



SOCIAL REPRESENTATIONS STUDENTS GRADUATING IN NURSING ABOUT TRANSEXUALITY

REPRESENTAÇÕES SOCIAIS DE ESTUDANTES CONCLUINTE DE ENFERMAGEM SOBRE TRANSEXUALIDADE

REPRESENTACIONES SOCIALES DE ESTUDIANTES GRADUANTES DE ENFERMERÍA SOBRE TRANSEXUALIDAD

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ABSTRACT

Objective: to analyze the social representations of graduating nursing students about transsexuality. **Method:** qualitative, descriptive and exploratory study anchored in social representations theory, with 24 students of Nursing, State University of Santa Cruz, Ilhéus/Bahia/Northeast of Brazil. For data collection was performed semistructured interviews in August and September 2012, and the statements were decoded by Technical Analysis content. This study was approved by the Ethics in Research No. of CAAE 04367412.7.0000.5526. **Results:** there was some misunderstanding on the subject as well as value-laden representations and prejudice. Few students presented a holistic view, considering the context of life, regardless of sexual orientation. **Conclusion:** nurses should have a more accurate understanding of transsexuality given the plurality of health care. **Descriptors:** Gender Identity; Social Group; Nursing.

RESUMO

Objetivo: analisar as representações sociais de estudantes concluintes de enfermagem sobre transexualidade. **Método:** pesquisa qualitativa, descritiva e exploratória ancorada na Teoria das Representações Sociais, com 24 estudantes do Curso de Enfermagem, da Universidade Estadual de Santa Cruz, Ilhéus/Bahia/Nordeste do Brasil. Para a coleta dos dados realizou-se entrevista semiestruturada em agosto e setembro de 2012, e os depoimentos foram decodificados pela Técnica de Análise de conteúdo. Este estudo teve a aprovação pelo Comitê de Ética em Pesquisa, sob o nº de CAAE 04367412.7.0000.5526. **Resultados:** verificou-se certo desconhecimento sobre a temática além de representações carregadas de valores e preconceito. Poucos discentes apresentaram a visão holística, considerando o contexto de vida, independente da orientação sexual. **Conclusão:** os enfermeiros devem ter a compreensão mais apurada sobre a transexualidade haja vista a pluralidade do cuidado em saúde. **Descritores:** Identidade de Gênero; Grupo Social; Enfermagem.

RESUMEN

Objetivo: analizar las representaciones sociales de los estudiantes graduados de enfermería sobre la transexualidad. **Método:** estudio cualitativo, descriptivo y exploratorio, anclado en la teoría de las representaciones sociales, con 24 estudiantes de enfermería de la Universidad Estatal de Santa Cruz, Ilhéus/Bahia/Nordeste de Brasil. Para la recolección de datos se llevó a cabo entrevistas semiestructuradas en agosto y septiembre de 2012, y las declaraciones fueron decodificados por el contenido de análisis técnicos. Este estudio fue aprobado por el Comité de Ética en Investigación Número de CAAE 04367412.7.0000.5526. **Resultados:** hubo un malentendido sobre el tema, así como las representaciones cargadas de valores y prejuicios. Pocos estudiantes presentaron una visión integral, teniendo en cuenta el contexto de la vida, independientemente de su orientación sexual. **Conclusión:** las enfermeras deben tener un conocimiento más preciso de la transexualidad, dada la pluralidad de servicios de salud. **Descritores:** Identidad de Género; Grupo Social; Enfermería.

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INTRODUCTION

Transsexualism was always referred to in the ancient religions as sex change. Only happens in the ninth century the first description, making the medical profession began to question the biological, social, ethical and religious values that permeated the daily lives of these individuals.¹

In this line of thought, the Catholic Church began to play with the medical profession's role in disciplining of women's bodies. It is the time that a woman named Joana L'Anglois disguised herself as a man who had the difficulty in accepting their biological sex. When he died, this woman was buried without any value, demonstrating the difficulty of acceptance with the subjects who had discordance between biological sex and social.²

Transsexualism always remained connected to profane and immoral, featuring disagreement mental and physical individual in relation to birth sex. Associated with this idea, and biological theories prevailed on the legal status of individuals who had a rejection of sex. In the legal field, there was a revulsion to the situation experienced by transgender individuals, causing lawyers make fool freedom of expression of gender identity.³ This fact determined the transsexual status transgression of heterosexual matrix, strengthening the idea that the subjects who showed this behavior were part of a group of sick people.

