

Education, work and health: realities of transgender women living in Bogotá, Colombia¹

Educación, trabajo y salud: realidades de mujeres transgénero residentes en Bogotá, Colombia

Jenny Amparo Lozano Beltrán

 <https://orcid.org/0000-0003-2169-7815>

E-mail: jeamlobe@hotmail.com

Pontificia Universidad Javeriana. Facultad de Enfermería.
Departamento de Enfermería en Salud Colectiva.
Bogotá, Colombia.

Abstract

In Colombia, being free and identifying with a non-heteronormative identity that breaks with masculinity entails violations of the primary rights. For transgender women, such violation induces them to adopt self-care practices that allow them to protect their integrity and fight for their rights. This article was based on a qualitative study with 5 transgender women. They were interviewed in depth so that we could learn about their main self-care practices and the support they received during their transformation process. Stories were obtained associated with the inequity in access to dignified work opportunities, which would allow them to disassociate themselves from care work in activities associated with transgender people, and obtain economic resources that would facilitate entry into education and affiliation with a health system that assumes the procedures of transition in a responsible manner. Thus, eliminating the possibility of risks for transgender women by obtaining the desired image and their well-being. In conclusion, we offer some reflections about the debts that the State and the institutions have about transgender women today in order to guarantee education, health and work to them.

Keywords: Transgender; Education; Health; Work.

Correspondence

Cra 7, 40-62. Bogotá, Colombia. CP 110231.

¹ This article was derived from the thesis for the Master's degree in Gender Studies and is a contribution to the research group of the Pontificia Universidad Javeriana "Procesos sociales y salud" (Social processes and health).

Resumen

En Colombia, el ser libre e identificarse con una identidad no heteronormativa que irrumpe con la masculinidad conlleva vulneraciones en sus derechos primordiales. En las mujeres transgénero, tal vulneración induce a adoptar prácticas de autocuidado que les permita proteger su integridad y luchar por sus derechos. El presente artículo tuvo como base un estudio cualitativo, en el que se realizaron entrevistas a profundidad a 5 mujeres transgénero para conocer las principales prácticas de autocuidado y el apoyo recibido durante su proceso de transformación. Se obtuvieron relatos asociados a la inequidad en el acceso a oportunidades laborales dignas, que permitiesen desligarles de labores de cuidado en trabajos transexualizados y obtener recursos económicos que faciliten el ingreso a la educación y la afiliación a un sistema de salud que asuma los procedimientos del tránsito de manera responsable, eliminando la asunción de riesgos por parte de las mujeres transgénero para obtener la imagen deseada y su bienestar. A modo de conclusión se ofrecen algunas reflexiones sobre las deudas que se tienen hoy en día con las mujeres transgénero por parte del Estado y de la institucionalidad para la garantía de la educación, la salud y el trabajo.

Palabras clave: Transgénero; Educación; Salud; Trabajo.

To address the issues of education, work and health for transgender women, it was necessary to conduct a qualitative study about the main practices of self-care and the support received during the process of transformation of some transgender women living in Bogotá city. The interest arose when it became evident, both personally and as a nursing professional, the discrimination exercised against this population during the transition process, who face situations of loneliness, invisibility, violence and exclusion. To this end, semi-structured interviews were conducted with 5 adult transgender women who, using the snowball technique and until the information was saturated, voluntarily related their experience of gender transition. It is noteworthy that three of them were women over 40 years old, therefore, their experience is convincing in the face of a process of transformation occurring in social contexts that could be thought of as different, but which in light of reality have been perpetuated despite advances in LGBT public policy.

This article is the result of a research carried out to obtain the title of Master in Gender Studies, which includes, initially, two chapters linked to self-care during gender transition and the support received by others during this process. A third section was adapted during the research, due to the repetitive narratives associated with the experience of violent situations during and after the gender transition process in family and social contexts and for our interest in the educational, labor and health spheres.

