respondents had adequate knowledge about homosexuality. The majority of students were not homophobic and few were homophobic. Half had positive stereotypes and about the other half had negative stereotypes.

Keywords:
Associated factors; Attitude; LGBTIQ; Nursing Students

Article Information	
Academic Editor	Qiang Cheng, Biomedical Informatics Institute, and Computer Science Department
Received Date	22 December 2022
Accepted Date	10 April 2023
Published Date	18 April 2023
Online	18 April 2023
Publication	Volume 6; Issue 3; Pages 1–12
Copyright	© 2023 Sabita Dangi, et al.
License	This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. https://creativecommons.org/licenses/by/4.0/

Introduction

The right to health, which is an extension of the basic human right, requires that services be provided to all people equitably and according to their needs. Certain venerable groups obtain health services in the community at a higher rate than others. These populations may be venerable, affectless, and helpless in the healthcare professional-patient interaction; thus, their rights must be properly maintained. A venerable person is a defenseless person who is on the weak side of a relationship, is more easily exposed to abuse and exploitation, and is not able to protect his\her rights; therefore, they can be more easily affected or injured. The age, gender, ethnic characteristics, health status, liberty, sexual orientation\preference, and other stances of the individual cause them to be more venerable; therefore, they need to be evaluated within the scope of a venerable person.[1] Lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) individuals are often physically and sexually assaulted and tortured. They face discrimination in the workplace, education, access to health care, social security, and other areas.[2] The constitution and legal text guarantee the fundamental rights and freedoms of individuals and communities. United Nations Universal Declaration of Human Right (1948) is an important text emphasizing the right to health for all. It is important to recognize the equal, indivisible, and non-transferable rights of all people in the context of freedom and justice. It is important for LGBTIQ individuals to be able to exercise their right to equally and without discrimination. Preventing and stopping discrimination and right violations of LGBTIQ individuals due to their sexual orientation or gender identities while receiving prevention and care services are among the elements to be considered.[3] Therefore, topics related to vulnerable groups should be frequently included in nursing education.[4] The right to health is within the scope of the fundamental rights and freedoms of all individuals, including LGBTIQ individuals and is untouchable, inalienable, and indispensable. In the application of these rights, the attitude, communication, and approaches of health professionals are important

in preventing discrimination and providing good health services. From time to time, both LGBTIQ individuals and service providers face some problems related to medical ethics.

Our country Nepal is a very traditional society; therefore, issues related to sexuality are not discussed within families and society. Talking about the sexual issue is usually avoided and considered taboo. LGBTIQ individuals experience disgrace, separation, and exploitation across them course of their lives. In the setting of LGBTIQ, a large portion of them is as yet covered up. Even health service providers are not aware of the issues, and there is no or have rarely discussion on the topic on bigger forums.

Materials and Methods

A descriptive cross-sectional study was conducted among nursing students of nursing colleges in Kathmandu metropolitan city. Data were collected from July 2022 to August 2022. The sample size was calculated using the formula z^2pq/d^2. The calculation was based on the assumption of prevalence 50%. Assuming a confidence level of 95% and at a precision of 5%, the total sample size was 423. Simple random sampling was used for the study. In the first stage, 4 colleges were randomly selected from the sample frame by the lottery method. In the second stage, students from every four colleges were randomly selected. Pretesting was done in one of the non-study colleges. Following the pretesting, some modifications to the questions and terminology were made in the final questionnaire.

Approval for data collection was taken from respective nursing colleges, and data was collected using self-administered questionnaires. Nursing students, who had completed 18 years of age at the time of investigation and were willing to participate, were included in the study after taking informed consent and ensuring confidentiality. Those participants who were eligible for the study but were not willing to participate in the interview were excluded from the study.

After data collection, the collected data was cleaned manually, coded, and entered in EPI data 3.1. Data was transferred to SPSS 25, and analysis was done. A descriptive statistic was used to find out the frequency and percentage and analysis (chi-square) was used to find out the association between dependent and independent variables. A p-value of <0.05 was considered statistically significant.

The ethical approval was taken from the Institutional Review Committee before the commencement of the study.

Result

The majority of respondents (85.1%) belongs to age group 20-30 years, followed by 10-20 years (14.2%). The mean age of students was 22.9 years. All of the respondents were female. The majority of students were Hindu (81.1%), followed by Buddhist (14.2%). The majority of respondents belong to Janjati (33.8%), followed by Chhetri (27%). Most of the students were from nuclear families (71.4%) and the rest 28.6% from joint families Table 1.

