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Access and use of gynecological care in primary health care: perception of transgender men

Acesso e utilização da atenção ginecológica na atenção primária a saúde: percepção do homem transexual

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ABSTRACT
To investigate the perception of transgender men of access and use of gynecological care in Primary Health Care services in SUS. A qualitative, descriptive study. A population of five participants, all transgender men, living in cities of the state of Minas Gerais, Brazil. Data collection occurred via online interviews between late 2021 and early 2022. To analyze data, the Bardin technique was used. The lack of respect and preparation of health professionals in service were mentioned in all interviews. This hindered access of the LGBTQIAP+ population. Low demand from the transgender population for health services due to dread and fear of (re)experiencing traumatizing situations suggests that the Primary Health Care services professional must build knowledge and skills to welcome the transgender population in order to guarantee humanized services.

Keywords: Transgender. Primary Health Care. Papanicolaou Test.

RESUMO
Investigar a percepção do homem transexual sobre acesso e utilização da atenção ginecológica em serviços da Atenção Primária à Saúde no SUS. Estudo qualitativo e descritivo. A população foi de cinco participantes; todos homens trans, residentes em municípios do estado de Minas Gerais, Brasil. A coleta de dados foi realizada por meio de entrevistas virtuais, entre o final de 2021 e início de 2022. Para análise dos dados obtidos, a técnica de Bardin foi utilizada. O desrespeito e o despreparo dos profissionais de saúde no atendimento foram indicados em todas as entrevistas, dificultando o acesso à saúde da população LGBTQIAP+. Baixa procura da população trans pelo serviço de saúde por receio e medo de (re)viver experiências traumatizantes indica que o enfermeiro de serviços de Atenção Primária à Saúde necessita desenvolver conhecimento e habilidades para acolher a população transexual, a fim de garantir humanização do atendimento.

Palavras-chave: Transgênero. Atenção Primária à Saúde. Teste de Papanicolau.

INTRODUCTION

All people have access to free-of-charge Brazilian health services. According to the 1988 Federal Constitution[1], in Brazil, Health is a citizens' right, and access to health services is guaranteed, regardless of people's sexual orientation, identity, and gender. Having said that, the "Sexuality, gender, and biological sex" theme is not a very well understood or accepted issue in society even in the 21st century. This may cause iniquity to the LGBTQIAP+ community (lesbian, gay, bisexual, transvestites, transgenders, transexuals, queer, intersex, asexual, etc.) when they seek health services because they have to deal with prejudice and challenging situations.

The life expectancy of a Brazilian transgender and transvestite person is 35 years of age[2], less than half the national average, which is 76.5[3]. Such low expectancy is linked to social factors, the search for survival in society in the face of difficulties in finding jobs and accessing public health services in Brazil[4].

It is noteworthy that among the LGBTQIAP+ population, transvestites and transexuals are the ones that face the most difficulty in accessing health services. Transphobia, and discrimination due to other factors such as poverty and skin color contributes to this population having difficulties in accessing the Unified Health Service (SUS). This may occur due to disrespect to their social name (a name with which an individual identifies himself/herself) and/or their body modification due to hormone therapy, surgeries, and clothes[5], or even a fear of not being respected in their totality.

Thus, there is a pressing issue that must be addressed: the health service offered to this population. They have been facing difficulties in accessing health care services due to transphobia, discrimination, and body modifications because of their gender transition (hormone therapy and surgeries)[5].

Regarding surgeries, most people do not remove their reproductive organs, so, as individuals who have uteruses, they are at risk of developing cervical cancer. This requires preventive exams as a form of early detection[6].

Gynecological care is among the needs for transgender men's health. Even after transitioning, many of these people continue to have a uterus; consequently, detecting cervical cancer through the Papanicolaou Test is necessary.

The Papanicolaou test (cytological examination of the cervix) is the main early diagnosis method of cervical cancer. It is based on knowledge that it evolves as a consequence

of precursory lesions that can be detected and treated adequately after the examination. The sample cells are collected by scaling the outer and inner surface of the cervix performed by the health professional[7].

> The method of screening for cervical cancer in Brazil is the cytological examination (Pap smear), which should be offered to women or anyone with the cervix, aged between 25 and 64 years and have had sexual activity. This may include trans men and non-binary persons who had been designated women at birth[7].

