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Vulnerability of HIV/AIDS transgenous people: an integrative review

Vulnerabilidad de las personas en transgeneración al VIH/SIDA: revisión integrativa

Vulnerabilidade de pessoas transgêneros ao HIV/AIDS: revisão integrativa

ABSTRACT

Objective: To analyze scientific publications about the vulnerability of transgender people to HIV / AIDS, starting from the guiding question: What is the demand for scientific publications about the vulnerability of transgender people to HIV / AIDS? **Methodology:** The collection was carried out between March and December 2018, in the LILACS, CINAHL, MEDLINE and PubMed databases. Using the descriptor "Transgendered Persons OR Transgender" integrated with the descriptors "Vulnerability", "HIV / AIDS" using the Boolean AND and their analogues in Portuguese and Spanish. **Results:** The sample consisted of ten articles, six in English and four in Portuguese, from Sub-Saharan Africa, Brazil, India, Jamaica, Mexico and Peru. **Conclusion:** The sample pointed out that stigma leads to both depression and vulnerability to HIV infection in this population. Therefore, it is necessary to understand the vulnerability to HIV and the specific needs for prevention and treatment of infection in this population.

DESCRIPTORS: Vulnerability Study; HIV infections; Transgender People; Social vulnerability; Review.

RESUMEN

Objetivo: Analizar las publicaciones científicas sobre la vulnerabilidad de las personas trans al VIH / SIDA, a partir de la pregunta orientadora: ¿Cuál es la demanda de publicaciones científicas sobre la vulnerabilidad de las personas trans al VIH / SIDA? **Metodología:** La recolección se realizó entre marzo y diciembre de 2018, en las bases de datos LILACS, CINAHL, MEDLINE y PubMed. Usando el descriptor "Personas Transgénero O Transgénero" integrado con los descriptores "Vulnerabilidad", "VIH / SIDA" usando el booleano AND; y sus análogos en portugués y español. **Resultados:** La muestra estuvo compuesta por diez artículos, seis en inglés y cuatro en portugués, de África subsahariana, Brasil, India, Jamaica, México y Perú. **Conclusión:** La muestra señaló que el estigma conduce tanto a la depresión como a la vulnerabilidad a la infección por VIH en esta población. Por tanto, es necesario comprender la vulnerabilidad al VIH y las necesidades específicas de prevención y tratamiento de la infección en esta población.

DESCRIPTORES: Estudio de Vulnerabilidad; Infecciones por VIH; Personas Transgénero; Vulnerabilidad Social; Revisión.

RESUMO

Objetivo: Analisar publicações científicas sobre a vulnerabilidade de pessoas transgêneros ao HIV/AIDS, partindo-se da questão norteadora: Qual a demanda de publicações científicas acerca da vulnerabilidade das pessoas transgêneros ao HIV/Aids? **Metodologia:** A coleta foi realizada entre março a dezembro de 2018, nas bases de dados LILACS, CINAHL, MEDLINE e PubMed. Utilizando-se o descritor "Transgendered Persons OR Transgender" integrado aos descritores "Vulnerability", "HIV/AIDS" utilizando o booleano AND; e seus análogos em português e em espanhol. **Resultados:** A amostra foi composta por dez artigos, seis em inglês e quatro em português, oriundos da África Subsariana, Brasil, Índia, Jamaica, México e Peru. **Conclusão:** A amostra apontou que o estigma leva tanto à depressão quanto à vulnerabilidade à infecção pelo HIV nesta população. Portanto, se faz necessário entender a vulnerabilidade ao HIV e as necessidades específicas de prevenção e tratamento da infecção nesta população.

DESCRIPTORES: Estudo sobre Vulnerabilidade; Infecções por HIV; Pessoas Transgêneros; Vulnerabilidade Social; Revisão.

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INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) was initially presented to society as a disease resulting from sin and abnormalities, generating stigma and prejudice in the first affected. However, AIDS, over the almost 30 years since its emergence, has ceased to be a disease of a certain group and has become popular, starting to affect men, women, the elderly and children; heterosexual, homosexual; rich and poor; religious and agnostic⁽¹⁾.

