

## VULNERABILITY OF TRANSGENDERS, TRANSEXUALS AND TRAVESTIS IN HEALTHCARE

## VULNERABILIDADE DE TRANSGÊNEROS, TRANSEXUAIS E TRAVESTIS NA ASSISTÊNCIA DE SAÚDE

## VULNERABILIDAD DE TRANS, TRANSEXUALES Y TRAVESTIS EN EL CUIDADO DE LA SALUD

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## ABSTRACT

This is an integrative literature review that proposes to outline the state of the art in relation to the vulnerability of the trans population in health care. Methodology: The period 2010/2020 was considered in the databases: BVS, LILACS, MEDLINE, PubMed, SciELO, Cinahl and Scopus and in Portuguese, English and Spanish. The descriptors used were: transsexuality, health vulnerability, nursing care, humanization of care, and sexually transmitted diseases, with 1474 published works being verified. Results: After analyzing these, 17 articles were considered, triggering a subdivision of them into three categories, namely: vulnerability in access to health services, vulnerability in health due to access to health services, vulnerability in relation to HIV/AIDS. Conclusion: The most prevalent vulnerabilities related to health care were fear of discrimination, difficult access, and finally, lack of preparation and management by the care team.

**Descriptors:** Health vulnerability; Nursing care; Transsexualism; Humanization of assistance.

## RESUMO

Trata-se de uma revisão integrativa da literatura que propôs traçar o estado da arte em relação à vulnerabilidade da população trans na assistência de saúde. Metodologia: Considerou-se o período de 2010/2020 nas bases de dados: BVS, LILACS, MEDLINE, PubMed, SciELO, Cinahl e Scopus e nos idiomas português, inglês e espanhol. Os descritores utilizados foram: transexualidade, vulnerabilidade em saúde, cuidados de enfermagem, humanização da assistência, e doenças sexualmente transmissíveis, sendo apurados 1474 trabalhos publicados. Resultados: Após realizada a análise desses, foram considerados 17 artigos, desencadeando uma subdivisão deles em três categorias, sendo elas: vulnerabilidade de acesso ao serviço de saúde, vulnerabilidade em saúde devido ao acesso nos serviços de saúde, vulnerabilidade com relação ao HIV/AIDS. Conclusão: As vulnerabilidades mais prevalentes relacionadas a assistência de saúde foram o medo da discriminação, a dificuldade de acesso, e por fim, a falta de preparo e manejo por parte da equipe na assistência.

**Descritores:** Vulnerabilidade em saúde; Cuidados de enfermagem; Transexualidade, Humanização da assistência.

## RESUMEN

Se trata de una revisión integrativa de la literatura que se propuso delinear el estado del arte en relación a la vulnerabilidad de la población trans en la atención a la salud. Metodología: Se consideró el período 2010/2020 en las bases de datos: BVS, LILACS, MEDLINE, PubMed, SciELO, Cinahl y Scopus y en portugués, inglés y español. Los descriptores utilizados fueron: transexualidad, vulnerabilidad en salud, cuidado de enfermería, humanización del cuidado y enfermedades de transmisión sexual, siendo verificados 1474 trabajos publicados. Resultados: Después del análisis de estos, se consideraron 17 artículos, lo que provocó una subdivisión de los mismos en tres categorías, a saber: vulnerabilidad en el acceso a los servicios de salud, vulnerabilidad en la salud por el acceso a los servicios de salud, vulnerabilidad en relación al VIH/SIDA. Conclusión: Las vulnerabilidades más prevalentes relacionadas con la atención de la salud fueron el miedo a la discriminación, el difícil acceso y, por último, la falta de preparación y gestión por parte del equipo de atención.