Integral health care for transgender men should have the same preferential entrance to SUS used by other people: Primary Health Care (PHC). This level of care is the basis of the other levels of health care; in Brazil, it is organized mainly through the Family Health Strategy (FHS), to offer services aimed at health promotion, maintenance and improvement, with a set of actions both individually and collectively[8].

In order to investigate the perception of transgender men of access and use of gynecological care in Primary Health Care services in SUS, we ask: What are the challenges of the population of transgender men for the access and use of gynecological care in primary care services of the SUS in integral health care?

METHODOLOGY

The study has a cross-sectional and descriptive design. It was developed in accordance with Resolution No. 466/2012, having a favorable ethical opinion issued under number 4,944,322 and Presentation Certification for Ethics Assessment - CAAE: 46796521.0.0000.5142.

The population consisted of transgender men living in Alfenas and Poços de Caldas, municipalities located in the southern region of the State of Minas Gerais, Brazil. Recruiting participants for this research was carried out through virtual environments such as WhatsApp, Facebook, Instagram and e-mail, through which information and invitation were distributed regarding the research and the conditions of participation. Initially, the contact was made with a transgender man of knowledge of the respondents; and, the snowball technique[9] was used in order to insert a greater number of participants.

The inclusion criteria were: being a transgender man, being older than 18 years, and being in accordance with the purpose of this research. The exclusion criteria were: transgender men who never performed the Papanicolaou test. Once these conditions are met, the link to the

Free and Informed Consent Form (FICF), made available on Google Forms, was sent to the participants via email or WhatsApp.

Data collection took place in the second half of 2021, through individual interviews, which took place in different days and times, to adapt to the availability of the interviewees. The interviews had an average duration of 10 minutes and 28 seconds; the longest' interview lasted for 14 minutes and 36 seconds; the shortest interview lasted for 9 minutes. These interviews were performed synchronously and online using Google Meet. The data collection instrument was self-authored, containing 11 or 12 questions based on literature reviews on the subject.

It is worth noting that Google Meet was selected because of the possibility of recording the call; thanks to this, there was greater fidelity in the transcription of the answers and, consequently, better documentation of the reports. The recordings were stored on a private drive, to which only the researchers had access.

To preserve the anonymity of the participants of the survey, their names were replaced by the letter "E", followed by cardinal numerals (E1, E2, E3, E4 and E5).

In order to understand the intensity, singularity and meanings of phenomena, Bardin's content analysis (2011)[10] was performed, including three organizational phases: Pre-analysis; exploration of the material; and treatment of the results.

The initial phase (pre-analysis) consists in the organization of the material, in which documents and hypotheses are raised to guide the final interpretation. The initial contact with these documents is called the "floating phase", in which the hypotheses (early explanations of the observed phenomena) and the objectives of the research are elaborated.

In the second phase, the data obtained are systematized and aggregated into units. At this stage, data encoding occurs separating them into units of record, either in themes, or in words or phrases. In this way, certain elements with common characteristics are grouped together.

In the final stage, we worked with inference, which is a type of controlled interpretation. It is a moment of intuition, reflective and critical analysis, which will make meaning of the data according to the theoretical basis[10].

RESULTS

The qualitative descriptive approach allowed us to understand the intensity and uniqueness of the experiences of transgender men related to gynecological examination, understanding the meaning of their experiences within their searching for this service and having this procedure done.

A total of five transgender men participated in the research, aged between 26 and 58 years. This study was limited regarding searching and recruiting individuals to perform the interviews. It was found that the "fear of suffering transphobia" made it impossible for the population sample of the research to be larger, since many refused to participate precisely for this reason. One of the participants raised this issue during his interview. He commented on the importance of research, but believed that the public would be afraid to participate due to fear of exposure.

The data from the interviews were interpreted from the perspective of the Thematic Analysis, by Bardin (2011)[10], with the units of record (UR) as themes, which were elaborated and delineated in conjunction with the objective of the research. In the coding process, the URs were flagged, grouped and classified into groups and subgroups by similarities and differences. Thus, three thematic categories were established, through which we sought to understand the perception of transgender men about gynecological care provided by the SUS Primary Care Health services.

