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RESEARCH

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GYNECOLOGICAL CARE FOR THE POPULATION OF TRANSGENDER MEN IN PRIMARY HEALTH CARE

*Atendimento ginecológico à população de homens transgêneros na Atenção Primária à Saúde**Atención ginecológica a la población de hombres transgénero en la Atención Primaria de Salud***Gabriela Aparecida Leonel¹** **Lucélia Terra Chini²** **Paloma Elisama de Oliveira³** **Christianne Alves Pereira Calheiros⁴** **Patrícia Scotini Freitas⁵** 

ABSTRACT

Objective: to evaluate gynecological care for the population of transgender men from the perspective of doctors and nurses in primary care. **Method:** cross-sectional and quantitative study, carried out with 36 health professionals from a municipality in Minas Gerais, Brazil. An instrument was used containing questions about sociodemographic data, professional training, knowledge about the transgender theme and about gynecological services for transgender men. **Results:** the sample was 100.00% cisgender, mean age of 31.89±13.43 years. Of these, 52.77% have never seen transgender. As for gynecological consultations for transgender men, 8.33% do not think they are necessary, 74.98% do not feel fully prepared to deal with this situation and 19.42% do not feel fully comfortable to attend to them. **Conclusion:** there is unpreparedness and deficit in the training of professionals regarding gynecological care transgender men, and it should be in accordance with the demands and rights that this population has.

DESCRIPTORS: Family health strategy; Gender Identity; Gynecology; Nursing.

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RESUMO

Objetivo: avaliar o atendimento ginecológico à população de homens transgêneros sob a ótica de médicos e enfermeiros da atenção primária. **Método:** estudo transversal e quantitativo, realizado com 36 profissionais de saúde de um município de Minas Gerais, Brasil. Utilizou-se um instrumento contendo questões sobre dados sociodemográficos, formação profissional, conhecimento quanto à temática transgeneridade e sobre os serviços ginecológicos aos homens transgêneros. **Resultados:** a amostra foi 100,00% de cisgêneros, idade média de 31,89±13,43 anos. Destes, 52,77% nunca atenderam transgêneros. Quanto às consultas ginecológicas aos homens transgêneros, 8,33% não acham necessárias, 74,98% não se sentem plenamente preparados para lidar com essa situação e 19,42% não se sentem plenamente confortáveis de atendê-los. **Conclusão:** há despreparo e déficit na formação dos profissionais quanto ao atendimento ginecológico aos homens transgêneros, sendo que deveria estar em conformidade com as demandas e direitos que esta população possui.

DESCRIPTORIOS: Estratégia saúde da família; Identidade de gênero; Ginecologia; Enfermagem.

RESUMEN

Objetivo: evaluar la atención ginecológica a la población de hombres transgénero desde la perspectiva de médicos y enfermeros de atención primaria. **Método:** estudio transversal y cuantitativo, realizado con 36 profesionales de la salud de un municipio de Minas Gerais, Brasil. Se utilizó un instrumento que contenía datos sociodemográficos, formación profesional, conocimientos sobre el tema transgénero y sobre los servicios ginecológicos para hombres transgénero. **Resultados:** la muestra fue 100,00% cisgénero, edad media de 31,89±13,43 años. De estos, el 52,77% nunca han atendido a personas transgénero. En cuanto a las consultas ginecológicas para hombres transgénero, el 8,33% no cree que sea necesario, el 22,22% no sabe si es necesario, el 74,98% no se siente preparado para afrontar esta situación y el 19,42% no se siente cómodo para atender ellos. **Conclusión:** existe despreparación y déficit en la formación de profesionales en la atención ginecológica a hombres transgénero, y debe ser acorde a las demandas y derechos que tiene esta población.

DESCRIPTORIOS: Estrategia de salud familiar; Identidad de género; Ginecología; Enfermería.

INTRODUCTION

Inequalities in access to health care are one of the main problems to be faced so that the Brazilian Unified Health System (SUS) can function according to its principles and guidelines, since the access to public health care by transgender individuals is not equal to that of cisgender individuals.¹

Transgender individuals may persistently or transiently identify with a gender different from the one assigned at birth,² that is, they correspond to a diverse group of people whose gender identities differ to varying degrees from the sex they were assigned at birth.³ Therefore, transgender men have bodies that are initially female in view of biological aspects, but socially identify with the male spectrum.⁴

In view of this, it is known the high rate of transphobia found in public health services, marked by weakening, discrimination, and prejudice,⁵ making transgender people seek health care as a last resort, due to the way they are treated in health centers.

