THE SAID AND THE DONE: THE NURSE AND THE KNOWING/DOING HEALTH FOR TRANVESTITES

Objective: analyzing the practice and knowledge of nurses from the Family Health Strategy in relation to assistance to the population of transvestites. Method: an exploratory study with a qualitative approach, with 12 nurses. It was used a semi-structured interview for data production and analysis the Technical Analysis Speech of Eni Orlandi and is increased by other authors that treat the subject. This study has the project approved by the Ethics Committee in Research, CAAE 0031.0.428.000-11. Results: it showed up in most of the internalized prejudice and not social recognition, excluding them from the principles of the Health System, from the comprehensive and equal person, and no practice focused on this population. Conclusion: there is no consideration of the subjectivity of the transvestite and nor the recognition of their gender identity. The care practice has not valuing the principles of the SUS. Descritores: Full Health Care; Transvestites; Nursing.

ABSTRACT

Resumen: Analizar sobre la práctica y el conocimiento de enfermeros de la Estrategia Salud de la Familia en relación a la asistencia a la población de travestis. Método: estudio exploratorio, con abordaje cualitativo, con 12 enfermeras. Se utilizó una entrevista semiestructurada para la producción de datos y para el análisis de Técnica de Análisis de Discurso de Eni Orlandi y es acreditada de otros autores que tratan el tema-chave desta pesquisa, fazendo analogia dos resultados com a metáfora. Este estudio teve aprovado o projeto pelo Comitê de Ética em Pesquisa, CAAE 0031.0.428.000-11. Resultados: evidenciou-se em maior parte o preconceito internalizado e o no reconocimiento social, excluyendo-os dos principios do Sistema Único de Saúde, da pessoa integral e equânime, e nenhuma práctica voltada para esta população. Conclusão: não há a consideração da subjetividad de la travesti y em no reconocimiento de su identidad de género. A práctica asistencial não tem valorizando os principios do SUS. Descritores: Assistência Integral a Saúde; Travestis; Enfermería.

RESUMEN

RESULTS: evidenciou-se em maior parte o preconceito internalizado e o no reconocimiento social, excluyendo-os dos principios do Sistema Único de Saúde, da pessoa integral e equânime, e nenhuma práctica voltada para esta população. Conclusão: no hay ninguna consideración de la subjetividad y el travesti o el reconocimiento de su identidad de género. La práctica asistencial no ha valorado los principios del SUS. Descritores: Asistencia Sanitaria Completa; Travestis; Enfermería.

REFERENCES

1. Nurse, Matrix Supporter of the 9th Regional Management of Health in Paraíba. Cajazeiras (PB), Brazil. Email: glauberwедер@hotmail.com; 2. Nurse, Postgraduate Student Lato Sensu in Family Health with emphasis on Lines of Care, Federal University of Paraíba/UFPB, Matrix Supporter of the 9th Regional Management of Health in Paraíba. Cajazeiras (PB), Brazil. Email: quntona@gmail.com; 3. Nurse, Caico (RN), Brazil. Email: quintilagarcia@yahoo.com.br; 4. Nurse, Master Teacher, Graduate Nursing, University of the State of Rio Grande do Norte/UERN. Caico (RN), Brazil. Email: mauravsobreira@gmail.com; 5. Nurse, Professor, Graduate/Postgraduate in Nursing/GEnf/ PPGEnf, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: fernandodob@gmail.com
INTRODUCTION

The health reform movement of Brazil (RSB) was landmark for a new paradigm of health, in which the medical assistance model enters in crisis, posing to value health care of the individual and the collective in all its complexity; so that the concept of health is rooted in quality of life.1 From the historical VIII National Health Conference, held in 1986, was designed this broad concept of health, intrinsic result from social mobilization that settled in various countries of Latin America, in response to the crises of health systems.

