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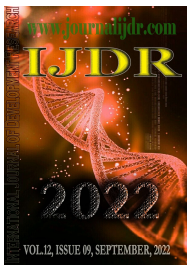

RESEARCH ARTICLE OPEN ACCESS

HEALTH CARE NETWORK FOR THE TRANSSEXUAL POPULATION

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ABSTRACT

This study aims to verify through the scientific literature how the health care network for the transsexual population is available. This is a descriptive, bibliographical, integrative review. The articles were searched; with timeless delimitation; in Portuguese, English and Spanish; available in full. In the following data platforms: Collects SUS, LILACS, MEDLINE/ BVS, SciELO, PMC, MEDLINE/ PubMed, Web of Science and SCOPUS. Data were organized and presented in figures and tables. Of the 1152 studies found, 1 was available in *Coleciona SUS*, 5 in LILACS, 25 in MEDLINE/BVS, 2 in SciELO, 248 in PMC, 606 in MEDLINE/PubMed, 14 in Web of Science and 251 in SCOPUS; however, after reading remained only those that met the inclusion and exclusion criteria described in the methodology, totaling 28 studies. After reading the selected studies, the articles were categorized into thematic clippings, classifying the knowledge produced about the theme. Therefore, it was also possible to notice that, although timid, the number of studies concerned with the health of the LGBT population in an integral way has increased, beyond the issues of mental health, requiring an improvement among health services, the need for investment in the professional-patient relationship.

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INTRODUCTION

Gender identity is the way a person identifies with genders, whether male or female or other non-binary identities, and sexual orientation is associated with sexual, affective and emotional attraction by similar, different or multiple genders. To understand the population ofLesbians, Gays, Bisexuals, Transvestites, Transsexuals and Transgenders (LGBT), it is necessary to recognize the diversity of gender expression (Santos; Silva; Ferreira, 2019). Transgender ("trans") is an umbrella term applied to portray a vast diversity of gender identities whose appearances and characteristics are observed as divergent. Including transsexuals and transvestites (UN, 2020). Article 5 of the Federal Constitution of Brazil, of 1988, determines that all citizens should receive the same treatment and that human dignity is an immeasurable good, and should be protected by the State and guaranteed by society. Given this, it is also worth mentioning the words of the opening of the Universal Declaration of Human Rights, which ensures that "all human beings are born free and equal in dignity and rights" (Pernambuco, 2015). The National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT) established by Ordinance n. 2,836 of December 1, 2011 aims to promote comprehensive LGBT health by eliminating discrimination and institutional prejudice, as well as contributing to the reduction of inequalities and the consolidation of the Unified Health System (UHS) as a universal, integral and equitable system (UN, 2012).

In 2008, the Ministry of Health (MH) created the Transexualization Process of the UHS (*ProcessoTransexualizador do SUS* - PTSUS) through Ordinance 1707/2008, allowing the billing of transgenic procedures, incorporating them into the UHS procedures schedule. The program was redefined and expanded by Ordinance 2803/2013 (Brazil, 2007), incorporating as users of the Transexualization process of the UHS trans men and transvestites, since until then only trans women were assisted by the service (Brazil, 2013a). The guarantee of health care and care for the LGBT population sometimes represents a great challenge for health professionals, because prejudice and unpreparedness represent major obstacles for this right to be guaranteed. It is important for health professionals and health services to seek evidence-based practices to ensure the quality of care aimed at reaching the entire population. Care should be taken by all multidisciplinary teams provided by PNSILGBT, in which care is a right that must be guaranteed (Brazil, 2013b). However, few services provide assistance to the LGBT population, specifically the health of the trans population is sometimes neglected, both by the discomfort caused to patients, who fear prejudice, and by the unpreparedness of health professionals, despite the LGBT population being a large portion of the population, which needs their rights to be assured. Therefore, this study aims to verify through scientific literature how the health care network for the trans population is available.

MATERIALS AND METHODS

This is a descriptive study, bibliographical, integrative review type where the search for articles for methodological development was carried out and the following steps were taken: elaboration of the guiding question and objective of the study; definition of criteria for inclusion and exclusion of scientific productions; search of scientific studies in databases and virtual libraries; analysis and categorization of the productions found; results and discussion of findings (Santos; Galvão, 2014). For the survey of the guiding question, the PICo (P: trans population; I: difficulties in care; Co: access to health services) strategy was used. Thus, the following guiding question arose (Soares *et al*., 2014): "What are the difficulties of access that the trans population suffers in health services?".

