

The Difficulties Faced by the Transsexual Citizen During the Sexual Redesignation Process: A review of literature

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Keywords— *medicine, sexual reassignment, transsexual.*

Palavras– chaves: *medicina, redesignação sexual, transsexual.*

Abstract— *Introduction: The process of sexual reassignment has been a topic of political, medical, social and anthropological debate. Sex reassignment is characterized as the process that individuals who do not identify with the gender they were assigned at birth go through in order to correct what they believe is appropriate. Objective: To identify the difficulties faced by transsexual citizens during the process of sexual reassignment. Method: The work carried out followed the precepts of an exploratory study, through bibliographic research following the stages: 1st selection of the most relevant databases and articles on the process of sexual reassignment, from the last 5 years (2016-2021) which resulted in 36 national articles, 4 international articles and 2 books taken from the Google Scholar, Scielo, PUBMED, LILACS, MEDLINE databases, in Portuguese, English, Spanish and French. 2nd data collection via selective and exploratory reading, followed by recording the information collected. 3rd analysis and interpretation of the results after analytical reading of the data collected. 4th discussion of the results, after in-depth analysis of the theoretical references relating to the subject of the study. Results: In relation to this phenomenon, it is understood that the purpose of the correction, in the case of transsexuals, is the marked disharmony between sex and gender, which sometimes causes unbearable suffering, arising from the coercive force of gender on sex, suffering that impels them to demand that medicine intervene in the real body. Faced with this reality, various outpatient-surgical methods have been offered to these individuals, but it is clear that there are many obstacles to achieving this process.*

Resumo— *Introdução: O processo de redesignação sexual tem sido tema nos debates políticos, médicos, sociais e antropológicos. Caracteriza-se a redesignação sexual como o processo que indivíduos, ao não se identificarem com o gênero designado no nascimento, querem passar para corrigir o que acreditam ser cabível. OBJETIVO: Identificar as*

dificuldades enfrentadas pelo cidadão transexual durante o processo de redesignação sexual. MÉTODO: O trabalho desenvolvido seguiu os preceitos do estudo exploratório, por meio de pesquisa bibliográfica seguindo as etapas: 1ª seleção das bases dados e dos artigos de maior relevância sobre o processo de redesignação sexual, dos últimos 5 anos (2016-2021) os quais resultaram em 36 artigos nacionais, 4 internacionais e 2 livros retirados das bases google acadêmico, Scielo, PUBMED, LILACS, MEDLINE, nos idiomas português, inglês, espanhol e francês. 2ª coleta de dados com a leitura seletiva e exploratória, seguido do registro das informações colhidas. 3ª análise e interpretação dos resultados após a leitura analítica dos dados colhidos. 4ª discussão dos resultados, após análise profunda dos referências teóricos relativo a temática do estudo. RESULTADOS: Relacionado à esse fenômeno compreende-se que o intuito da correção, no caso do transexual, seja a acentuada desarmonia entre sexo e gênero, que por vezes ocasiona um sofrimento insuportável, oriundo da força coercitiva do gênero sobre o sexo, sofrimento que o/a impele a demandar a medicina a intervenção no real do corpo. Diante dessa realidade, diversos métodos ambulatoriais-cirúrgicos têm sido oferecidos a esses indivíduos, no entanto, percebe-se que muitos são os obstáculos para o alcance final desse processo.

I. INTRODUCTION

The topic of gender reassignment/identity is still considered new. Gender identity (the gender a person identifies as) has been the central theme in the most diverse political, medical, social and anthropological debates. In order to discuss gender identity/ reassignment and the process of transsexualization, it is necessary to understand the concept of gender. The Aurélio mini-dictionary (2019, p. 430) found the following: "[...] the way in which the sexual identity of individuals manifests itself, socially and culturally [...] [...] **Human gender**. The human species; humanity [...]".

Frota (2004, p.16), analyzing gender, points out

According to this definition, gender is a social category imposed on the sexed body. With the proliferation of these studies, gender has become a particularly useful word, as it offers a means of distinguishing sexual practice from the sexual roles assigned to women and men.

Sousa (2012, p 50) explains: "It is understood that humanity is diverse and this diversity manifests itself in the perception that one has of the other and of oneself [...]". The genesis of the topic of gender reassignment/identity is the condition of some

individuals whose gender identity differs from that assigned at birth, who even without surgery to change their physical structure, are defined as transsexuals, and the center of these discussions lies in the discrimination and exclusion that has occurred throughout history. In the field of health, this is no different, especially with regard to care and access to health services (WINTER, et al. 2016).

Jorge and Travassos (2018, p.11), when analyzing transsexuality, point out that "In Brazil, the subject has invaded the media, cultural and entertainment magazines...[...] Suddenly, transsexuality is spoken of colloquially, without any surprise or inquiry". Even with all the visibility, surveys indicate that discrimination is a present situation for transsexuals and also occurs in the health area, these surveys indicate that 19% of respondents cited having already been refused medical care because they are transsexuals.

