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## **TRANSEXUAL “WOMANHOOD” AND THE EMERGENCE OF TRANSFEMINISM: RHETORICS OF HIV/AIDS IN THE LIGHT OF THE QUEER THEORY**

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### **ABSTRACT**

**Objective:** to analyze the female transsexual identity and the emergence of transfeminism through the context of vulnerability to HIV / AIDS in light of the Queer Theory.

**Method:** a qualitative, descriptive, exploratory study based on the Queer Theory, carried out in a reference hospital for HIV/AIDS in the State of Pernambuco (Brazil), developed with six young transsexual women. The interviews were analyzed in the IRaMuTeQ software via the similarity analysis method.

**Results:** the relation of male domination through the subordination of the transsexual woman, which originates in the binary, sexist and male chauvinistic heteronormative model, is emphasized. The context of vulnerability to HIV / AIDS is evidenced as a naturalized phenomenon of violence to the young “queer” woman, especially with precarious living conditions, history of family rejection, sexual violence and informal prostitution work. Lack of support from the social network and the imminent risk of transphobic violence result in damage to their physical and mental integrity. The following categories were observed: Emergence of transfeminism through symbolic violence and female transsexual identity and the context of vulnerability.

**Conclusion:** the social impacts of the minimal state policy, social class cohesion (binarism, sexism, racism and male chauvinism), unequal social capital and culture of abjection of transsexual women reflect the context of the HIV / AIDS epidemic and inequalities that result in individual, contextual and programmatic vulnerability and in factors which limit the attainment of a healthy life.

**DESCRIPTORS:** HIV infections. Transgender person. Adaptation, psychological. Public health; Nursing.

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# “MULHERIDADE” TRANSEXUAL E A EMERGÊNCIA PELO TRANSFEMINISMO: RETÓRICA DO HIV/AIDS À LUZ DA TEORIA QUEER

## RESUMO

**Objetivo:** analisar a identidade transexual feminina e a emergência pelo transfeminismo mediante o contexto de vulnerabilidade ao HIV/aids à luz da Teoria Queer.

**Método:** estudo qualitativo, descritivo, exploratório, fundamentado na Teoria Queer, realizado em um Hospital de referência para HIV/aids do estado de Pernambuco, desenvolvido com seis mulheres transexuais jovens. As entrevistas realizadas foram analisadas no *software* IRaMuTeQ pelo método da análise de similitude.

**Resultados:** ressalta-se a relação de dominação masculina mediante a subordinação da mulher transexual, que tem origem no modelo heteronormativo binário, sexista e machista. Evidencia-se o contexto de vulnerabilidade ao HIV/aids como um fenômeno naturalizado de violência à mulher “queer” jovem, sobretudo com condições precárias de vida, histórico de rejeição familiar, violência sexual e trabalho informal na prostituição. A falta de suporte da rede social e o risco iminente à violência transfóbica resultam em danos à sua integridade física e psíquica. Observou-se as seguintes categorias: Emergência por Transfeminismo mediante a violência simbólica e Identidade transexual feminina e o contexto de vulnerabilidade.

**Conclusão:** os impactos sociais da política de estado mínimo, coesão das classes sociais (binarismo, sexismo, racismo e machismo), capital social desigual e cultura de abjeção à mulher transexual, reflete o contexto de acometimento pela epidemia do HIV/aids e desigualdades que resultam na vulnerabilidade individual, contextual e programática e nos fatores limitantes para o alcance da vida saudável.

**DESCRITORES:** Infecções por HIV. Pessoas transgênero. Adaptação psicológica. Saúde pública; Enfermagem.

# LA “CONDICIÓN DE MUJER” TRANSEXUAL Y LA EMERGENCIA POR EL TRANSFEMINISMO: RETÓRICA DEL HIV/SIDA A LA LUZ DE LA TEORÍA QUEER

## RESUMEN

**Objetivo:** analizar la identidad transexual femenina y la emergencia por el transfeminismo mediante el contexto de vulnerabilidad al HIV/SIDA a la luz de la Teoría Queer.

**Métodos:** estudio cualitativo, descriptivo, exploratorio, fundamentado en la Teoría Queer, realizado en un hospital de referencia para el HIV/SIDA del estado de Pernambuco (Brasil), desarrollado con seis mujeres transexuales jóvenes. Las entrevistas realizadas se analizaron en el *software* IRaMuTeQ a través del método de análisis de similitud.

