64 - PREJUDICE WITH THE DIVERSITY: UNDERSTANDING DIFFERENCES, SEARCHING EQUITY

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1. INTRODUCTION

The health, as right of everyone and obligation of the Estate, seems to be yet an ideal to be reached, because, the Brazilian reality in pervaded by injustices which need to be contested through actions which propose minimally, revert exclusion boards of exclusion and of the violation of fundamental human rights, in the perspective of the promotion of the equity for distinct social groups, such as Lesbians, Gays, Bisexuals, Shemales and Transgenders (LGBT) (ÁRAN et al., 2008; MOTT, 2006).

The homoaffective is perceived as an stigma in the society which heteronormatizes behaviors, therefore, it is highlighted the necessity of respecting the other as an individual being and worthy, so as the integrality of actions of prevention, and the service of assistance to the group LGBTT prioritizing principles for its identification and confrontation (LIONÇO, 2008).

The Sistema Único de Saúde (SUS), when pretending to extend its action for the totality of the citizens, highlights that the health starts to be considered a right of citizenship, and that the parameter of inequalities advancing in the perspective of the social problematic (SOUSA et al., 2009).

In this sense, the process of humanization in the SUS facing the strategy of reception comes to require a change in the thinking and acting of the community, of the managers and of the professionals of health in the Basic Care in the sense of respecting and recognizing the exercise of sexuality by the population GLBTT (SOUSA et al. 2009). In this direction this study had the objective of analyzing the access to health services according to the perception of individuals with homoaffective orientation.

2. METHODOLOGY

This study is inserted in the Project "Subjectivity and health, life, sexuality, health, disease and professional ethic" developed in the Núcleo de Pesquisa e Extensão Acadêmica da Faculdade de Enfermagem Nova Esperança – FACENE./Core of Research and Academic Extension of the Faculty of Nursing Nova Esperança FACENE.

The technical resource of the qualitative approach was chosen, using the semi-structured interview as technique for data collection. The interviews were done in the month of September 2010, involving eight subjects with homoaffective orientation. The data were analyzed based on the Technique of Analysis of Content, thematic modality (BARDIN, 2004).

To make easier the presentation of the results and keep the secret about the identity of the subjects, was attributed a sequential number to each participant (C1, C2, C3,…C8). The research was submitted to the appreciation of the Committee of Ethic and Research of the FACENE and approved under the protocol 184/2010.

3. RESULTS AND DISCUSSION

Prejudice with the diversity: understand the differences, aiming the equity.

This category allows exploring concepts of health homologated by the Federal Constitution of 1988, with the equity, one of the ethical principles of the SUS. The equality assumes, therefore, supposing the real possibility that all the individuals can develop their human potentialities without constraints of social order (BARRADAS, 1999).

It is highlighted by the speeches that the discrimination is suffered in an explicit way: she treated me as if I did not have the right to be in that place, as if I did not have right to health or any orientation (C1); they try to find out why we are looking for a health service, if it is homosexual, STD's are thought (C5); the people who are there are not working the question of the sexual identity inside the health unit (C2); a psychiatrist of the hospital, blamed my pathology due to my sexual option (C2).

In the constitutional text the health is extended in a broad manner and in this conception, is original from the access of the people and collectivities to the goods and public services offered by the universal social policies (BRASIL, 2010).

The sexual diversity yet still cause weirdness, its result is more worrying, when such discriminatory acts remove these people from the health services, opposing other principle of the SUS – access to health services. It is necessary to understand that the homophobia does not happen in an isolated manner, it involves a series of factors that together constitute an understructure of several forms of social discrimination and invisibilities: it is as if we were abnormal, as if there were walls although all are human (C5); the psychologist where questioned I using a ring, [told] me to take off the ring that a man should not go to the doctor, my sexual option was homosexual why did I use that ring? (C2).

The Policy LGBT has their guidances and objectives, in the social determination of the health, aiming the reduction of differences related to health of these social groups and reassure the commitment of the SUS with the universality, the integrality and with the effective participation of the community. For this reason, it contemplates actions aiming the promotion, prevention, recovery and rehabilitation of the health (BRASIL, 2010).

The Health Ministry has been working with these groups in the fight against the epidemics of the HIV/aids, but the recognizing of the complexity and diversity of their health problems made that a transversal strategy was adopted. Such policy is constituted of a group of ethical and political principles expressed in a mark that recognizes the bad effects about the health of the processes of discrimination and of exclusion. Its guidances and objectives are, faced to the promotion of the equity in health (SILVA, 2009).

Although such efforts, there are still discriminatory acts to this population removing from the services of health: I have already suffered so much, that I do not even look for anymore...(C1); even in PSF I do not like to go…because they are people who are not prepared to attend (C5); many friends even stopped going to certain health units or hospital even because they know that it will not be attended (C2); many professionals look at us with other eyes and this disturbs a lot!(C3).

