

Evidence of GLBT in Brazilian Scientific Research: A State of the Art

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Abstract— *A systematic qualitative review of State of the Art type developed to know the scientific evidence which exhibits Brazilian Lesbian, Gay, Bisexual, Transvestite, and Transgender people experience. Texts included the LGBT population from 18 years of age. Inclusion criteria involved articles which investigated LGBT population experiences in diverse social institutions and time frame from 2009 to 2019. This research was conducted (February-April/2019) in four scientific databases aiming to identify texts in Portuguese. We followed the PICO protocol for elaborating the starting question, the PRISMA for eligibility, and Meta-Aggregation in Phenomenological perspective for analysis. We included fifteen articles and those found are presented in two categories of qualitative synthesis. Pathologization, stigma, and prejudice earmark LGBT relationships and institutions, reinforced by heteronormativity. However, there is a health guarantee from Transsexualizer Process. This review points out low evidence about the transgender experience in social environments and portrays that institutional violence stands out in disrespect for human rights.*

I. INTRODUCTION

The sexuality approach has a hard and complex historic referral in Brazil, closely following, although, with great modesty, the unveiling of facts that happened in the Old World, in already developed first-world countries. Foucault (2014) asserts in the first volume of his work *The History of Sexuality I* that the theme was retracted to the alcoves with European bourgeoisie outbreak when speeches are used as power devices and marriage was unveiled as reproduction-intended, controlling, since then, bodies.

The logic that the biological binary man and woman, male and female is the pattern model and adequate puts any other kind of gender and/or sexual identity manifestation, as well as a sexual orientation as an affront to values and moral costumes which are rooted in the patriarchy, a system that has like central figure the father, male, family provider, as well as implementation of

heteronormativity as correct conduct (Pinto & Silva, 2019).

The State, as a maximum instance, which controls all and everyone, developed what Foucault called as biopower, a mechanism of body domination in any situation that happens outside the patriarchal pattern of a mononuclear and traditional family, establishing, making it a disorder of any other gender expression or sexual manifestation which are not opposed to oneself, as it happened with the madness phenomenon. Therefore, men who had/have sex with men, women who had/have sex with women, people who cross-dress or transit between genders due to their non-recognition with gender and birth biological sex and so many other situations are immediately pathologized. It means a disease to be treated, arising thus homosexuality, lesbianism, transsexualism, hermaphroditism among other terms with suffix *-ism*

which brings in its etymology the meaning of disease (Furtado & Camilo, 2016).

Such a process of sickening the healthy body needed to be legitimate by a science. Psychiatry technically defined that nomenclature would receive a pathology related to the sexuality of an individual, of the feeling of not belonging to one's physical and biological body, from Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – DSM IV named as Gender and Sexual Identities Disorders changing to Gender Dysphoria in Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – DSM V (American Psychiatric Association, 2014).

Whilst transsexualism appears as a psychiatric disease, susceptible to State control, institutions appear that claim the right to treat such pathology. In Psychology field, arguments arise from professionals as the gay cure, though the Psychology corporate board in its own legislation, Resolution N° 199 (Medicine Federal Board, 1997), forbids with vehemence the psychologist of acting in the supposed gay cure. This movement gains followers in the most conservative religious institutions and divides opinions that show an LGBT cure is possible from a whole of religious apparatus, repentance, and denial as if this way of living was wrong, condemned by religiosity.

Pinto and Silva (2019) states that the dispute between professionals that are followers or against how transsexuality is considered gained a new chapter when International Classification of Diseases - ICD depathologized transsexuality. This episode caused a certain dislike among conservative religious people who consider LGBT to be an affront to society and the family. Nevertheless, the understanding of autonomy in making the Transsexualizer Process comes with Resolution No. 1482/1997, which established the conditions for a person to go through this process.

Transsexuality and the transsexualizer process as emerging demand in all social environments and groups. As for the Brazilian Unified Health System (SUS), it requires professionals who are able, since starting qualification, to assist this minority group demands, marginalized. However, this access is denied as result of the feeling of not-belonging to offered services as of different ways of exclusion and disrespect.

We have an approximation to the context of this qualitative systematic review of the kind State of the Art in three situations: belonging and place of speech by one of us to LGBT population; Identification of LBGT population invisibility related to health in our early academic formation - Medicine (from 1980) and Nursing (2016). Such invisibility state occurs even after official documents depathologized gender identities. Another factor that brings

us close to this theme is our monitoring of offering the Transsexualizer Process Service in a reference hospital in the capital city of Ceará state, Fortaleza city.

We carried out in advance researches to identify the existence of qualitative systematic reviews about the topic, what confirmed the necessity of developing this review because of knowledge gap there is that gathers scientific evidence that portrays LGBT experiences phenomenon in different social institutions, seeing those studies talk about it, but in individual character.

From the above, we highlight that this qualitative systematic review of State of the Art type has the general objective to know scientific evidence that unveils experience of Brazilian Lesbian, Gay, Bisexual, Transvestite and Transsexual people. This study is part of a larger study entitled 'Interface between subjectivity and the quality of life of transgender persons in the transsexualizer processes.

II. METHODS

This is a qualitative systematic review of the kind State of the Art which intent is to present data about a specific theme in qualitative and/or quantitative ways. Such type of literature review seeks to reflect upon which space has been occupied by a specific agenda inside the literature, contributing in an exponential way in the perception of knowledge gaps.

