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Research Article

Invisibilization and veiled prejudices: barriers to access to primary care services for the transgender population

Invisibilização e preconceitos velados: barreiras para o acesso aos serviços de atenção básica pela população trans

Invisibilización y prejuicios velados: barreras para el acceso de la población trans a los servicios de atención primaria

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Abstract

Introduction: In the process of creating the National LGBT+ Comprehensive Health Policy, primary care has important prominence as it must work as the preferential contact of transgender (trans) users. **Objective:** To investigate the perceptions of primary care professionals about the vulnerability situations faced by trans persons and also hindrances they consider existing in this population's search for access to these services. **Methods:** A qualitative approach was used through semi-structured interviews with 38 health care professionals working in the Family Health Strategy of two cities in the countryside of the state of São Paulo. The material obtained was submitted to analysis of Bardin content. **Results:** The results pointed to a lack of knowledge about real hindrances that obstruct the access to and follow-up by health services for trans persons. It was also observed the maintenance of prejudices and ideas that reinforce stereotypes connected to the matter and extend to the practice of professionals. It is directly related to the lack of approach of issues related to human sexuality in the education of those professionals, in addition to lack of update about it, which impacts the quality of service offered to the population under study. **Conclusions:** The standards and ordinances already existing need to be effectively practiced, being crucial the extension and spread of knowledge about trans matters in the context of public health services. It can be the basis for subsidizing the education of professionals who work in this field, as well as effective public policies.

Keywords: Transgender persons; Health care pofessionals; Primary care; Equal access; Vulnerability and health.

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Resumo

Introdução: No processo de edificação da Política Nacional de Saúde Integral LGBT+, a Atenção Básica ganha importante destaque, pois deveria funcionar como o contato preferencial dos usuários transgênero (trans). **Objetivo:** Investigar quais as percepções dos profissionais da Atenção Básica quanto às situações de vulnerabilidade enfrentadas pelas pessoas trans, bem como pesquisar os impedimentos que eles consideram existir na busca dessa população por acesso a esses serviços. **Métodos:** Utilizou-se uma abordagem qualitativa por meio de entrevistas semiestruturadas com 38 profissionais de saúde atuantes das Estratégias Saúde da Família de dois municípios do interior do estado de São Paulo. O material obtido foi submetido à análise de conteúdo de Bardin. **Resultados:** Os resultados apontaram para o desconhecimento quanto aos reais empecilhos que dificultam o acesso e seguimento de pessoas trans nos serviços de saúde. Observou-se ainda a manutenção de preconceitos e ideias que reforçam estereótipos ligados ao tema e que se estendem ao exercício da profissão. Isso se relaciona diretamente com a falta da abordagem de assuntos relacionados à sexualidade humana na graduação desses profissionais, além da falta de atualização quanto ao tema, o que impacta a qualidade do serviço que é ofertado à população em estudo. **Conclusões:** As normativas e portarias já existentes precisam ser efetivamente postas em prática, fazendo-se imperativas a ampliação e difusão do conhecimento a respeito da temática trans no contexto dos serviços públicos de saúde, o que pode servir como base para subsidiar a formação dos profissionais que atuam nesse setor, bem como políticas públicas efetivas.

Palavras-chave: Pessoas transgênero; Profissionais de saúde; Atenção básica; Equidade no acesso; Vulnerabilidade e saúde.

Resumen

Introducción: En el proceso de edificación de la Política Nacional de Salud Integral LGBT+, la Atención Básica tiene importante destaque, pues debería funcionar como contacto preferente de los usuarios transgénero (trans). **Objetivo:** Investigar las percepciones de los profesionales de Atención Básica sobre las situaciones de vulnerabilidad que enfrentan las personas trans, así como investigar los impedimentos que consideran que existe en la búsqueda de esta población por el acceso a estos servicios. **Métodos:** Se utilizó un abordaje cualitativo por medio de entrevistas semiestructuradas con 38 profesionales de salud actuantes de las Estrategias de Salud de la Familia de dos municipios del interior del estado de São Paulo. El material obtenido fue sometido a análisis de contenido de Bardin. **Resultados:** Los resultados apuntaron al desconocimiento sobre los reales obstáculos que dificultan el acceso de personas trans a los servicios, además del segmento de los cuidados en las unidades. Se observó además que se mantienen los prejuicios e ideas que refuerzan estereotipos vinculados al tema y que se extienden al ejercicio de la profesión. Esto se relaciona directamente a la falta da abordaje de asuntos relacionados a la sexualidad humana en la graduación de estos profesionales, además de la falta de actualización sobre el tema, lo que impacta en la calidad del servicio que se ofrece a la población en estudio. **Conclusiones:** Las normas y ordenanzas ya existentes deben ser efectivamente puestas en práctica, por lo que es imperativo ampliar y difundir el conocimiento sobre la temática trans en el contexto de los servicios públicos de salud, que pueda servir de base para apoyar la formación de profesionales que actúan en este sector, así como políticas públicas efectivas.

