Gender identity: Deconstructions and reconstructions for approaches in health

Identidade de gênero: Desconstruções e reconstruções para abordagens na saúde

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ABSTRACT
Objective: to elucidate publications and indicate reflections that describe and discuss the "state of the art", involving trans people and important agendas of the transsexualization process in health. Method: narrative review, with literature published in books and scientific evidence, as well as information on bills, resolutions and decrees, with reflections on the main historical perspectives, epistemological and contemporary aspects involving transgender people. Development: gender identity contemplates the essentialist, constructivist and post-structuralist perspective. In the post-structuralist perspective, gender would be a mechanism through which the notions of masculine and feminine are built, to be a woman is to become a woman insofar as the body is forced to correspond to a historical model of woman, materializing itself even within certain conditions, limits and possibilities delimited by culture. Over the decades, some rights have been achieved with the emergence of new forms of recognition of different gender identities. In the United States, in the National Transgender Discrimination Survey, one of the “Gender Not Listed Here” questions is already being considered. In Germany, the option "diverse" as a gender category, in certificates and other documents, is already part of the routine, including highlighting that binary designations would be discriminatory and violate guarantees of individual freedom. In Austria, for example, there is the option to register as a non-binary person since 2018, through the European Convention on Human Rights. In Japan, the gender considered X refers to a non-binary identity, known as an alternative to man and to woman. In Australia, the option of gender, in the passport, has already made possible some alternatives since 2003. In Brazil, some advances in ensuring respect for the gender identity of trans people can be highlighted. In 2018, a decision of the Federal Supreme Court authorized the change of the civil registry name and biological sex, without the need for surgery or a psychiatric report, dispensing with the opening of legal proceedings, and the procedure can be carried out directly at the notary's office. Science-based health is also a relevant issue and over the past 10 years, health research involving gender identity has increased significantly. This is inevitably reflected in care protocols, materials provided by the SUS, consensus and clinical guidelines. There are important data on the cardiometabolic vulnerability of the trans population, dermatoses, bone susceptibility, among other demands, due to hormone. In addition, health professionals, in most cases, are not trained with this type of content and the situation follows a vicious cycle. Final considerations: it is interesting to note how access to healthcare technologies, such as transgenitalization surgery or hormone, influence transgender identities, research about the construction of political identities, movements, highlighting the influence of social indicators of class and generation in the conflicts related to the identities of the transsexual woman and the non-binary trans. The

text brings fundamental reflections and allows health professionals to acquire and update their knowledge on this topic in a short period of time.