This modality can also focus on a specific line of research, or on production of *Stricto Sensu* graduate programs of Brazil. Although it brings in its scope the mission of placing academic production around a given subject, State of the Art literature reviews finds limitations, as in any type of study, given its development dynamic.

The research named State of the Art summarizes what has been produced in the academy, or still published in journals. Ferreira (2002) clarifies three complexities in developing this type of study: the researcher will not be able to historicize a theme, but only present a fragment of it; acquisition difficulties because of the possibility of reading only the abstracts, since they can be fragile in presenting all the information that comprises the study; and recognition that one's abstract will be an interconnected network from the production of others.

Thus, it is possible to call State of the Art Literature Review as research that aims to group scientific publications published in national and even international journals and/or academic productions of graduate programs in Brazil, or in Academic-Scientific Annals and Minutes of National and/or International Events around a specific theme, understanding which paths and spaces it

occupies (Ferreira, 2002; Silva, Barbosa, Pedro, & Muniz, 2005).

The State of the Art study is one of the possible qualitative research developments that has a prominent place because it does not require quantitative data with exclusivity for its representativeness and validity. It seeks rather apprehend its study object and understand how subjective elements represent, mean and give meaning to experiences lived by the subjects (Sampieri, Collado, & Lucio, 2013).

With didactics, it is recognized that qualitative research has its genesis in the first half of the 20th century, between the 1920s and 1930s in Human Sciences Area, specifically within knowledge production in Sociology and Anthropology. Within Health Sciences field, qualitative research tends to measure how the subject and its dimensions, whether psycho-emotional, social, economic, religious, etc., suffer interference from different performances in dynamics with the phenomenon at its different depths (Augusto, Souza, Dellagnelo, & Cario, 2019; Oliveira, Baixinho, & Presado, 2019).

In proposing this Qualitative Systematic Review of State of the Art type, we follow *Joana Briggs Institute* protocol (Joana Briggs Institute [JBI], 2019) for Systematic Reviews that indicates seven steps to follow: (i) Formulation of review question; (ii) Defining inclusion and exclusion criteria; (iii) Location studies through searching; (iv) Selecting studies for inclusion; (v) Assessing the quality of studies; (vi) Extracting data; (vii) Analyzing and synthesizing the relevant studies; (viii) Presenting and interpreting the results potentially including a process to establish certainty in the body of evidence. We describe how these steps were conducted in this study. We clarify that two or more steps were performed in concomitance.

For formulating the starting question, we used the acronym PICo (Population, Interest/Phenomenon, Context) indicated for qualitative research, and so the question was developed as “What is the State of the Art of Brazilian research in databases Pubmed, Directory of Open Access Journal (DOAJ), Scientific Electronic Library Online (SciELO) and EBSCOHOST about the LGBT population and their experiences in different social institutions?”. The choice of the four databases mentioned above was made considering its degree of national and international coverage as well as the possibility of free access to complete texts.

We used as inclusion criteria, addressing LGBT people experience in social institutions, being published within the time frame from January 2009 to April 2019, complete texts, published in Portuguese, contain at least one of the

descriptors, defined for the research, in the title. As exclusion criteria, we adopted those duplicated texts in the databases, quantitative studies or those that did not make explicit the methodology adopted in the text development.

The indicated time frame is justified because it was in 2009 that the main public policy on LGBT health started to be formulated in Brazil, the National Policy for Comprehensive Health for Lesbian, Gay, Bisexual and Transvestite Population within SUS scope. The health descriptors used were determined based on two criteria: the authors' knowledge of the subject and the validity of descriptors in the Health Descriptors Database of the Virtual Health Library.

Root-descriptors in Portuguese and English were used, such as “transexual”, “família”, and “Sistema Único de Saúde” and their derivatives “transexualismo”, “pessoa transgênero”, “transexualidade”, “LGBT”, “família”, “Sistema Único de Saúde” “transsexualism”, “transgender person” “transsexuality”, “LGBT” “Family”, and “Unified Health System” associated to Boolean descriptor AND aiming to expand the study scope.

Crossings were made initially in pairs and in Portuguese: “transexualismo” AND “família”; “transexualismo” AND “Sistema Único de Saúde”; “pessoa trans” AND “família”; “pessoa trans” AND “Sistema Único de Saúde”; “transexualidade” AND “família”; “transexualidade” AND “Sistema Único de Saúde”; “LGBT” AND “família”; “LGBT” AND “Sistema Único de Saúde”; after in English “transexualism” AND “family”; “transexualism” AND “Unified Health System”; “pessoa trans” AND “family”; “pessoa trans” AND “Unified Health System”; “transexualidade” AND “family”; “transexualidade” AND “Unified Health System”; “LGBT” AND “family”; “LGBT” AND “Unified Health System”.

The question being formulated, inclusion and exclusion criteria being defined, descriptors defined and applied to databases, it was time to use the PRISMA protocol (Moher, Liberati, Tetzlaff, Altman & The PRISMA Group, 2009) which is not authored but approved by the JBI. This protocol adopts four phases: (i) identification, which defines databases to be researched, (ii) screening - partial result after main selection criteria application, (iii) eligibility that will promote filters based on other criteria and (iv) inclusion, the quantity of texts selected for qualitative synthesis. The use of the PRISMA flow-diagram and its results are shown in Figure 1.

