

Comprehensive health care for transgender people and *travestis* in the Brazilian Unified Health System: an integrative review

Serviços de atendimento integral à saúde de transexuais e travestis no Sistema Único de Saúde: uma revisão integrativa

Servicios de asistencia integral a la salud de transexuales y travestis en el Sistema Único de Salud: una revisión integrativa

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ABSTRACT

Introduction: The institutional marginalization scenario to which transgender people and *travestis* are exposed is undeniable. Even healthcare services in the Brazilian Unified Health System (SUS) are part of this scenario. This situation, as suggested by the literature and social movements themselves, is mainly evidenced through disrespect regarding the social name, discrimination, the need for diagnosis to access services, and the unpreparedness of health teams. To reduce historical iniquities in the constitution of health care and in the implementation of public health policies it is necessary to characterize the health care provided to this population in the context of SUS. **Objective:** To analyze how comprehensive healthcare services have been constituted to transgender people and *travestis* in Brazil based on an integrative literature review. **Methods:** This is a qualitative and exploratory study. An integrative literature review was carried out, seeking to explore the current scenario of health care for transgender people in Brazil. The research was performed in LILACS, SciELO, and Portal de Periódicos CAPES databases, during July and September 2020. The inclusion criteria were topics concerning public Brazilian healthcare services for transgender people and *travestis*, regardless of the level of complexity. **Results:** A total of 22 studies were fully read. The scenario of health care for transgender people and *travestis* within the scope of SUS consists mainly of specialized care services and is concentrated in the south region of the country, in large urban centers. The health devices that already exist in the network are not sufficient and qualified to provide comprehensive health care, from a perspective other than heterocynormativity and the biomedical pathologizing model of transidentities. Nevertheless, models of successful services in Primary Health Care (PHC) have been changing this scenario. **Conclusions:** Specific services for the population of transgender people and *travestis* are necessary, as they operate in the logic of remedying historical inequities faced by this population. PHC is a strategic scenario in this care, and public policies must operate from this perspective.

Keywords: Transsexualism. Gender identity. Sexuality. Primary health care. Unified Health System.

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RESUMO

Introdução: É inegável o cenário de marginalização institucional a que está exposta a população travesti e transexual. Isso inclui serviços mesmo no contexto do Sistema Único de Saúde (SUS). Esse fenômeno, como apontam a literatura e os próprios movimentos sociais, apresenta-se principalmente no desrespeito ao nome social, na discriminação, na necessidade de diagnóstico para acesso a serviços e no despreparo das equipes de saúde. Para que se possam reduzir iniquidades históricas na constituição da assistência e da implementação de políticas públicas em saúde, é necessário caracterizar a assistência ofertada a essa população no âmbito do SUS. **Objetivo:** Analisar como se vêm constituindo os serviços de atendimento integral à saúde de pessoas transexuais e travestis no Brasil com base em uma revisão integrativa da literatura sobre o tema. **Métodos:** Este é um estudo de natureza qualitativa, do tipo exploratório. Foi realizada revisão integrativa da literatura, buscando explorar o cenário de atenção à saúde trans atual no país. A busca foi conduzida nas bases Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), *Scientific Electronic Library Online* (SciELO) e Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) no período de julho a setembro de 2020. Os critérios de inclusão foram ter temática referente a serviços públicos e nacionais de atenção à saúde trans e travesti, independentemente do nível de complexidade. **Resultados:** Foi realizada a leitura completa de 22 trabalhos. O cenário de atenção à saúde trans e travesti no âmbito do SUS consiste, majoritariamente, em serviços de atenção especializada e concentra-se no Sul do país, em grandes centros urbanos. Os dispositivos de saúde já existentes na rede não se mostram suficientes e capacitados para realizar assistência integral em saúde, com uma ótica que fuja à heterocisnormatividade e ao modelo patologizador biomédico das transidentidades. Modelos de serviços exitosos na Atenção Primária à Saúde (APS), contudo, estão modificando esse cenário. **Conclusões:** Serviços específicos para a população trans e travesti são necessários, pois operam na lógica de sanar iniquidades históricas sofridas por essa população. A APS é um cenário estratégico nesse cuidado e políticas públicas devem operar nessa perspectiva. **Palavras-chave:** Transexualidade. Identidade de gênero. Sexualidade. Atenção primária à saúde. Sistema Único de Saúde.