To select the articles, the inclusion criteria were: to be an original article, fully available, with timeless delimitation, published in Portuguese, English or Spanish that responded to the objective of the study and that would allow access by the Virtual Private Network (VPN) of the University of São Paulo (USP). Gray literature was excluded, as well as repeated publications of studies and articles that did not answer the guiding question of the study. The timeless period is justified by the LGBT population focusing on the trans population, suffering stigmas related to the health-disease process in a historical-social process, especially institutional health issues (Magno *et al*., 2019). Data collection took place from March to April 2022 in the following databases and virtual libraries: *Coleciona SUS*; Latin American and Caribbean Health Sciences Literature (LILACS); Medical Literature Analysis and Retrieval System Online via the Virtual Health Library (MEDLINE/BVS), Scientific Electronic Library Online (SciELO), PMC (PubMed central), MEDLINE/PubMed, Web of Science and SCOPUS. These databases and libraries were chosen for understanding that they affect the published literature, as well as Brazilian technical-scientific references in public and collective health. Articles weresearched fromthe Health Sciences Descriptors (DeCS): "*Atenção à Saúde*"; "*Minorias Sexuais e de Gênero*"; "*Pessoas Transgênero*"; "*Saúde Sexual*". The respective terms from the Medical Subject Headings (MeSH): "Health Care (Public Health)"; "Sexual and Gender Minorities"; "Transgender Persons"; "Sexual Health". Combined with Boolean operator AND and OR, performing the search together and individually so that possible differences were corrected. The selection of the studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA), a checklist with 27 items and a four-step flowchart, in order to assist in the development of articles (Galvão; Pansani; Harrad, 2015). At first, duplicate studies were eliminated by reading titles and abstracts. The pre-selected articles were fully read, in order to verify those who met the guiding question and the inclusion/exclusion criteria. The final sample was then constructed with studies pertinent to the pre-established criteria (Figure 1).

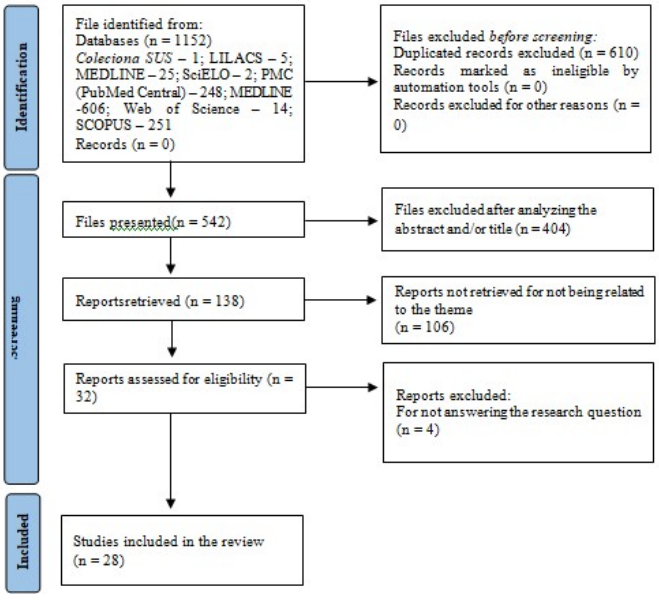

Figure 1. Flowchart of the selection process of primary studies adapted from PRISMA. Recife, Pernambuco (PE), Brazil, 2022

After reading the selected articles, the studies were categorized, classifying the knowledge produced in levels of evidence according to Melnyk and Fineout-Overholt (2005): level I, evidence related to systematic review or meta-analysis of randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; level II, evidence derived from at least one well-designed randomized controlled clinical trial; level III, evidence from well-designed trials without randomization; level IV, evidence from well-designed cohort and case-control studies; level V, evidence from a systematic review of descriptive and qualitative studies; level VI, evidence derived from a single descriptive or qualitative study; and level VII, evidence derived from authority opinions and/or expert committee reports. Moreover, quality of evidence according to the GRADE system: High – There is strong confidence that the true effect is close to that estimated; Moderate – There is moderate

confidence in the estimated effect; Low – Confidence in the effect is limited; and Very Low –Confidence in effect estimation is very limited. There is an important degree of uncertainty in the findings (Brazil, 2014). The Cochrane Collaboration tool was used to assess the risk of bias, based on seven domains (1. Random sequence generation; 2. Allocation concealment; 3. Blinding of participants and professionals; 4. Blinding of outcome evaluators; 5. Incomplete outcomes; 6. Reporting of selective outcome; and 7. Other sources of bias), which evaluate various types of biases that may be present in randomized clinical trials, such as selection bias, performance bias, detection bias, friction bias, reporting bias and other biases. The judgment of each domain is performed in three categories (high risk of bias, low risk of bias and risk of uncertain bias) (Carvalho; Silva; Grande, 2013). In order to better understand the publications selected in this review, the data were organized by presenting them in figures and tables, exposed in a descriptive way.

