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Barriers To Health Services Access For Trans People In Florianópolis, Brazil

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Abstract:

Background: Trans people present vulnerabilities in many aspects of life. One of them is the health care access. The aim of this study was to describe the barriers faced by trans people who are linked to a non-governamental organization in Florianopolis (Brazil) to access health care services.

Methods: A qualitiative study was developed in 2016. A focus group was carried out in Florianópolis, Brazil, with people who self-reported themselves as trans people. The information collected through the focus group were analyzed using Content Analyses Method and categorized into three main barriers: discrimination, deficiency of heath qualification, and infrastructure.

Results: The barriers faced faced by trans people pushed them away from health services. The discrimination suffered by trans people and the lack of professional training to deal with the health issues of them create a relutance of these people to return to health services. There are also severe problems in welcoming trans people in the health services and offering them a humanized care. Moreover, there are infrastructure barriers that make difficult for trans people to access hormones therapies and blood tests.

Conclusions: It is necessary to improve the access of trans people to health services. Health professionals need to be trained to welcome trans people and to address their needs properly.

Keywords: Primary Health Care, Transgender persons, Transvestism

I. INTRODUCTION

The discussion of health in its expanded concept was introduced in the postwar period by the then-created World Health Organization. This expanded view considers that social, cultural, economic, ethnic / racial, psychological and behavioral issues have influence on risk factors and people's health and are known as Social Determinants of Health (SDH). These SDH directly affect how people look for therapeutic choices. In addition, there are inequalities in employment, income, housing, access to food, physical environment and health that divides the population into different social categories. Therefore, health is socially determined. These inequalities become evident when we analyze vulnerable populations, as is the case of trans people, which present vulnerabilities in multiple aspects.

According to Lionço, specific public policies for different social groups are necessary since the concept that health is a right of all people and a duty of the State is an unfulfilled ideal of the national public health system. Public policies should aim to promote equity in an attempt to reverse the violation of human rights and exclusion / discrimination of social groups, but such initiatives were not effective yet.

This process of inequality and also discrimination already occurs because of the confusion between the terms sexual orientation, gender identity and biological sex. This confusion

is mainly due to the biological and biological view that imposes the relationship between sex (biological) and gender (cultural), as Almeida & Murta present in their historical analysis. For Judith Butler our society has a "compulsory order" where biological sex has to be in accordance with gender identity and with heterosexual sexual practices and desires, constituting heteronormativity over bodies and behaviors. Heteronormativity ensures that certain normative behaviors are maintained in our society. Trans people represent an affront to this heteronormativity.

Worldwide, a different gender identity from that assigned at birth by biological sex has been pathologized. In the Diagnostic and Statistical Manual of Mental Disorders (DSM59) trans people are diagnosed as having gender dysphoria, a term created in 1973 by John Money, which signifies a persistent discomfort with the gender imposed at birth in addition to a feeling of inadequacy in the role that that gender exerts socially. In addition, the International Classification of Diseases (ICD-10) considers that Travestis and Transsexuals have a gender identity disorder. Based on this assumption, the transexualizing process in the public health sevice is also considered a pathology, guaranteeing access to health, based on this presupposition.

The World Health Organization has opposed to pathologization; an example is that in 2015 it launched an important report entitled "Sexual Health, Human Rights and the Law". This report emphasizes the importance of respect for human rights, access to hormone therapy, sex-change surgery, and other necessary treatments to ensure the health protection of trans people. This document also notes that transgender people worldwide are turning away from health services after seeking a service and being rejected or mistreated[13]. In addition, it emphasizes that internationally, the academic training of health professionals is not enough to educate people able to fully deal with the health care of trans people. In conclusion, the challenges are global, and there are few services in the world that deal with the health of the transgender population in a non-pathological, confidential, and supportive way that prioritize decisions made by the individual being treated.

In Brazil, the National Policy on the Integral Health of Lesbian, Gay, Bisexual, Transsexuals and Transsexuals (LGBT) is based on the recognition of discrimination and prejudice as determinants of health for the LGBT population, since both play an important role in illness and in the creation of a social stigma. This policy took an important step considering the Brazilian health system principles of universality and equity. However, there is a challenge that is to overcome obstacles due to institutionalized prejudice, discrimination, stigma and inequalities in health services.

Prejudice makes trans people suffer numerous barriers and challenges of access to health services. Marked by discrimination, the therapeutic trajectories chosen by trans people generally aim to avoid spaces where they may suffer gender violence, often preferring to follow the advice of another trans person and also to take care of their own body. Roberts and Fantz synthesized that both the trans community and health professionals agree that there are four main barriers to transgender health care: reluctance to reveal trans identity, lack of experience of health professionals, structural barriers such as lack of adequate restrooms and financial barriers.

