

Transgender health and rights

*Simone Monteiro*¹
*Mauro Brigeiro*¹
*Regina Maria Barbosa*²

doi: 10.1590/0102-311X00047119

In March 2018, Brazil's Superior Electoral Court (TSE) ruled that under the country's Electoral Law, transsexual women and transvestites can run for elective office under the quota established for women and that transsexual men can run for office as men. That same month, the Brazilian Supreme Court (STF) authorized transsexual and transgender people to change their names on identification documents even without having undergone gender reassignment (often called a sex-change) surgery. New forms of recognition have appeared in policies for the inclusion of sexual and gender diversity in education institutions and public and private organizations, as well as in the cultural industry. Such news illustrates the recent gains in the political struggle by transvestites, transsexual and transgender people in Brazil, who nonetheless still experience a reality of extreme marginalization and social exclusion. Situations such as family conflicts, expulsion from home, early school dropout, and difficulty integrating in the skilled work market are part of this reality^{1,2,3}.

In the field of health, the vulnerability of transvestites and transsexual people is exemplified by the alarming rates of violence and assassinations, severe mental disorders (e.g., depression, suicide attempts), and high HIV prevalence. Stigma and sexual discrimination have also been identified as serious obstacles to access prevention and treatment services by this social segment. Due to such problems, the civil rights agenda for this segment still includes demands for comprehensive health care and access to services without discrimination. These demands have been built in parallel to efforts to consolidate the Brazilian Unified National Health System (SUS), while evoking debates on the implications of social inequalities in health care.

In the last two decades, as the result of dialogue and collaboration between the Brazilian Federal Government and representatives of organized civil society, some positive changes have been achieved concerning institutional norms involving the health sector. Such changes feature the drafting of the National Plan to Combat Violence and Discrimination Against Lesbians, Gays, Bisexuals, and Transvestites, in 2004, which provides for measures in the promotion of rights, international cooperation, security, education, health, and work; the Charter on the Rights of Health Users, in 2006, which explicitly lists the person's right to be identified in the SUS according to the name they prefer; the Plan to Confront AIDS among Gays, MSM, and Transvestites, in 2007; the regulations from 2008

¹ Instituto Oswaldo Cruz, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.

² Núcleo de Estudos de População, Universidade Estadual de Campinas, Campinas, Brasil.



and 2013 on the process of adapting gender presentation to align with identity, known as transitioning, in the SUS, which includes gender reassignment surgery and treatment and care for transsexuals; and the National Policy for the Comprehensive Health of the Population of Lesbians, Gays, Bisexuals, and Transvestites and Transsexuals, in 2010⁴. Although these provisions have great potential to achieve this segment's social inclusion, their actual enforcement currently faces major challenges. The underfinancing of the SUS, which prevents its implementation as a national health policy, and the resistance by conservative sectors of Brazilian society and their moral crusades against sexual and reproductive rights now threaten the aspirations to equity and social justice for everyone in Brazilian society.

In this sense, the analysis of relations between the health and rights of these social segments requires reflection on the practical effects of the above-mentioned laws and provisions, both in the institutions' routine and in the individuals' immediate experience. The theme involves agents, practices, and technologies in health and other social fields that intersect in multiple ways. The organization of this *Thematic Section* in CSP on transgender health and rights thus emerges from the interest in gathering academic contributions capable of shedding light on various aspects of these intersections based on different methodological approaches and strategies.

The first article⁵ analyzes the relationship between stigma and discrimination associated with the gender identity of transgender women and the vulnerability to HIV/AIDS. The study is based on a systematic review of the Brazilian and international research output. The analysis of the 41 selected articles, published from 2004 to 2018, evidenced the intersections between situations of violence, discrimination, and transphobia. The authors highlight that these correlations, resulting from the stigma associated with gender identity, are a major factor in the context of vulnerability to HIV infection/AIDS in the population of transgender women.

The second article⁶ examines the health itineraries of 391 transvestites and trans women and men in the Greater Metropolitan Area of Rio de Janeiro, from different social classes, educational levels, and gender identity configurations they were contacted via the interviewers' social networks. The study aims to describe the sociodemographic profile of this universe and map the forms of access to health services and body-change technologies. The results reveal the difficulty in access to processes of adapting gender presentation to align with identity public and private services and the need for greater recognition of trans people as bearers of rights.