RESULTS

Of the articles found, only those that met the criteria established for inclusion and exclusion described in the methodology remained after reading. In Table 1, the studies collected are arranged showing their titles, authors, years of publication, design, place, language and sample (N, age group, instrument, place and period of study). Where it can be observed that most studies were international (n = 23), published in English, in the last 2 years (n = 9), five articles were national and two of these published in English. After reading the articles selected manually, the studies were categorized into thematic clippings, classifying the knowledge produced on the subject in levels of evidence, mostly level IV; and quality of evidence mostly moderate.

Table 1. Results found in the studies according to title, database, authors, year of publication, design, location, language and sample (N, Age group, Instrument, Location and study period). Recife (PE), Brazil, Mar.-Apr./2022

	Title/Database	Author/Year	Design	Place/Language	Sample
1	The Access of Transsexuals and Crossdressers to the Primary Health Care: an integrative review / COLECIONA SUS.	Pereira, Lourenço Barros de Carvalho; Chazan, Ana Cláudia Santos. (2019)	Descriptivestudy.	Brazil/ Portuguese.	Notapplicable
2	Bioethical implications in health care for the LGBTT public / LILACS.	Santos, Adilson Ribeiro dos et al., (2015)	Qualitativestudy.	Brazil/ Portuguese.	Notapplicable
3	Specific state policies for transgender, race/ethnicity, and use of gender-affirming medical services among transgender and other gender-diverse people in the United States / MEDLINE.	Goldenberg, Tamar et al., (2020)	Qualitativestudy.	NortheAmerica/ English.	Therapy/counseling (N = 18,195) Hormone treatment (N = 18,421) Age group +18 US Trans Survey data USA 2020
4	Accessible, confidential point-of-care sexual health services to support key population participation in biobehavioral research: Lessons for Papua New Guinea and other places where the reach of key populations is limited. / MEDLINE.	Kelly-Hanku, Angela et al., (2020)	Descriptivestudy.	New Guinea/ English.	N = 60 Age group ≥12 years Semi-structured interviews Port Moresby, Lae and Mt. hagen June 2016 toDecember 2017
5	Attitudes of rural primary care providers toward sexual and gender minorities in a midwestern USA state / MEDLINE.	Sharma, Akshay; Shaver, John C; Stephenson, Rob B. (2019)	Descriptivestudy.	United States/ English.	N = 113 Age group 25 to 73 years old method mod. from Dillman mail-out USA, May to July 2017
6	The needs of LGBTI people in relation to health care structures, prevention measures and diagnostic and treatment procedures: a qualitative study in a German metropolis / MEDLINE.	Lampalzer, Ute et al., (2019)	Qualitativestudy.	GermanyEnglish.	N = 13 Age group 30 to 63 years old Interviews with experts Hamburg 2017
7	Mental health in sexual minority and transgender women / MEDLINE.	Schulman, Julie K; Erickson-Schroth, Laura. (2019)	Descriptivestudy.	NorthAmerica/ English.	Notapplicable
8	Despite the system: A qualitative, mixed-methods analysis of the mental health service experiences of LGBTQ people living in poverty in Ontario, Canada / MEDLINE.	Ross, Lori E et al., (2018)	Qualitativestudy.	Canada/ English.	N = 704 Mixedmethods Ontario, Canada 2011-2012
9	Online interventions for the mental health needs of transgender and gender-diverse youth / MEDLINE.	Perry, Yael; Strauss, Penelope; Lin, Ashleigh. (2018)	Qualitativestudy.	Oceania/ English.	N = 859 N = 859 Trans Pathways Australia, 2017Trans Pathways Australia, 2017
10	HIV-related health needs and barriers to access for transgender and mixed-gender people in Brazil / MEDLINE.	Costa, AngeloBrandelli et al., (2018)	Descriptivestudy.	Brazil/ English.	N = 543 Age group +18 Hospital cross-sectional survey Rio Grande do Sul and São Paulo 2014-2015
11	Health care needs and care utilization among lesbian, gay, bisexual, and trans populations in New Jersey / MEDLINE.	Qureshi, Rubab I et al., (2018)	Cross-sectionalstudy.	United States/ English.	N = 438 Cross-sectional online survey. New Jersey, 2016
12	Health and well-being of lesbian, gay, bisexual, transgender and intersex people aged 50 and over / MEDLINE.	Hughes, Mark (2018)	Qualitativestudy.	Oceania/ English.	N = 312 Age group ≥ 50 years Short-Form 12 measure (SF-12), the Kessler measure 10 (K10) and the three-item Loneliness Scale. New South Wales, 2016
13	Advancement in LGBT health care and clinical care policies in a large academic health system: a case study / MEDLINE.	Ruben, Mollie A et al., (2017)	Case study.	United States/ English.	Notapplicable

