

# Social relationships of *travestis* and transgender women from a *favela* in a Brazilian metropolitan city according to an ecomap

As relações sociais de travestis e mulheres transgênero em favela de uma cidade metropolitana brasileira registradas pelo Ecomapa

*Las relaciones sociales de travestis y mujeres transgénero de 'favela' de una ciudad metropolitana Brasileña registradas por Ecomapa*

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## Abstract

**Introduction:** The World Health Organization has been working with the premise of equity with universal respect for human dignity, making a commitment to “leave no one behind,” and for this reason, it directs special attention to the lesbian, gay, bisexual, transgender, queer, and intersex population. The transgender population is especially affected by several social stigmas that impact their health and illness processes. Understanding Primary Health Care as an essential space for guaranteeing the rights of this population, Health Centers must intensify efforts to welcome these people, and an important step may be to understand their family relationship and community insertion. **Objective:** To assist in raising visibility of the representations that *travestis* and transgender women seen at a Health Center have about their social relationships. **Methods:** *Travestis* and transgender women living in a community assisted by the Health Center were interviewed. In-depth interviews were conducted with the elaboration of the ecomap, which were systematized with the participants and later sent for their approval. The individual ecomaps were synthesized in a single ecomap. **Results:** All five *travestis* and transgender women residing in the area were interviewed. The average age was 27.5 years. As for self-reported ethnicity/skin color, one is white, two are mixed-race, and two are black. Two of them were formally employed and three were unemployed. Regarding level of education, four of the interviewees held a high school degree and one had some elementary school. For most *travestis* and transgender women in this community, family support is noteworthy. Concerning social protection equipment, the most cited were the Public Defender's Office, a Nongovernmental Organization, and the Social Assistance Reference Center. All participants are followed up at the Health Center, and one reported being absent for having no demands. The Candomblé religion also consisted in a support factor for two of the interviewees. The greatest difficulty was in relation to employability, with the report of transphobia situations. One of the interviewees identified that she has a problem related to drug addiction. **Conclusions:** There is still much to improve in public policies that promote equity and health for *travestis* and transgender women, especially in guaranteeing health care, incentives for employability, and combating transphobia. Nevertheless, women in the studied community and their families indicate how welcoming and support can be differentiating factors in these life trajectories.

**Keywords:** Transsexualism; Community integration; Primary health care.

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## Resumo

**Introdução:** A Organização Mundial da Saúde tem trabalhado com a premissa da equidade com respeito universal pela dignidade humana, assumindo o compromisso de “não deixar ninguém para trás”; e por esse motivo direciona um olhar especial para a população de lésbicas, gays, bissexuais, transgêneros, *queer* e intersexuais. Sabe-se que a população transgênero é especialmente atingida por diversos estigmas sociais que impactam seu processo de saúde e adoecimento. Entendendo a Atenção Primária à Saúde como espaço primordial para a garantia de direitos dessa população, é necessário que os Centros de Saúde intensifiquem os esforços para acolher essas pessoas; um passo importante pode ser entender como é seu relacionamento familiar e sua inserção comunitária. **Objetivo:** Auxiliar na construção da visibilidade das representações que as mulheres transgênero e travestis assistidas em um Centro de Saúde têm sobre suas relações sociais. **Métodos:** Foram entrevistadas as travestis e mulheres transgênero moradoras de comunidade assistida pelo Centro de Saúde. As entrevistas foram feitas em profundidade e com a elaboração de ecomapa, sistematizadas com as participantes e posteriormente enviadas para sua aprovação. Os ecomapas individuais foram sintetizados em um único. **Resultados:** Todas as cinco travestis e mulheres transgênero que residiam na área foram entrevistadas. A média de idade foi de 27,5 anos. Sobre a autodeclaração de raça/cor, uma é branca, duas são pardas e duas, negras. Duas encontravam-se com vínculo de trabalho formal e três sem ocupação. Quatro apresentavam ensino médio completo e uma, ensino fundamental incompleto, conforme indicado na Tabela 1. Para a maioria das travestis e mulheres trans dessa comunidade, é notável o suporte familiar como ponto de apoio. No que concerne a equipamentos de proteção social, o mais citado foi a Defensoria Pública, uma organização não governamental e o Centro de Referência da Assistência Social. Todas fazem seu acompanhamento no Centro de Saúde, e uma referiu estar mais afastada por não ter demanda. A religiosidade candomblecista também foi fator de suporte para duas das entrevistadas. A maior dificuldade foi relativa à empregabilidade, com relatos de situações de transfobia. Uma das entrevistadas identificou que tem um problema relacionado à drogadição. **Conclusões:** Ainda há muito a evoluir em políticas públicas que promovam equidade e saúde para as mulheres trans e travestis, especialmente na garantia de cuidados com a saúde, de incentivos à empregabilidade trans e de combate à transfobia, porém as mulheres da comunidade estudada e suas famílias indicam-nos como o acolhimento e o apoio podem ser fatores diferenciais nessas trajetórias de vida.