Keywords: gender, transgender, sexuality, health, diversity

RESUMO

Objetivo: elucidar publicações e indicar reflexões que descrevem e discutem o "estado da arte", envolvendo pessoas trans e agendas importantes do processo de transexualização em saúde. Método: revisão narrativa, por meio de literatura publicada em livros e evidências científicas, bem como informações sobre projetos de lei, resoluções e decretos, com reflexões sobre as principais perspectivas históricas, aspectos epistemológicos e contemporâneos, envolvendo os transgêneros. Desenvolvimento: a identidade de gênero contempla a perspectiva essencialista, construtivista e pós-estruturalista. Na perspectiva pós-estruturalista, gênero seria um mecanismo pelo qual se constroem as noções de masculino e feminino, ser mulher é se tornar mulher na medida em que o corpo é obrigado a corresponder a um modelo histórico de mulher, materializando-se, inclusive, dentro de certas condições, limites e possibilidades delimitadas pela cultura. Ao longo das décadas, alguns direitos foram conquistados com o surgimento de novas formas de reconhecimento das diferentes identidades de gênero. Nos Estados Unidos, na Pesquisa Nacional de Discriminação de Transgêneros, uma das questões “Gênero não listado aqui” já está sendo considerada. Na Alemanha, a opção "diverso" como categoria de gênero, em certidões e outros documentos, já faz parte da rotina, inclusive destacando que designações binárias seriam discriminatórias e violariam a garantia de liberdade individual. Na Áustria, por exemplo, já existe o direito de se registrar civilmente como pessoa não binária, desde 2018, por meio da Convenção Europeia de Direitos Humanos. No Japão, o gênero considerado X refere-se a uma identidade não binária, conhecida como alternativa ao homem e à mulher. Na Austrália, a opção de gênero, no passaporte, já possibilitou algumas alternativas desde 2003. No Brasil, alguns avanços na garantia do respeito à identidade de gênero das pessoas trans podem ser destacados. Em 2018, uma decisão do Supremo Tribunal Federal autorizou a alteração do nome do registro civil e do sexo biológico, sem a necessidade de cirurgia ou laudo psiquiátrico, dispensando a instauração de processo, podendo o procedimento ser realizado diretamente no escritório notarial. A saúde baseada na ciência também é uma questão relevante e, nos últimos 10 anos, a pesquisa em saúde, envolvendo identidade de gênero, aumentou significativamente. Isso se reflete, inevitavelmente, em protocolos de atendimento, materiais disponibilizados pelo SUS, consensos e diretrizes clínicas. Existem dados importantes sobre a vulnerabilidade cardiometabólica da população trans, dermatoses, suscetibilidade óssea, entre outras demandas, devido à hormonização. Além disso, os profissionais de saúde, na maioria das vezes, não são capacitados com esse tipo de conteúdo e a situação segue um ciclo vicioso. Considerações finais: é interessante notar como o acesso às tecnologias na área da saúde, seja cirurgia de transgenitalização ou hormônio, influencia a formação de identidades trans, pesquisas sobre a construção de identidades políticas, movimentos, destacando a influência de indicadores sociais de classe e geração de conflitos relacionados às identidades da mulher transexual e do trans não binário. O texto traz reflexões fundamentais e permite que aos profissionais de saúde adquiram e atualizem os conhecimentos sobre este tema, em um curto espaço de tempo.

Palavras-chave: gênero, transgênero, sexualidade, saúde, diversidade.

1 INTRODUCTION

1.1 GENDER STUDIES AND INITIAL GUIDELINES

There is a relative consensus about the use of the term “trans people” as a category capable of encompassing different expressions of identity, such as transvestites, transsexual women and trans men (Carvalho, 2018). Trans people have always existed in human history. According to the cartoonist Laerte Coutinho, we would be experiencing, in Brazil, an awakening for transgender people. Moment of "falling of the veils", where transgender identities, which were hidden, are revealed.

According to Lanz (2017), transgender studies began to be introduced in universities from "Feminist Studies" and "Queer Theory", dealing with themes related to gender diversity, sexuality, identity and corporeality, languages and cultures, dedicating special attention to the sociopolitical, legal and economic consequences of non-compliance with gender norms. The transgender person would be the one who transgresses the norms of the binary gender device, guided by the traditional image of man/woman or masculine/feminine.

It is important to highlight some differences that commonly make it difficult to understand transgender, often confused with affective-sexual direction (sexual orientation). Gender identity refers to the way a person feels in society, normally structured in a binary way (man or woman), which takes on morphological aspects, based on the genital. Affective-sexual direction, also called sexual orientation, according to some authors, in turn, refers to the way a person expresses their affective and sexual desire towards another person (homosexual, heterosexual, bisexual, asexual, pansexual etc.). Almeida and Vasconcelos (2018) point out that the lack of knowledge and the confusion between terms affect the understanding of specific problems of trans people, as well as the recognition of their existence. In this sense, it is plausible to elucidate that a person can be trans (gender identity) and homosexual (affective-sexual direction), for example.

The binary structure of gender identities takes into account the fact that the person identifies himself as a “man” or as a “woman”. However, there are other possibilities, between these extremes, such as non-binary, a-gender and fluid gender identities. Trans people can understand themselves as binary people (trans-man and trans-woman). On the other hand, there is the understanding that the transgender, in itself, refers to a non-binarity of gender, too. In any case, the term trans it's like a term "umbrella" for identities that diverge from the hegemonic binary and normative gender system in force in western society.

