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Abstract

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Keyword: transgender people; health services; care ambulatory

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Abstract

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Keywords: transgender people; health services; care ambulatory

1. Introduction

Transgeder people (trans people) are those who don't identify with the anatomic sex, that is, the gender assigned at birth. It's a wide spectrum term, since it englobes different definitions of trans people – transsexuals, travestis and transgender. This means that any person who doesn't recognize itself in the social role previously stablished for its inate identification, regardless the will for aligning its physical appearance to its gender identity by clinical or surgical procedures.[1]

Trans men and women may require for their health a body transformation, aiming a final objetive with different meanings – since belonging to a desired gender perspective, happiness and beauty, to financial earns to those who are sex professionals.[1] Different strategies to this end are demanded by trans people, such as hormonal therapy, industrial silicone applications, surgical procedures, which will be chosen mediating their wills and their access conditions to these services, besides HIV and other sexually transmitted infections (STI), needing routine health care as well as the proper health issues for these people.[1,2]

Against these health demands resolubility, trans people historically are presented with interaction difficulties with health care professionals, leading to barriers of care and risks for a wide range of health problems. It means that not everyone will have their rights met in the actual structured model of health care.[2] In this sense, trans people ask public policies and health services for differential treatment. The issues tht affect this population are partly the same as for other individuals, but some situations arerelated to their vulnerability and risk of exposion to STI. It demands specialized assistance that comprehend their halth needs.[3]

The search for health services was intensified by trans people especially from the HIV/AIDS epidemics in the 80's. Most of the recognition that Brazilian HIV policies receive had origin in the crucial role played by non-governamental organizations in this confrontation, overall in the defense of key populations, as trans people. Over three decades later, trans people have amplified their possibilities for health care access through public policies which allow them, among others, the right to transsexualizer process by the brazilian health unique system – especially for the sexual redesignation surgery. This regulation aims to achieve the same priciples and directives for this population, overall in the conext of specilized assistance.[3]

Trans people have always been in the spearhead of prejudices and discriminations in Brazil with the LGBT people – gathering Lesbians, Gays, Bisexuals and Trans people. Data presented reinforce that trans people are even further apparted from health care. It happens mostly because specific mechanisms that should ease these people health care are absent.[4] Nay, stigma, discrimination and lack of legal identity resctrict economic opportunities for these people, what may induce the search for sexual work. Prostitution, in its turn, may lead to more violence, even lower rates of condom use and augmented index of STI. In this scenary, the lack of social support is related to mental health issues, including ansiety, depression, violence, suicide and substance abuse.[5]

Adding up to these people health risks that elevate barriers for health care, there's a lack of connection between primary care and other levels of health assistance. To achieve specialized services, the brazilian health system user must necessarily be referred by any entry gates of the system – primary care, overall.[6] This means that the existance of public policies isn't a guarantee that human and sexual rights of trans people will be achieved. The absence of an adequate network for their demands' resolubility is revealed in the finding of public health institutions in which the most of the professionals are unprepared, there's inadequate ambiance and desintegrated workflows for health care.[5]

Facing the above, this study is about an integrative literature review that had as goal to know actions and practices for trans people health care and the existance of protocols for attending these people health demands. It's expect that the results may support health care professionals to achieve integral health care for this population.

2. Methods

This research is an integrative literature review of studies published between the years of 2009 and 2019 about the aspects related to trans people's health. To develop this study, the following stages, which compose the elaboration of an integrative review, have been performed: definition of the research question; literature search; studies categorization; studies evaluation; results interpretation; and knowledge synthesis.[7]

The guiding question of this research was: "What are the forms of health care assistance to trans people?". To answer such a question, databases indexed on the Virtual Library of Health (VLH) were visited using the following descriptors in Health Sciences (http://decs.bvs.br/): "transgender people"; "transsexualism"; "protocol"; "health services"; "care ambulatory"; "heath care for transgender people". These descriptors were used in both Portuguese and English languages, checked with Boolean operators AND and OR. The databases included were CAPES, Science Direct, MEDLINE, LILACS and SciELO.

