

# Mulheres transexuais com infecção sexualmente transmissível: Enfermagem e educação em saúde em questão

Transsexual women with sexually transmitted infection: Nursing and health education in question

Mujeres transexuales con infecciones de transmisión sexual: La enfermería y la educación para la salud en cuestión

## RESUMO

Objetivo: descrever o manejo clínico de mulheres transexuais portadoras de infecção sexualmente transmissível, que realizam acompanhamento hormonal para a transição física na rede do Sistema Único de Saúde, no município do Rio de Janeiro. Método: estudo de caso múltiplo, sendo extraído dados dos prontuários de 10 mulheres transexuais norteados por uma ficha de investigação, como instrumento de coleta de dados, no período de agosto a dezembro de 2022. Resultados: as informações coletadas foram apresentadas sob a forma de temas e revelaram que todos os casos possuem Síndrome da Imunodeficiência Adquirida, dificuldades de acesso a serviços de saúde, baixa escolaridade, experiência com parceiros fixos que não utilizam métodos de barreira nas relações com seus parceiros. Conclusão: a educação em saúde deve ser considerada prioritária na enfermagem, para modificar preconceitos e estigmas enfrentados por essas mulheres transexuais através da oferta de conhecimento para a redução de comportamentos de riscos.

**DESCRITORES:** Transexualidade; Infecções Sexualmente Transmissíveis; Educação em enfermagem; Cuidado de enfermagem.

## ABSTRACT

Objective: to describe the clinical management of transsexual women with a sexually transmitted infection, who undergo hormonal monitoring for physical transition in the Unified Health System network, in the city of Rio de Janeiro. Method: multiple case study, extracting data from the medical records of 10 transsexual women guided by an investigation form, as a data collection instrument, from August to December 2022. Results: the collected information was presented in the form of a themes and revealed that all cases have Acquired Immunodeficiency Syndrome, difficulties in accessing health services, low education, experience with steady partners who do not use barrier methods in their relationships with their partners. Conclusion: health education should be considered a priority in nursing, in order to modify prejudices and stigmas faced by these transsexual women through the provision of knowledge to reduce risky behaviors.

**DESCRIPTORS:** Transsexuality; Sexually Transmitted Infections; Nursing education; Nursing care.

## RESUMEN

Objetivo: describir el manejo clínico de mujeres transexuales con infección de transmisión sexual, que se someten a seguimiento hormonal para la transición física en la red del Sistema Único de Salud, en la ciudad de Río de Janeiro. Método: estudio de caso múltiple, extracción de datos de las historias clínicas de 10 mujeres transexuales guiadas por una ficha de investigación, como instrumento de recolección de datos, de agosto a diciembre de 2022. Resultados: la información recolectada fue presentada en forma de temas y reveló que todos los casos presentan Síndrome de Inmunodeficiencia Adquirida, dificultades para acceder a los servicios de salud, baja escolaridad, experiencia con parejas estables que no utilizan métodos de barrera en las relaciones con sus parejas. Conclusión: la educación en salud debe ser considerada una prioridad en enfermería, con el fin de modificar los prejuicios y estigmas que enfrentan estas mujeres transexuales a través de la provisión de conocimientos para reducir las conductas de riesgo.

**DESCRIPTORES:** Transexualidad; Infecciones de Transmisión Sexual; Enseñanza de enfermería; Cuidado de enfermera.

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**INTRODUÇÃO**

**T**ranssexuality is a phenomenon understood in people who have a gender identity beyond the assigned biological sex. Unlike cisgender people, who identify with their biological sex, transgender people walk in the opposite process, with this issue embraced by public policies.<sup>(1)</sup> It has the policy of the transsexualization process and the LGBT policy (lesbian, gay, bisexual and transsexual) meeting the specificities.<sup>(2-3)</sup>

Even so, these health policies may suffer obstacles in their execution, given institutional stigma and discrimination, which leads to the need to monitor services and care processes.<sup>(2)</sup> Nursing is one of the professionals designated for this care, in actions directly and indirectly linked to the physical transition, with demands centered on health promotion, disease prevention and care for people with sexually transmitted infections, articulated with health education actions, investing in information for healthy living habits and mitigating risky behaviors.<sup>(2)</sup>

For this, the nurse needs to understand the social processes experienced with transgender people and the rela-

ted risk factors/behaviors.<sup>(2)</sup>

In this perspective, the objective of this work is to describe the clinical management of transsexual women with sexually transmitted infections (STIs), who undergo hormonal monitoring for physical transition in the Unified Health System network, in the city of Rio de Janeiro.

