

# The experience of trans or transvestite women in accessing public health services

*O vivido de mulheres trans ou travestis no acesso aos serviços públicos de saúde*

*La experiencia de las mujeres trans o travestis en el acceso a los servicios públicos de salud*

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## ABSTRACT

**Objective:** to understand the meanings of being a trans or transvestite woman in the care provided by Unified Health System health professionals. **Methods:** qualitative research, guided by Heidegger's phenomenology, with 10 trans or transvestitewomen residing and using the Unified Health System in a municipality in Minas Gerais. Fieldwork was carried out by interviews. **Results:** trans or transvestitewomen reproduce the social patterns constructed and accepted by the female, with the search for hormonization being common, and, when it is difficult to obtain a prescription, they resort to self-medication. Social name use and acceptance by health professionals promote recognition. Trans or transvestitewomen experience prejudice on a daily basis, not only by professionals, but also because of the assumption of diagnoses by other users. **Final considerations:** transphobia promotes withdrawal from health services, due to fear, shame, knowledge about professionals' unpreparedness, triggering illness, social exclusion and violence.

**Descriptors:** Nursing; Transsexuality; Gender Identity; Health Services Accessibility; Sexual and Gender Minorities.

## RESUMO

**Objetivo:** compreender os sentidos de ser mulher trans ou travesti nos atendimentos realizados por profissionais de saúde do Sistema Único de Saúde. **Métodos:** pesquisa qualitativa, norteada pela fenomenologia de Heidegger, com 10 mulheres trans ou travestis residentes e usuárias do Sistema Único de Saúde de um município mineiro. Trabalho de campo foi realizado por entrevistas. **Resultados:** mulheres trans ou travestis reproduzem os padrões sociais construídos e aceitos ao feminino, sendo comum a busca pela hormonização e, havendo dificuldade em obterem a prescrição, recorrem à automedicação. A utilização e a aceitação do nome social pelos profissionais de saúde promovem seu reconhecimento. Mulheres trans ou travestis vivenciam cotidianamente o preconceito, não somente por profissionais, mas também pela suposição de diagnósticos por outros usuários. **Considerações finais:** a transfobia promove o afastamento dos serviços de saúde, por medo, vergonha, conhecimento sobre o despreparo dos profissionais, desencadeando adoecimento, exclusão social e violência.

**Descritores:** Enfermagem; Transexualidade; Identidade de Gênero; Acesso aos Serviços de Saúde; Minorias Sexuais e de Gênero.

## RESUMEN

**Objetivo:** comprender los significados de ser mujer trans o travesti en la atención brindada por profesionales de salud del Sistema Único de Salud. **Métodos:** investigación cualitativa, guiada por la fenomenología de Heidegger, con 10 mujeres trans o travestis residentes y usuarias del Sistema Único de Salud en un municipio de Minas Gerais. El trabajo de campo se llevó a cabo mediante entrevistas. **Resultados:** las mujeres trans o travestis reproducen los patrones sociales construidos y aceptados por la fémina, siendo común la búsqueda de la hormonalización y, cuando es difícil obtener una receta, recurren a la automedicación. El uso y aceptación del nombre social por parte de los profesionales de la salud promueve su reconocimiento. Las mujeres trans o travestis experimentan prejuicios a diario, no solo por parte de los profesionales, sino también por la asunción de diagnósticos por parte de otros usuarios. **Consideraciones finales:** la transfobia promueve el alejamiento de los servicios de salud, por miedo, vergüenza, conocimiento sobre la falta de preparación de los profesionales, desencadenando enfermedades, exclusión social y violencia.

**Descriptorios:** Enfermería; Transexualidad; Identidad de Género; Accesibilidad a los Servicios de Salud; Minorías Sexuales y de Género.

## INTRODUCTION

An individual's sexual orientation is related to the sense of sexual desire, whether with people of the opposite sex, the same sex or both. Gender identity, on the other hand, is understood as a sense of oneself as a man, woman or something outside these categories. Biological sex is marked by physiological issues and attributed to birth, classifying beings as male or female<sup>(1)</sup>.

The Federal Council of Medicine considers that transsexual women are those born with the male sex who identify themselves as women, i.e., the person is psychologically of one sex and anatomically of another. Transvestites are people who were born with one sex, identifying themselves and presenting phenotypically in the other gender, but accepting their genitalia<sup>(2)</sup>.

