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Access to Healthcare services for transgender people in a city on the north of Mexico

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Abstract

Some population groups experience greater barriers to accessing health services; such as groups with diverse gender identities that are exposed to different forms of discrimination and mistreatment in the health system. The purpose of this chapter is to analyze the experiences of transgender people to understand the process of access to health services in northern Mexico. A qualitative study from a hermeneutic phenomenological perspective based on semi-structured interviews with eight transgender people. It was reported that when name and identity match on an official identification document, this promotes better treatment for transgender people since health professionals do not identify a gender incongruence. In conclusion, it is necessary to implement health policies for transgender people, not only to address their specific health needs, but also to promote awareness and actions that allow this population to obtain effective access to health services where they receive the treatment they deserve.

Keywords:

Health services; Gender minorities; Physicians

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1. Introduction

In Mexico, multiple population groups constitute minorities whose human rights continuously come under threat and are thus vulnerable. This is the case with lesbian, gay, bisexual, transgender, transexual, intersexual, and queer (LGBTIQ+) people. Within other forms of exclusion, these groups face access barriers to healthcare services, which negatively impact their health conditions and wellbeing (Levesque et al., 2013).

Transgender people are those whose identity and gender expression do not correspond with the norms and social expectations traditionally associated with the biological sex assigned when one is born (Guzmán & Prado, 2015; Logie et al., 2012; Mac Carthy et al., 2015). Discrimination, gender stigma, mental health issues (depression and anxiety), pathologization (labeling this population as diseases based on their gender identity), and social and economic marginalization are some of the main issues this population might face, particularly those who accept themselves as being different from the rest of society and overtly display this. These factors also limit access to healthcare services (Boonyapisomparn et al., 2023; Brandelli et al., 2018; Conapred, 2018; Dichter et al., 2018; Garcia & Richard, 2020; Hafeez et al., 2017; Harley & Teaster, 2016; Hughto et al., 2017; Kano et al., 2016; Pérez et al., 2018; Riddle & Safer, 2022; Secretaria de salud, 2018; Unger, 2015; Wilson et al., 2016; Zapata et al., 2019).

Access to healthcare services means the possibility of a person or group of persons identifying medical attention necessities and being able to reach, obtain, and utilize these services when deemed necessary. The process of accessing such services influences several factors, such as the availability of specialized human resources, the existence of politics focused on the needs of different populations, the presence and scope of healthcare services, costs, quality, and follow-up on the care provided (Levesque et al., 2013).

As a result of negative medical experiences they have had in the past, transgender people often delay, avoid, or reject medical attention (Boivin, 2014; Conapred, 2018; Gonzales & Henning, 2017; Hafeez et al., 2017; Hughto et al., 2017; Hyemin et al., 2018; Kano et al., 2016; Secretaria de salud, 2018; Su et al., 2016; Usman et al., 2018). This is a phenomenon that can be observed worldwide. For example, in New Zealand, a national study of the healthcare and wellbeing of transgender people revealed that one-third of this population avoid seeing a doctor due to the concern of a lack of respect or being mistreated (Hafeez et al., 2017; Kano et al., 2016).

However, in the USA, in a study conducted online to examine the relationship between stigma and healthcare utilization, was found that those transgender people that decided to search for medical attention have to travel for more than two hours, which

is three times more that of cisgender people, to find a trustworthy healthcare service and receive appropriate medical attention. This aggravates within rural areas due to the majority of healthcare services only being found in urban areas (Garcia & Richard, 2020). In other countries, such as the USA, Canada, and Korea, the rejection of providing healthcare services for transgender people has been reported due to the high mistreatment rates which are reported when receiving medical attention, deficient attention, as well as the lack of knowledge demonstrated by health professionals regarding the needs of this population (Boivin, 2014; Hafeez et al., 2017; Hyemin et al., 2018; Kano et al., 2016; Krysty et al., 2017; Stutterheim et al., 2021; Su et al., 2016; Wilson et al., 2016).

In the USA, it has been demonstrated that 39% of the transgender population suffers from psychological problems: the data show a nine-times higher risk of suicide attempts and a five-times increased frequency of HIV infection compared to the rest of the population (Baral et al., 2013; Logie et al., 2012; Pérez et al., 2018; Poteat et al., 2016). Despite this, around 25% of transgender people do not request attention from healthcare services due to fear of mistreatment. Additionally, this population have a higher chance of being below the poverty line because their gender, by not corresponding to what is socially acceptable, marginalizes them from well-paid jobs (Baral et al., 2013; Poteat et al., 2016; Stutterheim et al., 2021).