The prejudice and discrimination generated in the onset of the disease are due to the category of risk group used, which allowed the identification of the group most affected by the disease and little information about the distribution of cases. However, with the diagnostic test, discovered in 1985, it was possible to identify the pandemic character of the disease, showing different patterns of population distribution. Prevention strategies started to use the concept of risky behavior, from the discovery of the disease⁽²⁾. On the other hand, it caused attitudes of guilt, attributing the responsibility to the individual who became infected for not adhering to safe behavior. In the search for understanding this risky behavior, the concept of vulnerability arises, which considers that there is no Natural

History of the Disease, but a Social History of the Disease⁽²⁾.

One can define the term 'vulnerability' from the individual, collective and programmatic aspects that participate in the health-disease process of the individual and the community. The individual dimension of vulnerability is considered to comprise knowledge and behavior, it is the association between knowledge and practices that will give subjects situations of danger or protection. Thus, the development of these aspects in daily life will interfere in the balance between risk or protective factors for health. The collective or social dimension, the influence of economic, religious, or spiritual aspects and the social determinants of health in the health-disease process. Finally, the programmatic sphere deals with the capacity of institutions, including health services, to solve problems related to promotion, prevention and comprehensive health care⁽³⁾.

Transgender people or trans people, including transvestites and transsexuals, are those who have a gender identity different from those imposed by heteronormative standards, imposed by society. They are, therefore, more susceptible to suffering prejudice, stigma and violence, increasing the vulnerability to HIV / AIDS, and, with this, the need to include public policies that contribute to the care-health-disease process⁽⁴⁾.

In addition to all these confrontations that permeate the existence of transgender people, female transsexuals deal with violence, discrimination and social exclusion linked to the non-acceptance of the transsexual body, female stereotypes and the relationship with HIV / AIDS, still need to deal with the idea of "risk group". This coping process is even greater in the period of expression of the signs and symptoms of the disease, since these women become more physically fragile and there is an involvement of the visual reflex of the self-image. Psychosomatic pain related to HIV positive status and the condition that there is no cure for this disease are reproduced by a weakness and a sense of social isolation⁽⁵⁾.

The relevance of this study is the fact that it allows reflection on the vulnerability of transgender people to HIV / AIDS, with a focus and looking mainly at transsexual women. Starting from the guiding question: What is the demand for scientific publications about the vulnerability of transgender people to HIV / AIDS? In addition, it is worth emphasizing the importance of deepening the knowledge about this public based on their vulnerabilities. Thus, this study aims to analyze scientific publications about the vulnerability of transgender people to HIV / AIDS.

METHODOLOGY

For the construction of this integrative review, the six pre-defined steps were used: elaboration of the guiding question; literature search; data collect; critical analysis of the included studies; discussion of results; presentation of the integrative review⁽⁶⁾.

The selection was made during the months of March to December 2018 in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Cummulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System Online (MEDLINE) and PubMed which is a search engine with free access to the MEDLINE database. In each of these bases, the search was carried out in pairs, using the descriptor "Transgendered Persons OR Transgender" integrated with the descriptors: "Vulnerability, HIV / AIDS" using the Boolean AND; and their analogues in Portuguese and English, all standardized by the Medical Subject Heading (MESH) and Descritores em Ciências da Saúde (DeCS).

The selection of articles occurred based on the inclusion criteria: original article; written in English, Portuguese and Spanish; complete and available. The time frame of 6 years of publication was defined due to Ordinance No. 2,836, of December 1, 2011, which establishes, within the scope of the Unified Health System (SUS), the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals. As exclusion criteria, the following were disregarded: theses, dissertations, monographs, editorials, integrative, systematic and conceptual reviews, as well as the repetition of publication of studies in more than one database and articles that did not respond to conducting question of the study.

