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Snow ball method in qualitative research with sheets and transexual women

Método de bola de nieve en investigación cualitativa con sábanas y mujeres transexuales

Método bola de neve em pesquisa qualitativa com travestis e mulheres transexuais

ABSTRACT

Objective: to report the experience of using snowball sampling as a possibility for nursing research with transvestites and transexual women. **Method:** this is a descriptive study, of the experience report type, which describes the use of snowball sampling for the creation of networks of references from a qualitative research, held in 2018, which involved transvestites and transexual women. **Results:** the snowball sampling allowed the study population to be found through its key informants, called Seeds, which facilitated the construction of a network of contacts, in addition to being mediators for scheduling meetings, culminating in the development of the stage data collection. **Conclusion:** this experience demonstrated the importance of using the snowball method in nursing research whose population to be studied lives with a condition of social invisibility or when the theme addresses issues of an intimate nature.

DESCRIPTORS: Nursing Research; Transvestism; Transsexualism.

RESUMEN

Objetivo: relatar la experiencia de utilizar el muestreo de bola de nieve como posibilidad de investigación en enfermería con travestis y mujeres transexuales. **Método:** se trata de un estudio descriptivo, del tipo relato de experiencia, que describe el uso del muestreo bola de nieve para la creación de redes de referencias de una investigación cualitativa, celebrado en 2018, que tuvo como participantes a travestis y mujeres transexuales. **Resultados:** el muestreo de bola de nieve permitió encontrar la población de estudio a través de sus informantes clave, denominados Semillas, lo que facilitó la construcción de una red de contactos, además de ser mediadores para programar reuniones, culminando con el desarrollo de la etapa de recolección de datos. **Conclusión:** esta experiencia demostró la importancia de utilizar el método bola de nieve en la investigación en enfermería cuya población a estudiar vive con una condición de invisibilidad social o cuando el tema aborda temas de carácter íntimo.

DESCRIPTORES: Investigación em Enfermería. Travestismo. Transexualidad.

RESUMO

Objetivo: relatar a experiência da utilização da amostragem bola de neve como possibilidade para pesquisas em enfermagem com travestis e mulheres transexuais. **Método:** trata-se de um estudo descritivo, do tipo relato de experiência, que descreve a utilização da amostragem em bola de neve para a criação de redes de referências de uma pesquisa qualitativa, realizada em 2018, que teve como participantes travestis e mulheres transexuais. **Resultados:** a amostragem de bola de neve permitiu encontrar a população de estudo por meio de suas informantes chave, denominadas Sementes, que facilitou a construção de uma rede de contatos, além de terem sido mediadoras para o agendamento dos encontros, culminando no desenrolar da etapa de coleta dos dados. **Conclusão:** esta experiência demonstrou a importância da utilização do método bola de neve em pesquisas em enfermagem cuja população a ser estudada conviva com uma condição de invisibilidade social ou quando a temática aborda assuntos de cunho íntimo.

DESCRIPTORIOS: Pesquisa em Enfermagem; Travestilidade; Transexualidade.

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INTRODUCTION

Contemporary society is organized from a binary definition of gender, historically constructed by relations of knowledge and power, directing people to the male or female "world" from birth, having the effect of establishing cisnormativity, a norm that it also produces the domain of deprecated and ignoble bodies, being responsible for the exclusion and marginalization of identities considered unintelligible to current social standards. The gender order is present in our bodies, identities, economy, behavior, clothing and language.⁽¹⁾

Although cisnormativity is seen as a standard, each being is able to build their own gender identity, overcoming male and female barriers. Breaking this barrier is something transvestites and transsexual women experience: both are marked at birth as belonging to the male gender, but they present a social understanding built of themselves that locates them in the female gender universe.⁽¹⁻³⁾

The Ministry of Health presents as a definition in its primary care forms that a transvestite is a man in the anatomical physiological sense, but relates to the world as a woman, molding her body with female forms (through the use of feminizing hormones and/or applications of silicone). Transsexual women are people whose gender identity is opposite to their biological sex, that is, they are psychologically of one sex/gender and anatomically

of another, and in this sense they wish to be accepted and respected in accordance with their self-declaration.⁽⁴⁾ In the present study, we will designate transvestites and transsexual women as trans people.