The term trans (transgender person) comes from Latin and means opposite side, something that is beyond, while the term cis (cisgender person) refers to the same side, conformity (Lanz, 2017). In this sense, transgender people are those who do not identify with the gender assigned to them at birth, being socialized with the gender that, in some way, does not correspond to their gender identity. In this article, we adopt the term trans (transgender) because we consider it more comprehensive, including in this category transvestite, transsexual, a-gender people, among other forms of gender identity, which transgress the cis-normative hegemonic system. It must also be considered, as Almeida (2012), that transsexuality is a complex identity experience, which limits the definition of a universal concept, since it is crossed by different social indicators, in the context of intersectionality.

Therefore, the objective of this narrative review was to elucidate publications and indicate reflections that describe and discuss the "state of the art", involving trans people and important agendas of the transsexualization process in health.

2 METHOD

Narrative review, with literature published in books and scientific evidence, as well as information on bills, resolutions and decrees, with reflections on the main historical perspectives, epistemological and contemporary aspects involving transgender people.

3 DEVELOPMENT

3.1 HISTORICAL AND EPISTEMOLOGICAL PERSPECTIVES

Historically, transgender studies can be understood in three periods. In the first, both biological sex and gender would have biological origin, so that the differences between men and women would be the result of natural factors, inherited genetic attributes and, therefore, immutable. The second period would accompany the rise of feminism, gender would be understood as social and sex as morphological/biological. This last way of thinking, despite introducing the concept of gender as a social construction, still reinforces the dimension of the physical body, on which the embodiment of gender would take place. In the third period, both gender and biological sex would be considered normative discourses, language artifices that would support the binary gender device, understood as a mechanism of hierarchization and social control, vanishing the biological deterministic dimension (Lanz, 2017).

Gender identity, from the epistemological point of view, contemplates the essentialist, constructivist and post-structuralist perspective. The essentialist approach predicts the existence of innate and stable differences between the biological sexes. In the essentialist view, gender would be conceived in a binary, immutable and innate way, with a deterministic character, to describe personalities and cognitive processes (Harding, 1986; Nogueira, 2001). For Lanz (2017), this deterministic / biologicist approach supports the more traditional and conservative perspectives of sexology, genetics, biology, psychiatric medicine, clinical psychology and education. The constructionist approach, in contrast to the essentialist approach, presupposes that people are products of a social process (Nogueira, 2001), starting from the concept of biological sex as the basis for a social construction of gender. One of the criticisms of this conception refers to treating biological sex as the basis for the social construction of gender. Although it represents an advance in relation to the previous approach, transgender is now understood as a matter of deviation from norms, being placed in the sphere of mental disorder and sexual perversion, which could justify conversion therapies (Lanz, 2017). Both essentialism and constructivism came to be contested in post-structuralist thought, influenced by the third wave of feminism, of which the philosopher Judith Butler is one of the greatest expressions. The distinction between sex, as a biological fact, and gender, as a social construction or cultural meaning of sex, was criticized, because for post-structuralism both gender and biological sex, and even the body itself, do not have their own existence, being subject to social forces. In this sense, “gender would not be to culture as sex is to nature”; gender is the discursive/cultural medium by which "sexual nature" or "natural sex" is constructed and established as "pre-discursive", prior to culture: a politically neutral surface on which culture will act" (Lanz, 2017). In the post-structuralist perspective, gender would be a mechanism through which the notions of masculine and feminine are built, to be a woman is to become a woman insofar as the body is forced to correspond to a historical model of woman, materializing itself even within certain conditions, limits and possibilities delimited by culture. Thus, from birth, we would have a gender for a supposed biological sex. However, Lanz (2017) considers that gender is not a natural consequence of anatomy, being a woman does not come from the fact that a person is born with certain genitalia, but from performing a socially sanctioned behavior considered to be true and natural. From Butler's perspective, gender identity is disconnected from any “essence”, being produced and reproduced due to the performative character of the genre. Thus, the regulatory norms of gender compulsorily reiterated the

dominant logic characterized by a cisgender-heteronormative system, to which all people must submit.