RESUMEN

Introducción: El escenario de marginación institucional al que se ve expuesta la población travesti y transexual es innegable. Esto incluye servicios en el contexto del Sistema Único de Salud (SUS) brasileño. Este fenómeno, como lo indica la literatura y los propios movimientos sociales, aparece principalmente por la falta de respeto al nombre social, la discriminación, la necesidad de diagnóstico para acceder a los servicios y la falta de preparación de los equipos de salud. Para reducir las inequidades históricas en la constitución de la asistencia y la implementación de las políticas públicas de salud, es necesario caracterizar la asistencia ofrecida a esta población en el ámbito del SUS. **Objective:** Analizar cómo se han constituido los servicios de atención integral de salud para transexuales y travestis en Brasil, a partir de una revisión integradora de la literatura sobre el tema. **Methods:** Se trata de un estudio exploratorio cualitativo. Se realizó una revisión integradora de la literatura, buscando explorar el escenario actual de atención de salud trans en el país. La búsqueda se realizó en las bases de datos del Portal de Revistas LILACS, SciELO y CAPES de julio a septiembre de 2020. Los criterios de inclusión fueron temas relacionados con los servicios públicos y nacionales de atención de la salud de personas trans y travestis, independientemente del nivel de complejidad. **Results:** Se realizó una lectura completa de 22 artículos. El escenario de atención de la salud para trans y travestis en el ámbito del SUS consiste principalmente en servicios de atención especializada y se concentra en el sur del país, en grandes núcleos urbanos. Los dispositivos de salud que ya existen en la red no son suficientes y calificados para brindar una atención integral de salud, a través de una óptica que escapa a la heterocisnormatividad y al modelo biomédico patologizante de las transidentidades. Sin embargo, los modelos de servicios exitosos en la atención primaria de salud están cambiando este escenario. **Conclusiones:** Son necesarios servicios específicos para la población trans y travestis, ya que operan en la lógica de remediar las inequidades históricas que sufre esta población. La APS es un escenario estratégico en esta atención y las políticas públicas deben operar desde esta perspectiva. **Palabras-clave:** Transexualidad. Identidad de género. Sexualidad. Atención primaria de salud. Sistema Único de Salud.

INTRODUCTION

The institutional marginalization scenario to which transgender people and *travestis*¹ are exposed is undeniable. This scenario includes healthcare services even in the context of the Brazilian Unified Health System (SUS), which, despite representing an enormous advance towards the universalization of access to health, does not equally extend it to all social segments. This phenomenon, as suggested by the literature¹⁻⁴ and social movements themselves, is mainly evidenced through disrespect regarding the social name, discrimination, the need for diagnosis to access services, and the unpreparedness of health teams.

¹According to the literature (especially considering the work entitled *Travesti*, by the Swedish anthropologist Don Kulick, and the most renowned scientific paper written by the Peruvian researcher Giuseppe Campuzano, entitled *Recuperação das histórias travestis*), this identity experience specifically concerns the Latin America, with greater emergence and consolidation in Brazil. Therefore, the authors of the present study understand it as a gender identity of the very cultural and socioeconomic context of Brazil, as well as other gender experiences proper to specific regions throughout the world that are not translated such as the case of *hijras* in India and *berdaches* in Mexico.

Braz⁴ analyzed, based on interviews with transgender men, the conditions of access to health services in Brazil and Argentina, a country considered advanced in legislative terms for the transgender population by the Gender Identity Law. The author concludes that, in both countries, waiting is the defining factor for access mainly to services that perform the transsexualization process. He points out that, although there are significant normative changes within this field, which produce symbolic effects, “prejudices often resist the Law, in an insidious and insistent way”⁴ (free translation), and cultural changes demand slower and deeper transformations.

The pathologizing discourse of transidentities permeates the several levels of health care and reflects the social understanding and political and social tensions on the subject.⁵ Even specialized centers for transgender demands are not exempt from this view,⁵ which corroborates the urgency of this discussion. The experience of transgender people with their own bodies and the transsexualization process is diverse and complex in their individuality,⁶ which, therefore, differs from the standardizing and normative view that the “true transgender people” are necessarily suffering with their own body, i.e., they have some pathology to be treated or corrected.

Comprehensive health care is one of the essential attributes of primary health care (PHC). This attribute can be understood as the provision of comprehensive, non-reductionist, and non-fragmented care. It concerns recognizing and providing care for a wide variety of health needs that people have.⁷ Restricting health care, including health policies and strategies focusing on transgender people and *travestis* and issues related to gender transition (hormone therapy, surgeries), means denying them comprehensive health care. This focus, to a certain extent, operates in the pathologizing logic of transidentities, as it prioritizes the “problem to be corrected” in the heterocynormative social matrix.⁵

When seeking to reduce historical inequities in the constitution of care and in the implementation of public health policies aimed at this population, it is necessary to characterize its space within the scope of the SUS. The objective of the present study is to analyze how comprehensive healthcare services have been constituted to transgender people and *travestis* in Brazil based on an integrative literature review on the topic.

