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THE NURSING PROFESSIONALS PERCEPTION OF THE TRANSEXUAL POPULATION

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ABSTRACT

Objective: To analyze the perception that professionals have about the Trans population, the meaning of gender identity; To investigate the existence of training of these professionals on the guidelines of LGBT health policies instituted by the Brazilian Ministry of Health. ***Method:*** descriptive field study; exploratory and cross-sectional study with a qualitative approach, conducted with 72 nursing staff. Data were obtained through a semi-structured questionnaire with open and closed questions, self-completed by participants, and were treated following Bardin's content analysis. ***Results:*** The nursing staff has perception related to the misconception between sex, gender and sexuality, besides basic knowledge about gender identity. Most participants reported not having received any training during or after their professional training, and in addition to the lack of knowledge about public policies, there was evidence of non-use of the social name, even with the understanding of its meaning. ***Conclusion:*** This research revealed that the misperception about terms recurrently linked to Trans people, added to the lack of training of professionals and lack of knowledge about this population are the main obstacle to the promotion of comprehensive care and satisfactory reception in health services.

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INTRODUCTION

Considering that perception can be referred to as a reflection on oneself, where each individual is led to discover the existence of another[1], trans or transgender people generally define themselves by not identifying with the gender assigned to them at birth. These gender issues are socially constructed by cultural diversity and go beyond the individual's perception of himself and the way he expresses himself to the world. These issues are beyond even chromosomes, sex organs, and hormone levels[2]. The visibility of the transgender theme has become increasingly evident. If previously issues of gender identity and transsexualising processes were viewed only as pathological issues[3], we now see these demands increasingly relevant in the fields of social movements, public health and primary care mechanisms, so much so that after the inclusion of policy for the Brazilian LGBT[4] population this issue is becoming increasingly evident. However, even though recent discussions and practices of inclusion are highlighting various spectra of how stigmatized and undertreated this population has been[5], even when the proposal of the Brazilian Public Health System (SUS) is to fully include and promote equity, universality[6], Even today the lack of preparation of professionals and even the knowledge of the multidisciplinary health team in relation to this public has been demonstrated in articles and studies[3,7,8]. Even though public policies have been developed to welcome this specific public, few professionals are prepared to be provide an bioethical treatment, leaving stigmatizing factors, pre-established concepts, as well as strictly personal and social opinions interfere with health disease process and health team-patient relationship[3]. This reveals the fragility in which the system, as well as the attempts to implement policies and strategies are still in place, and that this in itself goes against what the policies that institute public health services advocate[4,6,7]. From this perspective, the relevance of this study is based on the fact that although studies affirm the importance of implementing new strategies to try to minimize the negative impacts that social stigmas have on health care[3], the discussion about the perception that health professionals have on this population is of great importance, since without knowing how these professionals see this specific public, what their perception about their own health practices with this public, there is no way to elaborate practices or mechanisms to improve this care, and the relationship between health team and patient.

The unpreparedness of professionals about the management of this portion of the population is extensive[9], but further reports are needed on what view these professionals have about the population they serve. This generates a social gap, where even in health services, which advocate the promotion of health in an integral way, the relationship between health team and patient is ruled by disrespect, discrimination, judgment of values and judgments[3,5,8]. Taking the above into consideration, this study aims to analyze the perception of nursing professionals in relation to the Trans population that seeks care at the Basic Health Units (BHU) of the Southern Health District of Manaus, Amazonas, Brazil and thus delimiting as specific objectives: to verify the perception that Nursing professionals have about transgender being, as well as the meaning of gender identity in the aspects of health demands of this population and investigate the existence of training of these professionals on the guidelines of LGBT health policies instituted by the Brazilian Ministry of Health[4].