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14	LGBT identity, untreated depression, and unmet need for mental health services by women of sexual minorities and transgender people / MEDLINE.	Steele, Leah S et al., (2017)	Descriptivestudy.	Canada/ English.	N = 704 Age group +18 Cross-search on the Internet Ontario, Canada 2016
18	Health, disability and quality of life among transgender people in Sweden - a web-based survey / PMC (PubMed Central).	Zeluf, G. et al. (2016)	Randomizedstudy.	Sweden/ English.	N = 796 Age group >15 years web search Sweden, 2014
19	Health services for lesbian, gay, bisexual and transgender (LGBT) in the United States: origins, evolution and contemporary scenario / PMC (PubMed Central).	Martos, A.J. et al. (2017)	Descriptivestudy.	United States/ English.	N = 111 CenterLink United States and Puerto Rico 2015
20	Externality, stigma and use of primary health care among rural LGBT populations / PMC (PubMed Central).	Whitehead, J.; Shaver, J.; Stephenson, R. (2016)	Qualitativestudy.	United States/ English.	N = 1014 Age group 18-24 years online search USA 2014
21	Ensuring an inclusive global health agenda for transgender people / MEDLINE/PubMed.	Thomas, R. et al., (2017)	Descriptivestudy	United States/ English.	Notapplicable
22	The psychosocial needs of lesbian, gay, bisexual or transgender cancer patients / MEDLINE/PubMed.	Margolies, L. (2014)	Descriptivestudy.	United States/ English.	Notapplicable
23	Association of age with health needs and engagement among Nigerian men who have sex with transgender men and women: cross-sectional and longitudinal analyzes of an observational cohort / Web of Science.	Ramadhani, Habib et al. (2020)	Controlledstudy.	Nigeria/ English.	N = 2,123 Age group >16 years Standardized behavioral questionnaires Nigeria 2013-2019
24	Barriers to care between transsexuals and non-conforming adults / SCOPUS.	Gonzales, G et al. (2017)	Controlledstudy.	United States/ English.	N = 315,893 Behavioral Risk Factor Surveillance System 2014-2015
25	Adapting health quality measures for transgender individuals / SCOPUS.	Hughes, L.D et al. (2017)	Descriptivestudy.	United States/ English.	Notapplicable
26	Provision of health services in Brazil: a dialogue between health professionals and lesbian, gay, bisexual and transgender service users / SCOPUS.	Moscheta, M.S et al. (2016)	Qualitativestudy.	Brazil/ English.	Notapplicable
27	Facilitating access to sexual health services for men who have sex with men and transgender women in Guatemala City / SCOPUS.	Boyce, S et al. (2012)	Descriptivestudy.	United States/ English.	N = 29 Age group +18 Semi-structured interviews Guatemala City, 2011
28	Access to healthcare for transgender people: results of a needs assessment in Boston / SCOPUS.	Sperber, J.; Landers, S.; Lawrence, S. (2005)	Descriptivestudy.	United States/ English.	Notapplicable

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Table 2. Results found in the studies according to the levels of evidence, objectives and conclusions. Recife (PE), Brazil, Mar.-Apr./2022

