

International Journal of Health Science

Acceptance date: 13/02/2025

Submission date: 27/02/2025

BETWEEN THE VISIBLE AND THE HIDDEN: HE- ALTH PROMOTION FOR THE TRANSGENDER POPULATION AND THE CHALLENGES OF THE HEALTHCARE TEAM

Regina Martins Reggiori

Graduated in Nursing from the Universidade Regional do Noroeste do Estado do Rio Grande do Sul (2006). Specialist in Humanization of SUS Management and Care from the Federal University of the State of Rio Grande do Sul (2009). Master's in Education (completion December 2021 - awaiting certification) from the Integrated Regional University of Alto Uruguai - URI. / FW. She has extensive experience in generalist nursing services, care management and nursing care management. She is currently nurse manager of the nursing service at the Santo Antônio Charitable Hospital Association in Tenente Portela - RS. Professor Nursing at the University Center - UCEFF Itapiranga. Miraguaí-RS
<http://lattes.cnpq.br/9265455486823410>

Vania Cristian Souza da Luz

Nurse graduated from Faculdade Integrada Brasil Amazônia - FIBRA. Postgraduate in Nursing Services Management and Postgraduate in Adult and Neonatal Therapy Nursing - Centro Universitário FIBRA. She has worked as a nursing assistant at the Metropolitan Urgency and Emergency Hospital and as an internship preceptor for the nursing course at the FIBRA University Center. Marabá- PA
<http://lattes.cnpq.br/2077324520987891>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Ezequias Paes Lopes

Nurse Graduated in Nursing from Faculdade Pan-Amazônica, FAPAN. Ongoing Master's degree (beginning March 2025) in Nursing from PPGENF. Federal University of Santa Catarina-UFSC. Ongoing specialization in WORK NURSING. FAMART College, Brazil. Ongoing specialization in Intensive Care and Emergency Nursing - Adult. La Salle University - Canoas, UNILASALLE. Worked as an assistance nurse in clinical admissions and as an emergency nurse at the São Jerônimo Regional Hospital. Charqueadas-RS <http://lattes.cnpq.br/5050728337258979>

Abstract: INTRODUCTION: The aim was to report on the experience of a group of health professionals who, in the course of their routine, encountered the challenge of using pronouns correctly for transgender people. METHODOLOGY: This is a descriptive study, based on the experiences of health professionals who work in direct patient care. RESULTS AND DISCUSSION: The feedback provided by the professionals who took part in the activity was very positive, with acceptance and appreciation of the knowledge built, with deep reflections identified through the speeches. FINAL CONSIDERATIONS: The importance of effective communication, based on respect for gender identity, the desire for what the person wants to be called, detaching oneself from assumptions or dogmas preceded by veiled prejudices, ensuring health promotion with a view to significantly improving the health of the transgender population. **Keywords:** Transgender people. Patient Care Team. Health Promotion. Health services.

INTRODUCTION

“In 2020, Brazil secured 1st place in the ranking of murders of trans people in the world, with figures that remained above average.” This year, “we found news of 184 records that were included on the 2020 Murder Map”. Through “detailed analysis, the number of murders was 175, all against people who expressed the female gender as opposed to the gender assigned at birth” (BENEVIDES, NOGUEIRA, 2021).

It emphasizes that the National Policy for the Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT), established by Ordinance No. 2.836, of December 1, 2011, and agreed by the Tripartite Interagency Commission (CIT), according to Resolution No. 2 of December 6, 2011, which guides the LGBT Comprehensive Health Operational Plan, the care and provision of assistance to the health service is incipient, carried

by the stigma and prejudice experienced daily with health care services, corroborating the removal of this population in question from the health service (BRASIL, 2013).

The “National LGBT Health Policy is seen as a watershed for public health policies in Brazil and a historic milestone in recognizing the demands of this vulnerable population”. Ensuring that the legitimacy of their needs is in line with the principles of equity set out in the Federal Constitution and in the Charter for Users of the Unified Health System has become a challenge (BRASIL, 2013).

Cortes et al. (2019), when conducting a qualitative study that sought to analyze the experience of transgender women in a municipality in the *recôncavo* of Bahia, state that these experiences of transgender women “are marked by prejudice and stigma, lack of access to health services and aspects of social vulnerability that tend to lead these women to discomfort and psychological suffering”. However, they point out that “the support family, friends and other transgender women represent positive factors in coping with violence and prejudice”.

According to Rocon et. al (2020), the main challenges identified in terms of universal access to the SUS for the transgender population are discrimination in services, health facilities and health, pathologization of transsexuality, inadequate reception; the requirement for surgery; the qualification of professionals; the absence of a primary care policy and the lack of a health network; and the scarcity of resources to fund transsexualization processes and policies to promote equity and respect for trans gender identities.