The categories trans and transvestite women permeate medical-psychiatric discourses, but it is necessary to add philosophical, epistemological and social parameters, aiming at comprehensiveness of care<sup>(3)</sup>.

The visibility and understanding of these concepts, as well as their social acceptability, are still recent. Transgender people suffer the greatest prejudice and discrimination in the family and social environment and, by extension, in health services, either due to transphobia or discrimination linked to poverty, race/color, physical appearance or lack of specific health services. Consequently, being outside the heteronormative pattern still configures a risk situation in which rights violations are committed frequently and for various reasons<sup>(4-6)</sup>.

There is a scenario of slavery in which trans and transvestites are subject to different shades represented by the figure of the State as those that reproduce social norms of behavior considered appropriate or pseudo normal, striking them, in every way, through a heteronormative, excluding, totalitarian and authoritarian policy, making them feel abject beings of this restrictive thought, suffering from the moralistic, discriminatory and stigmatizing terrorism of an established and validated social policy that seeks to socially exclude them from public spaces<sup>(7)</sup>. Therefore, trans and transvestite women, as an escape from acts of violence and discrimination, avoid walking in public spaces, such as the street, the market, the bakery, the pharmacy, etc. Few attend schools or are inserted in the formal labor market and often stop looking for health services, living in a condition of invisibility<sup>(8-9)</sup>. This evasion, especially from the health service, causes harm to trans people.

Health professionals should provide support regarding emotional challenges related to gender identity, discussing clinical options for gender affirmation, as well as support to family members, who may also need health care<sup>(10)</sup>.

Studies indicate that trans people describe the Unified Health System (SUS - *Sistema Único de Saúde*) as a system with little capacity to provide adequate care and assistance, cataloging discriminatory events and difficulties in relation to the use and respect for their social name. Even with policies that guarantee this right<sup>(4,8)</sup>, they continue to be pointed out as those that face more difficulties to access health services, from primary care to high complexity, among the entire population of lesbians, bisexuals, transvestites and transgender people<sup>(7,11)</sup>.

By directing our gaze to the specificity of the meaning attributed to the so-called trans or transvestite woman, we hope to

contribute to ruptures and fissures in the reductionist, hygienist and eugenicist framework present in most health services.

Heidegger's phenomenological perspective assists in this understanding, because research using phenomenology allows health professionals to make sense of their experiences and work activities, allowing them to return to attention and reflection on the reality and the way of being with others in the world of care, in the attempt to provide respectful, qualified care, with respect to universal right to health.

## OBJECTIVE

To understand the meanings of being a transgender or transvestite woman in the care provided by SUS health professionals.

## METHODS

### Ethical aspects

To ensure anonymity, participants were coded using the term PT, regardless of whether they declared themselves transvestites or transsexuals. In compliance with Resolution 466/2012 of the Brazilian National Health Council, the research was approved by the Research Ethics Committee of the *Universidade Federal de Juiz de Fora*.

### Theoretical-methodological framework

The theoretical, methodological and philosophical foundation was the Heideggerian Phenomenology<sup>(12)</sup>, with a view to approaching the understanding of the phenomenon of being a trans or transvestite woman in the care provided by SUS professionals, carried out in a municipality in *Zona da Mata* in 2018.

### Study design

This is a qualitative study, in which we use the Consolidated criteria for Reporting Qualitative research (COREQ) to guide, sustain and guide the methodology of this study<sup>(13)</sup>.

### Methodological procedures

To reveal the meanings of being a trans or transvestite woman in the care provided by SUS health professionals, interviews were carried out with ten participants, of whom six declared themselves to be trans women, and four, transvestites. For inclusion in this study, the criteria used were residing in the municipality, self-declaring as a trans or transvestite woman, aged 18 years or older, regardless of color, religion or sexual orientation. Those who did not use at least one of the SUS health services available in the municipality were excluded.

Before starting the research, interviews were conducted with two trans women, in order to adapt the interlocution script to the proposed objectives. This moment was configured as a methodological strategy that allowed assessing the research script applicability before contacting the participants defined for the study, aiming at the elaboration of the understanding<sup>(14)</sup>.

## Study setting

The municipality belongs to southeastern Minas Gerais state, in the mesoregion of *Zona da Mata*, with an estimated population of 75,942 inhabitants and Human Development Index of 0.751<sup>(15)</sup>.

