
CONFERENCE ABSTRACT

The transvestite corporeity and access to health in Brazil

ICIC20 Virtual Conference – September 2020

Dalvani Marques¹

1: Faculty of Nursing - University of Campinas, Campinas, Brazil

Introduction:

In Brazil, health is the right of all and the duty of the state and must be provided by social and economic policies in order to guarantee universal and equal access to health services. In parallel, it is recognized the presence of vulnerable social groups in the country, among transvestite populations, individuals socially represented due to a transgression of gender binaries. The transvestite experiences femininity in male bodies making a new subject, thus hindering their access to health services. Thus, an identification of factors associated with transvestites that influence the access to health of this population is a tool for creating applications that can rebalance the health-disease process and favor access. Objectives: To identify a corporeality construction of the scientific literature; To delimit aspects of the transverse body building that influence their access to health.

Method:

Integrative literature review. Data collection occurred in the PubMed, LILACS and VHL databases, using the descriptors "transgender people", "transvestism", "sexual readjustment procedures" and "minority health", as inclusion criteria, articles published between 2009 to 2018 in Portuguese, English and Spanish and that answered the guiding question of the research. The analysis of the articles took place through Content Analysis.

Results and Discussion:

Selected 23 articles whose results outlined three different categories: Health Access – 14 articles, Transvestite body – 03 and Construction and social incorporation of travestility – 07 articles. It is possible to identify a correlation between the categories that often dialogue in a cause-consequence relationship. Thus, it is noted that issues related to the construction and social incorporation of transvestism are associated with conditions experienced due to the subject's needs for body modification and the construction of a social body of its own. These issues, when compared in the literature, are causal factors for the main difficulties encountered in accessing the health of this population together with the unpreparedness of services and health professionals in dealing with the particularities of the studied group.

Conclusions:

The analysis of the articles shows that the particularities of transvestite body building, such as the use of silicone industrial liquidation, hormoneization, violence and exclusion, prostitution, pain, rivalry and friendship constitute the breach of heteronormative social expectations. At barriers between health professionals, generated by preconceptions of transvestite, the prevent them from delving into necessary issues to identify

the construction of transvestite identity as a continuous influence of the discriminatory social environment. In this way, the transvestite starts to avoid the services of fearing prejudice and institutional violence, therefore, health professionals should specialize the care provided for the particularities found, in addition to the issue of HIV / AIDS. This process should represent the incorporation of formal health to the therapeutic itineraries of transvestites.

Limitations:

Few studies found that really dealt with transvestite corporeality.

Suggestions for future research:

Transvestite studies to ensure their perspective and give voice to their health needs.