

The health (cis)theme: the experience of transgender people

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ABSTRACT

Despite the guarantee that health is a right of the citizen and a duty of the state, studies highlight the existence of processes of exclusion and inequality in healthcare for certain groups, such as the LGBTQIA+ population. Transgender people are also more likely to experience violence, discrimination, and prejudice than other gender identities because they deviate from the norm; therefore, they are viewed with aversion and erasure. Therefore, there is a need to create new public policies to ensure the rights of this population. The present report aims to describe the access of transgender people to public health services in the city of Petrolina, state of Pernambuco, Brazil. This is a qualitative research that uses the modality of experience report. Seventeen interviews were conducted with transgender people aged between 19 and 48 years. Most of them reported being victims of prejudice, discrimination, and marginalization in health services. In addition, they were not respected according to their chosen names and gender identities.

Keywords: Transgender persons, Public policy, Social discrimination.

INTRODUCTION

According to Article 196 of the Brazilian Federal Constitution, health is a right of the citizen and a duty of the state to be guaranteed by social and economic policies aimed at reducing the risks of disease. This includes actions aimed at universal and equal access for the maintenance, protection, and recovery of the individual. To carry out such actions, there are conditioners and determinants of health, among which there is also the guarantee of conditions of physical, mental, and social well-being of the individual and the community. In this way, it ensures the construction of a free, just, solidary society that promotes the well-being of all, regardless of origin, race, color, sex, age, or any other form of discrimination¹.

By Ordinance No. 880 of May 13, 2004, the Brazilian Ministry of Health crea-

ted the Technical Committee for the formulation of the Proposal for the National Health Policy for the Lesbian, Gay, Bisexual, Transvestite, and Transsexual (LGBT) population. The objective was to implement strategies to ensure the comprehensive promotion of the health of this population, contribute to the reduction of inequalities, eliminate institutional discrimination and prejudice, and work towards the consolidation of the Unified Health System (SUS) as something universal, comprehensive, and equitable². Thus, the LGBT policy has become an important initiative to ensure equity, reaffirming the commitment of the SUS to universality, comprehensiveness, and community participation effectively³.

In line with such actions and advocacy, on June 18, 2018, the World Health Organization (WHO) announced the removal of gender identity-related issues from

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the list of mental health disorders through changes to the 11th edition of the International Classification of Diseases and Related Health Problems (ICD-11). As a result, gender concerns are now treated as aspects of sexual health, a move toward depathologizing and weakening the concept of moral deviance⁴.

Of the social determinants of health, stigma and discrimination against sexual behaviors that deviate from the “norm” are widely recognized as factors that increase physical and mental suffering and contribute to overall vulnerability. Because they lead to various situations, such as stigma, criminalization, exclusion, and symbolic barriers to access, they influence the quality of care and have a strong potential to trigger processes of suffering, illness, and premature death in this population⁵.

Data show that transgender people are the most vulnerable to violence, discrimination, and prejudice as a result of challenging the hegemonic logic of biological sex. Furthermore, this population has higher rates of depression, anxiety, distress, suicidal ideation, and suicide attempts compared to the general population. In discussing these circumstances, violence is also shown to be persistent and to take different forms, including within health services^{6,7}.

While the literature discusses the LGBT issue, studies specifically addressing the transgender population remain scarce. Moreover, this population’s deviation from cisheteronormative norms may directly contribute to limited access to health services, increased vulnerability, and further social invisibility and marginalization. As a result, the topic is of unparalleled relevance and scientific importance and warrants extensive discussion and research.

This scenario highlights the complexity of the health context for the LGBT population, given that sexual orientation and gender identity are rooted in the social determinants of health. This justifies the establishment of linkages that allow for actions that promote social inclusion, access and improvement of the quality of health services to address inequities within the Unified Health System (SUS)⁵. Therefore, this study aimed to describe the experiences of transgender people regarding access to public health services in the city of Petrolina, state of Pernambuco, Brazil.