**METHOD**

This is a multiple case study research carried out in a public health institution located in the State of Rio de Janeiro, specialized in hormonal treatment and various endocrinological demands. The institute has a Multidisciplinary Gender Identity Outpatient Clinic that serves transsexual men, transsexual women and transvestism, which refers to hormone therapy crossed by the Transsexualization Process Policy.<sup>(3)</sup>

The clinic assists transsexual and transvestite women, where 55 have STIs (Sexually Transmitted Infections). The inclusion criteria adopted for the study were transsexual women over 21 years old, sexually active and with STIs. The exclusion criterion was transsexual women who had interrupted outpatient care.

In order to carry out the data collection, the first author, a nurse at the health unit who participates in the reception of transgender people, and the main researcher, requested authorization to collect data from the medical record through the referred document, with no refusal.

The research took place between August and December 2022, where an information sheet was used to extract the following information from the medical record: name, age, marital status, ethnicity, place of residence and housing, education, employment relationship, STI, STI monitoring, number of partners, use of condoms in sexual acts, treatments performed, self-medication and therapy currently used. The search for information lasted about 6 hours and the medical records of 10 transsexual women who have or had STIs during the period in which they undergo hormonal treatment for physical transition were selected. No interviews were conducted, and audio or visual recording was waived for data collection.

Data were organized according to Bardin's thematic content analysis technique, consisting of three stages.<sup>(3)</sup> In the first, pre-analysis, priority documents were selected for analysis, based

on the 14 pieces of information encoded in the investigation form,

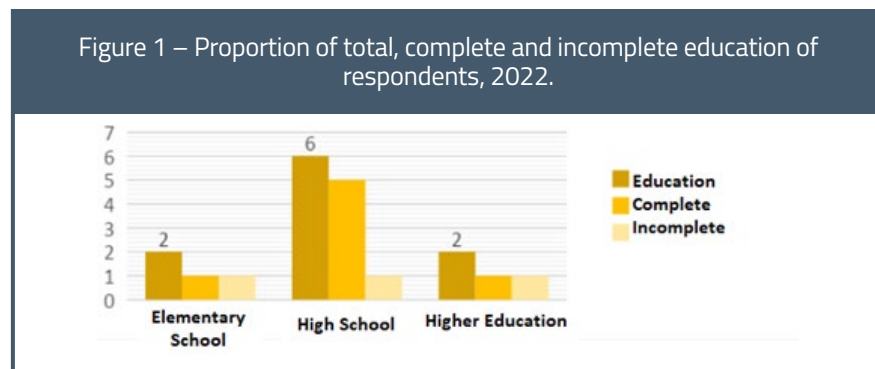
observing the understanding of the clinical management of transsexual women with STIs to confirm the hypothesis that the clinical management referring to educational practices are deficient. At this stage, there was a systematic exploration of the collected material to determine what information would be relevant to reach the objectives and confirm the hypothesis, all collected materials were used, with the triangulation of information regarding sociodemographic conditions, STIs, hormone therapy and the clinical management adopted.

The second stage of the technique is the exploration of the material, with grouping of information extracted from the medical records in a table and coding in Excel.<sup>(3)</sup> Data treatment and interpretation, the third stage of the analysis technique, was performed with the composition in thematic registration units presented in the frequency of appearance, regrouped in the categories 'The health of transgender women and the impact on exposure to Sexually Transmitted Infections'; 'Barriers in the health education of transsexual women' and in the subcategory 'The care of the nurse in monitoring transsexual women with STIs'. Then they were analyzed based on articles and Public Health Policies that guide gender and STI issues.

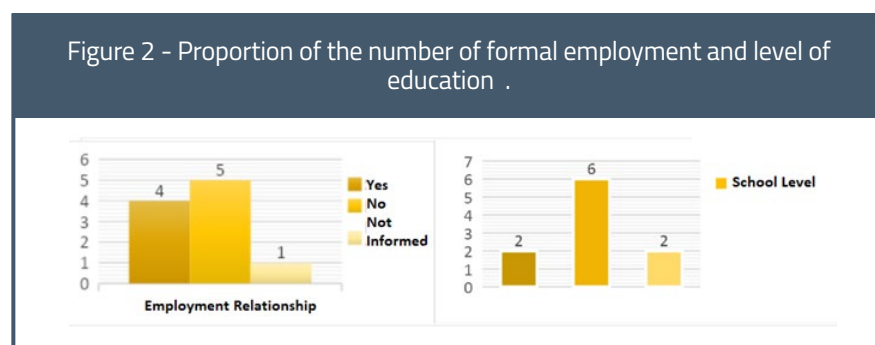
Data collection was carried out respecting the minimum precepts required for research with human beings, adopting pseudonyms to identify the study participants, with approval by the Ethics and Research Committee in view of opinion No. 1.989.462.