The search strategy resulted in 1566 articles, distributed in the determined databases. Duplicate articles were removed and accounted for in only one database, being considered in the database that presented easier access, being shown in Figure 1.

The titles and abstracts of these arti-

cles were read, including only those that covered the theme of the study, and excluding those that did not meet the eligibility criteria previously established, with the sample being reduced to 311 articles. Of these, the articles were evaluated, all read in full, and those that did not answer the guiding question were removed, leaving only 10 articles as a final sample.

The studies that comprised this review were classified according to evidence-based practice, being characterized hierarchically, using the American framework of the Agency for Healthcare Research and Quality (AHRQ), which considers the research design⁽⁷⁾.

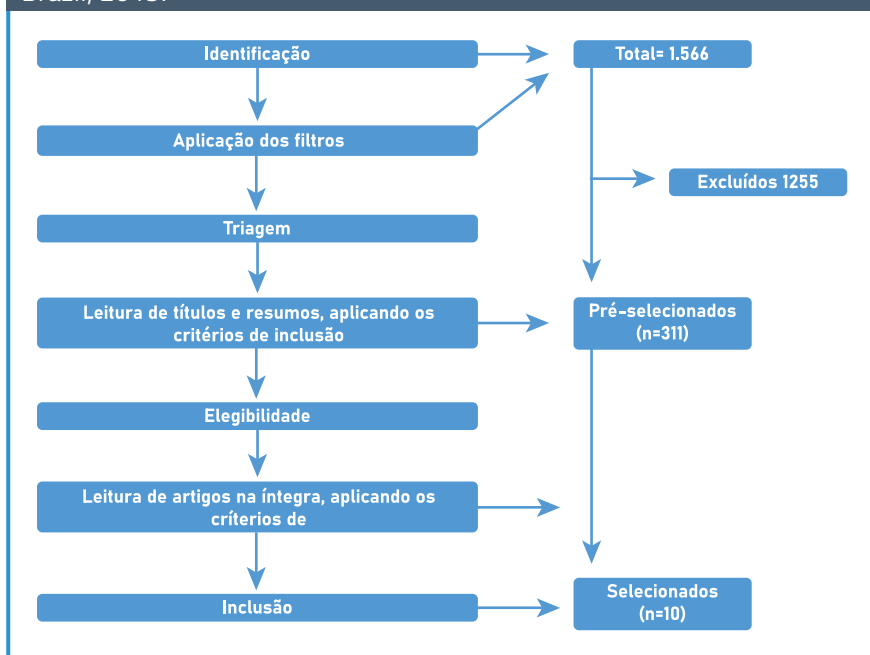
It should be noted that the AHRQ classifies the quality of the evidence in six levels: level 1, meta-analysis of multiple controlled studies; level 2, individual study with experimental design; level 3, study with experimental design as study without randomization with single group pre and post-test, time series or case control; level 4, study with a non-experimental design such as descriptive correlational and qualitative research or case study; level 5, case reports or data obtained systematically, of verifiable quality or program evaluation data; level 6, opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of information from non-research information⁽⁷⁾.

The instrument used to synthesize the results was Ursi⁽⁸⁾. The instrument was completed by two reviewers independently, to extract the main aspects covered. In the interpretation of the results, a comparative reading between the articles followed, verifying their similarities, proceeding to the grouping and content analysis of Bardin⁽⁹⁾.

RESULTS

The results presented in Chart 1 refer to the levels of evidence and type of study in the sample and Chart 2, based on 10 publications, of which one was

Figure 1. Prisma flowchart adapted to search for studies. Recife, PE, Brazil, 2019.



obtained from MEDLINE⁽¹⁰⁾, four at LILACS⁽¹¹⁻¹⁴⁾ and five at PubMed⁽¹⁵⁻¹⁹⁾. The language found in the studies was English^(10,14-19) and Portuguese⁽¹¹⁻¹³⁾. The countries that carried out the studies were Sub-Saharan Africa, Brazil, India, Jamaica, Mexico, and Peru. The period of publication of the same occurred between the years 2012 to July 2018.