The encountered articles were grouped on the Mendeley software for material organization and deletion of duplicate. The criteria used to select the articles were: 1) scientific articles fully available online; 2) studies that described health care to trans people; 3) studies published from January 1st 2009 to May 29th 2019 (including); 4) studies published in English, Spanish or Portuguese. The exclusion criteria were: 1) studies published before 2009; 2) studies focused on non-trans people; 3) studies focused on specialties, such as psychology or speech therapy; 4) studies focused on sexual satisfaction and life quality according to therapeutic outcomes; 5) studies focused on gender affirmation; 6) studies that approached lesbians, gays, bisexuals and trans (LGBT) or men who have sex with men (MSM), but didn't address gender identity specifically.

In order to analyze the studies, a selection flow chart has been created according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). The total of found articles was 471. After the exclusion by year, 177 were left. When the Mendeley software excluded the duplicated, there were 169 articles left. Reading the articles titles permitted the exclusion of those that didn't match the established criteria, excluding thus 85 articles. Then, the abstracts were read and those that didn't fulfill the established criteria were excluded, which eliminated 73 articles. At least, the thorough reading of the files led to the selection of six articles, that have been analyzed in the present study. The analyzes of the selected articles went through a judge.

The flow chart below outlines the literature survey adopted by the researchers for the elaboration of this research (Figure 1).

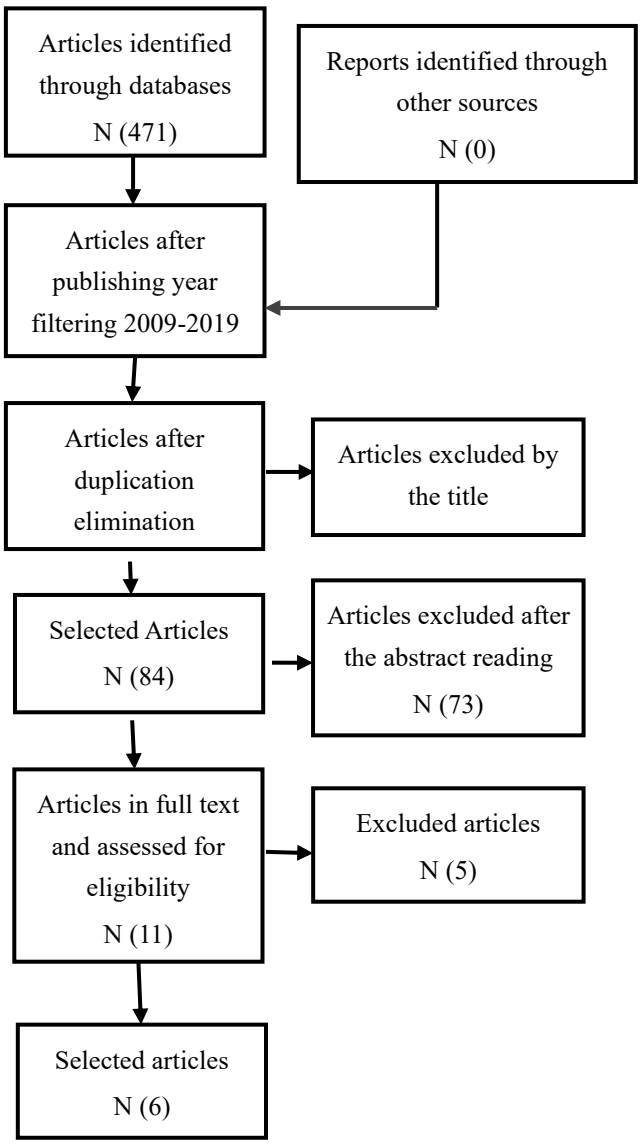

Figure 1. Flow Chart of the studies selection according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)

3. Results

Six scientific articles published in Brazilian and international journals and that were related to health care assistance to trans people were analyzed. In order to analyze the selected material, after fully reading the articles, a table that contemplated the information regarding the publishing year, title, journal name, purpose and form of study was elaborated, as shown in Table 1.