**Palavras-chave:** Transexualidade; Integração comunitária; Atenção primária à saúde.

## Resumen

**Introducción:** La Organización Mundial de la Salud ha venido trabajando con la premisa de equidad con respeto universal a la dignidad humana, comprometiéndose a “no dejar a nadie atrás”; y por ello, aporta una mirada especial a la población lesbiana, gay, bisexual, transgénero, *queer* e intersexual. Se sabe que la población transexual se ve especialmente afectada por varios estigmas sociales que impactan en su proceso de salud y enfermedad, entendiendo la Atención Primaria de Salud como un espacio primordial para garantizar los derechos de esta población, es necesario que los Centros de Salud intensifiquen los esfuerzos para acogerlos, un paso importante puede ser comprender cómo es su relación familiar e inserción comunitaria. **Objetivo:** Contribuir a la visibilidad de las representaciones que tienen las mujeres trans y travestis atendidas en un centro de salud sobre sus relaciones sociales. **Métodos:** Se entrevistaron a travestis y mujeres transgénero residentes en una comunidad asistida por el Centro de Salud, se realizaron entrevistas en profundidad con la elaboración del Ecomapa, se sistematizaron con las participantes y posteriormente se enviaron para su aprobación, los ecomapas individuales se sintetizaron en un solo Ecomapa. **Resultados:** Se entrevistó a las 5 travestis y transgénero residentes. La edad promedio fue de 27,5 años, según la autodeclaración de raza / color: 1 es blanca, 2 marrón y 2 negra. 2 estaban empleadas formalmente y 3 sin empleo. 4 habían completado la escuela secundaria y 1 escuela primaria incompleta. Para la mayoría de travestis y mujeres trans de esta comunidad, el apoyo familiar es notable. En cuanto al equipo de protección social, los más citados fueron la Defensoría Pública, una ONG y el Centro de Referencia de Asistencia Social. Todo tiene seguimiento en el Centro de Salud, y uno informó estar más alejado, ya que no había demanda. La religiosidad candomblécista también fue un factor de apoyo para dos de los entrevistados. La mayor dificultad fue con relación a la empleabilidad, con reportes de situaciones de transfobia. Una de las entrevistadas identificó que tiene un problema relacionado con la adicción a las drogas. **Conclusiones:** Aún queda mucho por evolucionar en las políticas públicas que promuevan la equidad y la salud de las mujeres trans y travestis, especialmente en garantizar la atención de la salud, incentivos a la empleabilidad trans y el combate a la transfobia, sin embargo, las mujeres de la comunidad estudiada y sus familias indican lo acogedoras y el apoyo puede ser un factor diferenciador en estas trayectorias de vida.

**Palabras Clave:** Transexualidad; Integración a la comunidad; Atención primaria de salud.

## INTRODUCTION

The World Health Organization, through the 2030 Agenda for Sustainable Development, has been working with the premise of equity and universal respect for human dignity, making a commitment to “leave no one behind.” For this reason, it directs special attention to the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) population.<sup>1</sup>