Trans people have historically been pathologized in medical-psychiatric discourses, but nowadays due to political and social changes, reflections of the struggle and resistance of these groups, they are no longer seen as having mental disorders and to these categories are added philosophical, epistemological and social parameters, which has been contributing to the depathologization and integrality of care.^(1,4-5)

In our society, the economic development process is linked, in the social sphere, to countless inequalities and lack of investments.⁽⁶⁾ Trans people are the ones who suffer the greatest prejudice and discrimination, both in the family and social environment and in health services, whether due to transphobia or discrimination linked to poverty, race/color, physical appearance or lack of specific health services. Being outside the heteronormative pattern is still a risky situation in which violations of rights are committed frequently and for different reasons.⁽⁷⁻⁸⁾

In the process of searching for trans people to meet the inclusion criteria of a scientific research developed in the Postgraduate Master's Degree Course in Nursing at the Federal University of Juiz de Fora, there was, at first, great difficulty in accessing the participants, as they avoid

use public health services, where barriers to dialogue with health professionals and disrespect for their social name are barriers, in addition to offering a medical-curativist model aimed at the pathologization of their self-declaration that proves unable to respond their health demands in full.⁽⁹⁻¹¹⁾

We start from the identification of those who declare themselves, preventing previous judgments and a priori definitions from being part of the inclusion criteria used, and we found in the snowball sampling the possibility of accessing the population of transvestites and transsexual women.

In this context, this study aims to report the experience of using snowball sampling as a possibility for nursing research with transvestites and transsexual women.

METHOD

This is an experience report with a critical-reflective approach, about the use of snowball sampling for the creation of reference networks of a qualitative research based on the phenomenology of Martin Heidegger, developed with ten transvestite and transsexual women participants.

This study was carried out in 2018 in a city in the interior of Minas Gerais and met the ethical standards for research with human beings, having been approved by the Research Ethics Committee of the Federal University of Juiz de Fora under CAAE 68776017.0.0005147.

EXPERIENCE REPORT

Snowball sampling or link-tracing is a non-probabilistic sampling that uses reference chains built from people who share some characteristics that are of interest to the study or know of others who have them. It is an applicable method when the object of study is composed of groups that are difficult to access or when the study seeks to investigate private matters. This technique enables contact with populations with difficult access or with peculiarities. It is an economic process that requires planning, but uses few human resources. Regarding the inconveniences, it is worth mentioning the lack of control over the composition and size of the sample. ⁽¹²⁻¹⁴⁾

The creation of the network of phenomenological contacts and meetings was constituted by completing the following steps:

Step 1: For the use of snowball sampling, possible key informants (called seeds) who could access participants who declared themselves as transvestites or transsexual women were initially identified. The seeds help the researcher to initiate their contacts and get closer to the group to be studied. ⁽¹²⁾ The two initial participants were transvestites and transsexual women registered by the locus family health team of one of the researchers. Later, other seeds were accessed to form the network of contacts.

Step 2: A place of choice for the participants was scheduled for the meeting, upon prior guidance that the place should

provide comfort and privacy, with the presence only of the researcher and the participant. An open interview composed of questions that allowed interaction with the participants was used to collect the information. From the moment that no new meanings emerged, the information collection stage was completed.

Step 3: After each meeting, the participants indicated by the seed were asked to point out other contacts, within their social network, with the characteristics desired by the researcher. Thus, the number of participants can increase with each interview.

After each meeting, the interviews recorded in audio files were transcribed in full and read exhaustively. Also, a field diary was prepared in which the non-verbal expressions of the interviews were described. The contact network became saturated when the seeds indicated participants that had already been suggested before.

Experience Description

During its constitution, two people refused to participate in the study, and one participant did not meet the inclusion criteria developed initially: self-declared as a transvestite or transsexual women, aged 18 years or over, regardless of color, religion and orientation sexual, being a citizen and using at least one of the SUS health services offered in the municipality in question. The details of the network of contacts accessed can be seen in Figure 1.