Chart 1. Distribution of articles analyzed by author / year, country of origin, type of study / sample and level of evidence. Recife, PE, Brazil, 2019

AUTOR, ANO, PAÍS	TIPO DE ESTUDO/AMOSTRA	NÍVEL DE EVIDÊNCIA (NE)
SHAW, et al, 2012 ⁽¹⁰⁾ Índia	Transversal com regressão logística multivariável com 550 participantes	NE 4
FERREIRA- Jr FRANCISCO, NOGUEIRA, 2016 ⁽¹¹⁾ Brasil	Transversal com 124 participantes	NE 4
GARCIA, 2013 ⁽¹²⁾ Brasil	Qualitativo com 11 participantes	NE 4
BOIVIN, 2014 ⁽¹³⁾ México	Qualitativo com 580 participantes	NE 4
SOUSA; FERREIRA; SÁ, 2013 ⁽¹⁴⁾ Brasil	Epidemiológico, descritivo observacional com 110 participantes	NE 4
POTEAT, et al, 2017 ⁽¹⁵⁾ África Subsariana	Transversal prospectivo com 937 participantes	NE 4
CHHIM, et al, 2016 ⁽¹⁶⁾ Camboja	Transversal com 1375 participantes	NE 4
PEREZ-BRUMER, et al, 2017 ⁽¹⁷⁾ Peru	Transversal e qualitativo com 48 participantes	NE 4
LOGIE, et al, 2017 ⁽¹⁸⁾ Jamaica	Transversal com regressão logística com 556 participantes	NE 4
MAGNO, 2018 ⁽¹⁹⁾ Brasil	Método misto com 127 participantes	NE 4

Chart 2. Description of articles that address the vulnerability of the transsexual population to HIV, according to Author, year, title, objective and results found. Recife, PE, Brazil, 2019

AUTOR / ANO	TÍTULO	OBJETIVO	RESULTADOS ENCONTRADOS
SHAW, et al, 2012 ⁽¹⁰⁾	Factors Associated with Sexual Violence against Men Who Have Sex with Men and Transgendered Individuals in Karnataka, India	Avaliar a associação da violência sexual em homens que fazem sexos com homens e pessoas transexuais.	A alta taxa de violência sexual que está relacionada à vulnerabilidade por ser profissional do sexo e ser transgênero. E a violência sexual está relacionada à infecção de HIV.
FERREIRA- Junior FRANCISCO, NOGUEIRA, 2016 ⁽¹¹⁾	Perfil de travestis e transgêneros: tuberculose e HIV/ Aids na cidade de São Paulo.	Caracterizar o perfil de travestis e mulheres transgênero que participaram de uma pesquisa sobre tuberculose e HIV/AIDS na cidade de São Paulo.	Os travestis e transgêneros tinham noções equivocadas quanto às formas de transmissão e uso irregular do preservativo, comprovando a vulnerabilidade ao HIV/AIDS. O perfil traçado foi de baixa escolaridade, profissional do sexo, passagem por prisão, alta prevalência de sífilis, injeção de silicone líquido, em situação de rua, exclusão do mercado de trabalho, hormonioterapia sem acompanhamento médico e uso de álcool e drogas, sendo esse perfil considerado um risco ao HIV.

