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REVIEW ARTICLE

Health of the transgender population in Brazil through the lens of intersectionality

Salud de la población transgénero en Brasil desde la perspectiva de la interseccionalidad

Saúde da população transexual no Brasil através do olhar da interseccionalidade

Julia Leyse Abrahão da Silva[1*]
ORCID: 0000-0002-5298-211X
Michelle Carvalho da Silva Jeronimo[1]
ORCID: 0000-0002-1358-6835
Michel dos Santos Casado de Lima[1]
ORCID: 0000-0001-7411-2695
Cristiane Maria Amorim Costa[1]
ORCID: 0000-0003-1089-2092

[1]Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

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***Corresponding author:**
juhabr04@gmail.com

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Abstract

This study aimed to analyze the relationship between intersectionality and the healthcare provided to the transgender population in Brazil. This is an integrative literature review conducted through searches in the following databases: Medline, LILACS, SciELO, PubMed, and CAPES. Inclusion criteria were full-text availability, publication year from 2010 onward, Portuguese language, and focus on the adult transgender population within the Brazilian healthcare context. The research was guided by the review question, formulated using the PICo strategy: "How is healthcare delivery to the transgender population's health needs, using intersectionality as a reference?" The final sample consisted of 37 scientific articles. The studies were divided into four categories: Health needs and demands of the transgender population, Intersectional perspective in healthcare, Barriers to access to health services, and Repercussions of discrimination against the transgender population in the healthcare network. It was concluded that services aimed at the healthcare needs of the transgender population, in addition to failing to consider their individual characteristics as a focus of singularity of care, are based on prejudice and professional disqualification, which leads to insufficient healthcare delivery.

Descriptors: Transgender Persons; Intersectionality; Effective Access to Health Services; Social Stigma; Health Services for Transgender Persons.

Resumén

Se objetivó analizar la relación de la interseccionalidad en los cuidados de salud ofrecidos a la población trans en Brasil. Se trata de una revisión integrativa de la literatura realizada a partir de la búsqueda en las bases de datos: Medline, LILACS, SciELO, PubMed y CAPES, siendo criterios de inclusión que la investigación esté disponible en su totalidad, con año de publicación a partir de 2010, en lengua portuguesa y con enfoque en la población transexual adulta, en el contexto de salud de Brasil. La investigación se condujo considerando el cuestionamiento de la revisión, elaborado mediante la estrategia PICo: "¿Cómo es la atención a las necesidades de salud de la población transexual, teniendo como referencia la interseccionalidad?". La muestra final fue de 37 artículos científicos. Los estudios fueron divididos en cuatro categorías: Necesidades y demandas de salud de la población transexual, Mirada interseccional en el cuidado de la salud, Obstáculos para el acceso a los servicios de salud y Reflejos de la discriminación de la población transexual en la red de cuidados de la salud. Se concluyó que los servicios dirigidos a las necesidades de cuidados de salud de la población transexual, además de no considerar sus características individuales como foco de la singularidad del cuidado, están pautados en prejuicio y descalificación profesional, lo que genera insuficiencia en la atención de salud.

Descriptores: Personas Transgénero; Interseccionalidad; Acceso Efectivo a los Servicios de Salud; Estigma Social; Servicios de Salud para Personas Transgénero.

Resumo

Objetivou-se analisar a relação da interseccionalidade nos cuidados de saúde ofertados à população trans no Brasil. Trata-se de uma revisão integrativa da literatura realizada a partir da busca nas bases de dados: Medline, LILACS, SciELO, PubMed e CAPES, sendo como critérios de inclusão que a pesquisa seja disponibilizada na íntegra, com ano de publicação a partir de 2010, na língua portuguesa e com foco na população transexual adulta, no contexto de saúde do Brasil. Conduziu-se a pesquisa considerando o questionamento da revisão, elaborado pela estratégia PICo: "Como é o atendimento às necessidades de saúde da população transexual, tendo como referência a interseccionalidade?". A amostra final foi de 37 artigos científicos. Os estudos foram divididos em quatro categorias: Necessidades e demandas de saúde da população transexual, Olhar interseccional no cuidado à saúde, Obstáculos para o acesso aos serviços de saúde e Reflexos da discriminação da população transexual na rede de cuidados à saúde. Concluiu-se que os serviços direcionados às necessidades de cuidados de saúde da população transexual, além de não considerar as suas características individuais, como foco da singularidade do cuidado, estão pautados em preconceito e desqualificação profissional, o que gera insuficiência no atendimento de saúde.

Descritores: Pessoas Transgênero; Interseccionalidade; Acesso Efetivo aos Serviços de Saúde; Estigma Social; Serviços de Saúde para Pessoas Transgênero.

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Introduction

It is known that historically limiting physical characteristics, such as skin color, genitalia, and breasts, have been assumed to define and defend the gender and social role of each subject. From a determinist perspective, identity, particularly gender identity, was expected to be easily ascertained through the body to fit the individual into a population group and, from that point onward, interpret and judge their social role[1]. In view of this, it is highlighted that, in sociopolitical and sociocultural discussions, two concepts have been consensually used as opposites: cisgenderism and transgenderism. A cisgender person identifies with the gender assigned at birth in accordance with their biological sex, whereas a transgender person is one who does not identify with their biological sex and the gender imposed upon them at birth. Thus, the logic of these concepts would be tied to the sex-gender relationship[2].

In cisgenderism, gender is formed from the moment parents discover the baby's biological sex, designating their clothing and so-called appropriate toys. From this point onward, female and male identities are put into practice. Those born with the label of 'woman' are encouraged toward submission and fragility, with toys that evoke domestic and maternal care, all in cheerful and vibrant colors such as pink and yellow. Those born with the label of 'man' are encouraged toward power and courage, with hero figures, racing cars, trucks, and airplanes, in cool colors such as green and blue. Although there is greater freedom for the male subject, a very important rule has been established for this tradition: femininity must not be exercised; that is, everything considered feminine must be strictly excluded from the individual's formation so that their gender and sexuality are not distorted. Thus, from childhood onward, subjects have pre-defined behaviors, with rules and impositions about what is right and wrong for a man or a woman, and those who deviate from these obligations are oppressed[3].

It is evident that the cisnormative protocol governing Brazilian culture also governs the healthcare network, directing care, attention, and welcoming exclusively to cisgender individuals, both in science and in the training of health professionals[4]. When seeking health services, transgender individuals are frequently marginalized. At the different levels of health care, the lack of preparation for care delivery and the denial of demands that fall outside the cisnormative standard are evident. Clinics dedicated to women's health, for example, are not prepared to attend to either transgender women or transgender men seeking services deemed 'feminine,' such as the Pap smear (colpocytopathological examination)[5].

When promoting health care, social markers, subjectivities, and individuals' vulnerabilities must be considered so that the principles of 'universality,' 'comprehensiveness,' and 'equity' present in the 1990 Constitution are not merely words written on paper that do not correspond to reality[6,7].

In the health sphere, the principal milestone that opened the way for health care for Brazilians, established therein, was Law No. 8,080 of 1990, which led to the creation of the Unified Health System (SUS). From this perspective, the complexity of human life and the intrinsic need to live in society reflect the progressive evolution of public policies lacking the equitable perspective advocated by the SUS for the understanding of Social Determinants of Health (SDH), being consequences of unequal human development, whether in terms of housing, income, or employment. Therefore, the very existence of individuals made vulnerable by their social and financial conditions contradicts the vision of a uniform society with well-delineated definitions considering the law that ratifies faceless and depthless policies[8].

Faceless policy is understood as the ineffective attempt to promote legal writings that represent a harmonious society, relying on the idea that the collective possesses a single, overarching identity which, once delineated, can sustain the subjectivities of the individuals who compose it. Asserting this identity disqualifies the dimension of each being's individuality, their different formative processes as individuals, the distinctions regarding the influence of SDH, and how their citizenship is validated. A policy directed at men's health, for example, should encompass men who are white, Black, cisgender, transgender, and many other faces that need visibility and consideration in health policies, through an intersectional lens[9].