CATEGORY 1: PERCEIVED BARRIERS TO ACCESS TO HEALTH SERVICES

In national and international literatures, the experience of prejudice and discrimination is pointed out as barriers to the LGBTQIA+ community when seeking care provided by health services due to apprehension/fear of reviving past experiences[11].

From this perspective, succumbing to prejudice has a negative impact on the health of this population, since diseases are not detected in time precisely because of the delay in seeking health care.

> There are data today that says that the LGBTQIA+ population does not care for their own health because they do not seek the units, but they do not seek the units because they are very badly received. (E1)
> ... maybe it's fear, right"? Of going through bad experiences. It's as I said: My service, it was very good, the professionals were super attentive, but I know that in many and many places, they may not be like that, you know? (E5)

It was identified that the participants did not seek to perform gynecological examination at SUS because of fears, apprehension, or even previous bad experiences.

> I think the preventive [exam] will be kind of complicated for me. (E3)

Even in the middle of the interview, one of the participants said:

> They (transgender men) do not consider themselves belonging to this family health strategy because they probably have already been badly received at other units and by doctors. (E1)

However, there is a search for gynecological care, but outside SUS.

> [...] my follow-up with regard to the gynecological part, it is done every six months, but to follow it even, and I do it in the private network. (E1)

However, for other types of care, they report using the SUS service, perhaps because it is the only available alternative, as in the case of the covid-19 vaccine. However, prejudice is recurrent and reinforced with administrative issues of information systems that perform health surveillance:

> I went to get a vaccine, they refused. I'm going to sue because they refused to put my (social) name on the vaccine card. (E2)

In Brazil, transgender people face discrimination during care and avoid the public health service for this reason. Among these discriminations are described: disregard for social name, offensive language, ridicule, refusal of service, among others[12].

All participants of the present research cited, at some point in the interview, aspects related to different types of disrespect, which generate feelings such as fear and embarrassment.

This disrespect of the social name was the main complaint reported in the Costa study (2016)[12]. Problems with identification and social name were also described by Rocon (2016)[13], in which hostility, insensitivity and disrespect were presented by health service providers.

During the interview, a similar situation was reported regarding the gynecological care offered by SUS:

> [...] we were in a row, some women and me, as a transgender man, and went calling to take the exam (preventive) and called me into the female. [...] So, I don't do routine gynecological exams exactly because of this kind of event…

> I avoid doing the most. I go two, three years without doing it. And I only do it when there are some things kind of escaping from normality. (E3)

Thus, it is observed that the problem is evidenced by other authors and is recurrent nowadays, as non-use of the correct pronoun: *"It is not he, it is she; or it is not she, it is he"* (E1).

> [...] the nursing professional there, who was doing the preventive,… I asked him to call me by my "social name." She turned to me and said, "I can't call you by your 'social name' because it's not your registration name. (E3)

It is worth noting that the use of the social name is contained in the Letter of "Rights of Health Users" , approved by Ordinance no. 675, of 30th March 2006, whose article 4, item I guarantees the following:

> identification by name and civil surname, and there must be, in every document of female and male user, a field for them to register the social name, regardless of the civil registry, being ensured the use of their preferred name, which cannot be identified by number, name or code of disease, or other disrespectful or prejudiced forms[14].

In addition to the disrespect of the social name, the interviewees also raised the issue of lack of professional preparation and knowledge about the body changes experienced by transgender men, as well as the way they were addressed in the consultations.

> […] but your breasts are too large for a man… she palpated her breasts and such and she commented that. (E3)
> They do not know how to service a person with male characteristics who exercises his male social role, but that he still has the uterus, an ovary, a vagina and that he will have gynecological problems if they are not cared for. (E1)

It was evident that the interviewees are mostly aware of the interviewees the importance of health care, but the providers' lack of respect seems to be a barrier in their access to health, preventing their exercise of the right to health care, which must be individualized, holistic and integral.

CATEGORY 2: PERCEPTION OF THE GYNECOLOGICAL CONSULTATION

In the context of Primary Health Care, transgender men perceive the inadequate training of health professionals, mainly because they are not cared for in a holistic and respectful manner. The professionals mentioned were nurses and doctors.

> Health professionals, they do not know how to welcome this population, they do not know, especially doctors, that they have no idea how to serve this population. (E1)

This information was also discussed by Tagliamento and Paiva in 2016[15], in a study in which all its interviewees pointed to the inadequate training of professionals in serving them.