METHOD

This is a qualitative research with an exploratory, descriptive field approach using the experience report modality. Initially, contact was made with the Petrolina Municipal Health Department to obtain a letter of consent and to facilitate the active search for individuals to be invited to participate in the study.

Data collection with potential participants then began at the Bernardino Campos Coelho Basic Health Unit, located in the Vila Eduardo neighborhood. This location was chosen because it houses a health team that specifically serves the LGBT community in the city. The health unit provided initial information for the study, and through the initial participants, new potential participants could be contacted using the snowball sampling technique.

Snowball sampling is a non-probabilistic method in which a research participant, known as a seed, refers another potential participant based on his or her network of connections. This process continues until repetition and saturation of potential partici-

pants occurs, or until no new information is added to the analytical framework⁸.

The research was conducted between May and August 2020, focusing on transgender individuals who are users of public healthcare services in the city of Petrolina, Pernambuco, Brazil.

The inclusion criteria comprised transgender individuals over 18 years old, users of the SUS, who agreed to participate in the research by signing the informed consent form (ICF).

Data were collected using a semi-structured interview script based on the methodology of Rodrigues⁹ and Gomes¹⁰.

The interview script consisted of 24 questions, both open-ended and closed-ended, divided into two parts. The first part included informative questions aimed at categorizing the socioeconomic and demographic profiles of the participants. The second part included questions related to the experiences and perceptions of transgender people regarding access to health services in Petrolina.

The interviews were conducted in locations chosen by the participants in advance and agreed upon with the interviewer. These locations were chosen to provide a comfortable environment for the participants and to avoid contact with other individuals or gatherings, which was particularly important as the study was conducted during the SARS-CoV-2 pandemic.

In this regard, World Health Organization (WHO) and Ministry of Health guidelines and protocols were followed to ensure the safe conduct of interviews and facilitate research. This ensured an appropriate level of protection and control of sources

through personal and collective protective measures such as the use of masks, hand hygiene, physical distancing, avoidance of hugging and shaking hands, non-sharing of objects, and other protective measures^{11,12}.

The interviews were recorded with an audio device with prior authorization. They were then transcribed, categorized, and analyzed using content analysis according to the framework proposed by Bardin¹³.

In order to preserve the identity of the participants, the respondents were given flower names.

All interviews were conducted by the researcher and contributed to the expansion of knowledge and insight into the lives and health experiences of transgender people receiving care in public health services in Petrolina. In addition, these interviews fostered a sense of trust within the community.

The interviews conducted are part of the data collection for a Master's thesis and have been approved by the Research Ethics Committee of the Federal University of São Francisco Valley under protocol number 4.564.823 (Ethical Appraisal Submission Certificate [CAAE]: 28319119.2.0000.5196). This approval is in accordance with the ethical principles established in Resolutions No. 466/2012 and No. 510/2016.

RESULTS

Seventeen interviews were conducted with nine transgender women and eight transgender men ranging in age from 19 to 48.

Before the interviews began, a brief introduction to the interviewer and the re-

search purpose was provided, along with clarification of the objectives and dynamics of the interview. After agreeing to participate, the interviewee signed the ICF.

All interviews went smoothly and without any problems, allowing for the collection of information on the experiences of accessing public health services in the community. From this perspective, establishing a relationship of trust is crucial and a differentiating factor in research that uses interviews as a data collection method. Having a comprehensive understanding of the subject, being natural, and showing empathy are considered to be key to this, and these aspects were successfully incorporated during the first interview, which fostered fruitful and in-depth conversations.

Overall, the narratives observed that transgender people feel marginalized and excluded from society, and this sentiment is no different in health services.

“And... the access of trans people to the public system... Then there’s the prejudice of those who work at the health unit, the opening hours, about other types of people, the look that catches the eye, and the fear of it prevents many transvestites and transgender from going to the health unit or the health center” (Anthurium).