A wrong identification of the people already in the entrance of the services of health can be the first obstacle faced when searching for a service, based on the non knowledge of the other as social actor. This and other disadvantages, many times, take the population LGBT to feel demotivated when looking for a certain health service, not using a social right which is protected by law and that also concedes citizenship (LIONÇO, 2008).

The National Seminar Health of the population GLBTT in the construction of the SUS (2007), signalized important subsidies for building of the National Policy of Integral Health of Lesbians, Gays, Bisexuals, Shemales and Transsexuals. The fight against homophobia in SUS was a consensual guidances, had as fundamental for that the access to the services and the quality of the attention and of the care do not be compromised by prejudices and stigmas (BRASIL, 2010).

In a study done by the Association of the Parade of GLBT Proud of São Paulo (2006), with 846 participants, it was clear that 67% of the interviewee said they had suffered discrimination due to their sexuality and 59% of the subjects had been victims of aggression by the same reason (FACCHINI et al., 2007).

It is essential, to reassure the universality of human rights, including here, the right to health, rescuing this population as subjects of rights, as the processes of stigma and discrimination have been compromising their citizenship right, among them, the access to health services (LIONÇO, 2008; ALMEIDA et al., 2011).

The equity is one of the doctrinaire principles of the SUS and cares about the existing differences towards the necessities and the access of the population groups to the services of health, although the National Policy of Integral Health of Lesbians, GBST, is still in phase of conclusion and while this happens, several discriminatory acts are seen against this population and the society is still imposing heterosexual and normative concepts to everything that is different of the socially accepted.

4. CONCLUSIONS

In this study in which we searched through listening of voice of the subjects with homoaffective orientation to analyze the perception of them about the health care, it was possible to observe that the health professionals still treat the population LGBTT with discrimination, rejecting them from the society, making their problems invisible; the principles of the SUS has not been followed, which makes clear the removal of this population to the health services. It is considered, therefore that the service to the population LGBTT must be free from discrimination and not to be imposed, hetero normalizing behaviors; the health Professional with technical and legal knowledge should play the human been role, respecting the diversities, not criticizing and judging in such a way to interfere in the way the others are; the principles of SUS, as well as the diversity must be realized and not naturalized by the professionals of health, so that in this manner a worthy assistance happen, respecting the human rights described in law not only to the homoaffective population, but also, to all forms of diversity.

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PREJUDICE WITH THE DIVERSITY: UNDERSTANDING DIFFERENCES, SEARCHING EQUITY

Background: The heteronormativity, the binarism and stereotypes of gender reflect into discriminatory practices, including homophobic expressions. Intolerance and contempt for those men and women who have different identities and orientation occurs in various scenarios causing a direct effect on reducing the access opportunities and obstacles to the exercise of human rights. In the health area must be ensured human, equalitarian attention without prejudice and discrimination. Aim: analyze the access to health services according to the perception of individuals with homoaffective orientation Methodology: Qualitative research, realized in Joao Pessoa city, Paraiba State. The semi-structured interview was elected as technique of investigation involving eight subjects with homoaffective orientation. The empirical material was submitted to the Technique of Analysis of Content, thematic modality. Results: it was observed that the discrimination is present in the health services, making the problems of the homoaffective population invisible; the professionals of health are not prepared to attend the diversities; the process of normalization, at the same time which generates parameters for the guarantee of rights, can also be used to generate new perimeters of exclusion. Conclusion: The omission denied constitutes as the biggest proof in which the diversity is not yet

respected, causing discriminatory acts and removal of this population of the health services. It is considered, therefore, that the promotion of equity must be rethought in terms of guaranteeing the protection of the human and social rights of these populations, since the stigmatization and discrimination are compromising the exercise of citizenship, among them, access to health services.

KEY-WORDS: Homosexuality. Prejudice. Equity in access.

PRÉJUGÉ AVEC LA DIVERSITÉ: COMPRENDRE LES DIFFÉRENCES, RECHERCHE DE L'ÉQUITÉ

Introduction : L'hétéronormativité, le binarisme et les stéréotypes du genre reflètent en pratiques discriminatoires, parmi lesquelles, les manifestations homophobiques. L'intolerance et le mépris contre ceux et celles qui ont l'orientation et les identités differentes de hétérosexuel se produit dans divers contextes, occasionant ainsi un effet direct dans la réduction à l'accés d'opportunités et l'obstacle à l'exercice des droits humains. En matiére de santé, doit-etre assurée une attention humanisée, équitable, libre de préjugé et de discrimination. Objectif: Analyser selon la perception des individus avec orientation homoaffective, l'accés aux services de santé. Methodologie: Recherche (enquête) de l'abordage qualitatif realisé dans la Ville de João Pessoa, Etat du Paraíba. A été choisie une interview semi-structurée avec technique d'investigation, enveloppant 8 sujets d'orientation homoaffective. Le matériel empirique obtenu était soumis à la technique d'analyse de contenu, modalité thématique. Resultats: Il a été observé que la discrimination est présente dans les services de santé, rendant ainsi les problémes de la population homoaffective invisibles; les professionnels de santé ne sont pas preparés ou ne sont pas prêts pour répondre aux diversités; le processus de normalisation, au même temps que gére les paramêtres pour la garantie de droits, peut aussi se prêter à gerer les nouveaux perimètres de l'exclusion. Conclusion : L'omission niée dénonce que la diversité n'est pas encore respectée, causant les actes discriminatoires et l'éloignement de cette population des services de santé. Il est à considerer donc que la promotion de l'équité doit être fortifiée de telle maniére à garantir la protection des droits humains et sociaux de cette population, une fois que les processus de estigmatisation et de discrimination viennent compromettre l'exercice de la citoyenneté, parmi ceux-ci, l'accés aux services de santé.

