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RESEARCH

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SERVICE IN PRIMARY HEALTH CARE: PERSPECTIVES OF TRANS PEOPLE

*Atendimento na atenção primária à saúde: olhares de pessoas trans**Atención primaria de salud: perspectivas de personas transgénero***Ana Carolina Maria da Silva Gomes¹** **Francisco Jean Gomes de Sousa²** **Janaina Pinto Janini³** **Liliana Angel Vargas⁴** **Mariana dos Santos Gomes⁵** **Adriana Lemos⁶** 

ABSTRACT

Objectives: to know the experiences and demands of transgender people when seeking primary health care services. **Method:** descriptive research with a qualitative approach, conducted with self-declared transsexual scare people who use primary health care services. Data collection was performed through an online questionnaire, which were submitted to analysis through free software for qualitative data and the textual corpus of research was analyzed by thematic-category analysis. **Results:** with data analysis, two categories were created: experiences in primary health care, which represented 51.6% of the Registry Units. **Conclusion:** in the current scenario, the trans population still suffers from difficulties in accessing health services and therefore having their rights guaranteed.

DESCRIPTORS: Nursing; Transsexualism; Patient preference; Public health.

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RESUMO

Objetivo: conhecer as vivências e demandas de pessoas transexuais ao buscar serviços de Atenção Primária à Saúde. **Método:** pesquisa descritiva com abordagem qualitativa, realizada com pessoas autodeclaradas transexuais que utilizam os serviços de Atenção Primária à Saúde. A coleta de dados se deu por meio de questionário on-line, esses foram submetidos à análise através de software livre para dados qualitativos e o corpus textual de pesquisa passou pela análise do tipo temático-categorial. **Resultados:** com a análise dos dados, foi criada a categoria: vivências e demandas no atendimento na Atenção Primária à Saúde, que representou 51,6% das Unidades de Registro. **Conclusão:** no cenário atual, a população trans ainda padece com dificuldades de acesso aos serviços de saúde e, portanto de terem seus direitos garantidos.

DESCRITORES: Enfermagem; Transexualidade; Preferência do paciente; Saúde pública.

RESUMEN

Objetivos: conocer las experiencias y demandas de las personas transgénero a la hora de buscar servicios de atención primaria de salud. **Método:** investigación descriptiva con enfoque cualitativo, realizada con personas autodeclaradas transexuales que utilizan los servicios de atención primaria de salud. La recolección de datos se realizó a través de un cuestionario en línea, que se sometió a análisis a través de software libre para obtener datos cualitativos y el corpus textual de investigación se analizó mediante análisis de categoría temática. **Resultados:** con el análisis de datos se crearon dos categorías: experiencias en atención primaria de salud, que representaron el 51,6% de las Unidades de Registro. **Conclusión:** en el escenario actual, la población trans aún sufre dificultades para acceder a los servicios de salud y, por lo tanto, tener garantizados sus derechos.

PALABRAS CLAVE: Enfermería; Transexualidad; Prioridad del paciente; Salud pública.

INTRODUCTION

The trans person does not identify with their biological genitalia, nor with their sociocultural attributions assigned from birth and throughout their life. This is an experience "characterized by conflict with gender norms."^{1:18}

Understandings about transsexuality involve deconstructing biologizing thinking, where trans women do not identify as men just because they have penises, as do trans men as a function of having a uterus and vagina, their identification is something that transitions between genders.²

"The most common form of representation of transsexuality is that of the 'wrong body'."^{3:386} This is not to say that every transsexual person wishes to make changes or sexual reassignment themselves, but they can also make just some body changes, by hormone therapy.⁴

On the other hand, people who wish to make body changes through surgery have this right guaranteed through the SUS transsexualizing process.⁵⁻⁶

Transgender people face daily marginalization for not fitting into the gender normative system.⁴ As Berenice Bento states, "Transsexuals and transvestites are expelled from home, cannot study, cannot get jobs, are excluded from all social fields",^{7:549} placing them in underemployment, often prostitution, exposed to violence, prejudice, and discrimination that impact their physical and mental health.

Trans people are more vulnerable, suffer more violence and murders, suffer mental health problems, and have a higher prevalence of HIV.⁸

The difficulty of understanding and recognizing plural bodies, beyond the cisgender ones, causes stigma and discrimination in health services as well. Thus, people with minority orientation are seen with greater delay or receive inappropriate care due to their perception of homophobia in health services.⁹

In an attempt to remedy the barriers to access in services, to reaffirm rights and to guide actions in health, in 2011, the Ministry of Health launched the National LGBT Health Policy through ordinance No. 2,836,¹⁰ which was a milestone in recognizing the needs and specificities of this population. In the same year it published ordinance No. 2,803, of November 19, 2013, which redefines and expands the Transsexualization Process in SUS, which provides for the comprehensive treatment and monitoring of the health of the trans person. However, even with these achievements, the population of transsexuals and transvestites is still the one that faces the most challenges in the care in public health services, not only when seeking the process of sexual readjustment, but also when seeking regular care.¹¹

According to the results of a research on the paths taken by transgender people in the countryside of Rio Grande do Sul,¹³ it was possible to identify that most people from this group approach specialized services more intensively than primary care, because they do not find in the latter, professionals sufficiently trained to meet their demands for care and health care, which in turn is related to the little approach to gender issues in the process of professional training in health.