Intersectionality is a conceptual instrument that can be understood as a magnifying glass that allows one to see more closely what few see but many feel. Through it, social oppression translated into cis, heterosexual, white, and male domination is discussed. In this sense, studying health care through the lens of intersectionality is paramount, given that the privileges of gender, color, class, and sexuality are intertwined with physical, mental, and social well-being, defined as 'health' by the World Health Organization (WHO)[10,11].

This is validated through the Dossier on Murders and Violence against Brazilian Travestis and Transgender Individuals, conducted in 2023, which finds that Brazil remains, after fourteen years, in first place among the countries that kill the most transgender individuals in the world, totaling 131 deaths in the year 2022. Of these victims, more than 99% were trans women and travestis; 76% were Black and mixed-race; and an estimated 54% were trans women and travestis working as sex workers. Therefore, the murders are directed at specific faces, which should not be rendered invisible[12].

It is important to understand that, especially in the scenario of murders of transgender individuals, governmental underreporting is significant, since these are not counted as indicators. Their calculations are tied to news reports that do not receive due recognition, and this number may be even higher in reality[12].

Nevertheless, this study has as its general objective to analyze, through an integrative review, the relationship of intersectionality in the health care offered to the transgender population in Brazil.

The justification for this research is grounded in the importance of exposing the scarce intersectionality within

health policies in Brazil, which generates serious impacts, especially for transgender individuals who have their right to health denied due to constant invisibility in health services. This factor may, among many consequences, result in the inefficiency of health care, negligence of basic needs, propagation of neglect, and the distancing of the transgender population from their rights[13].

Methodology

This is an integrative literature review that seeks to analyze how the health of the transgender population in Brazil has been studied and how it has been intertwined with evidence-based nursing practice. The study is constructed from six stages, namely: formulation of the guiding question, active search in the literature, data collection, critical analysis of the selected articles, discussion based on the results, and presentation of the review[14,15].

For the construction of the scenario involving the research, the guiding question must initially be identified, since it is the pillar of the integrative review. Thus, the PICo strategy was chosen, in which the acronym represents: P (Population/Problem); I (Interest/Intervention); Co (Context)[16]. Using this system, the question was formulated as follows: P = Transgender population; I = Health care; Co = Brazilian Unified Health System, defining the following question: 'How is the provision of care for the health needs of the transgender population, using intersectionality as a reference?".

In the second stage of the integrative review, the literature search was initiated through searches in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS), Scientific Electronic Library Online (SciELO), National Library of Medicine (PubMed), and the Coordination for the Improvement of Higher Education Personnel (CAPES). For this purpose, descriptors were established according to the Health Sciences Descriptors (DeCS), corresponding to the MEDLINE, LILACS, SciELO, and CAPES sources, and descriptors according to the Medical Subject Headings (MeSH) for the PubMed search, namely: Transgender (Transgênero); Health Services Needs and Demand (Necessidades e Demandas de Serviços de Saúde); Delivery of Health Care (Atenção à Saúde); Social Stigma (Estigma Social); and Health Services for Transgender Persons (Serviços de Saúde para Pessoas Transgênero).

The following inclusion criteria were selected: studies available in full text; conducted from 2010 onward, due to the creation of the National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Travestis, and Transgender Individuals; written in Portuguese; focused on the transgender population; presenting a Brazilian national health context; and addressing the study question. As exclusion criteria, the following were defined: duplicate studies; literature review articles; studies available in foreign languages; monographs, dissertations, and theses, as well as conference proceedings; and articles concerning populations under 18 years of age.

Three cross-searches were performed, each involving two descriptors, yielding a total of 2,848 results. In the first cross-search, the descriptors 'Transgender' and 'Health Services Needs and Demand' were used, resulting in 92 articles in MEDLINE, 3 in LILACS, 2 in SciELO, 94 in PubMed, and 8 in CAPES. In the second cross-search, 'Transgender' and 'Delivery of Health Care' were employed, totaling 731 results in MEDLINE, 89 in LILACS, 22 in SciELO, 1,705 in PubMed, and 42 in CAPES. In the third cross-search, the descriptors 'Social Stigma' and 'Health Services for Transgender Persons' were used, totaling 31 results in MEDLINE, 10 in LILACS, 4 in SciELO, 8 in PubMed, and 7 in CAPES.

After cross-referencing the results, the correspondence of the collected material with the inclusion and exclusion criteria, as well as with the guiding question, was verified. Accordingly, 2,712 articles were excluded for being available in foreign languages, 11 for not being available in full text, and 12 for falling under gray literature, such as monographs, dissertations, theses, and conference proceedings. Subsequently, 37 duplicates were excluded, yielding 76 articles. Following this, 15 literature reviews and 12 articles concerning individuals under 18 years of age were excluded, totaling 49 results.

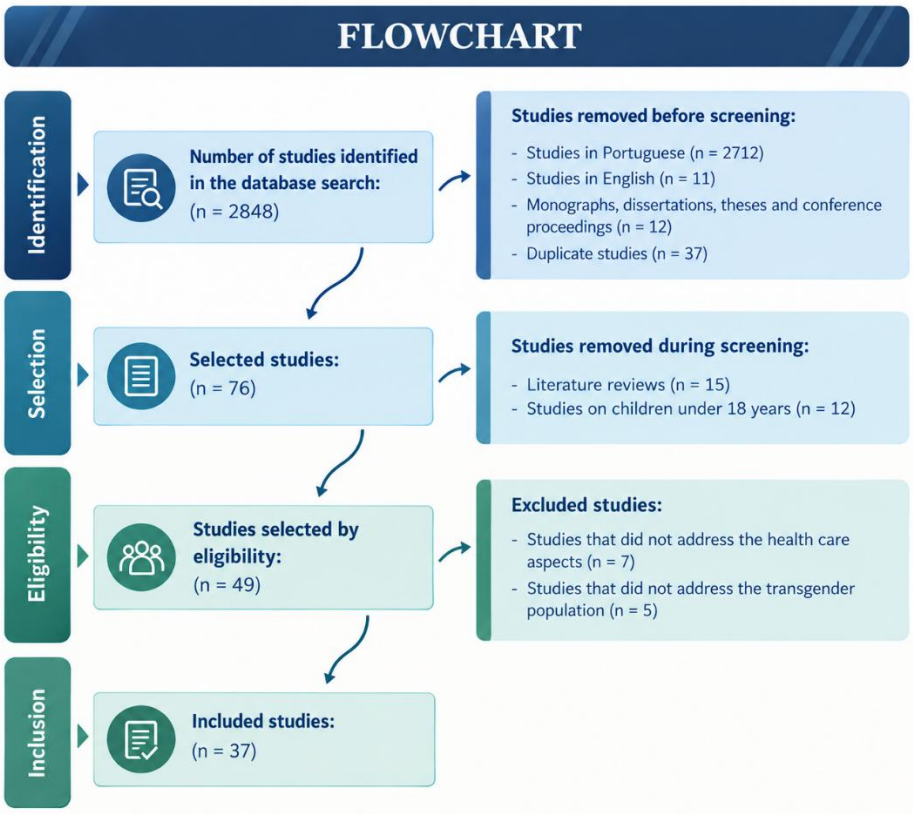
After analyzing the titles and abstracts, to exclude articles that did not focus on the health care needs and demands of the transgender population, that did not present a Brazilian national context, or that did not address the study question, 12 studies were excluded, 7 of which did not address health care and 5 of which did not focus on the transgender population, yielding 37 articles for analysis. This analysis will be quantitative, with data referring to the table, using simple and percentage frequencies, and qualitative, based on Bardin's content analysis[17].

