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INTEGRATIVE REVIEW OF LITERATURE

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TRANSSEXUALITY AND HEALTH CARE IN EUROPE: INTEGRATIVE REVIEW

Transexualidade e atenção à saúde na europa: revisão integrativa
Transexualidad y atención a la salud en Europa: revisión integradora

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RESUMO

Objetivo: conhecer a produção bibliográfica sobre o acesso de pessoas trans nos serviços de saúde da Europa. **Método:** foi realizada uma revisão integrativa efetuada nas bases de dados: Portal de Busca na BVS - Espanha, InDICEs CSIC (Ciências Sociais e Médicas), SCOPUS e InfoPsy. **Resultados:** foram encontrados 509 artigos, e após terem sido aplicados os critérios de inclusão e exclusão, foram selecionados um total de 12 artigos. Esses achados se assemelham com os estudos do Brasil; a Espanha foi o país com maior número de publicações. **Considerações finais:** A despatologização da transexualidade foi um dos temas praticamente não abordados nos estudos.

DESCRITORES: Identidade de gênero; Transexualidade; Atenção à saúde.

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ABSTRACT

Objective: to get to know the literature on the access of trans people to health care services in Europe. **Method:** an integrative review was carried out using the following databases: VHL Search Portal - Spain, InDICEs CSIC (Social and Medical Sciences), SCOPUS and InfoPsy. **Results:** 509 articles were found, which, after applying the inclusion and exclusion criteria, led to the selection of a total of 12 articles. These results are similar to studies from Brazil, with Spain having the highest number of publications. **Conclusions:** the depathologization of transsexuality was one of the topics that was hardly addressed in these studies.

DESCRIPTORS: Gender identity; Transsexualism; Delivery of health care.

RESUMEN

Objetivo: conocer la literatura sobre el acceso de las personas trans a los servicios sanitarios en Europa. **Método:** se realizó una revisión integradora utilizando las siguientes bases de datos: BVS Portal de Búsqueda - España, InDICEs CSIC (Ciencias Sociales y Médicas), SCOPUS e InfoPsy. **Resultados:** se encontraron 509 artículos y, tras aplicar los criterios de inclusión y exclusión, se seleccionaron un total de 12 artículos. Estos resultados son similares a los estudios de Brasil; siendo España el país con mayor número de publicaciones. **Consideraciones finales:** la despatologización de la transexualidad fue uno de los temas prácticamente no abordados en los estudios.

DESCRIPTORES: Identidad de género; Transexualidad; Cuidado de la salud.

INTRODUCTION

Trans people do not identify with their biological genitalia at birth, nor with the socio-cultural ascriptions imposed on them from birth and throughout their lives. It is an experience characterized by conflict with gender norms.¹

In Brazil, the process of transsexualization was introduced in 2008² and expanded in 2013 to include cross-hormonalization and surgeries such as masculinizing mammoplasty, hysterectomy and oophorectomy.³

There has been progress in the recognition of the human rights of lesbian, gay, bisexual, transvestite and transsexual (LGBT) people, as exemplified by the Ministry of Health's National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, which aims to "promote the integral health of lesbians, gays, bisexuals, transvestites and transsexuals, eliminating discrimination and institutional prejudice and contributing to the reduction of inequalities and the consolidation of the Unified Health System (SUS) as a universal, comprehensive and equitable system".⁴⁻¹⁸ Studies show that there are still many barriers faced by this population, whether in relation to access to the transsexual process, the use of the social name, discrimination, etc.⁵⁻⁸

However, this is only part of the challenge for the effectiveness of the health of trans people, which requires practices that are not only directed towards a pathological situation, but above all towards an expanded concept of health.⁹ Literature review studies have shown that although there is an increase in services for trans people, they are concentrated in the southern region and in the large centers of the country.¹⁰ And there is still a lack of

access to hormones, lack of professional qualification, inadequate reception, discrimination, disrespect for the social name.¹¹

Spain is a European country with similarities to Brazil, such as its Latin origin, climate and cultural characteristics, like the strong influence of the Catholic religion, which reflects on values related to sexuality. Since the late 1990s, Spain has gradually introduced multidisciplinary services for the comprehensive treatment of transgender people, starting with Andalusia in 1999 and Castilla y León in 2014. Although not all of them offer genitoplasty surgery,¹² another similarity is primary health care as the gateway to the system.