Palabras clave: Personas transgénero; Profesionales de salud; Atención básica; Equidad en el acceso; Vulnerabilidad y salud.

INTRODUCTION

Gender identity is understood as the subject's individual experience of gender, including their body self-perception and other expressions of gender, such as the way they dress or act.[1] Thus, when discussing transsexuality and transvestility, trans people are understood as those in whom there is no identification with the gender assigned to them at birth, with "trans people" being used here as an "umbrella term", which assumes the occurrence of this fact in common among such a group of people, without failing to consider the diversity of bodies and singularities existing among them.[2]

Accordingly, although the Federal Constitution of 1988[3] ensures as fundamental objectives the promotion of the good of all, without prejudice of sexual origin or any form of discrimination, in addition to guaranteeing the right to life and equality, the population of lesbians, gays, bisexuals, transvestites, transsexuals and all other possible forms of existence that do not fit into the cis-heteronormative standard (LGBTQIA+) represent a portion of the population that is discriminated against, excluded and stigmatized.[4] With regard specifically to trans people, an even darker scenario is observed, marked by disrespect for social names and gender identities, as well as the occurrence of various other forms of physical and mental violence, which may even be so extreme as to culminate in murders.[5]

This scenario of inequities extends to the health field, given a history of pathologization and invisibilization of trans bodies — transsexuality was only considered a disease in 2018, after the publication of the 11th revision of the International Classification of Diseases (ICD-11).[6] Given this panorama, the result of constant demands for depathologization and, above all, the search for equitable health care that takes into account the specificities of this population, ordinances have emerged in Brazil that address the health needs that are specific to this population.[7-9]. Among them, the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals stands out, which ensures gender issues such as social determinants of health, as well as reaffirming previously published ordinances, further reinforcing the role of primary care as a gateway for this population, presenting responsibilities and duties at the federal, state and municipal levels.[9,10]

The importance of primary care in the process of building the National LGBT+ Comprehensive Health Policy is therefore evident, as it serves as a gateway to health services and functions as a communication center with the entire Health Care Network.[10] Therefore, primary care, mainly through Family Health Strategy (ESF), should function as the preferred contact for trans users, offering health promotion and protection measures, in addition to preventing illnesses and treating this population. .

In this sense, this article sought to investigate the perceptions of health professionals working in primary care regarding the vulnerable situations faced by trans people, as well as examining possible impediments regarding these people's access to health services, as a way of explaining the possible training needs concerning this subject.

METHODS

A qualitative, descriptive, cross-sectional study was carried out. The number of participants was defined using the sample size formula[11] to estimate the population proportion of finite populations, considering a 95% confidence level, a margin of error of 10% and a population size of 65, coming from two ESF located in the interior of the state of São Paulo, whose population coverage is 96.93 and 33.18%,[12] respectively, in the period evaluated.

Of the 65 health professionals working in ESF services in the two municipalities studied, 38 participants were sampled for the study, with a total of 38 interviews carried out.

As a sample inclusion criterion, only doctors, nurses and psychologists in primary health care from ESF were approached, without specifications of training, age or gender identity as integration factors. The population worked on did not count on the participants' previous experience with the trans population as an exclusion criterion.

Instrument

The data collection instrument was based on a semi-structured interview script, divided into an initial survey that aimed to collect data relating to the interviewees, such as area of training, gender identity, time of experience and age, and another section that aimed to investigate professionals' knowledge about human sexuality and also about specificities relating to the trans population.

The instrument allowed us to ascertain the interviewees' perception of the prejudices and vulnerabilities suffered by trans people and how they understood that these conditions could impact this population's access to the public health system. To achieve this, the following questions were used:

“Do you believe that this population suffers some type of prejudice or is in a vulnerable situation?”; “Do you believe that trans people face difficulties in accessing health services?”; and “If you have already seen a trans patient, how was your behavior during the consultation? Did you notice some difficulty when approaching the patient?”.

