

**EXPERIENCE REPORT ABOUT TRANSEXUALITY IN THE CONTEXT OF THE
SUS: BASIS FOR DISCUSSING OPPRESSIONS AND CHALLENGES IN HEALTH**

INFORME DE EXPERIENCIA SOBRE LA TRANSEXUALIDAD EN EL CONTEXTO DEL SUS:
BASE PARA DISCUTIR OPRESIONES Y DESAFÍOS EN SALUD

RELATO DE EXPERIÊNCIA ACERCA DA TRANSEXUALIDADE NO CONTEXTO DO SUS:
BASE PARA DISCUTIR OPRESSÕES E DESAFIOS NA SAÚDE

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Abstract

This is an experience report that aims to describe the experience of undergraduate students in Nursing and Health, master's level, during the realization of a workshop on Transsexuality in the Context of SUS developed in the event called Nursing Week of Jequié in the year 2017. For the development of the workshop, audiovisual and entertainment resources were used to contextualize the discussion about the policy for Lesbian, Gay, Bisexual, Transvestite and Transsexuals contemplating the therapeutic transsexualization process of SUS and the right to use the social name. The results were presented in three categories: Knowledge about the topic, Relevant knowledge about the use of the Social Name and Challenges of health professionals and transsexual people versus oppression and illness. This experience was relevant to broadening the discussion on Transsexuality as a reinforcing element of oppression about the subject not only in Nursing but in health courses in general due to the gap in the training of these actors.

Keywords: Nursing; Intersectionality; Health Unic System; Transsexuality.

Resumen

Se trata de un relato de experiencia que tiene por objetivo describir la vivencia de académicos del curso de postgrado en Enfermería y Salud, nivel de maestría, durante la realización de un taller sobre Transexualidad en el Contexto del SUS desarrollada en el evento denominado Semana de Enfermería de Jequié en el año 2017. Para desarrollo del taller, se utilizaron recursos audiovisuales y lúdicos contextualizando la discusión acerca de la política para Lesbianas, Gays, Bisexuales, Travestis y Transexuales contemplando la terapéutica proceso transexualizador del SUS y el derecho al uso del nombre social. Los resultados fueron presentados en tres categorías siendo éstas: Conocimientos Sobre la Temática, Conocimientos Pertinentes sobre el Uso del Nombre Social y Desafíos de los profesionales de Salud y de las Personas transexuales versus opresión y enfermedad. Esta experiencia fue pertinente para ampliar la discusión sobre la transexualidad como elemento reforzador de lá opresión no sólo en la enfermería más en los cursos de la salud de un modo general debido a la brecha existente en la formación de esos actores.

Palabras clave: Enfermería; Interseccionalidad; Sistema único de Salud; Transexualidad.

Resumo

Trata-se de um relato de experiência que tem por objetivo descrever a vivência de acadêmicos do curso de pós-graduação em Enfermagem e Saúde, nível mestrado, durante a realização de uma oficina sobre Transexualidade no Contexto do SUS desenvolvida no evento denominado Semana de Enfermagem de Jequié no ano de 2017. Para desenvolvimento da oficina, utilizou-se recursos audiovisuais e lúdicos contextualizando a discussão acerca da política para Lésbicas, Gays, Bissexuais, Travestis e Transexuais contemplando a terapêutica processo transexualizador do SUS e o direito ao uso do nome social. Os resultados foram apresentados em três categorias sendo estas: Conhecimentos Sobre a Temática, Conhecimentos Pertinentes sobre o Uso do Nome Social e Desafios dos profissionais de Saúde e das Pessoas transexuais versus opressões e adoecimento. Esta experiência foi pertinente para ampliar a discussão acerca da transexualidade como elemento reforçador de opressão não apenas no contexto do SUS e no exercício da profissão de Enfermagem mais também nos demais cursos da saúde de um modo geral devido à lacuna existente na formação desses atores.

Palavras-chave: Enfermagem; Interseccionalidade; Sistema Único de Saúde; Transexualidade.

Introduction

In order to address the various social groups, the Brazilian Ministry of Health published the Charter of Health Users' Rights, which was approved by the National Health Council (CNS, as per its Portuguese acronym) during its 198th Ordinary Meeting, held on June 17, 2009, with a view to spreading the rights and duties of citizens, established in the legislation of the Brazilian Unified Health System (SUS, as per its Portuguese acronym) (BRASIL, 2008).