For better visualization, a flowchart was created with the data comprising this research, illustrated in Figure 1. For its construction, the PRISMA recommendation was used as a basis, that is, a method that indicates the main topics to be recorded in the analysis of systematic reviews and meta-analyses to build a standardized instrument that enables the analysis of the collected content[18].

For the presentation of the articles, a table will be elaborated with data referring to the article number, year, and database, title and author, objective, study type, main results, considerations regarding the health care of transgender individuals, and social markers involved in the discussion. This analysis will be qualitative, constructed based on Bardin, consisting of four phases: pre-analysis, exploration of the material found, treatment of results, inference, and interpretation. Initially, the pre-analysis was performed, in which the documents for the study were selected and categorized. This phase required that the chosen texts corroborate the construction of a hypothesis, be pertinent to the research, encompass the subject to be addressed, and refer to the same theme and the same population. With these criteria recognized, a 'floating reading' was performed to classify the texts into categories that systematize the study. From this, the corpus of the material was developed with the structuring of text

characteristics for the recognition of differences and similarities that compose the construction of hypotheses addressing the theme. The methodology was developed through the succession of the exploration of the material found. At this moment, the materials were investigated based on their documentary record and scrutinized through the construction of the contextual record, a factor that contributed to the recognition and evidenced the thematic axes investigated. Thus, the subsequent phase gathered the findings and correlated them, enabling the elaboration of inferences that were, finally, interpreted and concluded[17].

Figure 1. Flowchart of the sample selection process. Rio de Janeiro, RJ, Brazil, 2024



Results and Discussion

This review is composed of 37 articles selected based on the inclusion and exclusion criteria previously established. Chart 1 represents the selected studies, highlighting, in each article, the code used to cite it, the year of publication, the title, the journal, the objectives, the method employed, and the results found.

Chart 1. Data collection instrument for the articles included in the integrative review. Rio de Janeiro, RJ, Brazil, 2024

Author/Year	Title	Journal	Objectives	Method	Results	Social marker
Braz, C. 2019[19]	Vidas que esperam? Itinerários do acesso a serviços de saúde para homens trans no Brasil e na Argentina	Cad. Saúde Pública	Contribute to discussions around access to healthcare for trans men in these two contexts (metropolitan regions of Goiânia and Buenos Aires), seeking to point out the ambivalences related to their therapeutic itineraries in search of biomedical care.	Qualitative research with an anthropological approach using semi-structured interviews and snowball sampling.	Despite the importance of the Gender Identity Law, there still seem to be certain distances between what it proposes and the symbolic repertoires updated and (re)produced in the micropolitics of daily relationships, whether in spaces of biomedical care or in other contexts not addressed here (family, work, formal education, etc.).	Gender identity, sexuality, age, education, occupation, ethnicity, and nationality.
Sousa, D; Iriart, J. 2018[20]	Necessidades e demandas de saúde de homens trans em Salvador, Bahia, Brasil	Cad. Saúde Pública	Discuss the health needs and demands of trans men, a little-studied topic that frequently challenges the construction of healthcare practices for this population.	Qualitative research composed of participant observation and semi-structured interviews.	This deeply rooted and complex mechanism of violence and aversion toward trans people dimensions and organizes the ways in which care practices are constituted and the possibilities of constructing strategies that allow trans men to achieve solutions for their health needs and demands.	Ethnicity, nationality, religion, sexuality, and gender identity.
Monteiro, S; Brigadeiro, M. 2019[21]	Experiências de acesso de mulheres trans/travestis aos serviços de saúde: avanços, limites e tensões	Cad. Saúde Pública	Analyze the experiences of access of trans women/travestis to health services and discuss sexual/gender discrimination and their demands on gender	Qualitative research with semi-structured interviews.	Although the data from this study evidence embarrassment on the part of professionals, such as disrespect for the use of the social name, these situations are not effectively impeditive for going to services. However, the capacity of	Gender identity, sexuality, education, occupation, and age.

			transition and AIDS prevention services.		public services has been insufficient to meet the demand.	
Cardoso, M R; Ferro, L F. 2012[22]	Saúde e População LGBT: Demandas e Especificidades em Questão	Psicologia: Ciência e Profissão	Contribute to health professionals visualizing and reflecting on some factors that can negatively influence the health of the LGBT population and lead various individuals to a process of illness.	Contextual research with a qualitative approach.	Sexual identity and gender identity are aspects that can constitute concepts without definition and, consequently, the lack of knowledge of health professionals, causing a deficit of referrals pertinent to the "specification of the life and health reality" of the LGBT population.	Gender identity and sexuality.
Miskolci, R; Signorelli, M C; Canavese, D; et al. 2020[23]	Desafios da saúde da população LGBTI+ no Brasil: uma análise do cenário por triangulação de métodos	Ciênc. saúde coletiva	Reflect on the health challenges of lesbian, gay, bisexual, travesty, transsexual, intersex, and other sexual and gender minorities (LGBTI+) in the current Brazilian scenario.	Triangulation research: analysis, qualitative research, and analyzed by an interdisciplinary team of researchers.	Researchers highlight the need to rethink the training of health professionals, whose contents on LGBTI+ health are purely addressed.	Gender identity, sexuality, income, state of origin.
Gomes, D F; Teixeira, E R; Sautheir, M; Paes, G O. 2022[24]	Restrição de políticas públicas de saúde: um desafio dos transexuais na atenção básica	Esc. Anna Nery	Identify and discuss the reasons that hinder or restrict the accessibility of transsexuals to basic health services.	Qualitative research with semi-structured interviews and thematic content analysis.	From the data analysis, the following thematic categories emerged: Low resoluteness and multiple obstacles to transsexual access to basic health care; non-inclusion and self-exclusion: the explicit non-belonging to the Unified Health System.	Gender identity, sexuality, age, occupation, and state of origin.
Pereira, S B; Sousa, J M; Farinha, M G; et al. 2023[25]	Atenção à saúde mental de mulheres transgênero: aspectos positivos e negativos	Arquivos de Ciências da Saúde da UNIPAR	Understand the positive and negative points in mental health assistance to transgender women in psychosocial care.	Qualitative, descriptive, and exploratory research with semi-structured interviews and Bardin's thematic content analysis.	Sociodemographic Characterization: From the content analysis process, the thematic category Assistance to trans women in psychosocial care emerged.	Gender identity, age, and state of origin.
Sebastião, TF; Constantin, AC; Françozo, MFC. 2023[26]	Mulheres transgênero: suas narrativas sobre saúde, voz e disforia	Distúrb Comun	Know the experiences and perceptions of these women about health, gender dysphoria, voice, and society, identify possible triggering factors of their discomforts, and reflect on speech-language pathology practice in this context, since health is viewed broadly and biopsychosocially and voice is a subjective construction.	Qualitative cross-sectional research with semi-structured interviews.	Hormones are used without supervision due to the urgency of aligning with their gender identity. Thus, they seek passability to avoid harassment. The voice was seen as a trigger for having their bodies and gender questioned, and vocal therapy is seen as positive, as it works on vocal potentiality, self-perception, and self-acceptance.	Gender identity, occupation, and state of origin.
Cazeiro, F; Galindo, D; Souza, L L; Guimaraes, R S. 2022[27]	Processo transexualizador no SUS: questões para a psicologia a partir de itinerários terapêuticos e despatologização	Psicol. Estud.	Raise reflections on the therapeutic itineraries of trans people residing in the city of Cuiabá-MT, having as centrality the production of healthcare, from the Transexualizing Process (PT) in the Unified Health System (SUS), and the questions that the itineraries traveled pose to psychology.	Qualitative research with semi-structured interviews and Bardin's thematic content analysis.	Obstacles related to pathologization, reception, continuity of care, resoluteness, and reference in the care network of the transexualizing process stand out.	Gender identity, age, state of origin, and occupation.
Santos, M C B. 2022[28]	Protoformas do Processo Transexualizador no Brasil: apontamentos sobre a tortuosa institucionalização da assistência à saúde de pessoas Trans no SUS entre 1997 e 2008	Sex., Salud Soc.	Analyze the Transexualizing Process in Brazil through the examination of its historical constitution between 1997 and 2008.	Field research with meetings, institutional visits, participant observation, and semi-structured interviews between 1997 and 2008.	It was possible to understand some of the many challenges embedded in the process of engendering the Transexualizing Process in Brazil. One of these challenges lies in the fact that this program was not effectively built to become the axis of public policy.	Gender identity, state of origin, and occupation.
Oliveira, P H L; Galvão, J Rs; Rocha, K S et al. 2022[29]	Itinerário terapêutico de pessoas transgênero: assistência despersonalizada e produtora de iniquidades	Physis: Revista de Saúde Coletiva	Analyze the therapeutic itinerary of transgender people in a city in the interior of Bahia.	Qualitative research with participants selected by the "snowball" method criterion and the use of semi-structured interviews.	Access to the formal service (public or private) was permeated by symbolic, technical, and/or organizational barriers that often transferred to each interviewee the responsibility for seeking other formal pathways or recomposing care through routes that are not always safe.	Gender identity, sexuality, state of origin, education, and income.
Pase, P F; Schultz, Á L V; Lucas, A R; et al. 2021[30]	Relações de gênero no trabalho em saúde em um estabelecimento prisional feminino	Pesquisas e Práticas Psicossociais	Discuss gender relations from the perspective of professionals of a Prison Primary Care Team (EABp) of a female penitentiary.	Descriptive and exploratory action research through focus groups	As a result, it was possible to organize three subthemes as developments of the main theme: gestation and permanence of babies in prison; body norms and health; and social name of trans people.	Age and occupation.
Mattos, M H; Zambenedetti, G. 2021[31]	Itinerários terapêuticos de homens trans em transição de gênero	Psicologia & Sociedade	Understand therapeutic itineraries of trans men, analyzing relationships with formal and informal health systems.	Qualitative research, from an analytical-institutional perspective, conducted through semi-structured interviews with participants	The itineraries of trans men evidence both barriers and points of permeability in the relationship with public and private services, as well as with informal systems, indicating challenges to be faced.	Gender identity, sexuality, state of origin, education, and income.

