

Strategies for Equal Access to Health Services for the Trans Population

Estratégias para Equidade do Acesso da População Trans aos Serviços de Saúde
Estrategias para la Equidad en el Acceso de la Población Trans a los Servicios de Salud

RESUMO

Introdução: A população trans vem sendo invisibilizada a décadas, sendo assim empurrada para as margens da sociedade, onde não tem qualquer tipo de atenção, oportunidades e igualdade nos serviços de saúde, onde o princípio estabelecido seria o de equidade. **Objetivo:** descrever estratégias para a promoção do acesso equitativo da população trans aos serviços de saúde. Diante disso surge os seguintes questionamentos: sendo a equidade um dos princípios do SUS, como promover o acesso equitativo da população trans aos serviços de saúde na atenção primária? Quais os desafios e dificuldades com relação ao acesso da população LGBT aos serviços de saúde na atenção primária? **Métodos:** Será feito um levantamento através da revisão integrativa de literatura nas bases de dados do Scientific Electronic Library Online (Scielo) e Biblioteca Virtual da Saúde (BVS). Foram utilizados 10 artigos dos anos de 2019 a 2024 que adentraram aos critérios de inclusão e objetivos do estudo relevantes à temática, sendo efetuada uma seleção de forma a utilizar aqueles que continham dados mais característicos com relação ao tema. **Resultados:** Os resultados obtidos evidenciaram que é fundamental conhecer os conceitos relacionados às questões de gênero para que o acolhimento ocorra livre de transfobia e discriminação, promovendo o acesso dos usuários de forma inclusiva. A maior dificuldade e barreira para buscar atendimento nos serviços de saúde está relacionada à discriminação e ao desrespeito vivenciados. A invisibilidade das pessoas trans e travestis serve como uma ferramenta de manutenção do preconceito e da transfobia. **Conclusão:** Concluímos com o presente estudo que a enfermagem, cabe um papel relevante de acolhimento nas redes de atenção em saúde, bem como, o dever de atuar na aplicação integral das políticas públicas, na informação às usuárias da saúde e na construção de novas ações que auxiliem na eliminação da discriminação e em prol do direito de todas ao acesso humanizado e integral em saúde da população LGBT.

DESCRIPTORES: Pessoas transgênero; Equidade; Serviços de saúde; atenção primária.

ABSTRACT

Introduction: The trans population has been invisible for decades, thus being pushed to the margins of society, where they do not receive any type of attention, opportunities or equality in health services, where the established principle would be equity. **Objective:** to describe strategies for promoting equitable access to health services for the trans population. Given this, the following questions arise: since equity is one of the principles of the SUS, how can we promote equitable access to health services for the trans population? What are the challenges and difficulties regarding access to health services in primary care for the LGBT population? **Methods:** A survey will be carried out through an integrative literature review in the Scientific Electronic Library Online (Scielo) and Virtual Health Library (BVS) databases. Ten articles from 2019 to 2024 that met the inclusion criteria and objectives of the study and were relevant to the topic were used. A selection was made in order to use those that contained the most characteristic data regarding the topic. **Results:** The results obtained showed that it is essential to know the concepts related to gender issues so that the reception is free from transphobia and discrimination, promoting access for users in an inclusive manner. The greatest difficulty and barrier to seeking care in health services is related to the discrimination and disrespect experienced. The invisibility of trans and transvestite people serves as a tool for maintaining prejudice and transphobia. **Conclusion:** We conclude from this study that nursing has a relevant role in welcoming in health care networks, as well as the duty to act in the full implementation of public policies, in informing health users and in the construction of new actions that help eliminate discrimination and in favor of the right of all to humanized and comprehensive access to health for the LGBT population.

DESCRIPTORS: Transgender people; Equity; Health services; primary care.

