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Health care for brazilian transexual men and women: an evidence of research

Atención de salud para hombres y mujeres transexuales brasileños: una prueba de investigación**Atenção à saúde de homens e mulheres transexuais brasileiras: uma evidência de pesquisa****ABSTRACT**

Introduction: Transsexuality is characterized by the recognition of the person to a different gender from his birth. When it fails to perceive itself and live healthily with its biological body, there can be countless repercussions generated in its life, reproduced, almost always, by society's prejudice. Objective: to describe research evidence on health care for transsexual men and women. Methodology: Integrative literature review, in the LILACS, BDNF and MEDLINE databases, with articles in Portuguese, published between 2009 and 2019. Results: 284 studies were found, 06 of which were included for analysis. Conclusion: Health promotion was presented as fundamental for transsexual men and women, because it improves social inclusion, favors the bond, the achievement of autonomy, self-esteem, and self-care. Putting it into practice requires health professionals to focus on the person, not on their body, gender, and sexuality.

DESCRIPTORS: Transsexualism; Health Care; Review.**RESUMEN**

Introducción: La transexualidad se caracteriza por el reconocimiento de la persona a un género diferente al de su nacimiento. Cuando no se percibe y convive sanamente con su cuerpo biológico, pueden generarse innumerables repercusiones en su vida, reproducidas, casi siempre, por los prejuicios de la sociedad. Objetivo: describir la evidencia de la investigación sobre la atención de la salud de hombres y mujeres transexuales. Metodología: Revisión integrativa de la literatura, en las bases de datos LILACS, BDNF y MEDLINE, con artículos en lengua portuguesa, publicados entre 2009 y 2019. Resultados: Se encontraron 284 estudios, 06 de los cuales fueron incluidos para análisis. Conclusión: La promoción de la salud se presentó como fundamental para hombres y mujeres transexuales, porque mejora la inclusión social, favorece el vínculo, el logro de la autonomía, la autoestima y el autocuidado. Ponerlo en práctica requiere que los profesionales de la salud se concentren en la persona, no en su cuerpo, género y sexualidad.

DESCRIPTORES: Transexualismo; Asistencia Sanitaria; Revisión.**RESUMO**

Introdução: A transexualidade se caracteriza pelo reconhecimento da pessoa ao gênero diferente do seu nascimento. Quando essa não consegue se perceber e conviver saudavelmente com o seu corpo biológico, inúmeras podem ser as repercussões geradas em sua vida, reproduzidas, quase sempre, pelo preconceito da sociedade. Objetivo: descrever as evidências de pesquisa sobre a atenção à saúde de homens e mulheres transexuais. Metodologia: Revisão integrativa da literatura, nas bases de dados LILACS, BDNF e MEDLINE, com artigos no idioma português, publicados entre 2009 a 2019. Resultados: Foram encontrados 284 estudos, sendo 06 incluídos para a análise. Conclusão: A promoção da saúde apresentou-se como fundamental para homens e mulheres transexuais, isso porque melhora a inclusão social, favorece o vínculo, a conquista da autonomia, da autoestima e do autocuidado. Colocá-la em prática requer dos profissionais de saúde um olhar centrado na pessoa, não no seu corpo, seu gênero e sua sexualidade.

DESCRITORES: Transexualismo; Assistência à Saúde; Revisão.**RECEIVED ON:** 08/15/2020 **APPROVED ON:** 08/25/2020**Sabrina do Nascimento Moreira**

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INTRODUCTION

This study sought to explore the following object of study: health care for transsexual men and women.

Transsexuality is a not so new phenomenon in Brazilian health, which is characterized by the recognition of the person to a gender different from his birth. In it, both men and women tend to develop a "fight" "internal" and "external", constantly, against the changes that happen to their body, in this, the abdominal increase, the hip stretch, the growth hair, nails and also the breasts⁽¹⁾.

When this person is unable to perceive himself and live healthily with his biological body, the repercussions generated in his life can be countless, almost always reproduced by the prejudice of society. And this, many times, makes her put herself in a vulnerable condition, like someone who was born in a different body, with urgency to correct it⁽²⁾.