**Descriptores:** Vulnerabilidad en salud; Atención de enfermería; Transexualidad, Humanización de la atención.

## INTRODUCTION

The Federal Constitution of Brazil of 1988 defines that “Health is the right of all and the duty of the State”, guaranteeing citizens full and universal access to health care.<sup>1</sup> And as part of this population, there is the trans population (Transvestites, Transsexuals and Transgenders) who go through various obstacles to receive this assistance.<sup>2</sup>

Within the Lesbian, Gay, Bisexual, Transsexual or Transgender, Queer, Intersex, Asexual (LGBTQIA+) community, according to the Ministry of Health<sup>3</sup>, the term “transvestite” refers to a person who does not necessarily identify within the socially arranged binary, but rather that demands respect for their experiences and individualities, as well as living as a female gender, as well as the right to have their gender identities respected within the female universe.

According to Lanz<sup>4</sup>, as it is a profoundly broad phenomenon and presents a variety of manifestations, transgenderism is used to classify individuals who do not recognize themselves and/or classify themselves socially as either "man" or "woman". Furthermore, according to Keila Simpson, “this population has a gender identity different from that imposed by heteronormative standards, in which a man is a man and a woman is a woman, and anything that deviates from this norm is

viewed with strangeness”. In this way, transgender refers to any individual who is linked to ways and/or activities that go beyond the norms imposed by the gender that was socially assigned to them.

With this in mind, there is a clear dichotomy between transgender women and transgender men. A transsexual woman is one who does not identify with her male biological sex, and can therefore undergo procedures to ensure that her gender identity is in line with her body type. These procedures include hormone therapy and/or sexual reassignment surgery, neovaginoplasty, among others. Legally, the state guarantees the right to change documents for the social name, thus exercising their female gender identity in the entire biopsychosocial context in which they are inserted.<sup>5,6</sup>

Therefore, transsexual men are those who do not identify with their female biological sex assigned at birth, thus being able to undergo certain surgical adjustments and treatments, as well as changes to legal documents. It is worth highlighting that these questions are related to the gender identity that the individual presents, therefore, it does not concern sexual orientation, with the possibility of these being gay, straight and/or bisexual trans men; Likewise, trans women can be lesbian, straight and/or bisexual.<sup>5,6</sup>

According to Freire<sup>5</sup>, the Brazilian Unified Health System (SUS) seeks to guarantee humanized care, free from prejudice and discrimination for the trans population (transvestites, transsexuals and transgender people), when it uses social name as a gateway to promoting the health of these individuals.

In view of this, the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals created on December 1, 2011, was established by Ordinance No. 2,836 and seeks the inclusion of this population by law, in accordance with the principles of Unified Health System (SUS). The LGBT Policy requires efforts from government bodies to ensure this population's right to access health targets, and its implementation requires challenges and commitments from government bodies, especially state and municipal health departments, health councils and all areas belonging to the Ministry of Health.

However, according to Rocon<sup>9</sup>, the Brazilian trans population experiences a huge spectrum of problems, such as discrimination, social marginalization, and poverty. These problems must be taken into consideration when this community approaches the SUS, as it is only by considering the entire biopsychosocial context of that client that an intervention will be effective and broad.

Furthermore, the context of vulnerability must be considered together, since a large portion of this population begins their professional life early, in occupations with high risks, influenced by situations of family conflict and incomplete schooling.<sup>10</sup> In Brazil, these issues worsen and are characterized by high mortality rates for various reasons, the life expectancy of trans people in 2018 was 35 years.<sup>11</sup>

Regarding the issue of vulnerability to health services aimed at HIV/AIDS, this directly implies the susceptibility of actions and studies that enable the dignified entry and reception of this community in institutions capable of carrying out testing and reception. Furthermore, the lack of studies that confirm the vulnerabilities of the trans population is another problem that deserves attention. Evidence is scarce, especially regarding access to health services and care at all levels of care.<sup>2,12</sup>

In view of this, the present study proposed to carry out an integrative review of the literature, which listed the state of the art in relation to the vulnerabilities of the trans population in health care, showing that, only the training of health professionals and the technological resources used in the face of Users' health needs are not sufficient due to the demands that permeate the lives of this population.

