






TRANSVESTITES WHO ARE SEX WORKERS AND QUALITY OF LIFE: VIEWING OTHER CONCEPTIONS

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ABSTRACT

Objective: to understand the perception of quality of life of transvestites who are sex workers. **Method:** a qualitative and exploratory study. The starting point was a social space in the city of Recife, Pernambuco, Brazil. The participants were located through the snowball technique. A semi-structured questionnaire with guiding questions was applied, with participation of seven individuals, by means of theoretical saturation. The data were recorded and analyzed based on content thematic analysis and similarity analysis. For validation and reliability, methodological and researcher triangulation was adopted. **Results:** three classes were obtained: "Respect for the social name and recognition of the trans identity"; "The importance of formal insertion and employability" and "Social well-being, education and housing". The result was a similarity tree with the most significant words. **Conclusion:** It was possible to identify other narratives about the quality of life of transvestites who are sex workers, which breaks with the common sense that relates any and all marginalized and unintelligible conception to transvestites.

DESCRIPTORS: Quality of Life; Transgender People; Sex Workers; Sexual and Gender Minorities; Nursing.

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INTRODUCTION

“Being a man” or “being a woman” in Western society is based on the binary logic socially attributed even before birth, resulting in the imposition of the individual’s adequacy to gender⁽¹⁻²⁾. The studies that permeate the field of sexuality and gender have contributed to the discussion by questioning the standards established by cisnormativity. Therefore, it is recognized that gender identity goes beyond the biological aspects, as it is the individuals’ form of self-recognition with the gender with which they identify. Transgender people are included in this context, namely: transsexual men and women, transvestites and non-binary people⁽¹⁾.

Non-adaptation to cis-heteronormativity makes transvestites experience transphobia, having their access to exercising their citizenship and basic rights denied, such as education and health; as well as difficulties in the formal labor market, weakened support networks, stigma, discrimination, and even death. This scenario can enhance vulnerabilizing contexts, which will contribute to their insertion in the sex market, considered as one of the only means for survival⁽²⁻³⁾.

Quality of life is multidimensional and encompasses physical, functional, social and psychological well-being, that is, it is not restricted to health, dialoguing with other fields of knowledge⁽⁴⁾. The transvestites’ life experience in the social problems affects and influences their quality of life, even with a life expectancy of 35 years old⁽⁵⁾.

It is noted that studies aimed at quality of life, especially for transvestites, are incipient and centered on biomedicalizing issues, especially on the influence of HIV/AIDS on their lives. Therefore, it is necessary to consider the individuals’ perception about their quality of life through approaches that go beyond biomedical aspects, considering constitution of the social processes. Given this panorama, this study aimed at understanding the perception of quality of life of transvestites who are sex workers.

METHOD

This is a qualitative, descriptive and exploratory study. It was carried out in the first half of 2020, in the metropolitan region of Recife, Pernambuco, Brazil, having as its starting point (and not as setting) a social space aimed at the social service of the specificities of LGBT+ people. It is emphasized that part of data production was guided by the prevention measures instituted by the health authorities due to the COVID-19 pandemic.

Selection of the participants was through the snowball chain technique⁽⁶⁾. The study population was defined for convenience, it was non-probabilistic and followed the theoretical saturation criterion. Consequently, the participants were seven transvestites aged over 18 years old, with any sexual orientation and who were sex workers.

As a data collection instrument, a questionnaire with the following sociodemographic questions was used: age, marital status, schooling, race, income, who they live with and if they frequently seek health services. The interviews followed a semi-structured script, consisting of two guiding questions: 1) What do you understand by quality of life?; and 2) In your opinion, do you have quality of life? If so, explain.

To maintain truthfulness and validity in data collection⁽⁷⁾, two pilot tests were performed to avoid misinterpretations; these tests were not included in the final sample. All the interviews were recorded after signing the cession and authorization term included in the Free and Informed Consent Form. The recordings were made in two audio devices,

lasting a mean of 35 minutes. The interviews were transcribed in their entirety and, after the analysis, they were presented to the interlocutors, who were able to make comments and/or corrections with the objective of validating what had been transcribed.

Production of the empirical data was initiated by the researchers approaching a key informant of the initial social space. After accessing the first participant, the research, its objectives and intentions were presented; and after establishing the formal invitation, she accepted to participate. Application of the questionnaire and conduction of the interviews took place in private rooms. At the end of the interview, the participant was asked to indicate a new informant. There were two refusals in data production because the interlocutors stated not participating in studies conducted by cisgender people.