By means of the analysis elaborated from the interviews with the transgender women, it is relevant to specify that the gender transition is described as a dynamic process and not standardized for women, and, according to the particularities of each woman, it becomes a tense and stressful process. Such situations will depend on the identity a person wishes to build, on the differentiating adoption of roles, stereotypes, corporeal and behavioral characteristics associated with what is socially considered to be a woman (Butler, 2002), in order to achieve the desired social recognition, thus allowing her to empower herself and give meaning to her life (Lagarde, 2000, p. 10).

Achieving the desired goal will depend not only on individual desire, but also on the commitment of the State to guarantee primary rights. However, given this premise, the reality suggests that, on the contrary, the State exercises violence by not generating assertive public policies that respond to the particular needs that guarantee the primary rights of transgender women. An example of this is the absence of an offer for dignified employability, which generates a violation of women's rights, since economic precariousness makes access to formal education impossible and creates a barrier to accessing health services.

Considering the above, it is necessary to take up again the proclamation of Human Rights made by the United Nations (ONU, 1948) whose agreement was mandatory for the member countries. However, in spite of the adoption made in the Political Constitution of Colombia, there is evidence of a certain fragility in the norm. This allows the creation of institutional policies aimed at generating income but ignoring the guarantee of fundamental rights for those who are considered women according to their identity, especially those focused on health, education and work.

Based on the premise of being a woman, I refer to the decisions made by the Committee on the Elimination of Discrimination against Women in 1992 (CEDAW). The Committee recommended that States should take all necessary legal and other measures to effectively protect women from all forms of violence by promoting the investigation and punishment of the responsible for the aggression, the compensation of victims, and by adopting strategies that promote prevention and protection of all persons (ONU, 1993), which should undoubtedly be led from all sectors.

For Colombia, by the adoption of Law 100 (1993), the State intended to ensure health to the entire population, promoting the supply of services via public health actions, in health promotion and early detection of all persons, regardless of their payment possibilities to the system. Some principles were established as a guarantee for the provision of services, among which universality, efficiency and integrality were considered, which in some cases, as in those commented by the

transgender women, were violated because of the gender identity (Colombia, 1993). Based on the above, through the mobilization and actions carried out by transgender women's groups, an impact has been produced on the rethinking of policies for the promotion of health in an effective manner, in order to eliminate the barriers to access generated in the provision of health services, and to obtain equitable and quality services (Galdos Silva, 2013).

The Ministry of Social Protection has made a great effort to guarantee the health of all. In 2003 the National Policy on Sexual and Reproductive Health was enacted, updated in 2016 with the National Policy on Sexuality, Sexual Rights and Reproductive Rights. Thus, rights were projected and made visible from the vulnerabilities to which people were exposed, including all people with diverse identities and orientations. To this end, it emphasizes the adoption of strategies with a differential focus that guarantee the elimination of all forms of discrimination, privacy, respect, confidentiality and access to health services, especially for those people who need accompaniment in their gender transition processes by expert health personnel, avoiding barriers in care (Colombia, 2016, p. 49-50).

One of the most frequent obstacles to limiting the enjoyment of fundamental rights is associated with the request for documentation from the male population, such as the military service certificate or other documents that include the legal name and sex at birth, denying recognition of their identity and restricting their freedom. To make the above more complex, in the health sector, in addition to the above documentation for general care, a requirement for accompaniment and advice in gender transition processes is requested as proof provided by the psychiatric department. This is done by evaluating and conducting questionnaires that define the user with the diagnosis catalogued by the diagnostic manual of mental pathology as "gender dysphoria," which causes, in addition to stigmatization and segregation, inequitable procedures that violate the right to self-determination, health and, above all, life.

Despite all the barriers generated, great regulatory progress has been made, led by transgender women's support networks. These networks, by working together and collaboratively, have claimed their rights from the State, achieving social recognition, via political advocacy and active participation in decision making to meet the needs of their reality, obtaining some progress in regulatory compliance and implementation of specific actions to promote improved quality of life for transgender women (Browne; Lim, 2010).