Furthermore, inclusive and effective public policies are needed, and these are

implemented vehemently in view of this population's accessibility to health services, as the problems of the trans population are complex and their demands are numerous.<sup>7</sup>

## METHODOLOGY

This study is an integrative review of the literature, with data collection from a search in August 2020 through a bibliographic survey and analysis of systematized data considering the period from 2010 to 2020. To prepare the guiding question, the strategy was applied PICO, where P: participant: Trans population, I: intervention or area of interest: health care, C: comparison or control: NONE, O: outcome: vulnerability. Given this, the guiding question was defined as: What are the scientific productions published on the vulnerability of the trans population in relation to health care?

The survey was carried out in the following databases: Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS), National Library of Medicine of the United States of America (MedLine), National Library of Medicine of the United States of America (SciELO), United States National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (Cinahl), SciVerse Scopus (Scopus) and Web of Science, in English, Spanish and Portuguese.

The descriptors transsexualism (transsexuality OR transsexualidad) AND vulnerability of health (vulnerabilidade em saúde OR vulnerabilidad en salud) AND nursing care (nursing care OR nursing care) AND humanization of assistance (humanization of assistance OR humanization of care) were considered. AND sexually transmitted diseases.

To organize, as well as to conduct a critical reading of the selected articles, the Main Items for Reporting Systematic Reviews and Meta-Analyses (PRISMA)<sup>14</sup> strategy was used. This tool was adapted to meet the writing standards of the integrative review. The articles were read in full and categorized by similarity. It is worth mentioning that the same article can be classified in one or more categories.

Six steps were taken: 1) identification of the topic and selection of the hypothesis or research question; 2) establishment of criteria for inclusion and exclusion of studies, as well as literature search; 3) definition of the information to be extracted from the selected research; 4) categorization and evaluation of included studies; 5) interpretation of results and 6) synthesis of knowledge evidenced.<sup>15</sup>

To include articles, they must meet the following criteria: free access articles, in English, Spanish and/or Portuguese, published in the period from 2010 to August 11, 2020.

The articles that were excluded did not meet the following criteria: repeated articles, editorials, books, course completion works, theses, and studies that did not answer the guiding question.

The selection of articles took place in five moments, primarily searching for articles according to the descriptors, period and bases listed. Therefore, by reading the titles and summaries of the articles, the exclusion factors were subsequently applied, followed by the interpretative reading and inclusion of the articles.