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are 0.1–1.1% transgender people in the world population<sup>2</sup>; however, these data may be underestimated. In addition,

these people are affected by negative health indicators due to multifactorial social determinants such as economic marginalization, the pathologization of their condition, stigma, discrimination and violence, and even the difficulty in accessing healthcare services.<sup>2</sup> In Brazil, both in data from *Disque 100* (a public service for report and protection against violations of human rights, available 24 hours a day and seven days a week. It consists in a report channel, usually via telephone calls, which contacts support networks for each case) and from the Brazilian Information System of Notifiable Diseases (*Sistema de Informação de Agravos de Notificação* – SINAN), for the period from 2015 to 2017, there is evidence of an increase in cases of violence against the LGBTQIA+ population in the country, not fully explained by a reduction in underreporting. It is noteworthy that the highest numbers of notifications were found among lesbians and transgender women.<sup>3</sup> An alarming fact that expresses the early mortality of this population is that, between January 2008 and April 2013, there were 486 deaths of transgender people in the country.<sup>4</sup> And, even during the pandemic period, when it was believed that murder rates could decrease due to the need for social distancing, as it occurred with other parts of the population, the number of murders of transgender people increased. In 2020, there were at least 175 murders, all *travestis* and transgender women.<sup>5</sup>

UNAIDS states that the main factors for many transgender people to experience social exclusion and marginalization are related to: family rejection and violation of education and work rights; violence, criminalization, and transphobia; lack of recognition of their gender identity; and discrimination in healthcare systems.<sup>2</sup>

The promotion of projects aimed at a certain group is supported by the basic principles of the Brazilian Unified Health System (SUS), which guarantee, among other concepts, the universalization and equity of health care. In other words, access to actions and services must be guaranteed to all people, regardless of social and individual characteristics, in addition to meeting the different needs of each part of the population.

The National Policy on the Comprehensive Health of Lesbians, Gays, Bisexuals, *Travestis* and Transsexuals (LGBT)<sup>6</sup> was instituted within the scope of SUS by Ordinance No. 2.836, of December 1, 2011,<sup>7</sup> with the purpose of promoting comprehensive LGBT health, eliminating discrimination and institutional prejudice, as well as contributing to the reduction of inequalities and the consolidation of SUS as a universal, comprehensive, and equitable system. The major milestone of this policy was the recognition that discrimination based on sexual orientation and gender identity affects the social determination of health, in the process of suffering and illness resulting from prejudice and social stigma to which this population is exposed.

Within the scope of the National LGBT Policy, it was established by Ordinances No. 1.707 and No. 457, of August 2008, and expanded by Ordinance No. 2.803, of November 19, 2013,<sup>8</sup> the transsexualization process carried out by the SUS. It guarantees comprehensive health care for transgender people, with welcoming and access, ranging from the use of the social name and access to hormone therapy to the surgery to adapt the biological body to social and gender identity. Since the establishment of this policy, some successful experiences in the care of this population in Primary Health Care (PHC) have been highlighted on a national scale. This is the case, for example, of the activities and services provided by the Center for Research and Assistance to *Travestis* and Transsexuals (*Centro de Pesquisa e Atendimento ao Travesti e Transexual* – CPATT) in the state of Paraná, and by the municipal health network of the city of Florianópolis (state of Santa Catarina), in which PHC is fundamentally responsible for coordinating the health care of these patients.<sup>9</sup> In the healthcare unit where this research was carried out, since 2017 there has been the “Project for Comprehensive Health Care for the Transsexual Population” (*Projeto de Atenção*

*Integral à Saúde da População Transexual*), which aims to integrate this population into PHC services, meeting their main demands, which includes providing hormone therapy. This is a health intervention used by many transgender people and *travestis* as a strategy to express themselves and be recognized by society within the limits of the gender with which they identify or with which they prefer to be identified.

Despite these policies, when dealing with the issue of transsexuality, we observe that there is still a dispute in such a way that it can escape from the nosological entity, based on the dichotomous biomedical model of sex-gender. It should be noted that only in 2019, in the 11<sup>th</sup> revision of the International Classification of Diseases (ICD-11), transsexuality ceased to be part, after 28 years, of the category of mental disorders to integrate the category of “conditions related to sexual health,” and it was classified as “gender incongruity.” It is also listed as “gender dysphoria” in the 4<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). These classifications still reduce this population to common pathologizing characteristics, disregarding its historical, cultural, social, and economic particularities. Much needs to be thoroughly investigated as to what this population seeks in the healthcare unit, and whether or not it finds legitimacy in public spaces in the health area.