It is assumed that the phenomena health and disease are not and cannot be defined from individual spaces. It claims a complex, all-encompassing approach that interact with each other, respecting the phenomena of life, death, health, disease and suffering, that such complexity is seen as single and multiple.2 It is considered a complex health system, which can be grouped into different dimensions, such may be biological, psychological, economic, social, cultural, individual and collective. Each level is mediated by social determinations and specifications.3

In general, socially less privileged groups have a higher risk of illness and mortality than more privileged groups. Health conditions are strongly related to the pattern of inequalities in society.4 Gender identity is one of the organizers dimensions of social relations and therefore produce inequalities. Thus, the health policies constructed by SUS must recognize the existence of these inequalities and produce effective responses, with a view to promoting gender equality.5

Throughout these 25 years of SUS, the backing of gender in health policy has permeated practicing health in Brazil, shaping up differently from the realities and specific circumstances. In this sense, stand out in building equity in the SUS: National Policy for Integral Attention to Women's Health; National Comprehensive Attention to Men's Health and the National Comprehensive Health Care for Lesbian, Gay, Bisexual and Transgender (LGBT).

Public health policies aimed at the LGBT community is a way to ensure fairness in the field of SUS. Today, there are specific goals and aiming at eradication and degradation of inequities in health programs for this group. From which he derived political: and “to combat violence and discrimination against LGBT citizens and promotion of the homosexual program Brazil without Homophobia” - Among the actions of the Ministry of Health, the “Rights of All More
Exploratory study with a qualitative approach, developed with 12 teams of the FHS, in a municipality in the state of Rio Grande do Norte, Brazil. Participated in 12 professional nurses meeting the following criteria: inclusion - FHS effective in urban areas and who agreed to participate in the study; and exclusion - those who were on vacation or sick leave or who acted as itinerant professional, taking vacations or licenses, in addition to refusal to participate in the study. Among these professionals are five males and seven females; eleven o'clock has between 20 and 29 years of age and only one more than 30 years old and as the time working on AB ten are between zero and four years and two between five and ten years.

All participants are professional nurses. This ensured and remained the confidentiality of study participants with the use of pseudonyms, in respect for the dignity and defense of vulnerability, which relate to personalities who have had great representation for the LGBT movement and the struggle for gender equality, but that makes no relation of similarity, provenance or any other nature with the subjects studied: (Simone de Beauvoir), (Harvey Milk), (Frida Kahlo), Pagu, Nísia Floresta (Caio Fernando Abreu), (Freddie Mercury), Cassia Eller, (Bertha Lutz), Brenda Lee, Madame Satan, Leila Diniz.

Data production began in November 2011 and completed in January 2012 from the technique of semi-structured interview, recorded in MP4 and transferred device and stored in a personal computer of the authors; soon after, transcribed in full and revised in Microsoft Office Word, they were ordered, sorted and rearranged.

The speeches, moving words, practice the language, were analyzed through Discourse Analysis (AD) proposed by Eni Orlandi, considering the dialogic possibilities of the subject. It is inferred silencing, the unsaid, and the unsayable than is put into political, ideological and cultural silence. Such analysis is not restricted to interpretation of itself, because there is no hidden truth, and yes, gestures of interpretation which seeks to understand the meanings of discourses and inter-discourses, beseeching that our language is ideological and meaning, materiality.9

The analysis begins in building the corpus of research by the researcher and organizes over the material collected and the question that organizes and avoids creating categorizations. There is interest in the meaning of the text, but, dynamics and production of the senses, in the materialization of the manifest in the language ideologies, since the goal is to understand how the AD object produces a symbolic way. It follows some basic concepts: production condition, paraphrase, training of speech and historic form.9 After AD, the analysis is expanded by other authors dealing with the key issue of this research.

For the dynamics of the analysis made use of the metaphor. The metaphor is a language and human thought. Is in constant engagement with cognitive operations of various functions, through which one can understand a given phenomenon due to another, not comparing them, but abstract creations to enable the operationalization of concepts in a more up close and personal as metaphorical.10 Wire and dialogues in the analyzes with songs/compositions of Brazilian popular music (MPB) and the national literature, with a view to connecting the trans identities artistic manifestations, mainly writers and musicians, as well as, other exponents art.