Major students disagreed that homosexuality is immoral (29.6%), most homosexual men and women want to be heterosexual (31.2%), homosexuals doesn't make a good role model for children and would do psychological harm to children with whom they interact as well as interfere with the normal sexual development of children (37.6%), LGBTIQ community people shouldn't be treated in the same room with other people (34.5%) and LGBTIQ community people get what they deserve (33.6%). The majority of study participants agreed that homosexuals are usually identifiable by their appearance or mannerism (43%), gay men were more likely to be victims of violent crime than the general public (47.8%).

 DOI: 10.14302/issn.2641-4538.jphi-23-4412

Table 1. Socio – Demographic characteristics of students

Characteristics	Number	Percentage (%)
Age of Respondents		
Below 20 Years	60	14.2
20 to 30 Years	360	85.1
Above 30 Years	3	0.7
Mean	22.9	
Standard Deviation (SD)	2.426	
Religion		
Hindu	346	81.1
Bhuddhist	60	14.2
Christain	8	1.9
Muslim	9	2.1
Caste of Respondents		
Brahmin	91	21.5
Chettri	114	27
Thakuri	7	1.7
Gurung/Magar	23	5.4
Janjati	143	33.8
Dalit	24	5.7
Others	21	5
Education Level		
1st Year	53	12.5
2nd Year	129	30.5
3rd Year	155	36.6
4th Year	86	20.3
Family type		
Nuclear	302	71.4
Joint	121	28.6

The scores on the Likert scale were added. A score of less than 54 was considered a negative attitude and a score of more than or equal to 54 was considered a positive attitude. Hence, more than two-thirds (87.2%) had a positive attitude towards LGBTIQ individuals Table 2.

The majority of students agreed that homosexuality is a disease (52%), the most common mode of transmission of HIV virus is through gay male sex (29.8%) and the majority of students disagreed that

Table 2. Attitude about LGBTIQ individuals

Attitude	Strongly disagree(n/%)	Disagree(n/%)	Neutral(n/%)	Agree(n/%)	Strongly agree(n/%)
Homosexuality is immoral.	178(42.1)	125(29.6)	44(10.4)	39(9.2)	37(8.7)
Most homosexual men and women want to be heterosexual	34(8.0)	132(31.2)	120(28.4)	111(26.2)	26(6.1)
Heterosexuals generally have a higher sex drive than do homosexuals	32(7.6)	66(15.6)	189(44.7)	119(28.1)	17(4.0)
The homosexual population includes a greater proportion of men than of women.	10(2.4)	86(20.3)	154(36.4)	153(36,2)	20(4.7)
Homosexuals are usually identifiable by their appearance or mannerism	34(8.0)	96(22.7)	89(21.0)	182(43.0)	22(5.2)
Homosexuals doesn't make good role model for children and would do psychological harm to children with whom they interact as well as interfere with the normal sexual development of children.	156(36.9)	159(37.6)	42(9.9)	49(11.6)	17(4.0)
Heterosexual men tend to express a more hostile attitude towards homosexuality than do heterosexual women.	9(2.1)	116(27.4)	168(39.7)	119(28.1)	11(2.6)
A gay man is more likely to be a victim of violent crime than the general public.	23(5.4)	86(20.3)	73(17.3)	202(47.8)	39(9.2)
If the media portrays homosexuality or lesbianism as positive, this could sway youths into becoming homosexual or desiring homosexuality as a way of life	49(11.6)	97(22.9)	117(27.7)	136(32.2)	24(5.7)
Gay men and lesbian women have an increased incidence of anxiety and depression compared to heterosexual men and women.	3(0.7)	23(5.4)	69(16.3)	119(47.0)	129(30.5)
The homosexuals usually disclose their sexual identity to a friend before their parent.	6(1.4)	21(5.0)	44(10.4)	221(52.2)	131(31.0)
The experience of love is similar for all people regardless of sexual orientation.	10(2.4)	24(5.7)	43(10.2)	104(24.6)	242(57.2)
LGBTIQ community people shouldn't be treated in the same room with other people.	196(46.3)	146(34.5)	36(8.5)	32(7.6)	13(3.1)
LGBTIQ community people get what they deserve.	75(17.7)	142(33.6)	53(12.5)	65(15.4)	88(20.8)
Attitude Towards LGBTIQ individuals					
Positive	369(87.2)				
Negative	54(12.8)				

sex education offered at schools increases the amount of sexual activity among adolescents (37.1%). The