Transsexuality has a rather peculiar characteristic that leads it to be considered a social phenomenon: it is marked by self-diagnosis and therapeutic self-prescription, i.e. the

(Jorge and Travassos, 2018, p.57). The subject self-identifies in a certain description - which they have seen in the media or seen someone say - and goes to the doctor asking for the "correction" that they have been told is appropriate. It is understandable that the purpose of this correction, in the case of transsexuals, is the marked disharmony between sex and gender, which sometimes causes unbearable suffering, stemming from the coercive

force of gender over sex, suffering that impels them to demand that medicine intervene in the real body. (JORGE and TRAVASSOS, 2018, p.47)

The process of vulnerability in health can increase the chances of the user being exposed to illness through individual, collective and contextual factors that cause, to a greater or lesser degree, a risk of physical and psychological illness. The individual factor refers to the degree of information that people have about themselves and what is necessary and safe for the transsexualizing process. The collective factor covers access to health services and their adaptations to include users. The current social factor is maintaining the participation of these individuals in society, and they should be allowed to submit to the rights and duties of any other citizen above the law. (BORBA, et al. 2016).

Based on the assumptions organized by the concept of vulnerability, in this study, the participants in the research process are represented by the group of gender and sexuality minorities, brought up in this context as part represented in the acronym LGBTQIAP+ (Lesbian, Gay, Bi, Trans, Queer/Questioning, Intersex, Asexual/Aromantic/Gender, Pan/Poli, and more). Based on this perspective of weaknesses in health care for this population, the importance of a specific policy for health care was signaled. Thus, in 2011, the National Comprehensive Health Policy for the LGBTQIAP+ Population emerged as a response to historically stigmatized demands and specificities, with the aim of promoting equity and implementing a state policy to guarantee human rights. (RIBEIRO, et al. 2016)

Specifically with regard to access, it is worth highlighting this as an essential part of health care for Brazilian transsexuals. Access is pointed out as a *sine qua non* (indispensable) condition in the structuring of any health service, from formal or informal entry into health facilities, through the use of services, to the end of care practices. Access should not be limited to the entrance. For this reason, they use the concept of accessibility in its broadest format, which includes the different potentialities of health territories, in order to foster adaptations with a view to including users. (MONTEIRO, et al. 2019)

However, the transgender population's access to the SUS is difficult to operationalize, since this population does not follow a heteronormative pattern, and what makes them "different" can end up being used against them in the health services. An example of this is the non-use of the social name to identify the patient, which often leads a trans person to embarrassment, such as a girl standing up to the doctor in a doctor's office by a

male name, for example. In this way, the state ends up incorporating the trans population, through the logic of the services offered, as a community of perverts, undesirables. Therefore, they may have their right to access health care violated, giving rise to a "non-place" in the SUS and reproducing weaknesses in the effectiveness of care. (ROCON, et al. 2016)

Social institutions, such as religion or family, which are stratified in society, also influence gender identity and, consequently, the ways in which health care is provided by professionals from the different areas of knowledge in the health sciences. Thus, transsexual users can suffer discrimination and stigmatization, represented by difficulties in accessing health services, which can influence the search for clandestine services, which, due to their general precariousness, can offer risk and, above all, raise vulnerability standards, facts that demonstrate the importance of increasing the use of soft technologies in LGBTQIAP+ health, without disregarding the others (PARDINI, et al. 2017).

Objective

Identify the difficulties faced by transsexual citizens during the sex reassignment process.

II. CONTEXT THEORETICAL

2.1 Transsexuality

Transsexuality is a complex and universal phenomenon, occurring in many different times and places in the history of civilization. Today, it is defined as the persistent desire to live and be accepted as a person of the opposite sex. These individuals may experience psychological discomfort because of their biological sex and wish to undergo surgery or hormone treatments to redefine their bodies (DAVIS, et al., 2012, apud, SILVA, et al., 2017).

In Brazil, the Federal Council of Medicine (CFM) published Federal Resolutions No. 1,482/1997¹⁶, No. 1,652/2002¹⁷ and No. 1,955/2010¹⁸, diagnosing transsexual patients as having a permanent psychological disorder, with rejection of the phenotype and a tendency towards self-extermination or self-mutilation. In this way, it allows transgenitalization surgeries to be performed as a way of therapeutically correcting cases of transsexuality (CONSELHO FEDERAL DE PSICOLOGIA, CFP, 2011 apud, SILVA, et al., 2017).

2.2 Depathologization of Transsexuality

With regard to transsexuals, it is known that this is a complete and universal phenomenon, occurring in various cultures at different times and places in human

history. The process of depathologizing these identities can be considered a topical issue for both science and society. In 2010, France was the first country in the Western world to declassify transsexuality as a psychological disorder, while in India, Pakistan and Bangladesh, the hijras (a Hindu religious community made up of transsexuals) were legitimized and made official with the nomenclature of the Third Sex.

In Brazil, the CFP (Federal Psychology Council), considering the right to citizenship, as well as equality and the dignity of the human person, guaranteed by the Federal Constitution, enacted Resolution No. 014 of 2011, allowing transvestite and transsexual psychologists to use their social names in the "observation" field of their identification cards professional. This publication sets precedents for questioning and consequently changing the way Brazilian psychology understands the experience of transsexuals.

In 2013, the publication of the technical note on the transsexualization process and other forms of assistance for trans people became a milestone in the process of depathologization. As an official guidance document for psychologists working to promote the mental health of this population, the CFP states that transsexuality and transvestitism are not psychopathologies, although they are expressions of gender and non-normative sexuality. In 2014, the communication campaign for the depathologization of these identities was officially regularized (silva, et al., 2017).