This study was from the research project was approved by the Ethics Committee in Research of the University of Rio Grande do Norte (CEP/UErn) following the opinion paragraph and 035/11 CAAE No. 0031.0.428.000-11. The research followed the legal and ethical recommendations of the National Council of Health No. 196/1996, applies to the period of submission of the research proposal to the CEP. However, it should inform and affirm that Resolution with guidelines and standards for research involving humans in force is No. 466/2013, of the National Health Council.
Great Wilderness: Paths (João Guimarães Rosa, 1956)

One has to think about the construction of gender, particularly, of what is done the man and the woman. Explained, most often on one side only by biological factors or, on the other hand, would be rooted socio-cultural nuances. In this perspective, Diadorim is a character originally created by João Guimarães Rosa, in his book “Great Wilderness: Paths”, 1956 roughneck, brave warrior, dangerous; But behind the brands of life, tired face, the calloused hands, there is a feminine aspect, hidden beneath their armor: a woman’s body. The ambiguity of the character and the probable affection for the same sex creates a situation of paradox between Diadorim and Riobaldo, which represent the gender dichotomy, between being and being the man or woman. Profile has a violent, strong but also sensitive and delicate side.

The body building takes a subjective aspect. It is able to define it as an individual space and collective subjectivity of the subject, becomes from the extension of psychic space. The desire for change and alignment appears on the psyche as desire; and body, as eroticism and culture, sociability and interpersonal relationships.11

There is a multiplicity in the way of living gender. One concerns with identity, characterized as transvestites and transsexuals. We use the expression for trans people who declare themselves in transition in gender identity or identification with one gender. These people, mostly experience the experiences of genres, not covering with tax socially, being between gender assignment and identification.12

Despite some inconsistencies, especially in the health field, since it is agreed that the construction of gender is give the individual in dialogue with culture. The existence of transgender points to the need for deepening the problem about the place of the body in the production of the genre, and even about the genres that use the body as a form of reproduction of their expression. It is important to know and respect the gender identity of each.13

The construction and deconstruction of gender in the body and identity cause among overseas concerns, standards of identity, which can confuse such constructions. We asked the nurses if they have knowledge of gender identity transvestite empower nurses do in serving this community. Responses varied in a speech in a few moments transvestity identified as a gender identity with social construction and only the transition between the male to female:

*Shemale are men who dress as a woman, and she doesn’t have that identity as formed as gay, so, to be, to have that feminine mentality. (Simone de Beauvoir).*

*People who resolve to dress [...] with the cultural habits of the opposite sex. (Harvey Milk).*

*Most are men, I dunno if there are, thus, in the case, women who also transdress [...] dress in man, but, the ones I see are men that they dress as women, they sometimes make physical changes [...] They also psychologically they think as a woman. (Frida Kahlo).*

*People who have their sexual identity still [...] (silence) doubtful [...] Have questions about your sexual identity [...] Are people who dress like women, behave like women, but aren’t women and has its masculine side too, right!? (Pagu).*

*I think transvestites are people who transdress [...] Men who transdress like woman. (Nísia Floresta).*

*A boy that she loves to dress up as a woman, he dresses as a woman [...] and passes right by woman. Is a transvestite dressing, let the big hair (excerpt not audible), women’s vest, blouse, uses the hormone [...] When he was born male, towards society he should wear shorts, shorts, underwear, t-shirt and for me a tranny, that’s when the man he chooses to dress up as a woman, let the hair grow, sweat shirt, use top, wear short shorts, wearing panties, wear high heels, wear a dress, dress up as a female person being born in males. (Bertha Lutz).*

Given the above, it is seen that the discursive manifestations focus on the figure of the transvestite as a male person who transdress female to be, where the opposite was not characterized. Here are distinguished only by their garb, behavior, gestures, mannerisms and hair in a feminine way.