It is noteworthy that, according to the baseline of LGBT public policy, in terms of the right to health, 45% of people surveyed report having been discriminated against, and 43.84% report denial of services for transgender people (Bogotá D.C., 2011). The numbers show the difficulty in accessing health services and the assumption of risky practices to obtain the desired identity, a task relegated by the State, as it does not consider as a priority the particular needs of the gender transition process, presenting them as costly and aesthetic procedures (Peralta; Espitia, 2012).

According to those interviewed over 40, over the years health priorities have changed. Now they emphasize the implementation of protective practices that manage to mitigate the consequences that the interventions have generated in their bodies, preventing chronic diseases, reaching an economic, emotional and affective stability that assures an old age without difficulties and without "fights" family or of another kind of problems. To do this, they perform tasks that make them feel at their best, optimizing their self-care strategies and allowing themselves to have the freedom to express their identity, as described by Charlie.

Well, here in the salon I feel great, because I am working, people are very cool, very friendly, they tell me to do one thing, to do another thing and so it's nice. I come here to my work place and I feel like I'm free, you know? I feel being myself. (Charlie, November 30, 2014)

In terms of education, the LGBT public policy baseline describes that 66% of LGBT

people interviewed reported discrimination because of their identity or orientation in the educational environment. Of this estimate, 83% were transgender people, 30% of whom were victims of physical or psychological violence (Bogotá D.C., 2011), which is a major limitation for continuing with basic studies and accessing higher education. To exemplify this, in previous years the high school diploma was achieved with great barriers, maximized by the desire to access higher education, as related by Sandra who did not finish her medical studies because of her gender identity. The opposite occurs with younger women, who use health plans, as they have the possibility to pay or a formal job that guarantees it, and begin the gender transition from the age of majority, breaking away from family norms and having greater opportunity to access higher education despite the barriers.

I am 53 years old and in my youth it was very difficult. I did two semesters of medicine, I didn't finish because it was difficult to accept that I had a different gender tendency. That stopped me from doing a lot of things. It was impossible for me to hide what I was and to be looking different from what I felt. Before society I felt very bad, frustrated, I had to act according to what society said and not like I wanted to feel; then, I had to occupy a place that I did not want. I studied to be someone for my family, since school everything was difficult, but my family always supported me. I decided to look for another reality, I started looking for jobs that represented a salary, but they were heavy, I had to do what I didn't want to do, so the option was to go to prostitution or look for a way of working that would go with my way of being, with my behavior. So I dedicated myself to beauty services. (Sandra, April 18, 2015)

Previously, transgender women had many limitations in accessing higher education. Today, thanks to regulatory advances and trans struggles, it has been possible to have professionals from different areas of knowledge who identify themselves as transgender women. However, some tasks are still assigned to men,

as they have historically been considered to be provided with knowledge and wisdom. Therefore, the inclusion of women in the educational field has been a slow process, as they have to reconfigure preconceptions associated with lacks of power and authority. Currently, in the case of transgender women, as referred to by the interviewees, it is mandatory to demonstrate sufficient knowledge and project their skills to be considered for employment. In the case of students, it is necessary to create protective strategies with peers, avoiding spaces of exposure, thus reducing violent situations perpetrated by principals, classmates or other people, looking for groups and associations disposed to defend their identity (Bareiro, 2016).

The women interviewed reported that they were bullied in the classroom and rejected by their peers, who stigmatized them because of their perceived identity as homosexual at that time. They report that, in the first place, the teachers perpetrated discriminatory practices by exposing them to all their classmates in some cases. Parents were asked to carry out psychological interventions on them and their families, to redirect their behavior, which was considered abnormal, dangerous and contagious to other students (Bareiro, 2016). This is a clear example of inequality, since institutionality is an obstacle in the life project of those non-normative women.

One of the young women mentioned that she had postponed her transformation because of this situations, adopting an “androgynous” identity during her university career, expressing that when she was in her last semesters of the school of Law, she decided to take hormones and start living permanently as a woman. Allison was the only professional woman among those interviewed, thanks to that she has a job at a Biological Resources Research Institute of the country now. Unlike her, older women report not having entered higher education due to the absence of the military service certificate. In addition, they were heavily discriminated against, which limited access to education, a situation that has improved markedly nowadays.