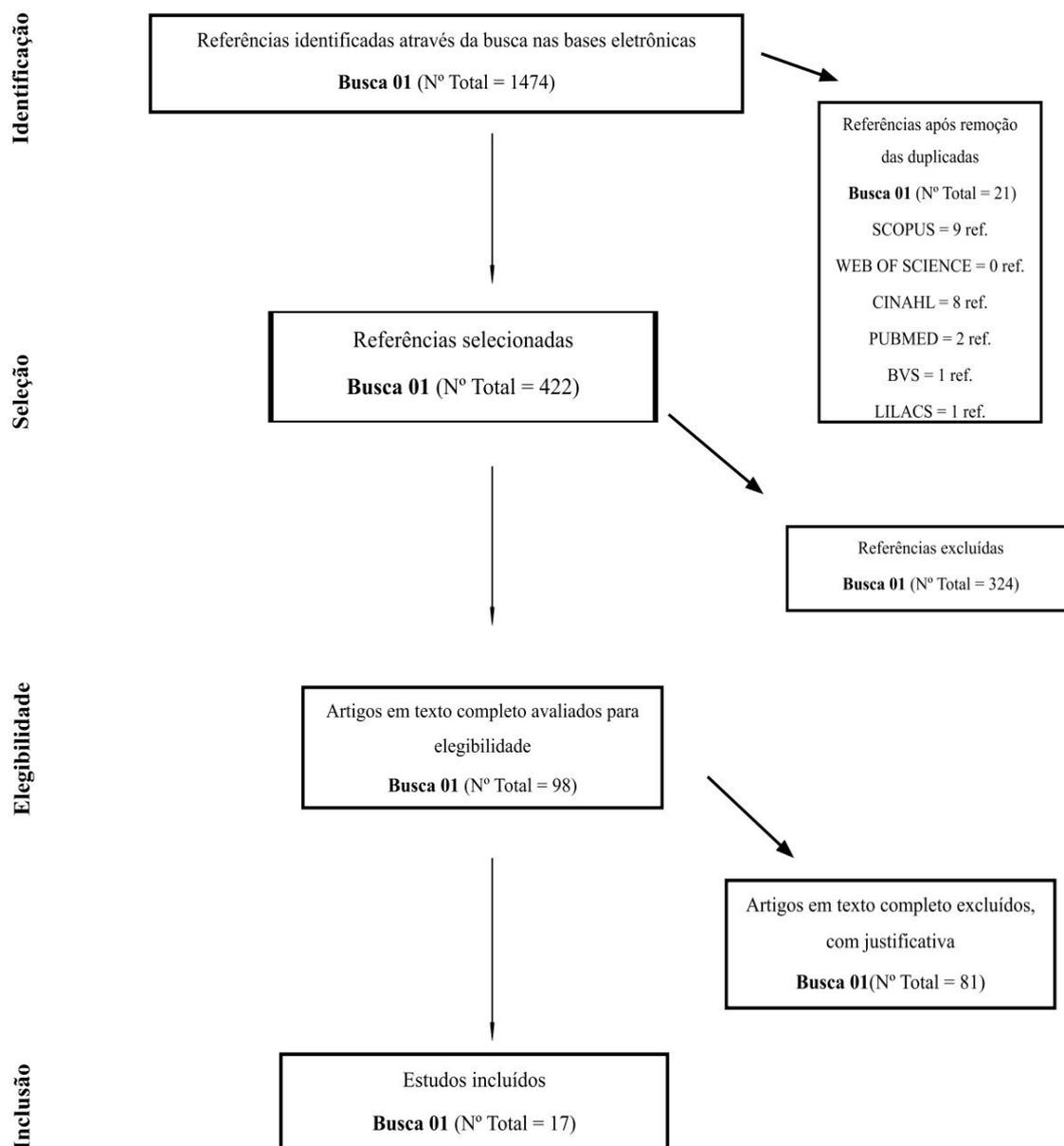
It is worth highlighting that the articles were read by four authors simultaneously, and that there were no disagreements regarding the inclusion, exclusion and/or classification of the articles. Furthermore, no form was used to evaluate the articles. After

the positive decision regarding the inclusion of the articles, they were organized into categories considering the similarity of the themes listed, a classification that was carried out in a joint decision between the authors. For better visualization, they were allocated in separate tables by: reference (following the standards of the Brazilian Association of Technical Standards), study proposal (interpretation of objectives, methodological strategy used, period and place carried out) and synopsis (analysis of the most important results).

## **RESULT**

Figure 1 demonstrates the Main Items for Reporting Systematic Reviews and Meta-Analyses (PRISMA) strategy applied to include articles.

**Figura 1** – Fluxograma referente às etapas da seleção dos estudos pelos revisores. Uberaba (MG), 2020.



Fonte: elaborado pelos autores, Uberaba (MG), 2020.

17 articles were considered, of which three were national and 14 international.

Regarding the databases considered, only one reference was found in SciELO, 12

references in PubMed, six references in Scopus and one reference in Cinahl, as shown in Table 1. The number of articles per year reached: 2011 (1); 2012 (2); 2014 (1); 2016 (4); 2017 (1); 2018 (3); 2019 (2); 2020 (3). Of these, ten articles are qualitative, four are review articles, three are quantitative and one is an essay.