Table 1: Article distribution according to publishing year, title, journal name and purpose

Authors	Title	Journal	Purpose	Study form
Sampaio L, Coelho M (2012)[8]	Transexualidade: Aspectos psicológicos e novas demandas ao setor saúde	Interface	Investigate the transsexualiser process of four people, from their own perspectives.	Quantitative and exploratory research
Reisner S, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, et al (2016)[9]	Global health burden and needs of transgender populations: a review	Lancet	Identify the global health burden and the needs of transgender people.	Literature review
Mendelez R, Pinto R (2009)[10]	HIV Prevention and Primary Care for Transgender Women in a Community-Based Clinic	J Assoc Nurses AIDS Care	To obtain information about good practices that improve HIV prevention services and primary health care to transgender women.	Qualitative and exploratory research
Markwick L (2016)[11]	Male, Female, Other: Transgender and the Impact in Primary Care	The Journal for Nurse Practitioners	To discuss the transgender patient and outline basic care and question that might emerge on primary attention.	Theoretical article
Wylie K, Knudson G, Khan S, Bonierbale M, Watanyusakul S, Baral S (2016)[12]	Serving transgender people: clinical care considerations and service delivery models in transgender health	Lancet	To review the role of the mental health professional, models of effective health services and surgical interventions available for transgender people.	Literature review
Gridley S, Crouch S, Evans Y, Eng W, Antoon E, Lyapustina M, et al (2016)[13]	Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth	Journal of Adolescent Health	To understand the barriers that young transgenders and their caregivers face when accessing gender-affirming health care.	Qualitative and exploratory research

The performed review allowed the selection of six articles, one published in 2009, one in 2012 e the other four in 2016. Only one of those was published on a Brazilian journal. The articles were classified according to methodology: three were qualitative and exploratory researches and three were theoretical studies. All

of the selected articles have in common the trans people care, each one with a specific point of view: investigation of the transsexualising process; global charge and health needs of trans people; good practices on primary care; basic care on primary attention; service templates; and barriers of access to young trans people.

The qualitative researches were conduct by different perspectives. One of them interviewed 65 participants, being 15 young trans peoples and 50 caregivers; another one interviewed 20 trans women; and the last one interviewed 2 trans men and 2 trans women.

Both literature reviews are focused on previous studies that enlight the adverse health outcome in trans people, discussing factors that lead to health risks and health professionals education. The theoretical article focus on primary care to address their health issues.

Four categories emerged after reading the selected articles: 1) importance of hormonal and surgical interventions; 2) change of the civil name and respect towards the social name; 3) negative health outcomes; and 4) barriers of access to health care. The articles were grouped into more than one category, according to the approached thematic.

3.1 The importance of surgical and hormonal interventions

The first category – the importance of surgical and hormonal interventions – is characterized on the studies as a need to insertion in the society, regarding labor market, as well as a feeling of belonging to the desired gender.

Marckwick's study shows that hormonal therapy can help achieve the appearance desired by each individual. It may take from 3 to 6 months to observe any physical effect from the hormones, lasting up to maximum effects in 5 years. The referred study's results indicate that the hormonal treatment from female to male (FTM) aims to reduce female secondary sexual characteristics, such as menstrual cycles, and to induce male secondary sexual characteristics. On the other hand, male to female hormonal treatment (MTF) seeks to reduce the male secondary sexual characteristics and induce female secondary sexual characteristics.[11]

The hormonal therapy emerged as an important subtheme for health care assistance, specially about the care of people who live with HIV, according to the study of Mendelez and Pinto.[10] In order to develop a feminine appearance, most trans women used estrogen. All of the study participants wanted femininizing effects that were related to their physical appearance; however, many of them pointed to the importance of hormonal therapy for their physical safety regarding other people. On the absence of the hormone, facial hair growth and body muscle are frequent, which can be devastating to some people, especially those whose social networks don't know their trans person condition.[10]