## METHODS

This is a qualitative research, using an in-depth open-ended interview (individually) and a community approach tool, the ecomap.<sup>10</sup> Transgender and *travesti* women registered in the coverage area of a Health Center that assists the territory of a *favela* in a metropolitan city were interviewed.

The invitation was made by telephone, with the interviewees already participating in a project developed at the health unit.

All stages of the interview were recorded, in accordance with free and informed consent, using an audio recording device.

The authors were careful as for some aspects, such as communication with the entire team and placing a sign on the office door, to avoid interruptions. The researcher, in her daily routine as a family and community physician and in a conscious effort to promote a less hierarchical space and shared decision-making, already avoids some symbols that can generate distance and reinforce a relationship of power, because she believes in a person-centered medicine and in the physician’s role as a therapeutic facilitator. Hence, she does not wear a white coat or completely white clothes; when it is necessary to carry out a procedure, in compliance with biosafety standards, she uses a disposable cloak. However, during the pandemic period, uniforms have been used, which facilitate daily hygiene, avoiding contamination of the home space. Care was taken not to use these uniforms at the time of the interviews. The room has been already designed in such a way that there is no interposition of barriers, which, symbolically, also generate distance. Nevertheless, due to the pandemic moment, distancing measures and the use of masks were observed by both the interviewee and the researcher. The online interview modality was offered, but the participants preferred to attend it in person.

The transcription of the audios was manually performed by the researcher. The ecomaps were prepared with the interviewees at the time of the interview, as a draft, and later transcribed using the Genopro program after rereading and listening to the interviews; then, they were sent to the interviewees for validation.

Traditionally, the ecomap is a representation of the relationship of individuals or families with the community; however, the way in which the tool is used is less important than its purpose itself. In the evolution of its usage by the Family Health Strategy teams, the authors have observed the expansion and

adaptation of its use, such as, for example, to carry out the community ecomap of a team, adapting its initial function to a new work tool that graphically represents the resources available in the community for the development of sectoral and intersectoral actions.<sup>11</sup>

With the purpose of carrying out a better analysis of the relationships between the interviewees and the institutions, and as another way of preserving the anonymity of the participants, considering that the individual ecomaps could give clues to their identity, the five ecomaps were synthesized in a single representative of the *travestis* and transgender women's community. The size of each circle was weighted by the citation on the individual ecomaps.

The research project was approved by the Research Ethics Committees of Universidade Federal de Ouro Preto, under Opinion No. 4.366.993, with the consent of the Research Ethics Committee of the Department of Health of the Municipality of Belo Horizonte, as a co-participating institution, under Opinion No. 4.442.986.

The researcher is the family and community physician of the interviewees, and have been following them up for about four years.

## RESULTS

A total of seven women eligible for the study were invited. Five residents of the area were invited, via telephone, and participated in the interview. One was invited, but was not living in the area covered by the Health Center and was unable to attend the interview. One was not invited, as she was not living in the community at the time of the interviews.