Thus, transsexualism came to be understood as a disorder of gender identity (TIG) the inadequacy of birth sex. Was evident disagreement between sex, gender, sexual practices and desire, when the identity may or may not be recognized.⁴ Thus, gender identity became an inner experience and individual, i.e., was the perception people have of themselves as male, female or some combination of the two, regardless of biological sex.⁵

It is noteworthy that until the mid-eighteenth century, there was the belief of one sex to the social matrix, i.e. the male. Here, the female or any other sexual differentiation was regarded as less valuable or defect. Only in the nineteenth century, founded a committee with the humanitarian goal of defending the "innately different", either, homosexuals of a possible legal condemnation, resulting in the understanding of a third sex, which allowed grouped into those with the same set genital ambiguity, the androgynous behavior and which elected an object loving homosexual.⁶

This committee represented the first attempt to create distinct categories, separating homosexuals from the rest. During this period, there were several cases of processing and determination of gender identity, however, the first genital reconstruction surgeries were performed only for situations such as accidents and burns. At this time, not sought a change of gender for the purpose of defining identity, and yes, the reconstruction of the characters of birth.⁷

However, in the twentieth century, it happens a fact that marks the history of transsexualism. Precisely in 1952, carried out the world's first surgery to change sex, making public debate about transsexuality, understood as a way of being and living socially.⁸ From this innovation, medical and sociological theories led many researchers for a definition of transsexual as one that requires medical treatment through interventions body for social adjustment.⁴

Given the technocratic model on the body of transsexuals, transsexuality begins to represent something pathological, determining that the transsexual living permanently altered psychological state in which gender identity remains at odds with biological sex.⁴ Displays that, today, the debates do not travel around the TIG, but of transsexuality as an opportunity to exercise self-determination of gender with autonomy.⁹ Thus, we started to characterize transsexuality as "persistent anxiety about sex designated a desire to change their biological sex and a permanent conduct of games, activities, clothes and relationships of the opposite sex that is desired and idealized".^{3:382}

Therefore, one should consider transsexuality to a question that goes beyond the biological dimension, incorporating the social representations that individuals have about themselves and the meanings that society draws in their daily lives.³ Therefore, it is essential to understand how nurses represent future transsexuality in order to contribute to the reflection on myths, taboos, beliefs and norms covering transgender subjects, allowing them to act based on the principles of the Unified Health System (SUS).

Some concerns hovered over the theme as: Transsexualism is (un) known or (in) understood by nursing students graduating? Transsexualism is addressed in undergraduate nursing? What is the social representation that nursing students are graduating about transsexuality? How nurses can provide humanized care to transsexuals?

In view of the above, it was decided to investigate the social representations of nursing students graduating on transsexuality, understanding that the symbols that elaborate on the topic can interfere positively or negatively affect their conduct as professionals and possibly determine the quality of care. Social representations of nursing students graduating can maximize or minimize discriminatory actions, transphobic and suffering to the subjects involved. So was delimited guiding question for this study: What are the social representations of nursing students graduating on transsexuality? To answer this question, the object of study was the social representations of nursing students graduating on transsexuality.

Thus, the overall objective was to analyze the social representations of nursing students graduating on transsexuality and specific objectives: to identify the social representations of nursing students graduating on transsexuality; Describe the social representations of nursing students graduating on transsexuality; understand the social representations of nursing students graduating on transsexuality.

It is worth noting that the study was justified by the insufficient number of publications in the area of health, especially nursing about transsexuality and the stigmatizing and judgmental attitude that transsexuals are assisted in health care and society in general.

Thus, the social and scientific relevance of the study remains to allow reflection of managers and health professionals, especially nurses about the care to be developed with and for transsexuals, revealing the prejudices and preconceptions that surround this assistance. Furthermore, will give opportunity that higher education institutions incorporate this theme into your project and academic faculty, nursing students and/or related areas can reflect on these social representations, reversing any behavioral model dehumanized and stereotyped in assisting transgender, allowing greater empowerment of vulnerable groups.

METHOD

A qualitative study, descriptive, exploratory anchored in Social Representations Theory (SRT). The TRS enables us to understand and analyze intergroup relations, the cultural influence the internalization of values and the definition of behavior, proving to be an important tool for the study of certain social situations. It is known that in forming a social

representation of an object, the subject is or reworks in their cognitive system, adapting it to the systems of values, dependent on its history and social context in which it is inserted.¹⁰

Therefore, use the TRS as a theoretical-philosophical allowed access to social representations of nursing students, identifying symbols that elaborate on transsexuality from its social and cognitive universe.¹¹ Thus, the study setting was chosen to the State University of Santa Cruz (UESC), specifically the Undergraduate Nursing.