CONCEPTUALIZATION

Considering the existence of different concepts about the terms used in this study, conceptual conventions become necessary. According to Lanz’s *Dicionário Transgênero* [Transgender Dictionary],⁸ gender is “the set of social roles, opportunities and prohibitions, psychosocial attitudes, and political, economic, and cultural attributions that society compulsorily imposes on each and every individual” (free translation). Gender identity is the gender category with which a person identifies,⁸ “it is the internal and individual experience of each person’s gender,” regardless of biological or genetic factors.⁹ Sexuality or sexual orientation is defined as “emotional, affective, and sexual attraction that can be felt towards other people, as well as [...] sexual relationships that can be maintained with them” (free translation).¹⁰

The binary gender device, or binarism (logic that uses this device), is the system that understands and accepts the existence of only two genders (opposite and complementary), the female and the male. As Butler explains,¹¹ the belief in this system is based on the idea of mimicry between gender (the cultural inscription) and sex (the discursive attribute about genital information), in which sex limits gender. In this study, the authors will use the notion of gender as the discursive production of the idea of sex, i.e., as the social construction that society produces based on sexual differences between subjects, even though we

understand that in most societies both categories have always been considered together. Any gender identity that does not meet the expectation attributed by society based on sex is denominated “transgender,” “transidentity,” or simply “trans,”⁵ terms that will be used in the present study as synonyms to facilitate the understanding of the subject.

The authors intend to work with the idea that sex is also a social/symbolic construction,¹¹ i.e., it is understood that a vulva corresponds to a female identity and that a penis corresponds to a male identity in the social, political, and historical context of a given society. Thus, this mimicry between genitalia and a gendering discourse has not always been part of history.^{6,12}

METHODS

Study type and design

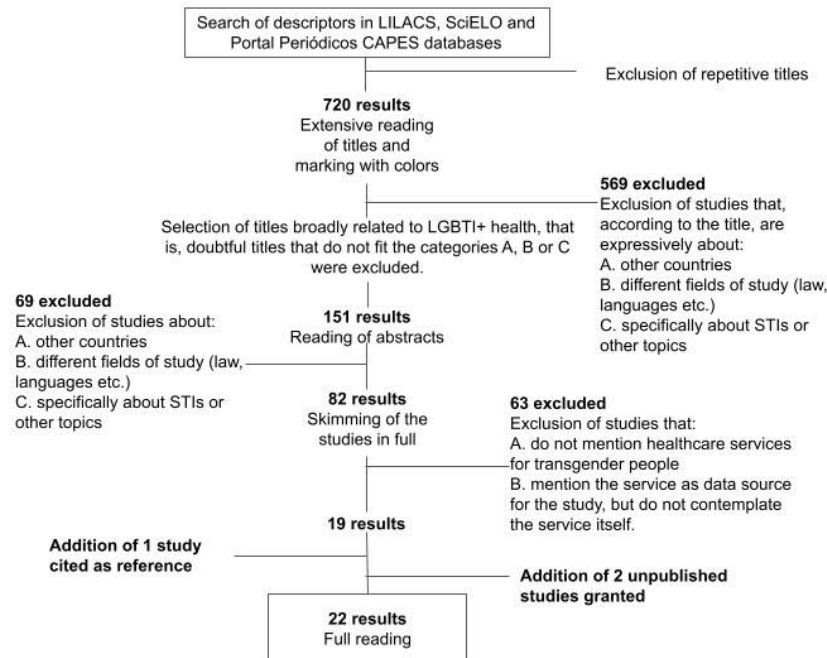
This is a qualitative, descriptive and exploratory study. It is qualitative because it deals with the field of meanings and human relations, aspects that are untranslatable, in depth, in a quantitative approach.¹³ In order to systematize what was scientifically produced in Brazil up to 2020 about comprehensive healthcare services for transgender people and *travestis*, the authors conducted an integrative literature review. This study was the initial research stage to report the experience of creating a new service within the SUS, together with social movements. For the review stage itself, which constitutes this study, no community or health services participated. The question that guided the review was: how have healthcare services for transgender people and *travestis* been constituted in the SUS?