With regard to labor participation, it is important to recognize that, since the impact

made by transgender organizations and groups, some progress has been made in complying with anti-discrimination laws for access to employment, established by the International Labor Organization (OIT, 1958). In spite of the guidelines, today, situations that deepen economic, social, educational, health care and professional development inequality continue to be generated. It relegates transgender women to a situation that places them at a disadvantage not only in the labor market, but also on the social scale (OIT, 2013, p. 90), even more so when their work is linked to female stereotypes, emphasizing traditional ideas that lead to the promotion of discrimination (OIT, 2014).

In Bogotá, there are various organizations that carry out collective work on the rights of transgender women, including the *Red Comunitaria Trans* (Trans Community Network), the *Corporación Opción por el Derecho a Ser y el Deber de Hacer* (Option for the Right to Be and the Responsibility to Do Corporation), the *Fundación Grupo de Acción y Apoyo a Personas Trans* (Action and Support Group for Trans People Foundation), the *Fundación Madona y sus Divas* (Madonna and her Divas Foundation), and the *Fundación Transgredir la Indiferencia* (Transgress the Indifference Foundation). These organizations provide accompaniment, advice, fight for the guarantee of fundamental rights and carry out political and social actions to obtain an effective transformation. Despite their great efforts, there are still obstacles to accessing public functions due to gender identity, as they continue to be socially relegated to jobs in hairdressing salons, prostitution or theatre shows (Rubio, 2009, p. 118).

In fact, discrimination not only impedes them in obtaining a dignified job, but also to find and stay in one. Identity, by breaking with the socially imposed biological dichotomy, makes transgender women potential victims of harassment, sexual abuse and violence generated by preconceived ideas about what it is socially considered that they are. Sometimes, some of them are pressured to assume tasks associated with the imposed gender and not of their own choice, they are called by their legal name and people ignore the name

with which they identify themselves, the access to public bathrooms are based on their appearance, generating stressful and discriminatory work environments. Consequently, opportunities for access to formal work are limited, forcing them to assume “transsexualized jobs” (Prada, 2013), that is, activities commonly associated with transgender people, among which hairdressing and prostitution are naturalized specifically for transgender women, increasing health risks, economic precariousness and social stigmatization, denying them dignified work in conditions of freedom, as well as access to health services, professional and personal projection (OIT, 2015, p. 4).

On the other hand, some questions asked in this research about the transformation process showed differences in relation to the age of the interviewees, for example, that older women had fewer opportunities and suffered more violence than younger women. All five interviewed had hard complications and barriers due to difficulties in accessing health services to begin their gender transition process. However, older women reported that opportunities to access treatment were more difficult in the past, as society and family were more violent towards because of identity reasons. Their work trajectories are more related to “transsexualized jobs,” characterized by informality and non-affiliation to the social security system; currently the older women interviewed use the subsidized health plan. Some of them indicate that the beginning of the process occurred by the experimental use of clothes, makeup and body adaptations since an early age until the experience as a woman with body interventions, in some cases in an improvised way.

It should be noted that Charlie and Sandra are women over 40 years who reported practicing hairdressing. Coqueta, who is in the same age range, assumed the prostitution as naturalized labor due to be transgender. They began in such work when they had no other options because of their identity, which has allowed them to live comfortably, but especially because as hairdressers they have been able to acquire considerable income with which they have become

independent in their work, achieving their own home (Prada et al., 2012).

Shanon, one of the two youngest transgender women, reported difficulty in finding employment as a transgender woman, which increased with the transformation process, as she has sometimes been asked to adopt a male appearance to work. She acknowledges that she works in an entity of the District, where she has been a victim of comments and other violence because of her identity; she affirms that probably at the end of the current mayor’s term (year 2016) she and other transgender women could be unemployed in Bogotá. The great construction of the sexual identity, the rooting of sexual binarisms and the little support of the State allow to recognize the great problems of violence and discrimination against the transgender women, that are perpetuated and do not cease, becoming a chain that links not only to the near contexts of the women, but also to public and private institutions that must tend by the guarantee of the right to work, education and health.