In this context, the transsexual re-

presents a normal clientele like any other, with equal health conditions, therefore, not having a mental illness or sexual depravity. And, to improve their access to health services, as well as encourage it to self-care, nurses need to pay attention to their own posture, even before making themselves available to listen to it, above all, so as not to act with discrimination and negatively influence your biological, physical, psychological and emotional health⁽³⁾.

It was decided to explore this issue in depth because it is an important issue for the training of future nurses, since health care, whether for men or women, is still supported by a presumed heteronormative logic, that is, constantly marked by the difficulty in creating social bonds⁽⁴⁾.

In addition, health professionals need to be constantly updated and sensitized, especially with regard to understanding gender identity (female and male), body modification process, wearing clothes, changing

names, daily consumption of medicines such as hormones and performing surgeries for sex change, all ensured by the Unified Health System - SUS⁽⁵⁾.

And, considering everything that is contextualized, the following objective was defined: to describe the research evidence on health care for transsexual men and women.

METHODOLOGY

This is an integrative literature review research, considered important in the health sciences for its rich contributions, which range from the construction of knowledge, to the production of grounded and uniform knowledge and the realization of a quality care practice. In addition, this is a method that reduces obstacles to the use of knowledge, since in a single study the reader has access to several researches. And, based on six systematic steps, it makes research results more accessible⁽⁶⁾.

First stage: identification of the theme and selection of the hypothesis or research questions for the elaboration of the integrative review. It is based on the information previously obtained on the subject, which allowed the formulation of a research question, namely: How is the health care of transsexual men and women given?

Second stage: establishment of criteria for inclusion and exclusion of studies / sampling or literature search. Subsequently, the following inclusion criteria were defined: full articles, in Portuguese, published between 2009 and 2019, that addressed the issue of health care for transsexual men and women. Exclusion: studies that were duplicated in the databases, available only as theses, dissertations, manuals, abstracts, letters or editorials.

Third stage: definition of the information to be extracted / selected / categorized. The databases selected for electronic access were: LILACS (Latin American and Caribbean Literature in Health Sciences), Nursing Database (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE), all from the Virtual Library at Health, justified by their gratuity.

The descriptors used to obtain information were "Transexualismo" and "Saúde Assistência". We opted for its use, because after combined, they allowed us to find a significant number of studies on health care for transsexual men and women. The Boolean operator "and" was defined as a strategy for helping to refine the search for research evidence. And, with regard to this information, those whose object of study was related to the proposed theme were considered pertinent, respectively.

Fourth stage: evaluation of the articles included in the integrative review. In this stage, four moments of data production were covered. First: the articles found were reviewed for duplicates. Second: two reviewers

were responsible for analyzing the titles and summary of articles and removing those that were not available for access in full. Third: the reviewers read the articles in full, excluding those who did not answer the research question. Fourth: the articles were read in full, choosing those that presented a relationship with the object defined for this study.