It presents as institutions linked to SUS a general hospital, 21 Basic Health Units with Family Health Strategy, a polyclinic that provides secondary care in angiology, cardiology, dermatology, physiotherapy, gastroenterology, gynecology, pulmonology, orthopedics, ophthalmology and urology. The other medical specialties that the municipality does not provide are referenced to municipalities such as Juiz de Fora and Muriaé, among others. The SUS municipal network also has clinical analysis laboratories, a municipal center for radiology services, a municipal vaccination center, a testing and counseling service, a reference center in oncology and a center for dental specialties.

## Data source

For the selection of participants, the snowball method was chosen, as 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 access private matters. Through this method, chains of references are formed, built from people who share or know other people who have some characteristics that are of interest to the study. In this regard, the number of participants can increase with each interview. Regarding the inconveniences, it is worth mentioning the lack of control over the constitution and number of participants<sup>(16-17)</sup>.

## Data collection and organization

To obtain the reports with the ten participants included, a phenomenological interview was used, which is characterized by an existential approach, which aims to narrate the phenomenon by those who live the existential facticity to be unveiled. The interviewer's prejudices and judgments were put aside, and listening was carried out attentively, which made it possible to approach the person in front of him. Thus, it was possible to identify the meanings of the experiences presented by the speeches in the course of the narratives<sup>(18)</sup>.

To collect the information, an open interview was used, establishing an empathic relationship with participant, aiming to reveal the being's experience through the understanding of meanings. Each meeting lasted an average of 60 minutes, and was held in the environment chosen by the interviewees (home and work environment). The fact that the environment for the meeting was chosen allowed the trans and transvestites women interviewed to feel comfortable during the meeting. The following questions were used: how do you live your day as a trans or transvestite woman? When you have a health problem, where do you seek care? What do you think about the health care provided to you? Would you like to say anything else?

The interviews were ended when the researcher did not come across any new elements and the addition of new information was no longer necessary, as it did not change the understanding of the phenomenon studied<sup>(19)</sup>. During the collection of information, participants' speeches were recorded in an audio device

(portable recorder). A field diary was also used, which allowed the recording of behaviors, body expression, expressed emotions, silences, pauses in speech, looks, tears, laughter and gestures, which represents phenomenal dimension<sup>(20)</sup>.

## Data analysis

The testimonies were analyzed from two methodical moments in Heidegger<sup>(12)</sup>: Vague and Average Understanding, aiming at understanding the meaning that founds the existential analytics of being-in-the-world. Thus, it started with the transcription of participants' testimonies, putting prejudices in suspension, seeking to understand the phenomenon, that is, what was shown as the deponent's way of being. The hermeneutic analytical movement focused on understanding the meanings of being a trans or transvestite woman in the care provided by SUS health professionals.

The analysis of the statements culminated in four units of meaning (UM), namely: UM1 - The construction and maintenance of the feminine; UM2 - The importance of the social name: being recognized for who they are; UM3 - Prejudice present in health services; and UM4 - Counseling by laypeople and health professionals' unpreparedness: their influences on self-medication.

Subsequently, starting from the UM and using the researcher's own intuition movement, we sought to understand the meaning of individuals' experiences, opening the horizon to unveil the facets of the investigated phenomenon.

## RESULTS

Among the ten participants, participants' age ranged from 26 to 42 years. Regarding education, seven reported having attended high school, and three, elementary school. Among the participants, six self-declared to be white, three, black, and one, brown. As regards the situation on the labor market, only one declared herself unemployed. Three presented themselves as sex workers, two claimed to be self-employed, one as a decorator, two as hairdressers, and one as an office assistant. As for family income in minimum wages, a variation of one to five was found.

Only one participant claimed to be married, and the others were single. The age to start female construction ranged from 13 to 28 years old. Regarding the presence of diseases and follow-up, one said problems with varicose veins, and another, with rhinitis, performing follow-up in the private sector, since the medical specialties for these conditions are not offered by the SUS network in the municipality. The two interviewees who declared themselves to be people living with the human immunodeficiency virus stated that they were followed up by the SUS specialized care service. One of them, with bradycardia, stated that she did not follow up for the health problem. Five denied health problems.

The results showed that the meanings of being a trans or transvestite woman in the face of care provided by SUS health professionals permeate factors that interfere with their care.