Table 3. Knowledge about Homosexuality

Knowledge	Strongly disagree (n/%)	Disagree (n/%)	Neutral (n/%)	Agree (n/%)	Strongly agree (n/%)
Homosexuality is a disease	222(52.0)	166(39.2)	19(4.5)	12(2.8)	4(0.9)
A homosexual person's identity does agree with his/her biological sex	23(5.4)	98(23.2)	139(32.9)	148(35)	15(3.5)
In the world as a whole, the most common mode of transmission of HIV virus is through gay male sex	76(18.0)	126(29.8)	78(18.4)	113(26.7)	30(7.1)
Sexual orientation is usually well established by adolescence.	11(2.6)	43(10.2)	93(22.0)	210(49.6)	66(15.6)
Boys breast typically grows during puberty.	62(14.7)	113(26.7)	69(16.3)	160(37.8)	19(4.5)
Testosterone is the hormone responsible for the growth of pubic hair on girls.	137(32.4)	74(17.5)	31(7.3)	138(32.6)	43(10.2)
Sex education offered in schools increases the amount of sexual activity among adolescents.	81(19.1)	157(37.1)	72(17.0)	93(22.0)	20(4.7)
In the last 25 years there has been an increase in homosexuality.	16(3.8)	41(9.7)	118(27.9)	192(45.4)	56(13.2)
Knowledge about homosexuality					
Adequate knowledge	239(56.5)				
Inadequate Knowledge	184(43.5)				

scores on the Likert scale were added. A score of less than 24 was considered as inadequate knowledge, and a score of more than or equal to 24 was considered as adequate knowledge. Hence, 56.5% had adequate knowledge about homosexuality and 43.5% had inadequate knowledge Table 3.

The majority of students agreed that they would feel at ease talking with a homosexual person at a party (42.3%), followed by the fact that they would feel comfortable working closely with a female homosexual (40.2%). The scores on the Likert scale were added. A score of less than 74 was considered homophobic and a score of more than or equal to 74 was considered as not Homophobic. Hence, 82.7% were not homophobic, and 17.3% were homophobic (Table 4). The majority of students agreed that lesbians dress in a more masculine manner than other women (39.5%), gay men are associated with feminine speaking tones (43.5%), homosexuals are more exposed to unprotected sex (38.1%), bisexual people are often seen as being in a transitory or experimental phase between heterosexual and homosexual (40.2%), and being trans means having surgery (30.5%), LGBTIQ community members are mostly abandoned by their families (46.6%). And the majority of people neither agreed nor disagreed that gay men are more likely to use alcohol and illicit drugs than heterosexual men (35.2%), that most of the time gay men are considered sexual pedophiles (46.3%), that most trans genders are engaged in prostitution (26.7%), intersex is just another word for transgender (41.1%), and that gay people thrive working in the arts and media (45.4%). And the majority of people disagreed that many lesbians are associated with having short hair, wearing baggy clothes, and playing sports (30%), bisexual people are incapable of having steady or long-term relations (33.6%), bisexual people are most likely to transmit STDs (35.5%), and to some extent members of the LGBTIQ community are trying to convert others (31.2%). The scores on the Likert scale were added. A score of more than 45 was considered a positive stereotype of LGBTIQ individuals, and a score higher than 45 was considered a negative stereotype. Hence, 50.4% had positive stereotypes and 49.6% had negative stereotypes (Table 5).

