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Humanization in service to the LGBTQIA+ public

Humanización al servicio del público LGBTQIA+

A humanização no atendimento ao público LGBTQIA+

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Abstract

The aim of this study was to research the positioning, vision, and intervention procedures of nursing professionals with transgender individuals. This is a study carried out through descriptive bibliographic research. Scientific articles related to the research theme were explored from 2006 to 2022. The research was carried out in the SciELO and Virtual Health Library databases with the following descriptors: “LGBTQIA+”, “Nursing”, “Rights”, and “Humanization”. The objective was to provoke reflection on humanized nursing care for the LGBT population. It is concluded that it is necessary to provide health professionals with knowledge so that they are prepared to serve the LGBTQIA+ population. The work of this research aims to aggregate knowledge, demonstrating that nursing professionals must be prepared to serve this population according to the Resolutions of the Federal Nursing Council and to act from the perspective of human rights.

Descriptors: LGBTQIA+; Nursing; Rights; Humanization; Comprehensive Care.

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Resumén

El objetivo fue investigar el posicionamiento, visión y procedimientos de intervención de los profesionales de enfermería con personas transgénero. Se trata de un estudio realizado a través de investigación bibliográfica descriptiva. Se exploraron artículos científicos relacionados con el tema de investigación en el período de 2006 a 2022. La investigación se realizó en las bases de datos SciELO y Biblioteca Virtual en Salud con los siguientes descriptores: "LGBTQIA+", "Enfermería", "Derechos" y "Humanización". El objetivo fue provocar una reflexión sobre la atención de enfermería humanizada para la población LGBT. Se concluye que es necesario dotar de conocimientos a los profesionales de la salud para que estén preparados para atender a la población LGBTQIA+. El trabajo de esta investigación tiene como objetivo agregar conocimientos, demostrando que los profesionales de enfermería deben estar preparados para atender a este público de acuerdo con las Resoluciones del Consejo Federal de Enfermería y actuando desde la perspectiva de los derechos humanos.

Descriptores: LGBTQIA+; Enfermería; Derechos; Humanización; Atención Integral.

Resumo

Objetivou-se pesquisar sobre o posicionamento, a visão e os procedimentos da intervenção dos profissionais enfermeiros junto aos sujeitos transgêneros. Trata-se de um estudo realizado por meio de uma pesquisa bibliográfica de caráter descritivo. Foram explorados artigos científicos relacionados com a temática da pesquisa no período de 2006 a 2022. A pesquisa foi realizada nos bancos de dados da SciELO e Biblioteca Virtual e Saúde com os seguintes descritores: "LGBTQIA+", "Enfermagem", "Direitos" e "Humanização". Objetivou-se provocar a reflexão sobre o cuidado humanizado da enfermagem ao público LGBT. Conclui-se que é necessario proporcionar aos profissionais de saúde conhecimento a fim de que estejam preparados para ao atendimento ao público LGBTQIA+. O trabalho desta pesquisa visa agregar conhecimentos, demonstrando que os profissionais de enfermagem devem estar preparados para atender esse público segundo as Resoluções do Conselho Federal de Enfermagem e a atuação na perspectiva dos direitos humanos.

Descritores: LGBTQIA+; Enfermagem; Direitos; Humanização; Integralidade do Cuidado.

Introduction

The World Health Organization (WHO) describes gender as a social concept of roles, attitudes, behavior, and characteristics that each society claims are appropriate for women and men[1].

Gender, therefore, differs from biological sex because it is socially constructed. Some people identify with the gender corresponding to their biological sex, who are cisgender, but some people do not identify with this gender. Biological sex is composed of phenotypic characteristics that refer to genital and reproductive organs; physiological characteristics refer to the different types of sex hormones and genotypes present in our body, male and female genes[2].

Regarding masculine and feminine, the study states that masculine and/or feminine behavior is socially constructed and that the way a person is educated makes them a gender modeler and, therefore, differentiates them from the biological sex in which they were consolidated, being constructed in the first years of life and only in adulthood is the change observed. Cisgender is the individual who identifies with the sex and/or gender assigned at birth, generally under the norms imposed by society[3,4].