According to Benevides, Nogueira (2021), “transgender people have faced frightening levels of family rejection, usually from an early age, where such rejection can have a devastating impact on individuals”, thus contributing to “isolation from social spaces essential to their well-being, as well as causing increased

difficulties in accessing and continuing schooling”. Consequently, due to the lack of support, professional qualifications become unfeasible, imposing an interruption in the process of access to citizenship and causing impacts on their mental health, as well as high levels of isolation and suicide.

Cortes et al. (2020) state that it is necessary to seek to “understand the lives and experiences of the transgender population in health services”, since such experiences “allow a greater understanding of the gap that we find between health policies and the practices that are being implemented in the daily life of the services”. The authors “believe that these understandings can leverage more effective health practices that are sensitive to transgender people and their trans-specificities, meeting their health demands and at the very least reducing the scenario of inequalities that has now been revealed”.

In conducting a qualitative study, Cortes et al (2020) argue that it is “necessary to include the issue of comprehensive health care for transgender people in the training curricula of health professionals”. Although there are subjects called adult health or women’s health, these are directed towards a reproductive view and not in fact towards women or men, given that “continuing education in the context of health care networks needs to be effective from primary health care to the most complex levels”.

Noting that Brazil is the country that kills the most transsexual people in the world, this research is relevant in being able to contribute to nursing care based on the realization of health promotion in the face of the process of human living in the light of the health of the transsexual population, respecting their experience, fragility, vulnerability, disseminating scientific knowledge and mitigating the discriminatory and exclusionary care of the population studied.

This study is justified by the fact that a deficit was observed by the health team in relation to the pronouns used to address transgender users.

The aim was to express the experience of a group healthcare professionals, who found it challenging to use pronouns correctly for transgender people during their routine. The activity was carried out on the 2nd clinical inpatient floor of a medium-sized hospital in the Carboniferous Region of Rio Grande do Sul in 2024, and the theme was chosen jointly by the professionals.

METHODOLOGY

This is a descriptive study, based on the experiences of health professionals who work in direct patient care. The choice to report the experience came about because it makes it possible to describe the experience based on interpretation, objectivity and the foundation of theoretical support. The experience took place during daily activities in 2024.

The study was carried out in a public hospital located in the coal region of the state of Rio Grande do Sul. This health establishment is a reference in medium-complexity care. The study's target audience was the health team of the Adult Inpatient Clinic Unit, working in the morning, afternoon and evening at the hospital.

Based on the precepts of Charles Maguez, the problematization methodology was used, consisting of five stages (MITRE et. al., 2008). The first stage corresponded to observing reality and defining the problem. The health team found it difficult to use pronouns when dealing with transgender people.

In the second stage, a survey of the key points was carried out, in which a reflection began on what is visible and what is hidden: the challenges faced by the healthcare team in caring for the transgender population. This stage assessed: the pronouns used to refer to

patients, the difficulties in understanding gender identity and whether they had already received training on gender identity.

In the theorization that makes up the third stage, it was time to look for more elaborate answers to the problems encountered, based on information based on scientific studies, which corroborate that the main challenges identified regarding universal access to the SUS for the transsexual population are discrimination in health services, equipment, the pathologization of transsexuality, inadequate reception, vulnerability due to the use of treatments, which cause embarrassment and consequently withdrawal from the health service (ROCON et al., 2020).

In the fourth stage, the hypotheses for a solution were raised using the researched content. The hypothesis found as a solution was to carry out activities with the nursing team to raise their awareness of health promotion for the transgender population, as well as the correct use of pronouns.

The fifth and final stage of Charles Maguez's Arc corresponds to intervention in reality, with the aim of solving the problem identified. In this way, the group put together an educational folder containing the main challenges identified regarding universal access to the SUS for the transsexual population: discrimination in health services and equipment; pathologization of transsexuality; inadequate reception; the need for surgery; the qualifications of professionals; the absence of a primary care policy and the lack of a health network; and the scarcity of resources to fund transsexualization processes and policies to promote equity and respect for transgender identities. By handing out the folder individually to each member of the health team, a brief conversation on the subject was developed in a short space of time.

After addressing the topic and handing out the folder individually to each member of the health team, participants had the opportunity to express their opinions on the subject, clarify doubts and suggest possible changes.

RESULTS AND DISCUSSION

The experience provided evidence of the importance of Health Education actions with the aim of promoting health with excellence. It is believed that these actions should be carried out in the most diverse settings, even in hospitalization units, which are hospital environments with limitations for the development of actions, due to their intense work routine.