RESUMEN

Introducción: La población trans ha sido invisibilizada durante décadas, siendo empujada hacia los márgenes de la sociedad, donde carece de atención, oportunidades e igualdad en los servicios de salud, a pesar de que el principio establecido debería ser el de la equidad. **Objetivo:** Describir estrategias para promover el acceso equitativo de la población trans a los servicios de salud. Ante esto surgen los siguientes cuestionamientos: siendo la equidad uno de los principios del SUS, ¿cómo promover el acceso equitativo de la población trans a los servicios de salud? ¿Cuáles son los desafíos y dificultades con respecto al acceso de la población LGBT a los servicios de salud en la atención primaria? **Métodos:** Se realizará una revisión integrativa de la literatura en las bases de datos Scientific Electronic Library Online (SciELO) y Biblioteca Virtual en Salud (BVS). Se utilizaron 10 artículos publicados entre los años 2019 y 2024, que cumplieron con los criterios de inclusión y objetivos relevantes para el tema, seleccionando aquellos que contenían datos más característicos relacionados con la temática. **Resultados:** Los resultados obtenidos evidencian que es fundamental conocer los conceptos relacionados con las cuestiones de género para que la atención se realice libre de transfobia y discriminación, promoviendo así un acceso inclusivo a los usuarios. La principal dificultad y barrera para buscar atención en los servicios de salud está relacionada con la discriminación y la falta de respeto vivenciadas. La invisibilidad de las personas trans y travestis funciona como una herramienta que perpetúa el prejuicio y la transfobia. **Conclusión:** Concluimos con el presente estudio que la enfermería desempeña un papel relevante en el acogimiento dentro de las redes de atención en salud, así como en el deber de aplicar integralmente las políticas públicas, brindar información a las usuarias del sistema de salud y construir nuevas acciones que ayuden a eliminar la discriminación y a garantizar el derecho de todas las personas al acceso humanizado e integral a la salud de la población LGBT.

DESCRIPTORES: Personas transgénero; Equidad; Servicios de salud; Atención primaria.

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INTRODUCTION

The subject of sexuality is present in everyone's daily life. As important as it is controversial, the approach to sexual health in primary care is still a limiting issue, not only for the clientele it serves, but also for health professionals.

When this care involves the trans population, who already find it difficult to meet their demands and needs in primary health care, the discussion becomes more controversial, as many professionals do not receive adequate training on sexual health issues specific to trans people. And this lack of knowledge and sensitivity can result in inadequate care, further contributing to the vulnerabilities of this group, which directly affects their quality of life (Albuquerque et al., 2013; Ferreira and Bonan, 2021).

When addressing the trans population, it is essential to recognize that simply guaranteeing equality is not enough, considering that this is a group that has been pushed to the margins for decades (Nogueira, Aragão, 2019).

Equality is effective when people have the same opportunities, rights and access in all areas. When this is not the case, this approach ends up not adequately serving those who need it most. The principle that best encapsulates this idea is that of equity, which implies treating those in situations of inequality differently, directing more resources to where the need is greatest (Brasil, 2013).

When we talk about individuals whose gender identity differs from the sex assigned at birth, we are referring to transgender people. According to Spizzirri et al. (2021), 0.69% (95% confidence interval [CI]: 0.48-0.90) of the Brazilian population identify as trans, and 1.19% (95% CI: 0.92-1.47) identify as non-binary, both of whom are of reproductive age (32.8 ±14.2 years; 95% CI: 28.5-37.1).

Considering the Federal Constitution of 1988, in section II, dealing with health, Art. 196 describes: "Health is the right of all and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other illnesses and universal and equal access to actions and services for their promotion, protection and recovery", which allows us to identify the right of all people to universal and equal access to health services. However, respect for diversity is still not fully guaranteed, and this population often faces daily challenges to have their rights respected (Brazil, 1988).

When it comes to promoting the sexual and reproductive rights of LGBT people, the SUS, through the National LGBT Comprehensive Health Policy, realizes that these actions are still strongly geared towards the binary system, i.e. for both men and women. However, it is necessary to understand the diversities and specificities of each population group, so that care is compatible with their real demands and needs for full health conditions (Brasil, 2013b).