The term homosexual is invariably recent and results in identifying individuals who have sexual relations with people of the same sex, and literature have determined the pathology with a political strategy of dissociating sexual practice as a crime or mental illness[3]. Because this population does not follow the standards imposed by society regarding gender identity, they become stigmatized and marginalized, which can be characterized as a form of physical, psychological, and symbolic violence, leading this public to exclude themselves from society[2].

It is known that the LGBT+ population is vulnerable in terms of access to health services, requiring specific demands that were previously only addressed in campaigns such as AIDS prevention, in which issues of prejudice originated with inadequate care provided by health professionals. Despite the difficulties in finding statistical data, studies indicate that the percentage of homosexuals is represented by around 3% to 10% of the population[4,5].

In Brazil, there are more than 6,000 homosexual couples, with the region with the most homosexual couples being the Southeast with 32,202 couples, followed by the Northeast with 12,196 couples, while the South region has just over 8,000 homosexual couples, the Central-West with 4,141 and the North region with the lowest number of homosexual couples, totaling 3,429. In some cases, upon assuming homosexuality, the individual ends up distancing himself from his family and seeking support from family and friends because he feels destabilized by his relatives[5].

To consolidate the health rights of this population, the Ministry of Health launched the National Policy for Comprehensive LGBT Health, to promote the fight against inequality and discrimination, and expand access to quality

actions and services. Among the rights achieved by this group is the use of the social name of transvestites and transsexuals, that is, the name by which transsexuals and transvestites prefer to be called, as opposed to the name on their civil registry that does not correspond to the gender with which they identify[6,7].

The social name in health services is guaranteed by Ordinance No. 1,820/2009, which states that the user must be identified. We are living in a unique moment regarding the acceptance of the social and cultural diversity in which we live[7].

According to Article 3, section IV of the 1988 Federal Constitution, all citizens cannot suffer any type of prejudice, and it is necessary to promote actions to raise awareness and accept human diversity, especially those associated with LGBTs. It is essential to know how to deal with conflicting situations aimed at this specific group. Therefore, health professionals need to act with respect, without prejudice and discrimination, aiming at their role in society, regardless of the individual's sexual orientation[7].

Primary health care operates with a multidisciplinary team, being the patient's gateway to the Unified Health System (SUS), where it is the nurse's responsibility to carry out continuing education actions to welcome them. In this sense, the nurse has a comprehensive role, from the promotion to the implementation of public health policies. Thus, they play a very important role in the consolidation of current national policies and, as a health educator, teaching and the exchange of equalities and equities within the SUS is also part of their role[8,9].

Introducing these people into healthcare practices becomes a challenge, and it is essential to understand them and comply with the principles of universality and comprehensiveness in the SUS. Considering those social problems, such as homophobia, they interfere with this public's search for help and guidance in basic healthcare units[4,9].

The term GLTB – Gay, Lesbian, Transgender, and Bisexual corresponds to the term as it appears in the official documents of the time. In the LGBTI+ communication manual, produced by the National LGBTI+ Alliance, a list of meanings for the individual letters of the acronym LGBTQIA+ was created. The meaning of the acronym LGBTQIA+ is that L = lesbians, women who feel emotional/sexual attraction to the same sex, that is, to other women. G = Gays, men who feel emotional/sexual attraction to the same sex, that is, to other men. B = Bisexuals, men and women who feel emotional/sexual attraction to the male and female genders[10].

Furthermore, according to the manifesto, bisexuality has no direct relation to polygamy, infidelity, promiscuity or dangerous sexual behavior, which can be carried out by anyone of any sexual orientation. T = Transgender Unlike the previous letters, T does not refer to sexual orientation, but rather to gender identities. Also known and called "trans people", they can be transgender (male or female), transvestite (female identity), or a non-binary person who is understood beyond the division of "male and female". Q = Queer, people with a 'Queer' gender are those who cross gender concepts, such as drag queens[10].

Queer principles and theory state that sexual orientation and gender identity are not related to the result of biological functionality, but rather to social construction. I = Intersex means being a person between female and male. These biological combinations and body development – chromosomes, genitalia, hormones, etc. – do not fit into the binary norm (male or female). A = Asexuals do not feel sexual attraction to other people, regardless of gender[10].