According to the published literature (Brandelli et al., 2018; Conapred, 2018; Dichter et al., 2018; Secretaria de salud, 2018; Wilson et al., 2016), it is estimated that four out of ten transgender people suffer from depression, and two out of ten experience anxiety during their lifetime, which can result in suicide (two out of ten). In addition, transgender people are usually not satisfied with the care they receive from healthcare professionals, who are generally unable to empathize with them (Baral et al., 2013; Hafeez et al., 2017; Griebling, 2016; Poteat et al., 2016; Stutterheim et al., 2021).

Studies documenting how transgender people receive healthcare access in Mexico are scarce. A study of the LGBTIQ+ population shows that self-medication is the only option for transgender people to modify their body (Boivin, 2014). Another alarming set of data show that the transgender population has an unemployment rate of 90%, which increases the chance of being involved in sex work as an economic necessity, which entails a higher risk of contracting sexually transmitted infections (Conapred, 2018; Secretaria de salud, 2018).

The conceptualization of access to healthcare and the importance this has for measuring the performance of healthcare systems has been emphasized previously (Arrivillaga & Borrero, 2016; Levesque et al., 2013). Up until now, there has been no single interpretation of this concept; on the contrary, access to healthcare has become

a subject of various studies which have approached the topic from a large number of conceptualizations and operationalizations that, on many occasions, has led to imprecise uses of it.

In a recent review on the subject, and with the purpose of avoiding the conceptual complexity of access, it was suggested that the concept be reviewed from different logics that secondarily derive from various conceptual models (Arrivillaga & Borrero, 2016). In this sense, in general, it can be said that there are at least five theoretical–conceptual logics which can be utilized to address access to healthcare: 1) decent minimums, 2) market method, 3) multi-causality, 4) needs, and 5) justice and the law.

From the perspective of the decent minimum logic, access in this way is understood as the ability to ensure a set of specific services and with a specific level of quality. In terms of the market method, access is considered to be the adjustment between the client and the health system or as the continuum between the availability of resources and the capacity to produce services. For the multi-causality logic, access is understood as a multi-causal process that continues until the use of health services is reached. The needs logic proposes that the need for services encompasses a whole series of questions in relation to individual choice and the inherent state of health, so the analysis of access must be derived from the operational concept of need. Finally, in terms of the justice and the right to health perspective, this is the assumption that people who recognize health as a right and an interest of the community will consequently be able to ensure there are the appropriate social conditions in place to access healthcare (Arrivillaga & Borrero, 2016).

In 2013, a model was published that explains access to health services based on the logic of multi-causality (Levesque et al., 2013). The relevance of this new access model lies in the fact that it is based on an integral perspective since it considers that access is the result of the integration of five dimensions of accessibility that belong to the characteristics of the health system (approachability, acceptability, adaptation, affordability, and care) and five dimensions of individual skills, which are the characteristics of people who request healthcare (perception, search, reach, ability to pay, and engagement) (Levesque et al., 2013). These dimensions are located in five stages that are intertwined and make up the process of access to health services.

The first dimension of individual skills, which belongs to the perception of the necessities and desire for attention, is related to the capacity of people to recognize their need to seek attention, and the degree to which it is known that the required service exists (knowledge of options). The second dimension is centered on the autonomy and capacity of people to seek services when they need them, and that these services are ideal to provide medical care according to social and cultural laws. The third dimension focuses in on what the users do to access the service when they require it, their mobility capacity, and their

transportation availability. The fourth dimension includes the cost that people endure to access healthcare services and their capability of affording it. The last dimension considers the participation of the individual and the degree to which they are involved in the care provided (decision-making process), which is linked to the degree of one's motivation and responsibility for their own health-related actions (Levesque et al., 2013).

Most of the studies which have included transgender persons have focused on public health services, so understanding the factors that affect this population during the process of access to private health services is essential for the generation or modification of public policies that respond to the needs of this population. It is expected that in private health services, care is timely and of a high quality, where there is no stigma, discrimination, or any other barrier which will be faced in the process of obtaining care from these types of services.