2.3 Transsexuality and the risk of becoming ill

The expressions of transsexual groups, when analyzed based on the concept of vulnerability in health - which leads to a more reflective view of collective health, in which there are predictors of susceptibility to illness - include everything from epidemiological issues to modifications to provide inclusion in health services. Nevertheless, conservatism is intrinsically linked to the marginalization of this social group, which makes it impossible for transsexuals to enter the job market, leading to their oppression in the illegal world of prostitution, thus favoring health risks. These victims use clandestine prostheses to bargain for space in the prostitution market and ingest artificial hormones for the transsexualizing process (SCHELLER, et al. 2017).

III. METHODOLOGY

3.1 Type of Study

This research qualifies as an integrative literature review and followed the precepts of an

exploratory study, since it is a study carried out through bibliographic surveys which, according to Gil (2021), "is developed from material already prepared, consisting of books and scientific articles".

3.2 Inclusion and Exclusion Criteria

For the inclusion criteria, articles and books that addressed the subject and dealt with the topic were accepted, and for the exclusion criteria, articles and books that did not address the subject and did not deal with the topic were rejected.

3.3 Materials and Methods

Data was collected using scientific articles found in the following databases: Google Scholar, Scielo, PUBMED, LILACS and MEDLINE.

From the perspective of Gil's (2021) proposal, this study was carried out in 4 (four)

steps:

Stage 1 - Sources

The sources that provided the appropriate answers to the proposed problem are described below:

- 3.3.1 Two books were used that addressed the topic, in terms of the health aspects of the transsexual population and the technique for medical care for them, in Portuguese, available on the internet, published in 2016 and 2018.
- 3.3.2 Selection of the most relevant published articles on the sex reassignment process using the Google Scholar, Scielo, PUBMED and LILACS databases, MEDLINE, published in the last 5 years (2016 to 2021). We used 36 national and 4 international articles, available online in full text. The following descriptors were used: transsexualizing process, transsexual health, care for transsexuals, transphobia in the health system.

Stage 2 - Data Collection

Data collection was based on the following premise:

- a) Exploratory reading of all the material selected (quick reading to see if the work consulted is of interest to the work);
- b) Selective Reading (more in-depth reading of the articles included and the parts that really interest you);
- c) Recording the information extracted from the sources in a specific instrument (authors, year, method, results and conclusions).

Stage 3 - Analysis and Interpretation of Results

In this stage, an analytical reading was carried out in order to order and summarize the information contained in the sources, so that they could provide answers to the research problem.

Stage 4 - Discussion of Results

Categories that emerged from the previous stage were analyzed and discussed based on the theoretical framework related to the subject of the study.

IV. ETHICAL ASPECTS

There was a commitment to cite the authors used in the study in accordance with Brazilian regulatory standard 6023, which sets out the elements to be included and guides the compilation and production of references.

The data collected was used exclusively for scientific purposes.

V. RESULTS

To carry out this bibliographical review, data was collected from a total of 229 scientific articles, of which 187 did not meet the exclusion criteria and did not contain pertinent information on the process of sexual reassignment, leaving 42 works that met the inclusion criteria, from which the following were taken: 3 from MedLine, 9 from Google Scholar, 4 from LILACS, 18 from Scielo, 7 from PUBMED, and 2 from Med Sus.

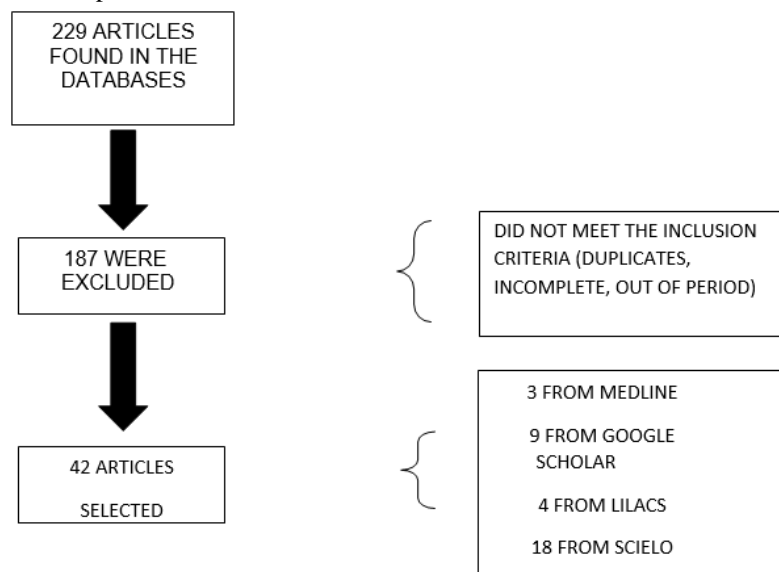


Fig.1 - Flowchart of article selection

Source: survey data

Table 1 - The difficulties faced by transsexual citizens during the sex reassignment process: literature review

NO.	AUTHOR/YEAR	METHODOLOGY	RESULTS
1	Sam Winter, et al, 2016	in this article, we examine the social conditions and in which many transgender people (often people calls trans) live and medical perspectives that frame the provision of health care for transgender people in much of the world.	Some governments are taking measures to address issues of human rights and provide better legal protection for transgender people, but this action is not by no means universal.
2	Jéssica Leite Serrano, et al, 2019	Eight trans men who use the services offered by the Comprehensive Health Outpatient Clinic for Transvestites and Transsexuals in the city of João Pessoa/PB took part in the study. They were subjected to a semi-structured interview and a socio-	This study concluded that the interviewees use physical activities to gain body mass and muscle definition, aspects that in their view refer to a masculine body, reinforcing not only their masculinity, but also helping to build their sexual identity.