For this Qualitative Systematic Review of State of the Art type, we used as eligibility criteria, those that were not duplicated in the databases, that were not of a quantitative or mixed approach, did not have the Methodology section,

had no specific methodology whether qualitative, quantitative or mixed and were not complete as shown in Figure 1.

After carrying out the previous steps, the text followed the Meta-Synthesis protocol in the Phenomenological perspective when studies are evaluated, data are extracted, analyzed and grouped into qualitative synthesis categories, after which data are presented.

In order to evaluate and extract the data, not only the abstract was read in order to avoid any kind of bias in the research. Ferreira (2002) also points out that just reading the abstract can be a problem for State of the Art literature reviews since each journal has its own forms of textual structure and there may be loss of information or partial information that ends up being cataloged.

For treatment and analysis of the data, we opted for using the theoretical-methodological concepts of the Merleau-Ponty Phenomenology, in a way adapted to a study of State of the Art, which presents five phases for organization and treatment of data according to the following summary table: first is the phenomenological suspension, a stage in which the reader reads the material without any pretensions, it is a detached reading of the material; the second phase is going to the field, collecting and transcribing data; the third phase is, again, phenomenological suspension of knowledge about the subject; the fourth phase is the general syntheses of studied materials and identification of themes; and in the fifth phase is theoretical positioning on the phenomenon and the suspensions made (Pinto & Silva, 2019; Branco, 2014).

For data analysis, the instrument already developed by Ursi (2006, p. 126) was used, with necessary adaptations

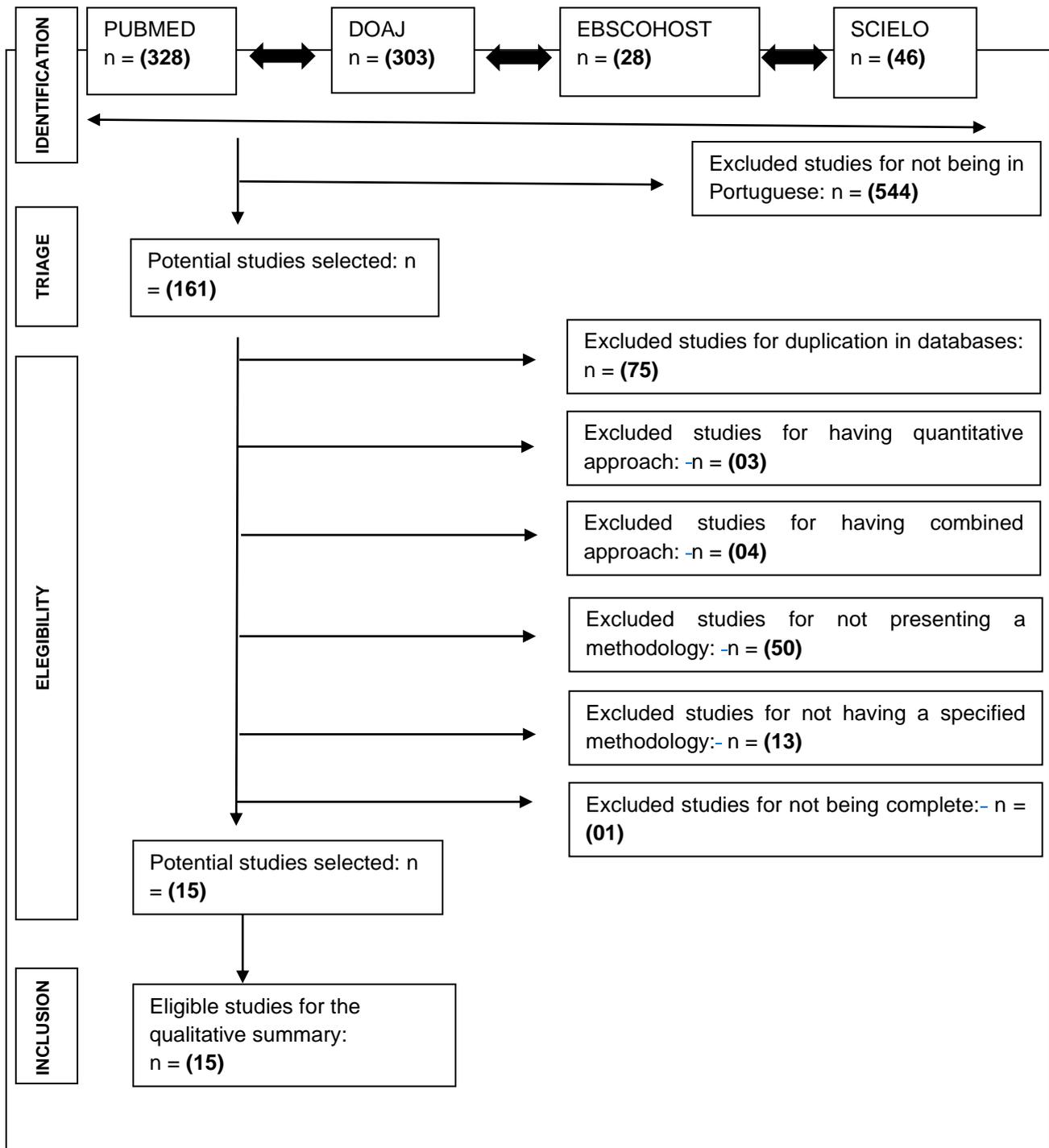
for this study, which analyzed “[...] name of the research; authors' names; studied intervention; results; recommendations/conclusions.”, adaptations of this study being the addition of information objective, type of study and participants.