According to Santos (2019), the term transgender has undergone transformations over the years and today serves to cover a range of gender identities, such as transsexuals, who do not fall into the binary category of man and woman. Rather, it considers their desire to live and be accepted as individuals. And these perceptions of inadequacy are usually accompanied by unease or a feeling of not fitting in with their own anatomical sex. Situations that must be addressed within the framework of the comprehensive health care recommended in the country

Within the LGBTQIAP+ movement (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and Pansexual), a group with less social visibility is made up of transvestites, transsexuals and transgenders, col-

lectively known as Trans. Faced with this group of sexual and gender minorities, their demands on the health system have become individual and specific (Pereira; Chazan, 2019).

Transphobic discrimination and violence feed a cycle of exclusion and marginalization, resulting in difficulties in accessing health services. Entry into the Unified Health System (SUS) through primary care often becomes slow and ineffective, highlighting gaps in the preparation of health professionals to serve this specific population (Nogueira., Aragão., 2019).

This is why it is very important for professionals who provide care to this population to be alert to intra-family situations involving prejudice and discrimination against lesbian, gay, bisexual, transvestite and transgender (LGBTT) people, which often culminates in the breaking of family ties and, consequently, the expulsion or abandonment of these people from their homes, leading to social vulnerability through alternative openings that enable prostitution, drug use, as well as the development of mental health problems such as depression and attempted suicide: depression and attempted suicide (Brasil, 2013).

The motivation for this study arose from a personal experience the authors had during lessons, when they witnessed transphobic expressions and comments from some classmates. It is recognized that education, visibility and empathetic listening can be powerful tools to promote a more inclusive and humanized approach to caring for the trans population.

In this sense, in order to establish humanized care, it is necessary to identify and eliminate structural prejudice, with a focus on health professionals, with a view to eliminating inequalities and promoting inclusive access.

Thus, in order to guide the approach to sexuality and sexual health

of transgender people by health professionals in primary care, there are some important considerations and practices that aim to establish effective and inclusive care, so that not only can they be attended to, but also sensitive care can be provided in accordance with the demands and needs of this population.

Therefore, our research problem is based on the following questions: since equity is one of the principles of the SUS, how can we promote equitable access to health services for the trans population? What are the challenges and difficulties regarding the LGBT population's access to health services in primary care?

This study aims to describe strategies for promoting equal access to health services for the trans population.

This issue has been gaining relevance within public health when considering the vulnerability experienced in the absence of specific health programs that cater to their singularities. The care provided to these people is unequal, prejudiced and exclusionary.

MATERIAL AND METHODS

Thinking of ways to identify this production based on the equity of the trans population, an integrative literature review was carried out to broaden the scope and give more fluidity to the topic.

Using this research method, it was possible to synthesize and select studies related to the proposed theme, always based on scientific knowledge and evidence for development (Sousa et al., 2019).

In the first stage, the topic was delimited, establishing a link with the guiding questions: How can the trans population's equitable access to health services be promoted? What are the challenges and difficulties regarding the LGBT population's access to health services in primary

care? The main aim of this study was to identify what strategies would be needed to overcome the barriers that make it difficult for the trans population to get closer to health services.

In the second stage, the databases to be used to search for studies were defined, as well as the inclusion and exclusion criteria for selecting the articles that would make up the scope of the analysis. The databases chosen were the Scientific Electronic Library Online (SciELO) and the Virtual Health Library (VHL), due to their relevance, scope and commitment to the subject. The Health Sciences Descriptors (DeCS) used to search for information in Portuguese, with the Boolean operator AND, were applied as follows: in the SciELO database, the terms used were equity AND transsexuals AND health services, resulting in 6 articles. In the VHL database, using the same descriptors, 58 articles were found.

The texts were selected by reading the abstracts, prioritizing those that contained the descriptors transgender, equity and health services. Data collection took place in September 2024, with the final analysis scheduled for October.