	Level / Quality of Evidence	Objective	Conclusion
1	IV / Low	To describe the access of trans people to primary care health services.	In order for there to be equitable access, free from prejudice and discrimination, and care based on empathy and compassion, it is necessary to include the theme sexual and gender diversity in the training of health professionals in undergraduate, graduate and, mainly, , in the continuing education of those involved in the care of trans people.
2	IV / Low	To analyze academic publications regarding health care actions for lesbians, gays, bisexuals, transvestites and transgenders (LGBTT).	Professional performance based on principlist bioethics can be considered as a way of overcoming value judgments on the part of health professionals, contributing to actions that provide a performance aimed at achieving comprehensive care.
3	IV / Moderate	To examine the associations between specific transgender policies at the state level and the use of gender-affirming medical services among transgender and other diverse genders in the United States.	Transgender-specific state policies influence use of gender-affirming medical services and appear to affect use by non-Hispanic white transgender and other gender-diverse people and transgender and other gender-diverse people of color differently.
4	IV / Moderate	To facilitate key population engagement in the HIV cascade.	Biobehavioral research and programs that provide services to key populations can embody the approach we use to facilitate the involvement of key populations (women sex workers, men who have sex with men, and transgender women) in the HIV cascade.
5	IV / Moderate	To describe existing attitudes of primary care providers in rural Michigan toward each LGBT subpopulation and to identify independent correlates of these attitudes.	Improving rural providers' attitudes towards LGBT individuals can positively influence the provision of high-quality health care. Ensuring the delivery of culturally competent services will require systemic changes at multiple levels.
6	IV / Moderate	To investigate the healthcare frameworks, preventive and diagnostic measures, as well as treatment procedures that LGBTI individuals need to receive adequate patient-centered healthcare and health promotion.	For an appropriate approach to LGBTI-centered healthcare and health promotion, healthcare professionals will need to adopt a better understanding of specific basic and physical skills.

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7	IV / Low	To introduce general issues and recommendations for working with sexual minorities and trans women.	Overall, both sexual minority and transgender women have higher rates of mood and anxiety disorders, suicide, and substance use disorders than their heterosexual and cisgender counterparts.
8	IV / Moderate	To investigate barriers to accessing health services for the lesbian, gay, bisexual, trans and/or queer (LGBTQ) population living in poverty.	Narrative analysis illustrated the work required to take care of oneself in a context of extreme financial constraints. These findings highlight the mechanisms by which inadequate public sector mental health services can serve to reproduce and sustain poverty and health inequities.
9	IV / Moderate	To explore the mental health and care pathways of transgender and gender-diverse youth in Australia.	To ensure that not only the literature informs these interventions, but also the lived experience of those who will use them, the inclusion of trans youth in the design, development (or adaptation) and implementation of online mental health resources will be crucial.
10	IV / Moderate	To investigate HIV-related health needs and barriers to access for Brazilian transgender and gender-diverse people.	The study discusses the need for HIV health policies focused on the behavior and training of health professionals in relation to the needs of Brazilian transgender people and people of different genders.
11	IV / Moderate	To explore prevalent health issues, perceived barriers to seeking health care, and health care utilization among lesbian, gay, bisexual, and transgender (LGBT) populations in New Jersey.	Better preparation of health professionals who care for LGBT patients is needed, to strengthen social services to improve access and for a better integration of medical and social services.
12	IV / Moderate	To examine the health and well-being of lesbian, gay, bisexual, transgender and intersex (LGBTI) older people, the health issues that affect them, the services they use, and the challenges in accessing services.	Providing opportunities for clients to identify their gender or sexual diversity can help monitor risk factors and enable referral to promote healthy aging.
13	IV / Low	To focus on clinical care policy and practices related to LGBT clinical competence, professional training, and ethical delivery of care for veteran patients in the VA Boston Healthcare System.	It provided a model and steps for other health systems and programs, including other VA health systems, large academic health systems, community health systems, and mental health systems, interested in developing LGBT health initiatives.
14	IV / Moderate	To compare the past year's unmet need for mental health care and untreated depression among four heterosexual cisgender (i.e. non-transgender) groups, women, cisgender lesbians, bisexual cisgender women, and transgender people.	We conclude that there are higher rates of unmet needs and untreated depression in trans and bisexual participants that are partially explained by differences in social factors, including experiences of discrimination, lower levels of social support, and systemic health exclusion.
15	IV / Moderate	To describe the paths taken by transsexuals, aiming to know their itineraries in the search for meeting their health needs and demands.	It was possible to perceive how transsexuality is still a condition not seen by health professionals and managers of the Health Care Network, as well as by people in social life. This points to the importance of this study in at least three aspects: social, political and health.
16	IV / Moderate	To outline health differences among transgender subpopulations (transgender women, transgender men, gender nonbinary/adults).	The group was a significant predictor of regular/poor health and frequent unhealthy mental health days, revealing significant health differences between the transgender groups.
17	IV / Moderate	To analyze the experiences of LGBT health service users using South Africa's public sector health services, including access to HIV counseling, testing and treatment.	Discriminatory and prejudiced attitudes on the part of health professionals, combined with a lack of competence and knowledge are fundamental reasons for these disparities in South Africa.
18	III / Moderate	To analyze self-rated health, self-reported disability and general quality of life among a Swedish population that self-identifies as trans.	The results of this study demonstrate that the general health of transgender respondents is related to vulnerabilities that are unique to transgender people and include non-binary gender identity, negative health care history, and non-access to legal gender recognition, in addition to determinants well-known health conditions, such as employment status, income, age and social support.
19	IV / Moderate	To review the early intersections between sexuality and health that led to an LGBT health movement in the United States, as well as the evolution of LGBT health services over time. Informed by this, an asset map displaying the location and types of services provided	Significant gaps in service remain in the United States, and LGBT community health centers may require significant transformation in the future in order to continue serving LGBT people.
20	IV / Moderate	To determine whether higher levels of stigma and/or lower levels of exteriority correlate with less access to primary health care for rural LGBT populations.	Our findings that stigma and withdrawal are both related to the use of care support the trend towards increasing LGBT health competence among current providers and incorporating these aspects of health care into medical education.
21	IV / Low	To understand and improve the health and well-being of transgender and other gender minorities.	Evidence suggests that transgender people often face a disproportionately high burden of disease, including in the domains of mental, sexual and reproductive health. Exposure to violence, victimization, stigma and discrimination are also higher in this population.
22	IV / Low	T understand the psychosocial needs of lesbian, gay, bisexual or transgender cancer patients.	Because of discrimination and secrecy, lesbian, gay, bisexual and transgender (LGBT) people have worse health outcomes, which include an increased risk of certain cancers and additional challenges in cancer treatment and survival.
23	IV / Moderate	To understand the age-related determinants of health needs and engagement among men who have sex with men and trans women.	Young men who have sex with men and transgender women demonstrated decreased health engagement and higher incidences of HIV and other STIs compared to older participants in this Nigerian cohort.
24	IV / Moderate	To compare barriers to care among cis-gender, transgender, and gender-nonconforming adults using data from a large sample of multiple states.	Transgender and GNC adults face barriers to health care that may be due to a variety of reasons, including discrimination in health care, health insurance policies, employment and public policy, or lack of awareness among health providers about health issues. related to transgender people.