 DOI: 10.14302/issn.2641-4538.jphi-23-4412

Table 4. Homophobic behavior

Homophobia	Strongly disagree(n/%)	Disagree(n/%)	Neutral(n/%)	Agree(n/%)	Strongly agree(n/%)
I would enjoy attending a social function at which homosexuals were present.	3(0.7)	34(8.0)	91(21.5)	161(38.1)	134(31.7)
I would feel comfortable if I feel myself attracted towards the same sex	68(16.1)	135(31.9)	96(22.7)	77(18.2)	47(11.1)
I would feel comfortable if my partner was attracted to their same sex member.	89(21.0)	163(38.5)	83(19.6)	73(17.3)	15(3.5)
I would feel uncomfortable being seen in a homosexual community.	107(25.3)	141(33.3)	99(23.4)	70(16.5)	6(1.4)
I would feel comfortable knowing that my friend was a homosexual.	19(4.5)	42(9.9)	58(13.7)	173(40.9)	131(31.0)
I would feel disappointed if I learn that my child was homosexual.	108(25.5)	150(35.5)	84(19.9)	68(16.1)	13(3.1)
If a member of my sex made an advance towards me, I would feel angry.	38(9.0)	102(24.1)	139(32.9)	116(27.4)	28(6.6)
I would feel ease talking with a homosexual person at a party.	18(4.3)	35(8.3)	98(23.2)	179(42.3)	93(22.0)
I would feel comfortable working closely with a female homosexual.	23(5.4)	33(7.8)	73(17.3)	170(40.2)	124(29.3)
I would feel nervous being in a group of homosexuals.	89(21.0)	124(29.3)	133(31.4)	52(12.3)	25(5.9)
If I saw two men holding hands in public, I would feel disgusted	170(40.2)	147(34.8)	68(16.1)	28(6.6)	10(2.4)
I would be disturbed to find out my doctor was homosexual.	128(30.3)	168(39.7)	88(20.8)	29(6.9)	10(2.4)
I would feel uncomfortable if I learned that my neighbor was homosexual.	141(33.3)	191(45.2)	33(7.8)	45(10.6)	13(3.1)
I would feel comfortable if I saw same sex marriage.	40(9.5)	56(13.2)	86(20.3)	155(36.6)	86(20.3)
I would feel that I had failed as a partner if I learned that my child was gay.	136(32.2)	144(34.0)	85(20.1)	48(11.3)	10(2.4)
I would feel uncomfortable to share my food with a group of homosexuals.	186(44.0)	162(38.3)	42(9.9)	17(4.0)	16(3.8)
Organizations which promote gay rights are not necessary	241(57.0)	137(32.4)	15(3.5)	27(6.4)	3(0.7)
Homosexual behavior should not be against the law.	81(19.1)	71(16.8)	46(10.9)	94(22.2)	131(31.0)

Table 4 (continued)

Homophobia	Strongly disagree(n/%)	Disagree(n/%)	Neutral(n/%)	Agree(n/%)	Strongly agree(n/%)
I tease and make jokes about gay people	270(63.8)	111(26.2)	27(6.4)	9(2.1)	6(1.4)
I make derogatory remarks like "faggot" or "queer" to people I suspect are gay.	223(52.7)	116(27.4)	62(14.7)	13(3.1)	9(2.1)
Homophobic					
Yes	73(17.3)				
No	350(82.7)				

Table 5. Stereotypes about LGBTIQ individuals

Stereotype	Strongly disagree (n/%)	Disagree (n/%)	Neutral (n/%)	Agree (n/%)	Strongly agree (n/%)
Many lesbians are associated with having short hair, wearing baggy clothes and playing sports.	56(13.2)	127(30.0)	98(23.2)	114(27.0)	28(6.6)
Many lesbians dress in a more masculine manner than other women.	25(5.9)	107(25.3)	111(26.2)	167(39.5)	13(3.1)
Gay men are associated with feminine speaking tones.	17(4.0)	83(19.6)	101(23.9)	184(43.5)	38(9.0)
Homosexuals are more exposed to unprotected sex.	30(7.1)	104(24.6)	116(27.4)	161(38.1)	12(2.8)
Gay men are more likely to use alcohol and illicit drugs than heterosexual men.	72(17.0)	133(31.4)	149(35.2)	58(13.7)	11(2.6)
Most of the time Gay men are considered as sexual pedophiles	44(10.4)	111(26.2)	196(46.3)	61(14.4)	11(2.6)
Bisexual people are often seen as being in a transitory or experimental phase between heterosexual and homosexual.	13(3.1)	88(20.8)	127(30.0)	170(40.2)	25(5.9)
Bisexual people are incapable of having steady or long-term relations.	49(11.6)	142(33.6)	**103(24.3)**	109(25.8)	20(4.7)
Bisexual people are most likely to transmit STDs.	52(12.3)	150(35.5)	102(24.1)	103(24.3)	16(3.8)
Most of the Transgender are engaged in prostitution.	74(17.5)	105(24.8)	113(26.7)	107(25.3)	24(5.7)
Intersex is just another word for Transgender.	44(10.4)	90(21.3)	174(41.1)	102(24.1)	13(3.1)
To some extent members of the LGBTIQ community are trying to convert others.	100(23.6)	132(31.2)	122(28.8)	59(13.9)	10(2.4)
Being Trans means having surgery.	53(12.5)	101(23.9)	79(18.7)	129(30.5)	61(14.4)
Gay people thrive working in arts and media.	31(7.3)	99(23.4)	192(45.4)	81(19.1)	20(4.7)
LGBTIQ community people are mostly abandoned by their families.	22(5.2)	44(10.4)	96(22.7)	197(46.6)	64(15.1)
Stereotype					
Positive Stereotype	213(50.4)				
Negative Stereotype	210(49.6)				