The selection of articles followed the previously established inclusion and exclusion criteria. Scientific productions were included in article format, entirely in the public domain, in Portuguese and with full text, within the time frame of 2019 to 2024.

Duplicate articles, monographs, theses, dissertations, reviews, editorials and those not directly related to the proposed topic were excluded. Likewise, articles that dealt exclusively with the sexuality of the LGBTQIAPN+ community or that focused only on medication were disregarded. After applying these criteria, 24 studies were found.

In the third stage, the inclusion and exclusion criteria were applied again, resulting in the removal of 03 articles

that did not meet the criteria for scientific work such as theses and pre-prints, leaving 21 articles. Of these, 5 were removed for duplication, giving a total of 16 for the next stage.

In the fourth and fifth stages, we evaluated the studies included in the integrative review, based on the inclusion and exclusion criteria and our understanding of the results. The fourth stage consisted of a critical and in-depth reading of the texts, focusing on the approach to the main theme. We excluded 02 articles that were not directly connected to the proposed theme, such as those that dealt only with medication or sexuality issues. As a result, 14 articles went on to the next stage.

Of these 14 articles, a thorough and critical reading was carried out in order to categorize the articles into themes, making it easier to understand and absorb the content. A similar style of writing was observed among the authors, with some minor differences. After this review, 10 articles were considered not to be in line with the proposed theme, leaving a total of 10 articles.

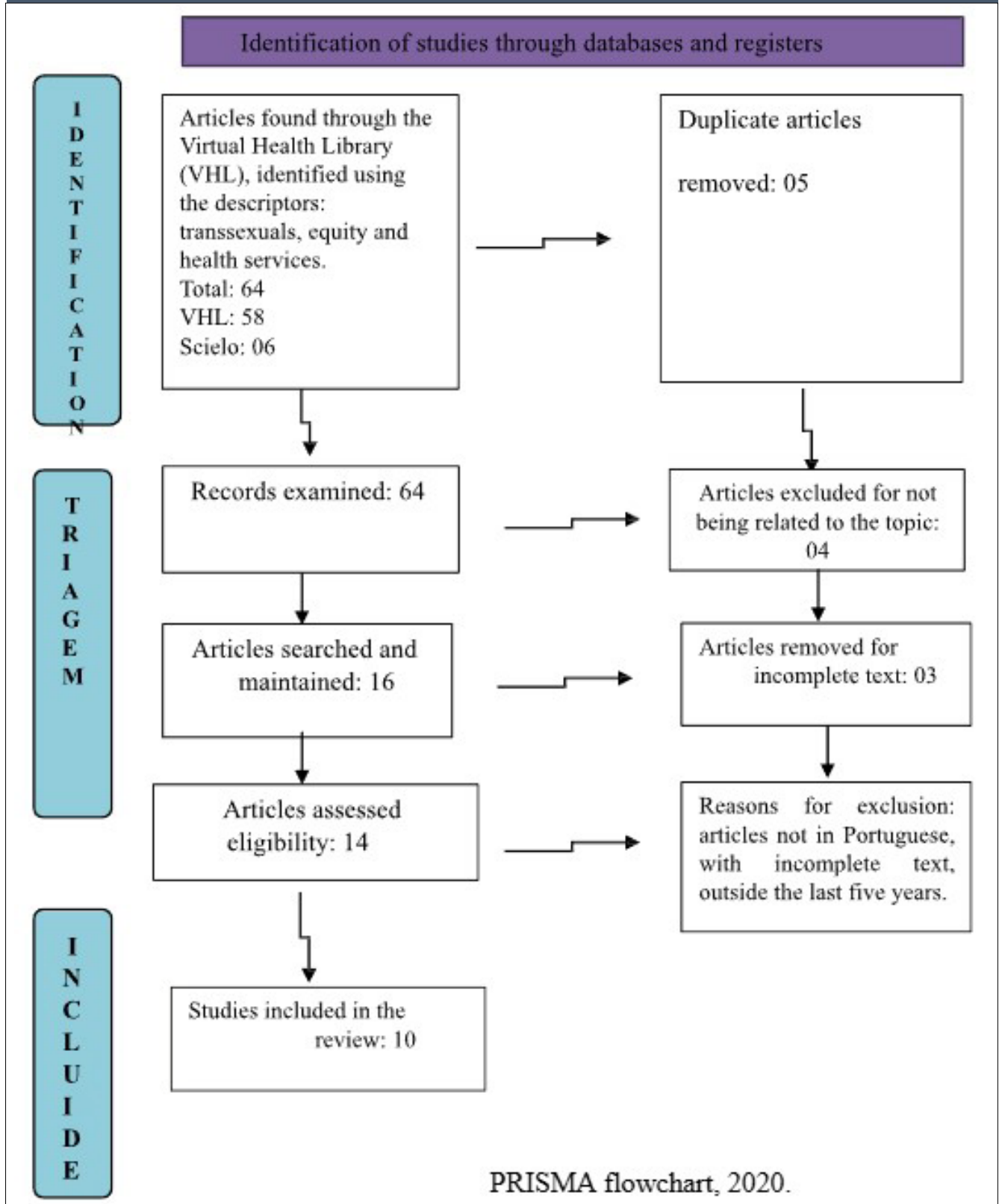
In the sixth stage, the summary of this review was presented, based on the proposed method. The main results were organized according to the thematic analysis, structuring the texts in such a way as to form the basis for the discussion of the categories.