It is essential to make sure that patients do not feel uncomfortable when displaying a body with certain changes (hormonal or surgical) during the preventive examination of the cervix, since physical nudity is required[16]. Among the possible modifications are the increase in the size of the clitoris and vulvovaginal atrophy caused by hormonal therapy by testosterone[17]. Therefore, an appropriate professional approach is necessary to avoid situations and embarrassing feelings during care in the health service.

Hormonal and sexual reassignment surgery are important agents that affirm the gender[18], since there is the search to adapt the body to its gender identity so that it is coherent with its physical appearance[19].

> Our internal organs remain feminine, right? So, we have to take this care yes; we must take care of ourselves because this is a health issue. (E4)

Thus, it is placed on the agenda that professional training influences the quality of the service provided. Therefore, if there are failures in this process, another barrier of access will be created for this public because the service and the experiences they go through may result in problems in the continuity and search for the health service by transgender men.

> The service is bad, in short, due to the lack of knowledge and respect of professionals. (E2)

A study entitled “Management of Transgender Care in Primary Health Care” did some qualitative surveys with nurses at a PHC service. Many of the participants reported aspects that make the transgender population afraid to seek health services. Among these aspects, there are citations such as a deficit of professionals sensitized and qualified to answer to/welcome the specificities, as well as cultural and social prejudices, which produces in this population apprehensive feelings regarding judgments, discriminatory acts and transphobia. Such events result in not seeking the health service, in addition to self-medication and procedures without medical follow-up[20].

> I think that the more professionals prepare for this, for this moment of ours, this is very important. Especially for the younger. (E4)

On the one hand, this lack of professional qualification leads to a worsening of the context of the transgender population; on the other hand, the low demand of this public for health services reinforces the lack of addressing LGBTQIA+ issues during professional training[20].

> To begin with, there should be training, a preparation for professionals: first they can respect the nomenclature, right, respect the articles, name, pronoun. People just don't know. (E1)

In other words, the lack of knowledge about providing care for the transgender public is not only in the answers of the participants, but also among the professionals themselves. Thus, the absence of classes on approaching health services for the transgender population highlights the knowledge gap about the subject, which leads to low-quality care services. Therefore, it is urgent that the academy prepare its students for the care of the transgender public.

An investigation indicated that 80% of professionals did not have contact with the theme "transgender health" during their academic background. This poor approach has been forming health professionals that do not understand the transgender population's risk of developing cervical cancer; therefore, these professionals will not consider that this public must undergo cervix cytological examination[16].

Also, a study carried out with gynecological center professionals showed that 74.1% of them view the lack of contact with the care guidelines to transgender men as a barrier to providing service to them[21].

Nurses play a fundamental role in the preventive examination of cervical cancer, since they act in several areas of educational health strategies[22-23]. These professionals' actions contribute to preventing this pathology and reducing its incidence and mortality.

In addition, access barriers are evidenced by cis women in the cervical cancer screening (CCS) because they are afraid of the results, that is, the examination causes emotional tensions. However, these tensions can be worked out by the nurse[22]. As for transgender men, this certainly reaches different spheres of his life, so that the search for health care does not even occur; despite several tensions, they must be able to count on the nursing professionals, individuals that integrate the Family Health Strategy and are capable of alleviating these tensions, whatever the population is.

When health care is qualified, there is a decrease in the transgender population's absence from the health service because access barriers are reduced, and care management to this public is favored[20].

> I think it's very important. I think the expectation (of services) is good, and I think the professionals have to engage in this issue (of knowledge about service to transgender) to help us, so we can have some comfort. (E4)

Thus, the lack of professional knowledge of how to provide health care for this population and the failure to perform the Papanicolaou test in transgender men culminate in disrespect of sexual gender; this lack of preparation is shown from the incorrect use of the social name to the creation of inappropriate and invasive questions during consultation[21-24], pulling this population away from health services.

The most cited professionals by the interviewees were doctors and nurses. Although all of them are generally framed in the speeches, in one of them the nurse was cited as the main professional who should acquire the aforementioned knowledge.

> They're the ones who have a better preparation, health people, right? Health professionals, especially nurses, so that they can deal with this issue better. Because for us the question of being welcoming is very important, that moment we have there with them […] generates security. (E4)

It is worth mentioning that university campuses have character and transformative capacity, so they expect the training of health professionals prepared to care for different populations. In other words, it is up to universities to generate future health professionals capable of humanized and welcoming care to the transgender population, so that their rights are met, respected, and preserved.

