

Difficulties of gynecological care for trans man: An integrative review

Dificuldades do atendimento ginecológico para o homem trans: Uma revisão integrativa

Dificultades de la atención ginecológica para el hombre trans: Una revisión integradora

RESUMO

Objetivo: Analisar as evidências científicas disponíveis na literatura acerca das dificuldades do atendimento ginecológico para o homem trans. **Método:** Trata-se de uma revisão integrativa. Realizou-se a busca por artigos; delimitação entre 2008-2022 nos idiomas português, inglês e espanhol; disponíveis na íntegra. Nas seguintes plataformas de dados: DOAJ, LILACS, MEDLINE, SciELO, SCOPUS e Web of Science. **Resultados:** Os dados foram organizados e apresentados em figuras e tabelas. Dos 105 estudos encontrados, 1 estava disponível na DOAJ, 1 na LILACS, 14 na MEDLINE, 0 na SciELO, 0 na SCOPUS e 89 na Web of Science. Contudo, após a leitura permaneceram apenas os que atendiam aos critérios para inclusão e exclusão descritos na metodologia, 7 estudos. **Conclusão:** Este estudo evidenciou que os serviços de saúde não estão capacitados para atender homens trans, principalmente aqueles que prestam atendimento ginecológico. Indicando a necessidade de educação permanente para alcançar uma assistência inclusiva, humanizada e de qualidade.

DESCRIPTORIOS: Pessoas Transgênero; Exame Ginecológico; Ginecologia.

ABSTRACT

Objective: To analyze the scientific evidence available in the literature about the difficulties of gynecological care for trans men. **Method:** This is an integrative review. The search for articles was carried out; delimitation between 2008-2022; in Portuguese, English and Spanish; available in full. On the following data platforms: DOAJ, LILACS, MEDLINE, SciELO, SCOPUS and Web of Science. **Results:** Data were organized and presented in figures and tables. Of the 105 studies found, 1 was available from DOAJ, 1 from LILACS, 14 from MEDLINE, 0 from SciELO, 0 from SCOPUS and 89 from the Web of Science. However, after reading, only those that met the inclusion and exclusion criteria described in the methodology remained, 7 studies. **Conclusion:** This study showed that health services are not capable of serving trans men, especially those who provide gynecological care. Indicating the need for permanent education to achieve inclusive, humanized and quality care.

DESCRIPTORS: Transgender Persons; Gynecological Examination; Gynecology.

RESUMEN

Objetivo: Analizar las evidencias científicas disponibles en la literatura sobre las dificultades de la atención ginecológica a hombres trans. **Método:** Esta es una revisión integradora. Se realizó la búsqueda de artículos; delimitación entre 2008-2022; en portugués, inglés y español; disponible en su totalidad. En las siguientes plataformas de datos: DOAJ, LILACS, MEDLINE, SciELO, SCOPUS y Web of Science. **Resultados:** Los datos fueron organizados y presentados en figuras y tablas. De los 105 estudios encontrados, 1 estaba disponible en DOAJ, 1 en LILACS, 14 en MEDLINE, 0 en SciELO, 0 en SCOPUS y 89 en Web of Science. Sin embargo, después de la lectura, solo quedaron aquellos que cumplían con los criterios de inclusión y exclusión descritos en la metodología, 7 estudios. **Conclusión:** Este estudio mostró que los servicios de salud no están capacitados para atender a los hombres trans, especialmente a los que brindan atención ginecológica. Indicando la necesidad de una educación permanente para lograr una atención inclusiva, humanizada y de calidad.

DESCRIPTORIOS: Personas Transgênero; Examen Ginecológico; Ginecología.