The purpose of this article is to analyze the experiences of transgender persons, that have been healthcare service users, to understand the process of accessing private healthcare services in the city of Monterrey, Nuevo León, Mexico.

2. Materials and Methods

This chapter is part of a qualitative project entitled: analysis of access to health services for transgender people in the state of Nuevo León, which has been approved by the Ethics Committee of the National Institute of Public Health of Mexico (CI: 1167). This project encompasses the experiences of transgender persons in accessing private health services and the experiences of private medical personnel caring for transgender persons. The focus of this article is the experiences of transgender persons.

The methodology we followed, based on the three dimensions proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Garg, 2016), is described below: research team and reflexivity; study design and analysis; and findings.

2.1 Research and Reflexivity Team

This methodology was proposed to deepen the experiences of transgender people in access to private health services to understand what the barriers or facilitators are to achieving effective access. Likewise, in the search of the literature, it was found that although there are few studies related to the subject, the majority of those that are were carried out in public services, so it important to gather an idea of the experiences of transgender persons using private health services.

The authors are part of a multidisciplinary group. The person responsible for the interviews was a nurse, and the authors who supported the analysis of the information were made up of a social psychologist, a doctor, and a nurse. Everybody involved has experience of conducting semi-structured interviews in both qualitative and quantitative studies. The team members have doctorate degrees related to health, including in the fields of social psychology, health systems, and nursing.

The team consisted of 2 women and 2 men, between the ages of 30 and 50 years. All have experience in public health and are specialized in vulnerable populations, including youth, indigenous peoples, and LGBTIQ+ people. The first contact between the interviewer and the participants occurred on the day of the interview. An ethical position was always maintained towards the interviewees throughout the entire research process.

2.2 Study Design

We decided to carry out a qualitative hermeneutic phenomenological study to identify the experiences lived regarding access to private health services from the perspective of transgender people. We proposed to integrate a holistic vision of the experience lived by transgender persons in this process and reflect on the implications, explaining the nature of access to health services (Saunders et al., 2018).

A semi-structured interview guide which was prepared by the experts was used as an instrument for obtaining information; it was made up of four large categories based on the Levesque model (Levesque et al., 2013). Our purpose was to understand the experiences that transgender persons have in the process of accessing private healthcare services.

The selection of the informants was intentional and was performed by using criteria until a theoretical saturation of the data was achieved (Flores & Medrano, 2019) based on the identification of a profile of interest: adult transgender men and women that had any experience in searching for healthcare services. Contact with the potential participants was not an easy task; several mechanisms were tried, and many were unsuccessful (contacting organizations that offer support to the LGBTIQ+ society, transgender sexual workers). Finally, the first transgender participant was identified through a social civil organization unrelated to LGBTIQ+ services. From there, the snowball technique was used to identify other possible participants; in total, eight participants were included.

The interviews were conducted in private and online because they were conducted during the pandemic confinement period due to COVID-19 (January–April 2022). They were conducted using Zoom, individually, by the main investigator at the day/time set

by the participants, who took part in the interviews from their homes. In all cases, before the interview, the person's consent was requested. We explained the main objective of this investigation to each participant, any doubts they had were reassured, and their written consent was sent in electronic format a day before the interview. To provide consent, the participant printed the consent form, signed it, scanned or took a picture of it, and resent it to the investigator electronically. In all cases, authorization to record the interview was requested. Each interview lasted approximately 60 minutes. During the course of each of these, notes were taken in a field diary in free format.

2.3 Data analysis

All the interviews were transcribed for analysis purposes, assuming ethical principles of confidentiality, and imported into the Atlas-ti v.8 program for coding. From multiple readings of the interviews, individual notes were taken, and relevant quotes were selected for coding. A qualitative analysis of the thematic content (Saunders et al., 2018) was carried out as a method to interpret the informant's speech using the definitions, with the help of the investigation team, of the analytic categories derived from Levesque's model. This process of transcription, organization, and first analysis was carried out by the main investigator and was later discussed with the co-investigators.

Table 1. Analytic categories.

Category	Definition
Perception	The informers' perceptions about health and sickness, as also the way they identify a health necessity that requires the attention of a service.
Search	Experiences with the search for health services. What the main doubts they had about their transition (gender) were and what they did to solve them.
Reach	Experiences of health services, and also the amount of time they had to wait to receive the attention.
Payment capacity	The forms of payment or health insurance for healthcare attention.
Attention	Their perceptions regarding the treatment received by the health professionals when informed that the patients were TG persons.