Data collection and analysis

The interviews were collected individually and at the professionals’ workplace, with authorization from the institutions. The meetings were recorded on a voice recorder and analyzed. The collected material was transcribed and subjected to content analysis by Bardin,[13] based on the systematization of word association and repetition. By coding the professionals’ speeches, it was possible to enumerate the contingency and repetition of ideas, keeping the inference under control. Therefore, the data were grouped into categories based on the connection between the interviewees’ statements regarding the topics covered in each question.

The interviewees were identified with the letters “E”, “M” and “P”, to represent, respectively, nurses, doctors and psychologists. Along with the letters used for each professional, a number was assigned in ascending order referring to the sequence in which the interviews were carried out with each professional group, obtaining combinations such as: “E1” and “M1”.

Regarding ethical aspects, the research was approved by the Research Ethics Committee of the Universidade do Oeste Paulista (Certificate of Presentation for Ethical Appreciation — CAAE: 38890120.6.0000.5515). All interview participants signed an informed consent form.

RESULTS AND DISCUSSION

Eighteen doctors, 18 nurses and two psychologists participated in the study. Of them, 33 participants were females and included 17 nurses, 15 doctors and one psychologist, while five were males: one nurse, three doctors and one psychologist. Regarding the age group, the average age of the interviewees was between 36 and 40 years old. Most of the participants claimed to be specialized in public health and family and community health

Prejudices and situations of vulnerability, and their impacts on trans people’s access to primary care services

Taking into account the complexity attributed to the health and illness process, the concept of vulnerability is used as a tool capable of analyzing the different relationships between individual, collective and institutional dimensions, since such variants, when isolated or in association, can influence the individual’s illness, given the inseparable nature between the subject and the environment in which they live.[14]

Therefore, when considering the trans population, different aspects can be identified in the three dimensions related to the idea of vulnerability, such as inappropriate use of hormones, mental suffering, lack of social support and machismo.[14] Regarding the institutional field, when dealing specifically with health services, issues related to disrespect for the social name, as well as complaints regarding the unpreparedness of professionals to meet the specific demands of this population, are some of the various criticisms made by trans people who make use of these services.[14,15]

Among the interviewees, when asked about the vulnerable situations that they believe trans people experience, there was particular mention about the prejudice faced in different institutional settings, mainly in the family environment but also in health services. Furthermore, there were comments on the different forms of prejudice related to the imposition of social standards based on cis-heteronormativity, disrespect for one's social name, difficulties in finding jobs, as well as social isolation and psychological illness.

E1: *"I think the first thing that happens to everyone that is different starts in the family, you know, there's a lack of knowledge, you know, and... I think fear and prejudice starts at home, you know, and then you. .. because change doesn't happen as soon as you discover yourself, you know... you go to school, you're different, you feel different, people treat you differently, right, so I think all the environments you go to. When you arrive, you know, you're transformed, you know, you're always going to suffer that... someone to point you out, right[...]".*

M3: *"Prejudice, right, in itself, like... people can't understand, right, what really happens, the feelings of these people, right, of trans people, is... of isolation, maybe depressive conditions, right, all because they are not well seen, well understood by the population".*

M4: *"Oh, I think there is a lot of discrimination [...] when a trans person like that arrives [in health services], many employees are not properly trained and don't even know about the law. I think so? The right to be called by the name they chose, you know, in the case of people who chose a name of another gender, it's... and beyond that, in everything, right? In terms of looking for a job, everything else".*

E10: *"Ah, the population itself... currently this is improving, but the population itself, either due to culture, right, because it is cultural, or due to religiosity, discriminates against these people. Yeah... there's this whole movement to... to improve this, but there is still this discrimination".*

P2: *"[...] there is vulnerability, there is discrimination, there are labels, bullying, they are bullied at school. So it becomes very obvious in school life, the person needed support and they didn't have it, which is the family, when they arrive at school, relationships are also difficult, because the teachers are very... they don't know which way to go, right? So it happens a lot, you know, and that... and then they end up looking for us, I have some who are looking for us, but I realize, like, already one... just the other day I saw a 34-year-old guy, so, either I mean, you're already an adult, you know, the suffering was already too great [...]".*

During the interviews, despite the occurrence of statements that explained the false idea that the reality experienced by trans people "is improving" in relation to previous years, sensitivity was revealed in the interviewees' statements regarding the understanding of the situations to which the trans population is submitted daily. This, in turn, does not exclude the fact that trans people continue to experience conditions of vulnerability in health services, which deprive them of the enjoyment of services and at the same time distance them from seeking care,[16] making us question the following notion: once the vulnerabilities experienced by trans people are recognized by health professionals, why is this population still discriminated against and stigmatized in the health spaces they frequent?