Table 6. Factor associated with attitude of students towards LGBTIQ individuals

Characteristics	Attitude towards LGBTIQ individuals		Chi square value	P-value
	Negative	Positive		
Age			0.012	0.076
Less than 20 years	7(11.7)	53(88.3)		
20-30 years	47(13.1)	313(86.9)		
Above 30 years	0(0.0)	3(100)		
Religion			10.115	0.03
Hindu	40(11.6)	306(88.4)		
Buddhist	14(23.3)	46(76.7)		
Christian	0(0.0)	8(100)		
Muslim	0(0.0)	8(100)		
Caste			61.703	<0.001
Brahmin	23(25.3)	68(74.7)		
Chettri	0(0.0)	114(100)		
Thakuri	4(51.7)	3(42.9)		
Gurung/Magar	7(30.4)	16(69.6)		
Janjati	16(11.2)	127(88.8)		
Dalit	0(0.0)	24(100)		
Others	4(19)	17(81)		
Family Type			5.764	0.016
Nuclear	46(15.2)	256(84.8)		
Joint	8(6.6)	113(93.4)		

Findings revealed that religion, caste of the respondent and family type were statistically significant with the attitude of students towards LGBTIQ individuals ($p<0.05$) whereas age and education level showed no significant association with the attitude of students towards LGBTIQ individuals [Table 6]. Similarly, religion, caste, education level are statistically significant with knowledge about homosexuality ($p<0.05$). The age of the student showed no significant association with knowledge about homosexuality [Table 7].

Table 7. Factor associated with Knowledge about Homosexuality

Characteristics	Knowledge about Homosexuality		Chi-square value	P-value
	Adequate	Inadequate		
Age			5.801	0.095
Less than 20 years	31(51.7)	29(48.3)		
20-30 years	208(57.8)	152(42.2)		
Above 30 years	0(0.0)	3(100)		
Religion			14.057	0.014
Hindu	186(53.8)	160(46.2)		
Buddhist	40(66.7)	20(33.3)		
Christian	4(50)	4(50)		
Muslim	9(100)	0(0.0)		
Caste			16.61	0.012
Brahmin	49(53.8)	42(46.2)		
Chettri	59(51.8)	55(48.2)		
Thakuri	4(57.1)	3(42.9)		
Gurung/Magar	17(73.9)	6(26.1)		
Janjati	93(65)	50(35)		
Dalit	7(29.2)	17(70.8)		
Others	10(47.6)	11(52.4)		
Family Type			4.132	0.042
Nuclear	180(59.6)	122(40.4)		
Joint	59(48.8)	62(51.2)		

Discussion

The majority of respondents were Hindu (81.1%), followed by Buddhist (14.2%). The majority of the respondents belong to Janjati (33.8%), followed by Chettri (27%). Most of the students were from nuclear families (71.4%) and rest 28.6% from joint families. Regarding fathers' occupations among students, 47.5% were involved in business, 5% were involved in other occupations, and the least (0.9%) were involved in labor.

This study shows that more than two-thirds of the respondents had a positive attitude towards LGBTIQ individuals (87.2%). Similarly, respondents displayed adequate knowledge about homosexuality, obtaining a percentage of 56.5 % on the knowledge about homosexuality question, and the remaining 43.5% didn't have knowledge about homosexuality. A study conducted to compare the level of attitude towards homosexuality among nurses in Taiwan between 2005 and 2017 showed that some dimensions of negative attitude towards lesbian and gay individuals decreased, but some dimensions deepened among nurses between 2005 and 2017.5 A similar study was conducted in four Italian regions among nurses in inpatient and outpatient settings, from May 2015 to January 2016, which showed the

respondents seemed to have only a moderately positive attitude towards lesbian and gay patients, as the mean score of the ATLG was 2.25 (±0.73). Italian nurses also displayed inadequate knowledge about homosexuality, obtaining a mean score of 12.97 (±3.01) on the Knowledge About Homosexuality Questionnaire (the highest possible score being 20).6

In contrast to this study, a study conducted at a public university in the Mediterranean region of Turkey concluded that more than half of the students considered being LGBT as a disease and didn't have sufficient knowledge.7