Another aspect to highlight is that the feminized work attributed to transgender women links them in lower social categories, restricting access to education and other spaces because of images constructed in relation to trans’ bodies, considered as “perverted” bodies that can generate “aberrations” in other people with whom they interact, denoting the fear of an identity that they consider “contagious.” These words, full of violence, are used colloquially by society, especially in rural areas, and by representatives of the State, who use classifications based on mental pathologies to refer to transgender women (Correa, 2007). This makes the process of transition even more difficult for rural women, forcing them to migrate to the big cities to build their feminine identity, to escape of the violence that generates their identity construction, protecting also their family, and to find work and educational options that they would not find in their context; situation also documented by Prada (2013).

According to the baseline of Bogotá’s LGBT public policy, discrimination in access to work occurred in 79.3% of people surveyed, of which 92.4% were transgendered, a high percentage

compared to the denial of fundamental rights. To avoid this, they tend to hide their gender orientation and identity, which guarantees them obtaining or maintaining their employment (Bogotá D.C., 2011), as related by one of the transgender women interviewed:

When I was looking for a job, I had to disguise myself too, so I was in a restaurant, I was in a store, but I was always like a boy with his hair up and everything. Then I also got tired, I got bored, I got stressed out and now working with the Secretariat, is a much better income and I dress the way I want. (Shanon, March 31, 2015)

Some have submitted to work with a male identity in order to use force in their work, obtaining a better economic income by hiding their identity.

Although younger women have had access to higher education and jobs, most of the work relegated to transsexualized jobs has been directly related to the care of the other people, minimizing individual needs in order to prioritize adequate attention involving emotional work, allowing them to maintain their job stability and generating spaces of trust during their execution. However, this does not mean an increase in their economic income. On the contrary, it surrounds them with assumptions that make subjective the capacities and abilities they possess, relegating them to continue with the realization of economic activities considered socially precarious (Cuesta Gómez; González Rodríguez, 2016). This situation makes it impossible for them to obtain adequate resources that allow them access to the health system, promoting the assumption of individual risks for the construction of identity (Bermudez et al., 2011, p. 93), as Coqueta says, who had to resort to different tasks that were offered despite the lack of opportunities, receiving attacks and mocks for their identity.

I don't criticize sex work, no, but it made me feel bad, it didn't impact me as a person, it wasn't what I wanted. So I began to look for different jobs in hairdressers, restaurants with my friends, but being a trans woman, and it was a terrible

difficulty, some incredible barriers to access to work, they denied everything, 'oh no, you're very delicate, you're no good to work here', or they often made jokes about me 'you will break yourself washing a dish' and things like that. I told them not to be stupid, I don't have the strength in my ass, I have it in my hands and everything I can do is here in my mind, I can do it, I can realize it, but the doors were always closed to me. (Coquette, April 28, 2015)

Within these new roles, there is a labor dynamic with restricted spaces for transgender women, who have no other option but to carry out transsexualized work in order to obtain economic income and hide from society. The women interviewed referred to dedicating themselves to beauty services in hairdressing salons, providing emotional care to all the people who come to seek their services. They say that they generally avoid talking to their clients about their private lives, on the contrary, their conversations are centered on actively listening to clients' problems, exercising a caring relationship from their work.

As named by Pascale Molinier and Arango Gaviria (2011), care is a socially designated task for women, who take care of other people's needs without additional remuneration. In the case of transgender women, emotional care is performed during the optimization of the beauty of the users to meet the physical appearance standards imposed, developing an intervention more than physical, but emotional too (Arango Gaviria, 2011), constituting the work as a space of comfort that allows to forget personal problems and escape from their reality (Molinier; Arango Gaviria, 2011). Considering the above, it is common to hear advice to clients to maintain heteronormative affective relationships, through practices of beautification, personal attention and self-sacrifice before men: *For example, the last client, who was abandoned by her husband, "you have to serve him, when he comes home, take off his shoes and, if necessary, give him something to please him, because if you don't do it another woman does and takes him off"* (Charlie, November 30, 2014).