Source: self-made elaboration from the interviews.

3. Results

A total of eight informants participated, of which their characteristics are detailed in Table 2; evidently, regarding gender identity, the majority were transgender women.

Regarding their level of scholarship, degree-level education was the most common, followed by high school. The age of the participants varied between 18 and 48 years.

Table 2. Sociodemographic characteristics.

Gender	Age	Scholarship	Occupation
Transgender woman	18 years old	High school	Student
Transgender man	26 years old	Degree	Photographer
Transgender woman	48 years old	High school	Saleswoman
Transgender woman	30 years old	Junior high school	Local store attendant
Transgender woman	28 years old	Elementary school	Sex worker
Transgender man	27 years old	Degree	Office worker
Transgender woman	33 years old	Junior high school	Stylist
Transgender man	32 years old	Degree	Veterinarian

Source: elf-made elaboration from the interviews.

3.1 Perceptions about health necessities

The transgender persons defined health as a good physical and mental state. There was an emphasis on mental health since this is one of the most valued area of health when transgender people request any specific healthcare attention, especially in regard to hormonal treatment and sex reassignment surgery, to verify that the person has completely decided to commence the transition process. The following testimonies outline the participants' perceptions of health:

> "Having a good physical and mental state, lack of any anomaly or sickness (...) being in optimal conditions, physically and mentally..." (Transgender man, 26 years old).
>
> "Addresses in all examples, physical and mental health (…). [Health is] being ok socially and emotionally…" (Transgender woman, 18 years old).

The need for attention was identified when the symptoms of any illness, such as a headache, are persistent for days and cannot be treated with home remedies or with over-the-counter drugs. In addition, this need for medical attention presents when they cannot go about their daily lives:

"When it prevents me to do my daily life, at my own pace, like say... whey I have a fever or a very severe pain, I have something that hinders me and requires a doctor's attention, it is not something to dwell upon, I need to get checked." (Transgender woman, 48 years old).

3.2 Seeking attention

The transgender persons stated that there are no specific health services available which meet their necessities; however, they did mention that some health services that make them feel secure exist, where they go to obtain HIV and STD quick detection tests:

"A health center exists where we go to get our HIV tests done and they give us some treatments. But even so, we cannot find a service that can attend our necessities, we do not only have HIV, we have other necessities like hormonal treatment which is something very important for us" (Transgender woman, 30 years old).

When transgender persons have doubts about the treatments prescribed by a doctor, there are two possible actions. The first one is to ask the health professional directly which, in return, can either clarify all doubts, or sometimes the professional can provide a confusing explanation or just not offer any explanation at all. The second action is to ask directly other transgender persons because there is an increased level of trust between them:

"I have asked on two separate occasions [to the doctor], but believe me, the answer is [not clear], that you decide to remain silent and don't ask anymore" (Transgender woman, 48 years old).

"Yes, [I have asked the doctor] all [my doubts] and the doctor clarified them, mainly because I have problems taking NSAIDs, like paracetamol, naproxen, he told me -if you really feel very bad, take them and also take a preventive omeprazole-" (Transgender man, 32 years old).

"Some things I have asked my trans friends (…) even though I know I should ask a doctor, sometimes there's more trust between us" (Transgender woman, 28 years old).

Doubts regarding their transition are something that worries transgender persons; to gain clarity, they seek information from other transgender people who have already gone through this experience, although, when it comes to medical treatment, they prefer to see a specialist.

> "(…) In the beginning I have lots of worries, lots of doubts regarding what would happen to my body, but little by little I discovered them with other trans friends (…), regarding the medical side, I don't go to the IMSS, I go with a private doctor" (Transgender man, 26 years old).

3.3 Health services reach

The transgender persons mentioned that to be more accessible, healthcare services should be nearer to their homes, and they should be more attended to when requesting attention. This is because, in some cases, they have to search for another service to attend to due to the health necessities they faced when they requested the care.

> "I took a bus that took me to a health center near my house, but one time I had to go to another center since the one near my home was not able to take me in, which is more expenses for me and I really don't have too much money and also I had to pay for the consultation" (Transgender woman, 30 years old).

In the previous testimony, the person also expressed worries about the economic conditions that arise as barriers to receiving medical services. The next section of this paper will consider this in more detail.