There are different levels of asexuality, and it is common for these people to not see human sexual relations as a high priority. The "plus" symbol at the end of the abbreviation is meant to include other gender identities and sexual orientations that do not fit the cis-heteronormative standard, but do not appear prominently before this symbol[10].

Furthermore, some current trends that point to a complete acronym are currently the most common. It consists of: LGBTQQICAAPF2K+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Curious, Asexual, Allies, Pansexual, Polysexual, Family, 2-spirit and Kink). The objective of this research was to provoke reflection on humanized nursing care for the LGBTQIA+ public.

Methodology

This is a study carried out through a descriptive bibliographic review. Scientific articles related to the research theme were analyzed from 2006 to 2022, and research was carried out in databases such as SciELO, and Virtual Health Library. The keywords used were: "LGBTQIA+", "Nursing", "Rights" and "Humanization". The search, selection, and analysis of the studies took place between December 2022 and February 2023.

Results

Humanization in care of the LGBTQIA+ population

This is still a taboo in the health area, as we still see a lot of prejudice when dealing with transgender people, not knowing how to approach someone of a different sex, not knowing how to treat them, how the nurse should look at this person, what care should be provided to them.

Each human being has the characteristics that differentiate them from others. In some cases, they can identify the Lesbian, Gay, Bisexual, Transvestite, Transsexual, or Transgender (LGBT) public from another, or differentiate us, such as the difference between races, religions, ages, sexuality, qualities, and defects. In many cases, these characteristics can identify us with the other, or differentiate us, such as the difference between races, religion, age, sex, qualities, and defects. The society in which we live advocates that the sex, male or female, is defined by the genitals, however, it can be said that our gender identity is not a biological factor but rather a social one[8,11].

Concerns remain in the condition of dealing with the dimension of the field of rights and conflicts, thus referring to nurses with diverse demands and ethical dilemmas for their work. It is essential to address concerning

health care related to LGBT people because they are considered vulnerable, even after publications and documents demanding the guarantee of access and inclusion of this group, they suffer from the discriminatory and heteronormative care provided by nursing professionals[10,11].

Humanization of nursing care

The definition of humanization adopted by the feminist movement is to offer care that recognizes fundamental rights, in addition to the right to appropriate technology, based on scientific evidence and includes: the right to choose the place, people, and forms of assistance during childbirth; the preservation of sexual and family bodily integrity; health intervention and emotional support[12].

Humanizing therefore means respecting the particularity of each person and knowing how to see and listen to others, allowing for the adaptation of assistance according to their culture, beliefs, values , and the diversity of women's opinions[12].

They point out that understanding the meaning of life, self-knowledge, and knowledge of what others are humanized care, making the relationship between the health professional, patient, and family members more tenuous, which ensures better reception of the anxieties of human beings in the face of the fragility of body, mind, and spirit[13].

The Ministry of Health, in the context of humanization, states that there is a need to establish clear and objective goals, outline processes, ensure complete respect and understanding of everything that is established, aiming at autonomy for decisions that can be changed at any time, thus requiring a formalization with those involved of all commitments made in search of therapeutic success, highlighting the importance of assessing needs, whether they are religious, spiritual, psychological, sociocultural or economic[10,13].

The health system becomes effective when faced with the quality of the human relationship established with professionals and users in the hospital care process. This motivated the implementation of the National Program for Humanized Hospital Care, which has had an extraordinary impact, bringing together the efforts of State and Municipal Health Departments throughout the country. It is necessary to reinforce this discussion, contributing to remembering the need for humanized action and reviewing the human virtues that can naturally flow from each individual if they are exercised[14].

Family care requires special attention, with open and sensitive communication that results in therapeutic adherence. The bond between patient and nurse strengthens ties that are essential for better quality care. In addition to providing answers to the questions of the woman or family and the information needed in this process, the language used must be clearer and more understandable. Humanization can be seen as keeping the individual informed about their rights and duties, and knowing how to listen, which are simple but effective measures in the process of caring for the individual[14,15].