**Table 1-** Productions on the topic on listed bases. Uberaba (MG), 2020.

Data base	Identification	Selection	Eligibility	Inclusion
VHL	116	41	3	-
LILACS	11	5	1	-
MEDLINE	92	23	5	-
Scielo	11	3	1	1
PubMed	391	119	24	7
Scopus	666	137	49	6
Web of Science	67	-	-	-
Cinahl	120	94	15	3

Source: from the authors, Uberaba (MG), 2020.

From the inclusion, three categories were constructed that grouped the articles by similarity of theme, with the following number of articles each. It is worth highlighting that references can be included in more than one category, which are: “Vulnerability of access to health service” (9), “Health vulnerability due to access to

health services” (7) and “Vulnerability in relation to HIV/AIDS” (2).

#### **Vulnerability of access to health services**

There are nine articles in this category, they are described in table 1 and they address the vulnerabilities of the trans population regarding access to health services.

**Table 1** -Vulnerability of access to health services. Uberaba, MG, 2020.

Reference	Study Proposal	Synopsis
Ferreira et al., 2020. Brasil. <sup>16</sup>	This is an integrative review of national and international literature that sought to discuss possible vulnerabilities in relation to access and quality of health care for the lesbian, gay, bisexual, transvestite and transsexual population.	A total of 41 articles were published in 30 journals. The legal rights of this population outlined the conditions of access and quality of assistance. The main conditions that influence the quality of access are: relational, organizational and contextual. The vulnerabilities considered were: material, psychological, cultural, moral, legal and political conditions.
Mitchell et al, 2019. Indonésia. <sup>17</sup>	Qualitative research sought to analyze the conditions of access to health services for trans women in urban locations in Indonesia.	42 warias (trans women) participated and reported their experiences regarding access to health services. Barriers that prevent access to services, issues of confidentiality, stigma and precarious access to health insurance were highlighted as hindering the prevention and treatment of some diseases.
Ziegler et al., 2019. Canadá. <sup>18</sup>	Qualitative, exploratory study that sought to compare the provision of care to the trans population with models adopted in primary care, in the city of Ontario (Canada), through the Standardization Process Theory (NPT) in three different cases of care (health team at the family, community health center and fee-based physician).	Five service models were analyzed. The need for safe spaces for care, identification of other gaps in health services, the team's understanding of their functions, and the need for training (permanent education) were proven through NPT in primary care services.
Christian et al., 2018. Estados Unidos. <sup>19</sup>	Quantitative research that, through structured interviews, evaluated the influences of the disparities faced by transgender people in their health, in Colorado (USA).	593 individuals were interviewed. They were relatively young (under 45 years old), with higher education, but with high unemployment rates and insufficient family income. Substance use (marijuana and alcohol) and mental health were the main indicators, in addition to suicidal thoughts, depression and anxiety. Compared to the population, they had low health coverage, in addition to discrimination in services.
Borelli et al., 2018. Espanha. <sup>20</sup>	A qualitative study evaluated the adjustments proposed by the Spanish Health Information System (SIS) in order to describe the conditions and reality faced by the trans population.	By searching through the descriptors "sex" and "gender identity" in the Spanish Health Information System (SIS), 19 sources were obtained. Among the most important were vulnerability to mental problems, use of tobacco, alcohol, illicit drugs, and risky sexual situations.
Gilbon et al., 2017. Canadá. <sup>21</sup>	This is a quantitative research that compared the results of two other surveys: TRANS PULSE Project and Canadian Community Health Survey. Both, with the aim of addressing inequalities in healthcare for the trans population in Ontario (Canada).	433 trans people participated in the TRANS PLUS Project and 39,980 trans people participated in the Canadian Community Health Survey. The number of trans women and men were equal, with trans men being younger (16-24 years old). The trans population did not have their health needs met, with care being precarious and with low availability.
Safer et al., 2016. Estados Unidos. <sup>22</sup>	This is an integrative review article carried out in 2016 in the United States whose intention was, through the studies already published on the barriers of the trans population to health care, to stimulate new research that seeks to resolve them.	The factors that interfere with the provision of care by doctors are almost unknown, except in relation to the insufficient training of these professionals to serve this population. Insufficiency of information about transgender medicine, fear of stigma among the class (on the part of doctors), financial issues,