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INTRODUCTION

Transsexuality (transgender) or transsexual (trans) is defined by the World Health Organization (WHO) as the irreversible desire to live and be accepted as a member of the opposite sex, discomfort with genitals and secondary sexual characteristics attributed to this gender and the social role that society attributes to it. This creates a desire for surgery and hormone treatment to adjust your body as closely as possible to your desired sex.⁽¹⁾

With regard to the health-disease process of a trans person, it is important at any level of health care to consider factors such as difficulty in accessing services, her unique experience in the process of gender construction and violence against her daily subjugation, the prejudice of not conforming to society and the name with which she identifies. In addition, the trans person brings with them health requirements that go beyond issues of transsexuality and the transsexualization process, such as their individuality.⁽²⁾

The implementation of the transition varies with each individual and the access that individual has to the health system. As some opt for thoracic and genital surgery and others just thoracic surgery, some opt for drug therapy alone. Without surgery, trans men still have a uterus and ovaries, trans women have a prostate, so screening is necessary. Therefore, it is important that doctors and clinics are prepared to receive this profile of patients.⁽³⁾

In this context, Resolution No. 2,265/2019 of the Federal Council of Medicine stands out. The document guarantees basic, specialized, urgent and emergency care for trans people,

reinforces the value of the corporate name, contains rules for the care of minors, in addition to the objective consideration of hormonal and surgical procedures for gender affirmation, validated by scientific, ethical and legal criteria established after extensive debate among the sectors involved in the construction of holistic health for the population in question.⁽⁴⁾

Having undergone sex reassignment surgery, transgender people face several situations appropriate to their current condition, such as: going to the gynecologist. The importance of this profession in monitoring hormone replacement therapy throughout life is known, as it needs to know the risk that trans men have of developing endometrial cancer, cervical cancer and breast cancer.⁽³⁻⁴⁾

Problems in gynecological care precede the problems of trans people. From symbolic violence, such as assuming that everyone in the clinic is heterosexual, to verbal violence at the time of delivery, preventing the parturient from crying, or being instructed not to kill the baby, to physical violence such as "climbing the belly and cutting the vagina unnecessarily".⁽²⁾

One of the problems when it comes to gynecology and trans men is the loss of care details. The flight from health services means that the frequency of consultations is not respected and, consequently, the opportunity for prevention is lost.⁽⁴⁾

In a society where the genitals define their gender, trans men and trans people (people who do not conform to their gender at birth or the binary gender, male or female), with vagina and uterus have many difficulties, related to access to basic services, such as sexual

and reproductive health.

Therefore, this study aims to analyze the scientific evidence available in the literature about the difficulties of gynecological care for trans men.

METHOD

This is a bibliographic, descriptive, integrative review study with a qualitative approach that offers opportunities to analyze the scientific literature and broadly understand research topics, thus contributing to patient care practices based on scientific knowledge.⁽⁵⁾

The fulfillment of the following steps was determined: (1) elaboration of the guiding question and objective of the study; (2) definition of inclusion and exclusion criteria for scientific productions; (3) search for scientific studies in databases and virtual libraries; (4) analysis and categorization of the productions found; (5) results and discussion of findings.⁽⁶⁾

To raise the guiding question, the PICO strategy was used, a methodology that helps in the construction of a research question and search for evidence for a non-clinical research, where P = Population/Patient; I = Interest; and Co = Context (P: trans man; I: gynecological care; Co: Quality). In this way, the following guiding question of the research was defined: "What are the difficulties in gynecological care for trans men?"

For the selection of articles, the following inclusion criteria were used: original article, available in full, with delimitation in the last 15 years (2008-2022) in Portuguese, English or Spanish, which responded to the objective of the study. Gray literature was excluded, as well as repeated publications of

studies in more than one database and articles that did not answer the guiding question of the study and that allowed access through the Virtual Private Network (VPN) of the University of Pernambuco (UPE).

Data collection took place during the month of August 2022 in the following Databases: Directory of Open Access Journals (DOAJ); Latin American and Caribbean Literature in Health Sciences (LILACS); Medical Literature Analysis and Retrieval System Online (MEDLINE); SCOPUS and on the Web of Science. And in the Scientific Electronic Library Online (SciELO) virtual library.

Articles indexed from the Health Sciences Descriptors (DeCS) were searched: "Pessoas Transgênero", "Exame Ginecológico", "Ginecologia". The respective terms from the Medical Subject Headings (MeSH) were used: "Transgender Persons", "Gynecological Examination", "Gynecology". The operationalization and search strategy were based on the combination of the Boolean operator AND and OR, performing the search together and individually so that possible differences could be corrected (Chart 1).