## The construction and maintenance of the feminine

It was evidenced that the mental construction of the feminine leads to the creation of the feminine being, being complete (or

not) by bodily transformations. Esthetic and beauty standards, as well as the consumerism imposed by society, are valued and seen as a guarantee of the social acceptance of the feminine, as expressed:

*Hormonization, for me, will be very important. I did a lot of research before making this decision, so much so that it was only at age 36 that I started to prepare myself to take hormones. (PT 01)*

*The feeling of taking hormones is the same as stepping inside the house and saying that I am now a woman! It's the pain of my pleasure! I feel completely different, my psychology changes. I feel the needle entering me and I feel feminine! invigorates me! I get calmer, I get much more emotional. (PT 02)*

*I see myself as a normal woman in society, a person who is not judged. A person that people don't keep pointing the finger, I pass like that, unnoticed, I arrive like that anywhere and people treat me well. I'm not a vulgar person! (PT04)*

In their testimonies, regarding what it is like to 'be who they are', the participants expressed that they think and act like women, according to social standards constructed and accepted, emphasizing acts referring to behavior, tone of voice and female submission, reproducing concepts that point out the female being as delicate, submissive. They seek to maintain feminine standards and go unnoticed in society as trans women. They relate hormonization as one of the markers for becoming women, bringing out the sensitivity.

### **The importance of the social name: being recognized for who they are**

The social name emerges as a great achievement for trans people, leaving in the past the identification with the biological sex assigned at birth and presenting health professionals with the gender identity chosen by them, according to the following fragments:

*The best thing I did was use the social name! Best thing I've done in the world! It's pleasurable! You be recognized for who you are! Nobody knows I have another name. (PT 02)*

*The care of the professional nurse, technician [...] they treated me as a woman [they called her by her social name]. Even because I don't get there and give my baptismal name, I say that X [says his baptismal name] is my husband's name. (PT 03)*

*The social name is very important, because using it doesn't make me uncomfortable. Create an impact? That when we hand over the SUS card, the person thinks they will read another name than the one on there. (PT 04)*

*So, I arrive, I have a peaceful conversation and say, "I want to be called by my social name, this has to be respected". (PT 05)*

*I've had a problem with the name, so much so that today I managed to change the name on all my documents. I was very embarrassed. The physician kept calling the male name and I said, "I'm here!" and he kept calling, because he saw a woman there.*

*It was embarrassing for me, for him and for the public. That's when I thought "enough, this is bothering me a lot!". I changed everything... as if a new person was born. (PT 07)*

*The social name is everything to me! Is it hard to see that the X [says his given name] no longer exists? Now I'm someone else! My name is beautiful... you better not call me by my old name! (PT 10)*

The use and acceptance of social name by professionals were pointed out by participants as relevant factors for acceptance of being female, ensuring respect and avoiding embarrassing situations when using health services. The social name helps constructing the recognition of the female being and is pointed out as one of the best attitudes taken by them.

Even with the legislation in force throughout the national territory, it was noticed in the testimonies that, on several occasions, using the form of treatment must be requested by the user.

### **Prejudice present in health services**

It is noteworthy that, sometimes, individual prejudice goes beyond the limits of ethics and professional morals, materializing in prejudiced acts, including transphobia, according to the fragments:

*I don't even like to consult here [referring to the Basic Health Unit]. People already come to us here and talk... and people who are transvestites, if they are looking for a health business, they already say they are sick and people immediately think that it is something else. (PT 08)*

*You only use the basics [of the health services offered] [...] but I had a bad feeling in a service. I opened up to him and it seems that this created a certain difficulty. He used a certain prejudice. (PT 09)*

*I cannot understand how a health professional can be prejudiced. I know that you are people, that you have flaws [...], but so am I! It's a lot to look [...] it's very little case. That's why I avoid going [in Basic Health Units]. I do not feel well. I seem to be very sick. And we know that people immediately think it's AIDS. Am I going to ask for help in a place like this? Where do people look at me wrong? I'm out! (PT 10)*

It was possible to identify that prejudice is part of trans women's daily life when using health services, pointing out that not only health professionals can act disrespectfully.

Situations of experience of veiled prejudice, through looks, supposition of diagnoses by other users and the prejudice experienced also emerged in this UM.

### **Counseling by laypeople and health professionals' unpreparedness: their influences on self-medication**

The participating trans women highlight the importance of their social network to help in hormonal treatment prescription for constructing a true body. The previous experience of their peers proved to be indicative of successful treatment. The imminent desire for transformation leads to self-medication and can generate evasion of health services as a guarantee for achieving

their aspirations. Regarding nursing, one participant highlighted that she believes that the professional refused to administer the medication because she did not have a medical prescription, which could cause problems with the class council.