Considering the contextualization above and understanding a little of the reality of this population, the difficulties they face, especially when it comes to access to health care, this study aims to know the experiences and demands of transgender people when seeking primary health care services. Therefore, knowing and/or expanding the knowledge of how transgender people feel and what their demands are for health care in general, may contribute to professionals being better prepared to serve in a non-stigmatizing and non-discriminatory way.

METHOD

Descriptive research with a qualitative approach.¹⁴ The participants were self-declared transgender men and women who

are and/or were assisted in a Primary Health Care Unit, this characteristic being used as inclusion criteria. As for the interviews, we used a questionnaire divided into characterization of the participants, knowledge about sexual and reproductive health and finally experiences and demands when seeking the Primary Health Care Unit, available online through the virtual platform "Google Forms", due to the pandemic moment currently experienced, which made it impossible to perform this step in person. The fieldwork period was from January 2021 to February 2022. In this article we will present aspects related to the experiences and demands of this population.

The non-probabilistic chain or network ("snowball") sampling technique was used to attract the participants,¹⁵ where researchers from the research group indicated the first seeds, that is, people with the profile to participate in the research and indicate others.¹⁶

Theoretical saturation technique was used to close the interviews.¹⁷ The treatment and analysis of the data was by means of thematic-categorical content analysis.¹⁸ To guarantee anonymity, in the presentation of the narratives the letter E for interview was used followed by an absolute number.

This research was approved by the Ethics Committee of the Federal University of the State of Rio de Janeiro with opinion no. 4.211.411 of 08/03/2020.

RESULTS

Twenty interviews were conducted, and theoretical saturation was identified in the sixth interview. Of the interviewees, 10 declared themselves male and 10 female. This group was between 20 and 61 years old, with an average of 34 years old, and 11 declared themselves as white (55%), followed by brown and black, both with five (25%). As for schooling, most of the participants, eight (40%), had a complete high school education, followed by an incomplete college education, six (30%), two (10%) had a complete college education, two (10%) had a graduate degree (10%), and two (10%) had a master's degree.

In relation to religion/religiosity, the participants who declared they had no religion predominated, six (30%), followed by five Spiritualists (25%) and three Catholics (15%).

In relation to work and salary, 12 (60%) receive between one and three minimum wages, followed by three (15%) with an income of less than one minimum wage, with 10 (50%) members of the group working in the service sector.

Of the group interviewed seven (35%) referred to living with a partner and six (30%) alone, followed by four (20%) who referred to living with their parents, the others with friends and a foster home. Regarding sexual orientation, 12 (60%) declared themselves heterosexual, four (20%) bisexual, followed by homosexual and bisexual (10%). As for affective/marital status, 10 participants are single (50%), followed by five dating (25%), three married (15%), and two who reside with their partner (10%). The majority, about 15 respondents (78.9%), report having sexual and satisfactory relations, however, about 13 people (66.7%) stated that they do not use condoms.

There were participants from all regions of Brazil, predominantly the Southeast, specifically the city of Rio de Janeiro, but there were

also participants from the Northeast and Midwest. It is worth mentioning that this scenario of participants from other regions of Brazil was only possible because of the possibility of conducting interviews through online forms.

Experiences with a very good or good service was cited by eight (40%) participants, however 10 (50%) participants reported discomfort about the service. The fear of being embarrassed and disrespected was also pointed out by three (15%) participants. The main demands for care in the Primary Health Care Units informed by the participants were for hormone treatment with nine answers (47%), clinical care such as diabetes and hypertension, four answers (21%) and vaccines with three (16%) answers, among others.

The open and free responses comprised the 20 corpus of analysis that were identified with 97 Registration Units (UR), which were grouped into 15 Meaning Units (US), which generated the Category: "Experiences and demands in Primary Health Care" presented below.

DISCUSSION

The participants' schooling profile differed from the majority of the trans population, since school is a first social bottleneck where trans people usually suffer bullying, which causes effects or consequences that "are not limited to the immediate situation and can affect the entire life path of these people",^{19:158} and also changes school paths, such as constantly changing schools, suspending studies, and even dropping out of school.¹⁹ Based on a study carried out in a school in the city of Belo Horizonte,²⁰ it was reflected that in school there are discriminatory and excluding narratives that deny rights, common to transphobic practices present in other sectors of society. However, there are reports that present conflicts in relation to these practices, as well as negotiations involving trans students, teachers, and school administration employees.