As referred to by women, the advances for access to employment have occurred after the promulgation

of the Public Policy for the Full Guarantee of the Rights of Lesbian, Gay, Bisexual and Transgender People (LGBTI) and on Gender Identities and Sexual Orientation in the Capital District regulated by District Agreement 371 of 2009, which guarantees, in theory, employment and different opportunities from the public sphere.

Access to decent work opportunities generates economic income that allows transgender women to access a health system or pay for interventions for a safe gender transition process, acquiring resources to reinforce feminization, minimizing risks and optimizing their transformation, which strengthens their self-care. The opposite occurs with those women who do not have the necessary resources, since they are subjected to risks in order to obtain their welfare situation, by taking hormones indiscriminately, carrying out risky unconventional practices that are accessible due to their low costs and clandestinity. These are realities that increase the risk of suffering health complications that, sometimes, are irreversible.

Finally, and as a result of the research, it is important to emphasize that it will never be the same to carry out a process alone than in the company of someone else, since it would generate greater health risks. Therefore, all interviewees indicated that they had received support from someone who accepted their identity, respected their autonomy and supported them in the procedures to be carried out. Some women receive this support from networks of transgender women who, in addition to providing support, seek to claim their inalienable rights, fighting for equality and for the State to take responsibility for guaranteeing their fundamental rights, which have historically been violated. Undoubtedly, the academic, labor and health sectors have a great debt to pay with transgender women, promoting access to opportunities, to adequate transformation processes, guaranteed, free of all types of stigmatization, discrimination and violence.

Final remarks

Fundamental rights have been the path for some identities and diverse orientations, especially for those women who wish to make their gender

transition but the State does not guarantee it to them, maintaining conditions of inequality, discrimination and injustice, increasing their vulnerability.

Consequently, the constructions carried out by each woman become an individual and self-care process, despite the responsibility delegated by those who should guarantee the primary rights, the State, through the implementation of effective public policies that also protect transgender women. Then they are the ones who must take risks to obtain the desired identity through the adoption of roles, stereotypes, corporeal and behavioral characteristics associated with what each one considers socially to be a woman, in order to achieve a situation of well-being.

To obtain their life project and achieve individual welfare, they will depend on opportunities for access to employment, which will generate economic income. Thus, access to resources and aesthetic procedures will be optimized in order to achieve the feminization, which is the main need felt by the interviewees. Therefore, the absence of job opportunities and the socially constructed designation of diverse identities with transsexualized jobs could generate economic precariousness, which would impede access to education and affiliation with health systems that accompany effective gender transition processes, reducing the risks of hormones' use and/or unsafe procedures that can generate short, medium or long term health complications.

Great advances in fundamental rights have been made thanks to alliances between transgender women, who have empowered themselves and fought to support the transition processes of other women and demand the guarantee, without discrimination, of their fundamental rights. The achievements have been in the educational field, in which every day we see more professional and technical transgender women entering the labor market, despite the restricted labor supply. They are who have opened up social spaces for their recognition and employment, especially due to regulatory changes in the public sector.

From the health sector, there are still major barriers to access to quality health services that depend not only on the ability to pay of each user,

but also on the mandatory self-pathologization to access the accompaniment and the realization of safe gender transition processes, violating the right not only to health, but also to self-determination and life.

It is vital to pay the State, institutional, social and academic debt to transgender women (Schneider Callejas, 2007), whose violence, stigmatization and discrimination have been naturalized for years because of their way of being and their way of presenting themselves socially. It is necessary to have a greater participatory commitment that involves transgender women in decision making on public policies and programs aimed at guaranteeing their fundamental human rights.

References

ARANGO GAVIRIA, L. G. Género, trabajo emocional y corporal en peluquerías y salones de belleza. *La Manzana de la Discordia*, [S. l.], v. 6, n. 1. p. 9-24. 2011. Disponível em: <<https://bit.ly/3eVAR4Y>>. Acesso em: 2 jul. 2019.