		social stigma and discrimination in the system (on the part of trans people) are examples of barriers, with the lack of competent professionals in the area being the biggest of them.
Zeluf et al., 2016. Suécia. <sup>23</sup>	This is quantitative research conducted in 2014, with residents in Sweden. It sought to identify the scarcity of research examining health, self-reported disability and overall quality of life in a group of self-identified trans people.	796 Swedish people participated, aged between 15 and 94 years. Mostly of the non-binary gender (44%, followed by trans masculine, feminine and transvestites. Half reported good health, and a fifth reported poor health.
Pinto et al., 2012. Portugal. <sup>24</sup>	Literature review and qualitative study that interviewed professionals and trans people about health care for the trans population in Lisbon (Portugal), between December 2008 and the first quarter of 2009.	Studies covering health care for the trans population are incipient, as is the prevalence of these people in Portugal. Six professionals and seven transgender people participated in the study.

Source: authors, Uberaba (MG), 2020.

### Health vulnerability due to access to health services

There are seven articles in this category, they are described in table 2 and address the possible health vulnerability arising from access to health services.

**Table 2** -Health vulnerability due to access to health services. Uberaba, MG, 2020.

References	Study proposal	Synopsis
Dakié et al., 2020. Croácia. <sup>25</sup>	This is a review of the new International Classification of Diseases (ICD 11) presented at the World Health Assembly in May 2019, which is scheduled to come into force in January 2022.	The new conformations of ICD 11 seek, among other objectives, to destigmatize issues involving trans people through the exclusion of gender identity in the context of mental and behavioral disorders. It is believed that psychiatrists will reformulate their services aimed at this population, including with regard to hormone therapy.
Silva et al., 2020. Brasil. <sup>26</sup>	Qualitative, descriptive, exploratory study that sought, through semi-structured interviews, to answer the question involving the vulnerabilities experienced by young female transsexuals living with HIV/AIDS, in Pernambuco (Recife/Brazil).	Six young transsexuals (average age = 21.6 years) answered the questions, with an average time since HIV diagnosis between 14-19 years. The responses were categorized by similarity and prejudice, family, problem, depression, respect, nurse, doctor, among others were the most prevalent terms.
Reisner et al., 2016. Estados Unidos. <sup>27</sup>	This is a review of scientific literature whose focus was to demonstrate the health determinants that define the	A total of 116 studies in 30 countries were considered, with the USA hosting the most research on the topic. Studies involving issues of mental

	trans population around the world, with the aim of outlining, among other issues, future public policies.	health, sexual and reproductive health, substance use, violence/victimization, stigma/discrimination and general health were the most studied, respectively.
Cruz et al., 2014. Estados Unidos. <sup>28</sup>	This is a qualitative study with the aim of analyzing the provision of care in primary care aimed at the trans population in addition to the multiplicity of concepts that are little explored in research.	6000 responses were obtained during the research period. Experience, gender identity, the transition process and revelation about the new gender conformation promote the postponement of seeking services for fear of discrimination.
Antonio et al., 2012. Espanha. <sup>29</sup>	Article whose method used was qualitative, descriptive and transversal approached by completing an evaluative questionnaire about the issues involving the health of transsexuality in the Spanish health system.	The following communities participated in this study: Andalusia, Aragon, the Canary Islands, Catalonia, the Community of Madrid, Navarra, Valenciana and the Basque Country. More than half of these communities have care protocols for gender identity disorders and only 4 perform urogenital plastic surgery.
Polly et al., 2011. Estados Unidos. <sup>30</sup>	Qualitative study that sought to list the challenges to which the trans population is exposed with regard to access and healthcare treatment. Through a literature review carried out from January to March 2011, the article suggests new approaches to the trans population and how to include them more comprehensively within the health system.	Including the Diagnostic and Statistical Manual, the 4th edition of diagnostic criteria and the Professional and World Association of Treatment Standards in Transgender Health, it was found that health professionals do not present a satisfactory approach in consultations regarding the population cited as non use the appropriate pronouns.
Gomes et al., 2018. Brasil. <sup>31</sup>	A study that used the essay as a methodological strategy, sought to problematize the sexual rights of transgender people, including aspects involving health.	Divided into three parts, it discussed: feminicide (a woman's right to life), sexual and gender diversity (health conditions of the trans population, including) and gender plurality (vulnerability to the health of those who distance themselves from binarism).