**Resultados:** se destaca la relación de dominación masculina mediante la subordinación de la mujer transexual, que tiene su origen en el modelo de heteronormatividad binaria, sexista y machista. Se evidencia un contexto de vulnerabilidad hacia el HIV/SIDA como un fenómeno naturalizado de violencia a la mujer “queer” joven, principalmente en condiciones precarias de vida, con un historial de rechazo familiar, violencia sexual y trabajo informal en la prostitución. La falta de soporte de la red social y el riesgo inminente a la violencia transfóbica resultan en daños a su integridad física y psíquica. Se pudieron observar las siguientes categorías: Emergencia por transfeminismo mediante la violencia simbólica, e Identidad transexual femenina y el contexto de vulnerabilidad.

**Conclusión:** los impactos sociales de la política de estado mínimo, la cohesión de las clases sociales (binarismo, sexismo, racismo y machismo), el capital social desigual y la cultura de abyección a la mujer transexual, refleja el contexto de acometimiento por la epidemia del HIV/SIDA y las desigualdades que derivan en la vulnerabilidad individual, contextual y programática y en los factores limitantes para el alcance de una vida saludable.

**DESCRIPTORES:** Infecciones por HIV. Personas transgenero. Adaptación psicológica. Salud pública. Enfermería.

## INTRODUCTION

The Acquired Immunodeficiency Syndrome (AIDS), is a disease that arose in 1980 in the United States of America (USA) and in 1982 in Brazil, as a dreaded disease considered lethal, and which over time stigmatized the Lesbian, Bisexual and Transgender (LGBT) population, due to the significant number of cases in such populations.<sup>1</sup>

It can be seen that the representation of AIDS is associated with different ways of dealing with the chronicity of the disease. It is noted that the syndrome for some people is still centered on social taboos, fear and finitude of life, anchored, for example, in the images of contemporary idols like Cazuza. However, it is clear that with Antiretroviral (ARV) advances, disease control is more present and the stereotype of those living with the human immunodeficiency virus (HIV)/AIDS has been changing. In the midst of real suffering, a new vision of the world emerges from the knowledge about the disease, thus, empowerment is highlighted as the main mechanism for self-care, acceptance, adherence to ARVs and quality of life.<sup>2-3</sup>

The social construction of AIDS is shown to certain social groups divergent from heteronormativity and associated with lifestyles considered as deviant, the bodies and expressions of “queer” people.<sup>4</sup> The abjection of social beings, considered outside of normative standards, thus, the term “queer being and thinking” originated. Queer means: strange, provocative, exotic, uncomfortable and fascinating, this term includes transsexual women as “subject to deviant sexuality.”<sup>5</sup>

It is noteworthy that the “queer” perspective emerged in the USA in the 1980s as a critique of biopolitics associated with the idea of risk groups in relation to HIV transmissibility, as well as resistance to gay and lesbian movements of this period linked to the ideal, desirable and heteronormative gay body, for the comprehensive view of the processes of subalternities of the “queer” bodies and criticism of the classic, stereotyped, intellectual, middle-class, and elitist feminism to promote the third feminist wave that contemplates the comprehensive and discursive “womanhood” under the prism of sexual diversity, race, ethnicity, social classes and gender identity.<sup>6</sup>

The criticality of “being woman”, from the point of view of transfemininity, is associated with the form of “womanhood”, which began with Judith Butler’s questioning: “who is the subject of feminism?” And “It is possible to think of ‘woman’ in a categorical and universal way?” These questions critically reflect the insufficiency, generalization and universalization of the category “woman”, since the conditions for femininity are insufficient through the expressions and flexibility of the femininity of “women”, we must think of “womanhood” and the deconstruction of the female ideal related to the biological body. Gender identity may differ (transgender) or not (cisgendered) with the gender that has been attributed to it since its birth, however, oppression from a sexist origin composes the perspective of “womanhood”, for feminism in confronting violence.<sup>6-7</sup>

Radical feminism does not legitimize transsexual women as women, the polysemy of the word “woman” is segregated. It is important to critically analyze “feeling woman” and self-identification as a more accessible form of language used to explain what “I am a woman” is in reality, i.e., those who have become women for themselves and society as a result of confrontation with social impositions by trying to mold the subjects considering the genitals that they were born with.<sup>7</sup>

The norms created by society to maintain the differences between the sexes end up generating a multitude of implications, among which violence and the vulnerabilities experienced by the transsexual women are highlighted, they reflect in the health-illness process of the individuals and influence their quality of life and health.<sup>8</sup>

Health professionals must be able to understand these individuals and identify their specific needs without creating barriers. Thus, it is important that nurses know the reality experienced by transsexual women in order to develop approaches in the care process that reflect the awareness and sensitivity in what concerns health actions that protect this population.<sup>9</sup>

In the appropriation of the feminine attributes by subjects without a uterus one perceives the structuring force of gender that operates comprehensively in human diversity. The emergence of feminism emerges as collective accountability in combating the hegemony of feminism in an essentially exclusive view of biological women.