To make the steps easier to understand, a diagram was constructed to clarify the phases of the process, as shown in Figure 1.

Literature Review

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Figura1: Fluxograma da realização da revisão integrativa nas bases de dados.



RESULTS

TABLE 1: Summary of articles selected from the databases: Rio de Janeiro, 2024.

N ^a	Title	Authors	Publicatio	Objectives	Results
01	Invisibility and Veiled Prejudices: Barriers to Accessing Primary Health Care Services by the Trans Population	Menezes <i>et al</i>	Rev Bras Med Fam Comunidade. Rio de Janeiro, 2024	To investigate the perceptions of Primary Health Care professionals regarding the vulnerabilities faced by trans people, as well as to identify the barriers they believe exist in this population's pursuit of access to these services.	The results pointed to a lack of understanding regarding the real obstacles that hinder the access and continuity of care for trans people in health services. Persistent prejudices and ideas reinforcing stereotypes on the topic were also observed, which extend into professional practice. This is directly related to the absence of discussions on human sexuality in the academic training of these professionals.
02	Challenges Faced by the Trans Population in Primary Health Care in Brazil: From Access to Care	Aguiar <i>et al</i>	Brazilian Journal of Health Review, 2024	To raise questions about the importance of promoting humanized and qualified care for the trans population in primary health care services, as well as to identify the obstacles that interfere with meeting this group's demands within the Brazilian health system.	Describing aspects such as inequality in access, barriers in welcoming practices, medical care beyond the transsexualization process, and transphobia in health services is essential—not only to understand the basic needs of this population, but also as a way to mitigate marginalization and promote advances in comprehensive and humanized health care for trans people.
03	"The Name Was Male, but the Body Was Female": The Transsexual Population in the Family Health Strategy	Spadim; Mendonça; Cyrino	Interface (Botucatu) 2024	To analyze the challenges in providing health care to this population within the Family Health Strategy services in a municipality of São Paulo, characterizing professionals' perceptions, care offerings, and training.	The analysis of the results reveals that the barriers and challenges faced by this population are real, and that changes are necessary and urgent.
04	Access to Primary Health Care for the Trans Population to Guarantee Sexual Rights: An Integrative Review	Almeida <i>et al</i>	Contribuciones a Las Ciencias Sociales, São José dos Pinhais, v.17, n.9, p. 01-23, 2024	To analyze the scientific literature on the challenges/difficulties and demands/needs of the trans population in primary health care, aiming to guarantee equity in access to sexual health.	The trans population faces problems in the implementation of health policies, which increase inequalities in access and create difficulties regarding accessibility and equity in services. These can be exemplified by obstacles in reaching specialized care, often due to a lack of effective communication.
05	Experiences of Transgender Women in the Health System: Visibility Toward Equity	Jesus <i>et al</i>	Interface (Botucatu), 2023	To understand how transgender women have been received and cared for in institutions within the Brazilian Unified Health System (SUS).	Equity and comprehensive care require the expansion and improvement of services. Investment in continuing education is essential.