Data saturation occurred from the sixth interview onwards, providing an opportunity to conduct another interview for confirmation⁽⁸⁾. To determine the exact saturation point, eight steps were followed, namely: a) recording of the unprocessed data; b) immersion in the findings; c) selection of the individual findings from each speech; d) grouping of the findings into themes or pre-themes; e) naming; f) visualization of the pre-themes in a table; g) observation of saturation in each pre-theme; and h) saturation visualization⁽⁸⁾.

The analysis of the empirical data employed two stages, as follows: the first, thematic content analysis⁽⁹⁾, operationalized from the pre-analysis, material exploration and interpretation. Subsequently, the corpus was analyzed using the lexical technique, with the aid of the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ) program, version 0.7 alpha2⁽¹⁰⁾, where the similarity analysis method was applied, which is based on the graphs theory and enables establishing relationships between words, originating the similarity tree. For validation and reliability, methodological and researcher triangulation was used⁽¹¹⁾.

This research met the standards established by Resolution No. 466, dated December 12th, 2012, of the National Health Council, belonging to the Ministry of Health⁽¹²⁾. Data collection was initiated after approval by the Committee of Ethics in Research involving Human Beings of the Federal University of Pernambuco, under opinion number 3,967,127. To ensure anonymity, the testimonials were identified as "Participant", followed by the Arabic number corresponding to the data collection order.

RESULTS

The participants were seven transvestites who are sex workers and with a mean age of 29.1 years old. Four participants are single and three are in a stable affective monogamous relationship; regarding schooling, four had complete elementary education, two had completed high school and only one had completed higher education; three live with their family, two alone, and two with their partners. When asked about frequency in relation to seeking the health services, five stated doing so frequently and two, occasionally. None of them has children and they are all heterosexuals.

All the study participants come from cities in the metropolitan region of Recife-PE. None of the participants has formal jobs, excluding the sex profession. In relation to their economic situation, six consider it bad, living in an unfavorable socioeconomic context, and one participant considers it as mid-level.

The textual corpus analyzed, as shown in Figure 1, evidences the results of the similarity tree with identification of the words that have more significance and connection between the terms presented, showing the interlocutors' perception of quality of life.



Figure 1 – Illustrative tree corresponding to the similarity analysis of quality of life of the transvestites who are sex workers. Recife, PE, Brazil, 2020
Source: The authors (2020)

Three classes were obtained by means of thematic content analysis: “Respect for the social name and recognition of the trans identity”; “The importance of formal insertion and employability” and “Social well-being, education and housing”.

The class called “Respect for the social name and recognition of the trans identity” was characterized by representing the importance of respect for the social name, as this is configured as a fundamental part of the interlocutors’ identity, corresponding to the right to exercising their citizenship and legitimizing their identity:

For us who suffer a lot, respect would be the best, firstly, calling us by the name we want, in addition to dignity. But from their point of view, we’re never going to have dignity. (Participant 1)

Because of the ID card, most would not seek the other health services before, the embarrassment of being called by our registered name, other reasons such as prejudice, it ends up affecting all the girls’ health because no one wants to go out of the house to feel bad. (Participant 2)

I had to put up with the prejudice with the registration name, it bothered me a lot, mainly when I was starting my transition. I was always in health services waiting for my turn and they always called me by the male name, I would get up so embarrassed and everyone kept looking with even more prejudice. (Participant 3)

I've been through some situations related to my registration and social names. You get to the place, many don't even recognize that you're a transvestite, they shout your old name in front of everyone and when I get up I go through the greatest embarrassment and prejudice, because everyone is waiting for a man to get up, and they see a woman standing up. (Participant 4)

The class called "The importance of formal insertion and employability" evidences the relevance of formal work in the interviewees' quality of life in a historical, social and economic context of prejudice and exclusion.

We need the opportunity to have a formal job since, for being transvestites we're not obliged to be in prostitution, we're not anyone's sexual object, but for society [they want] us to spend our whole lives in prostitution, but we don't want that, we're there because we're forced to. (Participant 2)

Unfortunately, people judge human beings by their sexual orientation and gender identity and not by the professional you are, they don't give you the opportunity to show your competence (Participant 1)

With higher education, they only judge what they see! I only managed to get a formal job when I hadn't come out, after I came out as a transvestite, nobody gives me any job opportunities. (Participant 5)

The situation is bad for everyone, but it's certainly worse for us. I think it's prejudice, it's very hard for a transvestite to find a formal job. Unfortunately, I finished my studies but didn't get any job, I swore that finishing high school I would be able to, but no, I thought totally different, because so far I haven't gotten any formal work. (Participant 4)

I've never been able to work in any job with a formal contract, I've worked in a family home, but never with a formal contract. (Participant 2)

So [for me] to have quality of life I need to be able to have a formal job with a contract, without people looking down on me, without discrimination, without hate, without prejudice, because there are people who look at you with hate. (Participant 7)

The last class showed how Social Determination of Health (SDH) is related to the social processes and provides promotion of quality of life. This category was called "Social well-being, education and housing".