Is this scenario repeated in other European countries? To this end, this research aims to know the bibliographic production on trans people's access to health services in Europe, in order to have an overview and essential elements to later promote a multicenter and interdisciplinary study.

METHOD

This is an integrative review, justified by being the most extensive approach to review since it allows the inclusion of experimental and nonexperimental studies¹³ and because it allows the synthesis and analysis of existing scientific knowledge on the topic under review¹⁴.

The following steps were taken to develop this proposal 1) identification of the topic and selection of the research question; 2) establishment of inclusion and exclusion criteria; 3) identification of the pre-selected and selected studies; 4) categorization of the selected studies; 5) analysis and

interpretation of the results; 6) presentation of the review/knowledge synthesis¹⁴.

In the first stage of the methodology, the acronym PICo was established as a search strategy (P = transgender people; I = access to the health system; Co = Spanish health system), with the following research question elaborated: How do trans people access health care systems in Europe?

Scientific articles with a quantitative or qualitative approach, available in full, written in Portuguese, English or Spanish and discussing trans people and health services in Europe were

included in the study. Exclusion criteria were: integrative reviews, dissertations, protocols or manuals.

The Virtual Library of Spain (VHL - Spain), InDICEs CSIC (Social and Medical Sciences), SCOPUS and InfoPsy, through the CAPES Periodicals Portal, were used as sources for data search. The search strategies described below were used, combined with the logical connectors/Boolean operators AND, OR and AND NOT, based on the Controlled Descriptors/Terms in Health Sciences (DeCS/MeSh, IBECs), applied in different ways in one of the databases to extend the coverage (Chart 1).

Chart 1 - Databases and search strategies. Valladolid, Castilla y León, Spain, 2021

DATABASES CONSULTED			
DATABASES	STRATEGIES	TOTAL RECOVERED	SELECTED
VHL - Spain (Folder VHL_1)	(acesso aos serviços de saúde) AND (serviços de saúde para pessoas transgênero) AND (fulltext:(“I” OR “I” OR “I” OR “I” OR “I”) AND mj:(“Acesso aos Serviços de Saúde” OR “Serviços de Saúde para Pessoas Transgênero”) AND type_of_study:(“qualitative_research” OR “guideline” OR “prevalence_studies” OR “case_reports” OR “systematic_reviews” OR “evaluation_studies” OR “observational_studies”) AND (year_cluster:[2011 TO 2021]))	24	0
VHL - Spain (Folder VHL_2)	(transgender persons) OR (transsexualism) OR (gender identity) AND (health services accessibility) OR (health services for transgender persons) AND NOT (disorders of sex development) AND (fulltext:(“I” OR “I” OR “I” OR “I”) AND db:(“IBECS”) AND type_of_study:(“prevalence_studies” OR “incidence_studies” OR “qualitative_research” OR “systematic_reviews” OR “case_reports”) AND la:(“es” OR “en” OR “pt”)) AND (year_cluster:[2011 TO 2021])	19	0
VHL - Spain (Folder VHL_3)	(transgender persons) OR (transsexualism) OR (gender identity) AND (health services for transgender persons) AND (health services accessibility) AND NOT (disorders of sex development)	113	3
VHL - Spain (Folder VHL_4)	(transgender persons) OR (transsexualism) OR (gender identity) AND (atención primaria de la salud) AND (atención de enfermería) OR (enfermería) AND (mj:(“Atenção Primária à Saúde” OR “Médicos de Atenção Primária” OR “Cuidados Médicos” OR “Acesso aos Serviços de Saúde” OR “Prática de Saúde Pública” OR “Prática Institucional” OR “Política de Saúde”) AND la:(“en” OR “pt” OR “es”))	114	1
SCOPUS	(transgender AND persons) OR (transsexualism) OR (gender AND identity) AND (health AND services AND for AND transgender AND persons) AND (health AND services AND accessibility) AND NOT (disorders AND of AND sex AND development) AND (LIMIT-TO (OA , “all”)) AND (LIMIT-TO (DOCTYPE , “ar”)) AND (LIMIT-TO (SUBJAREA , “SOCI”) OR LIMIT-TO (SUBJAREA, “NURS”) OR LIMIT-TO (SUBJAREA , “PSYC”)) AND (LIMIT-TO (EXACTKEYWORD, “Health Services Accessibility”))	63	0