				recruited by snowball sampling.		
Shihadeh, N A; Pessoa, E M; Silva, F F. 2021[32]	A (in) visibilidade do acolhimento no âmbito da saúde: em pauta as experiências de integrantes da comunidade LGBTQIA+	Barbarói	Investigate how health services can (in)visibilize care for the LGBTQIA+ public.	Qualitative research with participants selected by the "snowball" method criterion and the use of semi-structured interviews.	It is evident that actions characterized as LGBTQIAphobia occur daily. Not rarely, in reception, prejudiced issues and disrespect for human dignity persist.	Gender identity, sexuality, state of origin, age, income, education, and occupation.
Santana, A D S; Melo, L P. 2021[33]	Pandemia de covid-19 e população LGBTI+. (In)visibilidades dos impactos sociais	Sexualidad, Salud y Sociedad	Reflect critically on the social impacts of the COVID-19 pandemic and coping measures in the daily lives of Lesbians, Gays, Bisexuals, Transgender, Intersex, and other identities (LGBTI+) in the Brazilian context.	Qualitative research with a historical approach.	This picture has a direct impact on SUS management and the implementation of public health policies directed at minority groups, such as the LGBTI+ population.	Gender identity, sexuality, ethnicity, occupation, and income.
Reis, P S O; Neves, A L M; Therense, M; et al. 2021[34]	Transfobia velada: sentidos produzidos por enfermeiros (as) sobre o acolhimento de travestis e transexuais	Rev. Pesqui.	Understand the meanings produced by nurses about the reception of travesti and transsexual people in primary care.	Qualitative research with socio-anthropological studies for data analysis and discussion, having field research as methodological reference.	The meanings produced by nurses about the reception of travesti and transsexual people in primary care are founded on issues such as embarrassment, neutrality, and lack of knowledge regarding gender issues beyond the gender binary.	Gender identity.
Oliveira, I; Romanini, M. 2020[35]	(Re)escrevendo roteiros (in)visíveis: a trajetória de mulheres transgênero nas políticas públicas de saúde	Saúde e Sociedade	Understand how the trajectories of transgender people in public health policies are constructed in a municipality in the interior of Rio Grande do Sul.	Qualitative research with narrative interviews with snowball sampling.	The results show that the existence of public policies alone does not guarantee the access of the trans population to health services, since this, or even the lack thereof, is transversalized by different factors.	Gender identity, age, and religion.
Vieira, E S; Pereira, C A S R; Dutra, C V; Cavalcanti, C S. 2019[36]	Psicologia e políticas de saúde da população trans: encruzilhadas, disputas e porosidades	Psicologia: Ciência e Profissão	Compose a reflection on some frontiers that cross Psychology when put in contact with the demands of trans segments and with the operationalization of health policies for this segment.	Qualitative research with a historical approach.	A quick survey of health policies allows us to understand how their constructions point to different understandings both about the trans experience itself and about the power dynamics that institute the cisgender norm as centrality and ruler from which experiences are measured.	Gender identity and sexuality.
Costa-Val, A; Guerra, A. 2019[37]	Corpos trans: um ensaio sobre normas, singularidades e acontecimento político	Saúde e Sociedade	Reflect on how sexuality has been circumscribed by some fields of knowledge, especially those linked to medicine, and how this affects us in the current social context.	Qualitative research in the form of an essay.	All of us, regardless of how we experience our sexuality, gender, and desires, are always subject to contingencies that launch us into a constant exercise of creating new configurations of existence.	Gender identity and sexuality.
Lima AM, Nascimento RT, Cazelli CM et al. 2019[38]	Atributos da Atenção Primária à Saúde e ferramentas de medicina de família no atendimento às diversidades sexuais e de gênero: Relato de caso	Rev Bras Med Fam Comunidade	Present the family and community physician as an important professional in the health area of the lesbian, gay, bisexual, and transsexual population.	Case report.	Among the measures established by this policy, we have the guarantee of the use of the social name of travestis and transsexuals for care in health units, the strengthening of the participation of LGBT population representations in Health Councils and Conferences, and the inclusion of the theme of confronting inequalities and gender violence, and the qualification of information collection regarding health problems in this population.	Gender identity and sexuality.
Rocon PC, Sodré F, Zamboni J, Rodrigues A, Roseiro MCFB. 2018[39]	O que esperam pessoas trans do Sistema Único de Saúde?	Interface (Botucatu)	Reverse the reality of discrimination, disrespect for the social name, and difficulty of dialogue between professionals and trans users, conditions that limit access to health.	Qualitative research, in which data were collected through semi-structured interviews, recorded in digital audio and guided by a script.	Continuing education for health workers was pointed out, to reverse the reality of discrimination, disrespect for the social name, and difficulty of dialogue between professionals and trans users, conditions that limit access to health.	Gender identity and sexuality.
Silva, LKM; Silva, ALM A; Coelho, AA et al. 2017[40]	Uso do nome social no Sistema Único de Saúde: elementos para o debate sobre a assistência prestada a travestis e transexuais	Physis Revista de Saúde Coletiva	Discuss the use of the social name in SUS as a tool for effecting reception, humanization, and comprehensiveness of assistance to travestis and transsexuals, through the elaboration of a theoretical-reflective essay.	Theoretical-reflective essay, with a qualitative approach.	The following categories of analysis were selected: reception and promotion of access to health through the social name; the social name as a tool for humanization of assistance; and the social name as a basis for effecting comprehensiveness.	Age, ethnicity, religion, sexuality, and gender identity.
Rocon PC, Sodré F, Zamboni J, Rodrigues A et al. 2017[41]	(Trans)formações corporais: reflexões sobre saúde e beleza	Saúde Soc	Accompany body transformations undertaken by trans people, analyzing the material and immaterial dimensions involved in this process and the meanings of beauty, health, and illness in drift in these experiences.	Qualitative approach; 15 semi-structured interviews were conducted, recorded in audio, with trans people residing in the Metropolitan Region of Vitória, Espírito Santo (ES).	It is observed that beauty appears directly related to perceptions about health and illness among the research participants.	Gender identity, sexuality, and occupation.