BAREIRO, M. L. *La exclusión de las personas trans del sistema educativo: un análisis de la experiencia en la educación de personas jóvenes y adultas en Paraguay*. Buenos Aires: Clacso, 2016. Disponível em: <<https://bit.ly/3ilNCrs>>. Acesso em: 2 jul. 2019.

BERMÚDEZ LENIS, H. F. Reseña: Pascale Molinier y Luz Gabriela Arango, compiladoras. *El trabajo y la ética del cuidado* Universidad Nacional de Colombia/La Carreta editores, Medellín, 2011, 330 págs. Íconos, Quito, n. 50, p. 221-224, 2014. Disponível em: <<https://bit.ly/2VJaEyG>>. Acesso em: 2 jul. 2019.

BOGOTÁ, DC. Alcaldía Mayor de Bogotá. *Política pública para la garantía plena de los derechos de las personas lesbianas, gays, bisexuales y transgeneristas -LGBT- y sobre identidades de género y orientaciones sexuales en el Distrito Capital: balances y perspectivas*. Bogotá, DC, 2011. Disponível em: <<https://bit.ly/38rxm3J>>. Acesso em: 2 jul. 2019.

BROWNE, K.; LIM, J. Trans lives in the “gay capital of the UK”. *Gender, Place & Culture*, Nova

York, v. 17, n. 5, p. 615-633, 2010. Disponível em: <<https://bit.ly/2C3ccg6>>. Acesso em: 2 jul. 2019.

BUTLER, J. *Cuerpos que importan: sobre los límites materiales y discursivos del “sexo”*. Buenos Aires: Paidós, 2002. p. 53-94. Disponível em: <<https://bit.ly/3gpp4fm>>. Acesso em: 2 jul. 2019.

COLOMBIA. Comisión Séptima del Senado de la República. Ley 100 de 1993. Por la cual se crea el Sistema de Seguridad Social Integral y se dictan otras disposiciones. *Diario Oficial*, Bogotá, DC, 23 dez. 1993. Disponível em: <<https://bit.ly/3dWmpIB>>. Acesso em: 2 jul. 2019.

COLOMBIA. Ministerio de Salud y Protección Social. *Política Nacional de Sexualidad, Derechos Sexuales y Derechos Reproductivos*. Bogotá, DC, 2016. Disponível em: <<https://bit.ly/2VHqhHo>>. Acesso em: 2 jul. 2019.

CORREA, G. Entre el cuerpo oculto y el lugar negado: el placer. In: MONTOYA, G. C. *Del rincón y la culpa al cuarto oscuro de las pasiones: formas de habitar la ciudad desde las sexualidades por fuera del orden regular*. Medellín: CEHAP, 2007. p. 59-91. Disponível em: <<https://bit.ly/2NQOJRR>>. Acesso em: 2 jul. 2019.

CUESTA GÓMEZ, M. A.; GONZÁLEZ RODRÍGUEZ, P. A. *Espacios laborales transexualizados barrio Santa Fe, Bogotá D.C. Universidad de la Salle*. Bogotá, DC: Facultad de Ciencias Económicas y Sociales, 2016. Disponível em: <<https://bit.ly/3f1o2TM>>. Acesso em: 2 jul. 2019.

GALDOS SILVA, S. La conferencia de El Cairo y la afirmación de los derechos sexuales y reproductivos, como base para la salud sexual y reproductiva. *Revista Peruana de Medicina Experimental y Salud Pública*, Lima, v. 30, n. 3, p. 455-460, 2013. Disponível em: <<https://bit.ly/2Axnb16>>. Acesso em: 2 jul. 2019.

LAGARDE, M. Autoestima y género. *Cuadernos Inacabados*, Madri, v. 39, p. 1-18, 2000. Disponível em: <<https://bit.ly/38rVbYZ>>. Acesso em: 2 jul. 2019.