Transvestites in this case the male to the female, as women do not say, just want to live as women, as it is for female names, modifying the body, but that keep the penis as the main point of pleasure and not think about being woman, that is a travesty of the few cases where the body is altered to be similar to the opposite sex, but does not claim their own subjectivity to the opposite sex, one of the most marginalized, feared and despised by Brazilian society groups.14

Transvestites are able to transform their body composition as they incorporate a network of social relations that spread information about how, where and how can more feminine shapes. Added to this are the common women body techniques as a simple gesture with his hands, the way they walk,
straighten hair, dressing [...] We note also that the use of synthetic substances industrial use, such as hormones and silicones, makes transvestites to appropriate medical expertise to run the body set up gender identity. 14,16

The transformation of the body becomes an inherent construction by this population milestone that allows differentiating them from other segments of sexual diversity, especially in relations to homosexuals, drag queens, drag queens, and even distinguishing it among transsexuals. 17

Homosexual human beings can possess masculine appearance, or not, and dress as such we may have effeminate or masculinized behaviors. Drag queens do not transform their body; use only devices such as wigs, eyelashes, fake breasts, simulating the feminine image. In turn, transsexuals not only modify the body, but can also aim for surgical intervention for removal of this plastic genitalia and the gender of the sender identification genitalia, because the original cause them emotional, sexual and psychological disorders, because for this category, genital source does not meet any sexual functionality or social. 15

The experiences of transit between genders show that humans are not predetermined to fulfill the desires of their body structures. The hematopoietic system/social identity fail to the desired unit. There are bodies that are beyond the production of intelligible genera process and, in doing so, put themselves at risk because they defied gender norms at the same time reveal the possibilities of transformation of those standards. This process of jail-sexed bodies marked by pain, conflicts and fears escape generate questions: “why I do not like these clothes? Why hate everything that is girl? Why do I have this body?” And leads the subjects who live in conflict with gender norms locate itself the explanation for their pain, to feel an aberration, something impossible to exist. 18

Common in trans through evidence concerning the non-acceptance of their condition, the distorted self-image. Image distortions, such as these lead to social isolation, self-mutilation, phobias and numerous cases of suicides. 18 There is another current on possible modifications of the body transvestite, which was expressed by one of the subjects:

Are people who dress in other ways because they like or so by profession. (Freddie Mercury).

These changes are caused by both reach of femininity as requirements of the profession more accessible to transvestites: prostitution, most commonly the female transvestites.

Argue that these changes, which include use of industrial silicone and steroids, occur both for satisfaction in the transformation of the body as to meet the wishes of customers in prostitution. The prostitution focuses on body modifications required by their customers, because some physical attributes are most valued among professionals. Thus, the transformation of the body permeates between the desire itself and the constraints of brothels consumption. 16

Much has been questioned whether there was another reason for transvestites adopt names, clothes, hair and feminine bodily practices and a possible answer turns out to be a beautiful female body between the trannie and the financial income with prostitution, very close relationship, evidencing a transvestite without feminine shapes, earn little money and cannot survive in the prostitution market. 14

One can identify these changes and act on harm reduction, considering that in most cases the changes/modifications in body search desired female body cause cases of thrombosis, seizures, infections by HIV, Viral Hepatitis and other infectious diseases. Health education can become a technology for guidance on alternative health practices sex as a means of articulating the scientific knowledge and popular practice. Curriculum matrices of Nursing, guided by (DCN's) National Curriculum Guidelines, feature content of communicable diseases, neglected diseases, sexually transmitted diseases and infections, chronic diseases, etc. What flows is the lack of articulation of these disease processes user of health services in the plane of the body. The removal of the body of the trans population can be explained by silencing on prejudice, myth, stigma and social exclusion at graduation, even working current concepts of vulnerability and risk condition, with the same hidden, prioritizing only signs and symptoms, scripted by ministerial recommendations.

On pretext of breaking the rules, society treats homosexuality and trans population invisibility, placing them on the margins of social ills. Exemplifying up on one side transvestites and transsexuals invisible graduations because many school leavers by prejudice who suffer from peers and teachers. Another, no less invisible in the university because, few can enter higher education. As in most jobs and also in access to health services, which only become visible when it comes to violence.