From data collected and analyzed, synthesis is presented in two categories: Profile synthesis of articles included in the State of the Art study and Objectives, results, and final considerations synthesis of articles included in State of the Art study.

III. RESULTS

After following what the *Joana Briggs Institute (JBI)* recommends for identifying the guiding question of a Literature Review study, the processes for identification, screening, eligibility, and inclusion of the research texts were followed. In identification phase, using descriptors in Portuguese and English, we listed 705 potential manuscripts, reduced to 161 in screening phase when we removed texts that were in other languages, 15 texts were included for analysis after applying the eligibility criteria. Board 1 shows the scheme and phases followed in text identification.

Among the 705 collected manuscripts in the beginning in databases Pubmed, DOAJ, EBSCOHOST, and SciELO, fifteen texts were analyzed considering the instrument already validated by Ursi (2006) for manuscript analysis in Literature Review whose evaluative elements are: title, objective(s), presented results, and final considerations, as it appears in the following Board 2:



Board 1. Selection phases summary of texts selection for Literature Review

Fonte: Retrieved from Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.” of Mother, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group, 2009, *PLoS Med* 6(7): e1000097. Retrieved from <https://doi.org/10.1371/journal.pmed.1000097>

1 - Gays, Lesbians, Bisexuals, Transgenders perception of the Brazilian Public Health Care System (SUS)	Cerqueira-Santos, E., Calvetti, P. U., Rocha, K. B., Moura, A., Barbosa, L. H., & Hermel, J.	Identify homophobia against gays, lesbians, bisexuals and transgenders who use the Brazilian public health system for prevention and treatment of STD/HIV/AIDS	Access to the public health care system; Evaluation of the system; Equality and specialization for the LGBT public; Reception, humanization and integrality; Discrimination and prejudice against LGBT group; and Suggestions to improve the system.	Heteronormative speech; Lesbian suffer in double by heteronormative speech; Transgender, transsexual and transvestite report system incompatibility with their practice and activities; Discrimination manifestation; Medical Alterity Pathological view of transsexuality and transvestite; There is no inclusion; Acknowledgement that there are negative results.
2 - Transsexuality : psychological characteristics and new demands on the healthcare sector	Sampaio, L. L. P., & Coelho, M. T. Á. D.	Investigate the situations experienced by transgenders in their search for harmony with their bodies, including before and after surgery.	Social and Family relationships; Before and after surgery period; Feelings and the hurting caused by gender identity inconsistency with biological sex; Confrontation strategies utilized in discomfort situations related to family, school, and society; Some reasons that lead transgenders to decide for surgery of transgenitalization, as well as mastectomy, hysterectomy and other surgeries.	Transgenders claim a physical transformation; Analysis of each individual history is indispensable; There is other hurting besides the psychic and the discomfort generated by the inconsistency between biological and psychological sex; It is claimed the qualification for Psychology professionals; Final decision about the surgery must be by the transgender person.
3 - Psychosocial aspects of homophobia in families and health of young lesbian and gay	Perucchi, J., Brandão, B. C., & Vieira, H. I. dos S.	Analyze as are the situations of homophobia in the context of family relationships experienced by lesbian and gay youth, examining the psychosocial aspects of them processes of rupture or temporary or permanent familiar bond.	Place occupied by truth games, power relations; Ways of relationship with oneself and with others; Construction of an experience field of sexualities of gay and lesbian youngsters.	Heteronormativity legitimates production and maintenance of many violence situations in the family; Research gaps about psychosocial aspects that involve, specially, gay and lesbian youngsters' experiences in violence and abandonment situation; Absence of adequate policies.

4 - Teachers' social representations on sexual diversity in a school paraense	Neves, A. L. M., Sadala, K. Y., Silva, I. R., Teixeira, E., Ferreira, D. S., & Silva, F. A.	Identify and analyze the social representation of teachers on sexual diversity by the Central Nucleus Theory.	Used as theme fomentor "Sexual Diversity": Core elements (freedom and respect); Intermediary elements ("Homosexuality", "Sexual Orientation", and "Prejudice"); Contrasting elements (Acceptance, Human Rights, Family, and Equality); Peripheral elements (Bisexual, Other, Straight, Types of Acts Sexual, and Transexual).	Indicates the need for public policies which prioritize sexual orientation education, that clarify human sexuality faces and its ways of manifestation; Need for promotion of debates about inclusion process of projects related to sexual diversity; Picture understanding by teachers that diversity is a choice; Humanization of education; Necessity of a psychologist in the school.
5 - Violence and social distress among transgender persons in Santa Maria, Rio Grande do Sul State, Brazil	Souza, M. H. T., Malvasi, P., Signorelli, M. C., & Pereira, P. P. G.	Discuss the violence experienced by transvestites in the Family, school, police precincts, and health services.	Violence and social suffering in family; Violence and suffering in school; Violence and social suffering in health services;	Violence interferes in their life quality, pulls them away from their family and other social institutions; There is mental sickening as depression, suicide attempts, injuries and aggravations;
6 - Discrimination of transvestites and transsexual women in the labor market	Licciardi, N., Waitmann, G., & Oliveira, H. M.	Expose the current employability of transvestites and transsexuals in Brazil; Propose a new perspective for organizations to have inclusive and diverse environments, to fight prejudice and discrimination that this group faces.	Experience of aggression of any nature with family members; Support on transition process; Limitations in education access; Limitations in labor market access; Prejudice as reason for exclusion; Suggestion that The government should offer support so that their situation improves in academic and work environments.	It is necessary to make corrective actions in Family environment still in infancy and adolescence; It is necessary to implement practical policies of human resources so that work environment becomes more open and inclusive for these professionals; It is necessary to structure the work environment; It is necessary to train employees; Implementation of diversity management policies.
7 - Sexual diversity and homophobia: knowledge of nurses from	Silva, G. W. S., Sena, R. C. F., Cassiano, A. N., Sobreira, M. V. S., & Miranda, F.	Analyze the knowledge of nurses from the Family Health Strategy in relation	Approximation to an artistic manifestation: two songs - "Comum de dois" (approaches sexual diversity and refutes the search for	Participants show little of no knowledge about sexual diversity; It is essential to discuss about it in courses of the area and in