		economic questionnaire, which were analyzed based on Bicudo's proposal for phenomenological analysis.	
3	Pamela Suelen de Oliveira Reis, et al, 2021	Socio-anthropological studies were used to analyze and discuss the data, and field research was used as a methodological reference.	The meanings produced by nurses about welcoming transvestites and transsexuals in primary care are based on issues such as embarrassment, neutrality and lack of knowledge about gender issues beyond gender binarism.
4	Pablo Cardozo Rocon, et al, 2016	A qualitative approach was used through semi-structured interviews with 15 trans people.	The results pointed to disrespect for the social name, discrimination and diagnosis in the transsexualizing process as the main limitations in accessing the health system.
5	Gianna Schreiber Popadiuk, et al, 2017	The exploratory research combined quantitative and qualitative methods of study, taking as methodological basis for the normative research proposal for the evaluation of health programs and systems.	The study resulted in a total of sexual reassignment carried out in the SUS (2008-2016), which show no deaths and regional inequalities in access;.
6	Fernando Scheller, 2017	Semi-structured interviews with representatives of these organizations examined their perceptions of the challenges faced by transsexuals and transvestites in accessing work.	some of which depend on state action, such as affirmative action, and others which require corporate responsibility.
7	Monique Mendes, et al, 2020	Case report	Currently, most reports come from countries in Asia and South America and the victims are mainly women and transsexuals. One case of death of a transsexual patient after injection of industrial silicone into the thighs and buttocks is reported.
8	Nizar Amin Shihadeh, et al, 2021	The method adopted as a guiding principle for analyzing reality in order to carry out the research was the dialectical-critical method, whose central categories are totality, historicity and contradiction, seeking coherent, logical and rational explanations, in order to try to understand the reality we are trying to investigate, which is not something ready and unfinished, because we need to build paths in order to analyze possibilities for finding possible transformations so as not to run the risk of present preconceived opinions.	LGBTQIAphobia may be perpetuated by the lack of training and unpreparedness of health professionals, which manifests itself in cycles of violence, such as difficulties in guaranteeing humanized, equitable and comprehensive health care, in addition to encountering difficulties that cause suffering and various constraints, which prevent particular and specific demands from being met, including, for example, guaranteeing the use of the social name of transvestites and transsexuals, the prevention of new cases of gynecological cancers (cervical and breast) among lesbians and bisexual women and also new cases of prostate cancer among gay men, bisexual men, transvestites and transsexuals, as well as expanding access to treatment for these diseases.
9	Pablo Cardozo Rocon, et al, 2019	It is understood that qualitative methodology is ideal for analyzing the "products of the interpretations that humans make about how they live, build their artifacts and themselves, feel and think".	As of September 9, 2018, ten establishments had been qualified to offer the SUS transsexualizing process. From a geographical point of view, the units qualified to offer the SUS Transsexualizing Process, both in hospital and outpatient, are

			mostly concentrated in the Southeast, with six of the ten units, followed by the South, with two units, and the Northeast and Midwest, with one unit each.
10	Cecília Barreto, et al, 2018	Semi-structured interviews with representatives of these organizations examined their perceptions of the challenges faced by transsexuals and transvestites in accessing work.	As a result, we identified five main challenges: prejudice and transphobia, as well as training for both trans people and companies.
11	Maureen K. Flynn, et al, 2021	Participants were recruited through advertisements on social media sites (e.g. Facebook), Reddit and organizations that serve minorities gender and 402 participants were included in the statistical analyses.	The results showed that both psychological flexibility and inflexibility moderated the relationship between 1) transphobia internalized and life satisfaction and 2) non-disclosure of gender identity and satisfaction with life.
12	Lucas Périco, 2021	This type of research makes a collection of information from field notes, interviews, conversations, photographs, personal notes, among others, into a comprehensive approach to a subject, which will be supported by the chosen theoretical framework.	On the one hand, a standard of masculinity and femininity linked to anatomical and physiological issues is demanded, i.e. the reproductive system determines how a person should dress, speak, express themselves, etc.
13	Estevão Rafael Fernandes, et al, 2019	Based on qualitative research, this article seeks to analyse the use of social networks as strategies for the visibility of transgender individuals, acting as the creation of political spaces in the construction of concrete events, in the interaction of political subjects, spaces of excellence for leadership policies and the commitment of groups to struggles for recognition as well as social and political mobilization.	One of these "non-writings" concerns the rise of LGBTphobia on and off the internet, as a result of the growing political polarization in the country over the last few years - notably from 2013 to the present.
14	São Paulo Municipal Health Department, 2020	The Technical Committee for Comprehensive Health for the LGBTI Population (Lesbian, Gay, Bisexual, Transvestite, Transsexual Women, Trans Men and Transmasculine People, other "trans" and/or gender-variant people and Intersex People) was set up. and linked to Department of Primary Care (DAB) of the São Paulo Municipal Health Department (SMS), with the aim of promoting public policies and establishing health care for the LGBTI population based on the principles of the SUS.	The aim of this document is to support Primary Care in welcoming and providing specific care for these populations, since it is the level of care that has the function of offering access to health, comprehensive care, longitudinality and coordination of care, with the aim of providing access to health. opportunity to knowing the individual's surroundings and potentially carrying out care oriented according to their family and community experience, through the cultural competence developed in working with the population of a given territory.
15	Jonathan Valles-Hernandez, et al, 2020	A descriptive study was carried out based on the review and analysis of published evidence from quantitative and qualitative studies, from 2005 to 2019, in English and	The results were classified according to the main access barrier in different analytical barrier categories: economic, organizational, geographical and cultural.