METHODS

It is a descriptive field study; exploratory and cross-sectional with a qualitative approach, which aims to relate to the experience that individuals have about socioeconomic and cultural reality, based on the assumption that during our human experiences we construct meanings[10]. The study sites were the 16 traditional BHUs that comprise the southern health district of Manaus, which contemplate SUS primary care, which aims to be the users' gateway to the health system[11]. The collection of the data was performed from October 2018 to March 2019. The sample was through content saturation[12] and comprised 72 professionals. The criteria adopted for inclusion of participants were: being a nurse, nursing technician, or nursing assistant, linked and active in the basic unit, and having at least six months of experience in the position within the unit. Exclusion criteria are: nurses and nursing technicians who were away on vacation or leave of absence. The data collection instrument was a questionnaire of open and closed semi-structured questions. Data were collected on: age, gender, length of service, function performed at the BHU, knowledge about the Trans population, and the public policies that support them. The collection of the data was performed by applying a self-completed instrument in the spaces of the BHU, where participants individually answered in a handwritten way the questions of the questionnaire. The information obtained from the open questions of the questionnaire were treated following the content analysis of Bardin[13], which aims to achieve through a systematic process, the description of the content, and guidelines that allow the conclusion of knowledge regarding the conditions of generation and acceptance of these. data. Data analysis followed the following steps: pre-analysis; exploration of the material; treatment of results, inference and interpretation. In the pre-analysis stage, after fluctuating reading, the data were organized using the rules of completeness, representativeness, homogeneity, relevance and exclusivity. For continuity, in the material exploration phase, the data were organized and systematically transformed into coding units, where they were classified and categorized, and finally, in the result treatment, inference and interpretation stage, there was a theoretical demonstration that provides coherence to the interpretation. Regarding the closed questions, there was a statistical description[14] of the data through frequency in tables. This research followed the ethical precepts of Brazilian Resolutions No. 466/12 and 580/2018 of the National Health Council of the Ministry of Health, which governs research involving human beings[15,16] and research in SUS environments. Prior to the collection, the participants signed the informed consent form. The study was submitted and approved by the Research Ethics Committee of the University of the State of Amazonas under the register No. 2.909.677 / CAAE: 97474918.0.0000.5016. The research also included the consent letter from the Municipal Health Secretariat, which allowed the research to be carried out at the study sites.

RESULTS AND DISCUSSION

Most of the sample is female, 58 women and 14 men; Regarding the function performed at the BHU, the participants are 16 nurses, 51 nursing technicians and 5 nursing assistants. Their age range between 23 and 63 years. The professional experience in basic health units ranged from six months to 33 years. The content saturation[12], the distribution and occurrence of categories from the data analysis provided the information: Six categories emerged, namely: Sex as the primary object of relevance; Gender issues as object of discernment; The need for body and / or behavioral change; Identification and individual recognition as a process of gender identity, Social name: ignorance and disregard for the right of the Trans person, Human rights versus specific rights and The unpreparedness of professionals about Trans guidelines. Every subject received a number followed with letter Q. Their sentences are shown in every topic, so it can be used as an example.

Sex and gender and sexuality as primary object of relevance

The nursing team described an understanding of Trans people that converges at the point where the issue of sex, gender, and sexuality have equivalent meanings, where the two terms are substituted for each other without understanding the difference between the expressions, and where the issue of gender is confused with the sexuality of the individual.

The reports elucidate the ignorance of the distinction of terms, as can be observed below:

- *These are people born with characteristics of the opposite sex, male or female traits, psychological characteristics, etc. (Q1).*
- *These are people who (practice) like men and women (Q16)*
- *These are people who have the same sex preference (Q20)*
- *These are people who have both male and female identities (Q67).*

It can be inferred that Trans people have as their principle the question of identity. Particularly given the fact that they identify with or recognize the opposite gender to their gender at birth[2]. Trans people refer to a diverse group of people whose gender identities differ to varying degrees from the gender with which they were assigned at birth. Such definitions are loaded with ideologies, their limits are inaccurate, and this denomination has been used to designate all people with gender variability[17]. These reports make it clear that there are misconceptions about the differences between gender identity, sexuality and biological sex, which makes the approach between team and client more difficult, since this mistake