the family health strategy	A. N.	to sexual diversity and homophobia.	heteronormativity) and “Preconceito” (points out to the possibility of resisting to homophobic prejudice).	health services, being in management, assistance or research areas, valuing SUS to be popular, accessible and humanized.
8 - Youth, homosexuality and diversity: a study on the process of ‘coming out of the closet’ using body-maps	Murasaki, A. K., & Galheigo, S. M.	Study the perceptions and representation of young people on the process of <i>coming out of the closet</i> and the impacts on their daily lives regarding autonomy, inclusion and social participation.	Prejudice, Stigma and Empowerment; Discrimination, Isolation and Social Participation; Opportunities to change and Life Projects development.	There are divergences of speech among participants about prejudice and discrimination; It emphasizes the importance of an agenda of sexual and gender diversity in Education, Health, Social Assistance; Culture, and Work; Fight against heterosexuality naturalization; Fight against prejudice and discrimination.
9 - Difficulties experienced by trans people in accessing the Unified Health System	Rocon, P. C., Rodrigues, A., Zamboni, J., & Pedrini, M. D.	Discuss the difficulties of trans people living in the metropolitan region of Greater Vitória, Espírito Santo State, Brazil, in accessing the health services of the Unified Health System.	Access to health services; Methods used in body changes; Perception about the influence of such factors in their health [Social name and discrimination as health access dilemmas; The transexualizer process as a possibility for trans health promotion; Health requires a universal, integral, and equal SUS.	It is necessary to modify the diagnose in their function; Elaborate educational programs and permanent campaigns about the right of access to the health system free of discrimination and using their social names.
10 - Basic Health Units in Teresina-PI and the access to the LGBT population: what does doctors think?	Pereira, E. O.; Ferreira, B. O.; Amaral, G. S.; Cardoso, C. V.; Lorenzo, C. F. G.	Investigate the perception of physician in Basic Health Units of Teresina, which is considered one of the most homophobic Brazilian capitals, regarding the access and quality of care to the LGBT population.	Confused perception between universality and equity; Pathologization and perception of abnormalities in the condition; Denial barrier, denial of access, and accountability of the lack of demand for the service to the subjects themselves; Low demand from the LGBT population or invisibility of their condition.	Main challenge of implementing LGBT National Policy continues to be stigmas and prejudice incorporated in professional subjectivity.
11 - Social Trajectories of	Campos, D. A., & Moretti-Pires, R.	Analyze the effects of gender relations	Economic, cultural, and structural matters indicate	Family violence experienced or the possibility of it has emphasis

Homeless Gays and Lesbians in Florianopolis (SC)	O.	on the social trajectories of homeless people who identify themselves as lesbian and gay in the city of Florianopolis/SC.	exclusion; Inequality and violence of gender; Speeches about machismo and subservience of woman to man; Pathologization of conditions and behaviors.	in trajectories; There is double violence: to be LGBT and be homeless; The street is an adequate place to continue to live as a result of family conflicts; Need of actions aimed at LGBT youngsters who are vulnerable to avoid exclusion and then live on the streets; Expand studies with homeless LGBT youngsters.
12 - SUS out of the closet: conceptions of municipal health managers on the LGBT population.	Gomes, S. M., Sousa, L. M. P., Vasconcelos, T. M., & Nagashima, A. M. S.	Investigate the dimensions of health care for the LGBT population concerning SUS services in the city of Cuité-PB.	“Gossip, confusion and shouting”: differences, disagreements, and lack of knowledge about the LGBT population [Managers’ view of the LGBT community and also their demands]; Pathways and deviations towards a comprehensive LGBT health: weaknesses, potentialities, and process perspectives [LGBT Health: Whose responsibility it is? and Identified strategies	Participants has difficulties in acknowledging LGBT Community demands; The Health Network finds itself disjointed and without communication about LGBT population demands which abound attention levels; There are federal frailties to capillarization of federal strategies for local contexts; Investigate the barriers involved in LGBT popular participation and Their organizing dynamic. Expand discussions and cares towards LGBT population in educational institutions.
13 - What trans people expect of the Brazilian National Health System	Rocon, P. C., Sodré, F., Zamboni, J., Rodrigues, A., & Roseiro, M. C. F. B.	Discuss the criticism and suggestions made by transgender people to guarantee their access to the public health services, and regarding the health promotion through comprehensive care actions in the Brazilian National Health System (SUS).	Two axes: What do trans people expect for their bodily changes? What trans people expect about access to health.	The search for genitalia change is not unanimous among trans people of the research; Men point out to the difficulties of neophalopasty; Need for continuous training guided by humanization, dignity, respect for social name, gender identify; Critics to the biomedical model.
14 - Stigma and resistance	Magno, L., Dourado, I., &	Analyze experiences with	“That’s women stuff”: “effeminate” performances	Stigmatization process is operated by the power exerted