Seed 1 was the participant initially accessed through direct contact, as it is a

registered user in the territory of operation of one of the researchers. She met the criteria for inclusion in the study and consequently was participant 1.

Seed 2, also a participant, indicated two potential participants who were included in the study. After meeting with seed 3/participant 4, it was possible to meet with participant 5.

As they indicated participants who had already been accessed, it was necessary for the researcher to look for new seeds. It is believed that the repetition of the indications for the formation of the network of contacts is due to the fact that the city where this study was carried out is classified as small.

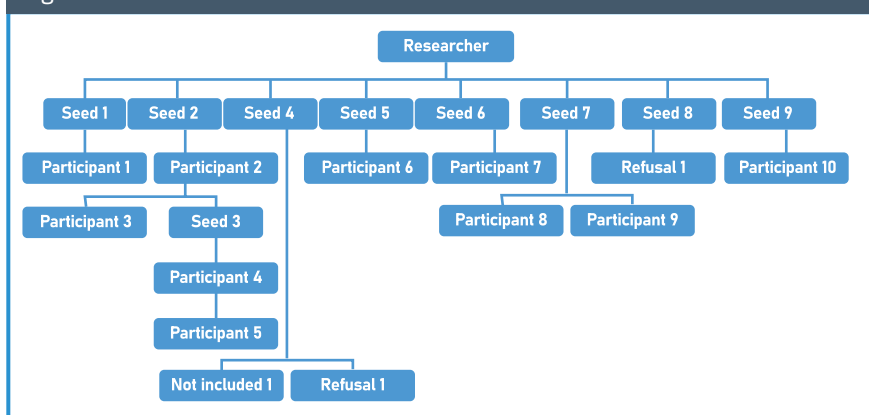
Semente 4 was a nurse who works in primary care. During the meeting with the possible participants, one did not identify herself as a transvestite, being excluded from the study. The second potential participant refused to participate. It is believed that this fact reflects the invisibility condition in which they are inserted. In these cases, they were not asked to indicate potential participants.

The other seeds ^(5, 6, 7, 8 and 9) were health professionals from the healthcare network in the city who indicated participants included in the study ^(6, 7, 8, 9 and 10). After each meeting, the suggestion of new participants was requested, but the indicated people had already been approached before. For ethical reasons, the researcher did not report which participants had already been contacted.

DISCUSSION

Access to the participants through this method provided satisfactory interaction between the researcher and this population, as this meeting was no longer between strangers. The fact that the seeds are responsible for mediating the encounter between the researcher and the participants facilitated the realization of the meetings, since, as the researcher was someone known to the seed, the participant did not show strangeness, providing the unveiling of the being. Therefore, the researcher was recognized as

Figure 1 – Activated Contacts Network



a person who seeks to understand the participants' way of life.

The National Policy on Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) proposes, among others, the encouragement and realization of scientific research, technological innovations and sharing of therapeutic advances aimed at the health needs of this population.⁽¹⁴⁾

For this, it is necessary to give a voice to transvestites and transsexuals, since, among the LGBT population, they are the ones who suffer most from prejudice and discrimination in social and family environments. By extension, they are also the ones who most experience prejudice in health services.⁽¹⁵⁾

Self-declaration of gender identity registered on primary health care forms proved to be one of the ways to map the desired population for the research, since the use of snowball sampling requires that researchers have knowledge about key informants inserted in the population to be studied, before starting the data collection procedure.

Because it is a population that experiences invisibility, the encounter mediated by similar people can minimize an ethical dilemma, as the researcher did not make use of prior judgments, categorizing those who experience transvestility and transsexuality, but instead sought the members of this network contacts in order to select those who saw themselves socially as transvestites or transsexuals.

CONCLUSION

Snowball sampling was an appropriate tool for research with trans people who in daily life live with invisibility and generally relate in a network with those who have characteristics similar to theirs and that, in the case of this method, the characteristics are defined by the participant himself. Through the formation of the network of contacts, it was possible to reach the saturation of the necessary information, which enabled the development of the research.

As a limitation of the study, this research was limited to the reality experienced by trans people who used the public service linked to the SUS, therefore it did not include those who only use private health services. ■

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