In the study of Wylie et al[12], hormonal therapy appears as a fundamental need for most transition patients. Such study brought to light that even before socially adopting the chosen gender, hormonal therapy can be applied, which can emotionally favor the individual who doesn't intend to submit to surgery. As shown by the authors, the assisting team must provide a perspective in which the treatment limitations are clarified. Different intentions lead trans people to search surgical procedures as part of their transitions, with not only personal meanings, but also for social representation. It is fundamental to assure those who have been submitted to a sexual reassignment a long term follow up, aiming to reduce the risks of cardiovascular

disease and suicide, which are greater in comparison to the general population.[12]

Many participants on the Grindley and collaborators study[13] have noticed the lack of protocols for care transition, especially for younger patients, which includes puberal blockers prescription. It was recommended that protocols based on clear evidences must be developed for assistance, once many providers don't have specialized training in young trans health and therefore are unaware of the long term collateral damages. The access age to treatment of 16 years was also pointed as a restricting factor, considered too high and associated to emotional consequences. It's relevant to understand, on the other hand, that receiving puberal blockers without access to hormonal therapy would be even worse.[13]

The transsexualization, required by the participants of Sampaio and Coelho's study[8], was considered a process in which the person is not free from prejudice and social discrimination, even after undertaking surgery and hormonal treatment. The enterviwees made clear that even if their condition may be a cause of suffering, when a trans person doesn't submit to transsexualization procedures, that does not exclude transsexuality. Thus, it is reinforced that body changes produce a distinction between the sexes, in a way that trans people claim for a physical transformation in order to fit the social ruling on sex and gender.[8]

It's clear that, despite different medical possibilities, trans people still face a long way to achieve the required access to surgical and hormonal interventions.

3.2 Civil name changes and respect to the social name

The second category shows the civil name change and respect to the social name as dignity precepts, as recognition of identity.

Marckwick's study[11] describes that health care professional's attention to gender identity is fundamental to provide care in a way that recognizes the apropriated mesures to their especific conditions. Every trans person must be identified by their social or preferred name and pronoun, it mustn't be made only by a note in the charts. This is the right start for a person centered care, which improves every outcome. The study recommends the following: be respectful – if you're not sure about how a person wants to be called, ask; never assume that a reassingment sex surgery is the goal for every trans person; always remember that gender identity doesn't define sexual orientation; keep every patient privacy; and always use pronouns chosen by your patient.[11]

The participants of the study conducted by Mendelez and Pinto[10] have reported that the clinic was a safe environment, highlighting the receptive attitude of the entire team regarding trans people. The staff was trained to use each trans person's preferred name, and the team was enabled to attend their social and health needs, through appropriated services. The identity emerged as an important consideration to the access to health care for trans woman. It's interesting to notice that trans woman prefer not to be attended at LGBT clinics, in favor of the segregation of some trans women from the umbrella term LGBT, specially in gay comunites.[10]

As a social determinant in trans people's health, Reisner and colleagues[9] consider that the gender affirmation presents four central facets: social (name, pronoun), psychological (internal), medical (hormonal treatment, surgical interventions), and legal (legal markers, change of the civil name). The authors still discuss that the gender affirmation depends on a number of factors, including the cultural and social context, accessibility to hormonal treatment, criminalization of sexual minorities, legal barriers for

change and acknowledge of identity. There is not a single way to achieve gender affirmation, no common way to describe how a trans person affirms and embodies his/hers gender.[9]

The participants on the study of Gridley et al[13] related situations in which their name or pronoun of birth were used on health care services, even after corrected by the patient or his companion. Even though most of it was perceived as not intentional, some participants have noticed malicious situations. Many teenagers described relief or joy when their name and pronoun of choice were used, and thus recommended the health professionals to ask the patients name and pronoun of choice, making this information clear on the medical chart.[13]

Sampaio and Coelho[8] reinforce in their study that the balance between body and mind of a trans person is achieved, also, by the adequacy between sex and pronoun. The respect to identity is anchored on the right to one's own body and the right to health.[8]

What trans people ask doesn't differ from any other patient: the right to be respectfully treated. Every name and pronoun must be used according to the patient who's asking for care.