Popadiuk G S; Oliveira, D C; Signorelli, M C. 2017[42]	A Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais e Transgêneros (LGBT) e o acesso ao Processo Transexualizador no Sistema Único de Saúde (SUS): avanços e desafios	Ciência & Saúde Coletiva	Analyze how the Ministry of Health (MS) has been implementing the Transexualizing Process (PrTr) in SUS, through research on official public domain documents, systematization of quantitative data, and analysis of the memories of the LGBT Health Technical Committee (CTS,GBT) of the MS.	Exploratory research, combining quantitative and qualitative methods, based on the normative proposal for research on evaluation of health programs and systems, according to Hartz.	The study resulted in the total count of sexual reassignment surgeries performed in SUS (2008-2016), which show zero deaths and regional inequalities of access; and in the monitoring of actions for implementing the National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Travestis, and Transsexuals (PNSILGBT) by a specific committee designated by the MS.	Gender identity, state of origin, and sexuality.
Lima, F. & Cruz, K. 2016[43]	Os processos de hormonização e a produção do cuidado em saúde na transexualidade masculina	Sexualidad, Salud y Sociedad - Revista Latinoameri-cana	Reflect on the uses of the hormone testosterone among transsexual men, having as central point the relationship with healthcare.	Qualitative approach through semi-structured interviews.	We will address here two questions that are relevant in the discussions: the experience of care of transsexuals in the reference service and the questions related to what interests us in terms of care.	Gender identity, age, and sexuality.
Rocon, P C; Rodrigues, A; Zamboni, J et al. 2016[44]	Dificuldades vividas por pessoas trans no acesso ao Sistema Único de Saúde	Ciência & Saúde Coletiva	Discuss the difficulties of trans people living in the metropolitan region of Greater Vitória/ES in accessing health services in SUS.	Qualitative approach through semi-structured interviews.	The results pointed to disrespect for the social name, discrimination, and diagnosis in the transexualizing process as the main limitations in access to the health system.	Gender identity, income, occupation, and sexuality.
Borba, R. 2014[45]	Sobre os obstáculos discursivos para a atenção integral e humanizada à saúde de pessoas transexuais	Sexualidad, Salud y Sociedad - Revista Latinoameri-cana	Problematize some discursive obstacles to comprehensive and humanized care for transsexual people in the Brazilian Transexualizing Process.	Qualitative research with a narrative approach.	It is argued that such a policy can be challenged by narrative-performative micro-resistances, i.e., life stories that show in situ classifying/diagnosing instances the multiplicities that constitute our gendered life and can, finally, performatively produce new identity regimes in consonance with the fragmentation that is constitutive of us.	Gender identity, age, and state of origin.
Almeida, G; Murta, D. 2013[46]	Reflexões sobre a possibilidade da despatologização da transexualidade e a necessidade da assistência integral à saúde de transexuais no Brasil	Sexualidad, Salud y Sociedad - Revista Latinoameri-cana	Problematize some questions about the pathologization of transexuality to provoke reflection on the possibility of its depathologization in Brazil, keeping in perspective the need for comprehensive healthcare for transsexuals.	Qualitative research in the form of an essay.	If, for medicine and psi sciences (psychiatry, psychology, and psychoanalysis), transsexuality constitutes a mental disorder, for some authors who discuss trans experiences, especially in social and human sciences and collective health, these are experiences that question the gender norms that govern our concepts of sex, gender, and, at the limit, of human.	Gender identity, age, and sexuality.
Silva RG, Abreu PD, Araújo EC, et al. 2020[47]	Vulnerabilidade em saúde das jovens transexuais que vivem com HIV/aids	Rev Bras Enferm	Analyze the health vulnerability of young transsexual women living with HIV/AIDS.	Qualitative, descriptive, and exploratory study.	Thematic categories were listed based on Ayres' framework: 1) Relational processes that operate in individual vulnerability to HIV/AIDS; 2) Production and reproduction of the social dimension of vulnerability to HIV/AIDS; 3) Given conditions of precariousness of care and the impact of programmatic vulnerability.	Gender identity, occupation, and sexuality.
Hanauer, O F D; Hemmi, A P A. 2019[48]	Caminhos percorridos por transexuais: em busca pela transição de gênero	Saúde Debate	Describe the paths traveled by transsexuals, aiming to know their itineraries in the search for care for their health needs and demands.	Qualitative, descriptive, exploratory study with snowball strategy and use of semi-structured interviews.	It was then about visualizing what transsexual people go through, considering their experiences, conflicts, and difficulties, from their subjectivity, to achieve their gender identity.	Gender identity, occupation, education, and sexuality.
Cohen, C; Tilio, T. 2023[49]	Percepções De Uma Equipe Multiprofissional De Saúde Sobre Atendimentos Aos Transexuais	Psicologia, Saúde & Doenças	Investigate how professionals of a multiprofessional health team organize their knowledge and practices in healthcare for transsexuals.	Qualitative, empirical, and cross-sectional research with semi-structured interviews.	The main results highlighted: difficulties in understanding transexuality as a non-pathologized identity; experience of discrepancy between biological and subjective aspects; that the current functioning of the team is considered minimally satisfactory but insufficient; existence of few opportunities for discussion and professional training among team members on trans themes.	Gender identity, age, occupation, and sexuality.
Júnior, SF; Francisco, PMSB; Nogueira, PA. 2019[50]	Conhecimento, atitudes e práticas sobre tuberculose entre transgêneros na cidade de São Paulo, Brasil	Ciência & Saúde Coletiva	Evaluate knowledge, attitudes, and practices regarding tuberculosis (TB) among travesties and transsexual women (trans).	Qualitative, cross-sectional research with structured interviews.	Slightly more than half of the interviewees knew the free treatment.	Age, gender identity, ethnicity, education, and occupation.
Petry, A R. 2015[51]	Mulheres transexuais e o Processo Transexualizador: experiências de sujeição, padecimento e prazer na adequação do corpo	Revista Gaúcha de Enfermagem	Understand the experiences of transsexual women regarding hormone therapy and sex reassignment surgery that constitute the Transexualizing Process.	Qualitative research with narrative interviews.	The transformation processes for the construction of the female body involve adapting behavior, posture, voice projection, hormone use, vaginal canal dilation, and surgical complications. Such processes subject the body to be constructed as idealized to adapt to their gender identity, inflicting pleasures and sufferings.	Gender identity and state of origin.
Rossi, TA; Brasil, SA; Magno, L; et al.	Conhecimentos, percepções e itinerários	Sexualidad, Salud y Sociedad	Analyze knowledge, perceptions, care practices, and Therapeutic Itineraries (TI)	Qualitative research with semi-structured interviews.	The findings point to broad lack of knowledge and contradictory perceptions about STIs, especially	Gender identity, age,