3.2 TRANSGENDER IN A CONTEMPORARY PERSPECTIVE

Over the decades, some rights have been achieved with the emergence of new forms of recognition of different gender identities. In the United States, in the National Transgender Discrimination Survey, one of the “Gender Not Listed Here” questions is already being considered (Harrison et al., 2012). In Germany, the option "diverse" as a gender category, in certificates and other documents, is already part of the routine, including highlighting that binary designations would be discriminatory and violate guarantees of individual freedom (Eddy, 2018). In Austria, for example, there is the option to register as a non-binary person since 2018, through the European Convention on Human Rights. In Japan, the gender considered X refers to a non-binary identity, known as an alternative to man and to woman. In Australia, the option of gender, in the passport, has already made possible some alternatives since 2003.

In Brazil, some advances in ensuring respect for the gender identity of trans people can be highlighted. In 2018, a decision of the Federal Supreme Court authorized the change of the civil registry name and biological sex, without the need for surgery or a psychiatric report, dispensing with the opening of legal proceedings, and the procedure can be carried out directly at the notary's office (Richter, 2018). In this sense, the Public Defender of the State of Rio de Janeiro, through the Nucleus for the Defense of Sexual Diversity and Homosexuals (Nudiversis), to guide and ensure that trans people, without financial resources, so that they have access to the necessary documents. Arán et al. (2009) consider an advance made possible by the institutionalization of care for trans people, in understanding health programs, as a reference in the principles of the Unified Health System in Brazil (SUS), which allowed the expansion of the notion of health, not restricted to the absence of disease.

In Brazil, the Federal Council of Psychology recognizes the legitimacy of the existence of trans people and emphasizes the importance of Resolution, number 01 of 2018. This resolution was published by unanimous decision of all Regional Councils of Psychology, providing guidance so that transvestilities and transsexualities are not considered pathologies, in order to contribute to the elimination of transphobia, reaffirming the commitment to the depathologization of identities, gender expressions and affective-sexual directions, valuing the ethical and political commitment, in the

defense of humanity. The removal of transsexuality from mental disorders is really a historic moment, which consolidates the decades of struggles and studies that have been advancing, in order to guarantee that each person can have the autonomy to define and live their gender, that is, it preserves the autonomy of people to build, in a very unique way, their gender identities. This represents the respect and maintenance of the dignity of these people, who are experiencing gender identities in a different way from what, hegemonically and historically, was expected.

These advances, however, seem to have repercussions on brazilian society, a leader in the practice of transphobia crimes. Vieira Júnior and Pelúcio (2020) conducted research, in digital media, during 2015 and 2018, in which they analyzed the "Fake News" (false news), related to "memes" about gender identity, short texts of a humorous nature than they called it “gender ideology”. The strategies used would act to create a climate of “moral panic”, in which the transgender person would be associated with a threat, which should be rejected when not eliminated, to social health. Moral guidelines resentment-based, against the acquired in recent decades, on sexuality and gender equality. It is observed that the "memes" were used to delegitimize gender theory, converted into "dangerous ideology", which occurs in the context of conservative resurgence, from the June 2013 (acts in favor of the impeachment of President Dilma Rousseff occurred in 2016) and with the election of Jair Bolsonaro to the presidency of the republic in 2018.

The creation of a context of “moral panic” would be based on the idea of fear, based on the shaking of hierarchical gender structures and on the investment in resentment and hate strategies. Thus, in digital media, gender studies (Queer Theory and Feminist Studies) would come to be attacked and delegitimized, superimposing opinions about arguments (anti-intellectualism and denial), transforming education to include gender and sexuality in schools, in the “gay kit”. In this process, if there is a need for “moral cleansing”, “social cleansing” becomes justifiable, demonization, persecution and elimination of what corresponds to a supposed threat to social order, perceived as homogeneous and orderly.