makes care based only on biological questions, which ends up compromising health care in its broadest sense[8]. When it comes to discerning biological sex from gender and sexuality, it is essential to make it clear that an individual is born with a particular biological sex, but that the recognition and self-reflection that this subject makes about his gender is an individual matter. Also, sexuality can be referred to as the way in which each person relates sexually. And that this question does not imply the way in which one sees their gender[2]. A study conducted in Rio Grande do Sul (Brazil) and another in Rio Grande do Norte (Brazil) found out that nurses manifest little or no knowledge about Trans people, especially regarding the discrimination between gender, sex and sexuality, where the issue of gender is subjugated physical and considering only homosexual labeling[9,18]. Another study in Bahia (Brazil) found out that people who do not meet accepted social standards regarding sexuality or gender are often discriminated against by health professionals[8]. This information leads us to believe that even knowing the neutrality that the professional must have when assisting a client in the health service, ethics is subjugated to their personal beliefs. In order to promote health care to people in an integral way, it is essential to have some knowledge of the social context in which they are inserted, as well as to understand their health needs[19-20]. The team of health professionals need to be better qualified, as they are tasked with providing a bias-free health service, and this is directly linked to understanding the issues surrounding gender identity, and thus mitigating stigmatization during access to health spaces[5,8,17,21]. Thus, the possibilities to improve the health-patient relationship expand, so that the opportunities to develop knowledge and redefine experiences, both of Trans people and the health team, would expand solutions for care and self-care practices related to Trans people, which benefits this public's access to health spaces[3,5,8,17].

The need for body and / or behavioral change

It was represented in the reports the understanding that a Trans person modifies his body and / or his behavior, so that these reports point to sex change as the main conduct of Trans people to construct their individual representations.

- *These are people who do not accept the sex of birth and dress or not, behave as a person of another sex (Q3).*
- *They are male people who transform themselves to fulfill their fantasies or identify with another gender (Q4).*
- *These are people who choose to change sex (Q51).*
- *Who had surgery (Q63).*

As mentioned earlier, the lack of knowledge about gender and gender differences is remarkable, as is the assumption that Trans people are characterized by physical and behavioral changes. This association happens recurrently because of the established preconception that a Trans person essentially wants to perform sex reassignment surgery. It is up to each person to judge their desire to make physical changes or not[2]. A study in Rio de Janeiro (Brazil) that sought to explore the health itineraries that Trans men and women undertake in consolidating their gender showed that a portion of Trans men and women do not consider performing surgery. In the case of men for not fully relying on current surgical techniques, and in the case of Trans women for showing that gender need not be defined by sexual organs[22]. These changes range from dressing to performing procedures that make the body an object of achievement, and pursuit of beauty, such as the application of industrial silicone and hormone therapy and sex reassignment surgery[3,22]. This body-building process often occurs in underground or lillegal clinics and without guarantee of compliance with biosafety standards, where Trans people often end up dealing with the risk of death. Thus, the demand for the redefinition of the body happens in a clandestine way, besides contributing to the removal of these people from health services[23]. A study in Canada has shown that performing clandestine procedures and consequently their complications are one of the factors that lead Trans people to seek health services and this is already an aspect that contributes to the stigmatization of these users[5]. Two other studies have shown the importance of not reproducing discourses that blame Trans people for diseases resulting from the use of non-prescription hormones or even aesthetic procedures using industrial silicone. After all, this is a result of the social stigmatization, discrimination and invisibility that has been evident during the search for Trans[24-25] people's health services. It is essential to emphasize that the Brazilian Public Health System - SUS provides access to hormone therapy and body modification surgeries in the Transexualizing Process[26]. It is noteworthy that changes in pursuit of personal satisfaction and well-being are used by many people, and that this is not a characteristic condition of Trans[3] people only. In addition to this type of specific demand, there are also the demands that any individual has, such as the prevention and treatment of unrelated diseases due to consequences or demands of body building[17,27]. An integrative review based on transgender and transvestite access to primary health care reveals that body building procedures are just one of the many health-related emergencies of transgender people, where the need for discrimination-free care and care and comprehensive care is crucial[28]. Moreover, the behavioral issue is a fact that feeds the misconception, because masculinity and femininity are misunderstood as patterns of behavior that define gender roles[29]. The way we behave in society, the gender roles we play, depends on the cultural, political and social context in which we operate and is not related to biological or genetic factors[30]