Quality of life for me is having access to good food, good education, good income, a good house to live in, having a better life, having leisure, because no human being lives without leisure, the body itself needs leisure, there are times when you work too hard and realize that your body needs to relax. (Participant 5)

Having quality of life is that we have a good job, own a house to live in, a better life, having income, education opportunities. I'm not very attached to material goods, but having my own house, a formal job, having the freedom to go out on the street to buy anything without suffering prejudice, it's essential to have quality of life. (Participant 6)

I believe that quality of life is having a good house, feeling well and having money to pay my monthly bills, that's the best quality of life. (Participant 2)

If I tell you that quality of life is eating well, having a good education, some leisure, if I don't work, how am I going to have all that? Impossible! (Participant 3)

DISCUSSION

The social name is the designation by which transgender people identify and are recognized in their sociability network⁽¹³⁾. The name constitutes one of the main analytical categories linked to the interlocutors' subjectivity, becoming an important factor in the recognition of their identity and legitimization of their citizenship.

It was only in 2016 that Decree 8,727 of the Presidency of the Republic of Brazil⁽¹³⁾ enabled use of the social name and recognition of the gender identity of transvestites and transgender people in the entire federal public sphere. Recognition and importance of the name as a category that has roots in their backgrounds and social processes was an element made invisible and neglected by the State for many years, even diverging from what is established by the 1988 Federal Constitution⁽¹⁴⁾.

The embarrassment, fear, shame and negative feelings caused by transphobia and incited by society and, more notably, by the health professionals, delegitimize legal instruments that enable and ensure transsexual people use and respect of their social name in the entire scope of the Unified Health System (*Sistema Único de Saúde, SUS*). The 2013 LGBT+ Policy, instituted by Ordinance No. 2,836 of the Ministry of Health (*Ministério da Saúde, MS*), is committed to guaranteeing human rights, justice and equality in comprehensive health care for LGBT+ people⁽¹⁵⁾.

Despite the legal support, there are still health professionals who reproduce dehumanized practices, producing suffering that, within the multiple processes of invisibilization experienced by this social group, potentiate discriminatory situations, distancing them from the health services. Disrespect towards the social name is one of the factors that distance transvestites from the health units. However, when the professionals respect this right, in addition to getting that population closer to the health services, they corroborate for the effective implementation of the SUS integrality⁽¹⁶⁾.

It is evident that the effects of respect and of using the social name exert a positive repercussion on the interlocutors' lives⁽¹⁷⁾. The benefits are identified as the possibility of entering the labor market without the divergence of the verbalized name and appearance; in addition to improving self-esteem and well-being, confirming the importance of articulation and effective implementation of this right by health institutions and professionals, in order to enable comprehensive assistance and ensure resolute care to the transvestites' demands. These factors have an intrinsic relationship with the participants' conception of quality of life, since their identity, history and existence are respected. This issue can be observed in the similarity tree, on the upper left side – disclosing the need for recognition of the social name (the registration and the civil name itself are obstacles to this quality of life).

The "Importance of formal insertion and employability" constitutes a category that denounces how the social processes imposed by cis-heterosexual society, especially in the labor sphere, are built upon a logic of which bodies and lives have the right to access certain social devices. The importance of the participants having access to job opportunities that are not circumscribed to the sex market is an aspect that impacts on different dimensions of their lives, something called social disaffiliation⁽¹⁸⁾: individuals who occupy certain social places because they are deprived of building capabilities required according to the "market profile". Due to historically stigmatized and excluded characteristics, these people end up resorting to informal jobs and/or to prostitution as a means for survival.

It is possible to establish relationships that objectify and typify the bodies of transvestite sex workers, interpreted from the designation of spaces that allow their presence, such as the streets at dusk. Common sense allows not only associating transvestites with prostitution, but also reverberating a discourse that defines them as individuals who do not have social needs or who even do not have the dignity of exercising their citizenship, raising families and establishing relationships, aspects that exert an influence on quality of

life. In the similarity tree, this conception is located in the center, being signaled as one of the main evocations of the participants in the analysis, as it is the formal professional work, among other issues, that will enable its exercise and their recognition by society and the State as a citizen.