*I did something wrong, I talked to a friend of mine, who worked in a pharmacy, that I researched and found that queers are taking this hormone here, I would like to know if you do my hormonization process. He was my physician. He was my endocrinologist, he was my friend, he was everything!* (PT 02)

*The transvestites themselves recommended the hormone to me! We don't seek medical advice, no. We take care of ourselves, because we are ashamed to seek care.* (PT 06)

*I hormonized myself. I didn't look for health services, but I think there should be a specialized person for us to talk about this area. A specialist physician to attend to transgender.* (PT 07)

*The ones who gave me the hormone were my friends. We start, get excited, take it, take it [...] buy it at the pharmacy and take it. There are no professionals who understand these things. In a while, change these things and here will be someone who understands this.* (PT 08)

*I take hormones on my own. A friend of mine informed me that she has already taken it, recommended it to me and it is working! I often apply. I learned and applied myself. I look like this, but I mark an "X", I go outside and voilà. Everyone refuses to apply hormone; it seems they are afraid. I went looking for information, then the physician said, "I won't pass", then the other said, "Oh, no! This is not for me, I do not apply!". The nurse who assists us has difficulty applying to us [due to the lack of medical prescription], because I think she is afraid of somehow harming the registration in COREN [referring to the Regional Nursing Council] [...] then I do it myself.* (PT 09)

Sometimes, self-medication is due to the fact that they feel ashamed to seek health services. Others point out that they are faced with health professionals' unpreparedness for hormonization and that, at times, they have experienced refusal of hormone prescription by medical professionals. They also reveal that they feel the need for health professionals to seek to expand their professional knowledge to meet this demand, highlighting the need for specialized professionals to provide care.

## DISCUSSION

Starting from the interpretation of participants' statements, the meaning that founds the existential movement of being was sought, directing the researcher to the interpretative analysis, the understanding of the meaning of this veiled daily life, in a hermeneutic analysis supported by the work "Being and Time" by Martin Heidegger. Heidegger's hermeneutics is based on the understanding of meanings and interpretation of the meaning that presents human beings in their ways of being in the world, enabling the search for the essence of presence in their daily lives, which is, above all, the way of being of presence<sup>(12)</sup>.

Participants' way of being was revealed when they expressed aspects that support the construction and maintenance of the feminine in the face of socially imposed standards, the importance

of social nameuse and acceptance by health professionals, their everyday experiences when using health services, when they testified about the importance of their social networks for the transformation process and about health professionals' unpreparedness to support this desire.

Overcoming cisnormativity patterns and building their own gender identity goes through stages that reveal themselves as facticity, since they cannot predict, avoid or abstain from the reality of the desire to identify with the female gender or even to fall ill and need health care.

In their statements, participants point out that they saw themselves with gender identity opposite to that designated at birth since childhood or already feeling feminine or not identifying with male groups. A study conducted with trans adult people revealed the awareness of their gender identification from an early age, coinciding with the period of their lives where, systematically, there is the division of children between boys and girls, whether in the school environment or in social life<sup>(21)</sup>.

In the daily life of transition to the female gender identity, it is revealed that the interviewees are historical beings, unfinished and in this temporality they are carried out in the present, however, they signify the past and have future desires and plans. In their statements, it was possible to identify that the construction process is constant and that, they do not know when it will end.

We perceive different opinions when the subject is inherent to the conceptions of health/disease related to transformations experienced by the trans population. Still present, but not hegemonic, the biomedical model, guided by anatomical and pathophysiological patterns, tends to be guided by the medicalization process, pathologizing bodies and lived experiences. When we immerse ourselves in the experience of those who go through the transformation, we realize that the processes are different, in a search for health, seeking to remodel their body appearance as a potential for life, mediated by standards and ideals of beauty.

Esthetic standards are of great importance in contemporary society. Just as cisgender people invest in esthetic procedures to achieve their personal desire, the trans women who build on the feminine also do so. As the models of beauty change in our society, the construction of the desirable body also becomes constant, always aiming to reach the current signs of beauty<sup>(22)</sup>.

As they are released into the world, they show themselves as female beings who present themselves according to standards imposed by society. According to the statements, the female being who is worthy of respect needs to present characteristics such as emotionality, sensitivity, education, not being a vulgar person, being dignified, without hair, with a thin voice, docile and with breasts.

Prejudice contributes to consolidating health professionals' unpreparedness to address issues such as sexual diversity, given that they are not taught, during their training, to approach the issue in an open and prejudice-free way. As a result of this formation, health professionals are unprepared, providing barriers in the relationships of care production<sup>(23)</sup>.