Despite the increasing visibility and interest in the topic of transgender, many transgender people live with prejudice and social discrimination, with difficulty in accessing and remaining in schools and universities and reception for work being difficult. According to Almeida and Vasconcelos (2018), there is an underreporting of data on the transgender population in Brazil, such as the demographic census of the Brazilian Institute of Geography and Statistics. The lack of data is reflected in the absence

of programs, focused on education and work, on preventing diseases and combating sexual exploitation.

In this context, it is important to highlight the quotas in public universities, aimed at trans people, as well as research and extension projects such as the TransGarçonne of the Federal University of Rio de Janeiro, coordinated by professor Renato Augusto da Silva Monteiro, who helps qualify trans people, enabling more jobs, involving Gastronomy, and the PlurAll Project, conversation for all - from the Arthur de Sá Earp Neto University Center / Petrópolis Medical School (UNIFASE/FMP), which has partnerships with other Education, Research and Extension Institutions, coordinated by Professor Felipe de Souza Cardoso, who aims to sensitize health professionals about the importance of gender diversity: Federal University of Rio de Janeiro (UFRJ), Fluminense Federal University (UFF), Federal University of the State of Rio de Janeiro (UNIRIO), State University of Rio de Janeiro (UERJ), Faculty Bezerra de Araújo (FABA) and Federal University of Mato Grosso (UFMT).

3.3 HEALTH AND THE TRANSSEXUALIZATION PROCESS

According to Barbosa (2013), the term transsexual was created in the context of the regulation of surgical practices in the United States, with intense production on the subject in different academic areas, being systematized by Harry Benjamin. From the 1970s and 1980s, the first transgenitalization surgery would have taken place in Brazil, being performed by Dr. Roberto Farina. This fact is what is reported by João W. Nery in his book “The Solitary Journey: memories of a transsexual thirty years later”, where he tells the difficulties in performing the transgenitalization surgery, that was not completed due to the arrest of the doctor accused of bodily injury (Nery, 2011). From Resolution 1482 of 1997 of the Federal Council of Medicine, transgenitalization surgeries are no longer considered a crime of mutilation and are now performed on an experimental basis, that is, initially restricted to some university hospitals in the country (Carvalho, 2018).

Reassignment surgery, also understood as transgenitalization or sexual readjustment, generated an intense debate about legality. In 2002, the Federal Council of Medicine began to allow female transgenitalization surgery - neocolpovulvoplasty (surgery to construct the vagina) and neophalloplasty (surgery to construct the penis) in any public or private health institution, as long as they followed a strict selection program carried out by a multidisciplinary team (Barbosa, 2013). It should be emphasized that not all trans people have dysphoria in relation to their genitals or wish to undergo

transgenitalization surgery, with the desire to use hormones being more common, which largely contemplates personal expectations, favoring the social reading of gender with the which the person identifies.

An ordinance number 1707, of August 18 (2008) from the Ministry of Health, incorporated the “transsexualization Process” as a public health program in the SUS assistance network. In it, technical and ethical guidelines for the transsexualization process were established, recognizing that "sexual orientation and gender identity are determinants and conditions of the health situation, and that malaise and the feeling of inadequacy in relation to anatomic sex of transsexual users must be welcomed and treated by the SUS”, thus following “the precepts of universality, integrality and equity of care” (Arán et al., 2009). The opinion indicates the principles of bioethics, considering the principle of beneficence and the principles of autonomy and justice, providing for the freedom of self-determination of the body and avoiding possible discrimination (Franco et al., 2010). In 2010, the removal of breasts, ovaries and uterus for transsexual men was no longer considered experimental by the Council of Medicine.