Transsexual identities demand some specific health needs, such as the need for body changes to resignify the gender they require for themselves.^{1,6} Focusing on the population of transgender men, they require a unique gynecological care, since they need monitoring during hormone treatment with testosterone, as well as in the screening of some diseases that can cause in some female organs, such as breast and cervical cancers. In addition, they share needs common to anyone, such as adopting healthy lifestyle habits, disease prevention and screening, treatment, and rehabilitation.³

The late search for health services can cause damage to the health of this population, which can be avoided if there is effective reception and treatment in Primary Health Care (PHC), therefore, understanding the unmet needs of trans men would contribute positively to a comprehensive and holistic health to this group.⁷

Therefore, nurses and physicians in gynecological consultations play a significant role in the follow-up of these people.⁸

However, despite the importance of health care for trans men, there are challenges to ensure universal access to the SUS by the trans population, including: discrimination in services, pathologization of transsexuality, inadequate reception, lack of qualification of professionals, lack of resources for funding transsexualization processes and policies to promote equity, and finally, lack of respect for trans gender identities.⁹

Nursing, specifically, has a relevance in the care of trans men, for being massively present in health services and having a high degree of interaction with users, besides building and systematizing care practices for their specific demands. However, there is a lack of competence, knowledge, and education for trans people and to deal with transgenderism in the practice of the profession, making it essential for nurses and other health professionals to have knowledge of the needs of trans men to provide care according to this population.³

Thus, the motivation to conduct this study was based on the need to contribute to filling the gap on the theme, still little discussed, in order to bring evidence that enables assistance focused on the biopsychosocial perspective, on the uniqueness

and individuality of care and on holistic care to the population of trans men.

In this context, the aim of this study was to evaluate gynecological care to the population of transgender men from the perspective of physicians and nurses of the Family Health Strategies (FHS) of a city located in the southern state of Minas Gerais, Brazil.

METHODS

This is a cross-sectional study with a quantitative approach, carried out in the FHS located in a municipality in the south of the state of Minas Gerais, which, according to the estimate of the Brazilian Institute of Geography and Statistics, in 2020 had an estimated population of 80.494 people, in a territorial unit area of 850.446 km².¹⁰ The municipality is a health reference for the region and for the state, with three hospitals and 18 FHS enrolled in the Cadastro Nacional de Estabelecimentos de Saúde (CNES) and one FHS that is not in the CNES, but is fully operational.¹¹

The target population of the study were the physicians and nurses who work in the 19 FHS of a municipality located in the south of the state of Minas Gerais, which offer gynecological consultations. It is noteworthy that the professionals from three FHS chose not to participate in the study.

For data collection, an instrument containing 24 questions was designed after reading the Ministry of Health manuals on the subject.¹² The proposed instrument was divided into four parts, as follows: part I was composed of the identification data of the participants, such as sex, age, marital status, gender, and sexual orientation; part II was related to the training of the participants, with emphasis on aspects related to gynecological care and transgender people; part III aimed to assess the knowledge of the participants about the theme gender identity; finally, part IV was related to health services for transgender people, focusing on gynecological care for transgender men.

Data collection was carried out from February to November 2021. The data collection instrument was delivered in print to the physicians and nurses and was filled out at the time of the

meeting, previously scheduled by telephone from the unit. The data collected were stored in a Microsoft Excel spreadsheet and the double typing technique was used.

For data analysis we used measures such as mean and standard deviation for quantitative variables and absolute (N) and relative (%) frequency for qualitative variables.

The research was approved by the Research Ethics Committee of the Universidade Federal de Alfenas under opinion: 4.503.256 and Certificate of Ethical Appraisal Submission No. 40878020.6.0000.5142. The Informed Consent Form was issued in two copies, one of which was given to the participants, and the other remained in the possession of the researcher. It is worth mentioning that the participants were guaranteed confidentiality and anonymity. Moreover, considering the pandemic scenario, the Term of Commitment for the Development of Research Protocols in the Coronavirus Pandemic Period (COVID-19) was signed by the responsible researcher, in order to ensure health measures for prevention in on-site research procedures, guaranteeing the primary health actions, minimizing losses and potential risks, as well as providing care and preserving the integrity of the participants and the research team.

RESULTS

The sample was composed of 36 health professionals. Regarding sociodemographic characteristics, most were female (75.00%), all cisgender and it was observed that the predominant age group was between 30 and 39 years (47.22%) with mean age of 31.89 and standard deviation of 13.43 years. Moreover, most participants were married (47.22%) and heterosexual (94.44%) (Table 1).

Regarding education and professional activity, half of the sample were nurses, and most of the study participants had a *latu sensu* postgraduate course (69.44%), six (16.66%) had a master's degree, and only two (5.55%) had a doctorate. Among the participants, eight (22.22%) attended events in the area of gynecological assistance after training. Regarding transgender

Table 1 – Sociodemographic characterization of health professionals. Alfenas, MG, Brazil, 2021

Variables	N	%
Gender		
Female	27	75,00
Male	9	25,00
Age group		
20 – 29	14	38,88
30 – 39	17	47,22
40 – 49	1	2,77
50 – 59	3	8,33
60 and more	1	2,77
Marital Status		
Single	12	33,33
Married	17	47,22
Split	2	5,55

Table 1 – Cont.