The present article presents guidelines of gender relations from a transfeminist perspective, in order to provide visibility of the movements of transsexual women in the fight for human rights. This study seeks to answer the following guiding question: how is female transsexual identity and the emergence by transfeminism expressed through the context of HIV/AIDS vulnerability? Aiming to: analyze the female transsexual identity and the emergence of transfeminism through the context of HIV / AIDS vulnerability in the light of the Queer Theory.

## METHOD

A qualitative, descriptive, exploratory study, based on The Queer Theory. This theory proposes the criticality of social norms, based on reflections not anchored to preexisting models and concepts, but on the construction that precedes the experience of learning about the disciplinary problem of bodies.<sup>11</sup>

The study was carried out with young six transsexual women, between 15 and 24 years of age.<sup>12</sup> As a result of the research design, young adults above 18 years of age were included. The study was carried out at a reference hospital for people with HIV/AIDS, located in the Metropolitan Region of Recife, Pernambuco state, Brazil.

Participants were recruited by means convenience sampling, using the following inclusion criteria: transsexuals, who identified as female, non-transitioned, heterosexual, seropositive or receiving treatment for AIDS, and with casual partners, approximation to the subjects research was achieved with the assistance of the multiprofessional health team. People with the above mentioned characteristics with a hearing impairment were excluded, as the researcher was not proficient in Brazilian sign language.

The research was developed between April and June 2017, the institution was contacted prior to the study in order to obtain consent and assistance from the multiprofessional team. The team was previously oriented about the purpose of the research, the proposed objective and the steps for data collection. The health professionals assisted in the recruitment of transsexual women, according to their availability, without negatively influencing the routine of the service.

The data were collected from the individual interviews with six transsexual women invited to join the study in the waiting room of the Hospital. Participants who met the eligibility criteria were gradually included, data saturation was used as a criterion to cease data collection, this occurred with the scope of deepening, comprehensiveness and diversity of the problem in order to understand conceptions, ideas central, attributed to the phenomenon elucidated in the light of the chosen theory.

Individual, semi-structured interviews were conducted in a room reserved by the institution for the purpose of conducting the study. The interview script consisted of three guiding questions about life history and the social context based on vulnerability to HIV / AIDS. The interviews lasted, on average, 1 hour and 10 minutes, the dialogues were recorded and transcribed in full for analysis.

The data were analyzed using the lexical analysis technique, with the aid of the Interface Software of Analytical Multidimensionnelles of Texteset et de Questionnaires (IRaMuTeQ). This software has been increasingly used in qualitative research, as it facilitates methodological rigor and allows the performance of several types of analysis, based on statistical techniques and is considered an important tool to assist in the interpretation of empirical data. The textual analysis of the data was obtained using the Similitude Analysis method, which is based on the graph theory that allows the identification of the co-occurrences between the words in the representation structure, thus, the tree of similarity originated by the hierarchy of the connections between the terms and their adjacencies.<sup>14</sup>

The ethical procedures established by Resolution No. 466 of December 12, 2012 of the National Health Council of the Ministry of Health, which provides guidelines and norms regulating research involving human beings were followed.<sup>15</sup> The collection began after approval from the Research Ethics Committee.

## RESULTS

The six transsexual women living with HIV/AIDS had an average age of 21.6 years. The mean time of diagnosis was between 14 and 19 years of age, the monthly family income, ranged from less than a minimum wage to three minimum wages. Regarding the educational level, two had incomplete primary school education, one had complete primary school education, two had complete high school education and one had complete third level education. It is noteworthy to mention that among the six transsexual women, four reported being sex workers, one was a hairdresser and one worked with pedagogical support. The similitude analysis provided the visualization of the most frequent words for the convergent interpretation that originated the classes, the arrangement of the words enabled the identification of the central ideas, making the visualization in the co-occurrence tree possible (Figure 1).