Identification and individual recognition as a process of gender identity

Identification and recognition as a personal process of perceiving oneself as an individual, regardless of gender or gender attributions previously given at birth, has been recurrently referred to, as shown below:

- *It is the way each individual "sees", accepts, identifies himself or herself as a man or as a woman, regardless of the gender that was born (Q2).*
- *Identity in which the person identifies, regardless of the physical body (Q7).*
- *It is the gender that one perceives, identifies oneself (Q41).*
- *It is the gender with which one identifies (Q49).*

Each subject recognizes himself in a gender that does not necessarily correspond to the sex assigned to him at birth, taking into account the presence of a particular sexual organ. Gender identity is an essential topic for understanding what a Trans person is. Without explaining this perspective, access to information is impaired, due to the process of perception of the other being initiated from the reflection that each subject

makes about their own being[1]. The lack of this understanding directly and profoundly affects the health team – patient relationship is governed by personal beliefs by professionals who discriminate and distance the Trans public from health spaces[5,17]. An article demonstrates that most professionals had not until then had this knowledge regarding the process of identity and self-recognition as an individual, the understandings were, in most cases, related to the gender attribution given to them at birth[9]. The change in this paradigm suggests that issues related to Trans people have been in vogue, which brings discussions of this theme to light, which makes it possible to clarify issues related to gender identity. An essay that problematizes aspects related to gender and sexual rights points out that while the institution of the definition of gender identity is essential for the recognition of the experiences of Trans people and the reception of their demands, it is noted that the cisheteronormative social model reinforces the normativity that presumes the obligation of the relationship between sex and gender, which considers identities and bodies outside the cisgender and binary norm as unnatural. While making Trans people more visible in terms of their specificities, it supports the cisgender and binary model of the sexes. Thus, experiences that are outside this norm need to be named[31]. Another article that discusses health practices argues that care is directly related to the right to be, that is, respect for the right to be is to take care of individuals globally in their peculiarities, which makes health care fundamentally associated with practices that aim at integral actions, promoting the reception of users of health services[23]. Thus, the issues related to the understanding of gender identity, and how the relationship between this knowledge has an impact on the access of Trans people in health spaces, demonstrate that there is a need to naturalize the visibility of this public, not only in what refers to its singularities, but normalize the search for health services of this public as any other demand.

Social name: ignorance and disregard for the rights of people Trans.

Most reports point out that understanding about the social name is the name that the subject chooses for himself, as can be pointed out below:

- *Social name is the name by which the Trans person "gave" himself the name that he himself chose and identifies with. No, we refer to the name in the document (Q2).*
- *Social name is the name that the Trans person will identify after their change. I have not had the opportunity to perform this service (Q10).*
- *The name the person chooses for themselves. No. I did not refer to any Trans customers by their social name (Q25).*
- *Social name I think is the fancy name of a person, ie not that of birth, registered in the registry. I did not refer to any customer by their social name (Q67).*