Nearly 90% of the transvestites and transsexuals live daily with lack of formal employment opportunities and resort to sex work as their main source of income for survival⁽¹⁹⁾. Only 4% have formal jobs, a situation resulting from a set of factors that will determine the probability and chance of trans people to enter the labor market⁽¹⁹⁾. Although it is recognized that low schooling is one of the factors that can hinder the interlocutors' access to the formal labor market, the difficulties are not exclusively limited to this, as there is daily discrimination on the part of companies and workplaces⁽²⁰⁾.

Insufficiency of opportunities exerts a major impact on their socializations and, when also analyzed from the perspective of sex work, they carry the entire prejudice associated with the profession⁽²¹⁾. Completion of studies by some participants did not guarantee their insertion in the labor market. The difficulties and impossibility of finding a job that goes beyond the reality of sex work influences the interlocutors' quality of life, resulting in a feeling of impotence; no dignity of life; deprivation of exercising personal skills and abilities; and not providing/guaranteeing a monthly income, which causes financial instability and non-realization of life plans and goals.

In the "Social well-being, education and housing" category, it can be seen how, based on the influence of SDH, favorable conditions to establish good quality of life are sought. The concept of health adopted by the World Health Organization considers health as a state of physical, mental and social well-being, not only as absence of diseases⁽²²⁾. This concept invites us to reflect on this "intangible perfection"⁽²³⁾. In the interlocutors' context, it is important to recognize the processes, social context and local reality to understand health in a multidimensional and dynamic manner, in addition to how SDH will influence and provide opportunities for access and social experiences⁽²⁴⁾.

Education is a powerful factor capable of promoting reduction of the social inequalities since, in addition to providing access to information, it enables individuals to understand the social processes they experience. It is noteworthy that it is not possible to analyze exposure to such violence and vulnerabilizing processes without challenging the social processes that hinder access to education by transvestites, requiring critical reflection on the issue. The analysis directed to the isolated influence of education makes the discourse superficial, as there are other dynamics that articulate with the SDHs, something similar regarding the term "social determinants of health", which reflects the need to characterize a specific domain, treating such issues as something external to the individual, in a fixed and static way⁽²⁴⁾, which diverges from the discussion of the problem herein analyzed.

Transvestites' access to education is not only a guarantee of social rights, but also a *sine qua non* condition to enhance the possibilities of insertion in the labor market, providing understanding and claim of their rights and political emancipation and existence^(14,25). The words related to the need for housing, employment and education opportunities were evidenced in the similarity tree and proved to be necessary, as they validate the scientific findings available in the national and international literature.

The identification of housing reflected feelings that transcend the physical aspect related to material goods, extending to a dignified and respectable life, essential in establishing measures to promote quality of life. The Universal Declaration of Human Rights of 1948⁽²⁶⁾ argues that the right to housing is indispensable for the survival and development of human beings in terms of security, autonomy and independence; it is something that enhances and enables our interlocutors' life experiences.

The main study limitation was the difficulty encountered by the researchers – notoriously cisgender – in accessing the sociability networks of the transvestites who are sex workers. This issue may have limited indication to other possible interlocutors, as well as a

more in-depth analysis of the theme. We recommend the need to conduct more empirical studies that address the quality of life of transgender people in the light of theoretical-methodological frameworks beyond the health area, as understanding of the processes that influence quality of life in this social group has as its main driver the oppression incited by power structures, which is little addressed, discussed and researched in the Nursing area.

FINAL CONSIDERATIONS

The perception of transvestites who are sex workers about their quality of life is related to the need for social well-being; respect and legitimacy of the use of the social name; access to decent housing; formal employment that provides greater comfort and income for their basic and essential needs; having the right to move through social spaces without judgment and prejudice; having access to leisure, food and free decision-making, aspects that will favor and encourage their autonomy and the right to exercise their citizenship. In this context, understanding the influence of the SDHs requires admitting that the social exclusion experienced by some groups is influenced by social processes that will rank lives within the great social and capitalist structure that we experience.

As a contribution to the health area and, specifically, to Nursing, we mention not only the reflections and problems developed throughout the text, which may instigate other researchers to question their own praxis, but also the visualization of other realities when there is discussion about the transvestite sex workers' experiences. Historically, such bodies are not only socially read as unintelligible, but also regarded as mere objects of studies where research on the transgender people' experiences is largely focused on themes that reinforce stigma and discrimination rather than contribute to their reduction.

Therefore, it was possible to identify other narratives about the quality of life of transvestites who are sex workers which breaks with the common sense that relates any and all negative and marginalized conception to transvestites.

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