### Emergence of transfeminism through symbolic violence

It is believed that the phenomenon of violence does not only occur in exceptional moments, but is a regular part of the lives of transsexual women. It is emphasized that violence as a ubiquitous phenomenon, runs through various spheres of life through the naturalization of violence to queer people, which disregard the heteronormative pattern.

The representational character of gender-based violence provoked by cisgendered men against transsexual women succumbs to the abjection of transgender women permeated by vulnerability and the denial of gender identity and rights. It is worth mentioning that one of the interviewees cried when reporting situations of violence experienced with a former partner: *any money I had I would give it to him, he put it in his wallet, he would manage my money, I would live for him, I gave him love, affection, I took care of him, then suddenly he says he can not stay because he likes women and I was not a woman, even when I was dressed and even though I felt like a woman, he would say: no, you are not a woman, you do not have a vagina, you have a penis between your legs. That's why I became depressed, that's why I got into the drug world, I hate him, because of him I stopped being a transvestite* [crying] (E6).

Particular attention was paid during the interviews to situations of violence faced on the streets, with expressions of depression. The history of sexual violence was discussed, it was present in one or more moments in the lives of the majority of the young transsexuals, it is emphasized that the





in which they are inserted, and the emergence due to knowledge and sociability through unprotected early sexual initiation and the susceptibilities due to living and working conditions. Prostitution associated with low levels of information may contribute to health risks:

*I did not know what this disease was, I had sex with men, they also did not tell me and they did not use condoms, and I got and I regret it until today (E4);*

*men sought me more because I was active and they were passive, they payed me, and most of them are married (E4);*

*I have oral sex, passive and active anal ... some want to put it on, but I don't say anything (E4).*

It is known that oral sex is the gateway to active sex life for young people. Such practice is one of the main avenues of transmission for HIV/AIDS, especially when it comes to receptive oral sex. However, the risk of contamination via oral sex is lower when compared to other routes, especially anal sex. Despite this, it is necessary to use condoms as a form of prevention.

In the context of sexual practices, it is important to consider the social construction based on male domination in the face of female subordination, thus, strategies are necessary to make the man accept the use of the male condom during sexual acts. One participant reported resistance to the practice of safe sex:

*I have a little purse, but if I go to get the condom from the bag, they already ask me, is it a condom? It frightens them off, so I already tell him to go ahead, I take the condom out and put the condom in my mouth, I leave it in my mouth, and let think I'm going to do oral sex without it, the male condom is hidden in the corner of my mouth, then I just pull it forward and I'll put it on, there are some who say: damn, do you have to put it on? (E5).*

Prostitution has been present in society since the beginning of time, however, the high consumption of this service offer in an essentially patriarchal and conservative society is contradictory. By being exposed to situations in which they put their physical and moral integrity in danger, the invisibility of the feminine being and its needs is evident.

*My job is not easy, to have to stand in the corner waiting for a car to stop, to interview them, and then to know if they want to have sex with me or not, it's tiring, I've already been deceived, I've already been left on street corners, lied to, had sex and he wanted to pay me on the way back because he was going to withdraw the money, the moment I got out of the car, he said: oh, I forgot my wallet, and he left me (E1).*

*I've had sex with more than 20 men in one day, you stay in the room and there is a schedule, there were days that I stayed there from 8:00 a.m. to 4:00 p.m., there were days that I stayed all day, I slept there, I had many partners, sometimes I used a condom, I always ask for it, even if it is active or passive, but the risk is not the time to put the condom, it is later, because there is a lot of malicious man, during sex, you are on your back and they take it off, and they do not know that I have HIV, if they knew they would not do it, they will try to kill me, but they will die, because there will be an exchange of viral loads (E5 ).*

Transsexual women are vulnerable, since their desires are not met. Men exercise a power relationship, not allowing the woman to adopt safe sex practices, damaging their right, since they use tricks to decieve the agreements pre-established during the negotiations for the practice of sex.



## DISCUSSION

Women were considered the main victims of sexism, patriarchy and gender oppression, which assumes roles, responsibilities and behaviors in affective-sexual relationships linked to social binarism. It is perceived that the gender relation leads to transsexual woman experiencing situations of inferiority in relation to the male figure that are precursors of violence and vulnerability to HIV/AIDS.