It is agreed that homosexuals suffer stigmatizing and exclusionary effects of
homophobia, transphobia they suffer. This term has been used to refer to prejudice and discrimination experienced by trans people. Studies and research on both homophobia as about transphobia are still scarce and fragile, however, is observed in situations of intolerance everyday by poor access to education, labor market and health quality.

Transvestites can also be a transformer of the future. By not crediting him the responsibility for change in the understanding of gender relations, but by allowing understanding and comprehending, a critical reflection, the present, in which everyone is always transvestites in genesis.  

It is recommended to work with the practice of health education and promoting the autonomy and health care, the nurse search for updates and training to work with minorities, especially in those arising from the sexual division. Know, and execute public policies allow for this community allows freedom of life, and are guided by the understanding that the policy includes all citizens and that the achievement of freedom through it can be achieved through education, providing opportunities via 20 Pedagogical Projects Course and subject content training in more inclusive nursing, emphasizing learning social values as a means and way to ensure ethical relationships between individuals of/in diversity.

♦ Not to say that I didn’t speak about the flowers (Geraldo Vandré, 1968)

This song has great importance in the historical, political and cultural context of Brazil. She became an anthem, the trademark musically against the Brazilian military dictatorship (1964-1985). The song was composed in a time where tied, tortured and exiled protesters opposed to the military regime.

In their lines, Geraldo Vandre explained the courage to be together, different and the same, for the same cause, and made it clear something important for our context: “Who does know the time, do not expect to happen.”

The motivating feeling, thought-provoking, conscious, oriented to the common good, is something to be encouraged; practice the words, shape them and turn it into action. We must be willing to be real, to invent a new world, and walk together, following the song of freedom: being, doing and being in a state of equanimous mind.

In the discursive manifestations, if seized it happens how the subjective practice of health care by nurses in relation mainly to transvestites, considering the biased context where these are located. The statements here were quite repetitive, having not met, or could not identify, transvestites:

No, so far no. (Harvey Milk).
Never. I've attended many homosexuals, bisexuals, but no, not a shemale. (Caio Fernando Abreu).
No, no. (Freddie Mercury).
No, not a transvestite. The time I formed, if it's someone I've never sought to identify or characterize as not shemale. (Cássia Eller).
Homosexual yes, but certainly not transvestite. If they, if those people who attended practice, how can I say [...] Practice activity of transvestite [...] I've already got it, homosexuals have attended several in drive. Leila Diniz.

The nurses had little or no contact with transvestites, where the distance with this audience, present throughout the territory, disinterest in the entails knows them and undertakes a comprehensive care about the subjectivity involved in gender identity. Deny or do not understand this identity entails the provision of a service of curative health care where the condition Morphophysiological health, disregarding cognitive problems of psychosocial training, important for the health-disease process user trans.

Becomes primary contact with the diversity to develop a humanitarian notion of equality and fairness to society. The experience, contact, experience, contributes to the formation of new values, and this is proven through a discourse:

I particularly was a person very prejudiced, I had the chance to work in a town where the gay index was high and broke my prejudices there, getting to know closely, recognizing how ordinary people, normal, like any one of us who has a choice, for a, by heterosexual genre. (Caio Fernando Abreu).

Thus, it confirms the need for health professionals, in this case, nurses; develop more activity and proximity to public policies for LGBT and with specific demands, thus qualifying the services provided by various areas.

The principles of universality, comprehensiveness and equity need to limit the health, mediated by public policies as coping heteronormativity and homophobia. Otherwise, continue to existing symbolic and physical barriers preventing access of LGBT health services.

Two nurses, only self-reported contact with transvestites acclimatize in primary care:

Only once was a patient, right, get condom and lubricant gel, but it was pretty fast, a
wanted or conversation, just pick it up and left. (Frida Kahlo).

Now, I got to [...] The opportunity was only for routine consultation, exam request. Brenda Lee.

And in continuation of the speech of (Caio Fernando Abreu), makes a caveat on the care which held homosexuals:

Usually they do preventive examinations or treatments of STD or they come to treat STDs, come check and treat or they come to prevent or they come to talk even. (Caio Fernando Abreu).