More than two-thirds of respondents were not homophobic (82.7%), while the remaining 17.3% were homophobic. A similar descriptive, cross-sectional study designed to investigate the effects of homophobia in Korean nursing students showed that 42.3% had highly homophobic responses, while 134 (50.6%) had low homophobic responses. Only 1 (0.4%) participant had a highly non-homophobic response.3

The result showed that the factors associated with the attitude of students towards LGBTIQ individuals were religion and caste of the respondent. Likewise, respondents' families attitudes were also statistically significant. Respondents living in joint families had more positive attitudes (93.4%) than respondents living in nuclear families (84.8%). Other variables such as age, education level, fathers' occupation, and family income showed no significant association with the attitudes of students towards LGBTIQ individuals. In bivariate analysis, factors associated with knowledge about homosexuality were religion, caste, education level, fathers' occupation, and family.

Conclusion

The majority of students had a positive attitude towards LGBTIQ individuals, and few had a negative attitude. Almost half of the respondents had adequate knowledge about homosexuality. The majority of students were not homophobic and almost half had positive stereotypes. Religion, caste, and family type were statistically significant with the attitude of students towards LGBTIQ individuals. Age, education level, fathers' education, and family income type show no significant association.

Competing Interests

The authors have declared that no competing interests exist.

Acknowledgements

I would like to express my humble thanks to all those who have supported and aided in accomplishing this thesis.

First and foremost, I would like to express my sincere thanks to Nobel College for providing the opportunity to pursue this task as a partial fulfillment of the curriculum of the Bachelor's Degree in Public Health.

I would like to express my sincere thanks to Ms. Amisha Bhattarai for her valuable support throughout the research process.

At the same time, I would like to express my earnest thanks and appreciation to all the BPH faculty members of Nobel College for their cooperation, suggestions, and continuous encouragement to complete this report. Equally, I would also like to thank the Institutional Review Committee of Nobel College for the ethical review and approval.

Last but not least, my thanks and appreciations go to the study participants and those who helped, encouraged, and supported me directly or indirectly to complete this thesis.

References

1. Aslam AF, Hulieta EI, Katon AB. Gender Construction in Southeast Asia Through a Social Constructivism Perspective. *Insignia: Journal of International Relations*. 2022 Apr 30;9(1):37–59. https://doi.org/10.20884/1.ins.2022.9.1.5128
2. Green PCI, Mead JF, Eckes SE. Covenants to Discriminate: How the Anti-LGBT Policies of Participating Voucher Schools Might Violate the State Action Doctrine. *UNH L Rev*. 2020 2021; 19:163.

3. Kwak HW, Kim MY, Kim MY. Severity and Influencing Factors of Homophobia in Korean Nursing Students. *International Journal of Environmental Research and Public Health*. 2019 Jan;16(23):4692. https://doi.org/10.3390/ijerph16234692
4. McEwing E. Delivering culturally competent care to the lesbian, gay, bisexual, and transgender (LGBT) population: Education for nursing students. *Nurse Education Today*. 2020 Nov 1; 94:104573. https://doi.org/10.1016/j.nedt.2020.104573
5. Lin HC, Lin YC, Chang YP, Lu WH, Yen CF. Attitudes toward Homosexuality among Nurses in Taiwan: Effects of Survey Year and Sociodemographic Characteristics. *International Journal of Environmental Research and Public Health*. 2021 Jan;18(7):3465. https://doi.org/10.3390/ijerph 18073465
6. Della Pelle C, Cerratti F, Di Giovanni P, Cipollone F, Cicolini G. Attitudes Towards and Knowledge About Lesbian, Gay, Bisexual, and Transgender Patients Among Italian Nurses: An Observational Study. *Journal of Nursing Scholarship*. 2018;50(4):367–74. https://doi.org/10. 1111/jnu.12388
7. Attitudes of nursing students towards LGBT individuals and the affecting factors. [cited 2022 Jun 24]; Available from: https://onlinelibrary.wiley.com/doi/10.1111/ppc.12941

Publisher's Note

All claims, opinions, data, and conclusions expressed in this article are solely those of the author(s) and contributor(s), and do not necessarily represent those of Open Access Pub, the journal, its editors, or reviewers. Open Access Pub does not guarantee or endorse any product, method, instruction, or claim discussed in the article, and disclaims responsibility for any injury to people or property resulting from ideas, methods, instructions, or products referred to in the content.