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06	The Health Care Network for the Transgender Population	Paiva <i>et al</i>		To understand access to the health care network from the perspective of transgender individuals in a municipality of the Zona da Mata region in Minas Gerais.	
07	Access of Trans People to Health: An Analysis of Professional Practices	Baccarim; Tagliamento	Psicol Argum. 2020	To analyze the barriers to access faced by this population in that setting.	It was observed that gender regulatory norms impact the implementation of policies and the care provided to trans people, hindering their access to public health services.
08	"Transvestites and Transsexuals: Unveiling Perceptions About Access and Health Care"	Lovison <i>et al</i>	Enferm. Foco 2019	To understand the perception of transvestites and transgender people living in Chapecó, Santa Catarina, regarding access to and provision of health care.	The current approach to access and reception does not meet the standards of access and care recommended by the Unified Health System (SUS). Nursing plays a fundamental role in building a new culture of care, in which discrimination and prejudice are eliminated from health access and care practices.
09	National Policy for Comprehensive LGBT Health: What Happens in Practice from the Perspective of Users and Health Professionals	Nogueira; Aragão	Saúde e Pesqui. 2019 se	To analyze the current challenges related to the care and access of the LGBT population to health services.	By identifying and understanding the limitations of the National Policy for the Integral Health of the LGBT Population (PNSILGBT) in this context, it is possible to support the search for alternative practices to expand this population's access to health care.
10	Access of Transsexual and Transvestite People to Primary Health Care: An Integrative Review	Pereira; Chazan	Rev Bras Med Fam Comunidade. Rio de Janeiro, 201	To present the results of an integrative review on the access of trans people to primary health care services.	In order to ensure equitable access, free from prejudice and discrimination, and care based on empathy and compassion, it is necessary to include the theme of sexual and gender diversity in the education of health professionals—at the undergraduate and postgraduate levels, and especially in ongoing education for those involved in the care of trans people.

Source: Authors, 2024.

DISCUSSION

The analysis of the national bibliographic production on Strategies for Equity in the Trans population's access to health services over the last 5 years made it possible to draw up three categories: Transformative and Inclusive Strategies; Equity and inequality in access and reception barriers; transphobia and violence based on their existence in health services.

Transformative And Inclusive Strategies

It is essential to know the concepts related to gender issues so that the reception is free of transphobia and discrimination, promoting access for users in an inclusive way. The greatest difficulty and barrier to seeking care in health services is related to the discrimination and disrespect experienced. As a consequence of these situations, there is a worsening in the physical and mental conditions of those affected (Santos, 2019).

Menezes et al. (2024) point out that the complaints are quite specific in terms of disrespect for the use of the social name, as well as the lack of knowledge on the subject and the unpreparedness of professionals in the face of the trans population's search for care. Lack of knowledge on the subject is one of the factors that limits health professionals and reduces demand from the trans population, creating barriers that distance humanized care, compromising health promotion.

According to studies carried out,

some essential aspects of care based on equity, such as patient orientation, are not met, as many professionals do not have the necessary qualifications to meet the specific demands of each user in a fair and appropriate manner (Spadim, Mendonça, Cyrino, 2024).

However, even in the face of so many changes and greater awareness of the issue, professionals are still considered barriers to inclusion. The constant fear of discrimination further weakens the mental and physical health of this population. To overcome these barriers, it is essential to promote an environment of respect and empowerment, free from prejudice and exclusionary practices (Menezes et al., 2024).