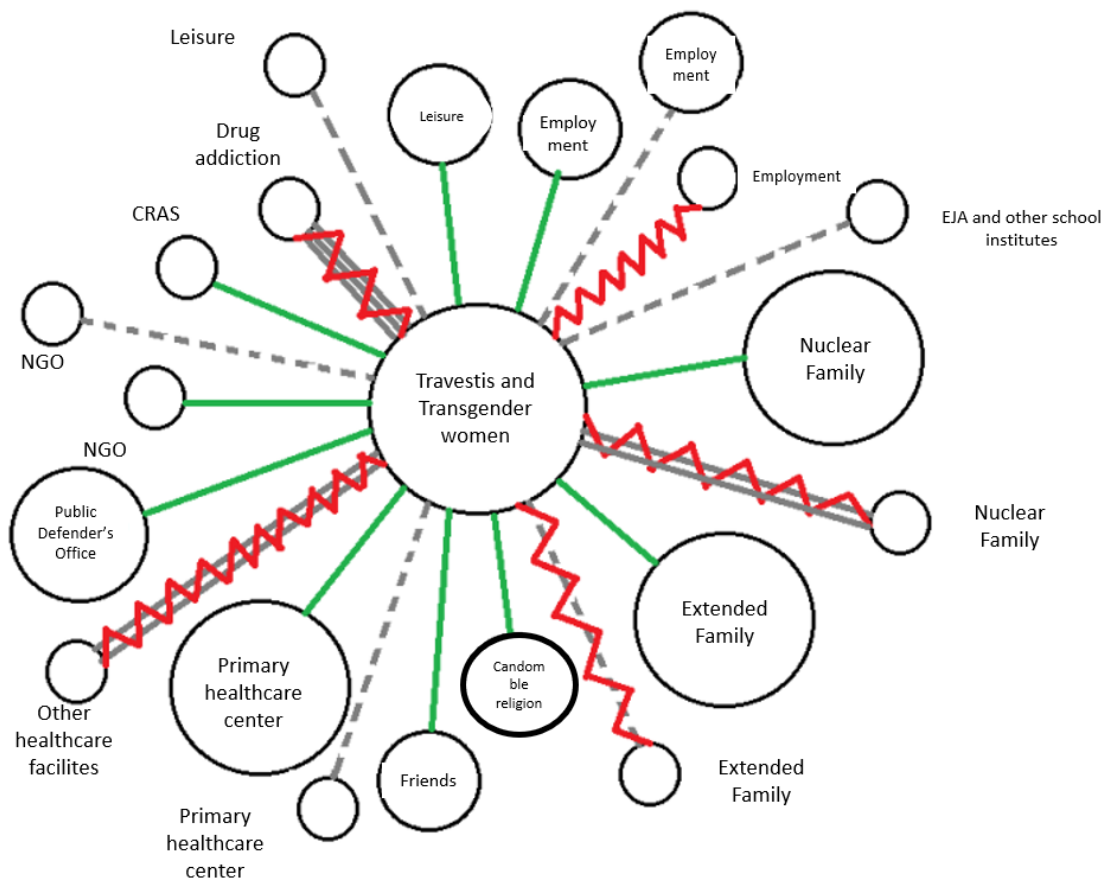
The average age was 27.5 years. As for self-reported ethnicity/skin color, one is white, two are mixed-race, and two are black. Two of them were formally employed and three were unemployed. Regarding the level of education, four of the interviewees held a high school degree and one had some elementary school, as indicated in Table 1.

The ecomap is an integral part of the set of lightweight technologies incorporated in Family and Community Medicine. It identifies the organizational patterns of the individual/family and the nature of their relationships with the environment, helps teams to assess available supports and their use by the individual and/or family, connects circumstances to the environment, and shows the link between family members and community resources.<sup>10</sup> The Community Ecomap of *Travestis* and Transgender Women, represented in Figure 1, summarizes family and community relationships and the points of support or oppression of these women.

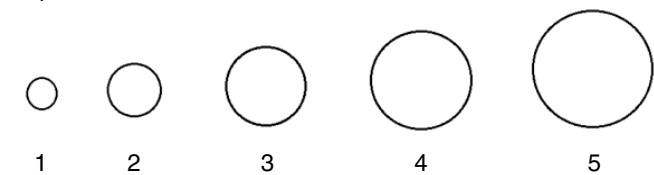
From the point of view of affective and family relationships, one interviewee reported a hostile relationship both in the nuclear family and in the extended family. The other four have harmonious and

**Table 1.** Description of the interviewees.

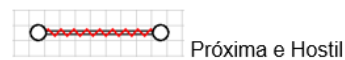
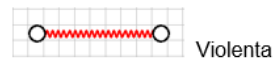
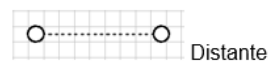
Pseudonym	Age	Ethnicity/Skin color	Level of education (years)	Occupation
Cherry Blossom	32 years	Mixed-race	High school	Currently unemployed
Water Lily	28 years	White	High school Technical course in progress	Harm reducer and Internship in Pharmacy Technician
Daisy	26 years	Mixed-race	High school	Currently unemployed
Tulip	32 years	Black	High school	Team supervisor of General Services
Violet	20 years	Black	Some elementary school	Currently unemployed



Caption:



Number of interviewees.