The selection of studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) in order to assist in the development of articles.⁽⁷⁾ At first, duplicate studies were eliminated by reading titles and abstracts. Of these pre-selected, a full reading was carried out in order to verify those that meet the guiding question and the inclusion/exclusion criteria. The final sample was then constructed with studies relevant to the pre-established criteria (Figure 1).

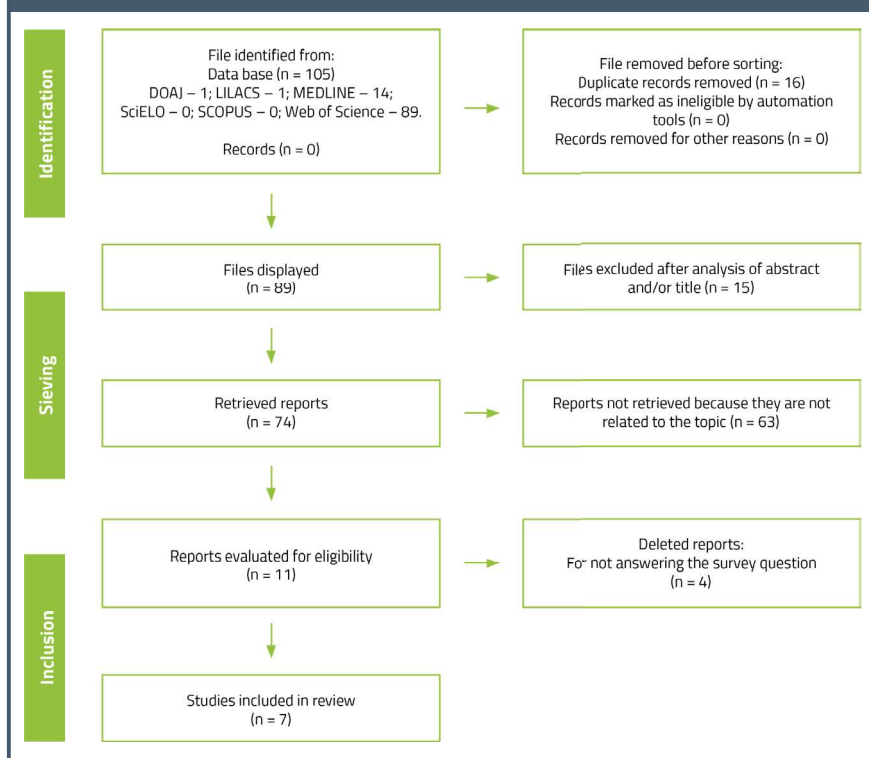
After reading the selected articles, the studies were categorized, classifying the knowledge produced in levels of evidence according to Melnyk and Fineout-Overholt⁽⁸⁾: level I, evidence is related to a systematic review or meta-analysis of randomized controlled clinical trials or from clinical guidelines

Quadro 1: Estratégia de busca por base de dados. Recife, Pernambuco (PE), Brasil, 2022.

Database	Search terms	Results	Selected
DOAJ	("Transgender Person" OR "transgender man" OR "trans men") AND ("Gynecological Examination" OR "Gynecology")	1	0
LILACS	("Transgender Person" OR "transgender man" OR "trans men") AND ("Gynecological Examination" OR "Gynecology")	1	1
MEDLINE	("Transgender Person" OR "transgender man" OR "trans men") AND ("Gynecological Examination" OR "Gynecology")	14	1
SciELO	((Transgender Persons) OR (transgender man) OR (trans men)) AND ((Gynecological Examination) OR (Gynecology))	0	0
SCOPUS	("Transgender Person" OR "transgender man" OR "trans men") AND ("Gynecological Examination" OR "Gynecology")	0	0
Web of Science	("Transgender Person" OR "transgender man" OR "trans men") AND ("Gynecological Examination" OR "Gynecology")	89	5
Total		105	7

Source: Research data, 2022.