“Ah..., so it ends up being that... and because many girls don’t go there because there’s this issue of disrespect for the social name... and being treated..., not just girls, but boys too..., but being treated in the gender that they don’t recognize... So the health service ends up being like an emergency, something general [...]” (Perpetual).

These observations are not isolated but directly relate to the experiences of transgender people in accessing health services, which are predominantly characterized by barriers and obstacles within services. Professionals in this context are often unprepared and have significant prejudices.

A significant proportion of the interviewees are not originally from Petrolina but from other cities. However, the majority of them were residents of Petrolina at the time of the interview. Many reported that they had moved to Petrolina in search of more qualified health care consistent with their gender identity and better living conditions.

All participants use public health services, with only one having supplementary health insurance. Within this cohort, most of them receive services through the Transgender Outpatient Clinic, located at the Bernardino Campos Coelho Health Unit in Vila Eduardo. As a result, they reported feeling more respected in terms of their gender identity and the use of their social name. However, they also reported instances where such respect was lacking, especially in other service contexts (see Bernardino Campos Coelho Health Unit - Vila Eduardo).

“Yes... with the doctor at the trans clinic, yes... I didn’t like the doctor here in the neighborhood as much...” (Daisy).

“They respect us. They do, but because of the doctor’s influence. I think that if he hadn’t been there... it would probably be different. I think he has a lot of influence on this. I’ve been to other units, but there was no respect (silence)... I think that’s because they saw in my record that my name was such and

such... and even though I said: "That's my social name, could I be called by it?" (Carnation).

"I believe that the doctor, who contributed a lot.... the outpatient doctor! So... it's... I think it's very important... he contributed a lot..." (Lily).

"At least the professionals I was seen by here at the trans clinic... because I was only seen at the trans clinic... so I was well looked after. Only there... Because usually when I'm seen elsewhere I don't tell them that I'm trans..." (Lisianthus).

In 2016, two physician friends initiated the establishment of an outpatient clinic catering to the transgender community. At present, the clinic remains unnamed and receives no official backing from the city government. Nonetheless, its founders have named it the Comprehensive Healthcare Outpatient Clinic for Transgender and Transvestite Individuals. They offer outpatient services autonomously, designating a particular time every week in the basic unit timetable to cater specifically to this group. Although this health unit services are not reserved solely for transgender individuals, considering these minority groups cultivates a powerful feeling of inclusion among them.

The right to use a social name is a right that was acquired and guaranteed after the struggles of these minority groups. These rights are institutionalized and protected by law³.

Regarding their social name, they also point out that it is only truly respected when their documents are officially corrected. However, they still have to face challenges to make this change happen, despite

it being their right, due to the bureaucratic nature of the process.

"In the health service... (pensive)... so... the... The abuse we get is in relation to this... that we're not called by our social name... sometimes you go there and explain: 'look, my daughter, I don't like being called by that name...'. That used to be the case... now if I go, I'll show my ID and that won't be the case anymore, right? But if I got there and we had to show my ID... and I had a male name... they would make a point of calling me by my male name, even if we said we didn't like being called by a male name, they would make a point of it [...]" (Magnolia).

"There's still no respect... And the most common and absurd mistake you come across is the gender mistake. It's less frequent with me, but I see it a lot with other people" (Hydrangea).

Including individuals' social names in personal documents and medical records while also respecting their chosen names by both healthcare professionals and society can prevent uncomfortable situations and ultimately reduce the likelihood of disengagement from health services. Additionally, this practice promotes a dedication to the principles of universality and equity within the SUS, reducing rights violations and cultivating a cultural environment of social respect for diversity¹⁴.

Various situations were reported regarding transgender individuals' experiences and perceptions of accessing healthcare services in Petrolina. The majority of transgender individuals describe feeling marginalized, discriminated against, and

subjected to violence when seeking comprehensive health assistance. Some healthcare professionals have been observed to exhibit exclusionary behavior and, at times, appear indifferent to diversity, even if they are not consciously aware of such biases or intentions.