		Spanish.	
16	Morais, et al, 2020	Integrative review carried out in two databases in July. 2018. ENDNOTE® was used to systematize the articles.	The sample consisted of 18 articles. Three thematic categories were identified: "surgical techniques", "operative complications" and "psychosocial aspects".
17	Gabriela da Silva Santos, 2019	To this end, a qualitative methodology was used, guided by the 'case study' methodological strategy.	Throughout their careers, trans women and transvestites face the intolerance that permeates their paths to affirmation and self-recognition, whether through the control of their bodies or the sophisticated networks of exclusion from a 'system' orchestrated by the gender binary and heteronormativity.
18	Juliana Luiza Marazo, 2017	This research used the theoretical method, which consists of works consultation, scientific articles, as well as electronic elements dealing with the subject.	Transvestites and transsexuals are subjected to methods and procedures clandestine modeling, hormonal self-medication and liquid industrial silicone inoculation to adapt their bodies to the binarism imposed by heteronormativity, because they don't recognize the gender that was imposed by their biological sex at birth, thus altering their external image to the gender they feel they belong to.
19	José Jefferson, et al, 2021	Data was collected from trans people in Maceió through interviews conducted in October and November 2019.	There were gaps in health services regarding the treatment of trans people and a lack of public policies aimed at this public in Maceió.
20	Rodrigo Vellasco Duarte Silvestre, et al, 2018	This system uses specific probes for high and low oncogenic risk types. Subsequently, each positive sample will be evaluated to identify the specific viral type, using ROCHE's PCR plus specific type hybridization system, Linear Array HPV Genotyping Test, for the specific type identification of these infections for each viral type of high or low oncogenic risk so that the epidemiological data can be more complete.	In the 1,394 samples of the samples collected, 212 (15.2%) were identified as positive by the methodologies used, with 182 (85.8%) being infected with high-risk oncogenic types and 30 with low-risk types. With regard to the cytology of these samples, 970 had a cytological examination without alterations, and of these, 159 (16.4%) were positive for HPV, 142 (89.3%) for high risk and 17 (10.7%) for low risk.
21	Lucas Moreira Florido, et al, 2019	In PubMed, there were the following descriptors were used, transgender AND pap smear, 19 articles were found and selected 16. In LILACS, the following descriptors were used: transgender AND screening. 6 articles were found and 2 were selected.	The key point for improve screening is the implementation of content about trans men and contact with this population from an early age in the academic training of health professionals to enable greater knowledge and empathy on their part, allowing dignified and quality care for patients.
22	Mônica Angonese, et al, 2017	We conducted ethnographic research and analyzed Brazilian health and human rights documents.	The absence of the trans population in practices and discourses related to rights and reproductive health in general was verified, as well as their predominant invisibility in documents related to the transsexualization process and the rights of the lesbian, gay, bisexual, transvestite and transgender (LGBT) community.

23	Alice Duarte Paiva, et al, 2019	Literature review of 29 articles from the NCBI and SciELO databases, using English descriptors.	Sexual reassignment for transgender women uses hormones that can lead to breast cancer due to estrogen exposure without the counterbalance of progesterone.
24	Simone Monteiro, 2019	A bibliographical study was carried out using the hypothetical deductive method	The texts agree on the importance of public policies investing consistently and continuously in tackling the stigma and conditions of social exclusion that mark the daily lives of transvestites, trans women and trans men.
25	Francisco Chong Villarreal, 2020	The constant comparison method is used to form categories within the patterns found	The results highlight that the structural oppression of sexual practices and gender expressions increases with the exacerbation of material needs and for spiritual and psychological support.
26	Janaína Machado Sturza, et al, 2020	A bibliographical study was carried out using the hypothetical deductive method.	The (re)organization of a public health system that welcomes everyone without distinction, but without forgetting individualities, has become essential.
27	Daniela Soares Mariano, et al, 2020	The article was developed by surveying the literature in virtual publications related to transsexuality and Brazilian public health.	This article is a survey of data on the experience of the Transsexualizing Process in the SUS over the last 10 years, with the aim of pointing out advances and weaknesses.
28	Robert Davies, et al, 2017	Experience report	Data from the Youth Risk Behavior Surveillance System showed a decrease in teen suicide attempts in states that adopted same-sex marriage policies.
29	Bruna Pardine, et al, 2018	The research method used was bibliographic	The results point to the existence of constant psychological violence in the lives of this population through the non-recognition of their identities and their basic rights to use a name that represents them, use the appropriate bathroom with his identity as gender, health, education and employment.
30	Ana Lodi, et al, 2017	The methodology used in the research was a literature review and articles from the areas of sociology, history, philosophy and specialists in the field of medical and social sciences via searches in VHL Brazil, Scielo and Google Scholar, and for articles with the word "transgender".	This paper supports timely medical intervention to achieve gender/body congruence combined with affirmative mental health therapy, with an appropriate approach to minimize negative health outcomes and maximize positive future outcomes for transgender children.
31	Kelly Alves de Souza, 2020	Bibliographic research	There are no public policies for the inclusion and protection of these women in society in general.
32	Anna Caroline Bastos, et al, 2020	In order to construct this article and achieve the intended objectives, we used the topic: "The changes", which aims to show how difficult the difficulties encountered by a transgender person in their life are, through examples and bibliographical and documentary research.	After portraying the biggest problems that transsexuals face throughout their lives, it is worth pointing out that, after so many years in search of improvement and respect, they are gradually succeeding.