Regarding wait times, several transgender persons indicated that to receive an appointment, there is a long wait; nevertheless, they consider that their gender identity does not influence this situation and that this is a general issue for all people. The following was expressed regarding the situation:

> "For example, you go and tell the receptionist–can I get a turn to see the doctor please?, and they tell you–no, you have to come in here after 8 days–or the turn they give you is after a month or two" (Transgender man, 48 years old).

3.4 Payment capacity

The majority of transgender persons are affiliated with the Mexican Social Security Institute (IMSS) (public healthcare services for persons affiliated with social security addressed to salaried workers), but they prefer to receive care in private offices because they simply do not wish to receive medical attention from those services; they only attend them for sick leave:

> "Yes, I have IMSS, but I don't go the regular, I just go for sick leave or such, I rather go to pharmacies that have consulting rooms to check myself. Waiting times in IMSS are long, you go to your appointment on time and they don't attend you at the indicated time, and then you have issues at work" (Transgender man, 32 years old).
>
> "[I have] IMSS, but I never use it, I don't like to go there… one time I got an appointment and they gave it to me until 2 months later and well... one cannot wait that much time" (Transgender woman, 28 years old).

In addition, they mentioned that the expenses for hormonal treatments are not high, but due to personal reasons (sickness of two family members), a transgender person was not able to continue with the treatment and on one occasion had to move to another health service to receive medical attention, which resulted in extra expenses. When they requested hormonal treatment at IMSS, in the beginning it was denied since they are not normally granted to affiliated persons, but with the help of a society, after several months of procedures, it was granted by these services:

> "I paid for my hormonal treatment until due to the job I have and things needed at home (Mother fell sick with COVID-19 and Father showed acute myocardial infarction), I was not able to pay for the hormones anymore. That's how I requested this treatment from IMSS, even though they didn't want to, I sought information myself and told me that IMSS had to grant it to me, so I complained, a society also helped me in this process until they gave it to me" (Transgender woman, 30 years old).
>
> "One time I had to go to other [healthcare service] because they couldn't attend me there, which is more expenses for me and I really don't have much money and I al-so had to pay for my consultation" (Transgender woman, 30 years)

3.5 Health attention

The participants shared some experiences regarding gender discrimination when seeking medical attention. The participants mentioned having felt that they received a different treatment than the one provided to other people; they described it as "distant" from the healthcare professionals. They perceived that the health professionals changed their attitude and behavior when they noticed their transgender identity, creating a feeling of discomfort:

> "I believe so when he [the treating doctor] knew the truth that I was transgender … because I told him the truth, he changed his attitude." (Transgender woman, 48 years old).

Some informants mentioned that in their official IDs, they have a name according to their new identity, and they recognized this element as a factor that helps them to not feel discriminated against when being attended to by a medical team because they do not need to explicitly mention that they are transgender. Although they have a clear understand of when that would be necessary, such as in the case of a serious illness, for example, when they do not have any problem with mentioning that they are transgender:

> "I have never had problems introducing myself to the doctors, I believe it helps a lot having your paperwork with your name and sex which you identify yourself with." (Transgender man, 26 years old).

Another important fact which was mentioned is that the transgender persons perceived a sense of dread/fear when being attended by the medical team when they informed them of their transgender condition, which, according to that which was expressed by the participants, can be because of the answer from the health professionals regarding the unknown and what is commonly established:

> "…I arrive, the first thing is they get scared… -what do you want? -I came to get an examination-, but I do not need the doctor's fear, because I am the person that has doubts and the doctor should solve them for me." (Transgender woman, 38 years old).

The informants mentioned that people normally think that every transgender person carries or might have HIV, and this stigmatization generates feelings of prejudgment towards transgender persons. Equally, some participants considered that the relationship between being transgender and HIV is direct, stating that their sex life is different from the rest of the population, which increases the risk of infection in this population:

> "We have always had the stigmas, that transgender people have that [having HIV], this re-ally generates criticism. They try to prevent it in a bad way, and not as knowledge and education, they tell other people -you are this [transgender] and you will have HIV-." (Transgender woman, 25 years old).