MOTS-CLÉS : Homosexualité. Préjugé. Equité dans l'accés.

PREJUICIOS CONTRA LA DIVERSIDAD: ENTENDIENDO LAS DIFERENCIAS, EN BUSCA DE LA EQUIDAD.

Introducción: la heteronorma, el binarismo y estereotipos de género reflejan en las prácticas discriminatorias, incluyendo las manifestaciones homófobas. La intolerancia y el desprecio contra aquellos que tienen orientación e identidades diferenciadas de la heterosexual ocurren en diversos ámbitos, causando un efecto directo en la reducción de las oportunidades de acceso y obstáculo al ejercicio de los derechos humanos. En materia de salud, debe ser asegurada la atención humanizada, la equidad, libre de prejuicios y discriminación. Objetivo: Analizar segundo la percepción de individuos con orientación homoafectiva al acceso a los servicios de salud. Metodología: Investigación con enfoque cualitativo realizada en la ciudad de João Pessoa, Estado de Paraíba. Fue elegida la entrevista semi-estructurada con técnica de investigación, envolviendo ocho sujetos con orientación homoafectiva. El material empírico obtenido fue sometido a la Técnica de Análisis de Contenido, modalidad temática. Resultados: se mostró que la discriminación está presente en los servicios de salud de modo a comprometer la visibilidad de los problemas de la población homoafectiva; los profesionales de la salud no están preparados para cumplir con las diversidades; el proceso de normalización, al mismo tiempo en que genera parámetros para la garantía de los derechos, puede, también, generarse nuevos perímetros de exclusión. Conclusión: La omisión negada denuncia que la diversidad aun no es respectada, causando hechos discriminatorios y el alejamiento de esta población de los servicios de salud. Se considera, por tanto, que la promoción de la equidad debe de ser fortalecida de modo a garantizar la protección de los derechos humanos y sociales de estas poblaciones, una vez que los procesos de estigma y discriminación vienen comprometiendo el ejercicio de su ciudadanía, entre eses, el acceso a los servicios de salud.

PALABRAS-CLAVE: La homosexualidad. Prejuicio. Equidad en el acceso.

PRECONCEITO COM A DIVERSIDADE: ENTENDENDO AS DIFERENÇAS, BUSCANDO A EQUIDADE

Introdução: A heteronormatividade, o binarismo e estereótipos de gênero refletem em práticas discriminatórias, entre as quais, manifestações homofóbicas. A intolerância e o desprezo contra aqueles e aquelas que têm orientação e identidades diferentes da heterossexual ocorre em vários cenários, ocasionando um efeito direto na redução das oportunidades de acesso e obstáculo ao exercício dos direitos humanos. No campo da saúde, deve ser assegurada atenção humanizada, equânime, livre de preconceito e discriminação. Objetivo: analisar segundo a percepção de indivíduos com orientação homoafetiva o acesso aos serviços de saúde. Metodologia: Pesquisa de abordagem qualitativa realizada na cidade de João Pessoa, estado da Paraíba. Elegeu-se a entrevista semi-estruturada com técnica de investigação, envolvendo oito sujeitos com orientação homoafetiva. O material empírico obtido foi submetido à Técnica de Análise de Conteúdo, modalidade temática. Resultados: observou-se que a discriminação está presente nos serviços de saúde, tornando os problemas da população homoafetiva invisíveis; os profissionais de saúde não estão preparados para atender as diversidades; o processo de normatização, ao mesmo tempo em que gera parâmetros para a garantia de direitos, pode também se prestar a gerar novos perímetros de exclusão. Conclusão: A omissão negada denuncia que a diversidade ainda não é respeitada, causando atos discriminatórios e afastamento dessa população dos serviços de saúde. Considera-se, portanto, que a promoção da equidade deve ser fortalecida de modo a garantir a proteção dos direitos humanos e sociais dessas populações, uma vez que os processos de estigma e discriminação vêm comprometendo o seu exercício da cidadania, dentre esses, o acesso aos serviços de saúde.

PALAVRAS-CHAVE: Homossexualidade. Preconceito. Equidade no acesso.