Teichmann et al., (2024) infer that nursing care in the health service is “incipient, carried by the stigma and prejudice experienced daily in the services that provide health care, corroborating the distancing of this population in question from the health service”.

The same authors point out that the transsexual population has faced “damaging levels of family rejection, mostly from an early age, since this rejection ends up having a negative impact on each individual, thus contributing to their withdrawal from essential social spaces”, not to mention the increased difficulties in accessing and continuing their schooling (**TEICHMANN et al., 2024**). From this perspective, “the process of exclusion and the lack of support, professional qualification becomes unfeasible, imposing an interruption in the process of access to citizenship and causing impacts on their mental health, as well as high levels of isolation and suicide” (**TEICHMANN et al., 2024**).

According to Vilanova et al. (2014), health promotion is understood as a combination of educational and environmental support aimed at achieving actions and living conditions conducive to health and involving the formation of attitudes and values that lead individuals to autonomous behavior, benefiting their health and that of around them.

When nursing professionals seek to improve their knowledge, they are putting into practice Article 14 of the Code of Ethics for Professionals, which states that nursing professionals must improve their technical, scientific, ethical and cultural knowledge for the benefit of the individual, family and community and for the development of the profession (RIBEIRO et al. 2016).

Considering the work process, the unit's routines and the short time available to the professionals, the action took place from 10 to 11 in the morning, from 15:00 to 16:00 and from 21:00 to 22:00 on alternate days. The team was made up of nurses, doctors, nursing technicians, hygiene assistants, nutrition service assistants, receptionists and concierge agents. It should be noted that two doctors did not take part in the activity because they were in a meeting in another department of the hospital at the time of the educational activity.

The activity was carried out inside the units themselves, since it was impossible for the professionals to leave their posts, as the time of the action was close to the time of the patients' family visits. The health education took place in a simple way, with the group first consisting of seven members. After dividing up, each member of the group approached a professional and asked for permission to talk about the topic and hand out the educational folder.

In the folder, the main challenges identified regarding universal access to the SUS for the transsexual population were discrimination in health services and equipment, pathologization of transsexuality, inadequate reception; the requirement for surgery; the qualification of professionals; the absence of a primary care policy and the lack of a health network; and the scarcity of resources to fund transsexualization processes and policies to promote equity and respect for transgender identities.

The feedback provided by the professionals who took part in the activity was very positive, with acceptance and appreciation of the knowledge built, with deep reflections identified through the speeches. Thus, it was found that a Health Education activity based on the real needs of the target audience can bring about significant changes through critical reflection, and thus promote better care that values the transgender population. It should be emphasized that the orientation and planning of the activity based on a real problem identified in the practical experience were fundamental in supporting the action.

However, every nursing professional should seek out new knowledge by attending scientific events, among other methods of updating and training. This will enable them to carry out their daily activities with autonomy, safety and excellence.

FINAL CONSIDERATIONS

Between what is visible and what is hidden in the light of health promotion for the transgender population and the challenges faced by the health team in public health services, from the point of view of the professionals working in the service, it can be inferred that the assistance provided in the health service is incipient, carried by the stigma and prejudice experienced on a daily basis, which ends up corroborating the distancing of this population in question from the health service.

Based on a literary analysis of scientific articles, transgender people have faced overwhelming levels of family rejection, mostly

from an early age, where this rejection has a negative impact on each individual, contributing to their withdrawal from essential social spaces, as well as causing increased difficulties in accessing and continuing their schooling. The process of exclusion and the lack of support, professional qualification becomes unfeasible, imposing an interruption in the process of access to citizenship and causing impacts on their mental health, as well as high levels of isolation and suicide.

It is necessary to invest in continuing education for the professionals who provide direct and indirect assistance to the patient, as well as to implement subjects at undergraduate level that discuss access and the health of the transgender population, in order to ensure that health professionals do not perpetuate disrespectful attitudes when assisting a transgender person, mitigating the exclusionary practices that are routinely reproduced for the population studied that seeks assistance from health services.

The importance of effective communication, based on respect for gender identity, the desire for what the person wants to be called, and not simply being bound by beliefs or dogmas followed by veiled prejudices, is emphasized. It is necessary to strengthen integrated health and education actions, ensuring that both professionals and users are well informed and supported in the practice of inclusion, only in this way can we ensure health promotion that aims to significantly improve the health and well-being of the transgender population served by health services.

REFERENCES

BENEVIDES, B; NOGUEIRA, S. Dossiê dos assassinatos e da violência contra travestis e transexuais brasileiras em 2020. São Paulo: Expressão Popular, 2021. ISBN 9786558910138. Disponível em: <http://www5.tjba.jus.br/portal/wp-content/uploads/2021/05/dossie-trans-2021-29jan2021-1.pdf>. Acesso em: 06 ago. 2024.