Discussion

Nursing has a greater role in improving care for the LGBT population, also about the policies of the Unified Health System. There is a maturation in health policies, and it is evidenced in documents and studies highlighting the difficulties of access by trans individuals to SUS services[11,16]. According to the 2011 health users' rights charter, it says:

> *"It is the right of the person, in the health services network, to have humanized, welcoming care, free from any discrimination, restriction or denial due to age, race, color, ethnicity, religion, sexual orientation, gender identity, economic or social conditions, health status, anomaly, pathology or disability"[9].*

There is interest in carrying out studies, but they are not publicized and arise from the possibility and access to the topic due to television drama, in which female characters do not recognize themselves in their bodies and experience numerous psychosocial dilemmas[1,16].

The legal framework is necessary to expand the possibilities of social persuasion that lesbians, transvestites, transsexuals, gays, and bisexuals cannot be the object of hatred, violence, and exclusion, since the State unequivocally recognizes their citizenship and human rights, providing for some form of punishment for people who insist on homophobic behavior[16].

Studies have exposed numerous difficulties in accessing and remaining in health services offered by the unified health system for trans people, highlighting disrespect for the social name and transphobia/ transvestitephobia as obstacles to seeking health services and causes of abandonment of ongoing treatment[17].

They still discuss the LGBT population as "sick" regarding gender identities, transvestites, and transsexuals in the SUS transsexualization process as promoters of selectivity in health services, obstructing access to many transsexual people. Studies affirm that there is currently vulnerability of the LGBT public in the issue of health care, inferring that despite advances in this area, reality shows itself this way, with basic human rights violated. There are legal statements on LGBT human rights that also deepen the perception of homophobia as being historical and structural, envisioning social exclusion[17,18].

Based on the results achieved, the conservative view of health professionals towards the LGBT community and the degrading and inhumane situations that occur in their daily lives is questioned, proposing actions that generate more information on the subject[10].

Studies, research, seminars, and conferences require that the academic community and public health become more knowledgeable about this topic, which is of crucial importance to society as a whole and even to its emancipation as a social being. The emphasis on health issues of the LGBT population began in the 1980s when the Ministry of Health adopted strategies to confront the HIV/AIDS pandemic in partnership with social movements involved in defending the rights of gay groups[10,18].

As a result of the recognition of the complexity of LGBT health, it was required that the social movement seek support from other areas of the Ministry of Health and,

consequently, expand the set of its health demands, giving the Policy a transversal nature that encompasses all areas of the Ministry of Health, such as those related to knowledge production, social participation, promotion, attention, and care. Its formulation involved the participation of several leaders, technicians, and researchers and was submitted to public consultation before being presented and approved by the National Health Council (CNS)[1,18].

The LGBT Policy is organized by a set of guidelines whose operationalization requires plans covering health strategies and goals, and its execution requires challenges and commitments from government bodies, especially state and municipal health departments, health councils, and all sectors of the Ministry of Health[18].

Civil society action in its various forms of organizations with governments is essential to guarantee the right to health, to confront injustice, and to fully exercise democracy and social control. In this process, actions are being instituted to prevent discrimination against lesbians, gays, bisexuals, transvestites, and transsexuals in the environments and the care provided by public health services. This must be an ethical and political commitment for all levels of the Unified Health System (SUS), its managers, advisors, technicians, and health workers[18].

Including social determination in the dynamic health-disease process of individuals and communities requires acknowledging that social exclusion resulting from unemployment, lack of access to housing and decent food, as well as difficulty in accessing education, health, leisure, and culture directly interfere with the quality of life and health. It also proposes recognizing that all forms of prejudice, such as homophobia, which includes lesbophobia, gayphobia, biphobia, transvestitephobia, and transphobia, must be considered in the social designation of suffering and illness[17,18].

It is important to understand, on the other hand, that these forms of prejudice do not occur in isolation from other forms of social discrimination. On the contrary, they go hand in hand with and are reinforced by the prejudices of machismo, racism, and misogyny. Discrimination and prejudice also contribute to the social exclusion of populations living in territorial isolation, such as those who live in the countryside, forests, quilombos, on the streets, or the move, as in the case of gypsies[18].