Transgender men mentioned that they do not have the necessity of hiding their gender identity since their trans masculinity protects them from possible acts of violence and/or discrimination towards them, consequences that, according to their judgment, are experienced in everyday life by transgender women:

> "Sometimes I think that we do not face this [the discrimination], because we have the ability to blend with a biological man, in the case of the transgender women it is more com-plicated due to the voice or traits, and some other factors" (Transgender man, 26 years old).

The participants stated that the health professionals they have experience with lacked knowledge about transgender identities and were unaware of their medical needs. They recognized that medics have limited information about the correct use of gender pronouns. It was important for the participants that their doctors understood how meaningful their transgender identity was for their wellbeing and they mentioned that they would do everything they could to live fully with that identity, and that society should recognize the gender they identify with.

> "We are now in a position in which, if we die, for example, on that table, we will die as a woman and we are ok with that. Because we prefer to die on that table as a woman than live as a man. That is how important is for us… Doctors need to under-stand... it is within our survival, our well-being, our everything. Without it [identity], we are just shadows." (Transgender woman, 30 years).

The participants referred to the ignorance which exists regarding transgender people's health–illness processes and that this is widespread. They pointed out that besides not finding health professionals with the correct level of knowledge, they also noted a lack of disposition from these professionals to learn about these processes:

> "The doctors lack knowledge about transgender people topics and the ones that do know are very few, I wish more people were willing to learn... to be able to state correct comments." (Transgender woman, 30 years old).

4. Discussion

This article has identified the experiences of transgender persons in the process of obtaining access to health services, by using the Levesque model (Levesque et al., 2013), regarding the dimensions of individual skills.

According to the published literature, mental health is one of the main problems and care needs of transgender people. However, in this study, the participants stated that it is not a relevant problem that affects them, but it is an aspect to consider for a safe gender transition.

Regarding the perception of the necessity of receiving health attention, it has been reported in other studies (Garcia & Richard, 2020; Hafeez et al., 2017; Kano et al., 2016) that this arises the moment that the illness complicates and the self-care measures, including the use of over-the-counter drugs, are not enough to mitigate the problem anymore. Hence, they reach out to health professionals to receive a diagnosis and commence a medical treatment; this is similar to what was expressed by the participants. Although this situation is not exclusive to transgender people, the indiscriminate use of certain hormones, such as estrogen, can increase the risk of heart problems, mellitus diabetes, strokes, and infertility.

In the search for medical attention, the transgender persons found that the majority of clinics specialized in providing medical attention to this population and dedicated themselves to HIV/AIDS attention and prevention. However, as they recognize, not all transgender persons live with this illness, thus they have other health necessities that are not attended to, which was identified as prejudice and, at the same time, results in them feeling excluded. The previous statement matches with other published studies (Baral et al., 2013; Brandelli et al., 2018; Logie et al., 2012; Pérez et al., 2018; Poteat et al., 2016) which show that they do not have specific health services to complete their transition in a safe way, which results in a lot of transgender people resorting to self-medication (the use of hormones or industrial-use substances, non-medical, for aesthetic purposes) and, in extreme cases, self-mutilation as a last resort to modifying their body. Therefore, not having access to services that attend to specific necessities for transgender persons makes them seek the use of less orthodox methods, which increases the risk of damaging their physical and physiological integrity.

When the medical treatment they are receiving generates doubts, it was observed that younger people obtain positive answers from medical personnel in comparison to older people, who refrain from asking. This has been reported in other studies (Hyemin et al., 2018; Kano et al., 2016; Unger, 2015) in which it was observed that older people avoid asking questions to the medical team in fear of being misunderstood; meanwhile, younger generations express their doubts more openly in order to obtain specialist knowledge of the best treatment. Recent generational changes have managed to win some prejudices and social practices in which only the doctor decides the treatment and it must not be questioned. With the advancement of technology and the information available on the internet, younger people have acquired the information and tools required to question healthcare personnel when something is not clear.

When transgender persons start their transition process, they often turn to more experimented transgender persons to clarify any doubts, such as in terms of physical or emotional changes that can present while taking hormones. In hormonal treatments or

sex reassignment surgery, they recognize that they must go to a specialist since these are specific procedures that require more professional handling, as has been pointed out in other studies (Boonyapisomparn et al., 2023; Gonzales & Henning, 2017; Hafeez et al., 2017; Hughto et al., 2017; Kano et al., 2016).

In regard to the reach logic, one of the limitations identified in medical attention is that health services are not fully enabled to attend to the necessities and/or demands of the population, which entails seeking optional services to satisfy their necessities, which means increased economic and time expenses.