33	Salzman Todd A, et al, 2021	The focus of this essay is on the divisions that the new policy promotes around sex and sexualities and how the United States Conference of Catholic Bishops (USCCB) is promoting these divisions legally, theologically, anthropologically and ethically.	We conclude that in its teachings on homosexuality and its advocacy against the Equality Act and non-discrimination legislation, the USCCB promotes unjust discrimination against members of the LGBT community, violates human dignity and attacks the common good.
34	Maureen K. Flynn, et al, 2021	Participants were recruited through advertisements on social media sites (e.g. Facebook), Reddit and organizations serving gender minorities and 402 participants were included in the statistical analyses.	The results showed that both psychological flexibility and inflexibility moderated the relationship between 1) internalized transphobia and life satisfaction and
35			2) non-disclosure of gender identity and satisfaction with life.
36	Roberta Cristina Gobbi Baccarim, et al, 2020	Interviews were conducted with public health professionals in Curitiba/PR, covering their knowledge of transsexualities and transvestites, public health policies for transvestites and transsexuals, and their experiences of care.	It was observed that regulatory gender norms affect the practice of policies and care for trans people, making it difficult for them to access public health services
37	Lívia Karoline Morais da Silva, et al, 2017	The following categories of analysis were chosen: welcoming and promoting access to health through the social name; the social name as a tool for humanizing care; and the social name as a basis for making integrality a reality	If professionals make this right a reality, respecting it and providing the means to use it orally and in medical records and documents, it will make it easier to carry out health actions, enforcing the citizenship and health rights of these users.
38	Francisco Chong Villarreal, 2021	Using the constant comparison method to form categories with the patterns found.	The results show that the structural oppression of sexual practices and gender expressions increases as material needs and spiritual and psychological support worsen.

Source: survey data

VI. DISCUSSION OF THE RESULTS

6.1 Transphobia in healthcare: LGBT barriers to accessing health services

Transsexuality has a very peculiar characteristic that leads it to be considered a social phenomenon: it is marked by self-diagnosis and therapeutic self-prescription, that is, the subject self-identifies in a certain description - which they have seen appear in the media or seen someone say - and goes to the doctor asking for the "correction" that they have been told is appropriate (Jorge and Travassos, 2018, p.57). It is understandable that the purpose of this correction, in the case of transsexuals, is the marked disharmony between sex and gender, which sometimes causes unbearable suffering, stemming from the coercive force of gender over sex, suffering that drives them to demand that medicine intervene in the real body. (JORGE and TRAVASSOS, 2018, p.47)

The desire for numerous interventions along the body, in the case of transsexuals, is due to the search for passability - a term used to refer to the extent to which a transsexual man or woman "passes for" a cisgender man or woman - an individual who presents themselves to the world and identifies with their biological gender - and is a term debated in the transsexual community, since trans women and men do not "pass for" they "are" (Sam Winter, et al, 2016). However, for reasons of insecurity and fear of rejection, transsexuals seek the "perfect" appearance of the gender they identify with in order to be accepted by society (Jéssica Leite Serrano, et al, 2019).

When these standards are called into question, such as transsexuality, rejecting behaviours are conceived as a vicious circle, passed down from generation to generation and characterized as transphobia. Transphobia can be defined as the irrational

rejection, fear or intolerance of transsexuals (Pamela Suelen de Oliveira Reis, et al, 2021).

Trans men and women under the oppression of society's normative morality, judged as not belonging to the gender group they identify with, are regularly classified as "not normal" or "unnatural", which leads to an uncontrolled search for ways to change their physical appearance. Furthermore, social recognition is necessary for the self-acceptance and well-being of these individuals (Pablo Cardozo Rocon, et al, 2016). In this process, the health risks are immeasurable, as the desired aesthetic change is not understood as a public health service and the majority of this population does not have the financial resources to access private clinics (Dianna Schreiber Popadiuk, et al, 2017).

A large part of the transsexual population suffers from the lack of family acceptance of their gender identity, and as a result they are expelled from their families and homes. The job market for them is closed, with no guarantee of employability, favoring informal or clandestine work. Furthermore, this population is forced into prostitution as a means of survival (Fernando Scheller, 2017). The desire for a body that reflects their gender identity, coupled with the need to be perceived as such in prostitution, leads transsexuals to use high-risk resources, such as prostheses and silicone applications that are not regulated by ANVISA (National Health Surveillance Agency). Therefore, it is understood that the mental health and emotional balance of transsexuals is only possible by mitigating gender dysphoria in their own bodies (Monique Mendes, et al, 2020).