Living together	4	11,11
Divorced	1	2,77
Gender		
Female	27	75,00
Male	9	25,00
Sexual orientation		
Straight	34	94,44
Homosexual	1	2,77
Prefers not to comment	1	2,77

Source: from the authors.

care in PHC, 17 (47.22%) professionals reported having provided care to a transgender individual (Table 2).

According to Table 3, regarding the transsexuality theme, seven (19.44%) professionals informed that they do not know the difference between gender and sex, 23 (63.88%) do not know the prefixes "cis" and "trans", six (16.66%) do not know the term that designates rejection/aversion to transgender people, and three (8.33%) do not know what a social name is. In addition, three respondents (8.33%) consider themselves not at all familiar with the topic of transgenderism. Of the respondents, 23 (63.88%) know the concept of a trans man and 22 (61.11%) believe that it is a condition of body-identity disconformity over which the person has no control. Regarding the need for gynecological consultations for trans men, the majority of the participants (69.44%) think that gynecological consultation is necessary for trans men and also the majority (66.66%) think that trans men who chose not to undergo the redesignation surgery need to perform preventive examinations for breast and cervical cancers. Regarding gynecological care for trans men, 29 (80.55%) feel fully comfortable attending, however, 27 (75%) do not feel fully prepared. Only one (2.77%) of the interviewees does not know or has never heard of any transsexual person and also only one

(2.77%) participates in any association that works directly with the theme.

DISCUSSION

The present study evaluated gynecological care to the transgender male population from the perspective of physicians and nurses of the Family Health Strategies. According to the National Policy of Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT),¹² all LGBT people should have access to SUS services, with quality and resolution of their needs. Therefore, all PHC component professionals have responsibility in the general and specific care of transgender people. With the increase of this population, it is essential that these professionals are culturally and clinically competent to understand the unique and specific demands of trans people.¹³⁻¹⁴

Regarding the knowledge of the participants of this study about the terminologies and other issues involving transsexuality, the majority reveals not having much affinity with the theme. A study conducted in João Pessoa-PB, Brazil, which aimed to assess the knowledge of nursing professionals about health care and

Table 2 – Education and professional activity of the sample. Alfenas, MG, Brazil, 2021

Variables	N	%
Graduation		
Nurse	18	50,00
Physician	18	50,00
Post-graduate <i>latu sensu</i> course		
Yes	25	69,44
No	11	30,55
Master's Degree		
Yes	6	16,66
No	30	83,33
PhD		
Yes	2	5,55
No	34	94,44
Participation in scientific events in the field of gynecological care after graduation		
Yes	8	22,22
No	28	77,77
Have you ever provided care to a transgender individual		
Yes	17	47,22
No	19	52,77

Source: from the authors.

Table 3 – Study participants' answers regarding terminology and other questions about transsexuality. Alfenas, MG, Brazil, 2021

Variables	N	%
Knows the difference between gender and sex		
Yes	29	80,55
No	7	19,44
Knows the prefixes "cis" and "trans"		
Yes	13	36,11
No	23	63,88
Term denoting rejection/aversion to transgender people		
Homophobia	6	16,66
Transphobia	30	83,33
Knows what a social name is		
Yes	33	91,66
No	3	8,33
Do you consider yourself		
Not at all familiar with the topic of transsexuality	3	8,33
Unfamiliar with the topic of transsexuality	12	33,33
Reasonably familiar with the topic of transsexuality	17	47,22
Very familiar with the topic of transsexuality	4	11,11
Trans men means		
A man who at birth was designated a man but identifies as a woman	13	36,11
Woman who at birth was designated a woman but identifies as a man	23	63,88
Transsexuality is		
The choice a person makes to belong to another sex	13	36,11
Result of childhood/education experiences	1	2,77
Body-identity disconformity condition over which the person has no control	22	61,11
Do you know any transsexual person		
No, never heard of it	1	2,77
No, but I have heard of someone	3	8,33
I don't know someone personally, but I know someone by sight	5	13,88
Yes, but I rarely make contact	13	36,11
Yes and I keep in touch	12	33,33
Yes, I have a transgender relative	2	5,55
Do you think gynecological consultation for trans men is necessary		
Yes	25	69,44
No	3	8,33
I don't know	8	22,22
Trans men who have not chosen not to undergo reassignment surgery need to have breast and speculum exams		
Yes	24	66,66
No	7	19,44
I don't know	5	13,88
Would I feel comfortable serving a trans man		
Fully comfortable	29	80,55
Partially comfortable	5	13,88
Completely uncomfortable	1	2,77
Partially uncomfortable	1	2,77
You feel prepared to deal with this kind of situation		
Fully prepared	9	25,00
Partially prepared	20	55,55
Fully unprepared	5	13,88
Partially unprepared	2	5,55
Participates in an association that works with the trans theme		
Yes, I am currently participating	1	2,77
No	35	97,22

Source: from the authors.

public policies related to transsexuals, also revealed that most professionals interviewed showed to have no knowledge about the correct form of health care for this specific population.¹⁵ This deficiency of knowledge of these terminologies occurs due to lack of training and continuing education focused on issues related to this population.