Accordingly, taking into account the need to guarantee the rights and access to health of LGBT citizens (Lesbians, Gays, Bisexuals, Transvestites and Transsexuals) in a vulnerable condition, the National Policy for LGBT Health was created in the SUS, an initiative that seeks to reduce inequalities and bring up more equity in the SUS (BRASIL, 2008).

The Brazilian Ministry of Health recognizes that the LGBT population becomes victims of discrimination, being constantly stigmatized and socially excluded, with their human rights to health, dignity, non-discrimination, autonomy and free personality development violated (BRASIL, 2008). Thus, it can be said that this group suffers layers of oppression that interpose and intersect, reinforcing the exclusion processes that harm constitutionally guaranteed rights.

Accordingly, starting from the understanding that discrimination and prejudice against the LGBT population are social determinants of health that are also present in services and recognizing that this, in turn, becomes an element that increases the distancing of this audience from health institutions, thus causing them not to seek adequate medical care and to avoid a spontaneous dialogue about sexuality and their personal demands with health professionals, the following questions emerged: How to generate environments that enhance the welcoming of communities, so that they have equal and fair access to health? How to develop inclusive and respectful health knowledge and practices? Will future health professionals be prepared for a more welcoming service free of discrimination and oppression?

Based on these questions and considering the gap in the literature in relation to the issue, the demand and interest in delivering nursing students a workshop involving the theme of Transsexuality in the context of the SUS emerged. In this perspective, the aim of this study is to describe the experience lived during the execution of a workshop about transsexuality in the context of the SUS for students and nursing professionals or not.

Method

This is an experience report (MUSSI; FLORES; ALMEIDA, 2021), typified as qualitative study (MUSSI et al, 2019), originating from observations and notes in a logbook about a Health workshop that was held as a way of assessing the subject “Teaching-Learning Process in Health”, delivered in the Master’s course of the Graduate Program in Nursing and Health, State University of Southwest Bahia (UESB), Jequié-Ba campus. The study presents its results based only on observations; therefore, it is not necessary to submit to the Council for Research with Human Beings. Thus, it complies with all ethical aspects by not revealing any participant’s testimony.

The theme chosen for the workshop was “Transsexuality in the context of the SUS”, for being of great relevance, little present in the literature and indispensable for discussion among health professionals and future health professionals. This activity occurred on May 16, 2017 as part of the schedule of a traditional and local event called *Semana de Enfermagem de Jequié* (Jequié Nursing Week), with a workload of 4 hours.

The workshop was attended by 21 people, 12 undergraduate students in nursing and other health courses offered at the aforementioned institution, 01 teacher from the nursing course, 03 special guests, 01 nursing professional, 01 biologist teacher researching the issue, 01 transsexual woman and also 05 workshop facilitators, these latter being the master’s students.

Initially, a dynamics of integration was developed among participants, guests and facilitators of the activity, which was conducted by one of the master's students responsible for the execution of the workshop. Subsequently, a short video was used (QUAL É MEU GÊNERO? | Louie Ponto | Women's Day Special. Link: <https://www.youtube.com/watch?v=LV7l13SZcw8>) in order to sensitize the target audience and make a contextualization with introductory content that referred to the Process of Constructing Sexuality and explanation of the meanings of Terms Related to the Theme in question.

Subsequently, there was continuity with the testimonies of guests, which instigated discussions among all those involved. After this moment, a questionnaire was given to each participant, in order to assess his/her prior knowledge about the contents that would be explained in the sequence, namely: National Policy for Integral Health of LGBT; Transsexualizing Process and the Use of the Social Name by transsexuals and transvestites.

Accordingly, the questionnaire to assess prior knowledge included questions such as: Do you know the National Policy for Integral Health of LGBT; have you ever heard about the Transsexualizing Process in the SUS? Do you know the right to the Use of the Social Name by transsexuals and transvestites? Does the Regional Nursing Council allow the use of the social name by nursing professionals in the work environment? Would it be difficult for you to provide health care to a transsexual during your consultation as a professional? With these questions, the workshop was continued, elucidating the aforementioned topics through dialogued exposure using slides and videos that addressed the issue, thus expanding the discussions.

The moment ended with the execution of the final assessment, through a new questionnaire composed of the following questions: If you were to assess us, from 1 to 10, what grade would you give us? Did the workshop meet your expectations? What did you consider most important in the workshop? What is the best moment in your conception? The questionnaire also assessed if the clarifications provided by the workshop will contribute to the care practice and professional life of the participants in their conceptions.