2022[52]	terapêuticos de travestis e mulheres trans no cuidado a infecções sexualmente transmissíveis em Salvador, Brasil		for the diagnosis and treatment of Sexually Transmitted Infections (STIs), with emphasis on syphilis, among Travestis and Trans Women (TrMT) in Salvador, Brazil.		syphilis; identification of two important care trajectories for STIs and the highlight of TIs marked by stigma and discrimination in health services.	occupation, and education.
Teixeira, FB; Paulino, DB; Raimondi, GA et al. 2018[53]	Entre o segredo e as possibilidades do cuidado: (re)pensando os silêncios em torno das narrativas das travestis sobre HIV/AIDS	Sexualidad, Salud y Sociedad	Discuss the meanings about AIDS that circulate both among travestis and in public policy apparatuses, impacting their adherence to official health care offers.	Qualitative research of a narrative Character.	A common fact in different studies that dialogue with the theme of travestilities or transexualities and that the investigations were conducted considering prostitution as a vulnerability factor of the people who participated in these studies and/or as a place of contact with the research participants.	Gender identity and occupation.
Favero, S; Marini, MB; Senna, A. 2023[54]	Uma teoria psicológica transfeminista: sobrevivendo aos escombros da saúde mental brasileira	Psicologia: Ciência e Profissão	Reflect, through a bibliographic study, on how cisnormativity has played an important role in the composition of psychology historically.	Qualitative research with a bibliographic approach.	In simplified terms, transfeminist psychological theory would not necessarily be the creation of a new approach in psychology, but the incorporation of ethical and political paradigms that question: 1) the logic of binary classification between sexes; 2) the effects of a nosological vocabulary in our practices; 3) the imperative of a so-called "healthy" choice about the body; 4) the conception that trans people and travestis should not experience regrets in their transitions; 5) and the judgment about the continuity of a feminine or masculine "essence".	Gender identity and sexuality.
Pulino, DB; Machin, R; Pastor-Valero, M. 2020[55]	"Pra mim, foi assim: homossexual, travesti e, hoje em dia, trans": performatividade trans, família e cuidado em saúde	Saúde e Sociedade	Understand how a trans identity context mobilizes, in articulation with family and health service, identity performances.	Qualitative research with semi-structured interviews.	We believe that the discussion of identity expression for trans people, in interface with family and healthcare, is an important point of improvement for the mentioned public policy and for comprehensive healthcare for the trans population.	Gender identity, sexuality, and occupation.

Analyzing the synoptic chart, it is interesting to observe the increase in articles addressing the theme of transexuality over the years. In 2012, 2013, 2014, and 2015, there was only one article per year. In 2017 and 2018, there were 3 each year. The year 2019 appeared most frequently in the review, which is an important datum, since it was the year in which transexuality ceased to be considered a pathology by WHO[56], and this datum is deepened during the discussion. The year 2020 appeared 4 times, 2021 and 2022 appeared 5 times each, and 2023 appeared 4 times. Regarding the methodology used to conduct these studies, all 37 studies used a qualitative approach, with only one using both qualitative and quantitative methods, demonstrating the value of subjective data in research on the health of the transgender population.

From the assiduous reading of the studies selected for this review, four categories were found: Health needs and demands of the transgender population, Barriers to access to health services, Repercussions of discrimination against the transgender population in the healthcare network, and Intersectional perspective in healthcare.

Health needs and demands of the transgender population

The existence of this analysis category permeates the motivations that drive the transgender population to seek care in health services. Throughout this study, it is possible to understand that the driving energy for such demand is tied to the natural conditions of the human being but is distinguished when relating to the specificities of the trans segment in Brazil[20,22,39].

Needs are understood as aspects intrinsically linked to the maintenance or achievement of a healthy state. Demands, on the other hand, are aspects of desire, which the person has autonomy and freedom to seek to align with their preferences and interests. This distinction is made through the perspective that demands are translations from the scientific field to the more complex needs of people, such as care, medications, and exams, while needs are essential factors for the improvement of living conditions and well-being. Both concepts and distinctions of the topics listed proved to be primordial for the analysis of the guidelines that compose this category through the complementary nature they present when subjected to the lens of public health[57].

This relationship starts from the principle that, in addition to the Brazilian health system presenting cultural and institutional gaps, this segment of the population has particularities historically neglected due to the absence of an intersectional prism[10]. Thus, it is noted that the health demands of the transgender population mainly involve bodily modifications, through surgeries, hormone therapy, and other technological resources for gender production. As health needs, the prevention of STIs and psychological support for mental health care stand out, in addition to multiprofessional clinical follow-up[20-25,31,39,48].

Gender identity and gender expression are intimately linked, since, upon understanding oneself as transgender, the search for socially accepted and culturally constructed standards referring to what it is to be a man or a woman is natural. Because of this, discomfort with the sex

and body assigned at birth leads to the search for technological resources to produce the desired gender[26,48].

Among the health demands of the transgender population, bodily modifications stand out, which, through technological advancement, have made possible the construction of social passability, that is, the adaptation of the body to cisnormative binary standards, which favors social inclusion and reduces transsexual characteristics that commonly generate prejudice. Therefore, there is the idealization that, once this psycho-emotional need is met, self-esteem would automatically emerge. Among the most used technologies, surgical procedures, hormonization, and accessories that facilitate gender production stand out[22,28,37,42].

Surgeries for the insertion of prostheses and removal of organs were defended as health demands through the SUS principles of equity, universality, and comprehensiveness. To achieve this conquest, through the PTSUS, the trans population had to exert constant pressure with social movements to guarantee safe surgeries and reinforce that these surgical procedures do not contribute to mutilation practices, but rather to the legitimacy of trans experiences, bodily and identity plurality[19-23,29,39,49,55].

Composing the possible and available surgeries through SUS, we have: Neocolpovulvoplasty (male-to-female sex change), Phalloplasty (reverse change), mastectomy (breast removal), hysterectomy, bilateral salpingo-oophorectomy, reconstructive breast plastic surgery (including silicone prostheses), buttock plastic surgery (silicone prosthesis implantation), rhinoplasty, and thyroplasty surgery (responsible for voice timbre change) associated with cervicoplasty (removal of excess skin on the neck)[20-23,39,46,49,51].

For surgeries to become a reality, multidisciplinary follow-up by plastic surgeons, endocrinologists, gynecologists, urologists, general practitioners, nutritionists, dermatologists, ophthalmologists, otorhinolaryngologists, speech-language pathologists, psychologists, and psychiatrists becomes necessary, since these interventions do not automatically produce individuals and specialist follow-up is needed to guarantee and maintain health[21,26,29,35,41].

The hormonization of the trans population has the same motivations associated with the search for surgeries: enabling physical results that corroborate physical and mental well-being, reducing the incidence of discrimination, and constructing socially accepted identity and subjectivity. The correspondence of these two resources, however, is not exhausted in this aspect. Hormonization and surgical interventions share their legitimacy and legal viability through the PTSUS, propitiate the trans population's search for health services, and require clinical and laboratory follow-up[19,21,34,38,39,41,49].

There are other technologies that compose a more flexible alternative for adaptation to the manifestation of binary gender and can complement therapeutic itineraries. The resources used aim at rapid intervention, without needing to go through health professionals for implementation; examples of the most used are the Binder, Minoxidil, and Packer[58].

These methods help trans men promote an image with greater social passability, making it difficult for anyone to doubt their gender, generating greater comfort and safety. Furthermore, they propitiate the achievement of physical alterations impossible due to the delay or non-desire for surgical processes to disguise aspects tied to femininity. As for their utilities, the Binder, conceptually understood as a compression band, is placed on the thoracic region to reduce breast volume and the sensation of "intruding members," leaving a flatter and more masculinized appearance. Its use is also associated with the promotion of greater freedom to walk shirtless by discouraging excessive gazes or violence[20,21,31].

Another method employed is Minoxidil. Marketed as a hair lotion, this vasodilator aims to promote hair growth and thicken the hair, thereby aiding in the development of facial hair, for instance. A "packer," on the other hand, is a portable penile prosthesis made of flexible plastic or rubber-like material, available in various colors and sizes. This device serves multiple purposes: it aids in "passing" by creating a bulge in the genital area of one's clothing; it enables the experience of the typically masculine act of urinating while standing; and it provides pleasure during sexual intercourse[20,21,31,48].