Transgender persons that have some social security scheme prefer to receive attention in consulting rooms adjacent to drug stores since they are able to receive medical attention quicker. This preference has been reported in other studies involving the general population (Ensanut, 2022; Fajardo et al., 2015). In Mexico, it has been observed that it is not enough to comply with financing to cover the attention necessities of the population; human resources not being available, mistreatment from health professionals, and long wait times are some of the barriers that population faces in public healthcare services (Ensanut, 2022; Fajardo et al., 2015).

According to the National Health and Nutrition Survey, 2022 (Ensanut, 2022), 43% of people reported a health necessity within the 2 previous weeks to this survey, attended private services, and 18% of these were in consulting rooms adjacent to drug stores. Additionally, 45% of people were affiliated with IMSS, 55% of people were affiliated with the Institute for Social Security and Services for State Workers (ISSSTE), and 71% were associated with the non-beneficiary of social security, who had a health necessity and attended private medical services. In this way, there is a recent general trend in Mexico's healthcare system due to the preponderant use of private services due to the detriment of the public ones due to the barriers that the Mexican population faces when reaching out to these healthcare services (Vera & Trujillo, 2018).

Although the service of consulting rooms adjacent to drug stores are low priced, the economic aspect does not seem to be an obstacle for this population when they opt for private healthcare services; they instead avoid using public healthcare services due to the poor quality of them, as has been documented within the literature (Gonzales & Henning, 2017; Hafeez et al., 2017; Kano et al., 2016; Mac Carthy et al., 2015; Su et al., 2016; Zapata et al., 2019), and they only attend public services when requiring administrative transactions.

Since 2018, there has been a protocol to obtain access to health services without discrimination towards medical services for LGBTIQ+ people (Secretaria de salud, 2018), in which human rights are emphasized and there are guidelines towards providing

medical attention to this population group. Nevertheless, in practice, these aspects are not perceived by transgender persons since access is limited due to various factors, such as discrimination, shown in the rejection perceived by the transgender population by healthcare personnel, which influences the quality of the treatment (Garcia & Richard, 2020; Hafeez et al., 2017; Wilson et al., 2016).

Although the said protocol (Secretaria de salud, 2018) was established so that transgender people can receive hormonal treatment and a medical follow-up by public health institutions, it is a fact that this is not constituted in reality. The complaints and demands are important mechanisms to make changes; these actions allow for a visualization of transgender persons and generate forms of pressure, so the institutions comply with the protocols for attention, established at the national level. However, the ignorance of these documents, which constitute legal backups, limits the enforceability of this right.

A new finding of this study was that when a name and gender identity match in the a person's national identity document (INE), this favors a better treatment for transgender persons since healthcare professionals do not identify a gender incongruity (Boivin, 2014). As can be seen, when gender binarism prevails, religion (Catholicism) plays an important role in this belief in the city the study focused on as this is one of the cities with a major proportion of Catholics in Mexico (Inegi, 2020). The most generalized vision in religious people recognizes the existence of two genders, men and women (recognized in the Bible, established by the study of Adam and Eve), a vision that derives from biological sex. This binary vision has prevailed for years and has become, to a certain degree, hegemonic; however, some other diverse identities and gender preferences exist that are still not recognized by all of society, hence there is a need to generate awareness programs which focus on the LGBTIQ+ community not only in the health sector but also in all of the population in general.

The transgender persons identified that they observe fear on the part of healthcare professionals when presenting themselves as transgender; this has been reported in several countries. Transgender people cancel or delay medical appointments to avoid discrimination that they often suffer in consultations because they feel that the professional cannot understand their identity or their health needs. This indicates the importance of knowledge on transgender issues not only in health but also on unknown issues around this population, since ignorance regarding these issues results in fear of not knowing how to care for transgender people.

In addition, the transgender women in this study received a different treatment in comparison to transgender men, which shows that a sexist practice is still being reproduced

towards women (under this binary look). The fact that a person identifies as a woman, being cisgender or transgender, is reason enough to be an object of discrimination and violence. This correlates with the reported literature in various countries (Usman et al., 2018; Wilson et al., 2016; Zapata et al., 2019). In Mexico, it is common to observe a patriarchal system as a form of authority in which the behavior of men and women exalt masculinity. The attitudes and activities that men possess are praised and instilled since birth, including sexual and aggressive expressions, meaning it can be said that minimizing or underestimating women is culturally, at least unconsciously, accepted.