GARCIA, 2013 ⁽¹²⁾	Diversidade sexual, situação de rua, vivências nômades e contextos de vulnerabilidade ao HIV/AIDS.	Refletir sobre os contextos de vulnerabilidade ao HIV/AIDS entre a população LGBT em situação de rua.	A vulnerabilidade para o HIV se demonstrou maior, pois a população LGBT estava em situação de rua. O afastamento da família ou a fuga de casa é um fator que contribui para a vulnerabilidade econômica. Levando essas pessoas a ficarem susceptíveis à violência física, verbal e sexual. Procurando a prostituição como meio de sobrevivência.
BOIVIN, 2014 ⁽¹³⁾	Se podrían evitar muchas muertas". Discriminación, estigma y violencia contra minorias sexuales en México	Descrever as formas, os atores, os lugares de discriminação e estigma sofridos em várias regiões metropolitanas do México por pessoas transexuais, travestis, gays e bissexuais, assim como por pessoas infectadas pelo HIV.	A vulnerabilidade para o HIV neste estudo se demonstrou, principalmente, pela falta de preservativos, escassez de serviços de saúde, além da discriminação dos serviços de saúde, família, polícia, escassez de trabalho e o fato de ser profissional do sexo.
SOUSA; FERREIA; SÁ, 2013 ⁽¹⁴⁾	Descriptive study of homophobia and vulnerability to HIV/Aids of the transvestites in the Metropolitan Region of Recife, Brazil	Conhecer as vulnerabilidades ao HIV/AIDS das travestis da Região Metropolitana do Recife.	A evasão escolar devido à discriminação em 33,2%. Entre a classe social, 49,6% era da D e E. Apenas 4,5% contribuía para a previdência. 79,2% saiu de casa antes dos 18 anos devido à opção sexual. 56,4% relatou que deixaram de ser selecionadas ou foram demitidas de seus empregos pelo fato de serem travestis. Em que 71,8% recebeu dinheiro em troca de sexo nos últimos 12 meses. Foram encontrados altos índices de homofobia em locais, como: serviços de segurança, locais de trabalho, ambiente familiar e religioso, vizinhança, escola, comércio, locais de lazer e nos serviços de saúde.
POTEAT, et al, 2017 ⁽¹⁵⁾	HIV prevalence and behavioral and psychosocial factors among transgender women and cisgender men who have sex with men in 8 African countries: A cross-sectional analysis	Avaliar a prevalência do HIV, bem como de condutores psicossociais e comportamentais da infecção pelo HIV entre mulheres trans em comparação com homens que fazem sexo com homens (cis-MSM) em oito países da África Subsaariana.	As mulheres transexuais relataram estigma, exclusão familiar, rejeição dos amigos, violência física, verbal e sexual, sintomas depressivos, ideação suicida, sexo anal receptivo sem preservativo, o recebimento de um teste de HIV nos últimos 12 meses e medo ao andar em locais públicos. A prevalência do HIV foi de 25% entre mulheres transexuais.
CHHIM, et al, 2016 ⁽¹⁶⁾	HIV prevalence and factors associated with HIV infection among transgender women in Cambodia: results from a national Integrated Biological and Behavioral Survey	Examinar os fatores associados à infecção pelo HIV entre as mulheres transgênero no Camboja.	Perfil eram mulheres transexuais que residiam em áreas urbanas, de maior idade, com baixa escolaridade, com úlceras genitais anteriores, com histórico de auto injeção hormônio e em uso de álcool e drogas foram maior a vulnerabilidade ao HIV. 41,8% relatou fazer sexo sem preservativo em troca de dinheiro ou presente. A discriminação nos serviços de saúde e a depressão e baixa autoestima foram fatores de risco para o autocuidado na prevenção do HIV.
PEREZ-BRUMER, et al, 2017 ⁽¹⁷⁾	Leveraging social capital: multilevel stigma, associated HIV vulnerabilities, and social resilience strategies among transgender women in Lima, Peru	Aplicar a compreensão do capital social como um determinante social da saúde e examinar sua relação com as vulnerabilidades do HIV ao PT no Peru.	A alta prevalência de HIV em transexuais mulheres está relacionada com o abandono familiar, falta de escolaridade, mas, principalmente, à exclusão dessas pessoas. O artigo afirma a vulnerabilidade a ir para a prostituição e no mal atendimento dos servidores nos serviços de saúde. Essa exclusão social cria um aumento da vulnerabilidade ao HIV.