The choice for this institution was due to the insertion of one of the authors of the study as a student in the course in question, by the recognition that social and scientific university in the national and local temporality by 20 years of implementation of the nursing program and the gradual discussions on the subject in specific semesters. To do so, headed the project for evaluation by the Committee of Ethics in Research (CEP), based on scientific and ethical requirements as established by Resolution No. 196/96 of the National Health Council (CNS), as the consent of the participants, ensuring their autonomy, welfare, confidentiality, privacy and image protection, ensuring the non-use of information to the detriment of the people, including in terms of self-esteem, prestige and / or economic or financial. For this, developed with individuals possessing full autonomy, respecting the cultural, social, moral, religious and ethical, as well as the habits and customs.¹²

The participants were nursing students graduates, ie, attending the 8th semester of nursing UESC. This universe was composed of a total of 24 undergraduates. Inclusion criteria were: being regularly enrolled in the course, part of the class of 8th semester of the nursing program, have a minimum age of 18 years, agree to participate voluntarily by signing the Informed Consent Form (ICF) and exclusion criteria: be in the initial semesters until the seventh semester of the course, having the age of 18 years and refuse to participate and / or sign the consent form.

After approval by the IRB, under No. 64816 and opinion CAAE 04367412.7.0000.5526, data were collected and analyzed by the researcher, through semi-structured interviews and seizure of symbologies each participant about transsexuality, after clarifying the objectives, rationale and relevance acceptance of the research subject and signing the WIC anchored on the following questions: Tell me what you mean by

Transsexuality; Tell me what you represent to the guy who is transsexual; Tell me what you mean by gay bisexual, transvestite and transsexual; Tell me a situation you have experienced or heard about transsexual and / or on transsexuality.

The interview was recorded on audio tapes, marked advance in time, determined by each participant. Were later transcribed, preserving the original speech of participants duly identified by names of flowers. After this step, the interviews were categorized, constituting the thematic content analysis.¹³ It is noteworthy that the statements will remain archived for five years and subsequently destroyed.

RESULTS AND DISCUSSION

After a thorough reading of the interviews were transcribed, proceeded to the stage of seeking social representations. Then, we defined two categories with the interpretation of the results described below.

• Category 1 - Transsexualism: from biological to pathological

It is known that body modification is a secular fact, although there was not a clear conceptual distinction between transvestism, transsexualism and hermaphroditism. There have been numerous theoretical changes on transsexuality, allowing transsexual was perceived as damaging to God and an affront to decency. In this scenario, the technocratic thinking helped to reaffirm transsexuality as a social transgression and therefore requiring hospitalization for individuals with.

Thereafter, consolidated the biological model about the health of transsexuals, understanding them as carriers of inversions, subject to the recommendation of castration.⁴ Thus, transsexuality came to be defined as a change in need of psychiatric treatment by allopathic inadequate subject to biological sex.

In this context, Harry Benjamin considered one of the references in theorizing about transsexualism argued that the inadequacy of birth gender was associated with a genetic or endocrine dysfunction.¹⁴ Thus, in the 70s and 80s, transsexualism is regarded as a gender dysphoria and is incorporated into the psychiatric diagnostic manual DSM III. Only in 1994, with the publication of DSM IV, the term suffers a replacement for gender identity disorder-TIG, confirming the character of pathologizing given by a normative system of sex and gender that does not match the subjectivity and diversity of forms construction of gender.¹⁵

Although these classifications have arisen, seeking to overcome a new definition to the treatment condition, a fact that came to receive the efforts of new medical and sociological theories, culminating with the term transsexualism. Therefore, transsexuality came to be defined from three aspects: as a feeling of permanent identity, a belief in the essence of male or female unambiguous: in relation to the penis lived "as horror" and a specificity in the relationship with the mother what the author calls symbiosis, with the caveat that this relationship cannot be psychotizing.¹⁶

Thus, in order to appropriate the phenomenon, psychology and medicine replace the suffix "ism", terminology referring to the disease as "truth", which discusses how to be,⁵ determining a new nomenclature. From this discussion we considered the term "transsexual", since just like heterosexuality, homosexuality and bisexuality, this is an expression of human sexuality as legitimate and worthy as other sexual orientations.¹⁷ Moreover, the Federal Constitution of Brazil in 1988, incorporates health as a fundamental right associated with freedom, the right to privacy, privacy, physical and moral integrity and sexuality.

This proposed change, comes the term reassignment, meeting the demands of these groups by formal therapeutic processes, culminating in the creation of centers for reassignment and preparation of protocols, based on the Scale of Sexual Orientation and individual needs. The demands of transsexuals dealt with the control of his own body in need of surgical modification for minimization of physical, psychological and social, determined by Resolution No. 1.482/97, authorizing reassignment surgery and additional procedures on the gonads and secondary sexual characteristics, can therefore, be performed in university hospitals and / or accredited public.¹⁸

Subsequently Resolution No. 1.652/02 repealing previous allows the implementation of surgeries to adjust the phenotype male to female in public or private hospitals, independent research activity.¹⁹ However, only in 2008, the Ministry of Health (MOH) through the GM Ordinance No. 1707, approving the process transsexuals in SUS, formalizing their technical and ethical guidelines, incorporating the criteria and conditions for access. This process comprises a set of strategies for health care involved in the transformation process of sexual characteristics, specifically in relation to the physical and psychosocial dimensions.²⁰