The first wave of feminism was known as “Suffragette” movement which was based on the guarantee of voting and public policies for women is evident in the field of feminine visibility. The second wave fought for the condition of femininity in the set of social characteristics that determine the female sex, influenced by socialization and the struggle for rights, gender equality, and was highlighted by the expression: “one is not born a woman, but rather becomes a woman”.<sup>16</sup> The third wave claims the generalization and falls on the social markers of race, class, sexual orientation and gender identity and oppression of male chauvinism that pervades all women under divergent faces.<sup>4</sup>

The nature of the violence against the woman that reiterates the feminine to determinism configured to domination and power was changed. For example, It refers to the rapist as the “little woman of the prisoners” based on the idea of revenge that reproduces the nuances of violence against the feminine, the position of passivity and subalternity even if attached to the male body. The access of transsexual women to women only police stations, based on the Maria da Penha Law, reveals the social relations of women especially the “abject female” (transsexual women, transsexuals, male and female).<sup>10</sup>

Passivity constructed from sexist and binary ideas in heterosexual relationships is reiterated, which places the transsexual woman in a position of inferiority and vulnerability. The power relation of the man to the transsexual woman refers to Foucault’s idea about docile bodies, subtly shaped by the power of heteronormativity.

About 90% of Brazilian transsexual women are in prostitution, considering that from the moment their gender identity differs from biological sex, they are excluded from their family nucleus, from formal education, and find a means of acceptance and source of income in prostitution.<sup>18</sup>

In Brazil, the high number of murders of transsexual people is highlighted, and represents an average of 40% of all reported murders worldwide since 2008.<sup>19</sup> The reports of the transsexual women refer to the violence suffered during the course of their journey, giving rise to the scenario they identify as violent.

The experiences of vulnerability to HIV, violence and stigma reported by the participants can be compared with other studies conducted in the United States, Brazil and India. Transsexual women who are sex workers are exposed to situations of physical, sexual and abuse violence through condom use negotiation. In addition, these studies emphasize violence and oppression at the community, employment and police levels. It can be seen that the overlapping of marginalized social identities of transgender women, who are sex workers, together with social inequalities (lack of housing, employment, poverty and prejudice) are factors that contribute to vulnerability to HIV / AIDS.<sup>20–22</sup>

It is emphasized that sometimes the fetishization related to the bodies of transsexual women results in a vulnerability to HIV/AIDS, since these are considered products of sexual commercialization. This context makes them susceptible to all types of violence.<sup>21</sup> What confuses society and destabilizes normatization is the understanding of experiences, diversities, since subjective experiences do not address the coherence and continuity between sex, gender, desire and sexual practice.<sup>6</sup>

It is known that the use of hormones in the transitioning process, can cause erectile dysfunction and increase the probability of the transsexual woman to assume a receptive role during sexual

intercourse, difficulties related to condom use negotiating are evident, which are usually a male decision. Unprotected anal sex is a high-risk practice for HIV transmission, and the insertive sexual partner usually has control over condom use. There is a high number of transsexual women who do not feel confident to prompt condom use during sexual intercourse with men.

It is evident that there is a need to implement measures that empower transsexual women so that they are not the target of fetishes and desires that contribute to acts of violence, and so that they may protest against the abjection of transsexual women and reclaim ownership over their bodies, health and life.

One must inquire into the social thought that segregates the lives that matter to the detriment of those who are excluded, uncomfortable and invisible. In the field of nursing, a science composed mainly by researchers and linked to female technical care since the beginning, tends to favor the binary expression of care, as an essentially female attribute. The challenge of "queering" this science projects/promotes the agenda of the expansion of care practices under the prism of the diversity projected to the subject of care.<sup>23</sup>

It is believed that the analysis of the gender and vulnerability of transsexual women with HIV/AIDS in the light of the Queer Theory has the potential to understand the social aspects linked to a culture that perpetuates violence, hatred and abjection of vulnerable beings. The present study will enable criticality on dichotomous, sexist and binary constructs on precarious lives in order to break down barriers of oppressive conservatism.

The analysis of the social construction that permeates AIDS is the basis for action planning and nursing care with attention to specifics, through the diversity of being beyond the biomedical dimension, but considering the biopsychosocial aspects that constitute the lives of individuals and groups social rights. Taking this into account, the role of nursing, in a continuous and qualified manner, demands the construction of a connection and knowledge of the context of vulnerabilities that permeate the health-disease process, in order to face the epidemic, quality of life and empowerment of people living with HIV /aids.<sup>24</sup>

The mapping of the presented vulnerabilities shows the forms of violence suffered by the transsexual population and emphasizes that the barriers to health services need to be broken beyond access but also under the integral perspective of health care.<sup>25</sup>

The rigid sexual morality marked by male sexual domination and gender oppressive relationships present vulnerability marked by prejudice, discrimination, lack of equality and equal rights which lead to a set of conditions that exposes the transsexual population to the non-use of condoms as well as inadequate treatment.