DATABASES CONSULTED			
DATABASES	STRATEGIES	TOTAL RECOVERED	SELECTED
APA PsyInfo	I27 Results for Any Field: transgender persons OR Any Field: transsexualism OR Any Field: gender identity AND Any Field: Primary Health Care AND Any Field: health services for transgender persons NOT Any Field: disorders of sex development AND Open Access AND Year: 2016 To 2021	127	2
InDICES CSIC Social Sciences	Transexualidad and Ciencias Sociales and Ciencias Humanas and Textos completos and artículos de investigación	41	4
InDICES CSIC Medical Sciences	Transexualidad and Ciencias médicas and Textos completos and artículos de investigación	8	1
TOTAL		509	12

This study was carried out as part of a post-doctoral internship at a university in Spain, so we chose VHL-Spain, InDICES CSIC and InDICES Medical Sciences as regional portals for data collection in Europe. A total of 509 complete articles were identified, with search results and free access, and their titles and abstracts were read to find content on transsexuality and/or transgender people, and the authors' country of origin. After excluding duplicates and applying the inclusion and exclusion criteria, a total of 12 articles were selected.

The articles were retrieved from September to October 2021 using the Mendeley file management software, which assisted in the identification of duplicates and the peer review process in which two independent authors accessed the articles.

The organization of the search results was based on an analytical framework that made it possible to collect and synthesize the key information of the studies, based on data related to the identification of the article (title, authorship, affiliation, journal, year of publication and country) and the identification of the research (objective, methodological strategy, results and limitations of the study).

After reading the articles in their entirety, their content was grouped by topics into four categories: 1. Experiences of trans people in the health care system; 2. Profile of the trans population in health services; 3. Social and historical aspects of the transgender Population; and 4. Biomedical characteristics of the transgender population.

RESULTS

The countries of publication of the selected studies were: seven from Spain, two from Germany, one from France, one from England and one from the Netherlands. Six articles were in English and the rest were in Spanish.

Not all the articles clearly indicated the type of study, but after reading they were found to be studies with different methodological approaches. The authors are mostly from the fields of medicine, psychology, and only one study has authors from the nursing field. Only one study had trans adolescents as subjects, all the others dealt with the adult population.

The articles used different nomenclatures when referring to the population, such as biological male, woman with penis, man-woman. In the discussion of the articles, we will use the terms trans man and trans woman when referring to people who do not identify with their biological sex, and cis people when referring to those whose gender identity identifies with their biological sex.

DISCUSSION

I. Experiences of trans people in the health care system

The experiences of trans people in health services were identified in three articles, which mainly highlighted negative experiences related to perceptions of care based on gender binarism and professional inexperience.

Only one study, conducted in London, identified both positive and negative experiences. For this population, the positive ones included some care described as affirming and compassionate; and the negatives were based on the inexperience and lack of familiarity of the family doctors with trans issues.¹⁵

A review study on trans people's access to primary care in the Unified Health System in Brazil suggests that these negative aspects may be related to multidimensional barriers: political, economic, social and cultural.¹⁶

With regard to gender identity outpatient clinics, one study highlighted that the participants' sense of trust was that they

were understood and believed by health professionals, and that they were not subjected to unnecessary referrals, such as mental health services. On the negative side, the attitudes of some professionals included expectations that patients should conform to a gender binarism.¹⁵

The binary logic of care/treatment for trans people was also found in a study conducted in Germany¹⁷ which found that non-binary people have less access to services and receive less treatment, so it is suggested that professionals provide holistic care, leaving the binary pattern to better meet the needs of non-binary people.