among travestis and transsexual women in Salvador, Bahia State, Brazil	Silva, L. A. V.	stigmatization by describing events, actors, and contexts that have marked their life stories, as well as elucidating the relationship between stigma and their female performances.	stigmatization; "I'm moving to Salvador city": life trajectories and social interactions; "Her death was not in vain": narratives of violence and resistance.	by compulsory heterosexuality laws over bodies and social relations of transvestite and transsexual women; Need for new investigations that can discuss and problematize some of the tensions and identity displacement, resistance movements to stigmatization process.
15 - Gender diversity and access to the Unified Health System	Ferreira, B. O., Pedrosa, J. I. S., & Nascimento, E. F.	Understand the dimensions of access to and comprehensive care in the Unified Health System (SUS) from the gender diversity perspective.	Gynecological care for lesbians; The effeminate gay in the health services; In search of equity for transvestites; The assumed name for transsexual women in SUS.	There is urgent need for access to comprehensive health care networks by the LGBT; need for knowledge about assistance specificities to each group of LGBT community.

Board 2: Analyzed manuscripts summary from databases DOAJ, PubMed, EBSCOHOST, and SciELO (2019)

Source: elaborated by authors from the databases (2008 -2019)

IV. DISCUSSION

Profile Synthesis of articles included in the State-of-the-Art study

From selected manuscripts, it is possible to trace State of Art of Brazil research scope aimed at the population of Lesbians, Gays, Bisexuals, Transvestites, Transsexuals, Intersex and Queer (LGBTTIQ +) in addition to criteria indicated in Table 1.

This study's starting point, the year 2009, is relevant because it was in November of that year the National Health Council of Brazil approved the National Policy for Integral Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals. In 2013 the booklet that gives health services guidelines to care for the LGBT population was launched (Brazil, 2011). We believe the impacts of that approval occur in the years 2015 and 2016 when we have the highest levels of academic production focused on transsexuality and LGBT issues in Brazil.

Since then Brazil has consolidated itself as the country that most commits homicide against the LGBT population. In the 10 first months of 2015, 313 (three hundred and thirteen) homicides of gays, lesbians, bisexuals, transsexuals, and transvestites were registered (Pinto, Rocha, Costa, Aguiar e Silva & Vasconcelos, 2016).

Data were identified on the database of the website maintained by the Gay Group of Bahia (GGB). This

ranking in 2016 maintained itself with 343 (three hundred and forty-three), 2017 with 445 (four hundred and forty-five) until 2018 with 420 (four hundred and twenty).

The number of texts can be presented as the first reflection of the LGBT Health Policy, especially because in the year 2018, out of the 05 published texts we have 04 focused on the health area, in 2015 we have 01 in the education area, 01 in the administration area, and one in the health area, in 2016 03 texts are focused on health area.

The same reality was not identified by Pinto, Ferreira-Junior & Silva (2018) when carrying out a similar study in databases of Master's Dissertations and Doctoral Theses of the Graduate Programs in Brazil. The area that stood out was Human Sciences with courses in Law and Psychology while in this study the greatest contribution was in the health area, 10 out of the 15 texts. It is important to state that descriptors used in this research are universal, not just focused on health.

Regarding journals' origin that published the manuscripts, greatest contributions are from those linked to higher education public institutions, as we have 10 journals from public universities with greater concentration in São Paulo state (04) and Rio de Janeiro state (04), both located in the Southeast Region of Brazil, Brasília state(01), located in the Midwest Region, in the South Region we have Santa Catarina state (01), 03 from private institutions located in Ceará state (01), Minas

Gerais state (01) and São Paulo state (01) and 02 from the Professional Association, 01 from Ibero-American Psychology with headquarters in the United States of America and 01 from Occupational Therapy. The states with the highest production are also those with the highest homicide rates (Michels & Mott, 2018).

Among publication availability, the number of texts made available by DOAJ database with the largest number of studies in Portuguese language called our attention, while other databases had a technical tie with 03 texts each. Despite calling our attention, we have not identified any weighting factors that should be highlighted.

In studies types field developed in the qualitative approach, exploratory research was highlighted with 07 studies, followed by Ethnography while the data collection technique that stood out was the interview with 11 texts that used it to seize the data, followed by participant observation (03) with a technical tie, focal groups (01) and triangulation (01), highlighting non-triangulation of techniques for data collection, in total 08 while triangulation was present in 07 texts.