<p>LOGIE, et al, 2017⁽¹⁸⁾</p>	<p>Associations between Police Harassment and HIV Vulnerabilities among Men Who Have Sex with Men and Transgender Women in Jamaica</p>	<p>Demonstrar como o assédio policial em contextos onde relações sexuais consensuais entre pessoas do mesmo sexo são criminalizadas molda as vulnerabilidades do HIV e opera como um motor social do HIV para HSH e mulheres transgêneras.</p>	<p>O medo de procurar atendimento de saúde; negação de serviços de saúde devido ao estigma social e exclusão familiar que pode contribuir para taxas elevadas de falta de moradia; emprego e habitação, discriminação que eleva a insegurança econômica e aumenta o trabalho sexual de sobrevivência; a falta de direitos humanos, proteção que aumenta a exposição à violência de membros da comunidade e da polícia; o abuso físico, insegurança alimentar, habitação instável, o estigma transgênero e perseguição policial devido à sua identidade transgênero, são vulnerabilidades ao HIV.</p>
<p>MAGNO, 2018(19)</p>	<p>Gender-based discrimination and unprotected receptive anal intercourse among transgender women in Brazil: a mixed methods study</p>	<p>Identificar a relação entre a discriminação baseada no gênero (GBD) e as relações anais receptivas desprotegidas (URAI) com parceiros estáveis entre as mulheres transgênero.</p>	<p>A discriminação baseada no gênero (GBD) impactou as mulheres transgênero. Discriminação de guarda de segurança privada, da polícia, da família, amigos e vizinhos, violência física, verbal e sexual, e o acesso aos serviços de saúde e aconselhamento ao HIV. A discriminação pela família e amigos foi considerada pior para depressão, baixa autoestima e déficit no autocuidado ao uso da camisinha; além disso, potencializou vulnerabilidade econômica que levou muitos a se dedicarem ao trabalho sexual de sobrevivência. Ter parceiros estáveis diminui o desejo de usar preservativos.</p>

DISCUSSION

In the 10 articles selected and read in full among their findings, it is clear that the issues of vulnerability to HIV / AIDS in transsexual women are associated with variables, such as: discrimination in the expression of gender, poverty, stigma and violence. Thus, the axes emerged: 1. Vulnerability to HIV related to socioeconomic profile and 2. Vulnerability to HIV related to social stigma.

Vulnerability to HIV related to socioeconomic profile

In the studies found, it is proposed that there is a strong relationship between the socioeconomic profile and vulnerability to HIV, and it is possible to highlight a pattern at the moment when transsexual people start to come out, usually in adolescence, and the family's resistance to acceptance leads them to abandon their home, leaving them on the street, with unfinished studies and without financial support. This situation was observed in the study⁽¹⁹⁾ which discusses the relationship between discrimination based on gender identity,

responsible for increasing vulnerability to HIV in transsexual people, due to the processes of exclusion in public and private spaces, impacting on the acquisition of schooling processes, as well as access to education and permanence in education, restricting formal employment options, inducing many to dedicate themselves to sex work, accentuating the stigma of this population⁽¹⁹⁾.

Education constitutes a barrier of access for the trans population to the labor market, because, without being able to stay in school, trans people often do not obtain the necessary qualification to compete for job vacancies, especially when the person begins to perform their identity of gender. Another factor that challenges the insertion of transvestites, transsexual women and trans men in the job market is their own body. Transsexuals with greater "passability", that is, who are able to perform their gender more similarly to the performance of cisgender people, will have easier access to the job market and, the further away from this hetero-cis-normative ideal, the greater the difficulty in entering the labor market⁽²⁰⁾.

This discrimination due to gender identity is perceived especially in transsexual women who resort to prostitution to guarantee their livelihood to pay for bodily adaptations; discrimination and prejudice close the doors of the formal labor market for them⁽²¹⁾.

It is in these processes of identity recognition that generate inequalities, orders, hierarchies, which will be related to the power networks that circulate in society, which position the subjects, classify, name, include or exclude. This understanding, which distances itself from the biological plane, even though there is a portion of biological involved, which does not mean to affirm that it is determinant in the constitution of sexual and gender identities, nor in the definition of the subjects, from the biological dimension that their bodies feature⁽²²⁾.