In the analysis of the implementation of health care for transgender people in primary health care in the city of Florianópolis, Brazil, conducted by Rogers et al., these barriers were also evident, since there is a difficulty for professionals in recognizing trans gender identity and difficulty of deconstruction of the discrimination. In addition, it points out that the concepts of gender in dispute in the health thinking pose as a barrier even before the process of care of these people.

However, there are few studies about barriers on access to health services faced by trans people in Brazil. Given this lack of studies, it is necessary to develop new related researches to address this topic. The aim of this study is to describe the barriers faced by transgender people in accessing health services in Florianópolis.

II. METHODS

A descriptive qualitative study was carried out in 2016 with members of the Association for the Defense of Human Rights (ADEH). ADEH is a non-governmental organization (NGO) with a focus on sexuality, and is currently working to ensure the human rights, health promotion and policies of the Transgender, Transsexual, Lesbian, Gay and Bisexual (TLGB) populations. This NGO has an important role in the political protagonism, social inclusion and exercise of the citizenship of these populations and has approximately 70 associates.

The criterion of inclusion of participants was self-described trans people: transsexual women and men, transgender women and men, transvestite women, trans non-binary. A focal group was carried out. The group meeting was held in a place considered neutral. The purpose of this neutral place was to avoid any kind of conflict or embarrassment. The meeting lasted two hours, and was recorded and transcribed in full later.

This focus group was moderated by a university researcher and also by a supportive person who assisted in moderation and had two observers. The main role of moderation was to stimulate participation and interaction. The observers followed the dynamics and the main points discussed by taking notes. The focus group followed the relevant literature recommendations.

To carry out the focus group, moderation followed a pre-defined guide that was divided into four stages. The first stage was the presentation of the research objectives, invitation to join the group and sign the Informed Consent Form, definition of the participation rules and presentation of the participants. The second stage was the construction of the understanding that had general questions: (1) How do the participants identify themselves? (2) How has access to health been in the municipality of Florianópolis? (3) Do you attend the health unit / post / health center in your neighborhood? (4) Do you use hormones? In the third stage of the focus group, the deepest discussion began with the following questions: (1) How are you received by the health professionals who serve you? Do you think they are prepared to deal with trans health issues? (2) Do you feel discriminated against? Why do you

think this occurs? Financial question, color question, religion issue, physical issue, obesity / low weight, gender issue, sexual orientation issue, etc. (3) Do you go to any other health unit other than the one located in your neighborhood? At what times do you seek this health service? (4) Is it expensive to be trans in Florianopolis? (5) When you arrive at a health service, do the professionals already identify you as trans? If they do not ask, do you feel comfortable to expose them your identities? Finally, in the fourth stage, the conclusion of the focus group was made when the moderator made the synthesis of the discussion with the help of the participants, clarified doubts and thanked the presence of everyone.

The qualitative analysis was carried out through the Thematic Content Analysis. The exhaustive reading of all the statements and subsequent categorization of the data was performed. The classification was discussed by the researchers until there was consensus in defining the topics. At the end of this process an interpretative synthesis of the material produced by the thematic content analysis was carried out in dialogue with the pertinent literature.

The project was approved by the Human Research Ethics Committee under protocol number 55120816.3.0000.0121. The identity of the participants was preserved, and letters and numbers were used to describe the speeches.

III. RESULTS AND DISCUSSION

The focus group was attended by four people who self-declared themselves as trans people. Participants were between 22 and 46 years of age. Most of them have a higher education degree, one works in a company, one is self-employed, one is an entrepreneur, and one is a student and receives financial assistance from the family. Two of the participants identify themselves as transsexual men, one as a transsexual / transgender man, one as a trans woman and one as a transvestite woman.

From the focus group and the reading of the transcribed material, it was observed that the main barriers to access to health services were: (1) Discrimination, (2) Lack of professional preparation and (3) Infrastructure. In addition, strategies that the interviewees used to care for their health were also observed when there was no access to health services.

It was possible to observe in the speeches of the participants that they suffer discrimination in health services, and this discrimination constitutes an important barrier to access the health services. During the discussions, several times trans people reported feeling discomfort and fatigue in exposing trans identities. Discrimination and / or fear of suffering causes people to move away from health services when they are fragile due to illness.

"It's just that recently, in August, I started getting sick. [The Florianópolis Primary Health Care Clinic for Trans People was too far from home]. And I started to look really bad. I was 4, 5 days with fever, almost 40 degrees, I started to have delusions at night, but that so badly I did not have the courage to go to my neighborhood health facility because I knew the embarrassment that I was going to spend there again, having to explain everything; so I preferred to stay at home, I stayed a few weeks very sick, medicating myself, but I was not feeling prepared [to go to the health center] because it was August and I was four months in hormonal therapy, so it was very early in the transition. "(H3)

The *Florianópolis Primary Health Care Clinic for Trans People*[28] was an initiative of physician residents and was constituted through articulation with the Human Rights Association with a focus on sexuality (ADEH).