In Brazil, many transsexual, users who need health services, are in a vulnerable psychological, physical and social state, expressing intense suffering, which demands access to not only psychological support, but also social assistance. Access to hormone and/or sex reassignment surgery allows the construction of a network of recognition and social inclusion. However, despite predicting the hormone and transgenitalization surgery, access is difficult and the waiting time for surgery is longer than estimated. The number of surgeries already performed on transsexual women is much higher than that of surgeries performed on transsexual men. Transsexualization is considered more complex and with worse results, which is why it remains an experimental surgery (Arán et al., 2009). The University Hospital Clementino Fraga Filho at UFRJ has performed transgenitalization surgeries since 1997, following certain criteria for the selection of patients, which occurs through the evaluation of a multidisciplinary team and a two-year follow-up, which is due to the complexity and irreversibility procedures (Franco et al., 2010). The multidisciplinary team is usually formed by a genital reconstructive surgeon (urologist and/or gynecologist), psychiatrist, psychologist, endocrinologist, plastic surgeon, social assistant and nurse. The professionals involved may vary, as well as other specialties may be part of the team, such as geneticist, general surgeon, anesthesiologist, breast cancer specialist, otolaryngologist, voice specialist and nutritionist. In general: "it is noted that one of the main challenges for the implementation of this type of care is the

professional qualification of the interdisciplinary team and humanization actions, so that quality care is provided without discrimination" (Arán et al., 2009).

Borba (2016) conducts research involving ethnography, in which he investigates the reference services in the Transsexualization Process. The issue revolves around the tensions between the SUS biomedical narratives, based on the in the Resolutions of the Medical Council, International Classification of Diseases and Related Health Problems and the different experiences of transsexuality. These do not always correspond to the standard prescribed in the protocols. In order to access hormone and/or sex reassignment surgeries, trans people learn to monitor their actions and speeches, bodies and gestures, in order to fit the diagnosis of the expected transsexual model. Thus, in order to have guaranteed access to health, the Transsexualization Process would be disciplining and punishing, in Foucault's perspective, actions to the standard expected by the medical team, trying to be the “true transsexual”. As a result, patients would be forced to monitor their performances, producing other understandings about their bodies and identities.

Arán et al. (2009) discuss the challenges for public health management, regarding the need to understand gender identity, which is based on a pathologizing biomedical model, which does not encourage comprehensive health, given the different experiences of transsexuality, and should articulate dominant biopolitical knowledge and local and minority knowledge. Coacci (2019) considers that one of the main demands of the trans international movements was the depathologization of transsexuality as a mental disorder. In June 2018, the World Health Organization (WHO) made significant changes to the International Classification of Diseases, the ICD-11, leaving transsexuality to be classified as a mental disorder. The name of the code is no longer transsexualism, being classified as a gender incongruity, within the chapter on “conditions related to sexual health”. There are still doubts and questions about how these changes will be incorporated into the SUS transsexualization process. Carvalho (2011) indicates fear, on the part of some sectors of the trans movements, in relation to the removal of transsexuality from mental disorders, especially with regard to the responsibility for the cost of care, which is currently offered free of charge.

According to Almeida (2012), the use of hormonal enhances what we call “passability”, which refers to the non-social identification of the trans person as a transsexual. The use of hormones and the removal of the breasts, in trans men, favor bodily changes, helping to avoid situations of violence. Considering trans men, due to the use of testosterone, usually presents better results, when compared to the same process in

trans women, that occurs with the use of antiandrogens and estrogens. Access to better results regarding the "passability" of trans men, would contribute to a certain invisibility, distancing themselves from demands for politics and, as a result, trans women feel more lonely in collective claims.

3.4 SCIENTIFIC EVIDENCE INVOLVING HEALTH AND GENDER IDENTITY

Over the past 10 years, health research involving gender identity has increased significantly. However, the number of publications (clinical trials, systematic reviews and meta-analysis) is limited. In the health area, this is inevitably reflected in care protocols, materials provided by the SUS, consensus and clinical guidelines. In addition, health professionals, in most cases, are not trained with this type of content and the situation follows a vicious cycle.