Source: from the authors, Uberaba (MG), 2020.

**Vulnerability in relation to HIV/AIDS**

There are two articles in this category, they are described in table 3 and they

address the vulnerability of the trans population in relation to health services aimed at HIV/AIDS.

**Table 3** -Vulnerability in relation to HIV/AIDS. Uberaba, MG, 2020.

References	Study Proposal	Synopsis
Mitchell et al., 2019. Indonésia. <sup>32</sup>	Research that used qualitative methodology whose intention was to analyze the conditions (barriers and facilitators) for the treatment of Human Immunodeficiency Virus (HIV) in transsexual women in urban locations in Indonesia.	42 trans women participated and reported their experiences and points of view regarding HIV prevention, testing and treatment (initiation and adherence). Recognition of health and susceptibility, perceptions about the importance of treatment, social support and welcoming were the facilitators.
Scheim et al., 2016. Inglaterra. <sup>33</sup>	Qualitative research carried out with transsexual men to verify, in addition to the risk of HIV in this population, the difficulties in testing for this and other Sexually Transmitted Diseases (STDs).	40 young trans men (18-34 years old) were interviewed, none of whom live with HIV, but 15% do not know their serological status. The biggest barriers to the test were fear of the result, difficulties in accessing healthcare, issues involving the team's inability to assist them and the structural organization of services.

Source: from the authors, Uberaba (MG), 2020.

## DISCUSSION

Using the category “vulnerability of access to health services” as a principle, the largest number of publications was evident. Publications that highlight the importance of the SUS in the prevention, promotion and rehabilitation of these individuals, but to achieve this, access to health services healthcare should respect the principles of this system (equity, universality and comprehensiveness); however, when it comes to trans people, access is restricted and difficult. Stigma and prejudice are the main causes of ineffective care, increasing vulnerability in terms of prevention and health promotion for these individuals.<sup>34</sup>

Although public policies are interested in access to services for trans people, some issues need adjustments. For example, the disuse of the social name in medical records, documents and in dealings, in addition to the distorted way in which these services are carried out. This is confirmed by the stereotyping and poor quality of care, often exclusively addressing sexual health issues related to sexually transmitted infections (STIs). To resolve this problem, some authors propose greater dissemination of these policies for health services.<sup>35</sup>

The “health vulnerability” category presents a significant number of publications on studies related to STIs. This vulnerability to infections may be due to barriers that hinder access and, consequently, prevention.

In the United States, 31% of transgender adolescents and young adults were living with HIV/AIDS in 2019, 33% had a history of one or more STIs. The most frequently diagnosed were: chlamydia (55%), syphilis (48%) and gonorrhea (47%). In young transgender females, the probability of STI was 4.06 times higher compared to young transgender males, and among the risk factors is medical intervention (hormones or surgery).<sup>36</sup> Of 124 transvestites and trans women studied, only 24 use condoms during oral sex, 18 do not use them and 16 occasionally use them. In addition, 19% of transvestites and 9.1% of transsexuals did not believe that condom use could reduce HIV transmission.<sup>37</sup>