Data collection

Data collection was carried out from July to September 2020, and data analysis and selection of articles were performed in October 2020. Subsequently, the stages of searching, categorizing, evaluating, analyzing, and synthesizing the findings were conducted. The research was performed in LILACS (Latin American and Caribbean Health Sciences Literature), SciELO (Scientific Electronic Library Online), and Portal de Periódicos CAPES (Portal of Journals of the Coordination for the Improvement of Higher Education Personnel, Brazil) databases, during July and September 2020. The inclusion criteria were topics concerning public Brazilian healthcare services for transgender people and *travestis*, regardless of the level of complexity. All possible combinations of the following descriptors were used, without applying filters: “*travesti*,” “transgender,” “transgender person,” “healthcare assistance,” “health,” “SUS,” “service,” “health care”, “outpatient,” “hormone,” and more than a thousand results were found. The following search refinement steps are outlined in Figure 1. An Excel spreadsheet was used for categorization, evaluation, and analysis, with the collection of the following data: year of publication, authorship, nature of the source, study design, type of service mentioned in the study, and the level of complexity of the healthcare service.

RESULTS AND DISCUSSION

A total of 22 studies were fully read. The vast majority (20) of the documents included were published literature, and a small part (2) of unpublished literature, most of which were scientific literature. Within scientific literature, most consisted of exploratory qualitative studies (16), based on interviews (7) and/or document



Imagens em baixa resolução.
Já solicitamos novas aos autores e estamos aguardando

LGBTI+: lesbians, gays, bisexuals, transgender people, intersex and others; STIs: sexually transmitted infections.

Figure 1. Integrative literature review.

analysis (5) (of public policies, for example). In addition, other types of study included experience reports (4), clinical study protocol (1), seminar report (1), and also a book based on the researcher's field diary (1). The two granted unpublished studies were of a scientific nature, consisting of multidisciplinary residency completion papers, one qualitative and another quantitative. Among the non-scientific literature, two official normative documents (government ordinances) and one informative news were included.

The studies were condensed according to the described services and the healthcare level of the services. Taking this into account, some considerations were made.

Recent history of the national healthcare scenario for transgender people

Public policies

The state of the art of health care for transgender people and *travestis* in Brazil results from years of struggles by social movements. Some milestones were very important in this path for the current scenario of health care offered by SUS to this population. Among them, it is worth highlighting the implementation of *Processo Transexualizador* (Transsexualization Process assistance) in 2008¹⁴ and its expansion in 2013,¹⁵ with the accreditation of Specialized Care Units to meet the specific demands of the transgender population, which represents an undeniable advance. The same Ordinance describes the Primary Care Component and the Healthcare Networks as responsible for coordinating health care and ensuring comprehensiveness.

Mello et al.¹⁶ conducted a documentary research on plans and programs to guarantee the rights of lesbians, gays, bisexuals, transgender people, intersex and others (LGBTI+) and interviews with 52 managers and 43 LGBTI+ activists in nine Brazilian states. The authors highlight the fact that transgender

people and *travestis* do not seek health services only to access the transsexualization process, considering the initiatives of comprehensive care for *travestis* and transgender people, such as the Comprehensive Healthcare Outpatient Clinic for Travestis and Transgender People (*Ambulatório de Saúde Integral a Travestis e Transexuais*), located at the Reference and Training Center for Sexually Transmitted Diseases (STDs)/AIDS (*Centro de Referência e Treinamento em Doenças Sexualmente Transmissíveis [DST]/Aids*) in the state of São Paulo, Brazil, of the Municipal Health Secretariat.¹⁶ They also highlight the importance of the initiative to bring *travestis* closer to the service of the Lapa Family Health Program (*Programa Saúde da Família da Lapa*), in the state of Rio de Janeiro. However, as the authors point out, these still consist of isolated initiatives and cannot be considered the result of public policies.

More than seven years later, no major changes have been observed in this scenario. In a review and document analysis article, Popadiuk et al.¹⁷ summarize, in a timeline, the evolution of these achievements since the health reform. The study shows, quantitatively, the distribution in the country of hospital procedures between 2008 and 2016, which is highly concentrated in the South and Southeast. The authors also highlight the importance of awareness-raising actions for PHC teams and conclude that, despite the achievements, there are critical points that must advance such as access to health and professional training.¹⁷