## RESULTS

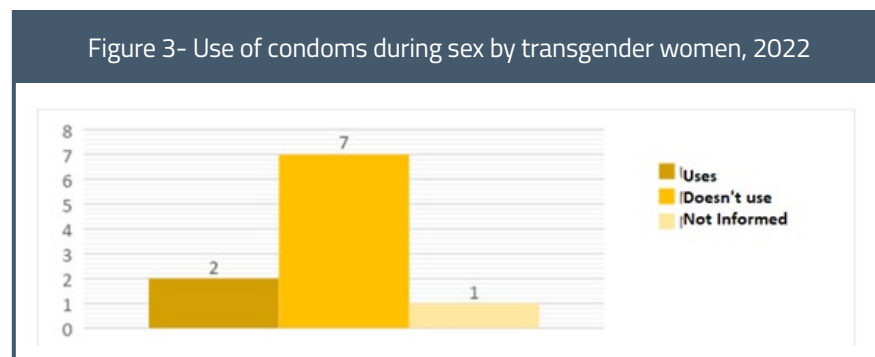
Of the 10 cases collected, 60%<sup>(6)</sup> are between 42 and 58 years old, 50%<sup>(5)</sup> are white, 40%<sup>(4)</sup> are domiciled in the west zone of the State of Rio de Janeiro,<sup>(4)</sup> in the west zone,<sup>(3)</sup> in the Baixada Flumi-



Source: The authors, 2022



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nense region,<sup>(2)</sup> in the north zone and<sup>(1)</sup> in the center. Regarding marital status, six<sup>(6)</sup> are single, two<sup>(2)</sup> are married, one<sup>(1)</sup> has a stable relationship and one<sup>(1)</sup> is a widow.

Regarding the level of education, of the ten<sup>(10)</sup> cases, only two<sup>(2)</sup> had access to higher education, where only one<sup>(1)</sup> was able to conclude. For the most

part, six<sup>(6)</sup> had access to secondary education, where five<sup>(5)</sup> concluded. As for elementary school, two have<sup>(2)</sup> complete training and one<sup>(1)</sup> incomplete.

The professions of the ten cases are varied, including administrative assistant, health professional, stylist and hairdresser, where half<sup>(5)</sup> have no formal employment relationship and four

<sup>(4)</sup> informal.

All <sup>(10)</sup> of the cases in the study are carriers of the human immunodeficiency virus (HIV), where only one <sup>(1)</sup> has a negative viral load and, even though all medical records present information that transsexual women follow up on their STI, two <sup>(2)</sup> contracted another type of sexually transmitted infection (STI) and seven <sup>(7)</sup> do not use barrier methods. Most of the interviewees were single, with no reports of partner turnover, and those who were married had one <sup>(1)</sup> single, fixed partner.

Information on treatments performed for STIs, self-medication and hormone therapy used revealed the use of a high amount of medication, with <sup>(6)</sup> cases of self-medication due to lack of access to information and difficulties in accessing health services for cross-hormone therapy (THC).

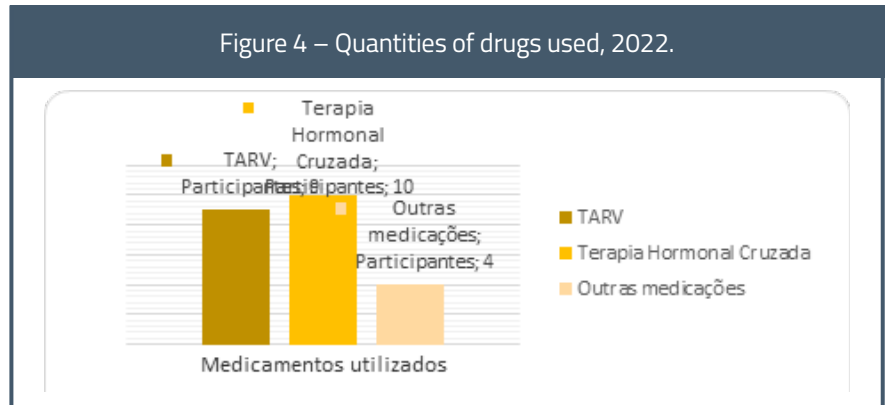
Of the ten <sup>(10)</sup> cases, nine <sup>(9)</sup> use anti-retroviral therapy (ART), ten <sup>(10)</sup> take THC, and four <sup>(4)</sup> use four or more medications added to ART and THC.