The transgender population points out that the ignorance of the specific health necessities of transgender people by health professionals means that their necessities are viewed as aesthetic demands and not as a condition which contributes to their physical and emotional health (Arrivillaga & Borrero, 2016; Kano et al., 2016; Logie et al., 2012; Pérez et al., 2018). It is appreciated that it is not only health services which are not prepared to provide care for the specific health necessities of transgender people, but rather there is no interest for this to change since, according to the participants, health professionals are not prepared to change, there are no programs that inform professionals of the needs of transgender persons, and also there is no predisposition by the professionals to acquire new knowledge (Harley & Teaster, 2016; Riddle & Safer, 2022; Stutterheim et al., 2021).

This without a doubt shows the necessity of establishing new public policies that recognize, not only by speech but also by practice, the existence of all sexual diversities and the existence of specific populations such as transgender persons. With this recognition, new public policies can be formulated that contemplate the gradual and permanent formation of healthcare personnel on the medical attention needs of the transgender population, recognizing that they are bound to their rights, and the role of the state is to guarantee the exercise of these rights.

One of the strengths of this study is understanding the experiences of care in private health services lived by transgender people, since the study of these services in the literature is scarce. Likewise, we included both men and transgender women, since most of the existing studies focus on transgender women. As for limitations, the present study had a small study population, with the transgender population being one with little visibility. The recruitment of transgender persons was also complicated by the COVID-19 pandemic.

5. Conclusion

It is crucial to understand the process of access to health services for transgender people to identify and address the disparities they face in health care. This group faces multiple barriers, from discrimination and lack of knowledge on the part of health

providers, to the absence of inclusive policies and specific services that address their needs. Understanding and improving their access to health services is not only a matter of equity and human rights, but also contributes to improving health outcomes for transgender people, reducing rates of untreated diseases, and promoting holistic well-being. Research in this area is essential to develop effective strategies, raise awareness among health professionals, and formulate inclusive policies that ensure equitable and respectful access to health care for all people.

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Acceso a los servicios de salud para personas transgénero en una ciudad del norte de México
Acesso a serviços de saúde para pessoas transgênero em uma cidade no norte do México

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Resumen

Ciertos grupos experimentan mayores barreras para acceder a servicios de salud; como los grupos con identidades de género diversas que están expuestos a diferentes formas de discriminación y maltrato en el sistema de salud. El propósito de este capítulo es analizar las experiencias de personas transgénero para comprender el proceso de acceso a los servicios de salud en el norte de México. Un estudio cualitativo desde una perspectiva fenomenológica hermenéutica basado en entrevistas semiestructuradas a ocho personas transgénero. Se informó que cuando el nombre y la identidad coinciden en un documento de identificación oficial, esto promueve un mejor trato a las personas transgénero ya que los profesionales de la salud no identifican una incongruencia de

género. En conclusión, es necesario implementar políticas de salud para las personas transgénero, no solo para atender sus necesidades específicas de salud, sino también para promover concientización y acciones que permitan a esta población obtener acceso efectivo a servicios de salud donde reciban el tratamiento que merecen.
Palabras clave: Servicios de salud; Minorías de genero; Médico

Resumo

Certos grupos enfrentam maiores barreiras no acesso aos serviços de saúde, como os grupos com identidades de gênero diversas que estão expostos a diferentes formas de discriminação e maus-tratos no sistema de saúde. O objetivo deste capítulo é analisar as experiências de pessoas transgênero para entender o processo de acesso aos serviços de saúde no norte do México. Um estudo qualitativo de perspectiva fenomenológica hermenêutica baseado em entrevistas semiestruturadas com oito pessoas transgênero. Foi relatado que quando o nome e a identidade coincidem em um documento de identificação oficial, isso promove um melhor tratamento das pessoas transgênero, pois os profissionais de saúde não identificam a incongruência de gênero. Concluindo, é necessário implementar políticas de saúde para pessoas transgênero, não apenas para atender às suas necessidades específicas de saúde, mas também para promover a conscientização e ações que permitam a essa população obter acesso efetivo aos serviços de saúde, onde recebam o tratamento que merecem.
Palavras-chave: Serviços de saúde; Minorias de gênero; Médico.