The methods used by trans women are visual mechanisms of femininity commonly altered as first identity productions. The use of makeup, footwear, jewelry, wigs, and clothing thus brings an aesthetic code that, despite being easily dissolved, plays a role in personal comfort, practical viability, and passability by corresponding to the adaptation to socially accepted signs. In a broader perspective, these resources can solve the individual's problems regarding their way of gender expression for society or develop a secondary and complementary role to surgical and hormonal interventions of bodily modifications[39,41].

Regarding STI prevention, as with the PTSUS, it remains an essential health need. However, it is primordial that care is not stigmatized by generalist conceptions, since not every individual has this care as a priority. Except in situations linked to the follow-up of seropositive cases and testing for surgical procedures (gender transition or not) or for care regarding intercurrences[20,23,34,52].

The cis-heteronormative culture goes against STI prevention by maintaining a popular ideology that, going beyond LGBT stigmatization, stumbles upon the false conception that only relationships between people of sexes and genders corresponding to binary and heterosexual standards exist. This panorama, together with the fragility of Brazilian sex education, qualifies a socially vulnerable segment due to low clinical-epidemiological knowledge of diseases, opening margin for mistaken prevention practices[50,52].

It is important to emphasize the relationship between STI prevention and the stigma that has been built over these years. It has already been scientifically proven that every human being, regardless of their gender identity,

has chances of contracting an STI, whether through sexual contact or vertically in a pregnancy, for example. Propagating STI prevention methods is a global need that must be studied, taught, and alerted to all. What must be understood is the unequal social vulnerability present in society[33,52,53].

Issues such as education, insertion in the formal labor market, and income production are restricted by the social stigma directed at the trans population. Added to this are the various narratives of expulsion from home by family members, even as adolescents, physical and verbal violence, and lack of access to health services. These vulnerabilities lead them to commercial sex work, tied to limited knowledge about STIs, increasing STI cases in this group. From this perspective, there is, as a health need, care directed at STI prevention, in a welcoming environment and without relating the pathology to gender identity, but rather to the vulnerability constructed by the transphobic and cis-heteronormative society itself[33,39,40,44,47].

The perception of mental health care for the trans population has two pertinent biases of analysis. One bias is based on the bureaucracy for achieving the PTSUS, while the other permeates the search for understanding the experiences of this community and the specific sufferings that affect them. The first perspective of psychological support is composed of the construction of the PTSUS, which historically progressed from a view of transgenderness as a psychic disorder until 2013, advancing to the veto of any linking of psychology professionals to actions that corroborate pathological or prejudiced conceptions through CFP Resolution No. 01/2018[59].

However, when the recognition of mental health care as a priority is placed, regardless of the search for bodily modifications, the disparity between the proportion of suffering and the possibilities of access to care focused on these aspects is notorious. Part of this problem is constituted by the pressure of cis heteronormativity to exert aesthetic pressure to have accepted standards of beauty, femininity, and masculinity[29,34,40,52].

The vulnerabilities of the trans population's existence are structured by vulnerabilities in the social sphere that expand to the physical. This susceptibility is perceived in exposure to discrimination, prejudice, transphobia, and violence, which begin in the family nucleus for not accepting gender identity and/or sexuality, progressing to the school environment and permeating various interactions in adulthood. The sum of unstable and unwelcoming social conjunctures evidences an abandonment of mental health care for the trans population through impeditive factors, such as daily fears of transphobic crimes; psycho-emotional and identity discomforts; financial vulnerability due to discrimination affecting job offers; and professionals refusing care because they are molded to cis-heteronormative aspects[23-26,31,41].

However, individuals who manage to obtain specialized and quality follow-up reinforce the positive impact that this assistance adds to their health and disease conditions. This is due to the construction of understanding of these people's experiences and the reception of their sufferings, helping to combat suicide attempts, depression, eating disorders, and anguish. Another collaborative factor is the linking of these people to specialized CAPS that propitiate great therapeutic variety, good care, diverse activities, and continuity of care based on adaptation to the user's demands[20,21,23,25,26].

Barriers to access to health services

There are several threats to the well-being of the Brazilian transsexual population. In addition to social issues, such as discrimination, family abandonment, and difficulty in financial stabilization, the need for care in healthcare networks is a constant reminder of the marginalization that trans people suffer due to social markers, such as gender identity, sexual orientation, ethnic-racial origin, and work, for example. In a proportional relationship, the more markers indicating social vulnerability the individual has, the greater the socio-territorial barriers, long waiting care lines, nonconformity with the information obtained, and transphobia in its different faces, evidencing the difficulty in accessing health services in Brazil[21-23,32].

Analyzing the territorial distribution of locations that perform the different forms of healthcare for the trans population in Brazil, it is noted that in the tertiary care sphere, there are only five institutions that perform transgenitalization surgeries in Brazil through SUS, namely: Hospital das Clínicas de Porto Alegre, Hospital das Clínicas da Universidade Federal de Goiás, Hospital das Clínicas da Universidade Federal de Pernambuco, Hospital das Clínicas da Universidade de São Paulo, and Hospital Universitário Pedro Ernesto, in Rio de Janeiro[60].

In the secondary healthcare sphere, it is observed that in the North region of the country, located in the states of Amazonas and Pará, there are three outpatient clinics destined for the transgender population. In the Northeast region, distributed in the states of Piauí, Rio Grande do Norte, Maranhão, Pernambuco, Ceará, Paraíba, Bahia, and Alagoas, there are thirteen outpatient clinics. In the Central-West region, distributed in the Federal District, Mato Grosso do Sul, and Goiás, there are seven outpatient clinics. In the Southeast region, there are outpatient clinics in all states (São Paulo, Rio de Janeiro, Minas Gerais, and Espírito Santo), totaling fourteen. Finally, in the South region, there are three outpatient clinics, distributed across all three states that compose the region (Paraná, Rio Grande do Sul, and Santa Catarina). Of these 40 outpatient services offered by SUS, only 24 offer hormone therapy, the rest being only for clinical follow-up, whether by endocrinologist, nursing, social worker, psychologist, and psychiatrist, for example[61].

Thus, there is a scarcity of institutions destined for the health needs of the transsexual population in Brazil, since specialized and outpatient services are in small quantity compared to the number of people who need these services. In the South region, for example, there is only one outpatient service per state and one specialized hospital in the entire region, which evidences the territorial barriers to reaching services[20,23,36].

From this perspective, the locations offering these services are primarily situated in major urban centers,

particularly in the Southeast region, necessitating travel between municipalities or even states to access the desired healthcare. However, undertaking such a journey requires financial means, as the associated costs are generally high; beyond travel expenses, one must also cover accommodation, local transport, and meals. Furthermore, making such a trip requires leaving work for an indefinite period, which carries the risk of dismissal[27,31,35,43].

One of the most frequently discussed obstacles to accessing public health services is the lack of access to high-quality, useful information, particularly for the transgender population, which is already structurally marginalized within the healthcare system due to years of pathologization and political and social neglect regarding trans identity. Consequently, social media has emerged as the primary vehicle for information, driven not by institutions or healthcare professionals, but by the users themselves[19].

In an ideal and politically correct scenario, the LGBTQIA+ population should access healthcare services through Basic Health Units to ensure proper guidance, focusing not only on health education but also on constitutional rights, such as the use of one's social name on the SUS access card[28,35,43].

However, informal knowledge networks being the largest or only source of information have been a direct cause of the entry of trans men and women into the healthcare network, being through high-complexity services, without performing the referral protocol through primary or secondary care. This issue hinders assistance directed at other health needs that surgical centers cannot attend to, such as the prevention and treatment of various diseases that affect any human being, psychological support, laboratory and imaging exams, for example[19,49].

From this perspective, information being passed in its vast majority by social media is a direct consequence of the absence of the construction of safe spaces within health services for the transmission of correct and quality information about where to be attended and care protocols, their rights to access medications and hormonization, STI preventive methods, how to take care of one's own health, and various other topics of extreme relevance for any individual[20].