Despite all the changes in the development of health policies, it is extremely important to point out that homophobia and transphobia continue to cause difficulties in access. As a result, there is a violation of the rights and principles advocated by the SUS, which raises doubts about effective compliance with equity and equality. Education is the main strategy for promoting welcoming access, with respect for individual differences and the rights of each citizen, regardless of their sexual orientation and gender identity (Spadim, Mendonça, Cyrino, 2024).

As reported by Paiva, Farahe Duarte (2022), one of the tools used to perpetuate transphobia is precisely the denial of the use of the social name. The guarantee of the use of the social name is provided for in the Charter of Rights of Health Users, which must be respected. Denying this right is unacceptable. They also state that all systems must allow the registration of the social name, in accordance with Ordinance 675/MS/GM of 2006 and the PNSI-LGBT. Education is the main strategy for promoting welcoming access, with respect for individual differences and the rights of every citizen, regardless of their sexual orientation and gender identity.

A Equity And a Inequality In Access And Barriers In Reception

Lovison et al. (2019) point out that, despite the progress and rights that have been achieved, care for the trans population in health services is still permeated by prejudice, homophobia and transphobia. Heteronormative culture persists and, alongside it, what is different is not allowed, which prevents other cultures from blossoming and gaining space and support in society.

(2023), transvestite, transsexual and transgender bodies are discarded as objects. This is a voiceless population, pushed to the margins, without being heard, welcomed or respected. It is important to reflect on how much this population has been neglected over time and how essential it is to recover the history of these services, promoting a new way of clarifying these events. The best way to prepare humanized and concrete care is to listen to the demands and, in a collaborative way, change the scenario so that this care strengthens and improves in the coming years. The authors also shed light on these situations that violate the principles of the SUS, highlighting the lack of knowledge, insecurity and preparation of many professionals, which further alienates the trans population and keeps them in a position of invisibility.

According to Pereira; Chazan (2019), the barrier is expressed by the lack of reception and inadequate care, by untrained professionals and by the lack of competence in comprehensive care, aggravated by the model of care centralized in hospitals, without counter-referral to PHC. The failure to observe the social name, the inability to handle issues specific to the LGBT universe, added to the hegemonic, paternalistic medical model, which does not share the therapeutic project, which prioritizes its scientific knowledge to the detriment of the health needs of trans people, are examples of

actions that lead to embarrassment and insecurity for trans people when they seek health services.

Sexual and gender stigma can also explain the low use of PHC. The fear of being mistreated and the countless embarrassing situations, or denial of access, are realities that keep these trans people away from health services. Unfortunately, they continue to be treated differently, as if they were citizens with fewer rights than others (Pereira; Chazan, 2019).

The conduct and behavior of professionals, who show that they are not prepared to deal with issues of sexual orientation and gender identity, resulting in poor reception, discrimination and inappropriate use of the social name. In addition, prejudiced attitudes and a lack of empathy compromise the relationship between professional and user, alienating the LGBT population from health services. The trans population faces problems in the implementation of health policies that increase inequalities in access. Difficulties in accessibility/equity to services can be represented by barriers to accessing specialized locations, whether due to a lack of effective communication between specialties or geographical barriers, which often leads the trans population to seek alternative treatments (Almeida et al., 2024).

A Transphobia And Violence From The Existence In Health Services

Discrimination in health services and pathologization are the predominant obstacles to the universal, integral and equitable inclusion of the trans population in the use of public health services. These factors create significant barriers, delegitimize the autonomy of trans people in relation to their gender identity and reinforce harmful stereotypes, contributing to exclusion and the lack of effective access to health care. The "trans broken arm syndrome" is an expression that has been used to describe the fact that "health

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professionals assume that all medical issues presented by a trans person are due to the fact that the person is trans". The consequences of this prejudice are the failure to identify and resolve the problem, the creation of new demands, unnecessary medical interventions and often the suppression of transsexualizing treatment (Pereira; Chazan, 2019).