As for the diagnosis and follow-up of STIs, four <sup>(4)</sup> cases are treated in secondary reference health units and five <sup>(5)</sup> in primary health care units. The diagnosis and follow-up in health in THC starts late. Of the ten <sup>(10)</sup> cases, three <sup>(3)</sup> had access to therapy before age 30 and four <sup>(4)</sup> after age 40. Despite the late start, there was no negative report from them regarding the therapy currently used.

## DISCUSSION

After compiling the results, it was possible to identify important findings that can guide interventions for transgender people. At several points, this population showed a lack of health information, access to education, employment, among other basic rights, which can be considered essential for the prevention of STIs.

### The health of transgender women and the impact on exposure to sexually transmitted infection



Source: The authors, 2022

The difficulty for transsexual women to access school results from institutional and interpersonal actions of transphobia and may be a social determinant that impacts the acquisition of STIs. The search for affirmation of the female gender corroborates institutional evasion. <sup>(6)</sup>

Dropping out of school compromises the educational background of transsexual women as well as reverberating in low access to the labor market. Although transsexuality and lack of education are related to prostitution, none of the cases were described in the medical records as sex workers, which reveals that the existence of STIs in this population does not only permeate professions that use sexual practices. <sup>(7)</sup>

HIV was demystified as being comorbidities attributed only to sex workers, something that impacts nursing care and infers in the reorientation of extensive educational practices to the entire transsexual population. <sup>(6)</sup>

Regarding the profession, although some have training, the acquisition of formal work by this category is hampered by intolerance to gender diversity. <sup>(4)</sup>

### Barriers in health education for transgender women

Understanding the non-use of condoms with their partners is crucial in the development of strategies that mobilize and motivate safe sex. <sup>(7)</sup> The number of participants who do not use condoms

in the sexual act can be justified by the lack of access to information, attributed to the professional unpreparedness that serves this population, who understand only sex workers as vulnerable to STIs.

This denotes the fragility of clinical management, the effectiveness of care centered on preventing/combating STIs and demonstrates the importance of continuing education, in order to discuss the work process with the territory and the vulnerable group. <sup>(8)</sup>

In the process of professional training, particularities, health demands of the transsexual population in Brazil and possible obstacles should be discussed, as highlighted by the National Health Policy for Lesbians, Gays, Bisexuals and Transsexuals (LGBT), which points to the prevention of STIs historically linked to the health care provided to this community. <sup>(4,6,8)</sup>

### Nurses' care in monitoring transsexual women with STIs

The association between ART for the treatment of STIs and THC can lead to the overload of specific organs that participate in the metabolization of medications, such as the liver and kidneys, interfering with organic homeostasis, liver and kidney function, with damage to filtration and elimination processes. <sup>(8)</sup> In this sense, health education becomes a vital care action, within the clinical follow-up in the consultation, as guidan-

ce on the correct use of medication, the harms of self-medication and the adoption of healthy lifestyle habits contribute to the quality of life of users and quality clinical management.

One can think of the fragility in the implementation of Public Policies in transgender women, having as the main factor the difficulty in accessing STI prevention and monitoring in the public health service. Ignorance of public policies, the late initiation of THC by the Unified Health System, lead to self-medication, which are not combated by educational actions by nursing professionals, who, in turn, do not receive permanent education.<sup>(9)</sup>

## CONCLUSION

It was observed in the study that the clinical management of these transsexual women is inefficient, requiring the effective implementation of public health policies that include health education for transsexual women and continuing education for nursing professionals, as the main tools to combat the social inequality experienced by this population.

It was evident that health determinants of transsexual women such as age, ethnicity and access to education and health services, are imperative for risky behavior, such as not using barrier methods and self-medication, and may impair the clinical management of transsexual women with STIs using cross-hormonal therapy.

An effective approach should be adopted for transsexual women who are distant from condom use and other protective measures, modifying this scenario. Encouraging safe sexual practices is of paramount importance for non-exposure to avoidable risks.

Education is an action that must be implemented by nursing, in order to modify prejudices and stigmas faced by transsexual women in social life, reduce adopted risk behaviors. For this, the nurse must be properly trained to provide uniqueness in health care and to create a welcoming environment, preventing transsexual women from leaving health services.

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