3.3 Negative health outcomes

The third category covers the negative health outcomes. The article selection allows to perceive that the health damages appear predominantly on the studies represented by HIV infection and other ISTs, psychic suffering/mental disorder and drug use/abuse.

Markwick's article[11] describes that trans people face harms on health care related to social stigma, discrimination and denial of human rights. All of this results on higher rates of HIV/IST, victimization, substance abuse and psychiatric disorders. Young trans are more likely to live on the streets and 2-3 times more likely to attempt suicide.[11]

HIV infection was reported by several researchers as been greater in trans women, according to Mendelez and Pinto[10], with emphasis on the meta-analysis that reported a prevalence of 27,7% of HIV infection on trans women. Furthermore, it has been observed an inferior treatment adherence rate to antiretroviral treatment among trans women HIV infected. Such data is justified, at least partially, by the triad: mental health; violence; and substance abuse. The study concludes that only comprehensive care in the health care of transgender people can change such outcome.[10]

The 116 studies analyzed by Reisner and collaborators[9] allow to infer that trans people face a high charge of negative health outcomes, which have been grouped into six categories: mental health; sexual and reproductive health; substance use; violence and victimization; stigma and discrimination; and general health. The authors conclude that mental health is the more studied health area regarding trans people, focused on mood disorders, suicide and self-afflicted injuries and anxiety disorders, consistently demonstrating that adult trans suffer from psychic disorders.[9]

Likewise, following the listed categories of the study[9], sexual and reproductive health was the second more studied area, identifying that trans women are disproportionately affected by HIV and other IST. Other subjects regarding sexual and reproductive health still receive little attention from studies, for example, about fertility and gestation. Substance use was the third more studied category, with outcomes, though heterogeneous, capable of assuming that such use is associated with stress coping.[9]

Thereto, the study[9] shows that violence and victimization among trans people create a high charge of

suffering on this population. The forms of violence or victimization most pointed were sexual (34%), physical (17%) and psychological or emotional (7%). Stigma and discrimination as health outcomes have been cited on only 14 articles, most of which conducted on North America, and a bit more than half of them specifically directs to stigma and discrimination on health care, including the refusal to care due to stigma, thus making clear the need of more studies in order to enhance health care.

Moreover, the study of Reisner et al[9] expresses that general health of trans people is the least studied aspect on the global disease burden of the population, with notes to outcomes such as mortality, diabetes, hormone use, metabolic syndrome and cancer. Most of the studies only show statistic data that are not adjusted to trans population.[9]

Facing such adverse outcomes is sadly easy to understand. Stigma and discrimination are general rules for trans people, who are presented as vulnerable as they might be.

3.4 Barriers to health care access

The fourth category are the barriers to health care access, presented on studies as a multifaceted and that restricts the resolubility of trans people's health demands.

Marckwick's study[11] describes that barriers to health care access for trans people are centered around four main questions: reluctance to reveal one's identity, from the doctor to other health professionals, such as pharmacists and laboratory technicians; lack of staff and specialized resources in the trans people care; financial barriers – most of them don't have private health insurance and, when they do, there's no coverage for specific assistance; and structural barriers, inadequate ambience, expressed by the absence of unisex restrooms and gender segregated hospitalization, besides lack of documents on electronic records and variations of appropriate reference on lab systems. The author also points that doctors and nurses graduation curriculum abstain from trans patients care, which difficults the access to a culturally competent quality care.[11]