In a study¹⁸ that analyzed the implementation of the Transsexualization Process based on the 2013 Ordinance¹⁵ and the public policies on transgender health in the state of Goiás, Brazil, the complexity involved in health care for transgender people is discussed. If, on the one hand, a biomedical perspective contributed to the expansion of services that act in the transsexualization process, even in a therapeutic or curative way for an alleged pathology that would be transsexuality, on the other hand efforts have been made to implement policies aimed at comprehensive health care. The study points to the emphasis on the opening of outpatient clinics as indicative of this broader perspective, which is focused on the depathologization of transsexuality and deems as a fundamental aspect for this advance the effective participation of social movements in relation to the state management bodies, seeking to formulate proposals for action and implementation of policies.¹⁸

Healthcare services

The last surveys of services focused on health care for the population of transgender people and *travestis*, according to the review, date from 2009 and 2011.^{19,20} Most services are Specialized Care Units, linked to university hospitals, focusing on the transsexualization process.^{4,16-18,21-32} No studies that carried out a global survey after the expansion of the transsexualization process in 2013 were found. Chart 1^{4,15-20,24-40} summarizes the services found in the review, and Figure 2 spatially illustrates them. One of them was implemented at the Clementino Fraga Filho University Hospital, at Universidade Federal do Rio de Janeiro.²¹⁻²³ This location, however, suspended its activities in 2008.³¹

The lack of official data on these services is noteworthy, even those regulated by the transsexualization process. Nonetheless, this gap can be understood as consistent with the historically hegemonic logic of institutional marginalization of gender issues.^{6,11}

Most of the services that are part of Specialized Health Care are composed of a multidisciplinary team, as recommended by the Brazilian Ministry of Health Ordinance No. 2,803, of 2013,¹⁵ and have psychiatrists, endocrinologists, clinicians, plastic surgeons, obstetrician-gynecologists, nurses, psychologists, and social

Chart 1. Overview of specific national public services for the population of transgender people and *travestis*.

References	Service name	Linked institution	Nature	City (State)
Lima and Cruz ²⁷ Serrano et al. ³¹	Ambulatório de Cirurgia Reconstructora Genital (Genital Reconstructive Surgery Outpatient Clinic)	Hospital Universitário Pedro Ernesto/Universidade Estadual do Rio de Janeiro	Transsexualization Process — Hospital Modality	Rio de Janeiro (RJ)
Arán and Murta ¹⁹ Costa and Mendonca ²⁵ Saadeh et al. ³² Braz ⁴	Ambulatório Transdisciplinar de Identidade de Gênero e Orientação Sexual (Transdisciplinary Outpatient Clinic for Gender Identity and Sexual Orientation)	Hospital das Clínicas/Instituto de Psiquiatria da Faculdade de Medicina – Universidade de São Paulo	Transsexualization Process — Hospital Modality	São Paulo (SP)
Mello et al. ¹⁶ Arán and Murta ¹⁹	–	Hospital das Clínicas/ Universidade Federal de Goiânia	Transsexualization Process — Hospital Modality	Goiânia (GO)
Brasil ¹⁵ Amaral ²⁰	Programa de Transtorno de Identidade de Gênero (Gender Identity Disorder Program – PROTIG)	Hospital de Clínicas de Porto Alegre/Universidade Federal do Rio Grande do Sul	Transsexualization Process — Hospital Modality	Porto Alegre (RS)
Amaral ²⁰ Lima Filho ³³	Serviço e Disciplina de Ginecologia (Gynecology Service and Discipline)	Hospital das Clínicas/ Universidade Federal de Pernambuco	Transsexualization Process — Hospital Modality	Recife (PE)
Braz ⁴ Marques and Silva ¹⁸	Serviço Especializado do Processo Transsexualizador – Ambulatório TX (Specialized Transsexualization Process Service — TX Outpatient Clinic)	Hospital Geral de Goiânia Dr. Alberto Rassi	Transsexualization Process — Outpatient Clinic and Hospital Modality	Goiânia (GO)
Arán and Murta ¹⁹ Serrano et al. ³¹	Ambulatório de Disforia de Gênero (Gender Dysphoria Outpatient Clinic)	Instituto Estadual de Diabetes e Endocrinologia Luiz Capriglione (IEDE)	Transsexualization Process — Outpatient Clinic Modality	Rio de Janeiro (RJ)
Gianna ²⁴	Ambulatório de Saúde Integral a Travestis e Transexuais (Comprehensive Health Outpatient Clinic for Travestis and Transgender People)	Centro de Referência e Treinamento DST/Aids	Transsexualization Process — Outpatient Clinic Modality	São Paulo (SP)
Popadiuk et al. ¹⁷ Brasil ³⁴	Centro de Pesquisa e Atendimento para Travestis e Transexuais (Center for Research and Health Care of Travestis and Transgender People – CPATT)	Centro Regional de Especialidades (CRE) Metropolitano	Transsexualization Process — Outpatient Clinic Modality	Curitiba (PR)
Brasil ³⁵	–	Hospital Universitário Professor Edgard Santos	Transsexualization Process — Outpatient Clinic Modality	Salvador (BA)
Braz ⁴ Marques and Silva ¹⁸	Primary Health Care Center	–	Transsexualization Process — Outpatient Clinic Modality	Itumbira (GO)
Thomazi ⁴⁰	Ambulatório T da Atenção Primária à Saúde de Porto Alegre (Primary Health Care Outpatient Clinic for Transgender People of Porto Alegre)	Secretaria Municipal de Saúde de Porto Alegre	Primary Health Care	Porto Alegre (RS)