The social name is a right guaranteed by a Brazilian law[32], and its inclusion in the SUS card aims to affirm the authenticity of the identity of this population and boost access to the public network[33]. One study states that the social name is closely associated with the right to the body, moral integrity, the right to liberty and honor, in short, playing the role of the civil capacity of subjects, where the name is not just a mark of property, but it also reflects a person's right to be represented and identified[34]. Despite the coherence in stating that social name is the denomination that an individual chooses for himself, reports of non-compliance with the use of social name alone are an extremely important element to talk about welcoming in the health service[33-34]. Some articles point out[17,23,33,34] that a series of arbitrariness has been found in studies on the experiences of the LGBT population, especially transsexuals and transvestites, on non-compliance with the use of the social name, the breach of professional-patient confidentiality. some recurring complaints from those who still seek SUS care. This scenario, in turn, is a determining factor in making Trans people stop seeking care[5,17]. Thus, we can recognize that even if the SUS has principles that guarantee full reception[4,6,11,35], there is a visible gap between what is proposed by laws and norms and what actually happens in practice[9]. Even with this understanding of the social name, most reported that they never referred to any Trans clients by social name, or even received any training relevant to public policies that support Trans people during their training. 80,56% (58) did not receive any training during their formal educational process (graduation or courses). 81,94% (59) did not receive any training after graduation and 80,56% (58) did not have any knwowledge about the Brazilian Public Health Policy for Trangender People. Professionals' lack of knowledge about Trans people is the biggest obstacle to the real comprehensiveness of health care. With an understanding that excludes preconceptions, stigmas and value judgment[5,17]. Comprehensive reception, in this case, would provide a concrete and trusting relationship between team-patient, which in itself is already health promotion[6]intervention. If on the one hand we have users who do not have their basic human rights respected, on the other we see professionals who do not have enough education to serve the public that seeks them. This reveals that the challenge of health promotion goes beyond the professional-client context[9,20,21].

One study emphasizes that educational measures for professionals are extremely necessary, since most training courses for nurses or nursing technicians do not have a curriculum that covers this theme[23]. This includes addressing public policies for Transgender people, essentially the Lesbian, Gay, Bisexual, Transvestite and Transgender Brazilian National Health Policy[4], which represents a major innovation in health rights as it provides for the organization in each administrative sphere within the SUS, and also discusses the implementation of educational practices in the SUS service network to improve the visibility and compliance with the rights of lesbian, gay, bisexual, transvestite and transsexuals[4], which meets the needs found in this study. Professional practice must also change. Another article suggests that professionals should take a more empathetic stance and avoid assumptions based on physical characteristics[28]. This article also suggests that questions during care should be asked in a natural and friendly manner, and asking how the client wants to be called, or how the client would like to identify themselves, reinforce the patient-health care bond and transform the space of care. health in a more welcoming and comfortable place for the trans[28] person

Human rights versus specific rights

When talking about health rights, some speeches referred to access to human rights over knowledge of specific public policies for Trans people, as indicated below: - *Social equality (Q12).*

- *They have the right to come and go like anyone else (Q45).*
- *Respect above all. After all in nursing, we take care of people, not of color, race or gender, etc.! (Q48).*
- *I think they should just have full rights to anyone (Q46).*

When it comes to rights for Trans people, we cannot fail to emphasize that it was thanks to the social movements of the late 1970s for more freedom and visibility over sexuality that these guidelines began to gain more notoriety[4]. At first, this group was composed only of men, and over time it was aggregating lesbian, gay, bisexual, transvestite and transsexuals[4]. These movements were based on the Brazilian Federal Constitution, which provides for security as an individual and fundamental right, as well as providing measures to alleviate inequality and promote equity [36,37]. With the Brazilian law 8080 that discusses the creation of the Unified Health System (SUS), and which guarantees access to health in its entirety, equity and universality, the rights to access to health as well as in health promotion environments are ensured. all individuals in the national territory, regardless of racial, economic and social issues[6]. However, studies show that transsexuals and transvestites have resistance to seek health services, since there is no ethics in care, as well as discrimination is a relevant factor for treatment abandonment[3,5,9,17,19,25]. Brazil is the country with the highest number of Transgender homicides in the world, according to data provided by the Transgender Europe Non-Governmental Organization[38]. This fact leads us to reflect on respect for the right to life. An article that aims to debate social psychology and the law, asks about the meaning of being human, and problematizes from the discussion about human rights, that in Brazilian society Trans people are marginalized and seen as slag, as well as are murdered and occupy roles considered degrading in society[30]. An integrative literature review pointed out the motivations for the murder of LGBT people. Gender was highlighted as one of the main reasons for LGBT killings, especially transvestites. This review stresses that these crimes are consequences of transphobia due to the rejection and denial of non-heterosexual cisgender bonds[37]. Another article that analyzes the experiences of trans and transvestite women access to health services argues that despite public policies showing progress in the recognition of LGBT rights, there is still resistance to the stigma of the meaning of being Trans, as well as reluctance of a certain portion of society[39]. As evidenced, public policies do not mean granting rights for one group to have some kind of favoritism over another[36]. Public policies are state resources that aim to enable the right of citizenship, a right that other social groups have more immediate and natural access, reiterating that public policies aimed at Trans people are not privileges but needs to be equated. social[39.40].