Seeking to further investigate the subject, another question was asked about professionals' understanding of trans people's access to health services, obtaining responses such as the following:

E1: *"[...] There is a difficulty in reaching a specialized service, because sometimes they want help, you know, to do these... you know... seek help to do some things they need, hormonal treatment [...] or like ... [laughs], if, for example, anyone who goes to a gynecologist or... you know".*
M4: *"Look, I'm going to say it's zero flow. There's no one here that I can pass by, right? We often know that there are, but I don't know that they happen routinely here with me... today I don't remember any of them. They often end up looking for more, uh... emergency rooms, those places, than even primary are. Unless you have a chronic illness, right? But of those I see here, no one passes".*
P1: *"[...]This will depend on the demand it presents, okay? The subject alone, for them to access health care as a whole, they will not have any difficulty, in my experience here at Family Health Strategy. However, if they want to address the specific topic of their suffering, of their transsexual condition, then I believe they will find it very difficult".*
M2: *"I don't think so [that they don't suffer difficulties]. Yeah... in this case we have good acceptance, we try to help as much as possible, but, yeah... we don't have demand here. I think that sometimes because of the patient's own fear, you know, the person".*
M17: *"None. Normal. I've always worked in public service and I've always worked privately too, I've never had a problem here or there. I don't think nowadays... things have changed a lot, you know".*
E14: *"No, I don't think health. I think health is the same for everyone, at least that's what I preach in my unit, the same for everyone, there's no difference".*
E15: *"No no. He has the same rights as any citizen, any other citizen".*

There was a prevalence of statements that deny there are difficulties in access. This points to a lack of self-criticism regarding the inability of most professionals to recognize the vulnerabilities of the trans population when seeking health services, because, despite them identifying the occurrence of discrimination in the establishments in which they work, they do not recognize this factor as one of the causes that make it difficult for trans people to seek services. By being guided by the principle of universality, they generalize all users and place them in the same category, freeing themselves from the commitment to consider the existence of different sociocultural variables, in addition to the health needs that are specific to each population group.[15]

Although the right to health is guaranteed for all Brazilians, this does not imply that access to services is also guaranteed. As already pointed out in previously published studies,[15] disrespect for social names and episodes of discrimination by professionals are enough to impede universal access to trans people.

Although the SUS advocates humanized and comprehensive patient treatment, the behavior of professionals in relation to transsexuality is still based on the biomedical and technical model, based on a cisnormative science standard.[16,17] Furthermore, it reproduces the idea that the difficulty in working with the demand of transgender and transvestite people is explained by the lack of demand of these people for primary health care services.

E1: *"So, because it's such a thing... it's very rare, you know, for us to have this service, so, you know, I think that in our life here we've already served two people, right?".*

Therefore, it is difficult for interviewees to perceive the relationship between the quality of care offered in health services and the low demand from trans users. This, in turn, has repercussions on how these professionals evaluate the provision and improvement of their services.[18]

Training needs of health professionals: policies in action and new possibilities

Despite the existence, for more than a decade, of the National LGBT+ Comprehensive Health Policy, there was an important difficulty for health professionals in welcoming and caring for trans patients.

> **M9:** *"[...] as it is a very new thing... so these are things that we are also learning [...]. So, I'm learning from patients, because, actually, as I said, right... in college I didn't have this training. So I'm updating myself now, according to demand, you know".*
>
> **M15:** *"There is a lack of knowledge, a lack of preparation to deal with them, emotional support, social support, I think there is really little publicity and little work that is done with this population, there is none. There is no linked service, first I think there has to be a linked service for this, I have to have a reference center for this, so they know where to look. So, today, the biggest difficulty would be this, because of this service aimed at this specific type of population".*
>
> **E5:** *"I think training needs to happen. Because we generally don't think about these groups, you know, we don't have that perspective. We are more here: hypertensive, diabetic, children... you know [...] We were never asked this, it was never questioned. In college I don't think they even talk about this".*
>
> **E16:** *"I think it's more in this sense of... of... how he wants to be called, you know, the service there and how he wants to be called, because in relation to monitoring, treatment... I think there's no problem, huh? No problem. I think the biggest difficulty is in terms of their treatment there, you know, we have to ask, right, 'what would you like to be called?'".*