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25	IV / Low	To incorporate transgender individuals into measures that use gender-specific criteria, and "measurement administrators" should consider existing clinical guidelines and recommendations on transgender individuals when developing measures.	Systems designed just for cis-gender individuals will exacerbate existing disparities in transgender health unless they are renewed and flexible to the needs of transgender individuals.
26	IV / Low	To encourage the development of resources to improve health care for lesbian, gay, bisexual and transgender service users.	Dialogues between lesbian, gay, bisexual and transgender healthcare professionals and users (inspired by the Public Conversations Project) highlighted the need to improve communication between users and healthcare professionals.
27	IV / Moderate	To identify barriers to accessing sexual health services among gay, bisexual and heterosexual men by identifying men who have sex with men and transgender men to women in Guatemala City to inform high-quality development and population.	The most prominent barriers to sexual health services included fear of discrimination, fear of having HIV, cost, and lack of social support.
28	IV / Low	To identify the health needs of transgender and transsexual individuals.	Health professionals often refer to trans issues in unrelated health situations, such as fixing a broken bone, filling a cavity, or treating a cold. Greater familiarity with the health needs of the trans population would reduce these incidents.

Source: Created by the authors, 2022.

Table 3. Difficulties faced by transgender people in health services in terms of health care levels. Recife (PE), Brazil, Mar.-Apr./2022

	Primary	Secondary	Tertiary	Quaternary
Invisibility of specifics in health	3	2	1	-
Specificpublic policies	3	1	1	-
Misinformationand professional unpreparedness	2	1	1	-
Vulnerability in the adolescent stage	1	1	1	-
Difficulties in diagnosing sexually transmitted infections	1	3	1	-
Negative experienceslived	3	2	1	-

Source: Created by the authors, 2022.

The main findings, arranged in the objectives and conclusions, are directly associated with health services, which should acquire and insert the trans population in the comprehensive care network of the SUS, but bump into questions with conservatism, heterocentrism – which is perceived the universe of sexual orientations from a perspective centered on a stereotyped heterosexuality considered dominant and usually not only as a statistic - and prejudice, as set out in Table 2. Among the main difficulties faced by transgender people in health services regarding levels of care, in the studies found, the invisibility of specificities in health is perceived (n = 6), especially in primary care (n = 3); followed by disinformation and professional unpreparedness (n = 4), also more present in primary care (n = 2). Trans people are not excluded and raped because of their sexual orientation, but because of prejudiced reading about their gender identity. The Brazilian trans population is subjected to negative stereotypes daily. Especially when it comes to health care, where some professionals are not prepared to deal with these specific needs, thus acting with prejudice (Table 3). When performing the bias risk analysis, regarding the generation of the random sequence, 67.9% (n = 19) of the studies presented low risk of bias; regarding the allocation concealment, 85.7% (n = 24) presented low risk; regarding the blinding of participants and 96.4% (n = 27) presented low risk of bias; and finally, for incomplete outcomes, 89.3% (n = 25) of the studies presented low risk of bias (Table 4).