Results

Through the moments provided in the workshop and considering the feedback from the participants, it was found that expectations were exceeded through a positive assessment by those involved, who signaled the obtained knowledge as being relevant to their professional lives.

Accordingly, it was also found that, based on the covered content, there are some limitations to the audience's knowledge about the issue, which are highlighted here as negative aspects and positive aspects outlined in three categories, which were: Insufficient knowledge about the theme, Relevant knowledge about the use of the social name and Challenges of health professionals and transsexual people.

The first category – Knowledge about the Policy – was based on the observation that the majority of the student audience did not know about the National Policy for Integral Health of LGBT and almost half had never heard about the Transsexualizing Process in the SUS, as well as showed uncertainties regarding their preparation to assist a transsexual person during a nursing consultation, for example.

The study highlighted the existence of a gap in the training of academics, ranging from lack of knowledge about the existence of a policy that has been addressed over time in the context of the SUS to the existence of knowledge considered average about the issue of the transsexualizing process.

The second category – Relevant knowledge about the use of the social name – was weighted based on the observed reality with regard to knowledge about the right to use the social name for transvestites and transsexuals, as well as knowledge about the permission of the Regional Nursing Council regarding the use of this name by professionals in health services.

As for the third category – Challenges of health professionals and transsexual people versus oppression and Illness – this emerges from the listening space of health professionals and transsexual people.

Discussion

- Knowledge about the Policy

The participants' knowledge about the Policy for the LGBT population and the Transsexualizing Process in the SUS was considered poor and average, respectively, since this theme has been an issue of great debate and involves the various actors of the SUS; thus, it is not satisfactory that only some of the workshop participants have only heard about the issue, as noted.

The reality observed in the study reinforces the model of traditional society that makes a normative reading among men and women with heterosexual behavior, that is, it is the binary means of framing people, which is based on the naturalization and universalization imposed by this pattern. Thus, people's gender is the result of the cultural construction of society, and there cannot be a simplistic division in a heterosexual behavior in which everyone must fit between male and female (RAMOS, 2014).

The Transsexualizing Process is characterized by a set of health care strategies, involved in the process of transforming the sexual characteristics of individuals who wish to change their bodies at a certain moment in their lives, precisely because they do not identify with the sex they were born with (BRASIL, 2008; LIONÇO, 2009).

It is worth highlighting that the therapeutic process encompasses the guarantee of care, which ranges from consultations with psychologists and endocrinologists to sex reassignment surgery. Nonetheless, this right is guaranteed for a small portion of the population due to the slowness of this process that involves several issues such as: few specialist surgeons in the field of transgenitalization in Brazil; few hospitals that offer the procedure (one located in each city: São Paulo, Rio de Janeiro, Goiânia and Porto Alegre); among other issues (BRASIL, 2017).

Other factors are also pointed out as major obstacles to the transsexualizing process, namely: the lack of legal regulations for the change of documentation, the waiting list in the SUS, the two-year preoperative protocol and the cost of surgeries in private clinics (SAMPAIO; COELHO, 2012).

It appears that, even if transgenitalization surgeries are legitimized in Brazil, before undergoing hormonal treatment and performing the surgical procedure, it is necessary that the interested person goes through a series of criteria, which includes a diagnosis of Gender-Identity Disorder, usually issued by a specialist (BENTO, 2014); assessment by a multidisciplinary team and psychiatric follow-up for at least two years, considering the medical diagnosis of transgenitalism; age over 21 years and absence of inappropriate physical characteristics for surgery (CONSELHO FEDERAL DE MEDICINA, 2010).

In turn, information like this goes unnoticed by many health professionals and by academics of health courses during the undergraduate stage. Accordingly, when they arrive at the service and face this demand, they do not know how to deal with it, since they have never even heard about the transsexualizing process in academia. In this perspective, it appears that those who demonstrate knowledge about the issue often did not acquire it in academia, due to searches motivated by particular interests, as perceived in the workshop.

Accordingly, it is clear that this gap is also a reflection of a curriculum that barely covers gender and sexuality issues during the undergraduate stage. This can be understood through authors who point out that sex education is not treated as a mandatory subject; and, even if it were offered as mandatory, accessed in components such as science and biology, it would become scarce because of the restriction imposed by these subjects on the theme (REDEL, 2013).