Continue...

Chart 1. Continuation.

References	Service name	Linked institution	Nature	City (State)
Prado ²⁸	Centro de Referência para a Atenção Integral em Saúde Transespecífica (Reference Center for Comprehensive Health Care Specifically for Transgender People – CRAIST)	Hospital de Clínicas/ Universidade Federal de Uberlândia	Transsexualization Process — Outpatient Clinic Modality	Uberlândia (MG)
Serrano et al. ³¹ Videres ³⁶	Comprehensive Healthcare Outpatient Clinic for Travestis and Transgender People (TT Outpatient Clinic)	Complexo Hospitalar Clementino Fraga	Transsexualization Process — Outpatient Clinic Modality	João Pessoa (PB)
Popadiuk et al. ¹⁷	—	—	Transsexualization Process — Outpatient Clinic Modality	Beéem (PA)
Arán and Murta ¹⁹	Transexualidade — Serviço de Urologia (Transsexuality – Urology Service)	Faculdade de Medicina de São José do Rio Preto e Hospital de Base	Specialized Health Care	São José do Rio Preto (SP)
Arán and Murta ¹⁹ Frazão ³⁷	Atendimento Ambulatorial a Transexuais (Outpatient Care for Transgender People)	Hospital Universitário de Brasília	Specialized Health Care	Ceilândia (DF)
Arán and Murta ¹⁹	Department of Psychology	Instituto Paulista de Sexualidade	Specialized Health Care	São Paulo (SP)
Rocon et al. ²⁹	—	Hospital Universitário/ Universidade Federal do Espírito Santo	Specialized Health Care	Vitória (ES)
Oliveira ²⁶	Grupo de Atendimento a Transexuais (Group of Healthcare Services to Transgender People)	Hospital Universitário de Brasília	Specialized Health Care	Cinelândia (DF)
Arán and Murta ¹⁹ Oliveira et al. ³⁰	Ambulatório Trans do Distrito Federal (Transgender Outpatient Clinic of the Federal District)	Hospital Universitário de Brasília	Specialized Health Care	Brasília (DF)
Rogers et al. ³⁸ Dantas et al. ³⁹	Ambulatório de Atenção Primária à Saúde para Pessoas Trans de Florianópolis (Florianópolis Primary Health Care Outpatient Clinic for Transgender People – AAPST)	Secretaria Municipal de Saúde de Florianópolis	Primary Health Care	Florianópolis (SC)
Thomazi ⁴⁰	Ambulatório T da Atenção Primária à Saúde de Porto Alegre (Primary Health Care Outpatient Clinic for Transgender People of Porto Alegre)	Secretaria Municipal de Saúde de Porto Alegre	Primary Health Care	Porto Alegre (RS)

workers. Some studies also describe the work of a coloproctologist and dermatologist¹⁷ and on-demand care provided by a geneticist, anesthesiologist, mastologist, otorhinolaryngologist, and speech therapist.²²

Lima and Cruz²⁷, based on interviews with transgender people treated at the Genital Reconstructive Surgery Outpatient Clinic of Pedro Ernesto University Hospital (Universidade Estadual do Rio de Janeiro, state of Rio de Janeiro, Brazil), report the unwelcoming environment, long waiting lines, lack of follow-up over time, and lack of articulation with the network, and the service is “centered on itself.”²⁷ The authors



Source: prepared by the authors using the *Google Maps* platform

Figure 2. Map of specific national public services for the population of transgender people and *travestis*.

state that, despite the last Ordinance regarding the transsexualization process, care for transgender people and *travestis* is still represented by specialized centers marked by:

[...] little interaction with other SUS services; care centered on procedures and fragmented in medical specialties, generating the division of care and lack of responsibility for the continuity of care in a timely manner; trivialization of suffering and lack of commitment to timely intervention — according to the reports collected in the interviews.²⁷ (free translation)

Similar to the conformation between the specialized care services, the extensive literature on the barriers to access to services¹⁻⁴ and reports and assessments of demands of the population of transgender people and *travestis*^{29,41} suggest that these characteristics are not restricted to the service described by Lima and Cruz.²⁷

Conversely, in this literature review, reports of initiatives and services that work with a depathologizing perspective of transsexuality and comprehensive health were also found. One of the studies carried out from this perspective is the experience report on the welcoming of *travestis* in a healthcare unit of the Family Health Program in Lapa neighborhood, state of Rio de Janeiro.⁴² The author reports that the initiative started in a context of prejudice from both users and professionals, which made it difficult for *travestis* to access the service and hindered the continuity of care. Romano⁴² presents the techniques used in the context of PHC, such as home visits and welcoming, and highlights the importance of dialogue for the transformation of health practices.⁴²

An experience considered successful and with the greatest potential to ensure continuity and comprehensiveness of care was the creation of the Florianópolis Primary Health Care Outpatient Clinic for Transgender People (*Ambulatório de Atenção Primária à Saúde para Pessoas Trans de Florianópolis – AAPST*). The outpatient clinic was created by the initiative of residents in family and community medicine of the Florianópolis Municipal Secretariat and began its activities in April 2015.^{38,39} Access to the service occurs via spontaneous demand or scheduling and works weekly on Monday evenings at the Saco Grande Healthcare Center. The service offers a humanized and comprehensive approach, sensitive to gender issues, and provides the possibility of hormone therapy, which attracts individuals for being included in the service.³⁹

Rogers et al.³⁸ evaluated the perception of transgender people about public health policies aimed at this population, access, use of the social name, Family Health Strategy teams, and the AAPST. A total of 14 people were interviewed, including transgender men and women. The interviewees mentioned as barriers to access PHC services the nonuse of the social name and the lack of preparation, both technical and empathetic, of the teams in addition to conceptions regarding the pathologization of transsexuality. In the category in which the AAPST was evaluated, the interviewees mentioned a sense of safety and protection against institutional violence linked to the service, and perceived the outpatient clinic as a comprehensive and nonfocal service.³⁸ The interviewees also mentioned the difficulty in having access via AAPST to surgical procedures of the Transsexualization Process, due to the lack of services registered in the state of Santa Catarina, and also the lack of resources from the Family Health Support Center (*Núcleo de Apoio à Saúde da Família – NASF*) linked to this service.³⁸ The study concludes that PHC presents itself as a “strategic space” for breaking with the current regulations on pathologization and consequent focal understanding of transsexuality as well as the possibility of guaranteeing universal and equitable access to health.

A similar experience was observed in the municipality of Porto Alegre, state of Rio Grande do Sul, Brazil, more recently reported by Thomazi.⁴⁰ The Primary Health Care Outpatient Clinic for Transgender People of Porto Alegre (*Ambulatório T da Atenção Primária à Saúde de Porto Alegre*) began its activities in August 2019, with a perspective similar to that of the Florianópolis service: to promote the access of transgender people, *travestis*, and non-binary people to a non-discriminatory, comprehensive, and humanized service. The Porto Alegre experience, however, resulted from a municipal public policy as well as the demand of social movements. The outpatient clinic attends transgender people and *travestis* living in Porto Alegre. The services were initially provided on Wednesday nights and were later extended to two days a week. The accesses occur through the scheduling of appointments via WhatsApp or by spontaneous demand. Professionals hired by the city hall and residents in family and community medicine and of different multidisciplinary areas (social work, psychology, nutrition, among others) are part of the service.

Thomazi⁴⁰ performed a quantitative analysis of the sociodemographic profile of the people seen by the service and the demand during the first six months of operation of the Primary Health Care Outpatient Clinic for Transgender People of Porto Alegre. The main reported demand was hormone therapy in the three stratified gender identities – transgender men and women, non-binary people, and *travestis* –, which differed from each other regarding the stage of hormone therapy – beginning or follow-up of ongoing hormone therapy. The other demands, of lower frequency, were for mental health and assistance regarding the rectification of civil records.⁴⁰ In addition, the study identified that most of the users had no connection with PHC prior to the follow-up at the service,⁴⁰ as it is in line, as the author himself mentions, with the findings of the study performed by Milagre⁴³ on the barriers to access healthcare units in Porto Alegre. The population that least accessed the aforementioned outpatient clinic during the study period were black

travestis with low education level. Thomazi⁴⁰ concludes that the service represents an enormous advance for transgender health care in Porto Alegre. Nonetheless, it is worth paying attention to the other classes and races that permeate the access to the service.⁴⁰