Nobili et al. (2018) made themselves available to study, through systematic review and meta-analysis, the quality of life of transgender adults who wanted treatment. Sullivan et al. (2019) were already interested in the dermatological area of transgender people. McFarlane et al. (2018) emphasized the study of hormones and the possible risks of sex hormone-dependent tumors. Baram et al. (2019) researched the preservation of fertility among transgender adolescents and young adults, because some have the need to have a child based on their genetic material in the future. Therefore, the transgenitalization surgery is not performed and the hormonal treatment is very well monitored, as well as the period in which the testosterone treatment is stopped. Social stress and mental health among transgender people is also a researched target in the United States of America, as indicated by Valentine and Shipherd (2018).

There are still many gaps, considering gender identity in the health area. Some researchers, for example, are trying to study anthropometry, studying the perimeter of the pectoral in transgender men, such as Cohen et al. (2019). However, there is still a lack of data that could possibly guide the practice. Kahan et al. (2019) indicate a concern about the increased risk of venous thrombotic among transsexual women undergoing estrogen therapy. In fact, sex steroids indicate, in other studies, a possible correspondence with cardiovascular outcomes among transgender individuals, as in the publication by Maraka et al. (2017).

Kahan et al. (2019) indicated the objective of better understanding the thrombotic risk in transsexual women after estrogen therapy. This study estimated the incidence rate of venous thromboembolism among transgender women in hormone. However, due to

heterogeneity, this estimate cannot be reliably applied. There is not enough information in the literature, considering control for tobacco use, age, obesity, different estrogenic and combined formulations, as well as administration route, for example, which would be important limitations. All of this would be necessary to confirm this thrombotic risk and clarify a more appropriate therapy, too.

Defreyne et al. (2019) studied the effects of hormone on blood biomarkers: lipids, metabolic and cardiac. They also considered the quality of life, satisfaction and psychological well-being, when trans men and women, in hormone, starting to have more comfort with their bodies, both for themselves and considering how they are recognized by society. However, they considered the higher incidence of cardiometabolic morbidity and mortality among cis-gender men, when compared to cis-gender women. This is highly associated with cardiometabolic risk after androgen therapy. The results indicated that most of the available literature on transgender people, who adhere to standard treatment regimens, consists of cross-sectional studies, with insufficient duration and limited sample of volunteers in participation. This is reflected when assessing cardiometabolic risk markers, indicating inconclusive data. Hormonization, among transgender people, affects total body mass, body fat and lean body mass, according to a meta-analysis developed by Klaver et al. (2017). These authors considered, in their study, that hormonization among trans people would lead to changes in total body mass and body composition, but there are no parameters for comparison, such as references to the collectivity. This review considered ten studies about changes in total body mass, body fat and lean mass among transgender people. In the total of those involved, in the articles analyzed, 171 were trans women and 354 were trans men. The results among trans women indicated an average increase of 1.8kg for total body mass and 3.0kg for body fat, with a reduction of 2.4kg for lean mass. Trans men indicated a mean increase of 1.7kg in total body mass, a reduction of 2.6kg in fat mass and an increase of 3.9kg in lean mass. Hormonization, therefore, influenced the increase in total body mass in both groups. Possibly, these changes increase the risk of cardiometabolic disease in the group of trans women.

