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Difficulties faced in the access to health by LGBT users

Dificultades enfrentadas al acceso a la salud por los usuarios LGBT

Dificuldades enfrentadas no acesso à saúde por usuários LGBT

ABSTRACT

The problems faced in terms of access to health services by LGBT users are still complex, specifically, in the cases of transvestites and transsexuals. This is the outline of a research project with a qualitative approach, which aims to reveal the perceptions of LGBT people regarding the care they receive in the health services of Cuiabá - MT. The conversation wheel methodology was used for data collection. The subjects reported the health professionals' unpreparedness in welcoming and meeting their demands, demonstrating that the academy does not prepare them for this type of specific care, nor that the comprehensive health policies for LGBT health are implemented in practice. Spaces of speech and listening enable subjects to express their feelings and experiences, allowing them to express how health care should be with equity and quality.

DESCRIPTORS: Sexual and Gender Minorities; Equity in Access to Health Services; Primary Health Care.

RESUMEN

Los problemas que enfrentan los usuarios LGBT en materia de acceso a los servicios de salud son aún complejos, específicamente, en los casos de travestis y transexuales. Este es el esquema de un proyecto de investigación con enfoque cualitativo, que tiene como objetivo revelar las percepciones de las personas LGBT sobre la atención que reciben en los servicios de salud de Cuiabá - MT. Para la recolección de datos se utilizó la metodología de la rueda de conversación. Los sujetos relataron la falta de preparación de los profesionales de la salud para acoger y atender sus demandas, demostrando que la academia no los prepara para este tipo de atención específica, ni que las políticas integrales de salud para la salud LGBT se implementan en la práctica. Los espacios de habla y escucha permiten a los sujetos expresar sus sentimientos y vivencias, permitiéndoles expresar cómo debe ser la atención de la salud con equidad y calidad.

DESCRIPTORES: Minorías Sexuales y de Género; Equidad en el Acceso a los Servicios de Salud; Atención Primaria a la Salud.

RESUMO

Os problemas enfrentados quanto ao acesso aos serviços de saúde pelos usuários LGBT ainda são complexos, de modo específico, nos casos das travestis e transexuais. Este é o recorte de um projeto de pesquisa com abordagem qualitativa, o qual objetiva desvelar as percepções dos LGBT quanto aos atendimentos que recebem nos serviços de saúde de Cuiabá - MT. Foi utilizada a metodologia da roda de conversas para coleta de dados. Os sujeitos referiram despreparo dos profissionais da saúde no acolhimento e atendimento às suas demandas, demonstrando que a academia não os prepara para este tipo de atenção específica e nem as políticas de saúde integral à saúde LGBT estão efetivadas na prática. Espaços de fala e escuta possibilitam aos sujeitos expressarem seus sentimentos e vivências, permitindo-os expressar como deveria ser o atendimento à saúde com equidade e qualidade.

DESCRIPTORES: Minorias Sexuais e de Género; Equidade no Acesso aos Serviços de Saúde; Atenção Primária à Saúde.

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Neudson Johnson Martinho

Bachelor and Teaching degree in Nursing and Technologist in Higher Education Management. Graduated in Nursing from the University of Fortaleza - UNIFOR (1997).

ORCID: 0000-0001-9176-2729

Victor Hugo Martins Santos

Event technician by the Federal Institute of Mato Grosso - Campus Cuiabá-MT. Graduation in progress in the Nursing course at the Federal University of Mato Grosso - Campus Cuiabá-MT.