The participants of the study conducted by Melendez and Pinto[10] described that having a variety of health needs met at a single location and a holistic approach were favorable. Many of the HIV infection prevention practices resulted initially from the attraction to primary care. The factors that directed trans women to medical care were: possibility of personal identification as a woman, not as a trans; access to hormonal therapy; and the staff attitude that created a culturally congruent atmosphere towards health care.[10]

Reisner and collaborators' study[9] demonstrates that health care barriers are been met, partially, by laws and public policies. Some countries start articulating the required transformations through gender identity laws, legislation about gender affirmation care and protective and antidiscrimination measures. For example, according to the authors, in 2012, the Argentine Senate approved the first gender identity law on the world, which authorizes the trans person to change her legal gender markers through a simple administrative procedure, with enchanced access to hormonal treatments or surgical procedures and under state coverage. It's required an evaluation of such legal changes effect and improvement on trans people's health. [9]

On Gridley et al's study[13] it came clear that many factors related to the professional health system have an impact on the access to interventions. The lack of training on health care to gender affirmation may lead to insufficient knowledge of specific health issues of trans people, and thus inadequate knowledge to prescribe treatment. The authors highlight that few studies focus on young people experiences and their caregivers.

Participants cite the lack of a structured care as a barrier; the care has been seen by some as disorganized, underneath a layer of team work.[13]

Many participants of this study[13] have seen mental health professionals as hormonal therapy guardians, frequently describing a frustration feeling because they should wait for this professional's approval in order to transition; most of the participants wishes the therapy could be integrated to care, not a pre-requisite. Negative experiences with mental health professionals have been described. Meanwhile some young people also cited as a barrier the need of the responsible adult's authorization for treatment, some caregivers reported difficulties accepting the body alterations.[13]

It's expected from trans people an adequate access to healh care, which means care from ambiency to prescription.

4. Discussion

There is much to observe about heath care assistance for trans people. It's important that there's a differeantiated look, expressed by a competent and culturally sensible care. The lack of a formative curriculum focused on trans patient care on medical and nursing schools, as well as the absence of available resources for the caregiver, extend trans people's vulnerability through a great disparity in access to quality care.[11]

Studies consistently show the importance of early introduction of transgender health modules on medical education. Evaluations of those curricula suggest that even a short training can substantially increase the comfort with trans people's attention. The reality is that most students, even those studying in higher income institutions, still complete their training with limited display of trans people's needs. The training necessity is clear in view of the importance of acknowledge by health professionals of expressions beyond gender binary and also the potential presence of specific violence affecting trans people.[12]

The health inequalities are hypothesized for being born from a systematical exposure to multiple stressors factors, including legal and structural factors that result from being part of a socially marginalized group. Social and economical exclusion are, thus, considered casual pathways of negative outcomes in health. As cultural diversity and gender fluidity get more attention, it's expected that standard care and services for trans people become available in most countries on the human rights structure. It's understood that general health and well-being of trans people should be attended on the primary care context, with no differentiation on services offered to cisgender people on physical, psychological and sexual health.[12]

Specific attention to gender transition is also possible on primary care. To establish a gender dysphoria diagnosis and to adapt a care model may allow the start of hormonal therapy on primary attention. All health unit professionals must receive basic training aiming to adopt a cultural humility combined with clinical abilities, acknowledging the diversity of required training for different staff members.[12]

The offer of a diversity of health services on the same unit has the potential to increase the user adhesion and favor the integral care. To promote hormonal therapy is a way of not only retaining trans people on the service, but also to promote health, prevent HIV infection and retaining antiretroviral therapy. It is notorious that trans women need to maintain a feminine appearance for their psychological well being, as well as to avoid abuse and violence, understanding a context of poverty underlying transgender people and sex

associated incentives in exchange of drugs or money. The high rates of HIV infection and other IST among trans women outlines the importance of HIV and IST testing in all trans people.[10]

Some barriers pointed out by young trans overlap those cited by adult trans people, including cost, limited access to friendly trans professionals with knowledge on the field, limited access to hormones, gender confusion experiences and not coordenated and without retention care.[13]

People's and society's expectation towards health care of trans people are evolving; thus, the evolution of care patterns allows a flexible path of support from professionals that promote care during the transition. Even though, the fundamental change stays in how the care patterns are going to be negotiated, approved and implemented by public and private health authorities in many countries, in the context of broad socio-religious and sociopolitical issues, within the normative of heterosexism.[12]

5. Conclusion

The goal for this integrative literature review was to acknowledge actions and practices for trans people health care and protocols attending these people health demands. From the six studies selected, it's clear to see there's a long way to go to achieve adequate care that improves their demands' resolubility.