According to Cunha et al. (2018), reduced doses of estrogen could already normalize testosterone concentrations, normalizing estradiol concentrations in women. It's important to remember that sex hormones can also modulate behavior. This context was studied by Rowniak et al. (2019), who thought about possible changes in quality of life, influencing trans people's susceptibility to depression and anxiety. Both behavioral

changes, directly, and their outcomes (eg, reduced immunity), could be correlated with changes in the vaginal microbiota, for example. This fact was studied by Kaufmann et al. (2014), who investigated, in an experimental way, the ability of a preparation with lactobacilli, after ingesting, to improve the quality of the vaginal microbiota, in transsexual men and women. One of the few issues discussed, among the scientific evidence, concerns transgender involvement in sport. According to Jones et al. (2017), is a widely contested issue in the literature, among sports organizations, other competitors and spectators. Many of the questions are based on the assertion that there is an athletic advantage (especially considering trans women) and some sports organizations require from potential transgender competitors, transgenitalization surgery, reinforcing the feeling of discrimination. In this publication, the researchers indicate the lack of inclusive and comfortable environments as the main complicating factor. According to the results of the work, there is no direct or consistent research suggesting that transsexual individuals have any athletic advantage, at any stage of their transition, such as in hormoneization and surgery. Therefore, the restrictions imposed on transgender people need to be discussed and studied.

Questions related to bone health are also discussed, as in the study by Delgado-Ruiz et al. (2019). They analyzed the long-term effects of drug therapy on bone health parameters and bone mineral density in transgender patients. Trans women (n = 921) were more frequent than trans men (n = 719). Treatments for trans women were based on antiandrogens, estrogens, drugs and transgenital surgery, while for trans men treatments were based on the use of various forms of testosterone and transgenital surgery. Serum concentrations of calcium, phosphate, alkaline phosphatase and osteocalcin remained stable. Serum type 1 procollagen increased in trans women and trans men, while type 1 collagen indicated contradictory concentrations between trans women and trans men. There was a reduction in bone mineral density, among transsexual patients who received hormone for a prolonged period. An important issue in this study is the age group considered in the baseline clinical trials. These data could justify the results indicated in bone mineral density, which who will be more susceptible to catabolism, from the age of 30, for example. Singh-Ospina et al. (2017) reinforces this influence of sex steroids on the bone health of transgender individuals. Cohen et al. (2019) investigated the anthropometry of the pectoral region, the first surgery among transsexual men, which stimulates the assimilation of masculinity, for some people. The construction of a thorax, for this aesthetic demand, requires alignment of the breast volume, proper placement of

the complex between areola and nipple and removal of the inframammary fold. Although there are many techniques already consolidated, there is no consensus about how to approach surgery. In this publication, 22 articles (total of 2447 patients) were considered. The surgical treatment of gender dysphoria continues to increase, therefore it is necessary that professionals involved are trained, not only those directly involved at the time of surgery, but also in the pre and postoperative periods. Anthropometric and body composition follow-ups also demand more scientific evidence.

4 FINAL CONSIDERATIONS

It is interesting to note how access to healthcare technologies, such as transgenitalization surgery or hormone, influence transgender identities, research about the construction of political identities, movements, highlighting the influence of social indicators of class and generation in the conflicts related to the identities of the transsexual woman and the non-binary trans. About the identities of transvestites and trans women, it is observed that the social experiences of transvestites are closer to the popular classes, where there is less tolerance, with transsexuality being perceived as “naughtiness” and “sin”. Thus, the experience of violence would be part of the transvestite identity from the family context, being expelled from the house, being associated with the experience of prostitution. In this sense, they would develop a better relationship with the penis as a result of sex activities with less demand for transgenitalization surgeries. Unlike the transvestite femininity seen as more daring, "pombagira femininity", transsexual women, commonly coming from the middle classes would be seen as holders of a "bourgeois femininity", demure and delicate, being understood by families as people who demand psychological care. In this case, the trans woman would be understood as a case of mental deviation and not moral deviation, being more inserted in the context of medicalization and health care, that includes transgenitalization. In the case of “trans men” / “non-binary men” there is a dispute between the terms, so that non-binaries would have a younger profile, formed in part by young people, from the middle and upper classes, who consider themselves trans people, claiming a certain fluidity of gender. The text brings fundamental reflections and allows health professionals to acquire and update their knowledge on this topic in a short period of time.

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