ORCID: 0000-0002-8828-2377

Cristiane Maria Amorim Costa

Nurse. Graduated in Nursing from the Federal University of Rio de Janeiro (1985).
ORCID: 0000-0003-1089-2092

Cristiano Bertolossi Marta

Graduation in Nursing from the State University of Rio de Janeiro (2002).
ORCID: 0000-0002-0635-7970

Edneiva dos Santos Bacani

Undergraduate student in nutrition at the Federal University of Mato Grosso.
ORCID: 0000-0003-4901-2961

Rosani Siqueira Viana Moraes

Graduated in Nursing at the Institute of Higher Education of Mato Grosso.
ORCID: 0000-0003-1075-2161

Karoline Cristine Aparecida Ribeiro Ramos

Graduated from the Nursing Course at Faculdade Icec. University Campus of Cuiabá-MT.
ORCID: 0000-0002-0737-2726

INTRODUCTION

LGBTphobia, which exists in some health professionals, shows their unpreparedness during their academic training regarding qualified service to the specific needs of LGBT users. Most professionals, in addition to the preconceptions they carry, are unaware of how to address and take care of issues inherent to bodily changes caused by the use of hormones and silicone, as well as, they do not have specific and respectful actions in this segment, which guarantee the quality of care⁽¹⁾.

In this sense, the right to non-discrimination and dignity are humanly fundamental. All forms of prejudice and discrimination, as in the case of homophobia, which include: lesbophobia, gayphobia, biphobia, travestiphobia and transphobia, must be considered in the social determination of psychological suffering that adds to the emergence of psychosomatic diseases⁽²⁾.

In addition, the Pan American Health Organization - OPAS⁽³⁾ says that, compared to heterosexual people, LGBT people have worse health conditions caused by chronic stress and social isolation, as well as high rates of depression and suicidal ideas, anxiety, abuse of tobacco, alcohol and psychoactive substances.

In this sense, the health problems of

the lesbian, gay, bisexual and transvestite and transsexual (LGBT) population are very complex, and the Unified Health System (SUS) must commit efforts and interests to the priorities of this group, due to such a violation of rights and the social exclusion to which it is exposed, including in care spaces, such as health services. Homophobia and prejudices denounce the disqualification in the attention given in health services^(4,5).

The phenomenon regarding non-reception and qualified care for LGBT people suggests that comprehensive health policies and programs for these users are still very timid or just theoretical. There is little incidence of practical actions that legitimize the national comprehensive health policy for this population, as well as the ignorance on the part of many health professionals⁽⁶⁾.

In view of the identified framework, we prepared this work, which is an excerpt from the extension project: "Health and public policies: Dialogues, educational processes and propositional actions with the LGBT population", registered at SIEEX under No. 080320182122211105 and at the Ethics in Research at UFMT, with approval number 2,740,579 / 2018.

With this study we aim to reveal the perceptions of LGBT people regarding the care they receive in the health services

of Cuiabá - MT, so that based on the statements learned, we can reflect on strategies that can contribute in the medium or long term to the implementation of public policies, better access and quality in health services for these users.

METHODOLOGY

The actions developed in the above project are subsidized in Paulo Freire's Pedagogy, with the conversation wheel methodology. As a complement, the dynamics of the conversation wheel occurs from a theme that generates dialogue and with a stimulating dynamic for the participation of the subjects. The conversation wheel method was chosen because it allows a space for speech and listening, facilitating the exchange of experiences and interaction between participants.

The project is developed at the Faculty of Medicine of the Federal University of Mato Grosso (UFMT), once a month, on Saturdays in the morning. Participants are invited by extension fellows through social networks and direct contacts. During the rounds already held, since we started the project, we had the participation of undergraduate students, a master's student, a university professor, a psychologist and a doctor, all belonging to the LGBT acronym, in addition to some straight participants.

In the first round of conversation, we worked on the generator theme “Self-knowledge and acceptance of yourself”, we used a dynamic that worked on the quality that each one considered having from their name, followed by a reflection based on the song “True Colors” interpreted by Cyndi Lauper, who addresses the question of the person being himself, letting his true colors appear.

In the process of dialogue and reflection in the circle, statements were made by some members about what it was like to face prejudice, in a specific way, coming from the family itself. Others made observations regarding the unpreparedness of health professionals to assist LGBT people and the importance of this project as a space for discussions about this issue.