According to the Brazilian Society of Family and Community Medicine,¹⁶ generally undergraduate and technical education courses do not include in their curricula the specificities of transgender care. Therefore, the National Policy of Integral LGBT Health recommends continuing education that includes free sexual expression, as well as gender identity and sexual orientation in health information systems, in addition to encouraging the participation of associations related to the theme, the improvement of the Transsexualization Process and the implementation of the protocol of care against violence to this population.¹²

Efforts have been made worldwide and nationally to provide health professionals with tools to assist transgender people. In 2012, the "Standards of care for trans and gender-variant people" were published by the World Professional Association for Transgender Health;¹⁷ in 2015, the Open University of SUS launched the online course "LGBT Health Policies" for health professionals.¹⁸ Therefore, it is up to health managers to promote the incentive for the qualification of these professionals.

Trans men who have not had surgery for removal of the cervix need to continue with sexual health care, such as cervical cytopathological exams with the same frequency as cisgender women, since they present risk factors related to their lifestyle.¹⁹⁻²² According to research conducted in the United States of America (USA), LGBTQIA+ populations (lesbian, gay, bisexual, transgender, transvestite, queer, intersex and asexual) have the highest rates of tobacco, alcohol and other drug use and have a high prevalence of HIV (human immunodeficiency virus) and other sexually transmitted infections.²³

As for breast cancer screening in this population, the absence of a public health policy for screening and the lack of training of professionals cause negligence in prevention, detection, and treatment.²⁴ Therefore, with the lack of specific guidelines for this population, it is recommended that trans men who have not undergone bilateral mastectomy or only breast reduction undergo annual mammography between 45 and 55 years of age, and after that age, biennial mammograms, provided they have no complaints and are in good health. For those who had bilateral mastectomy, there is no need to perform mammography.²¹

In these aforementioned issues, most of the professionals in this research think it is necessary to perform gynecological consultations for trans men and agree that those who chose not to undergo the redesignation surgery need to maintain routine speculum and breast exams. The data come in line with the study conducted with obstetrics and gynecology providers in the US, in which it reports that 88.70% and 80.40% were willing

to perform routine cervical cytopathological exams and breast exams on trans men, respectively.²⁵

Despite this, 74.98% of the participants in this study do not feel fully prepared and 19.42% do not feel fully comfortable for gynecological care for this population. According to the study conducted in the US,²⁶ which aimed to assess the LGBTQ health experiences of obstetrics and gynecology residents, 76.00% felt unprepared to care for transgender patients. Furthermore, residents in the study mention a deficit in education and training in providing healthcare to the LGBT community, as 63.00% of participants stated that their programs devote 1-5 hours per year to transgender health training.

It is worth pointing out that the involvement of health professionals in the integral health care of the transgender population is extremely important, since they are in a unique position to provide an adequate assessment, health education, and support to these people, besides performing health promotion and prevention of diseases in several contexts.^{3,27} In this case, nursing is fundamental to the development of gynecological care practices for the population of trans men, especially in the nursing consultation, where it is possible to listen to the demands and evaluate the physical and psycho-emotional health conditions.²⁸

A limitation of the study is the fact that it was conducted in a single municipality, since three of the ¹⁹ FHS in the municipality that provide gynecological consultation did not participate. Therefore, we suggest the conduction of new studies in other places, with different designs, including longitudinal research on the theme addressed here.

CONCLUSION

The results allowed us to identify that the population under study still has a large deficit in training to care for the transgender population, being unprepared especially regarding gynecological consultation in the PHC for transgender men. This deficiency can be solved when professionals have direct contact since graduation and with constant training on the subject, to enable the disruption of paradigms inherent in the heteronormative society based on dominant standards linked to health services.

In addition, health professionals, especially the nursing team, being the first contact with the population in PHC, need to know and serve this population in a humanized way, according to their demands and according to their rights. By recognizing all the health needs of trans men, professionals will be in accordance with the principles of the SUS, as to completeness, universality, and equity of care.

Thus, this study indicates the importance of expanding scientific production on gynecological care practices for transgender men, focused on PHC, in order to fill knowledge gaps in this area of research. It also aims to deepen the understanding of the demands and specific needs of this population, as well as the role of health professionals in care practices.

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