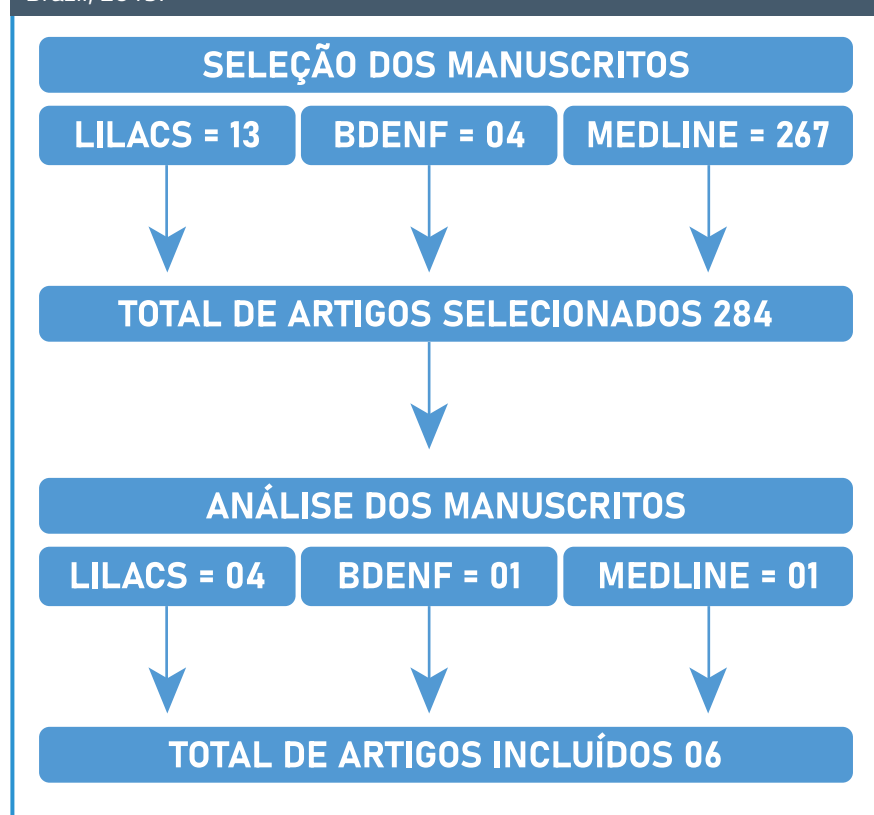
Fifth step: interpretation of results. The articles obtained were analyzed by both students, who attempted to compare theoretical knowledge, identify conclusions, and possible implications of the results for their critical evaluation. All of them were read in their entirety, considering the scope of their content. From this stage, as much information as possible about the health care of transgender men and women was extracted.

Sixth stage: presentation of the knowledge review / synthesis. In this last stage, it was decided to make a brief presentation of the results, based on a flowchart, built, especially, to demonstrate the scientific evidence obtained after accessing the accessed databases.

RESULTS

Two hundred eighty-four articles were found, when considering the crossing of descriptors, by pair: "Transsexualism and Health Care". Of these, 06 were included for analysis, 04 belonging to the LILACS database, 01 in BDENF and 01 in MEDLINE. All this information can be shown schematically in the flow chart listed below:

Figure 1. Flowchart of the manuscripts selected and included for analysis, considering the LILACS, BDENF and MEDLINE databases. Rio de Janeiro, RJ, Brazil, 2019.



artigo

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Subsequently, the articles found in the databases were characterized, followed by the description of some of

their information, such as: the title, the years, the objectives, the method, the results, the conclusion, and the modes

of attention to health, as shown in the chart below.

After this stage, it became evident

Chart 1. Characterization of the articles: database, title, year, objectives, methods, results, conclusion, and forms of health care. Rio de Janeiro, RJ, Brazil, 2019

BASE DE DADOS	TÍTULO / ANO	OBJETIVOS	MÉTODOS	RESULTADOS	CONCLUSÃO	MODELOS DE ATENÇÃO À SAÚDE
LILACS	Atenção integral à saúde e diversidade sexual no Processo Transsexualizador do SUS: avanços, impasses, desafios. 2009	Analisar criticamente os avanços, impasses e desafios na instituição de políticas públicas de saúde voltadas para o Processo Transsexualizador, e discutir a ambivalência desse processo de construção de uma norma técnica.	Qualitativo	Evidencia e denuncia a complexidade do avanço dos direitos sexuais no campo da saúde coletiva.	Como são os desafios que as pessoas transexuais enfrentam a respeito da sua saúde.	Promoção da saúde. Resgate dos princípios da universalidade, integralidade e equidade.
LILACS	Do diagnóstico de transtorno de identidade de gênero às redescrições da experiência da transexualidade: uma reflexão sobre gênero, tecnologia e saúde. 2009	Analisar os avanços da tecnologia médica e da influência da revolução dos costumes na problematização da imutabilidade do sexo e da categoria de gênero; e compreender o motivo pelo qual a regulamentação do acesso à saúde para a modificação das características corporais do sexo ficou associada à definição da condição transexual.	Qualitativo	Trouxe esclarecimento a respeito de gênero, sexualidade tecnológicas e saúde.	A assistência ao transexual no Brasil se mostra ainda, frágil e ineficiente por não conseguir alcançar de maneira efetiva o indivíduo em todas as suas necessidades.	Promoção da saúde.
LILACS	Limites e possibilidades do exercício da autonomia nas práticas terapêuticas de modificação corporal e alteração da identidade sexual. 2009	Discutir o conflito moral entre o sujeito transexual e as normas vigentes em relação ao exercício da autonomia individual nas práticas terapêuticas; e aplicar as ferramentas da bioética, a partir da análise dos argumentos utilizados pelas instâncias de saúde e judicial sobre o tema, nos artigos, documentos e decisões judiciais nacionais.	Qualitativo	Evidenciou-se que o direito da pessoa transexual à assistência à saúde precisa ser integral, inclusive a sexual, que é infringida pela não preservação da sua autonomia.	Obtiveram-se avanços no acesso aos recursos terapêuticos e legais, porém as limitações e restrições impostas ao exercício da sua autonomia podem gerar efeitos negativos para sua saúde.	Promoção da saúde.