With this, the Ministry of Health, through the National Plan to Combat AIDS and STIs among Gays, Men Who Have Sex with Men (MSM), and Transvestites, points out that gay and bisexual men are more vulnerable to the HIV, and directly associates this condition with the homophobia and segregation to which they are exposed, especially the younger ones. The impossibility of expressing their sexual orientation within the family and in public places defines for gays the destiny of the clandestine exercise of sexuality. This situation leads them to frequent places and situations that lack favorable conditions for disease prevention[18].

Therefore, monitoring and evaluation indicators must be based on morbidity and mortality and access to comprehensive health care for these populations. LGBTQIA+ is a political and social organization that defends diversity and seeks greater representation and rights for this population. Its name demonstrates its fight for greater equality and respect for diversity. Each letter represents a group of people[17,18].

The possibility of overcoming the above gaps leads to the need for more actions to be integrated into the PNSILGBT, mainly the generation of indicators and their monitoring. A recent study of national health plans in the Americas with the participation of the Pan American Health Organization to describe the approach to health equity pointed out weaknesses in Brazil in terms of evaluation: the report of the State Health Plan 2016-2019 showed that the LGBTQIA+ community in the country is underdefined in the use of indicators and parameters in scenario analysis[18].

In practice, one of these actions must undoubtedly be the improvement of health information systems. In 2008, the Ministry of Health identified the need to incorporate LGBTQIA+ environments into these systems. Unlike the item “race/color”, which since 2017 has been covered by a specific standard 15 to do so adequately, the same does not occur with gender identity and sexual orientation[4,18].

At the time of collection, the quality and usability of these variable analyses remained limited, even when accessing them in open databases without permission. If the user is 10 years of age or older, the sexual orientation and gender identity fields are mandatory. Monitoring records of cases of homophobic violence against people of all ages. An example of a health surveillance activity that includes LGBTQIA+ groups is the analysis of reports of interpersonal violence and self-violence. A profile survey conducted between 2015 and 2017 described the scenario of vulnerability caused by homophobia in the country[1,18].

The study demonstrated the potential of the SUS science and technology manufacturing process, evidenced in the health unit, concerning health care for victims of violence; authorization to collect and record data – according to their declaration – on the notification form; the availability of this data for analysis; and dissemination of information[1,10,15].

One of these actions must necessarily be the improvement of health information systems. In 2008, the Ministry of Health identified the need to include arrangements for LGBTQIA+ people in these systems. Unlike the item “race/skin color”, which has been the subject of a specific ordinance since 2017, the same does not occur with gender identity and sexual orientation. When collected, the quality and availability for analysis of these variables remain limited, even without permission to access them in open databases[5,7,17].

A study in the United States published in 2020 showed the invisibility of transgender and transgender people in clinical trials. In addition to the seriousness of the bug in data collection. Another study from the same country highlighted that the lack of systematic recording of gender identity and sexual orientation limits the understanding of the different causes of death, in addition to affecting specific intervention strategies. In addition to the research gaps, it is

known that the violence suffered by trans and transvestite people persists even after death when the social name and gender identity are not respected on the death certificate of these people[12,16].

Failure to consider these variables in other forms of SINAN and other health information systems compromises knowledge of morbidity and mortality in the country. The World Health Organization report highlighted the inequalities and vulnerabilities suffered, and evidence of worse health outcomes for LGBTQIA+ people in different diseases, such as mental health, HIV/AIDS, hepatitis, and some types of cancer. However, the report reinforced the need to better understand this scenario, based on quantitative and qualitative data[13,14].

The text of the same document also includes important issues, such as the following: sexual health and reproductive rights; non-pathological perspectives on accessible bodies, particularly transvestite, transgender, and non-binary bodies; the process known as "transsexualization". Addressing violence; combined HIV prevention. It is necessary to expand knowledge about the specificities of such a diverse and heterogeneous group, protected by the acronym LGBTQIA+[1,11].

Conclusion

The research addresses that the LGBTQIA+ universe is in a vulnerable situation regarding the guarantee of basic human rights. It is necessary to have more health policies for the group and respect their autonomy. To operationalize the feeling in health care with humanization, it is essential to transcend the limits and go beyond the offices, using the inside-outside space as a facilitator of communication, creating an unprecedented connection in a relationship that was until then stereotypical and non-therapeutic, focusing on the premise of nursing, the art of caring.

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