CRAS: Social Assistance Reference Center; NGO: Nongovernmental Organization; EJA: Youth and Adult Education.  
**Figure 1.** Community Ecomap.

close relationships with family members. Two of them mention the support of friends, maintaining leisure activities, while one is absent from these enjoyable activities. Two of them report a good relationship with the Candomblé religion. With regard to social protection equipment, the most mentioned was the Public Defender's Office, from which three women obtained support for the rectification of the civil registry. Other support institutions were the Transvest nongovernmental organization (NGO) and the Social Assistance Reference Center (*Centro de Referência da Assistência Social – CRAS*). All of them are followed up at the Health Center, of the PHC, which includes hormone therapy, and one mentioned being absent for having no demands. One of them reported difficulties in the relationship with other healthcare facilities, especially the network's secondary outpatient care and services aimed at monitoring sexually transmitted infections. One mentioned being absent from educational institutions such as the school for Youth and Adult Education (*Educação de Jovens e Adultos – EJA*). Two women have a good relationship in their workplaces; two of them reported being absent from looking for or performing work activities; and one considers her relationship with work to be violent. It is noteworthy that even participants who are currently working reported striking transphobia situations during the interview. One of the interviewees noticed that she has a problem related to drug addiction.

## DISCUSSION

We cannot address transphobia simply based on the understanding of the term, to which we could relate fear, prejudice, discrimination, and violence against transgender people, *travestis*, and non-binary people. This is because we run the risk of attributing this characteristic to one individual, while it is important to notice that violence perpetrated against diverse transgender and multiple gender existences is often related to cisnormative perceptions of bodily diversity, particularly at the intersection with other normative systems such as the biomedical model.<sup>12</sup> Thus, we understand that transphobia works as a device in the Foucauldian sense, which operates in a dynamic and based on a certain regime of truth,<sup>13</sup> including institutionalized forms of discrimination such as criminalization, pathologization, or stigmatization. For the interviewees, despite living in a peripheral metropolitan region, it is worth noting the feeling of support obtained from some institutions: health centers, Public Defender's Office, NGOs, Social Assistance Reference Center. Nonetheless, great distance and conflicting relationships are still reported when it comes to issues related to employability, which reinforces the importance of public policies specifically formulated for this population. From the point of view of personal and affective relationships, we verified greater support from families who had a religious relationship with Candomblé. With the exception of one interviewee who still has fragile and conflicting family ties, the others find in her family a great point of support, which is a differentiating factor in this community. However, even if, at first, it can be assumed that *travestis* and transgender women in this community are relatively protected, they are still affected by several vulnerability interferences. In the words of one of them:

*“Today, being trans[gender] is knowing how to live in the everyday, because you take the bull by the horns, you know, you take the bull by the horns, today it's a little bull, but it's a bull anyway.” Tulip*

Therefore, the concept of intersectionality, which allows us to see the collision of structures, the simultaneous interaction of avenues intersecting the several axes of power, in which some groups can be

repeatedly affected by the crossing and overlapping of gender, race, and class,<sup>14</sup> can be incorporated into the perspective of these transgender and *travesti* women.

From the point of view of the healthcare service where this qualitative research was developed, it was relevant to deepen the bonds between health professionals and interviewees. Furthermore, we understand that much still needs to be evolved in public policies that promote equity and health for transgender women and *travestis*, especially in ensuring health care, encouraging transgender employability, and combating transphobia. The women of the studied community and their families, however, show us how welcoming and support can be differentiating factors in these life trajectories. They also demonstrate the power of PHC, when well trained, to guarantee their rights, as the role of healthcare professionals in advocating for the care of vulnerable populations, including transgender people, is more than necessary; it is a historical reparation for the pathologization imposed on this group by medical science itself. Therefore, it is important to address the issue of LGBTQIA+ health in the training of healthcare professionals. Hence, it is urgent for us to educate “transcompetent” professionals,<sup>15</sup> who can provide alternatives together with these people.

## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

GPG: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. EHL: Conceptualization, Writing – original draft, Writing – review & editing.

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