LILACS	(Trans)formações corporais: reflexões sobre saúde e beleza. 2017	Acompanhar as transformações corpóreas empreendidas por pessoas trans, analisando as dimensões materiais e imateriais envolvidas nesse processo e os sentidos de beleza, saúde e doença em derivadas nessas experiências.	Qualitativa	Evidenciou-se uma importante divergência entre as compreensões de saúde e doença produzida pelos poderes e saberes biomédicos sobre os corpos trans, e aquelas que as pessoas trans produzem sobre si mesma.	O respeito à autonomia das pessoas trans e a mudanças nos seus corpos promovendo a promoção em saúde.	Promoção da saúde.
BDEF	A medicalização e patologização na perspectiva das mulheres transexuais: acessibilidade ou exclusão social. 2017	Descrever a percepção das mulheres transexuais acerca do acesso e tratamento no processo transexualizador; discutir a visão das mesmas em relação à patologização e medicalização.	Qualitativa	A visão patologizada predomina na assistência as mulheres transexuais, fazendo com que elas vivenciem a dominação médica e não participem das decisões sobre tempo cirúrgico e demais elementos respectivos ao tratamento.	As mulheres transexuais não entendem a transexualidade como patologia. Ainda assim, elas conseguem perceber a visão patológica do profissional como algo natural. Elas se submetem a essa condição, sobretudo para ter acesso ao processo transexualizador.	Promoção da saúde.
MEDLINE	Transexualidade e saúde pública no Brasil. 2009	Discutir a transexualidade no contexto das políticas de saúde pública no Brasil.	Qualitativa	As políticas públicas, embora sigam um protocolo de assistência, não tem como única referência terapêutica a realização do diagnóstico e a cirurgia detransgenitalização.	Com uma crítica à patologização da transexualidade na saúde coletiva e ciências sociais pretende-se destacar a importância de compreender a diversidade, e as formas de subjetivação e de construção de gênero na transexualidade.	Promoção da saúde.

that health promotion presents itself as a fundamental mode of care for transsexual men and women, because, when well used, it can improve their inclusion in society, favor the bond, achieve autonomy, self-esteem and self-care.

Subsequently, there was a presentation of the discussion, which was built from the information obtained from the articles, organized in two synthetic units, entitled: Transsexuality as a new phenomenon in health and Health Promotion versus the effectiveness of care.

DISCUSSION

Transsexuality as a new health phenomenon

Transsexuality is a profuse terminology in its definition, characterized by the aspiration to live and to be recognized as an individual of the opposite sex to the biological sex, and by the desire to have your body adequate to the sex / gender with which you perceive yourself. It is a sexual state recognized by medicine entitled as gender identity disorder (TIG), evidenced by its incompatibility between sex and gender, followed by hard suffering not caused by sexual abnormality or organ-based dysfunctions, as with hermaphrodites⁽⁷⁾.

It is essential to discuss the body, as a descriptive plane of appearance, because it reflects the image of an individual. It is there that the person outlines aspects

of their beauty, which exert signs and symptoms of the entire health process, as well as that of illness. The possibilities for transformations assume inherence in the process of health and disease in the lives of transsexual people⁽⁸⁾.