This lack of preparation of the health care team in relation to the references that deal with the concept of gender is confirmed in the phenomenological study carried out in Spain¹⁸, where it was noted that the level of training of the team in relation to transsexuality is not adequate and that the professionals focus on the procedures without being interested in the individual situation of the people they are treating.

It is clear that this general scenario can point to possible difficulties in accessing health services and in the treatment of trans people. Associated with this, the references to prejudice, discrimination and/or transphobia, professional disqualification, pathologization and binary care found in European studies are also present in Latin America.¹⁹

Over the years, there have been many changes in the concept of sexual diversity, with greater visibility of the issue. For example, in 1999, comprehensive care for transgender people was included in Andalusia, with an extension to other autonomous communities, such as Madrid, in 2006 to 2014 in the region of Castilla y León.¹²

2. Profile of the trans population in health services

Five studies looked at the socio-demographic profile and characteristics of trans users attending specialized services.

One of the studies analyzed data from an ethnographic study in France and aimed to describe the internal diversity of the trans user population, which is heterogeneous and cannot be reduced to a group of people undergoing hormone treatment for physical changes. It also found that sexual and reproductive health issues are important, but vary according to sex assigned at birth and gender identity.²⁰

Another study of 350 trans men and women in an outpatient endocrinology clinic in Germany in 2020 examined socio-demographic characteristics and satisfaction with aspects of gender transition. The number of individuals with a bachelor's degree was about half of the general German population. The unemployment rate was more than twice as high, based on the same comparison. There was a predominance of trans men with

higher education and greater satisfaction with the results of hormone therapy. There was also a significant decrease in the use of antidepressants in this group after starting hormone therapy.²¹

A study evaluated the basic characteristics of 164 transsexual patients from a psychiatric service of a hospital in Barcelona, Spain. In terms of professional qualifications, most had a low level of professional qualification, lived with their parents, and in terms of sexual orientation, were heterosexual and had chemical dependency, depression and anxiety disorders.²²

Another survey assessed mental health and, in addition, the frequency of aggression suffered by trans people as a result of stigmatization. The sample consisted of 26 people, half of whom were men aged 18-49, registered with the sexual and reproductive health service in Valencia, Spain. The results showed a low incidence of mental pathology, but high levels of stress.²³ In terms of violence experienced, physical aggression was statistically higher among trans women, and sexual assault was experienced by two women. Discrimination and violence are also present in the trajectories of trans people in Brazil, especially trans women.^{24,25}

A single study conducted between 2000 and 2016 with 1072 adolescents enrolled in the Dysphoria Service in Amsterdam, Netherlands, with an average age of 14 years, found that most adolescents lived with their biological parents and remained so over the years.²⁶

As with the European studies, the Brazilian studies are not national in scope, highlighting the lack of a national census of this population. Besides, there is little information on housing conditions, education, work situation and income, etc., which makes it difficult to analyze the relationship between the profile of the trans population and that of the general population.²⁷

3. Social and historical aspects of the transgender population

The studies in this category present the historical scenario of the social movement of trans people and their demands and transformations of gender identities. One of the studies presents the evolution of the demands of the trans associative movement in Spain. Under the influence of the trans movement that originated in the United States, the Spanish movement, which began in the late 1980s, aimed to prevent transsexuality from being confused with homosexuality, which, according to the social imaginary, associated it with perversion and addiction, and thus, on the basis of the pathological medical criteria, it was able to deviate from social discrimination and be included in health treatments related to the transsexualization process.²⁸