DISCUSSION

The articles found through the data collection brought evidence of the care practices provided to the LGBT population and the stereotypes to which they are subjected daily, especially the transgender population. Therefore, the great importance of establishing a culture of humanization and respect for the social name results mainly in the appreciation and respect for the human being, through the action of health professionals, the subjectivities of users and, finally, the collectives. The transphobia materialized in the resistance to the use of the social name can cause difficulties in the health-disease-care process of transsexual women and men (Ferreira; Pedrosa; Nascimento, 2018). However, the development of health policies aimed at the trans population in Brazil is still recent. It originated in the late 1970s, from the process of maturing Brazilian democracy, along with various civil society movements in defense of historically excluded groups, such as the LGBT population.

One of the landmarks of the beginning of the political struggle of homosexuals, and currently involved with the entire LGBT population, was constituted through the *Grupo Somos*, founded in São Paulo, in 1978 (Popadiuk; Oliveira; Signorelli, 2017; Silva; Finkle; Moretti-Pires, 2019; Gomes *et al*., 2018; Paulino; Rasera; Teixeira, 2019). Later, in 1990, the Association of Transvestites and Liberated of the State of Rio de Janeiro emerged, establishing a movement of transvestites in collectives, guiding the government to meet their demands and acting in actions to prevent AIDS. In this same period, the cause of transgender people was inserted in the agenda of this movement (Popadiuk; Oliveira; Signorelli, 2017). According to some studies, the denials, violence, neglect and invisibility of LGBT populations in health services is based on a structural, economic, symbolic and political conception of society as a whole. The lack of recognition of these divergent populations is supported and is fed back by an understanding based on patriarchism, machismo and sexism that has predominated in all social relations, even within health institutions. Another view described is the compromise of the processes that comprise situations of prejudice as if they originated from/in the LGBT populations themselves. There is a guilt or stipulation of a sex-gender system that recognizes only normative subjects, returning to those who deconstruct sexual binarism a place of negative and intentional valence. Studies indicate that there are subjective and concrete obstacles that influence the access and quality of health care of LGBT populations to health units (Popadiuk; Oliveira; Signorelli, 2017; Silva; Finkle; Moretti-Pires, 2019; Gomes *et al*., 2018; Paulino; Rasera; Teixeira, 2019; Tadele; Amde, 2019).

Still, the debate related to the health care of transsexuals has been the agenda of the Technical Committee of Health of Lesbians, Gays, Bisexuals, Transvestites, Transsexuals and Transgenders (CTSLGBT) of the MH in the federal sphere. This group was created in 2004 when the Executive established the "Brazil without Homophobia – Program to Combat Violence and Discrimination against LGBT and Promotion of Homosexual Citizenship"by the SDH/PR, with the objective of establishing broad recommendations to the different government sectors in order to ensure policies, programs and actions against discrimination and, above all, to promote equity of access to qualified actions to public services (Popadiuk; Oliveira; Signorelli, 2017). Data indicate that the life expectancy of transgender people is 35 years, since the general population is 74.9 years. In addition to transphobia, nonviolent deaths of trans people are associated with complications from HIV infection and those due to body modification without

medical advice. Respect for the use of the social name, an essential tool to reduce the discrimination of the trans population in health services, and not understanding sexual reassignment as the only outcome desired by this population should also be observed. Added to this is the fact that the LGBT population is more vulnerable to substance use, sexually transmitted infections (STIs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression and suicide compared to the general population (Santos; Silva; Ferreira, 2019; Paulino; Rasera; Teixeira, 2019). The inclusion, through the Charter of Rights of Health Users in 2006, of the right to use the social name, whether in specialized services that already host transsexuals and transvestites, or any other service in the public health network was an important initiative to promote universal access for trans people in the UHS. Thus, the representation of the LGBT community in the National Health Council (CNS) was conquered in 2006 and gave a new sense of action of the movement in the processes of democratic participation in the UHS. At the 13th National Health Conference, held in 2007, sexual orientation and gender identity were included in the analysis of social determination of health. For the community, this conference was one of the milestones for future advances in LGBT health (Popadiuk; Oliveira; Signorelli, 2017).