The significant growth of the transsexual population has been evident since 1997. As a result, these individuals were more vulnerable, not only to homophobia, but psychiatrically, causing experiences and traumas due to the non-recognition of the gender to which they perceive themselves, being excluded in the environment in which they live, be it family, affective or sexual. So that the transsexualizing process presents itself as a dream of freedom, considered as the

only and viable way to recognize social inclusion⁽⁹⁾.

The public policy entitled the transsexualizing process was designed to promote hormonal and surgical support for the correction of physical incompatibility, with multidisciplinary support during the process. The antagonism of sex to which the biological identifies itself contradicts what society recognizes as normal, which generates questions and pre-judgments. Medicine exercises dominance through medicalization and classifies it as a pathology⁽¹⁰⁾.

Transsexuality and / or gender identity disorder is classified as pathology, remains in the Statistical Diagnostic Manual for Mental Disorders (DSM-V) and International Classification of Diseases (ICD-10). With this labeling of mental disorder, it is understood that it needs treatment, so the medical decision overrides the will of the transsexual person, including in the health scenario⁽¹⁰⁾.

Thus, ICD-10 in its definition specified that the desire to live and be recognized by the sex opposite to that of its birth requires hormonal, psychological and surgical treatment in order for there to be physical and psychic adequacy⁽¹⁰⁾.

In 1997, the Federal Council of Medicine (CFM), through Resolution No. 1842, allowed the performance of transgenitalization in transsexual users considering therapeutic. Starting from the premise that the transsexual person has a psychologically irreversible deviation from sexual identity, vehemently denying their phenotype and with probability of self-mutilation and extermination⁽⁹⁾.

Even with legitimation in Brazil, access to this service follows a rigid and bureaucratic protocol, where users start to be carefully followed by psychologists and psychiatrists for at least two years, so that they can complete the diagnosis of identity disorder of gender, a condition that will guarantee the transsexual person access to the process of transgenitalization⁽⁹⁾.

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The need for medicalization is understood as a means of mediating conflicts where the individual escapes from what is known as heteronormativity in a society. Being a legal tool, based on scientific and philosophical norms and conceptions, making biomedicine sovereign to social issues that do not fit the normatized ideal labels, which, consequently, prejudice the autonomy of the transsexual person⁽¹⁰⁾.

A transsexual individual, no matter how ill they perceive themselves, ends up submitting to this pathological condition to have access to the transsexualizing process, because when they do not fit the pre-conceived definitions for physical fitness, they may lose the right to SUS services⁽¹⁰⁾.

It can be said that by associating the diagnosis of transsexualism with sexual reassignment, it has enabled different confrontations to the assistance provided in the public health network, but it is necessary to discuss how complex it is to establish the transsexual condition as an anomaly, as we understand that, in the context of these diagnoses, we allow him to access the health service and, at the same time, restrict his autonomy to his body and life, bringing stigma, which emphasize his social exclusion⁽⁹⁾.

Hormonal treatment is the initiation of the process of changes that will occur in the body of the transsexual person, allowing the induction of physical and sexual characters compatible with the perceived gender. It is accompanied by the endocrinologist and is only interrupted for surgical performance. In transsexual women (men who are biologically perceived as women), antiandrogen and estrogen therapy is applied; for a transsexual man (women biologically who perceive themselves as men) androgen and testosterone replacement is applied⁽⁹⁾.

Transgenitalization surgery in transsexual women takes place through dismemberment of the penis, bilateral orchiectomy, partial removal of the scrotum, urethroplasty, construction of the neovagina, neocryptoplasty, neovul-

voplasty, mammoplasty, and vocal cord surgery (when necessary). In transsexual men, surgery is still considered experimental, hysterosalping, oophorectomy, colpectomy, neophaloplasty, scrotoplasty and bilateral mastectomy⁽⁹⁾.

Health promotion versus the effectiveness of care

Society over the years has been forced to direct its customs towards the heteronormative issue, maintaining a posture that, it may seem new, however, is conservative regarding the transsexual person. And this causes many of these people who decide to be who they really are, to encounter obstacles in their daily lives, such as, for example, access to health services.