In this sense, the inclusion of the component “gender and health” as an option in the curriculum of some health courses would not be the best approach, but it has been an alternative used to mitigate such a deficiency in training at the moment. Nonetheless, this is not a reality of all Higher Education institutions, which may contribute to the fact that a portion of professionals do not feel secure in addressing

the theme in question, as well as stating if they are able or not to provide an adequate assistance or care to a transsexual person, as observed in the developed activity.

On the other hand, it is relevant to emphasize that the curriculum by itself will not be able to prepare the professional to act in a social and health context of a heterogeneous country like Brazil, which is full of social injustices, and that, in turn, requires constant individual and collective actions in the reduction of inequalities related to the health of LGBT populations and many other populations that live in vulnerable conditions.

Thus, Santos et al., (2015) point out that it is necessary to “consider professional performance based on principlialist¹ bioethics as a way of overcoming value judgments by health professionals, contributing to actions that provide a performance aimed at obtaining full care”. In this aspect, Ferreira and Jardim (2015) state that questions about transsexuals, due to the fact that they encompass legal, medical and social aspects, become a favorable field to be explored by bioethics, since through it one can glimpse a less oppressive future for these people.

The National Policy for Integral Health of LGBT advocates concrete actions that favor humanization, respect without prejudice and discrimination against lesbians, gays, bisexuals, transvestites and transsexuals in the spaces and in the care of public health services and in all managerial sphere of the SUS, as well as reduction of inequalities and construction of more equity in the SUS (BRASIL, 2008; BRAZIL, 2011); however, if the main actors that enable the implementation of this policy do not divest themselves of such prejudiced behaviors, reframing their practices, as well as looking for complementary readings to their training, significant changes will not occur as proposed.

The prejudice or misinformation present in the health services is manifested in the lack of integrality in care, blaming the user for acquiring some disease, disregarding the social name during the care of transvestites, besides not recognizing the sexual and reproductive rights of this population, among others (BITTENCOURT; FONSECA; SEGUNDO, 2014).

With regard to the rights of transsexual people, Bergesch and Chemin (2009) claim that even if there are people with serious illnesses and who need more urgent treatment from the SUS, the right of transsexuals to obtain coverage by the public health system cannot be denied in any way, given that they are protected (just like other patients) by the Constitution and by the SUS law itself, since the accomplishment of transgenitalization surgeries by the SUS is a way of enforcing their fundamental constitutional rights.

- Relevant knowledge about the use of the social name

The Brazilian Ministry of Health implemented, through Ordinance nº 1820/2009, the Charter of SUS Users' Rights. This document guarantees every citizen the right to humanized, welcoming and free of discrimination services and to have, in their identification documents, such as medical records, a field to be filled out with the name by which the user wishes to be called (BRASIL, 2009).

Furthermore, the National Policy for Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, through Ordinance nº 2.836/11, issued by the Brazilian Ministry of Health, establishes the right to use the social name of transvestites and transsexuals, in accordance with the Charter of SUS Users' Rights (BRASIL, 2011).

In this context, health facilities are often identified by transvestites or transsexual women and men as discriminatory environments and, as a rule, the search for health care occurs in emergency situations and, generally, in serious cases; and, when health professionals have contact with transsexual people in the work environment, they still do not know how to treat the user in a respectful and welcoming way. As stated by Lionço (2009) and Rocon et al. (2016), such regulations are not a properly accepted routine in the work of health professionals, constituting a barrier to guaranteeing universal access to health care for these users.

Accordingly, it is pointed out that the social name is a symbol that carries the meaning of a change that goes beyond body transformation and comes together with the most varied meanings of femininity or masculinity that act in the representation of gender. In this sense, the disrespect to the social name, the discrimination and the diagnosis in the transsexualizing process are configured as the main limitations in the access to the health system (ROCON et al., 2016).

- Challenges of health professionals and transsexual people versus oppression and illness

While in the previous categories there were findings of gaps in the students' knowledge, here the difficulties raised by health professionals in dealing with the care of the LGBT population are highlighted, as well as the suffering faced by the transsexual person in health services and in his/her everyday life due to the elements that reinforce various oppressions.

The lack of demand by transsexuals for health services is often attributed to fear of discrimination, prejudice and oppression, which leads to numerous difficulties in access and permanence of transsexual people in the services offered by the SUS, highlighting the disrespect to the social name, trans/transvestiphobia as an obstacle to the search for health services and causes of abandonment of health treatments already in progress (ROCON et al., 2016).