A weakening of the image of health professionals as educators is thus observed within the context of healthcare for trans people, given that comprehensive care addressing the needs and demands of this segment of the Brazilian population is not provided[31].

Repercussions of discrimination against the transgender population in the healthcare network

The examples brought during the discussion corroborate the perception of the evident discrimination that the transsexual population is subjected to in the healthcare network in Brazil. Clinical assistance, regardless of which health area is offered, has been marked by carelessness and professional unpreparedness, causing distancing from health services and the search for clandestine methods that offer solutions for the needs and demands they have, even if through treatments that are not only illegal but also harmful to health[23,31,48].

The healthcare network in Brazil is not recognized for welcoming and dignified care for the LGBT population, far from it. It is known that discrimination has been tied almost instantly when discussing this, being reaffirmed by various specialized research on the subject. This reputation is widely disseminated among transsexual people, mainly through personal reports found in media and support groups, these being marked by experienced prejudices and physical, verbal, and institutional violence in these spaces[23,31,32,44,48].

Health professionals have a leading role in causing the distancing of trans people from health services, whether through prejudiced comments, refusal to care for trans people, or technical-scientific unpreparedness for health needs and demands. There is, then, a natural difficulty in developing a relationship of trust regarding professionals and the available health treatment, since there are few testimonies of received welcome, especially in the public health network[23,31,46,47,48,50].

In light of this, the commodification of the human body appears to be viewed in a positive light, given the absence of reports regarding prejudice or the stigmatization of transsexuality within the private sector, unlike in the public healthcare system, thereby creating a scenario where the quality of care received is directly linked to one's purchasing power. Conversely, accessing the right to health through the SUS requires overcoming multiple barriers related to gender identity that contribute to physical and mental ill-health[20,21,29,30].

Therefore, when giving value to comprehensive healthcare, circumstances of social exclusion, marked by disadvantaged socioeconomic factors, come into disagreement with this need, making access to private health services unfeasible. Therefore, with the Unified Health System (SUS) overloaded and the lack of access to very expensive services, distancing from health services becomes undoubtedly a reality[20,21,22,24].

When dignified access to healthcare becomes restrictive, social vulnerability intensifies, as it becomes more difficult to obtain employment, for example. Physical and mental health is naturally also affected, potentially aggravating pre-existing clinical conditions and promoting the emergence of mental disorders such as depression. This problem, together with misinformation, aggravates the dissemination of pathologies, such as sexually transmitted infections (STIs). Therefore, by marginalizing a population in the healthcare network, distancing it from health services becomes, for many, the only option, in the face of so much reported violence, affecting them negatively in every social, physical, and emotional sphere[39,42,47].

Intersectional perspective in healthcare

By relating these aspects to the trans population, it is possible to understand that the real conjuncture faced does not correspond to isolated social movements, just as it is not coherent to analyze it that way. The identity construction of these people necessarily permeates the collision of factors such as gender, sexuality, color/race, and

work/occupation, especially how they interact with each other and how they affect the health and disease process of these people[10].

Observing the discussions conducted by the studies about healthcare for the transsexual population, it was observed that the intersectionality of the social markers that construct the individual is flawed because, even when debated, it is carried out in isolation, being, at times, the only focus gender; at others, ethnicity, without intersectional thinking[12,60,61].

When the concept of gender is listed for the trans community, it is necessary to emphasize how this is perceived and used. Expanding the term trans to transgender and transsexual, although the first is linked to the ideal of inadequacy to the gender that was constructed through the sex presented at birth and the second refers to the desire for body modification to coincide with the gender identity with which they identify, it is important to understand that both are influenced by gender.

From this context, gender identity gains relevance since it concerns the intimate and personal identification of the individual, which may or may not agree with the physiologically assigned sex. This flexibilization goes against the standard established by Brazilian society which, by consolidating cis heteronormativity in its culture, ratifies the agreement of gender performativity with heterosexual sexuality and the cisgender gender identity standard.

In the health sphere, this social distinction configures different needs and demands according to the designation of men and women, when referring to gender. Consequently, the reality of trans people acquires reflections of these concepts, affecting their desires, perceptions, actions, social performances, recognition before others, health needs and demands[19-24,37-41,48].

Part of this illustration seen in transgender daily life is the bureaucratic barriers that cis-heteronormative society imposes by fixing the relationship between sex and gender. This problem is structured by the impossibility of releasing colpocytological or prostate exams to citizens who are registered in the system as trans men and trans women, respectively[23].

In this scenario, health demands in both genders relate to gender transition. Trans people seek to limit signs that relate them to aspects of the gender that do not correspond to them in inverse proportion to the stimulus for elements congruent with their identity construction. For this, they use gender production technologies and seek health services focused on hormone therapy, surgical practices, and the use of prostheses[19-26,38-48].

However, it is evident that inequalities linked to gender identity can exist even within the trans community. This situation stems from the way the PTSUS was originally structured, focused primarily on the care of trans women, and the fact that this group has remained the most prominent focus of studies and research. A case in point is the gap in addressing the needs of trans men within the PTSUS between 2008 and 2013, reflected in the absence of services such as mastectomies, hysterectomies, and testosterone hormone therapy. Conversely, in recent years, the increasingly active role played by trans men in seeking healthcare services, combined with their growing media visibility, has spurred greater research focus on trans masculinity[39,43].

Even though the National Policy for Comprehensive LGBT Health recognizes sexual orientation, alongside gender identity, as a social determinant of health, it is evident that this characteristic is neglected in the care provided to trans people. Although sexual orientation may not be explicitly cited as a critical factor when seeking health services, the failure to address its relevance ultimately leaves individuals vulnerable to STIs and discrimination. Compounding this issue is the scarcity of studies regarding sexual orientation within the trans population[14].

Thus, the theoretical/academic invisibilization generated restricts the perception of this influence on health and care promotion. A mistake that occurs given the cultural relationship between gender and sexuality, related to the homo/heterosexual context, makes it difficult to discern and separate these concepts. Consequently, situations such as transphobia intrinsic to "casual sex and hidden relationships" are not properly analyzed in the health/disease process of trans people.

Final Considerations

It is evident that intersectionality permeates the healthcare provided to the trans population in a limited manner regarding its operational dynamics. This study illustrates the landscape shaped by the intimate connection between transgender identity, gender identity constraints, and social values established by a society molded by cisgender norms. Trans performativity, constrained by a white, male, cis heteronormative culture, reinforces the persistent social pressures that influence identity perception and the vulnerabilities faced by trans individuals. Thus, when examining the health needs and demands of the trans population through the lens of the healthcare provided, the varying significance of Social Determinants of Health (SDH) becomes apparent. This situation arises because these markers exert a profound impact on individuals, often in a disjointed manner, while standing in stark contrast to the marginalized status of their effects on healthcare delivery.

t is possible to affirm that the present study achieved its objectives by exposing the multiple deficiencies that encompass the healthcare offered to the transsexual population in Brazil, identifying that social markers hinder access to health services, especially when focusing on gender identity, sexual orientation, ethnic-racial origin, and insertion in the formal labor market in which, when finding themselves on the margins of social standards, the barriers to access to dignified healthcare are notorious, as discussed. In light of the above, the present study brought to light the need to work intersectionally in the healthcare offered to the transsexual population, since every individual is formed by various markers that, together, concern their role in society, their privileges, and their obstacles to achieving their personal goals. The current heteronormative (cis) system contributes to unemployment, low education, and the physical and verbal violence that human beings undergo

during their lives, especially for those who did not come in the cis, male, heterosexual, and white configuration.

The guarantee of dignified healthcare is intrinsically related to who one is, what gender, what social class, and what skin color one has. Therefore, the health professional has the inevitable role of offering equitable assistance to all, especially to those who belong to transgenderness and are already vulnerable in society from birth.

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