Two years later, the MS releases the National Comprehensive Health of Lesbian, Gay, Bisexual, Transgender, Transsexual and Transgender (LGBTTT), aiming at the development of actions to combat inequities of this vulnerable group, making them citizens with full rights and serviceability wide in the SUS.^{14,21} Even with the advances, there is still a difficulty in understanding transsexuality. Thus, it is understood that transsexuality is characterized by a guy who rejects sex boasting anatomically and identifies with the opposite sex, although endowed with external and internal genitalia of a single gender.²² For most transsexuals, surgery sex change represents a happiness project, especially to minimize the source of suffering to live with birth sex at odds with their actual gender identity.¹

According to these needs, the social appeal and media about the sex change, it was found that respondents had a social representation of transsexuality marked by strong influence biologicist, reducing it to the surgery, which denotes the compartmentalized view of graduating nursing students, as the following lines:

[...] Transsexuality are those people who change sex through a surgical procedure [...]. (Lavanda)

[...] Is a person wanting to be something that nature itself was not satisfactory to give ... what it's like to be a woman or man and for that he needs surgery, he craves it [...].(Açucena)

[...] Are those people that are operated, they do surgery for sex change [...].(Cravo)

[...] People who seek happiness in change, has no physical satisfaction born, need of organ removal or remove the breast, need to take hormones of the opposite sex to exacerbate sexual characteristics opposite, often seek to understand [...].(Dália)

It is noteworthy that the sex reassignment surgery should be seen as one of the possible steps to pursue gender identity in transsexualism, helping the participants have added value on themselves, considering the individuality and subjectivity that permeates the entire process.²³ In healthcare practice, it appears that some transgender surgery consider essential, though others choose to live with the symbolism of the body for birth, then feel safe to continue or quit the surgical process.

We must consider that all subjects are complex and differentiated needs every time, being noticeable that the process of gender reassignment can not solve existential problems and conflicts internalized by the subjects because of a sexist society, racist

and still has trouble understand the different.⁸ Therefore, there is need to improve and expand the activities of the multidisciplinary team, mainly the participation of nurses in other spheres of care for transsexuals who are not restricted to the body with the purpose of promoting the full satisfaction and adaptation to the social environment living.¹

This integral perception by nurses should start by aspects that involve knowledge about transsexuality at all to act with humanization, competence and integrity we must know the universe of transsexuals. This incipient knowledge in undergraduate nursing needs to be deepened, especially by highlighting a distortion of interpretation among scholars, revealing misconceptions regarding sexual orientation and gender identity, which is displayed in the statements below:

[...] Being transsexual is that the person, like the individual of the same sex and want it to be the other sex. Represents a person wanting to be the other sex, nothing more [...].(Açucena)

[...] Transsexuality is more of a sex change, the question you want to change the physical, not only like the person of the same sex, but do not get a satisfaction with their physical sex of their birth [...]. (Dália)

[...] Transsexuality are people who have a sexual option, the option that corresponds to the affective same sex. Are those people who have emotional attraction and / or sexual violence by persons of the same sex. These are people who took transsexuals, who took the desire homoaffective or bisexual [...].(Orquídea)

[...] Individuals who already have provided little more feminine traits, has a tendency over the course of development, especially in adolescence, emphasizing these traits and therefore choose to live the way side opposite sex [...]. (Cravo)

Opposite the popular imagination of understanding about sexuality, it is noteworthy that transsexuality is nothing like with homosexuality, bisexuality and other forms of expression of sexual orientation. Therefore, transsexuality involves a differentiation gender identity and, thus, shows sexual orientation and what desires of the subject in their daily lives and way of living. Thus, it is possible to become a man or transsexual woman and liking both sexes.⁹

Imbued with the little knowledge of transsexuality, there was still a completely pathological, ie, the interviewees believe that being transsexual is a sine qua non to live in eternal suffering and oppression. Although it is known that the company mingles with

representations carried from prejudice and discrimination, we note that the source of unhappiness is determined by how the subjects see themselves and protrude in group life.