Another study on the social representations of the LGBT population itself on health observed reductionist conceptions, highlighting the absence of disease with emphasis on STIs and difficulties in access to medical consultations, associated with the marked presence of heteronormativity, of social and institutional prejudice. These results affirm the situation not only of vulnerability, but also of vulnerability of this social group by the incessant confrontation of various obstacles to their social rights, and induce reflection about the health of the LGBT population, quality of care at all levels of health care (Gomes *et al*., 2018). Only in 2008 that there were two major events for the LGBT population. The holding of the 1st National LGBT Conference, through SDH/PR22, promoting the discussion of LGBT issues through the theme "Human Rights and Public Policy: the way to guarantee LGBT citizenship"; and the publication of Ordinance n. 457, August 19, when UHS implemented sex reassignment surgeries for female transsexuals (Popadiuk; Oliveira; Signorelli, 2017). The progress achieved by the trans population in the area of health, especially through organized LGBT movements, which have been happening through their demands manifested in spaces of social control, Public Policy Conferences for LGBT and Health Councils. However, the insecurity identified by the trans population is in the fact that ordinances can be revoked at any time by any government, requiring laws that guarantee this entire process. However, this is a problematization for Brazil, which has an intrinsic culture in conservatism that adds to recent advances in religious fundamentalism in democratic spaces, which delegitimize the agendas of the LGBT population, putting at risk the principle of laicism of the State (Silva; Finkle; Moretti-Pires, 2019; Gomes *et al*., 2018; Paulino; Rasera; Teixeira, 2019; Tadele; Amde, 2019).

In 2011, the Ministry of Health established the PNSILGBT, through the implementation of actions that allow trans people to transit the dependencies of the UHS, to treat their health in spaces that were once unthinkable to find. Seeking to spread the rights in relation to health, recognizing that discrimination by sexual orientation and gender identity affects the social determination of health, the process of illness and suffering arising from prejudice (Popadiuk; Oliveira; Signorelli, 2017; Silva; Finkle; Moretti-Pires, 2019; Gomes *et al*., 2018). Individuals involved in the UHS management process in the municipality have problems in actively listening and identifying the potential demands of the LGBT community throughout history. This unfeasibility of demands negatively influences the search for knowledge about these experiences by managers, as well as the perception of their responsibilities to the LGBT population in the UHS, preventing the promotion of actions to reduce inequalities and to bring individuals closer to the public health system (Gomes *et al*., 2018; Paulino; Rasera; Teixeira, 2019; Tadele; Amde, 2019). Studies that investigated the physical health of LGBT people, comparing it with that of heterosexuals, indicate that LGB populations have higher rates of disability, physical limitations and with few exceptions, rare studies focused specifically on the health status of transgender people. It is possible to notice how these publications (re) position the LGBT population, affirm the medical-scientific discourse and, if on the one hand represent the characteristic health difficulties, on the other, seem to relate non-heterosexual sexuality to a disease or even naturalize certain comorbidities to these identities (propensity to depression, mental disorders, addictive behaviors, etc.). The struggle history of LGBT movements remains current and, in the dispute for meanings, the claim would be for the removal of the idea of abnormal, pathological, and a more holistic understanding of the individual in their relationship with services and health system (Paulino; Rasera; Teixeira, 2019; Tadele; Amde, 2019).

CONCLUSION

The integrative review revealed the factors associated with inefficiency and unpreparedness of the health care network and in relation to the provision of comprehensive care to this population; and often associated with conservatism, heteronormativity, LGBTphobia. However, few studies give the true importance to the health of the LGBT population, essential in prevention, health promotion, and continuing education. Therefore, this study enabled realizing that, although timid, the number of studies that care about the health of the LGBT population in a comprehensive way has increased, beyond the mental health issues, that previously represented virtually all the topics addressed in scientific studies focused on the health of this public, requiring an improvement between health services, highlighting the need for investment in the professional-patient relationship. Moreover, the numbers are still low and when analyzing the methodological quality of these studies, it is possible to identify some weaknesses attributed to the applied methodology. Thus, it was not possible to conclude that there is scientific evidence regarding the care of the LGBT population, especially regarding transgender individuals. In addition, the included studies have limitations such as: single-centered, different comparison systems, small sample size and lack of randomization. From this, there is a need for more studies and scientific contributions with this focus, so that there is discussion involving all professionals, covering an integral perspective of health care, aiming at the complete well-being of the transsexual population. Therefore, this systematic review aims to contribute with information for the development of other clinical trials, with methodological quality, to produce guidelines that guide clinical practice activities.

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