It is important to know what affects, afflicts and harms the health of the transgender population. In addition to biomedical and epidemiological information on the prevalence, risk and vulnerability of diseases, it is important to know this data in order to formulate public health policies aimed at the group, the implications of gender issues, the structuring of health services and the work of professionals, since these are the factors that directly interfere with access and guarantee the right to health of the transsexual population (Nizar Amin Shihadeh, et al, 2021).

It is also necessary to understand the cultural differences between the regions of Brazil, since (Pablo Cardozo Rocon, et al, 2019) report that "in the north/northeast, the transsexual category practically does not exist. Thus, it is common for transvestites to seek out the program in search of body changes that can include genital modification". As a result, there is a noticeable lack of medical care and monitoring for this population, especially in regions considered to be less developed.

This scenario, unfortunately, is still present today, which is solidified by the fact that the life expectancy of Brazilian transsexuals is 35 years, half the national average (Cecília Barreto, et al, 2018).

A survey carried out in the United States in 34 municipalities with a sample of 877 respondents found that 86% of the participants were against transsexuality, reinforcing the view that transphobia is largely socially determined (Maureen K. Flynn, et al, 2021).

In addition, a study carried out by the Association of Gay, Lesbian, Bisexual and Transgender Parades in Brazil in 2006, with 846 members of the group, found that 67% had suffered discrimination because of their gender identity, and that 59% had experienced some kind of physical violence. Although these studies do not represent the entire population, they are an important indicator of the existence of transphobia, which permeates the daily lives of the LGBT population (Lucas Périco, 2021).

Transphobic discourses are present in the conduct and minds of health professionals. For some health workers, the LGBT population is a group of sick people, not worthy of formalizing marriages and adopting children; witnessing attitudes of affection between members of the group has aroused the repulsion of these workers (Stevão Rafael Fernandes, et al, 2018).

Inadequate conduct, embarrassment, prejudiced connotations or even verbal aggression on the part of health professionals in health units, generate losses in health reception and, consequently, in the demand for care. These attitudes can be experienced as situations of violence (sometimes silent, sometimes concrete) that can contribute to a shift away from caring for one's own body and the health of the transgender population (Secretaria Municipal da Saúde de São Paulo, 2020).

Faced with this reality, the group fears revealing their gender identity to health services when seeking assistance for their transsexualizing process, anticipating the negative impact that such an attitude can have on the quality of care (Jonathan Valles-Hernandez, et al, 2020). As a result of non-disclosure, the transsexual population is treated according to heterosexual and cis-gender standards, and is dissatisfied with the care they receive, because, in part, it does not meet their real needs or even desires (MORAIS, et al, 2020).

The presence of internalized transphobia in the LGBT population also seems to be another aggravating factor for not seeking services. Shame and fear of reprisals after revealing their gender identity have been associated with a number of problems among including

depression and anxiety, relationship problems, sexual compulsion and the use of psychoactive substances (Gabriela da Silva Santos, 2019).

In general, the existence of internal and external transphobia means that, in cases of illness, the population goes to clandestine services first, even at the risk of even more harmful results, such as the use of medications prescribed and marketed by unauthorized people. The transgender population turns to health facilities only when resolution is unsuccessful and they can no longer ignore the symptoms (Juliana Luiza Marazo, 2017). Self-medication allows diseases to appear, with the consequent search for units and emergency rooms, often considered the gateway to the system (José Jefferson, et al, 2021).

6.2 Implications of transsexuality on self-care and access to health services

Although the subject is growing in scientific circles, due to the invasion of the subject in the media, knowledge about access to health services by the transsexual population in general is a fundamental dimension for the formulation of appropriate public policies.

The demand for health services for transsexual men compared to transsexual women reveals a lower frequency of preventive and routine examinations, such as cervical and breast cancer prevention. Transgender men are ten times more likely not to have a pap smear and four times more likely not to have a mammogram (Rodrigo Vellasco Duarte Silvestre, et al, 2018).

The reduction in the frequency of Pap smears is justified by transsexual men in the way the test is carried out, as it can reveal the presence of self-reported masculine physical attributes and enable the identification of a gender identity that can be seen as deviant. A study of transgender men revealed negative experiences in gynecological clinics, finding inappropriate reactions and rejections from professionals (Lucas Moreira Florido, et al, 2019).

Another reason why transgender men don't seek sexual and reproductive health services is that they don't believe they run the risk of acquiring or are capable of transmitting sexual diseases, as they consider that this is only possible in heterosexual relationships and through promiscuity (Mônica Angonese, et al, 2017). Even so, these individuals have reduced protective factors for breast and ovarian cancer, especially those who do not wish or intend to become pregnant (Alice Duarte Paiva, et al, 2019).

In comparison, transgender women also have

difficulty accessing health services. A study in Brazil revealed that transgender women have low demand for services and when they do seek them out, their medical needs are not met as a result of discriminatory attitudes on the part of professionals (Simone Monteiro, 2019). It is noteworthy that the AIDS epidemic has increased this population's search for these services, making LGBT people, in general, more likely to seek preventive care for situations that put them at risk of HIV infection, since there is a historical and cultural association between homosexuality/transsexuality and HIV (Francisco Chong Villarreal, 2020).

Regarding the search for access to health information, a study carried out in Brazil with transgender participants revealed that the sources of information for this group are LGBT friends, magazines/books, websites and civil society organizations (Janaína Machado Sturza, et al, 2020). Among older transgender women, the main source of information is most often other transgender women or sexual partners, making the prevention of certain diseases seen as 'couple business' and not something that should be shared with a health professional, which increases susceptibility to illness (Daniela Soares Mariano, et al, 2020).