Professional unpreparedness about Trans guidelines

Among the open questions of the questionnaire were speeches that revealed the participants' lack of knowledge about any guidelines related to Trans people. The following answers elucidate a lack of understanding:

- *I don't know (Q23).*
- *I know very little (Q53).*
- *It's relevant, but I don't know it (Q52).*
- *Only today I realized that I know nothing (Q60).*

In order for health services to be able to ensure full access, to remove prejudice and discrimination, some changes are needed. Addressing the pertinent themes to the Trans population during the professional training of the health team is essential[9]. An American study showed that 80% of nurses received no information regarding LGBT issues during their academic education. And among those who received some kind of education, 30% reported not being comfortable assisting this group because gender identity and sexuality issues were addressed at a shallow level at the university[41]. An integrative review on the access of Trans people to primary care emphasizes the need for the professional to be familiar with the themes related to Trans people, and that knowledge about the problems of this population, positively interferes with care, because when the professional understands the negative impact of discrimination and stigmatization, the improvement of the health-disease process is remarkable[28]. A qualitative research that discusses the criticisms and suggestions presented by Trans people to guarantee their access and the integral promotion of their health in the SUS, highlights the need for a multiprofessional service consisting of professionals whose education is based on the promotion of humanization, dignity and respect to gender identities, as well as points out that the biomedical and curative model is not able to meet the health demands of the Trans[42] population. It is important to emphasize that nursing is not part of the multiprofessional team of the Brazilian Technical Norm 2.803 / 2013, which redirects and expands the Transexualizing Process in Brazil[43]. However, in May 2015, in order to promote tolerance to diversity, the Open University of SUS (UNA-SUS) made available the distance learning course "LGBT Health Policies" for health professionals, especially SUS[44]. In the first three groups, nursing professionals were those who sought the course most[45]. In addition, in 2016 the Brazilian Ministry of Health published the book "Transsexuality and Transvestite in Health", which focuses on contributing to the elimination of prejudice and promoting knowledge and promoting equity at all levels of care[46]. Thus it is evident the need for institutional changes that promote better inclusion of Trans people to health services. The limitations of this study were that some professionals did not feel safe or comfortable to approach the subject. Some have made clear their dissatisfaction in discussing the matter by personal preferences and beliefs. Others took a stance where they made clear their lack of interest in the subject, as they claimed that the subject was intended to institute doctrines related to political parties for which they disagreed.

Final Considerations

Regarding the perception that nursing professionals have about the Trans population, it was evident that this understanding occurs amid misunderstandings regarding sex, gender and sexuality, because professionals misuse these terms, so that they represent equivalent meanings without understanding the difference in these expressions. Furthermore, it is noticeable the knowledge regarding self-identification and recognition in gender identity issues, and that these issues are the main starting point when talking about Trans people. It was also clear the association with the body and / or behavioral changes that Trans people adopt to express their gender diversity. This study also reveals that most professionals reported not having received any training during or even after their professional training, and that in addition to the lack of knowledge about public policies and rights of this population, such as the use of

the social name, Most professionals do not respect the legally guaranteed right of these users. Some participants, besides demonstrating the lack of knowledge about specific policies, denote the lack of understanding about the need to assure rights to the Trans population, where some speeches reproduced the knowledge only of the human rights provided for in the constitution. In addition, other participants demonstrated lack of knowledge about any issues related to Trans people. Thus, it is hoped that the present study will stimulate the development and creation of adequate professional qualification, especially during undergraduate and technical training courses, thus contributing to the strengthening of the diffusion of Trans people's rights, which adds and optimizes health care.

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