In addition, people have reported feeling themselves as "harmful" because the professionals do not know how to deal with or how to treat them. After living in this type of situation, people reported not returning to health services.

"On this subject that is being discussed: I believe there is a lack of knowledge, a lack of commitment, a lack of professionalism with us, [they are] unprepared professional, and very unwilling to understand us [other participants agree]. So, when we get there [at the health service in general], we're treated like an ET. I feel like an ET. Yeah, nobody knows what to do with us, and they do not know which doctor will talk to us. (H2)

The barrier of discrimination becomes very important to be analyzed because it causes trans people to avoid leaving home to seek health services, as they may suffer situations fraught with stigma and humiliation. This situation of discrimination was also discussed in a study on inequalities in the health public services with transvestites in the city of Porto Alegre, Brazil, which pointed out that there were discrimination situations both by doctors and by reception professionals.

Another point discussed was the lack of preparation of the health services professionals to deal with trans issues, which also constitutes an access barrier. This lack of preparation occurs when the right of the trans people to be called by their social names is not recognized, for example.

Although the National Policy for Integral LGBT Health Care[14] guarantees the right to use the social name, this has not been happening in most of the health services accessed by the people participating in the focus group. This is still a barrier to be overcome in the municipality of Florianópolis, except for the Trans Ambulatory described earlier, where doctors and professionals respect the social name.

The Ministry of Health offered an online course for health professionals and those who are most interested in this Policy. However, the accomplishment of this course depends on the initiative of each professional. A recently published study[18] showed that the social name was not respected by the majority of health professionals.

There is a lack of preparedness to deal with transgender bodies' issues. For the trans female participant of this study, whose breasts have industrial silicone, there is a concern that doctors do not know how to deal with this silicone. According to her there is no doctor or service that she can use. In addition, as the group had the participation of more trans men, a point that called attention was the trip to the gynecologist by trans men. The reports indicate that they consider professionals of this specialty unprepared to deal with their bodies. At the same time, they fear they will not be respected and, despite their bodies making demands for this specialty, they prefer not to go to the doctor's office.

It is necessary to think about the academic process of formation of doctors and health professionals, and include the understanding of sex as a synonym of gender. When a trans person accesses the service with their specific demands, they encounter unprepared professionals, which can lead to gender-based violence. A study published by Rufino et al. sought to understand how the professors of the Brazilian medical universities were teaching sexuality to their students and concluded that this teaching has been carried out in a fragmented way, with an organic and pathological bias, with little emphasis social and behavioral aspects. Moreover, Costa et al. pointed out that the use of industrial silicone by trans women may be considered an indicator of failure of the Brazilian health system.

Other barriers that have proved important were those related to infrastructure. We could hear about problems in the computer system as well as access to hormones and blood tests. The computer systems existent in hospitals and health centers still pose as a barrier, because according to reports, this system is binary and uses the female and male to classify people and not the gender options. In addition, people have pointed out that even where healthcare professionals respect the social name, there is a difficulty in finding it in electronic medical records, which creates a situation of discomfort in trans people.

"When I get into their system [in the outpatient clinic], my social name still does not appear as a first option, so I have a hard time finding my social name, so I always have to present a document". (H1)

This problem was pointed out in the study carried out by Roberts and Fantz as a structural barrier. Computer systems use a binary identification of male and female. Efforts are needed to upgrade systems to make them more inclusive. There is also a barrier to access hormones, since they are not available for trans people. Hormones are only provided by the State for those people who are part of the transexualizing process of the public health system and by the municipality only for cisgenic women.

In addition to the hormone barrier, there is a difficulty in getting blood tests monitoring the hormone levels. This has been a barrier not only for trans people, but also for the population of the municipality in general that uses public health services.

Regarding the blood tests, Roberts and Fantz make an interesting discussion. Many of the biochemical parameters used as reference values come from studies with people who are cisgenic, which makes it difficult to evaluate the results of trans people blood tests.

The general health issues of trans people connect with their context and social condition. Many of the discussions in the focus group ended up hitting the use of hormones, the construction of their bodies and the difficulties faced by the exposed barriers.

Participants, while reporting the barriers faced, also cited strategies used to overcome barriers. Among them is the purchase of hormones in pharmacies, surgeries with private doctors, support of another trans person to go to a health service, use of accessories such as binder (part that minimizes the appearance of breasts) and packer (penile prosthesis for daily use). In addition, one of the participants talked about the parallel market to get hormones and surgeries through the internet. These strategies, besides having a high cost, show that the public health service can not meet the demands of trans people, making them find alternatives outside of them.

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