CATEGORY 3: PERCEPTION ABOUT CARE MANAGEMENT

The SUS was a point addressed directly in the speech of two participants:

> We have some difficulty in SUS. In SUS, they have a certain lack of preparation with this. At some point I'll call you by your name of birth, and then you go, you talk about that, why? It causes a certain embarrassment… unfortunately this still happens a lot. (E4)

This shows that the functioning of SUS services is not following their own policies.

The Unified Health System we know today was conquered through social struggles, demonstrations and mobilizations in the midst of the absence of health actions. In 1988, the security and responsibility of the State with the well-being of the population were conceived as a universal right, and the creation of the SUS was also regulated in Law No. 8,080, of September 19, 1990[25]. Thus, it can be considered one of the greatest social achievements[5]. It is structured to adapt to regional differences, acting in a linear and egalitarian way, guaranteeing everyone, in this way, access to health.

Several social movements in defense of the rights of lesbian, gay, bisexual, transvestite and transsexual groups emerged in the late 1970, in Brazil. These struggles aimed to break with the various forms of violence (sexual, psychological, physical and prejudice) suffered by the LGBTQIA+ population[5].

The National LGBT Health Ordinance no. 2836, of 1st December 2011, aims to promote and respect the LGBTQIA+ community. Its focus was to recognize and reduce/cease the difficulties of this population in order to contribute to the reduction of inequalities in the SUS[26]. However, such actions are not being fully implemented by health professionals, which prevents universal access to health by the trans population, as we can see in this study.

It is worth mentioning that SUS is one of the largest and most complex public health systems in the world, which aims to ensure the integrality, universality and gratuitousness of health actions and services to the entire population of the country. Its network is wide and includes primary care, medium and high complexity, emergency and emergency services, hospital care, and actions regarding epidemiological surveillance, health and pharmaceutical care[27]. It was already featured in the 1988 Federal Constitution, in “Health is a right of all and a duty of the State”[1].

Although the knowledge about SUS and the existence of policies about transgender health, the number of individuals in this public who do not use the public service is high. This occurs due to humiliation and ill-treatment in the places of care[28].

> […] today I consider the public system very difficult, [...] the transgender population’s access to it… the transgender population demand in public system is very low. (E1)

Initiatives to improve health care for the transgender population in the SUS were also cited by one of the participants.

> The SUS is working harder on this transition issue, right? They are more committed to understanding, knowing who we are, because we are a public. (E5)

This shows that hope exists. A change in the work process through the implementation of protocols is up to service providers, as well as the qualification of professionals with updates of their knowledge in order to serve this population, thus increasing their chances of seeking the public health service.

CONCLUSION

This study's participants' perception is that disrespect is the main barrier of access to such care: their demand does not occur because of the fear and fear of (re)experiencing traumatizing or embarrassing experiences.

The disrespect factor was linked to transphobia and/or unpreparedness of the professional inserted in the Family Health Strategy to attend such a public. It infringes the right of transgender men citizens to use their social names despite their body modifications resulting from surgery and hormonal action to adapt their bodies to their gender.

Thus, the care problems that we identified, especially in gynecological care, are the results of health professional training that does not address health care directed to the LGBTQIA+ public, especially transgender health. It is worth mentioning that nursing professionals are expected to carry out continuing education in his team, which can reduce such obstacles in attendance, from the moment of reception to consultation with a higher level professional.

Thus, it is up to health professionals, especially nursing, to improve their knowledge and skills regarding the "transgender population approach", with a view to performing humanized care, respecting all their demands and rights.

The results exposed the access weaknesses of the transgender public, but at the same time pointed out aspects that should be improved. This level of care that is configured at the main gateway to the SUS has the potential to boost respect for the specific policies for this group, which must be followed and respected, ensuring care free from fear and apprehension.

As a limitation of the study, the number of participants was limited; however, the study objectives were achieved, enabling an expansion of knowledge about the subject.

New research is required to enhance the advancement in humanized and quality care for the transgender population. Among the themes, the perception of professionals and their

weaknesses in attending this public can be raised to better understand different points of view within a certain reality.

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