The impediments pointed out by the interviewees regarding the vulnerabilities faced by trans people in health services return to the discussion that the approach to themes related to sexuality and gender identity in the academic training of health professionals is deficient. Studies demonstrate that the approach to these themes during the graduation of these professionals is generally based on the reproduction of taboos and focused on the development of sexually transmitted infections.[18-20] This, in turn, contributes to the lack of preparation of professionals through simple management and bonding issues, as well as strengthening the spread of prejudiced ideas.

Regarding specialized care and the specific demands of trans people, professionals report a lack of understanding of their roles as primary care employees regarding the care that can be offered to this population. However, as has already been well described in the literature,[21] primary care professionals are expected to do only what their responsibility is, as well as to develop and monitor a multidisciplinary therapy that guarantees the autonomy of trans people.

The problem would be found in the lack of recognition of the heterocisnormative model that is reproduced during care. This, linked to the lack of interest of health professionals in the topic and the search for training regarding current ordinances, persists in the formation of barriers between the health system and trans users, in line with what has already been discussed previously.

Some of these deficiencies were even noticed by the interviewees when they mentioned:

> **E1:** *"There is no lack of initiative, perhaps there is even a lack of demand, for us to look for it, you know. Sometimes we ask 'what do you suggest?', I don't think anyone suggests talking about it. We're always saying that we need to be trained for hypertension, diabetes,... you know. Maybe that's right, the lack of demand for professionals".*

M11: *"Creation of a specialized team and we have training, you know, specific to this subject. In the same way that we have training on... updates on hypertension, diabetes, we also have specific training on this type of subject, right. Because like you asked me about laws, everything, I don't know. I know it exists, that it has all the rights, but I don't know it, right? It's different if we talk about hypertension, diabetes, right, so that's also why we have training to better prepare ourselves to deal with [...]".*

Such reports point to the importance of including topics related to the health of the LGBTQIA+ population in team discussions and updates. It is important to make professionals not only recognize their weaknesses on the subject, but also be interested in truly knowing it, so that they can implement more inclusive attitudes in their daily practices.

CONCLUSION

Primary care should function as a gateway for users of the Unified Health System (SUS).[9] Therefore, when promoting the comprehensive health of LGBTQIA+ people, professionals linked to these services should recognize the health needs that are specific to this population, as well as the social, ethical and political boundaries that directly influence the quality of the service provided,[22] thus enforcing the regulations and ordinances already in force.

The challenges observed regarding the vulnerabilities faced by the trans population in accessing health services are based on stigma and unpreparedness on the part of the teams. This is influenced by the professionals' heterocisnormative academic and social training profile and the lack of interest in seeking updates on the topic, as well as the lack of incentives from services to promote specific actions aimed at promoting the health of trans people.

Health professionals lack sensitivity to understand that the barriers that hinder the access of the LGBTQIA+ population, especially the trans population, to primary care services are a reflection of an LGBTQIAphobic and transphobic context, which structures social relationships and extends to health care environments.

When considering the country's institutional and cultural prejudice, addressing issues that touch on health and transsexuality comes to be considered a real challenge, which culminates in unpreparedness and lack of interest in training and search for information by health professionals.[22] The creation of more welcoming environments that are capable of recognizing the vulnerabilities and health needs that are specific to the trans population depends on the restructuring of management, handling and environmental processes,[22] as well as encouraging health education in teams, in addition to the implementation of formative discussions on the topic in the curriculum of health courses.

It is recommended to expand discussions on the topic, with the aim of expanding the perceptions of health professionals regarding the health of LGBTQIA+ people and also encouraging the principles defended in the ordinances to be put into practice.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

LHBM: Conceptualization, Data curation, Formal analysis, Methodology, Project administration, Writing – original draft. LRCS: Conceptualization, Data curation, Formal analysis, Methodology, Project administration, Writing – original draft. CSM: Conceptualization, Formal analysis, Methodology, Supervision, Validation, Writing – review & editing. BBR: Conceptualization, Formal analysis, Methodology, Supervision, Validation, Writing – review & editing.

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