At that moment, there was no concern in an effective interview, where he could observe and instigate the social side of health and disease, which can be evidenced through institutional bias, which does not see the dignity of the human person and its variations process.

Noteworthy is another aspect in the discourse of Simone de Beauvoir:

And as for transvestites that I attended, there were two, they came to request the HIV/AIDS test. I asked, did the pre-test only that they didn't come to present the results of the exam and there's no way I go after them because they are from other areas, I also don't know what, because they are just here doing cleaning houses. So it's a bit more complicated. (Simone de Beauvoir).

Also evident in this study, the failure of one side of the reference and counter-reference where the demand for services to LGBT users, therefore, are underserved occurred on the continuation in health care in active search by the professional, identified by impaired communication and integration between the services of AB. The other, the loss of a bad history conducted therefore impaired lack of information about the customer, culminating with a treatment without continuing and without solving. It is considered that the communication between the services of this network should be an indispensable factor, with good roads and well structured, it is possible that all stakeholders are aware of what is developed and transit in such services, giving solving their problems.21,22

Failure to perform search-active these users that give us entry services to return the resolution of their needs has not accord with the principle of comprehensiveness and universality, in the face of fragmentation of care models, where the integration of health services appears to be a necessary attribute for the reform of public policies within the primary health care.23

It is noteworthy that, when Simone de Beauvoir explains that the transvestites who resorted to his service in the area are making “cleanings” in homes, it is understood that they are developing labor activity in the area, as day laborers. So if these transvestites spend the day in the enrolled nurse area, due to their occupation, they would not have the right to universal coverage of health services in that unit?

The health care to the LGBT community is still restricted to curative medical model, providing attention to the somatic actions of the body due to sexual behaviors not prevented, relating them whenever the “preventive” actions of STI/AIDS, strengthening the relationship between homosexuality and AIDS, however, is to consider that the actions of prevention against STI/AIDS are reflex in response to the AIDS epidemic that occurred in Brazil in the 1980s, initially detected in homosexual, which encouraged the stigmatization of the group, having advanced significantly in recent years in their coping strategies for awareness of discriminatory effects.21

It is essential to professional/client relationship to efficient and effective care. The fragility of these relationships, especially regarding the process of communication between the participants, in which important questions about sexuality variable are dropped, precludes the opportunity to conduct health promotion.25

At the expense of unprofessional conduct directed toward transvestites in health facilities hampers for membership of the same services and, as a result of these behaviors, the vast overwhelming majority of Brazilian transvestites does not have access or do not seek basic health services. They end up self-diagnozed and self-medicating, and often dealing with medicines prescribed by friends and acquaintances.14

There are consequences due to the dehumanized treatment, leading to LGBT involvement with smoking, elitism, prostitution, sexual contact, also considering that epidemiological studies have demonstrated the propensity of this group to such involvements.26

♦ People have surname (Toquinho, 2002)

Everything has a name, and we have a last name, Toquinho expressed in his music. How confusing is when it becomes subject with names that do not line presented by social gender norms. The name is imposed as property and identifies itself in society in accordance with the genre that the subject identifies itself.
This correlation-name guy has put reality in different social spaces. Here, Toquinho is itself subject to social name to be recognized by the name of choice and almost never identified by civil name (Antonio Pecci Filho). This variant is in transit subjectivities of social identities: civil vs. name social name. Even in music, exemplified with quotes names of people not recognized by public civil registration name, but by what took for themselves and transform it himself. It configures itself as an expression of identifying individuals who becomes his own name as its use creates the image of the subject. Thus, the name is fixed attribute identification and must be right to personal choice according to the self-image / gender identity.

This is another important element to be considered in compliance with subjective transvestite community, how they would treat these or other users of the services, according to the gender identity of users with regard to identification with being male or female. Here are some lines:

During the consultation, usually when its transvestite or a homosexual, or lesbian, there’s plenty of lesbian here in the neighborhood, I always ask: How do you want to be treated? By name or gender change? We always talk about that. (Simone de Beauvoir).

So we have to do a host and that host to discover how that person wants to be treated. If by your name she uses on the identity or his shemale name. (Pagu).