Suitable approaches to the transsexual population should initially be constructed by the norms and regulations of the health professions, seeking the respect of the health service users, and that they should be comprehensive and free of discrimination. It also requires the same sensitive, impartial care that should be provided to any health care user, regardless of race, gender, age, or religion.<sup>9</sup>

Within the scope of nursing education, the need to prioritize the moral dimension of care is evident. The nurse must consider the identity and culture of the subjects involved in the care process, in order to overcome the binary technicality and contemplate the diversity of the being as an exercise of citizenship in the ethical dimension of the profession. It is recommended that simulations which demonstrate the reality of the professional experiences are included in disciplines for the purpose of theoretical, theoretical-practical and practical approach.<sup>27</sup>

The nurse needs to be able to perform integrative care through the problems of gender relations and the everyday vulnerability of transsexual women. The importance of the construction

of health education strategies, qualified listening, formation of operative groups and actions of the support network of this public are emphasized. It is essential to stimulate dialogue, to problematize and share experiences under related to the context of vulnerability and social dichotomies in order to stimulate autonomy.

The study is limited due to the difficulties in the operationalization of the research and scope of verbalizations with greater depth and detail, since the theme is still permeated by social taboos, which may have contributed to restrictions in the results. It is understood that the phenomenon under study is inserted in a historical, social, cultural and health care context anchored in the prejudice related to gender identities, HIV/AIDS and aspects of social subalternities. In order to overcome the barriers of conservatism and to reorient integral care to transsexual people further research on the subject is suggested, especially in the field of Nursing.

## CONCLUSION

The female transsexual identity was analyzed based on the impacts produced by the minimal state political organization, which contributes to the cohesion of social classes (binarism, sexism, racism and machismo), unequal social capital and the culture of abjection of transsexual women. The context of involvement by the HIV/AIDS epidemic has been evidenced from individual, contextual and programmatic vulnerabilities, as well as the emergence of transfeminism, which arises due to demand of guaranteeing rights to transsexual "womanhood" in coping with vulnerabilities that limit the possibility of a healthy and dignified life.

The need to adopt measures aimed at minimizing the injustices suffered by female transsexuals who, from an early age, suffer stigma and prejudice in all their social environments is evident. There is an obvious demand for the empowerment and protagonism of transsexual women, who are oppressed and at the margins of society.

Discussions on the inclusion of female transsexuals in political, educational, labor market and protection services must be promoted. The State needs to ensure policies that include these people in health services that meet the demands of this public, in addition to the adoption of prevention and health promotion campaigns aimed at reducing the rate of HIV/AIDS infection, raising awareness about the risks and importance of adopting safe sex practices.

Nurses must be able to receive, listen and attend to the specificities, in addition to agreeing to promote integrative care with the social network. Nursing is the care of the human being, from birth to death, and should not neglect the care of young transsexuals, as caring involves having a broad perspective in health, while respecting the inherent diversities and demands of the other.

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## NOTES

### ORIGIN OF THE ARTICLE

Article extracted from the thesis - Social representations of young transsexual women about HIV / AIDS; presented to *Programa de Pós-Graduação em Enfermagem da Universidade Federal de Pernambuco* in 2018.

### CONTRIBUTION OF AUTHORITY

Study design: Abreu PD, Araújo EC, Vasconcelos EMR, Moura JWS, Sousa JC, Santos CB.

Data collection: Abreu PD, Araújo EC, Vasconcelos EMR, Moura JWS, Sousa JC, Santos CB.

Data analysis and interpretation: Abreu PD, Araújo EC, Vasconcelos EMR, Moura JWS, Sousa JC, Santos CB.

Discussion of the results: Abreu PD, Araújo EC, Vasconcelos EMR, Moura JWS, Sousa JC, Santos CB.

Writing and / or critical review of content: Abreu PD, Araújo EC, Vasconcelos EMR, Moura JWS, Sousa JC, Santos CB.

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### ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of the Health Sciences Center of the *Universidade Federal de Pernambuco*, Presentation Certificate for Ethical Appreciation: 65790717.4.0000.5208

### CONFLICT OF INTEREST

No any conflict of interest

### HISTORICAL

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