These issues may outline the absence of the trans population in health services. As an important consequence, prevention and health promotion can be deficient when considering the barriers to prevention of STIs. Given this, public policies, educational practices and professional training should be encouraged in order to promote comprehensive care for this group.<sup>38</sup>

Related to the category “vulnerability in relation to HIV/AIDS” there is a large number of scientific productions that have addressed HIV/AIDS in the trans population, but few that address the health vulnerability of this public in the face of other infections. This vulnerability can be justified, among other issues, by the lack of preparation of

some services in relation to ineffective promotion, mainly with regard to the dissemination of knowledge of health sciences and/or an adequate and inclusive approach to health education.

Another aspect to reflect on is the issue of stigma that this community faces when their health is stereotyped, being constantly associated with STIs, which makes assistance shallow and ineffective, since the rate of comorbidities such as diabetes and hypertension is not questioned. in this social group. In this sense, it is worth highlighting the mistake in associating this group only with HIV/AIDS, since the prevalence of this STI in several countries is greater in the general population than in transgender women.<sup>39</sup>

Therefore, encouraging the use of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) in this population is necessary in order to reduce the incidence and prevalence of HIV/AIDS. In this sense, new forms of dissemination must be encouraged, including with regard to the fusion of different preventive approaches according to the subject's specificities and needs, defining combined prevention (adherence to barrier methods), health education, preparation of explanatory booklets and broad dissemination of public policies.<sup>39</sup>

Furthermore, it is clear that the vulnerability of the trans population extends

to nursing care, whether during screening or a procedure performed by the team. Since the focus of care is sometimes not directed to the conduct of professionals in the face of different social factors in the LGBTQIA+ community. For example, economic exploitation, sexual oppression and structural violence, discouraging them from seeking health services.<sup>2</sup>

Camouflaged transphobia among healthcare professionals directly harms and weakens the relationship between this population and the assistance that will be provided, and consequently, the entire healthcare system. The LGBTQIA+ community may feel that they are not welcomed or well guided, even causing embarrassment when it comes to receiving care, making both the professional's work and the resolution of the recurring problem difficult. Therefore, the need for an approach and care for this population that is conducive to the graduation of health professionals is reinforced, especially nurses who are in direct contact with them.<sup>2</sup>

As such, it is also confirmed that there are few publications in the literature and in the scientific environment that address the issue of the vulnerability of the trans population to the health system and nursing care. Due to the brief approach to the subject during undergraduate studies, there is often no interest on the part of undergraduates in developing research in this field, nor of

working professionals. This highlights the need for new studies in the academic and scientific spheres by including the topic in the curriculum and continuing education for health professionals, especially nurses, so that they are up to date and can address the trans population and the entire LGBTQIA+ community in a broad, effective and inclusive way.<sup>12</sup>

## CONCLUSION

In view of the objective of the study, it is noteworthy that although there are several publications that address the topic “health vulnerability of the trans community”, it is still a small number in relation to other socially vulnerable communities. Furthermore, it is clear that the stereotyping of the trans population evades the health system and goes beyond the academy, as they are constantly associated with STIs, not allowing for other comorbidities also presented by them.

After analyzing the selected articles, the main problems were noted: the lack of research focused on the trans population

related to other diseases, the importance and relevance of the SUS for access to health care, lack of knowledge/training or negligence professionals about respecting the individual's social name and how to welcome them, and research aimed at male transsexuals. The limitation is demonstrated in the restricted number of databases and countries that addressed the themes related to the study, highlighting the reduced reality of the entire trans population when faced with health care.

Therefore, the scientific and academic community must seek to facilitate and generate spaces for these specific discussions, in which the trans population can participate and thus present their complaints and concerns, as well as adjust public health policies, make them solid and managers increasingly sensitized and qualified to deal with different ways of thinking and acting, so that the current and future scientific community can respect and generate greater projects that provide a respectful and diverse space for the entire trans population.

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