When revealing their daily routine with the nursing team regarding the intramuscular hormone administration, one participant expressed that, for not presenting a medical prescription, the nurse is not able to perform the administration, which leads her to perform the procedure on her own, which can cause damage to her physical integrity.

The establishment of a health care space for trans and transvestite women is seen as a link for the accomplishment of citizenship of this population, not only guaranteed by access to the health sector, but also by the characteristics of the offer, its formalization, maintenance and institutionalization of care for them<sup>(24)</sup>.

It is in everyday life that human beings are protagonists of lived experiences, existing in facticity as being-in-the-world, we are always in the reference of a context, within everyday life, because, as an occupation, being-in-the-world is "taken by the world that is occupied", understanding the world as a set of references in which one is already inserted<sup>(16)</sup>.

Existing in a daily life that still segregates, imposes standards and behaviors of normality and acceptance, being-there trans people is led to inauthenticity, where they identify themselves as different from heteronormative standards and try to give a new meaning to the feminine. Participants expressed the importance of being-with, especially when pointing out their peers in occupation and pre-occupation when indicating the possibilities for building the desired body, and as they exposed there is professional unpreparedness to achieve this objective.

Trans women experience disrespect for their gender identity during the reception process in Primary Health Care units, as well as experience health professionals' unpreparedness to meet certain demands in their care, which can lead to resistance from trans people in seeking health services for fear of discrimination<sup>(23,25)</sup>.

They revealed in their speeches that there are still health professionals who do not respect the social name, even though this treatment is guaranteed by Ordinance 1,820 of August 13, 2009<sup>(25)</sup>, which ensures the use of users' preferred name (social name) by all health professionals in public or private spheres<sup>(25-26)</sup>.

International studies<sup>(27-28)</sup> indicate that transgender and gender-diverse individuals face barriers when trying to access healthcare, from discrimination to lack of access and experienced professionals, indicating the need for additional education for health professionals, especially those providing primary care, on how to provide care with knowledge, affirmation, and intersectionality.

Veiled prejudice was also perceived during the analysis of the statements because participants revealed that they feel judged when searching for health services. This pre-trial is related to infectious diseases or health problems considered more serious. Eliminating transphobia in sexual health care can help improve access to diagnostic testing to reduce infection rates and support trans' and transvestite women's overall sexual health and well-being<sup>(28)</sup>.

Transsexuality and transvestility are undoubtedly identity experiences marked by intense conflict with social gender norms, psychological suffering and experiences of violence resulting from prejudice and discrimination. When prejudice and discrimination come from health professionals, from those who are expected to

be welcomed, it is certainly even more harmful for them. We need to be aware of the various demands that trans women bring to us when they come to health services, without ever forgetting to see the other as a unique being full of possibilities, living in the facticity of their existence, which must be understood to be respected.

### Study limitations

The present study has as a limitation the fact that it was carried out with transvestite and transsexual users of the public health system in a certain region, which may not represent other realities. We cannot forget that the results presented here cannot be generalized, since they reveal a singular experience that is unique to being-in-the-world.

### Contributions to nursing, health, and public policies

The realization of this study points to the need to carry out further research approaching health professionals so that it is possible to perceive the difficulties experienced by them that may hinder the care of trans and transvestitewomen in health services, leaving no room for omissions, accommodations or alienation on our part, given the seriousness of the problems they encounter.

Understanding these meanings reveals the need to implement actions that seek the formal and continuing education of health professionals who welcome trans and transvestitewomen in health services, as well as review the training of such professionals, offering an approach to the theme since their training.

### FINAL CONSIDERATIONS

By understanding the meanings of being a trans or transvestite woman in the face of SUS care, it appears that these women, in the interaction with health professionals, face prejudiced attitudes arising from culturally and historically rooted social roles and gender stereotypes. Possibly, these attitudes are perpetuated as a result of social standards, the lack of knowledge of these professionals regarding the specific care of these people's needs, prejudices and lack of familiarity with public policies regarding this population group. Trans or transvestite women, faced with these difficulties, need to follow heteronormative standards when seeking care in health services, making their real needs invisible.

### SUPPLEMENTARY MATERIAL

Master's thesis entitled "*O vivido de transexuais e travestis nos atendimentos à saúde: compreender para melhor assistir*", available at: <https://repositorio.ufjf.br/jspui/bitstream/ufjf/7809/1/guilhermesachetooliveira.pdf>.

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