“[...] Yes, I have experienced prejudice in the health system, in hospitals... Like this: there was an attack on me, so I went to the hospital, but I was really mistreated.... because I'm trans. Like, they have this prejudice, they think...like...that you...are a person who...doesn't have a family, that you're an outcast... you know. But they have to find out what really happened and give it the attention it deserves... and there really wasn't any attention...it was really embarrassing, really embarrassing...aff... It's really total negligence... the SUS is... (laughs)... in relation to transgender people it's very... there's a lack of respect, a lot of it... there's a lot of prejudice... okay... zero! Bad. Terrible, terrible. Awful. I've experienced many things in my life [...]” (Gardenia).

“[...] I've seen a bit of disregard for understanding transsexuality from psychologists. It's gone so far as to be totally... asking me if I'm sure about it, if it's not a phase. Blaming me for my transsexuality, as if it were something bad. So I've had neglect from some professionals, but care and respect from others. The psychologist... he used to say my name...., that I wasn't sure, that it was just a phase... He questioned... my choices, aaand... he even said that it would be harmful to my health” (Anthurium).

“I never found support from the SUS at first, and here in Petrolina there is still a lot of prejudice. And that was at the beginning, when you still didn't have very good characteristics... you were already treated badly by the attendants... they already called you male...” (Hydrangea).

This highlights the shortcomings of the healthcare system, which leaves transgender individuals exposed, excluded, marginalized, and invisible. Moreover, this situation hinders the effective use and applicability of public policies to address the various situations of vulnerability they face. Thus, transgender people not only have their rights violated but also face unmet health needs, which in this case are limited and characterized by multiple access barriers.

In other words, these voices reflect compelling narratives and the need for respect, leading to equal rights and social recognition. Such recognition would help alleviate societal exclusion.

During the discussions, one could sense the indignation of this population about the services and support they receive. Additionally, insights were gained into the perspectives of transgender individuals, highlighting the significance of their voices. These expressions provide a means to articulate their positions on healthcare services and their most urgent needs.

The significance of understanding and acknowledging the diversity and specificity of each individual for the attainment of a good quality of life was recognized. The importance of promoting qualified listening as a differentiating factor in building strong relationships between health professionals and their users is emphasized.

“I think there should be people prepared to deal with this public, right? With us... because it's not everyone, you know. It's not everyone who knows how to deal with us. So I think it should be specific people. There should be preparation (silence) [...]”. (Magnolia).

“I think we need a bit more support... for transgender women... we still lack a lot of that. So that we feel more comfortable going to the doctor and so on... but because of a lot of things that happen there... of people not respecting their gender... and all that... many end up not going... because of that. Because of the frustration they're afraid of experiencing in public!” (Iris).

“I... I... I believe, huh... that these professionals, both nurses and doctors, all these professionals who provide this care... they should go through training, go through a study, huh... or a course... so that they can, in a way, know how to care for trans people, gay people, huh... Because we often get there... and they don't care about our situation..., they don't care about the pain... that we're in, right? So I believe that if they did some training... a course, some training, so that they could actually assist, trans people, homosexuals... I believe that this would be very important for the system” (Hyacinth).

The reports emphasize that transgender individuals face multiple forms of violence, with the most commonly reported incidents being disrespect for gender identity and social names, as well as insufficient

support and discriminatory attitudes from healthcare professionals. These findings underscore the critical importance of upholding existing laws and public policies for this community.

The study facilitated reflection and description of interviews conducted with trans individuals who use the SUS in Petrolina. In light of the presented findings and acknowledging the existence of public policies for this population, we identified barriers to accessing healthcare services and professionals. Regulations and directives outlined limitations in providing qualified, universal, comprehensive, and inclusive care. Further, we found evidence of violence, prejudice, and discrimination towards the transgender population.