The product presented by this review results from many difficulties: health system infrastructure; different sociocultural contexts; inexpressive number of specialized or capable professionals; and lack of protocols consistently applied. This set leads to a care not coordinated and without retention, restricted access to hormonal therapy and a scenary of specialized atention more prepared in contrast to primary care, which should be able to offer whole care.

We propose therefore improvement in health education, where a multidisciplinary team must work together, developping health care protocols for trans people which respect name and pronoun of choice use and guaranty hormonal therapy availability, enduring health promotion actions aiming to reduce the negative health outcomes.

The limits of this study are the chosen database and health science descriptors. We suggest that further studies amplify the database range.

6. References

1. ROCON PC, SODRÉ F, ZAMBONI J, RODRIGUES A, ROSEIRO MCFB. O que esperam pessoas trans do Sistema Único de Saúde? Interface 2018;22(64):43-53.

2. WILLIAMSON C. Providing care to transgender persons: a clinical approach to primary care, hormones, and HIV management. JANAC 2010;21(3):221-229.

3. POPADIUK GS, OLIVEIRA DC, SIGNORELLI MC. A política nacional de saúde integral de lésbicas, gays, bissexuais e transgêneros (LGBT) e o acesso ao processo transexualizador no sistema único de saúde (SUS): avanços e desafios. Ciênc. saúde coletiva 2017; 22(5):1509-1520.

4. BRASIL. Ministério da Saúde (MS). Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Transexualidade e Travestilidade na Saúde. Brasília:MS;2015.

5. POTEAT T, WIRTZ AL, RADIX A, BORQUEZ A, SILVA-SANTISTEBAN A, DEUTSCH MB, et al. HIV risk and preventive interventions in transgender women sex workers. Lancet 2015 Jan;385(9964):274-86.

6. BRASIL. Ministério da Saúde (MS). Decreto n. 7.508, de 28 de junho de 2011. Regulamenta a Lei nº 8.080, de 19 de setembro de 1990, para dispor sobre a organização do Sistema Único de Saúde – SUS, o planejamento da saúde, a assistência à saúde e a articulação interfederativa, e dá outras providências. Diário Oficial da União 2011.

7. MENDES KDS, SILVEIRA RCCP, GALVÃO CM. Integrative literature review: a research method to incorporate evidence in health care and nursing. Texto contexto – enferm 2008;17(4):758-764.

8. SAMPAIO L, COELHO M. Transexualidade: aspectos psicológicos e novas demandas ao setor saúde. Interface 2012;16(42):637-649.

9. REISNER S, POTEAT T, KEATLEY J, CABRAL M, MOTHOPENG T, DUNHAM E, et al. Global health burden and needs of transgender population: a review. Lancet 2016;388(10042):412-436.

10. MELENDEZ R, PINTO R. HIV prevention and primary care for transgender women in a ommunity-based clinic. JANAC 2009;20(5):387-397.

11. MARKWICK L. Male, female, other: transgender and the impact in primary care. Journal for nurse practitioners 2016;12(5):330-338.

12. WYLIE K, KNUDSON G, KHAN S, BONIERBALE M, WATANYUSAKUL S, BARAL S. Lancet 2016;388(10042):401-411.

13. GRIDLEY S, CROUCH J, EVANS Y, ENG W, ANTOON E, LYAPUSTINA M, et al. Journal of adolescent health 2016;59(3):254-261.