However, care to transgender encompasses the nurse's role centered on the principles of humanization, comprehensiveness, universality, equity and active participation of subjects. Therefore, there is a need to work with the symbolism created by health professionals, especially nursing students during their training, helping them to reframe their preconceptions and prejudices about the subject to be taken care of, the example of speeches below:

[...] Is a person who does not accept and can not work, can not develop to solve this problem. He can not see a way to study, to work until he can solve it, until it changes sex, it's about sex even [...].(Flor - de - Lis)

[...] What we have more so the notion that it is a means to be oppressed, rejected by society, which suffers from prejudice and not even managing to have other sex, can not be happy because of this, oppression [...].(Tulipa)

[...] Is a person who will always be discriminated against because it is different than the company as normal and do not see that changing horizon [...].(Azálea)

[...] Is confusing people, I do not see how happy people because society takes over, charging, judging, then I do not see a person that can be happy, people are living in the midst of confusion with their own feelings [...].(Begônia)

The load pathologizing identified in the interviews can be attributed to biological discourse on transsexuality as a disease or medical disorder.⁶ Note also that there was the symbolism of transsexuality ruled in spirituality, as the following statement:

[...] Before people thought they were spirits, but nowadays people already understand that it is a problem that can be solved [...].(Rosa)

This representation demonstrates the social religious influence, as in the Middle Ages any similar behavior was seen as demonic. These people were persecuted, condemned and put to death.⁶ Although the discussion on transsexuality be old, it appears that their survival may cause problems related to mental life, mainly because of injury and social exclusion as well as family problems and sexual relationship / affective. However, this does not mean that all transgender people to experience the same kind of suffering, and that this experience gives rise to impact on your life path.¹⁴

Thus, one needs nurses who have a broader view on transsexuality in order to share experiences with transgender individuals, minimizing conflicts and developing proactive attitudes about their own care. Therefore, it is necessary to understand transsexualism as an opportunity to exercise their own gender identity,⁹ which occurs superficially in the statements below:

[...] While you do not agree with that sex, then you have the option to change, change happens both physical and behavioral, is a citizen like any other, regardless of their choice of sexuality [...].(Beladona)

[...] Is a man like any other, but he would like other people have some specifics. The transsexual has this particular characteristic of him that needs particular attention, observe some points, some features that are typical of transsexuality, however, I think he has basic needs and're inserted in a social, cultural and family like any other individual [...].(Margarida)

There is a more holistic view of the transsexual in speeches, incorporating detailed attention on the behavioral changes and the contexts that permeate the building's life. Thus, transsexuality is now considered as something that goes beyond the biological dimension and incorporates the elaborations that individuals have about themselves and the social meanings.³

• **Category 2 - Knowledge about transsexuality: from normative vision to the social**

Heterosexuality, homosexuality and bisexuality are sexual orientations discussed widely in society and academic spaces, representing the condition of people by individuals of different gender, the same gender or more than one genre with deep emotional attraction, emotional and / or sexual.⁵ However, if one visualizes incipient knowledge about sexual orientations, mistaking them at various times with transvestite and transsexuality.

Although it is known that there is difficulty in understanding about sexual orientation and gender identity, it is observed that some nursing students have a social representation of the subject homosexual, bisexual and transsexual in accordance with the prevailing social norm with definitions based on issues involving sex, and not sexuality, which is displayed below:

[...] Is a gay guy who likes who feels sexual attraction to others of the same sex. The bisexual is a person, whether male or female, who likes both sexes [...].(Rosa)

[...] Homosexual is one who is interested in the person of the same sex, which he was

born. Bisexual so interested in the same sex as the opposite sex [...].(Margarida)

It is noteworthy that this concept is important for health professionals in training, example of nursing students, to understand the nuances of everyday life and work in these subjects practices geared to the real needs. There is still some inconsistency to address socially on transvestitily. The transvestite is a person who is born male or female, but it assumes that different gender roles imposed by their biological sex and heteronormative rules. Many travesties modify their bodies through hormone therapy, silicone application and / or plastic surgery, but it is not a rule for all. Unlike transsexuals, transvestites do not wish to perform sexual reassignment surgery.⁵

Even with such definitions, it was noticed that the graduating nursing students have little knowledge on the subject, as evidenced in the statements below:

[...] Transvestite ... I have the design transvestite (laughs) I do not know right [...].(Angélica)

[...] Transvestite, not sure if this is what the media suggests, do not also need to know if this is the actual definition of the term, but understand that transvestite is one who mounts a woman in an exaggerated way and may or may not being gay [...].(Vitória-Régia)

[...] Transvestite just as the opposite sex, it's just an attraction for the appearance of the opposite sex [...].(Margarida)

[...] Transvestite sex does not change, his genitals are still the same, but only comes to mind as well ... man transvestite and behave as a woman, I understand only that, like a gay to me [...].(Begônia)

On the other hand, the respondents know show some interventions on the body featuring transverstitily mainly use silicon, hormones and changes in social behavior and female sanctioned. Such speeches clarify that the transvestite symbolism denotes the male and female body, without the desire to carve out his own genitalia as indicated in the statements below:

[...] The man who would be a travesty tends to want to dress as a woman, behave like a woman, act like a woman, then, has many who want to change their bodies, put silicone breasts to look as much like a woman, he does not feel a man [...].(Copo de Leite)