It is important to highlight that interviews, as a data collection technique, has the advantage of collecting all participant's nuances, understanding that it is not only words that speak, but the body, the gestures, and movements as well. In this perspective, semi-structured interview used in phenomenological research does not stand out. Marconi and Lakatos (2010) and Gil (2016) claim that this type of interview has advantages in allowing the interviewer to conduct data collection based on events and processes.

Objectives, results and final considerations synthesis of articles included in the State-of-the-Art study

Texts selected to be part of this study have 7 different verbs in objectives: 'identify', 'investigate', 'analyze', 'study', 'explore', 'collect' and 'discuss', belonging to Analysis and Understanding categories of Bloom's taxonomy whose definitions are respectively "Ability to understand and give meaning to content." and "Ability to subdivide the content into smaller parts for the purpose of understanding the final structure." (Ferraz & Belhot, 2010, p. 426).

Verbs used by the authors reiterate the experience valorization, the point and meaning of the experience for the person, of what the phenomenon represents and how it interferes, positively or negatively in subject's relationships, linked with what Phenomenology as science and theoretical assumption, especially Phenomenology of Perception Merleau-Pontyana mentions about the subject, the lived experience, and the world.

Merleau-Ponty adds that man is a component part of a whole and that being part of this whole reduces the experience lived by the subject, starting from their body and their self in relations with others, thus distancing Cartesianism, recognizing the existence of the world even before its reflection, is more than an object, it is the fruit of its experiences (Merleau-Ponty, 2011; Pinto, 2016).

Considering the data collection technique, listening to the other stands out through semi-structured interviews, focus group and triangulation group, narratives, life history among others that facilitate, including phenomenon exposure by the participant. For data analysis, researchers opted for Minayo Thematic Analysis (01), Bardin's Content Analysis (05), Orlandi's Discourse Analysis (01) as well as Foucault's Discourse Analysis (01), Hermeneutics- Dialectic (02) with the use of EVOG software (01), Narrative Theoretical Analysis (01) and those who do not mention the data analysis procedure (03).

The theoretical-methodological techniques described above resulted, after analyzing data, in 07 studies with category pointing, 02 studies pointing out axes, 01 with evocative houses, 03 studies without categories, and 02 that do not mention an organization and data presentation, promoting a reflection that permeates different themes.

Regardless of how data were organized in Results and Discussion, it is important to highlight that there are themes that deserve to be highlighted due to their presence in the studies analyzed here. The processes involving the Unified Health System and its doctrinal principles such as equity, comprehensiveness, and universality, but not only these, such as prejudice, discrimination, and invisibility, are pointed out in studies by Cerqueira-Santos, Cavelti, Rocha, Moura, and Hermel (2010).

The same conditions mentioned before are noticed at other institutions, not only health institutions but also schools, as pointed out by Neves, Sadala, Silva, Teixeira, Ferreira, and Silva (2015) and Magno, Dourado, and Silva (2018), and also at police stations as pointed out by Souza, Malvasi, Signorelli, and Pereira (2015), and still in the labor market environment according to the study by Licciardi, Waitmann, and Oliveira (2015), and Murasaki and Galheigo (2016).

Social relations noting difficulties in family institution are part of studies participants' reports by Perucchi, Brandão and Vieira (2014) in a severe way when there is dynamics of 'coming out of the closet', a recognized complex moment in the act of discovering oneself a member of LGBT community. This coming out of closet implies, in fact, the complexity of dealing with lesbotranshomophobia, with physical, moral,

psychological, emotional violence and its impacts on each person's life.

Problems of experiencing sexuality, body and gender transience are a challenge for all those who are part of the LGBTTIQ+ population. Hatred towards gays, lesbians, bisexuals, transvestites, transsexuals, intersex, and queers occurs in different ways and bodies fall to the ground due to different ways of practicing violence. In countless and overwhelming situations, the family, the first social institution to which the subject is inserted and maintains first contacts, are the genesis of exclusion, prejudice, discrimination and the notorious exclusion that LGBT people experience. They are speeches of power that seek maintenance of bodies in their places of origin, based on the principle of binarism that defines as being biologically correct only man (male) or woman (female), able to procreate (Perucchi, Brandão, & Vieira, 2014).

The State, in turn, sought to use pathologization discourse as a way of maintaining biopower over bodies. It determines that those who feel outside of their psychological body or even maintain sexual desire for the same sex, should be standardized and categorized as a disease, pathologizing thus homosexuality, transvestite, lesbianism, transsexuality (Pinto & Silva, 2019).

In addition, it stigmatizes (Goffman, 2017) that who, regardless of being a natural force, is something out of the pattern, as in the case of intersexuality. Defining, determining, marking that every male homosexual brings with him the femininity, so they are called with depreciation as effeminate (Ferreira, Pedrosa, & Nascimento) and female homosexuals, the masculinity, man's attitude which contributes to exclusion.

Depathologizing, then, sounds like a form of freedom for bodies and again, in Brazil, the ghost of gay cure appears (Campos & Moretti-Pires, 2018), a heteronormative discourse reinforced by doctrinal principles of religion, even though the World Health Organization (WHO) removed from the International Disease Code - 11 (ICD-11) the pathologization of transsexuality and in ICD-10 depathologized homosexuality (Health World Organization, 2018).