Figure 1: Flowchart of the selection process for primary studies adapted from PRISMA. Recife, Pernambuco (PE), Brazil, 2022.



based on systematic reviews of randomized controlled clinical trials; at level II, evidence derived from at least one well-designed randomized controlled clinical trial; at level III, evidence from well-designed clinical trials without randomization; at level IV, evidence from well-designed cohort and case-control studies; at level V, evidence from a systematic review of descriptive and qualitative studies; at level VI, evidence derived from a single descriptive or qualitative study; and at level VII, evidence derived from the opinion of authorities and/or the report of expert committees.

Also, quality of evidence according to the GRADE system: High – There is strong confidence that the true effect is close to that estimated; Moderate – There is moderate confidence in the estimated effect; Low – Confidence in the effect is limited; and Very Low – Confidence in the effect estimate is very limited. There is a significant degree of uncertainty in the findings.⁽⁹⁾

To assess the risk of bias, the Cochrane Collaboration tool was used, based on seven domains (1. Random sequen-

ce generation; 2. Allocation concealment; 3. Blinding of participants and professionals; 4. Blinding of outcome assessors; 5. Incomplete outcomes; 6. Selective outcome report; and 7. Other sources of bias), which assess different types of bias that may be present in randomized clinical trials, such as selection bias, performance bias, detection bias, attrition bias, reporting bias, and other biases. The judgment of each domain is performed in three categories (high risk of bias, low risk of bias and uncertain risk of bias).⁽¹⁰⁾

A summary of the information in the corpus was obtained through an instrument: identification of the original article; authorship of the article; year of publication; country; methodological characteristics of the study; and study sample. An analytical reading of the studies was carried out, identifying the key points for the hierarchy and synthesis of ideas.

RESULTS

The studies surveyed are arranged showing their titles, authors, years of

publication, levels/qualities of evidence, objectives, results and sample characterization. After reading the selected articles, the studies were categorized, classifying the knowledge produced on the topic, into levels of evidence, mostly level VI - evidence derived from a single descriptive or qualitative study; in quality of evidence, Moderate – There is moderate confidence in the estimated effect. The main findings presented in the objectives and conclusions are directly associated with the difficulties of gynecological care for trans men (Table 1).

When performing the risk of bias analysis, it was observed that regarding the generation of the random sequence, 71.4% (n = 5) of the studies had an uncertain risk of bias; regarding allocation concealment, 85.7% (n = 6) had a low risk of bias; regarding the blinding of participants and professionals, all had a low risk of bias; and finally, regarding incomplete outcomes, 80% of all studies had a low risk of bias (Table 2).

After reading the selected articles, the studies were categorized, classifying the knowledge produced on the

Table 1: Synthesis of the main findings on difficulties in gynecological care for trans men. Recife, Pernambuco (PE), 2022.

N	Title/Database	Authors (Year)	Country	Level/ Quality of Evidence	Objective	Results	Sample
1	Obstacles and facilitators to guarantee the right to comprehensive trans health in Greater Buenos Aires and La Plata (Obstáculos y facilitadores para garantizar el derecho a la salud integral trans en el Gran Buenos Aires y La Plata) / LILACS	Neer, Anahí Farji (2016) ⁽¹¹⁾	Argentina	VI / Moderated	To investigate the obstacles and facilitators for compliance with the Gender Identity Law identified by health professionals specializing in gender-affirming treatments in Greater Buenos Aires and the city of La Plata in 2012-2015.	Tensions with trans users of the health system.	N = 12 Age group +18 Interviews; Greater Buenos Aires and the city of La Plata; 2012-2015
2	Health Care for Transgender Men: What Is Missing in OB/GYN Care? / MEDLINE	Haseen, Ben et al. (2020) ⁽¹²⁾	Gabon	VI / Low	Highlight recommendations to create inclusive obstetrics and gynecology spaces and improve outcomes for trans male patients.	The lack of gender-inclusive care in obstetrics and gynecology clinics presents a barrier for many trans men.	Doesn't apply