[...] I see that the transvestite is like a man or woman who transvestite, which turns in the opposite sex, who loves accessories, I can not say which option sexual transvestite, but I see it like this, a person who wears clothes of the opposite sex, the sex that attracts [...].(Rosa)

[...] The transvestite would be a person, usually male in this case, it is man who has sex with women, but he dresses as a woman at some time of the day or at some point in their lives [...].(Lírio)

[...] Transvestite is when he only wears the other sex, but he still has sexual organ [...].(Tulipa)

Visualized in the statements that transvestitily remains connected to something strictly artistic and professional, which can be defined by the media influence or as a mechanism to "normalize" something that contradicts the heterosexual norm. Recognition of transvestitily as legitimate art is what becomes effective purification pollution gender, which is something increasingly rare, they still remain an idea of the transvestite as a mythical figure, fantasy, real chimera²⁴, as indicated in statements below:

[...] A person born of sex it is like to represent, using costume as if it were another, as when she had there in that costume, that character is representing expresses what she thinks inside [...].(Angélica)

[...] Are people linked to the artistic side, who dress often to the theater, something more scenic, but has no problem with her genitals [...].(Dália)

It is noteworthy that these representations of sexual orientation and gender should not be attributed only to vulnerable groups, among them, transvestites and transsexuals, simply by segregating the discussion on specific groups, compartmentalizing the vision of the whole society, especially those who build it.²¹

With regard to transsexualism identified that the majority of nursing students graduating demonstrates ignorance and / or difficulty in addressing this issue, while others have a social representation anchored in unfavorable aspects, such as the load of prejudice, the value judgment revealing degree stigmatizing the group of transsexuals as testimonials below:

[...] Have never witnessed or heard anything about that and not about transsexuality also not very [...].(Malmequer)

[...] The topic is very difficult to be worked just with regard to the sex change, that sometimes many people usually do not accept and regard that person as if it were abnormal, disrespecting the [...].(Magnólia)

[...] I saw more related to prejudice, mainly by the family and by the work, the person until it changes to a document she has sex sex she was born, so it is very difficult to work for coexistence, for dating, for everything [...].(Flor-de-Lis)

[...] I do not get to judge, but I'm wondering how does one do that? How does a person change so that God wanted to, I do not understand to this day I wonder it does not get to have all the prejudice and judge, but I wonder these things [...].(Begônia)

[...] Usually hear a lot of stories about people with prejudice, the question does not accept the other as he is. People often talk criticizing, not accepting think the person ceases to be human, is an aberration opted to do a sex change [...].(Beladona)

Given this scenario, it is necessary to emphasize that the lack of research data on population health in transsexual refers to maintenance of social prejudice and ignorance on the subject, resulting in discriminatory practices with subsequent incarceration of transsexuals.^{25,23}

It is believed that the media has an important role in the construction of social representations about the transsexual subjects, contributing to reaffirm models stigmatizing or indicating new ways to watch, free of suffering, discrimination, violence and prejudice. In the statements below, note that the media acts as a vehicle for stories and reports about transsexuality as a disorder, disorder or mental disorder:

[...] I had no contact with transsexual, just saw on television, even with this theme transsexuality only by television. What I've heard on television, in magazines we're reading, especially those most famous transsexuals, who are people who report that from small ones already developing feminine traits and adolescence is signed and when adults underwent surgery and today live as women take hormones [...].(Cravo)

[...] Is a difficult topic to talk about because we do not study, do not know, I know more watching television reports. Today I have seen several interviews talking about transsexuals, transsexuality in fact, nowadays most people know that this phenomenon was not known before [...].(Rosa)

[...] Now an experience like this [...] some kind of prejudice I see it on TV, what people do, especially in the São Paulo capital, against transsexuals, against homosexuals, these same issues of violence against them but only that, no experience [...].(Angélica)

Not always the media approaches will be proposed in the design and needs of transgender groups. It is common to encounter the use of terms, expressions and forms of treatment that reinforce prejudice, stigma and discrimination.⁵

Another aspect that deserves mention is the initiatives developed within academia to broaden the range of knowledge and

discussion of transsexuality, through the inclusion of cross-cutting themes in specific semesters, although they do address this urgent problem in nursing course under the watchful multidisciplinary. Here we demonstrate the importance of these actions in the academic nursing, a fact signaled by the undergraduate nursing graduates:

[...] Heard about transsexuality during graduation in the sixth semester in the field of gynecology, with a seminar whose theme was transsexuality addressing the issue so insightful and it helped a better understanding on the subject currently [...].(Violeta)

[...] I heard in the seminar room was when I saw those statements, there has to have more knowledge about it, find out why I had never heard speak [...]. (Begônia)