Limitations

It is noteworthy that not all services in operation in the country were described in the present review due to the adopted methodology, but it is possible to partly characterize the current national scenario of health care for transgender people and *travestis*. The authors believe that there cannot be many unpublished scientific studies on this topic, although there are certainly many studies that have not become the object of scientific analysis, considering that transgender healthcare facilities in Brazil eventually face specific challenges regarding funding and management and the lack of professionals working as public servants. Ferreira,⁴⁴ when mapping the state of the art of studies on transvestilities in Brazil, identified a boom in scientific productions after the 2000s and evaluated that this production on topics of gender and sexuality is also connected to the creation and maturation of public policies for these segments, in such a way that we can no longer talk about thematic invisibility with the emergence of new scientific fields such as transfeminism.

The list of healthcare services presented in this study differs, for instance, from the existing survey presented on the website of the Brazilian Association of Transvestites and Transsexuals (*Associação Nacional de Travestis e Transexuais – ANTRA*).⁴⁵ Some services aimed at the study population (mostly Outpatient Clinics) listed in the present study are not included in the survey conducted by ANTRA, and others listed by the association were not found in the review, namely: *Ambulatório LGBT Darlen Gasparelli – Camaragibe* (state of Pernambuco); *Ambulatório de Saúde de Travestis e Transexuais do Hospital Universitário Maria Pedrossian – Campo Grande* (state of Mato Grosso do Sul); *Ambulatório de Saúde Trans do Hospital de Saúde Mental Frota Pinto – Fortaleza* (state of Ceará); *Ambulatório de Saúde Integral Trans do Hospital Universitário da Federal de Sergipe – Lagarto* (state of Sergipe); *Ambulatório LGBT Patrícia Gomes – Recife* (state of Pernambuco); *Policlínica Lessa de Andrade – Recife* (state of Pernambuco); *Centro Integrado de Saúde Amaury de Medeiros e Ambulatório LBT do Hospital da Mulher – Recife* (state of Pernambuco); *Ambulatório de Estudos em Sexualidade Humana do Hospital das Clínicas – Ribeirão Preto* (state of São Paulo); *Ambulatório Trans do Hospital Guilherme Álvaro – Santos* (state of São Paulo); *Ambulatório Municipal de Saúde Integral de Travestis e Transexuais – São José do Rio Preto* (state of São Paulo); *Ambulatório Roberto Farina/Universidade Federal de São Paulo – São Paulo* (state of São Paulo); *UBS Santa Cecília – São Paulo* (state of São Paulo); *Ambulatório de Saúde Integral de Travestis e Transexuais João W. Nery – Niterói* (state of Rio de Janeiro).

It is, therefore, a dynamic and lively scenario, not always accompanied by scientific literature. This is the case of the important network that has recently been structured in the city of São Paulo, with the publication of a municipal protocol in July 2020⁴⁶ and the establishment of referral flows between Basic Health Units (*Unidades Básicas de Saúde – UBS*), so that qualified care can be guaranteed in PHC by trained professionals.

CONCLUSIONS

The national scenario of health care, within the scope of SUS, for the population of transgender people and *travestis* is still marked by barriers to access and discrimination. Among the specific services

for this population, the vast majority constitute specialized care and follow a pathologizing and biomedical logic. The concentration of these services in the South and in large centers must also be taken into account. For a better characterization of health care, methodologies involving direct contact with the services and working teams can provide topics for future studies.

The authors consider that, although it occurs slowly, the provision of specific healthcare services for the study population is being expanded and, as observed in the literature review, in recent years characteristics other than the biomedical, focal, and pathologizing logic of gender identities have been adopted. Initiatives within the scope of PHC expand the possibilities of service format beyond the Reference Centers and the Transsexualization Process, and advance for meeting the demands of transgender people and *travestis* already researched in the literature and historically presented by social movements.

Specific services for the population of transgender people and *travestis* are necessary, as they operate in the logic of remedying historical inequities faced by this population. The health devices that already exist in the network are not sufficient and qualified to provide comprehensive health care, from a perspective other than heterocynsnormativity and the biomedical pathologizing model of transidentities. PHC is a strategic scenario in this care, and public policies must operate from this perspective.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MML: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization. GGF: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization. MF: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization. DACM: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization.

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