I was going to talk about how she would like it to be treated, you understand, because you can’t deny Physiology, but then there’s the way she would like to be treated also. (Freddie Mercury).

Should have no difference, because all that is independent, all are equal to the SUS, equal rights, always trying to understand also the side of the person and leaving aside any kind of prejudice or discrimination. (Madame Satã).

It is recognized as a right of every citizen access to a service friendly, humane, free from any kind of discrimination or prejudice. In this sense, the identification by name and surname must be made by the name the user prefers to be called, regardless of civil registration and the medical record entries must be done in order to contemplate the civil and social.

Social name is the name by which the self-declared trans people prefer to be called in their daily lives, as opposed to the name registered civilly. The use of social name has already taken an international perspective, recognizing the legitimacy of subjective adequacy of how one identifies with gender and respectively to how it is called, socially recognized, understanding that the use of gender in personal names favors the identification of sex from gender norms related to sexuality and gender.

Highlights the importance to consider the particularity of being called by the shape desired and desiring, whether be male or female, since it refers to the sphere of subjectivity, so longed for by all who identify with the opposite gender to biological sex, especially with trans identities, where the female lead is always highlighted, including the use of names of women seen as socially.

It is considered as the first category that embraces the notion of self-ownership, not taking “ownership” in economic term, but considering the fact that every human being has the right to be represented and identified. Still evaluating that, for the designations relating to gender, the implication of male or female name brand, beyond the form of designation, determination of standards in relation to their sexuality, the fully identifying with the gender of choice.

In form of denial of subjectivity transvestite name, we have the answer Nisia Floresta:

I deal for what he really is, if it is man, for man, no matter who made the […] That is what got wife as transvestite, I treat him like a man. (Nisia Floresta).

Even under the aegis of ministerial recommendations regarding the use of social name, Nisia Forest resists recognizing the legality of the right won by the public. Transvestites report the situation of discomfort when they become necessary in presenting their papers separate services, given the disparity between the legal name, the official photo, and what appears as real in front of the person who attends. Thus, are treated in a male majority, constraining them, demeaning them.

In addition to the sampling results of this study, it is stated that prevails nationally resistance or even misinformation from health professionals about the social name, instigating prejudice, which turn these situations impede good relationship and access the LGBT population in general health services.

Hence, the question relating to interfere in access of user satisfaction with the service offered and is not contributing factors in creating links, damaging the horizontality of care, reflecting the very ability of the professional and the team must coordinate care and as in their quality.
We note that the use of social and accepted name of transvestites in social and community settings rears its high esteem, (re) socialize the receiving appropriate attributes and appropriate relationships. Do not allow the use of trans people in social name in line with their gender identity is incarcerating basic human rights, preclude the exercise of their citizenship, and compels you to embarrassment, intolerance, discrimination and violence in its many forms.  

**FINAL REMARKS**

The nurses showed little or no practice and knowledge in assisting transvestite, failing to identify them by gender of choice, where the judge only by their physical characteristics and apparent, linking to these, the labeling of homosexuals, not recognizing and differentiating some aspects sexuality, such as sexual orientation, gender identity and biological sex. This silencing on gender, dispense or provide just a curative/biologizing care, evaluating only the hematopoietic needs without also consider identifying himself by name personal and subjective choice, which impairs the play of quality care for this population.

The limitations of the study of one hand it recognizes, not to assess the training of nurses and their identification with the AB, which influences how they developed the process of nursing work, this process, building from academic life because the undergraduate courses follow the National Curriculum Guidelines, which does not show oriented training for all human rights and diversity. On the other, it is necessary a psychometric evaluation on implicit biase and apparent, linking to these, the labeling of homosexuals, not recognizing and inferring and do not generate complacency, alienation, subservience. Stop by and let it happen, drift, enables the breakdown of the social ideologies that want to reach a place free from prejudices.

**ACKNOWLEDGEMENTS**

To the University of the State of Rio Grande do Norte and to the National Council for Scientific and Technological Development - CNPq - For the encouragement to this Research.

**REFERENCES**