[...] Heard in the sixth semester seminar in Women's Health, there was my first exposure to even know what it was like outside the surgery and it was on television, internet, this contact was basically that I had never had contact personnel with a transgender person, at least that I know of [...].(Lavanda)

[...] I think the only time I heard about transsexuality was speaking at the seminar here last semester in college [...].(Bromélia)

In this line of thought, the MS proposes actions developed among the population LGBTTT include content relating to this group in the training of health professionals at the technical level and graduation, as well as ensuring the subject in the process of lifelong learning and the promotion of research.²⁶

Therefore, working with transsexuality will help the caregiver, in this case, the nurse acting based on sound principles of strengthening the other, whether the subject transsexuals, which can be seen in the following quote:

[...] Was brought to the room as the theme of a work, a seminar and we might come across, both as a group ... it was an unknown subject, involves very taboo, and even as much prejudice in relation to the room, room to present this theme ... had a bit of trouble understanding what is actually the process transsexuals, all matters involving both understand how to pass it in a correct, consistent and so was a very positive experience, very interesting and we can even realize the lack of population, we were students who had already spent half of the course and still unaware of a topic that is becoming so common and we have to handle day to day as a professional [...].(Margarida)

Studies involving transsexuality help to provide new corpus of knowledge in health

care and the like, and thus, redefining concepts and values about the subjects who experience this condition. This implies the incorporation of in-depth discussions in the training curriculum of health professionals, especially nurses enabling students and teachers can reevaluate educational models and influences the practices and behaviors.²⁶⁻⁷

CONCLUSION

It might show that nursing students graduating have some misunderstanding about transsexuality as a full expression of their sexuality. The interviewees points conceptualizations misleading, embedded prejudice and evocations that reveal little understanding or foreshadow attitudes towards transsexuals. Furthermore, we identified a strong influence on the socio-cultural understanding of the daily life of these subjects. Thus, social representations denote the need to incorporate the theme of transsexuality in nursing education since they remain attached to direct care to people and, therefore, should be able to understand the multiple dimensions that involve the way of being and living transgender, offering them quality care anchored in the inseparability of the principles governing the NHS and human rights.

Finally, we expect that these results give opportunity training institutions in health and related fields, especially managers and nurses remodeling the concepts, practices and attitudes developed in the care of transsexuals, revealing the prejudices and preconceptions that surround this type of assistance with proactive attitudes, enabling greater empowerment.

REFERENCES

1. Athayde AVL. Transexualismo masculino. Arq bras endocrinol metab [Internet]. 2001 Aug [cited 2012 Apr 20];45(4):407-14. Available from: www.scielo.br/pdf/abem/v45n4/a14v45n4.pdf
2. Lopes ACV. Transexualidade: reflexos da redesignação sexual [trabalho de conclusão de curso]. Belo Horizonte (MG): Pontifícia Universidade Católica de Minas Gerais; 2009.
3. Lobato MI, Henriques AA, Ghisolfi ES, Kegel S, Schestatsky G, Schestatsky S. Transexualismo: uma revisão. J bras psiquiatr [Internet]. 2001 Dec [cited 2012 Apr 20];50(11/12):379-88. Available from: www.ipub.ufrj.br
4. Arán M, Zaidhaft S, Murta D. Transexualidade: corpo, subjetividade e saúde coletiva. Psicol soc [Internet]. 2008 Jan/Apr [cited 2012 Apr 20];20(1):70-9. Available from: www.scielo.br/pdf/psoc/v20n1/a08v20n1.pdf
5. Brasil. Ministério da Saúde. Associação Brasileira de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Manual de Comunicação LGBT. Paraná: Ministério da Saúde; 2010.
6. Silveira EMC. De tudo fica um pouco: a construção social da identidade do transexual [tese de doutorado]. Rio Grande do Sul: Faculdade de Serviço Social, Pontifícia Universidade Católica do Rio Grande do Sul; 2006.
7. Cossi RK. Transexualismo, psicanálise e gênero: do patológico ao singular [dissertação de mestrado]. São Paulo: Instituto de Psicologia, Universidade de São Paulo; 2010.
8. Bento B. A reinvenção do corpo. Sexualidade e gênero na experiência transexual. Rio de Janeiro: Garamond; 2006.
9. Butler J. Desdiagnosticando o gênero. Physis: Rev Saúde Coletiva [Internet]. 2009 [cited 2012 Mar 10];19(1):95-126. Available from: www.scielo.br/pdf/physis/v19n1/v19n1a06.pdf
10. Mazzotti AJA. A abordagem estrutural das representações sociais. Psicol educ [Internet]. 2002 [cited 2012 Mar 10];14(15):17-37. Available from: www.pucsp.br/pos/ped/revista/rev14/resumo01.htm
11. Almeida A. A pesquisa em representações sociais: fundamentos teóricos metodológicos. Rev Serv Social [Internet]. 2001 [cited 2012 Mar 10];1(1):129-58. Available from: www.scielo.br
12. Brasil. Conselho Nacional de Saúde. Resolução nº. 196/96. Brasília: Conselho Nacional de Saúde; 1996.
13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2009.
14. Arán M, Murta D. Do diagnóstico de transtorno de identidade de gênero às redescrições da experiência da transexualidade: uma reflexão sobre gênero, tecnologia e saúde. Physis: Rev Saúde Coletiva [Internet]. 2009 [cited 2012 Mar 10];19(1):15-41. Available from: www.scielo.br/pdf/physis/v19n1/v19n1a03.pdf
15. Amaral DM. Os desafios da despatologização da transexualidade: reflexões sobre a assistência a transexuais no Brasil [tese de doutorado]. Rio de Janeiro: Universidade Estadual do Rio de Janeiro; 2011.