And this transsexual body, in transition or modified, supported by the technical and scientific knowledge of the multiprofessional team, ends up conditioning itself⁽⁸⁾. Especially because the domination among health professionals in the care of these users is notorious in the context where the doctor has the task of remedying what is seen as madness, a state of rational vegetation, which, even without agreeing, the transsexual person confesses to suffering from such illness to guarantee their access to the transsexualizing process, making it contradictory to the principle of universalization and integrality to access to health permeated by the state⁽¹⁰⁾.

The Ministry of Health established technical and ethical guidelines for attention to the transsexualizing process in SUS through Ordinance GM No. 1707, of August 18, 2008, despite an important advance, access to the system is still precarious, especially in primary care. The introduction in the Charter of Health Users' Rights, making the right to use the social name in public health services, was a great achievement for health promotion of this population⁽¹¹⁾.

Assistance to transsexuals who seek the transsexualization process mostly has access to this service through university hospitals in the South and Sou-

theast regions of Brazil, where they have guaranteed care by an interdisciplinary team composed of: surgeon, psychia-

trist, psychologist, endocrinologist, social worker, nurse, anesthetist and otorhinologist, as well as legal advice for changing the civil name after undergoing transgenitalization surgery⁽¹¹⁾.

Although the Ministry of Health recognizes the orientation of transsexual users, the reality is that this population reaches health services, often in conditions of extreme physical, psychological and social vulnerability, needing not only treatment for physical health, but recognition and social inclusion, in addition some are unaware of the basic information about their rights⁽⁹⁾.

It is important to discuss the advances and impasses for the establishment of parameters to guarantee rights, including that of social justice from the perspective of equity and universality, which recognize and consider the differences between social groups. The main challenge for effective assistance is the professional training of the interdisciplinary team and models of humanized practices, to guarantee quality care without discrimination⁽¹¹⁾.

For SUS to function in accordance with its principles and guidelines, it is necessary to expand the debate on sexual and gender diversity, ensuring the breaking of geographical, economic and cultural barriers between services and the community that establish inequality of access, contributing to deficit in health promotion⁽⁷⁾.

The care process must start after graduation and remain when this nurse begins to exercise his function, modifying conservative teaching, because when health education is carried out through applications of scientific knowledge, daily life in the work environment becomes more humanized and equitable, clearing existing barriers⁽⁷⁾.

To establish care in a humanized way, the nurse must be able to understand himself first, then be able to look at the other, amplifying this knowledge in the form of action, and becoming aware of the values and principles that guide his know-how, to achieve a holistic look, in which the

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person is considered in his / her socio-cultural context and not just biological⁽¹²⁾.

Although the phenomenon of transsexuality is not such a new topic in the health area, it lacks information, especially about the gestation of a transsexual man. Finding studies in the Portuguese language that directly addressed this issue was challenging, given that unfortunately there are no publications when it comes to taking care of this socially vulnerable group, leaving weakened care and poor care.

CONCLUSION

It became evident that health care for transsexual men and women is still fragile and inefficient today. And this

is because health professionals do not feel equipped to meet this and other needs in a comprehensive way. There is an urgency in this learning, due to the diversity of the subject and its subjectivity in the construction of gender identity.

And although these clients recognize themselves as equal people, who do not carry a contagious disease in their bodies, the way health professionals look at them is clear. And this is the look of someone who constantly wants the dreams of others to be realized, therefore, without prejudice, careful, and that translates the entire commitment to the transsexualizing process.

It is up to these professionals, although supporting this process, to im-

plement health promotion actions that are, above all: egalitarian, equitable and humanized; without distinctions, inclusive, welcoming, ethical, and respectful. Putting it into practice, with regard to looking at the person, not only at his body, his gender and his sexuality, demands, before any technical-scientific mandatory, the deconstruction of concepts that, sometimes, enhance the that is lived by them in their daily lives.

With the certainty of the unfinished, what is expected with the development of this study is that it arouses the curiosity and desire of other students, stimulating them, sensitizing them, and generating reflections about the health care of men and women who, for sometimes feel invisible. ■

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