In recent years, the social movement, although not unanimous, as well as the academic world, have expressed

their opposition to the pathologization/psychiatrization of trans identities. This discussion is consolidated in the movement STOP PATOLOGIZACIÓN TRANS 2012 - abbreviated STP 2012.²⁸⁻²⁹

The social movement in Brazil can be said to have begun with the creation of the Association of Transvestites and Liberated People (ASTRAL) in Rio de Janeiro in 1992, which organized the First National Meeting of Transvestites and Liberated People Working in AIDS Prevention - ENTLAIDS - in 1993. Over time, there have been several changes in the nomenclature of ASTRAL, which currently, registered in a notary's office in 2002, is called ANTRA (National Association of Transvestites and Transsexuals).³⁰ And in 2009, the National Network of Transsexuals of Brazil - REDETRANS Brazil - was founded.³¹ Although Brazil has adhered to the STP - 2012, it is known that there is still a long way to go for true depathologization.

A study has analyzed the processes of transsexualization of trans women in Spain over the last four decades. The category of transvestite and operated transvestite is typical of the so-called pre-gay period, a moment of the last years of Francoism and the first years of the democratic transition (1970-1982), a moment of intense transphobia and homophobia. The transsexual category, on the other hand, is marked by the gay period (1982-2005), a period of democracy and social and economic development. Finally, the transgender category of the post-gay period begins with the law on homosexual marriage in 2005 and its validation by the Spanish Constitutional Court in 2012. However, the author notes that these categories overlap and coexist. This study reaffirms that before the gay movement brought the visibility of homosexuality, the role of transvestites and cross-dressers in the history of sexual and gender liberation in Spain must be recognized.³²

In January 2022, the World Health Organization published the new version of the International Classification of Diseases (ICD XI), in which transsexuality is no longer considered a mental disorder, but is now classified as gender incongruence, a condition related to sexual health.³³ Another step towards reducing transphobia and depathologizing transsexuality.

4. Biomedical characteristics of the transgender population

Only two studies have focused on considering aspects related to the biological basis of transsexuality, based on hormonal findings and imaging studies.

In a cross-sectional case-control study, the presence of a polymorphism in the vitamin D receptor was analyzed in transsexual people who used estrogens continuously and in men who did not use estrogens. The results of this study showed

that no differences were found in the polymorphism of the vitamin D receptor, nor in the biochemical markers of calcium and hormones.³⁴ Another study states that there are reports in the literature of differences in the functional organization of the brain in cis people, but studies of transgender people and their respective brain differences are scarce. Thus, they suggest that a comparative study of cis and transgender people could help to understand functional brain networks in gender and its variants.¹²

One review presented studies in which neuroscientists describe the brain interaction that processes the sense of identity; that there is a genetic predisposition related to hormonal dysregulation in the development of the brain during its prenatal and neonatal development; that neural connection networks create the representation of the body, generating subjectivity; that brain changes that presuppose identity and self-awareness and that changes in these neural networks lead to transsexuality.³⁵

Among all the studies found in this research, we highlight those that address the issue of (non-)access, whether due to lack of training of professionals, lack of respect for the social name or even transphobia, as crucial issues to be discussed with regard to the care of trans people³⁶⁻³⁷, since it is up to professionals to respect gender diversity and sexuality and to guarantee and not violate the right to health care, especially for people in situations of greater vulnerability.

CONCLUSION

Spain was the country with the highest number of publications, in general, there was an increase in publications from 2018 onwards, with the most recent studies having a qualitative approach. However, studies with quantitative approaches and describing the profile of trans people treated in psychiatric services represented the majority of studies. These findings are similar to those of studies in Brazil, as they present sociodemographic characteristics, aspects related to discrimination and violence, and lack of preparation of health professionals.

The depathologization of transsexuality, the importance of trans people's access to all services, not only those related to psychiatry and/or gender identity, and the qualification of health professionals, were topics that were practically not addressed in the studies found. There was no study on the theme from the perspective of professional training in health and from an intersectional perspective. In order to improve the health care of trans people and guarantee them their citizenship rights, these issues need to be deepened and better discussed in future research.

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