The concept of vulnerability made it possible to understand the difficulties reported by this group, when confronting life histories with the forms of heterosexist domination present in the different spaces of our society⁽²³⁾.

Vulnerability to HIV related to social stigma

The stigmatization of sexual minorities produces, reproduces, justifies and encourages discriminatory practices against them, places them at a disadvantage to study and develop fully as people, to have quality of life and access to health, education and justice services, as well as decent employment, being denied the right to participate in social, political and economic life⁽¹³⁾. The experience of sexual violence also evidenced, is a factor that implies greater susceptibility to HIV / AIDS and other sexually transmitted infections⁽¹⁰⁾.

The frequency of gender-based discrimination contributes to the development of symptoms of depression, as well as confidence in stable relationships, can directly influence vulnerability to HIV, increasing the exposure of unprotected receptive anal intercourse -URAI⁽¹⁹⁾. Factor also limiting access and quality of HIV prevention, treatment and care services⁽¹⁷⁾.

The results also revealed misconceptions regarding the forms of transmission and irregular condom use, proving the vulnerability of transgender women to HIV / AIDS⁽¹¹⁾, adapted interventions are needed for this population⁽¹⁶⁾. The importance of evaluating gender identity separately from the biological sex attributed at birth was highlighted, in order to make transsexual women visible in the data, considering that, in the notification system, they are inserted in the category of men who have sex with men⁽¹⁵⁾.

Therefore, due to unique social, behavioral, structural and biological issues, transsexual women are at high risk for acquiring HIV. This increased risk is multifactorial, due to different psychosocial risk factors, worse access to specific health care, a greater likelihood of using exogenous hormones or fillers without direct medical supervision, interactions between hormone therapy and antiretroviral therapy and direct effects of therapy hormone in HIV acquisition and immune control⁽²⁴⁾.

Health promotion strategies that reduce vulnerability to HIV / AIDS in transsexual women, should focus on an intersectoral approach that mobilizes health, education, security, social service and other public and private initiatives, in addition to combating homophobia and increasing access health care, prevention and treatment programs specific to transgender women^(14,24).

It is concluded that the vulnerability to HIV / AIDS of transgender people is related to socioeconomic vulnerability and the stigma that encourages discriminatory practices.

CONCLUSION

It is concluded that the vulnerability to HIV / AIDS of transgender people is related to socioeconomic vulnerability and the stigma that encourages discriminatory practices. The lack of security and support from family, friends and the social network exposes these people to the lack of housing, education and, in

turn, employment and income, still early in adolescence, when they are not prepared to deal with so many challenges.

Discrimination and social exclusion are the main factor of vulnerability, resulting in adherence to prostitution and unsafe sexual practices due to low self-esteem and depression. In addition, stigma contributes to physical, verbal and sexual abuse exposing the risk to HIV / AIDS.

Therefore, it is necessary to understand the HIV epidemiology and the specific HIV prevention and treatment needs of transgender populations and that public policies be adopted to reduce stigma and discrimination related to gender diversity. Instituting a collective view of the varied socio-cultural and economic contexts in which transsexual women are inserted and how they experience their sexuality, implies an understanding of how these women's fragility process occurs in the face of HIV / AIDS prevention. It is hoped that this knowledge will serve as a basis for solidifying health promotion actions for this population.

With this study, it was possible to highlight, in the national and international scientific literature, the elements of the vulnerability of transgender women to HIV / AIDS, which were extracted from the investigations of articles produced in the last six years. The methodology used provided the evidence for these elements and the theoretical deepening on the issues related to the theme. In this way, it is considered that this method proved to be effective for the accomplishment of the objective.

Due to the context of social exclusion in which the transsexual woman is inserted, gender issues correspond to a situation of great vulnerability to HIV infection. The results presented throughout the review showed that the various expressions of sexuality and gender are the main reasons for denying the possibilities, consequently, these people will have their social, health and education rights excluded, implying insufficient clarifications about prevention, transmission and other issues involving AIDS. ■

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