Although not a complete solution to the challenges faced by transgender individuals, research findings indicate that establishing a strong connection between healthcare providers and patients is critical in minimizing obstacles to healthcare services. The testimonials and feedback from those who received treatment at the transgender outpatient center in the specified locality emphasize the importance of this factor. These observations suggest that despite legal guarantees, satisfaction, security, and qualified healthcare for transgender individuals are often compromised.

DISCUSSION

Despite existing laws and regulations aimed at protecting the LGBT community, including transgender individuals, instances of prejudice, discrimination, and lack of respect for chosen names persist. These issues are often linked to healthcare professionals' inadequate knowledge and

empathy. Such actions lead to transgender individuals distancing themselves from healthcare services, as found in Costa's study¹⁵. This study supports the notion that a noteworthy proportion of transgender individuals encountered discrimination and/or bias in healthcare services at some point in their lives. These findings align with previous research on the subject¹⁶.

Using and respecting social names can prevent and reduce rates of depressive symptoms, suicidal ideation, and suicidal behavior, as it affirms one's gender identity. When healthcare services respect, recognize, and embrace transgender individuals, they are more likely to seek assistance¹⁷. Disrespectful actions towards transgender individuals should be avoided. Moreover, they build trust in healthcare professionals and institutions, enabling more efficient healthcare interventions and guidance. Using transgender individuals' social names and identifying them accordingly has been legally protected since 2009 under the users' rights charter of the SUS established by the Ministry of Health, and reinforced by the National Policy for Comprehensive LGBT Health (PNSI – LGBT) in 2011.

In this context, it is essential to underscore the significance of the National Policy for Comprehensive LGBT Health (PNSI – LGBT), which was established within the SUS framework in 2011. This public policy aims to promote greater equality within the SUS and securely ensure human rights, especially concerning sexual and gender minorities³.

In the context of rights violations, numerous transgender individuals refrain from seeking healthcare services due to the fear and dread of encountering violence. Consequently, they become increasingly margi-

nalized and vulnerable in society, often resorting to self-managing their health. Many individuals not only avoid seeking healthcare services, but they also limit themselves to their regular social circles, avoiding contact with others. This can result in the somatization of psychological, social, and cultural concerns.

Samuels et al.¹⁸ reported that many transgender individuals avoid seeking emergency and other healthcare services, including in acute cases, due to fear of discrimination, long wait times, and negative experiences. This can result in suboptimal healthcare and reduced access to necessary services.

The study's primary findings, as expressed by interviewees, highlight the shortage of services and trained professionals available to serve transgender individuals. Costa et al.¹⁵ also note the difficulty in finding healthcare providers who possess the necessary expertise to effectively manage and assist this population.

Despite significant updates and advances, marginalized populations, such as the LGBT community, still struggle to access adequate healthcare. Narratives from this group highlight experiences of stigmatization and discrimination within healthcare services, which are plagued by various barriers, including fear, mistrust, fragility of assistance, and mistreatment during care.

Although public policies are protecting the rights of transgender people, prejudice, violence, and discrimination still occur in public healthcare services. Therefore, just having access to healthcare services does not automatically ensure effective and quality care for transgender individuals.

CONCLUSION

Recognizing the sexual diversity that exists within populations is essential because it allows for discussion of the issue and prevents or minimizes prejudicial attitudes. It also sheds light on healthcare systems' limitations in adhering to their principles. After examining multiple accounts, it is paramount to recognize the hardships and obstacles experienced by transgender individuals.

In the narratives from the interviews, transgender people as a whole feel excluded from society. They express experiencing daily discrimination and invisibility.

Providing a welcoming environment and attentive listening to minority populations, including transgender persons, is critical to progress toward universal, equitable, and comprehensive inclusion. Healthcare professionals also need training on these issues.

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