Even with relative access to schooling, this was not reflected in access to jobs and salaries;^{21:126}

Informal job proposals in the service area are attractive to trans people, mainly because of the little or no requirement of submitting resumes, presenting and signing documents/contracts, and because of the possibility of performing more solitary activities or activities that require little team interaction.

The category "Experiences and demands in the care in Primary Health Care" represented 51.6% of the UR found and is related to the experiences and demands of transgender people about care in Primary Health Care. As previously mentioned, the reception of this population in health services goes through many issues and obstacles imposed, not only by health professionals, but also by the little legal support that guarantees rights to these individuals. There is an invisibility of trans people in the official documents of the Brazilian government.²² This invisibility and the lack of full assistance leave room for prejudice, discrimination, and for this population to be increasingly marginalized.

Although some evaluations were very good or good, there were reports of experiences with discomfort regarding the service, such as the lack of respect for the use of the social name, not being tre-

ated according to their gender identity, and even refusal of care by professionals, as well as fear of being embarrassed and disrespected.

Difficulties of professionals and the network in responding to the demands of transgender people. (E6)

Prejudice and disrespect to my social name and gender identity. The FHS system doesn't accept to include my social name, and so the exam requests come out with the name of the registry (I still haven't rectified my documentation). (E10)

The people who assist us are not prepared to relate to trans people, they don't call us by our social name and don't respect our gender. (E14)

It is a reality that unfortunately is still very present in Brazil, a country that has prejudice and discrimination well rooted in the population, which reflects in health care, making this assistance deficit and "going against the policies of humanized care recommended by the Unified Health System (SUS). 23:168 It is also up to the professional the interest and duty to know and understand that these people have rights like everyone else and must be cared for in the correct way, respecting their name, their sexual orientation, and their gender identity, without judgments, offering integral and longitudinal care that meets the specific demands of this population, as well as the others.

Even though the National Policy of Integral LGBT Health of 2011 articulates a set of actions and programs with measures to be implemented, which aim for respect without prejudice and without discrimination to humanize care, the reality in practice is quite different, as perceived through some of the participants' statements, when they were asked how should be the care for trans people in a Primary Health Care Unit, such as:

More humanized, less biased, with more information reaching everyone. (E5)

Respectful and humanized with professionals capable of understanding the social differences of trans people, so that this does not impact in a stigmatizing and discriminatory way in the care. (E6)

Above all, respecting the gender with which the person identifies. After that, that there should be more professional training of teams to deal with the demands of trans people, because due to the difficulties, many sometimes end up using hormones on their own. That within SUS, people with rectified documents could have easy access to exams that are considered "of another gender". That there should be more offers (vacancies) for psychological counseling, with more professionals available. (E10)

Given the above, it is undeniable that the role of health professionals is of fundamental importance when it comes to humanization of care; however, prejudice and stigma are so deeply rooted that ethics and humanization cannot overcome the discriminatory attitudes of some workers, which shows not only the gap in teaching during graduation, or through continuing education in health, but also the

lack of interest by some to overcome barriers of social beliefs and values learned during life.²³

Still dealing with the role of health professionals in care, the research participants pointed out the need for training these workers about the transsexualization process and other demands of trans people, because "nursing is active in disseminating information and also the correct and ethical practices in health care",^{2:20} and that these professionals can thus ensure the rights of this population, especially when it comes to hormonization, in addition to knowing how to act in other demands that may be presented.²

We need mandatory components on transgenderism in all medical, nursing and nursing technician courses in the country. (E2)

Specialization of the employees (doctors) with hormone treatment. (E11)

With a minimum of understanding about our demands. (E18)

Thus, it can be seen that in practice there is still much to be improved to offer dignified assistance to trans people. The qualification of professionals, especially in Primary Health Care, is necessary not only to provide an adequate reception, but also to inform about doubts that may arise in relation to the Transsexualization Process, for example, in addition to meeting the general and specific demands, improving the experiences of trans users in relation to care.

CONCLUDING REMARKS

The difficulty of the trans population in getting dignified and adequate health care is perceived. Even with legislation and policies aimed at LGBTQIA+ people, and positive evaluations about the care, some experiences and demands of the interviewed trans people when seeking primary care services were guided by embarrassment due to prejudice, disrespect to the social name, refusal of assistance and delay in care. Moreover, the assistance provided to these people still comes from a cisheteronormative view, which makes the whole process even more difficult.

Thus, it is understood that the main cause of the obstacles faced by the trans population in health services are the professionals themselves, who allow the lack of knowledge and prejudice to interfere in the way they provide care. Besides that, most of them, as mentioned by the interviewees, are not interested in seeking specific knowledge on how to assist the LGBTQIA+ population. Thus, this study contributes to minimize the problem, suggesting the introduction of discussions about gender and sexuality in healthcare courses, as a means of training more humane professionals with more social and technical knowledge about the experiences and specific demands of transgender people.

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