Merleau-Ponty (2011) in his work *Phenomenology of Perception* makes an important connection between body and life experiences, dimensioning how living experience, touching, and feeling are related to the way subjects see themselves in the world. In transsexuality, it seems to us that there is a rupture in this relationship between psychological subject and corporal subject since the transsexual person does not identify a relationship between the physical body and his 'soul', they mention a mismatch

and discomfort in the condition of living in a body that is not theirs.

This real conflict presents itself to the subject as a life dilemma that can today be minimized and even resolved with the Transsexuality Process, a legal procedure, regulated by Ordinances 1707/08 and 457/2008 (Brazil, 2008), the first being revoked by Decree 2803/2013 (Brazil, 2013), which regulates service provision in public hospital institutions based on assistance provided by a multidisciplinary team, as recommended by the Ministry of Health of Brazil. The process competes in two possibilities, first being the process with hormones, when there is pharmacological intervention with the purpose of blocking regular physiological pathways, for example, menstruation in addition to male or female characterization. Second possibility is sex reassignment surgery when trans men and women do sexual reassignment.

Sampaio and Coelho (2012), Rocon, Rodrigues, Zamboni and Pedrini (2016), and Rocon, Sodr , Zamboni, Rodrigues, and Roseiro (2018) state in their study that, for trans people, sexual reassignment surgery is the possibility of recognizing oneself in the physical body in which one finds oneself. It means to get out of the discomfort of dealing with a penis or a vagina when these seem to them physical anomalies to the encounter between the sexual organ and their self.

On the other hand, it legitimizes the discourse that, in order to be accepted, they must follow a social standard and that includes modifying the body, however, it is important to remember and place greater emphasis on understanding that sexual reassignment surgery has a direct impact on life quality and in the mental health of trans people.

Itinerary of transgender people in Brazilian Unified Health System (SUS) to perform sexual reassignment surgery is another problem pointed out by the participants of analyzed texts since diagnosis and authorization for surgical intervention come from reports issued by a multidisciplinary team after monitoring.

This itinerary also goes through different situations of prejudice and discrimination to which trans people are subjected in their care process within health services. Those are symbolized with the disrespect to social name and with the invisibility that professionals attest to this population as pointed out in the text of Pereira, Ferreira, Amaral, Cardoso, and Lorenzo (2017). The fact that doctors adopt a principle of criminal responsibility to justify the absence of the LGBT population stands out in

health units in Piauí state, endorsing still that there is low demand from the group in health services.

Participants of the 15 articles that we analyzed in this Literature Review point out the disrespectful way they are treated as one of the reasons for not attending health units, not recognizing this space as their own, but that reinforces the binary relationship. Gomes, Sousa, Vasconcelos, and Nagashima (2018) compare the medical perception in Piauí state with what managers from the semi-arid region of Paraíba state let show that they do not recognize demands from the LGBT community.

This situation is no different from what the study by Silva, Sena, Cassiano, Sobreira, and Miranda (2018) pointed out about nurses' knowledge of sexual diversity when it is evident that there is confusion in understanding the terms diversity and sexual orientation.

Texts that were part of this Literature Review point out the difficulties of life and survival in Brazilian society when you are LGBT, becoming even more complex as other issues are sectioned as education of both LGBT person and family, socioeconomic conditions, housing and cultural capital to face situations of exclusion. Still, there are criticisms about how health professionals serve LGBT people and the suggestion of offering permanent education in service for a more humanized, fair, equal, and universal service and policies demands that value LGBT labor thus avoiding the world of prostitution, a common path for many transvestites (Kullick, 2011).

V. CONCLUSION

This research sought to identify which spaces the transsexuality theme occupies in Brazilian scientific production over the 10-year time horizon (2009-2010) in renowned databases (DOAJ, PubMed, EBSCOHOST, and SciELO) using keywords in Portuguese and English, using as auxiliary the Boolean term AND to expand study scope.

We consider that scientific evidence related to transsexuality are still fragile, considering that it is a decade, when numerous historical facts happened such as the approval, by the Brazilian Ministry of Health, of the National Comprehensive Health Policy of Lesbians, Gays, Bisexuals, Transvestites, and Transgenders, as a proposal to offer to LGBT population health care that contemplates doctrinal principles of the Brazilian Unified Health System, namely, comprehensiveness, universality, and equity.

This same frailty leads us to understand that there are other institutional segments and social environments which stigmatize and turn LGBT people into potential victims,

promoting this exclusion, moral, social, and especially physical violence with death towards those who do not satisfy heteronormative patterns. Among these environments are the schools, a state ideological device which, according to the Brazilian Federal Constitution, must offer qualified education for everyone.

As researchers, we consider pertinent and necessary to invest in researches which elicit to reality the transsexuality phenomenon and LGBTTIQ+ life not only in numbers, quantitative research, but particularly researches that can understand what means to be LGBT in the country that most promotes homicides against this population, qualitative research, understanding that this research approach is able to reveal the reality lived from the place of speech of each person.

Qualitative research without doubts has an important role in complexities expression and is especially able to fire triggers of subjectivity, of empathy and resilience principles to keep oneself resistant and combatant against different ways of prejudice, violence, and disrespect to the right of living for everyone according to the Brazilian Magna Carta.

We suggest the development of a collaborative network of researchers with support from international institutions given that with Brazilian government's political reality of not favoring the right of each person to recognize oneself according to gender identity, sexual identity, and sexual orientation, is difficult to start, keep, and finish researches focused on this theme.

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