Improperly obtained information and failure to seek health care early favor the emergence of other problems. The connection with alcohol, tobacco and drug use, suicide attempts and a tendency to depression appear with high frequency in the transsexual population, as do problems related to sexual and reproductive health (Robert Davies, et al, 2017). Many transsexuals, because they do not reveal their sexual orientation and play a typical role within the gender to which they belong, are more likely to develop psychological disorders, especially young trans people, due to the difficulty they experience with social and family acceptance (Bruna Pardine, et al, 2018).

A survey of young LGBT people identified the need for greater sensitivity on the part of health professionals in an attempt to solve the problems of this population. Young LGBT people affirmed the importance of a more comprehensive look at the area of the worker in health promotion, in mediating conflicts, especially in the family sphere, and in reducing social homophobia and transphobia (Ana Lodi, et al, 2017).

Similar data is found in the elderly transsexual population, who experience major challenges and barriers in accessing health services to reveal their gender identity. Stigma is associated with the belief that ageing and transsexuality increase the risk of social isolation,

poor physical and mental health, cognitive impairment and mortality in the elderly population in general (Kelly Alves de Souza, 2020).

6.3 Professional training in health: deficits in care for the transgender population

The perception of transsexuality in the face of universal morality and the consequent rejection of trans men and women are some of the greatest difficulties for health professionals in dealing with trans patients. The criminalization and stigmatization of transsexuality are major barriers to providing access and use of services by health professionals (Anna Caroline Bastos, et al, 2020).

A survey carried out in the United States with 116 health students, 75% of whom were female, found that 8-12% believed that transsexuality should be punished; 5-12% of the students disliked gender and sexuality minorities; and 51-53% noted that transsexuality was against their religious beliefs (Salzman Todd A, et al, 2021). In England, out of a group of 137 students, 83% of heterosexual cis-gender women, 16% feel uncomfortable if they are responsible for caring for a trans woman (Maureen K. Flynn, et al, 2021).

Inexperience and/or a lack of professional training, capacity and conception during academic training can also be considered an obstacle for the group in question. Even so, the thematic approach inherent in gender and sexuality, which often goes against professional modesty, prevents satisfactory health care from being provided to the group (Rodrigo Borba, 2016).

Intervention strategies, such as continuing education, can be adopted to prepare health professionals for non-discriminatory care aimed at the LGBT group, guaranteeing the right to comprehensive care, as provided for in the legislation. Experiences with continuing education show satisfactory results (Roberta Cristina Gobbi Baccarim, et al, 2020). In Kenya, a 2-day training for health professionals provided information about transgender people, their sexual risk behaviors and their health needs. The post-training evaluation, 3 months after this intervention, found a reduction in prejudiced attitudes and an increase in the knowledge of these health professionals regarding the particular health of this population (Secretaria Municipal da Saúde de São Paulo, 2020).

In addition, there is a need to make available, in the training of health professionals, evidence-based clinical information regarding the process of health care for the transgender population. These requirements are: communication standards; understanding the relationship between health, illness and gender issues; a humanitarian

approach to trans patients; and addressing the most common health problems (Rodrigo Borba, 2016). It is pertinent to reduce the difficulties of access to health services, as well as the violation of confidentiality and discrimination by professionals, by adopting these attitudes. Even health professionals criminalize transsexuality. Instead, they can be encouraged to provide a supportive and safe environment in which this minority can discuss their risk behaviors, sexuality and health problems (Livia Karoline Morais da Silva, et al, 2017).

The universality of the right to health requires the proposal of strategies and specific attention, according to the singularities of the subjects who seek services, living up to the principle of Equity of the Unified Health System (Simone Monteiro, et al, 2019). This implies that social determinants, such as sexual orientation and gender identity, should be known and cultivated by health professionals. It is hoped that the problematization of transsexuality can advance, so that the LGBT population has its citizenship rights respected, especially in the field of integrated health (Francisco Chong Villarreal, 2021).

VII. FINAL CONSIDERATIONS

Based on the data obtained, it was possible to start reflecting on the fragility that still exists between transsexuality and the care provided by health services. Despite the presence of qualitative studies, and considered a limitation of this review due to the subjective nature of its methodological approach, the review highlights the prejudice and discrimination suffered by the LGBT population, especially transsexuals, in accessing quality health services.

LGBT people find it difficult to communicate with health professionals, as well as fearing assumptions about their gender identity and embarrassing situations when expressing their transsexuality, due to the transphobia present in the conduct of professionals.

Exclusion and marginalization in health services implies a reduction in care and consequent search for care, contributing to the detour of these patients from caring for their own bodies and reducing the chance of developing educational and preventive health work.

It is therefore necessary to ensure that, in addition to providing qualified and equipped health services, there are trained professionals who are free of discriminatory attitudes in this area. They must be able to analyze their patients' state of health, taking into account

the health, social and cultural context in which they live. To this end, new research on the subject could provide a broader discussion and generate favorable changes in health care for transsexuals.

To this end, important measures include: introducing this topic into the undergraduate curricula of health professionals; carrying out training with professionals already working in the field; monitoring the implementation of laws that deal with social transphobia; and developing empowerment strategies for the LGBT population, so that they can act in the relentless pursuit of their rights, making themselves visible as subjects of their own history.

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