In the second wheel, the generating theme was “The representativeness of the LGBT acronym with a focus on education and health”. We started with a dynamic, which consisted of passing a box with keywords related to the topic addressed. The selected words were social support, dignity, support, health, social name, inclusion, coping with prejudice, quality of life and health.

In this round of conversations, we brought people who fight for the cause, each with their own demands and particularities, to stimulate dialogue based on each person's experiences, especially in relation to health. Among the guests who shared their experiences were a gay man, a bisexual woman, a transsexual man and a trans woman. Each guest explained about their experience in relation to health education, as the realities and difficulties encountered may differ between lesbians, gays, bisexuals, transsexuals and intersexuals.

The exchange of experiences, reflection and discussion on problems experienced in daily life bring relevant influences on the perception and action on life in the individual and collective dimensions, and may emerge from these spaces of speech and listen to new attitudes and resilience strategies on the part of the individual in the face of societal confrontations.

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During the conversation circles, the speeches were recorded by the observer and systematized and recorded by the team of two researchers outside the circle.

The participating subjects were represented by the letter corresponding to the type of population they were representing, being L for Lesbian, G for Gay, B for Bisexuals, T for Transvestites, Transsexuals and Transgenders.

Arabic numbers correspond to the number of subjects from each population that participated in the research.

RESULTS AND DISCUSSION

After analyzing the data, three thematic categories were established, namely: Disrespect for gender identity and sexual orientation, Psychological suffering of the LGBT population and Absence of support and structure in health services.

Disrespect for gender identity and sexual orientation

“There is disregard to Decree 8.727,28.04.2016, which provides for the use of the social name and recognition of gender identity. Lack of progressive policies in schools” (L1).

“Only if you have minimally dignified treatment in the single health system after your health is already compromised, you don't have that dignity guaranteed before” (G1).

“Whenever I seek health services, I come across unprepared professionals and lack of awareness” (L1).

Psychological suffering of the LGBT population

“I was extremely affected by the psychological situation because I assumed that I was very young, I didn't have a good relationship with the family and I didn't have support and treatment in the right way at the time” (L2).

"[...] mental health very shaken by the lack of understanding and prejudice in society. This develops anxiety, depression eating disorders. And it has led many to attempt suicide" (G2).

Absence of support and structure in health services

"[...] Absence of support and structure in health services The debates in Cuiabá are very weak [...] there is a request to the university hospital Júlio Muller for an outpatient clinic to serve this population, however, this procedure is very bureaucratic" (L2).

"It is necessary to have a specialized multidisciplinary team, such as psychologist, psychiatrist, endocrine, plastic surgeon, sexologist, among others" (G1).

"Until today courses in the health area (medicine, nursing and others), still do not prepare professionals to serve this specific population" (L2).

All these issues pointed out in the categories show that the public policy objectives for this segment are chimera, like objectives II and III, specifically that go against the reality pointed out in the statements of the study participants: "II - expand the population's access LGBT to SUS health services, guaranteeing people respect and

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provision of health services with quality and resolution of their demands and needs; III - qualify the SUS service network for comprehensive care and health care for the LGBT population"⁽⁴⁾.

As well as the unpreparedness of most health professionals in welcoming and assisting this population, it demonstrates that specific comprehensive health policies and programs for these users are still very timid and only in the theoretical field⁽⁶⁾.

FINAL CONSIDERATIONS

The problem in relation to care in health services in the perceptions of LGBT subjects in the city of Cuiabá - MT can be similar to that of other places in Brazil, a phenomenon that leads us to infer that public policies aimed at these users in Brazil are not in fact, they were still very much in the field of theory and good intentions.

We believe that extension projects that address this theme stimulate propositional reflections and movements that take shape in actions that in the medium and / or long term can contribute to necessary changes in the LGBT health scenario.

Enabling spaces for speech and listening through conversation circles brings therapeutic aspects in the sense of working on the subjects' mental health by allowing them to express their feelings and experiences, allowing them to get out of the bonds of repression that often makes it impossible to speak, hear and be heard. ■

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