In the scenario of transsexual people, it was observed a great struggle for acceptance by society, which does not recognize them as men for not exercising what is characterized as the role of a male figure, but also does not see them as women because they were not born with the female sex, that is, the definition of man and woman that people still have is very focused on sexual characters, thus not considering gender issues. For Pereira and Mussi (2020), it is always necessary to treat individuals based on their singularities, given that even when they live in the same location and have the same ethnic identity, each one has a certain particularity that needs to be considered, and is this the holistic vision that will guarantee the best care for individuals,

since when this treatment perspective is avoided, the possibility of contributing to the illness of people is increased.

There is a great possibility of illness among the LGBT public, due to the various forms of violence and exclusion that society exerts on them, thus putting them face to face with loneliness on a daily basis and with the risk of developing serious psychological problems. These types of oppression, which, in turn, occur simultaneously, open a range for the inclusion of a debate based on the theory of intersectionality. This theory states that injustices and inequalities are sustained on a multidimensional basis, so that oppressions such as racism, sexism, classicism, xenophobia, homophobia, transphobia, among others, interact at multiple and often simultaneous levels, directly reflecting on the daily lives of individuals who are oppressed and discriminated against in health institutions.

Thus, the right to various health procedures and the care itself must be guaranteed under the light of the principle of equality, considering the different population realities. Nevertheless, this does not happen in practice, as difficult access to certain procedures has generated inequities within the Health System.

In this aspect, it was discussed that the LGBT audience has increasingly assumed the practice of self-medication, that is, hormone therapy without medical supervision, which causes damages to the health of most transsexuals and transvestites. It is worth emphasizing that such adopted behavior arises from the search for a stereotype imposed by society, with a view to maintaining the logic of normativity, that is, this alternative is sought in an attempt to achieve greater acceptance (SAMPAIO, 2012).

In this sense, it is noted that there are several factors that are determinant for the illness of the LGBT population, but transsexuals and transvestites are more vulnerable to the inappropriate and indiscriminate use of hormones without medical advice; therefore, it is seen as an aggravating factor for health conditions. Thus, the professional attitude being oppressive will directly reflect the distancing of this audience from health services, which in most cases is the public sector.

According to Pereira, Mussi and Rocha (2020), the SUS emerges as an instrument that seeks universal access to and use of health services. Therefore, based on this concept, it is essential to emphasize that health care must be offered to the entire population, and this offer must never run away from the humanized welcoming, since the adoption of this policy may increase the demand for medical care by transsexuals who are still far from the health care network.

In light of this reality, it is necessary to have health education and expansion of the bond (professional/patient) not only in highly complex services, where transgenitalization therapy mainly occurs, but mainly in low complexity services (primary care), which is where more health promotion and disease prevention habits are encouraged. In this context, it is necessary to consider that the teaching-learning process in the context of health requires active participation in multiple perspectives, but one aspect that is paramount is the very respect for sociocultural characteristics (MUSSI; CARDOSO; FIGUEIREDO, 2019).

With regard to the professional field, it has detected numerous difficulties related to the care of transsexuals, showing that they do not feel prepared to provide care in a spontaneous, safe and welcoming way, thus revealing that the lack of preparation and difficulty in dealing with the realities concerning transsexuality is something considered novel, thus destabilizing the health care practice even when the professional does not assume a prejudiced and oppressive stance.

It was not possible to carry out a more in-depth analysis in the discussion of professionals and transsexual people about the challenges they face in the context of the SUS, due to a gap in the national and international literature in relation to the theme and the very format of the research, which is a report based on notes. Furthermore, the study brings the results from the mediators' point of view and dialogues with little existing research; however, the contextualized and critical way of presenting the data allowed the highlighted limitations to be undermined.

Considerations

The study highlighted the need to expand this issue in the scope of the SUS, associated with the theory of intersectionality and principlalist bioethics through some curricular component of health courses, considering that the LGBT population has been distancing itself from health promotion services often due to the oppressive, prejudiced, and discriminatory attitude of some professionals and of society as a whole. Therefore, this research calls attention to the awakening of health professionals to undertake ethical, welcoming and humanized health care practices, free of discrimination and prejudice, and that contemplate the principles of the SUS.

Furthermore, it is considered that the development of this report was extremely relevant, since it allowed the sharing of knowledge, as well as the dissemination of discussions about the National Policy for Integral Health of LGBT, the oppressions still present in health and the challenges inherent in professional training and performance.

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ⁱ Principlalist bioethics directs human conduct towards the good, centering on four fundamental principles which are: autonomy, beneficence, non-maleficence and justice