3	Gynecologic care of the female-to-male transgender man. / Web Of Science	Dutton, L; Koenig, K; Fennie, K (2008) ⁽¹³⁾	USA	VI / Moderated	Provide midwives and women's health nurses with tangible ways to become increasingly sensitive to the specific vulnerabilities of the transgender community.	Male/female boxes on health record forms, as well as the use of pronouns by medical staff, were barriers to receiving health care.	N = 6 Age group +18 Interviews and the Norbeck Social Support Questionnaire; USA 2008
4	Gynecologic Health Care Providers' Willingness to Provide Routine Care and Papanicolaou Tests for Transmasculine Individuals / Web Of Science	Shires DA et al (2019) ⁽¹⁴⁾	Michigan	VI / Moderated	To examine the willingness of gynecological health professionals to provide routine care and Pap smears for trans-male individuals.	Barriers related to prejudices and personal experiences.	N = 60 Age group +18 Interview; Michigan; 2018
5	Gynecologic Screening for Men in an OBGYN Resident Community Outreach Clinic: The Transgender Care Experience / Web Of Science	Woodland MB et al. (2018) ⁽¹⁵⁾	Philadelfia	VI / Moderated	Publicize the importance of gynecological screening for transgender men who want to keep their female organs.	It has gynecological needs similar to the rest of our clinical population.	N = 67 Age group Interview Philadelphia 2016-2017
6	Gynecologic Care for Transgender Adults / Web Of Science	Obedin-Maliver, J; de Haan, G (2017) ⁽¹⁶⁾	USA	VI / Low	Systematically approach the care of transmale and transfemale transgender people to practice obstetricians-gynecologists with the aim of enhancing knowledge and enhancing respectful care.	Avoid routine health care due to persistent discrimination and disrespect	Doesn't apply
7	Experiences of Transgender Men in Accessing Care in Gynecology Clinics / Web Of Science	Frecker H et al. (2018) ⁽¹⁷⁾	Canada	VI / Moderated	To determine whether trans men in Ontario avoid presenting for gynecological care and to understand their experiences in accessing such care.	Barriers like finding gender forms, sitting in a waiting room with cis women, being a misgender, having to educate providers, and doing your own gynecological exam	N = 89 Age group +18 Online questionnaire; Canada 2017

Source: Research data, 2022.

Table 2: Risk of bias analysis. Recife, Pernambuco (PE), 2022.

	Neer, Anahí Farji (2016)	Haseen, Ben et al. (2020)	Dutton, Koenig, Fennie (2008)	Shires DA et al (2019)	Woodland MB et al. (2018)	Obedin-Maliver; Haan (2017)	Frecker H et al. (2018)
Random sequence generation	-	?	?	?	?	-	?
Allocation concealment	-	-	-	-	-	-	?
Blinding of participants and professionals	-	-	-	-	-	-	-
Incomplete outcomes	-	-	-	-	-	-	-

(+) high risk of bias, (-) low risk of bias, and (?) uncertain risk of bias
Source: Research data, 2022.

subject, about the risks of bias, mostly low risk.

DISCUSSION

Trans men's access to health services

It is known that trans men are daily exposed to prejudice from different areas of society, including health. Therefore, it is necessary to understand the current scenario so that trans men can live in a healthy way, so that they can derive strategies to improve care.⁽¹⁸⁾

Also, due to the existing discriminatory context in the health area, trans men are resistant to accessing health services. It can be seen that the problem of disregarding the social name is something that prevents entry, as their rights are already violated at the front door.⁽¹⁹⁾

However, the dismissive and disinterested treatment of diversity in the health sector affects quality of life, self-esteem and violates the rights and freedoms of transgender people. This lack of professional preparation is responsible for the embarrassing situations that trans men go through during care.⁽¹⁸⁻¹⁹⁾

Assistance must be adequate from the moment the person enters the service. In this way, the reception is something essential and indispensable for the continuity of care. Therefore, it is necessary to discuss with the professionals of the health units, from the moment they enter the office, the consequences of the attitudes, behaviors and discourses of the cisheteronormatives on the health of trans men.⁽²⁰⁾

Gynecological care for trans men

Trans men feel insecure about seeing a gynecologist because they don't know how they will be treated. This unfounded fear is responsible for the increase in self-medication and the increase in cervical and breast cancer rates in this segment of the population.^(2,14)

It is a fact that trans men have always existed. Only now, they managed to gain a little audience in our society,

after many struggles. Their rights must be respected and guaranteed, including access to healthcare. Professionals in

visibility and hospitality.⁽¹¹⁻¹⁷⁾

However, there are still gynecological clinics that do not serve trans men. In addition to the barrier presented by professionals, trans people also face barriers related to prejudices and personal experiences.^(14,16)

Using the search strategies, we found a small sample and little availability of academic articles to compare the results. As few articles emerged based on the descriptors, few met the objective of the study. In addition, the included studies have limitations such as: single center, different comparison systems, small sample size and lack of randomization.