16. Arán M, Murta D, Lionço T. Transexualidade e saúde pública no Brasil. *Ciênc saúde coletiva* [Internet]. 2009 July/Aug [cited 2012 Mar 10];14(4):1141-9. Available from: www.scielo.br/pdf/csc/v14n4/a15v14n4.pdf
17. Couto ES. Transexualidade: o corpo em mutação. Salvador: Grupo Gay da Bahia; 1999.
18. Ventura M, Schramm FR. Limites e possibilidades do exercício da autonomia nas práticas terapêuticas de modificação corporal e alteração da identidade sexual. *Physis: Rev Saúde Coletiva* [Internet]. 2009 [cited 2012 Apr 20];19(1):65-93. Available from: www.scielo.br/pdf/physis/v19n1/v19n1a05.pdf
19. Conselho Federal de Medicina. Resolução nº 1.652/2002 [Internet]. Dispõe sobre o procedimento de transgenitalização e revoga a Resolução 1482/1997 e demais intervenções sobre Gônadas e caracteres sexuais secundários [cited 2012 Apr 20]. Available from: www.portalmédico.org.br/resolucoes/CFM/2002/1652_2002.htm
20. Lionço T. Atenção integral à saúde e diversidade sexual no Processo Transsexualizador do SUS: avanços, impasses, desafios. *Physis: Rev Saúde Coletiva* [Internet]. 2009 [cited 2012 Apr 20];19(1):43-63. Available from: www.scielo.br/pdf/physis/v19n1/v19n1a04.pdf
21. Mello L, Perilo M, Braz CA, Pedrosa C. Políticas de saúde para lésbicas, gays, bissexuais, travestis e transexuais no Brasil: em busca de universalidade, integralidade e equidade. *Sex Salud Soc* [Internet]. 2011 [cited 2012 Mar 10];9:7-28. Available from: www.scielo.br/pdf/sess/n9/02.pdf
22. Hodja MJS. Mudança de sexo: causas e conseqüências. *R Fac Direito Metrop Unidas*. 1986; 1(s/n):335-6.
23. Soares M, Feijó MR, Valério NI, Siquieri CLSM, Pinto MJC. O apoio da rede social a transexuais femininas. *Paideia* [Internet]. 2011 [cited 2012 Apr 20];21(48):83-92. Available from: www.scielo.br/pdf/paideia/v21n48/a10v21n48.pdf
24. Carvalho MFL. A (im)possível pureza: medicalização e militância na experiência de travestis e transexuais. *Sex Salud Soc* [Internet]. 2011 [cited 2012 Mar 10];8:36-62. Available from: www.e-publicacoes.uerj.br/index.php/SexualidadSaludySociedad/article/view/1423
25. Matão MEL, Miranda DB, Campos PHF, Teles MNA, Mesquita RL. Representações sociais da transexualidade: perspectiva dos acadêmicos de Enfermagem e Medicina. *Rev baiana saúde pública* [Internet]. 2010 [cited 2012 Mar 10];34(1):101-18. Available from: <http://www.inseer.ibict.br/rbsp/index.php/rbsp/article/viewFile/16/21>.
26. Lionço T. Que direito à saúde para a população GLBT? Considerando Direitos Humanos, Sexuais e Reprodutivos em Busca da Integralidade e da Equidade. *Saúde Soc* [Internet]. 2008 Apr/June [cited 2012 Apr 20];17(2):11-21. Available from: www.scielo.br/pdf/sausoc/v17n2/03.pdf
27. Solano LC, Alves TEA, Beserra PJF, Fernandes ACL, Carlos EF, Medeiros SM. Pedagogic trends in the perspective of nursing professors and students. *J Nurs UFPE on line* [Internet]. 2012 Oct [cited 2012 Dec 10];6(10):2396-403. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2819/pdf/1550>

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Social representations students graduating...

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