Actions such as not using the user's social name, the inability to deal with issues specific to the LGBT community, linked to the hegemonic, paternalistic medical model that approaches sexuality and gender from a normative, pathologizing and biomedical hetero and cisgender perspective, are examples of practices that lead to discomfort and insecurity in this group when they seek health services, in addition to reproducing violence such as machismo and LGBT phobia (Aguilar et al., 2024).

Lovison et al. (2019) highlights the importance of using the field of culture to disseminate information that helps to break down the barriers and prejudices perpetuated in society. Although laws and policies exist, the lack of practical implementation reinforces the difficulty of breaking cultural paradigms. In short, we must remember that denying the existence of a population is a tool for maintaining violence, criminal attitudes and transphobia.

Lovison et al. (2019) point out that, despite the progress and rights that have been achieved, care for the trans population in health services is still permeated by prejudice, homophobia and transphobia. Heteronormative culture persists and, alongside it, what is different is not allowed, which prevents other cultures from blossoming and gaining space and support in society.

The aim is to repair the historical lack of assistance suffered by the trans population and to promote comprehensive health, with actions aimed at specific needs in health services. When discussing the use of health services by the trans population, even with pub-

lic policies in place, it is essential to remember that users need to have an active voice. Only in this way will laws evolve and more humanized care be possible (Nogueira, Aragão, 2019).

For trans people, the stigmatization and discrimination produced by gender regulatory norms make access impossible and compromise the quality of public health services. Thus, considering that gender regulatory norms, as well as the repetition and reiteration of gender binary patterns, permeate the practices of health professionals and are products and producers of processes of stigmatization and discrimination in the lives of trans people, we sought to analyze, based on the daily practices of public health professionals, the barriers to access for this population in public health spaces.

Health professionals must be able and trained to care for trans people. For this to become a reality, and for all health services to be able to: guarantee access, work within the logic of physical and emotional risk reduction, act to eliminate prejudice and discrimination against the LGBT population, guarantee the use of the social name and the inclusion of themes related to these groups in everyday practices, we need to put some changes into practice (Baccharim; Tagliamento, 2020).

CONCLUSION

In summary, it is of the utmost importance to understand the concepts related to the subject, as well as the rights won by the trans population, identifying the institutional barriers and deficiencies in the health system, especially among professionals in the field, which become obstacles and end up trivializing issues related to the subject.

The difficulty transsexuals have in accessing health services and professionals who are prepared to provide comprehensive care that is appropriate to their needs is a serious obstacle

faced by this community. However, for this to be effective, health services need to be adapted to make them more inclusive. This involves the importance of using the social name, as well as the need for professionals to be prepared to meet the demands of hormonization, the consequences of using industrial silicone and the after-effects of violence and transphobia.

It is understood that in order to minimize the difficulties faced on a daily basis, it is necessary to recognize that discrimination and institutional prejudice are the biggest challenges, as they are the main causes of alienation and lack of acceptance. These factors hinder accessibility and interaction between health professionals and the population, perpetuating inequalities instead of reducing them.

Trans people want to be seen as ordinary individuals, with access to information and quality healthcare, free from discrimination and prejudice. The continuous training of health professionals and the integration of gender diversity issues into educational curricula are important steps towards achieving this goal. Adopting a continuing education strategy to improve the quality of services with the aim of achieving equity provides professionals with knowledge and qualifications.

We conclude from this study that nursing has an important role to play in welcoming people into health care networks, as well as the duty to act in the comprehensive application of public policies, in informing health users and in building new actions that help eliminate discrimination and in favor of the right of all to humanized and comprehensive access to health care for the LGBT population.

From this work, we hope to have new discussions about the implementation of the actions provided for in public policies, using new ways of thinking and acting, so that there are improvements in the provision of health services for this public.

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