BOCKORNI, B. R. S.; GOMES, A. F. A amostragem em snowball (bola de neve) em uma pesquisa qualitativa no campo da administração. **Revista de Ciências Empresariais da UNIPAR, Umuarama**, v. 22, n. 1, p. 105-117, jan./jun. 2021.

CORTES, H. M.; de Moraes, A. V. C.; Santos, E. S.; de Sá, M. V. G.; Pinho, P. H. Vivências de mulheres transgêneras de um município do recôncavo da Bahia. **Revista Eletrônica Acervo Enfermagem**, v. 1, p. e1871, 23 out. 2019.

COELHO FERREIRA DOS SANTOS, Caio Luiz; ANDRÉ MEDRADO DA CRUZ, Marcos; DE OLIVEIRA TOZETTO KLEIN, Sibebe; MORAES CORTES, Helena. Atenção integral à saúde da população trans: relato de um evento extensionista. **Revista Extensão**, [S. l.], v. 21, n. 1, p. 167–173, 2022. Disponível em: <https://periodicos.ufrb.edu.br/index.php/revistaextensao/article/view/2519>. Acesso em: 6 ago. 2024.

CORTES, H. M.; CARNEVALLI, L. M.; ARAÚJO, L. M. P.; PINHO, P. H. O (des) acesso de pessoas transgêneras aos serviços de saúde no recôncavo baiano. **Cadernos de Gênero e Diversidade**, [S. l.], v. 6, n. 4, p. 159–180, 2021. DOI: 10.9771/cgd.v6i4.36104. Disponível em: <https://periodicos.ufba.br/index.php/cadgendiv/article/view/36104>. Acesso em: 6 ago. 2024.

CORTES, J. M.; PINHO, PAULA HAYASI; ARAUJO, L. M. P.; PASSOS, BERNARDO SOUSA; CARQUEIJA, ALINE SANTOS. GRUPO PAPO TRANS: EXPERIÊNCIA DE AJUDA MÚTUA ENTRE PESSOAS TRANS NA PANDEMIA - SEGUNDA EDIÇÃO. **DIVERSO! (MATINHOS)**, v. 16, p. 493-491, 2023.

DE ARAUJO ROCHA, C. B.; DE FREITAS SILVA, N.; FRANÇA GONÇALVES DOS SANTOS, R. Gênero e Sexualidade: Novas perspectivas e intersecções sobre experiências indisciplinadas. **Cadernos de Gênero e Diversidade**, [S. l.], v. 9, n. 3, 2024. Disponível em: <https://periodicos.ufba.br/index.php/cadgendiv/article/view/58847>. Acesso em: 6 ago. 2024.

MITRE, S. M. et al.. Metodologias ativas de ensino-aprendizagem na formação profissional em saúde: debates atuais. **Ciência & Saúde Coletiva**, v. 13, p. 2133–2144, dez. 2008.

PINHO P. H.; CORTES, H. M.; ARAUJO, L. M. P.; SÁ, M. V. G. de; OLIVEIRA, L. M. B. Os itinerários terapêuticos pelo Sistema Único de Saúde (SUS) de homens trans em busca do processo transexualizador. **Revista Eletrônica Acervo Saúde**, v. 13, n. 11, p. e9116, 5 nov. 2021.

ROCON, P. C.; WANDEKOKEN, K. D.; BARROS, M. E. B. DE; DUARTE, M. J. O.; & SODRÉ, F.. (2020). ACESSO À SAÚDE PELA POPULAÇÃO TRANS NO BRASIL: NAS ENTRELINHAS DA REVISÃO INTEGRATIVA. Trabalho, Educação E Saúde, 18(1), e0023469. <https://doi.org/10.1590/1981-7746-sol00234>

JAKES, D. F.; SILVA, S. F.; SANTOS, A. A. DOS; RESENDE, M. A.; CALSAVARA, R. A.; BARROS, P. A.; SOUZA, G. de. A prevenção de lesão por pressão em pacientes acompanhados pelo enfermeiro da estratégia de saúde da família. **Revista Eletrônica Acervo Saúde**, n. 50, p. e2313, 26 jun. 2020.

TEICHMANN, D. E; LOPES, E. P; REGGIORI, R. M; TECH, V. E; MORCELLI, G. DA S. THE NURSING TEAM AND THE CHALLENGES OF CARING FOR THE TRANSGENDER POPULATION IN HEALTH SERVICES. **International Journal of Health Science**, v. 4, p. 2-8, 2024.