Based on a study in the greater metropolitan areas of Goiânia (Brazil) and Buenos Aires (Argentina) on the treatment itineraries of trans men, the third article⁷ analyzes this social segment's waiting time for health care and the process of adapting gender presentation to align with identity. The comparison of two distinct scenarios favors an understanding of the dynamics in access and the difficulties in the implementation of public policies in health in response to this population's demands. Given the mismatch between subjective time and institutional time, transgender men take various initiatives, such as mobilization of their own resources, contact networks, international travels, and other strategies in search of biomedical care for their gender transition.

Based on interviews and observations of prostitution scenes, the fourth article⁸ analyzes the experience of access to the health care system by transgender women and transvestites in the Baixada Fluminense region in Greater Metropolitan Rio de Janeiro. Despite their experiences of social exclusion and discrimination, the interviewees reported that in

recent years they acknowledge more tolerance by society in relation to sexual diversity, both in the public scenario and in health care services. They also described various ways of confronting adverse situations, mobilizing contact networks and discourses on citizens' rights. However, access to prevention and care in the public system are jeopardized by the precarious state of services in the SUS as well as by the internalized fear of AIDS-related stigma.

As a whole, the four articles in this *Thematic Section* show how the trajectories and life stories intertwine with gender codes, sexual discrimination, process of individual and social resistance, transmission of knowledge, practices, different uses of biomedical technologies, laws, other legal instruments and interventions. The relevance of research results attests the eminently political nature of the health practices and conceptions. The articles agree on the importance of public policies in confronting stigma and conditions of social exclusion of transvestites and trans women and men daily lives. They also point to the need for programs and interventions to consider both these individuals' capacity for agency and the contexts of vulnerability and structural problems in the public health care system.

The following pages are an invitation to a critical analysis on the transformations, produced by contemporary sexual and gender policies. Given the backlash by conservative forces in recent years around the world and particularly in Brazil, we hope these studies will encourage reflections and political actions in order to both maintain the gains achieved and defense new strides in the process of acknowledging the trans population's health and rights.

Additional informations

ORCID: Simone Monteiro (0000-0003-2009-1790); Mauro Brigeiro (0000-0002-0791-1670); Regina Maria Barbosa (0000-0002-3390-2137).

1. Carrara S, Aguião S, Lopes PVL, Tota M. Retratos da política LGBT no Estado do Rio de Janeiro. Rio de Janeiro: Centro de Estudos e Pesquisa em Saúde Coletiva; 2017.
2. Kullick D. Travesti: prostituição, sexo, gênero e cultura no Brasil. Rio de Janeiro: Editora Fiocruz; 2013.
3. Mello L, Perilo M, Braz C, Pedrosa C. Políticas de saúde para lésbicas, gays, bissexuais, travestis e transexuais no Brasil: em busca de universalidade, integralidade e equidade. *Sex Salud Soc (Rio J.)* 2011; 9:7-28.
4. Pelúcio L. Abjeção e desejo uma etnografia travesti sobre o modelo preventivo de AIDS. São Paulo: Annablume; 2009.
5. Magno L, Silva LAV, Veras MA, Pereira-Santos M, Dourado I. Stigma and discrimination related to gender identity and vulnerability to HIV/AIDS among transgender women: a systematic review. *Cad Saúde Pública* 2019; 35:e00112718.
6. Carrara S, Hernandez JG, Uziel AP, Conceição GMS, Panjo H, Baldanzi ACO, et al. Body construction and health itineraries: a survey among *travestis* and trans people in Rio de Janeiro, Brazil. *Cad Saúde Pública* 2019; 35:e00110618.
7. Braz C. Lives on hold? Itineraries in access by trans men to health services in Brazil and Argentina. *Cad Saúde Pública* 2019; 35:e00110518.
8. Monteiro S, Brigeiro M. Experiences of transgender women/transvestites with access to health services: progress, limits, and tensions. *Cad Saúde Pública* 2019; 35:e00111318.