MOLINIER, P.; ARANGO GAVIRIA, L. G. Ante todo, el cuidado es un trabajo. In: MOLINIER, P.; ARANGO GAVIRIA, L. G. (Ed.). *El trabajo y la ética del cuidado*. Bogotá, DC: Universidad Nacional de

- Colombia, 2011. p. 45-64. Disponível em: <<https://bit.ly/3ggWYTE>>. Acesso em: 2 jul. 2019.
- OIT - ORGANIZACIÓN INTERNACIONAL DEL TRABAJO. *Convenio sobre la discriminación (empleo y ocupación)*. Ginebra, 1958. Disponível em: <<https://bit.ly/2YU9Itr>>. Acesso em: 2 jul. 2019.
- OIT - ORGANIZACIÓN INTERNACIONAL DEL TRABAJO. *Trabajo decente e igualdad de género: políticas para mejorar el acceso y la calidad del empleo de las mujeres en América Latina y el Caribe*. Santiago, 2013. Disponível em: <<https://bit.ly/2O5RqiV>>. Acesso em: 2 jul. 2019.
- OIT - ORGANIZACIÓN INTERNACIONAL DEL TRABAJO. *Igualdad de género y no discriminación en la gestión del empleo*. Ginebra, 2014. Disponível em: <<https://bit.ly/2At6XGf>>. Acesso em: 2 jul. 2019.
- OIT - ORGANIZACIÓN INTERNACIONAL DEL TRABAJO. La discriminación en el trabajo por motivos de orientación sexual e identidad de género: resultados del proyecto PRIDE de la OIT. Ginebra, 2015. Servicio de Género, Igualdad y Diversidad. Disponível em: <<https://bit.ly/3f9mU3a>>. Acesso em: 2 jul. 2019.
- ONU - ORGANIZACIÓN DE LAS NACIONES UNIDAS. *La declaración universal de derechos humanos*. Paris, 1948. Disponível em: <<https://bit.ly/2NSHlKP>>. Acesso em: 2 jul. 2019.
- ONU - ORGANIZACIÓN DE LAS NACIONES UNIDAS. *Declaración sobre la eliminación de la violencia contra la mujer*. Ginebra, 1993. Disponível em: <<https://bit.ly/2NQb8ir>>. Acesso em: 2 jul. 2019.
- PERALTA, K. J.; ESPITIA, N. Uso de modelantes estéticos, como proceso de la transformación corporal de mujeres transgeneristas. *Tabula Rasa*, Bogotá, DC, n. 19, p. 281-300, 2013. Disponível em: <<https://bit.ly/31EgHsl>>. Acesso em: 2 jul. 2019.
- PRADA, N. *Trabajos transexualizados: espacios laborales feminizados para las mujeres trans*. In: CONGRESO LATINOAMERICANO DE ESTUDIOS DEL TRABAJO, 7., 2013, São Paulo. *Anais...* [S. l.]: Alast, 2013. Disponível em: <<https://bit.ly/3ivwcZo>>. Acesso em: 2 jul. 2019.
- PRADA, N. P. et al. *¡A mí me sacaron volada de allá!* Relatos de la vida de mujeres trans desplazadas forzosamente hacia Bogotá. Bogotá, DC: Universidad Nacional de Colombia, 2012. Disponível em: <<https://bit.ly/2YZdXnM>>. Acesso em: 2 jul. 2019.
- RUBIO, F. J. Aspectos sociológicos de la transexualidad. *Nómadas*, Bogotá, DC, n. 21, p. 1-21, 2009. Disponível em: <<https://bit.ly/2VKelEn>>. Acesso em: 2 jul. 2019.
- SCHNEIDER CALLEJAS, C. Transgenerismo (transgénero, transgenerista): una deuda pendiente de la Academia, el poder ejecutivo, el poder legislativo, la cultura, la sociedad y el Estado en general. In: ESPINOSA PÉREZ, B. (Ed.). *Cuerpos y diversidad sexual: aportes para la igualdad y el reconocimiento*. Bogotá, DC: Ed. Universidad Javeriana, 2007. p. 58-67. Disponível em: <<https://bit.ly/38tOfLg>>. Acesso em: 2 jul. 2019.

Received: 04/28/2020
Resubmitted: 05/10/2020
Approved: 06/25/2020