Even so, it was possible to observe scientific evidence related to difficulties in gynecological care for trans men. However, it is necessary to carry out more studies containing a larger sample and allowing greater discussion about the gynecological care provided to trans men.

This study can help to disseminate the importance of the social inclusion of trans men in health services, especially in primary care and gynecological care. Expanding the awareness of the profession and assisting in the training of the multiprofessional health team.

CONCLUSION

This study showed that health services are not able to care for trans men, especially those who provide gynecological care. Indicating the need for permanent education to achieve inclusive, humanized and quality care.

However, there are no studies that attribute real importance to this topic, which is fundamental for education, work and continuous training, although this number has gradually increased in recent years. Therefore, this study provided evidence that, although tentative, there is a growing body of studies addressing the difficulties trans men face in seeking gynecological care.

Having undergone sex reassignment surgery, transgender people face several situations appropriate to their current condition, such as: going to the gynecologist. The importance of this profession in monitoring hormone replacement therapy throughout life is known, as it needs to know the risk that trans men have of developing endometrial cancer, cervical cancer and breast cancer.

the region must be willing to take care of this part of society, respecting their specificities and ensuring a dignified and respectful service that values indi-

REFERÊNCIAS

1. Vieira AM, Silva AM, Torres ATS, Lopes BB, Diógenes MMS, Britto DF. Atendimento ginecológico ao homem trans: a experiência de uma maternidade escola. *Revista de Medicina da UFC*. 2022; 62(1): 1-8. <http://doi.org/10.20513/2447-6595.2022v62n1e62700p1-8>
2. Rocon PC, Wandekoken KD, Barros MEB, Duarte MJO, Sodrê F. Acesso à saúde pela população trans no Brasil: nas entrelinhas da revisão integrativa. *Trab. educ. saúde*. 2020; 18(1): e0023469. <http://doi.org/10.1590/1981-7746-sol00234>
3. Pereira PLN, Gaudenzi P, Bonan C. Masculinidades trans em debate: uma revisão da literatura sobre masculinidades trans no Brasil. *Saúde e Sociedade*. 2021; 30(3): e190799. <http://doi.org/10.1590/s0104-12902021190799>
4. Viegas CMAR. Conselho Federal de Medicina edita Resolução que reduz de 21 para 18 anos a idade mínima para cirurgia de transição de gênero. *Jusbrasil*. [Internet] 2020 [cited 2022 sep 20]. Available from: <https://claudiamaraviegas.jusbrasil.com.br/artigos/797103843/conselho-federal-de-medicina-edita-resolucao-que-reduz-de-21-para-18-anos-a-idade-minima-para-cirurgia-de-transicao-de-genero>
5. Araújo WCO. Recuperação da informação em saúde: construção, modelos e estratégias. *ConCI: Convergências em Ciência da Informação*. 2020; 3(2): 100-134. <https://doi.org/10.33467/conci.v3i2.13447>
6. Lisboa MT. Elementos para elaboração de um desenho de pesquisa | Elements to formulate a research design. *Mural Internacional*, 2019; 10:38439-1. <http://doi.org/10.12957/rmi.2019.38439>
7. Barbosa FT, Lira AB, Oliveira Neto OB, Santos LL, Santos IO, Barbosa LT et al. Tutorial para execução de revisões sistemáticas e metanálises com estudos de intervenção em anestesia. *Brazilian Journal Of Anesthesiology*. 2019; 69(3): 299-306. <http://doi.org/10.1016/j.bjan.2018.11.007>
8. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In B. M. Melnyk & E. Fineout-Overholt. *Evidence-based practice in nursing & healthcare: a guide to best practice*.; 2005; 3-24. Philadelphia: Lippincott Williams & Wilkins.
9. Ministério da Saúde (BR). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. *Diretrizes metodológicas: Sistema GRADE – Manual de graduação da qualidade da evidência e força de recomendação para tomada de decisão em saúde – Brasília: Ministério da Saúde, 2014. 72 p.*
10. Carvalho APV, Silva V, Grande AJ. Avaliação do risco de vieses de ensaios clínicos randomizados pela ferramenta da colaboração Cochrane. *Diagn Tratamento*. [Internet] 2013 [cited 2022 aug 24]; 1(18): 38-44, jan. 2013. Available from: <https://pesquisa.bvsalud.org/portal/resource/fr/lil-670595>
11. Neer AF. Obstáculos y facilitadores para garantizar el derecho a la salud integral trans en el Gran Buenos Aires y La Plata. *Rev. argent. salud publica*. [Internet] 2016 [cited 2022 set. 19]; 7(29): 26-30. Available from: <http://rasp.msal.gov.ar/rasp/articulos/volumen29/26-30.pdf>
12. Haseen Ben, Kahn ABS, Belton A, Roth Bayer C. Health Care for Transgender Men: What Is Missing in OB/GYN Care?. *J Low Genit Tract Dis*. 2020; 24(2): 232-233. <http://doi.org/10.1097/LGT.0000000000000507>
13. Dutton L, Koenig K, Fennie, K. Gynecologic Care of the Female-to-Male Transgender Man. *J Midwifery Womens Health*. 2008; 53: 331-337. <https://doi.org/10.1016/j.jmwh.2008.02.003>
14. Shire DA, Prieto L, Woodford MR, Jaffee KD, Stroumsa D. Gynecologic Health Care Providers' Willingness to Provide Routine Care and Papanicolaou Tests for Transmasculine Individuals. *J Women's Health*. Nov 2019; 1487-1492. <http://doi.org/10.1089/jwh.2018.7384>
15. Woodland MB, Callanan L, Schnatz PF, Jiang, X. Triagem ginecológica para homens em uma clínica comunitária residente em OBGYN: a experiência de atendimento transgênero. *J. Low. Genit. Tract Dis*. 2018; 22(4): 333-335. <http://doi.org/10.1097/LGT.0000000000000429>
16. Obedin-Maliver J, Haan G. Cuidados Ginecológicos para Adultos Transgêneros. *Curr Obstet Gynecol Rep*. 2017; 6: 140-148. <https://doi.org/10.1007/s13669-017-0204-4>
17. Frecker H, Scheim A, Leonardi M, Yudin M. Experiences of Transgender Men in Accessing Care in Gynecology Clinics [24G]. *Obstetrics & Gynecology*. 2018; 131: 815 <https://doi.org/10.1097/01.AOG.0000533374.66494.29>
18. Gomes MS, Sousa FJG, Fraga FA, Ribeiro CR, Lemos A. Homens transexuais e o acesso aos serviços de saúde: Revisão integrativa. *Research, Society and Development*. [Internet]. 2021 [cited 2022 sep 22]; 10(2). Available from: https://redib.org/Record/oai_articulo3055564-homens-transexuais-e-o-acesso-aos-servi%C3%A7os-de-sa%C3%BAde-revis%C3%A3o-integrativa
19. Solka AC, Antoni C. Homens trans: da invisibilidade à rede de atenção em saúde. *Saúde e Desenvolvimento Humano*. 2020; 8(1):07. <http://doi.org/10.18316/sdh.v8i1.4895>
20. Martinho NJ, Santos VHM, Costa CMA, Marta CB, Bacani ES, Moraes RSV, et al. Dificuldades enfrentadas no acesso à saúde por usuários LGBT. *SaudColetiv (Barueri)* [Internet]. 24º de novembro de 2020 [cited 2022 sep 22]; 10(58):3841-8. Available from: <https://www.revistas.mpmcomunicacao.com.br/index.php/saudecoletiva/article/view/993>