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The Historical Profile of the National Panorama of the Tran Sexualizing Process in Brazil

O Recorte Histórico do Panorama Nacional do Processo Transexualizador no Brasil

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Resumo

O processo transexualizador vem ganhando destaque na área da saúde pública sendo incorporado diversos procedimento no sistema único de saúde. O objetivo do estudo foi quantificar as modalidades de atendimento ambulatorial e hospitalar do Processo Transexualizador (PrTr) no sistema único de saúde no período de 2014-2018 nas diferentes regiões brasileiras. Trata-se de um estudo ecológico de série temporal, cujos dados foram obtidos por meio de consulta à base de dados Sistema de Informação Hospitalar (SIH), disponibilizados pelo Departamento de Informática do Sistema Único de Saúde (DATASUS). A população de estudo foi constituída por todos os casos do Processo Transexualizador no Brasil dentro do período selecionado, incluindo acompanhamentos clínicos pré e pós-operatórios; hormonioterapia e procedimentos cirúrgicos. Durante o período de 2014 a 2018 no Brasil foram realizados 31.615 procedimentos envolvendo o PrTr. As Regiões Sul e Sudeste apresentaram os maiores quantitativos de pacientes no PrTr nos âmbitos ambulatorial e hospitalar. Em contrapartida, na Região Norte nenhum procedimento foi contabilizado. A importância do tema se apresenta na evidência da ampliação de procedimentos realizados em escala nacional, para a necessidade de atenção à saúde dos pacientes submetidos ao PrTr e capacitação dos profissionais da área de saúde.

Palavras-chave: Política de Saúde. Transexualidade. Pessoas Transgênero. Procedimentos de Readequação Sexual. Cirurgia de Readequação Sexual.

Abstract

The transsexualization process has been gaining prominence in the area of public health, with several procedures being incorporated into the unified health system. Objective is to quantify the modalities of outpatient and hospital care of the Transsexualization Process (PrTr) in the unified Health System in the period 2014-2018 in different Brazilian regions. This is an ecological time series study, whose data were obtained by consulting the Hospital Information System (SIH) database, made available by the Informatics Department of the Unified Health System (DATASUS). The study population consisted of all cases of the Transsexualization Process in Brazil within the selected period, including pre and postoperative clinical follow-ups; hormone therapy and surgical procedures. Result: During the period from 2014 to 2018 in Brazil, 31,615 procedures were performed involving PrTr. The South and Southeast regions had the highest numbers of patients in the PrTr in outpatient and hospital settings. On the other hand, in the North Region, no procedure was accounted for. Conclusion: The importance of the topic is shown in the evidence of the expansion of procedures performed on a national scale, for the need for health care of patients undergoing PrTr and training of health professionals.

Keywords: *Health Policy. Transsexualism. Transgender Persons. Sex Reassignment Procedures. Sex Reassignment Surgery.*

1 Introduction

The Transsexualizing Process (PrTr) is defined as the set of care actions, being related to the Unified Health System (SUS) and focused on the care and integral care of transsexuals and transvestites. In this sense, the main objective is to carry out bodily changes in order to obtain a consonance between physical appearance and gender identity [1].

Differently from what is thought, sexual reassignment surgeries are dated from Ancient Rome. However, these interventions were very precarious and gross, approaching much more to castration than to the formation of the neovagina[2]. In this sense, over time, surgery was incorporated into new techniques, but only in 1997 the Federal Council of Medicine (CFM) authorized, through Resolution number 1.482, trans genitalization surgeries in transsexual patients in Brazil[3]. Only the therapeutic character of this intervention was affirmed, since it was believed that these patients were carriers of permanent psychological deviation disorders and sexual identity, with rejection of the phenotype and tendency to self-mutilation or self-extermination. This surgical intervention followed a rigid program to confirm the diagnosis, of at least two years, with a multiprofessional team and follow-up by a psychiatrist[1].

In 2008, there was legal progress of surgery through Ordinance number 1.707 of the Ministry of Health and Ordinance number 457 of the Health Care Secretariat, which establish, respectively, the PrTr within the SUS and its regulation, bringing the need for comprehensive health care

of this population group. Such regulations included universal access to discrimination-free treatment, with the attention of a multidisciplinary team and with necessary hormonal and surgical treatment, actions that until then were forgotten for this population[4].

The Ordinance of 2008, was revoked by Ordinance number 2.803, of November 19th, 2013, in order to strengthen the need for integration, with the actions and services in service to the PrTr, having as the gateway the basic health care, including reception and humanization of care, free of discrimination, through the awareness of workers and other users of the health unit to respect differences and human dignity, at all levels of care[5]. Therefore, there is not only the establishment of guidelines for comprehensive care in a restricted way, but also the formulation of actions necessary to guarantee the right to health of this population minority[6].

According to the resolutions of Ordinance number 2.803, of November 19th, 2013, there are modalities of care for patients involved in the PrTr, being they outpatient and hospital context, intended to promote the specialized attention. Outpatient actions consist of clinical follow-up, pre- and postoperative follow-up and hormone therapy. Whereas hospital actions consist of performing surgeries and pre- and postoperative follow-up of these patients[5].

Among the surgical procedures there is the RSSM, which consists of bilateral orchiectomy with penis amputation and neo colpoplasty (construction of neovagina); the thyroplasty, which is the reduction of the Adam's apple with a view to the voice feminization and/or the vocal cords stretching; Bilateral Simple Mastectomy, with resection of both breasts with repositioning of the nipple-areolar complex; and Hysterectomy with bilateral anectomy and colpectomy, with resection of the uterus and ovaries, with colpectomy. There are also Complementary Surgeries of Sexual Reassignment, which consist of surgeries such as: reconstruction of the vagina performed, meatotomy, meatoplasty, aesthetic surgery for complementary corrections of the large lips, small lips and clitoris and treatment of dehiscence and fistulectomy; and the Bilateral Reconstructive Breast Plastic including Bilateral Silicone Breast Prosthesis, which is a complementary surgery to the RSSM process in the PrTr. It should be noted that all modalities of care should be carried out in health establishments registered in the National Registry System of Health Establishments (SCNES), having technical conditions, physical facilities and adequate human resources[7].

In view of the above, the article intends to quantify the modalities of outpatient and hospital care, covering the clinical follow-up before and after surgery, hormone therapy and surgical procedures performed in Brazil. Thus, the aim is to bring the number and prevalence of approved procedures in Brazilian macroregions from 2014 to 2018.

2 Material and Methods

This is an ecological time series study, whose data were obtained by consulting the Outpatient Information System (SIA) databases and Hospital Information System (SIH) database, made available by the Informatics Department of the Unified Health System (DATASUS), on the electronic address (http://www.datasus.gov.br), which was accessed on April 04th of 2019.

The study population consisted of all cases of the Transsexualizing Process in Brazil within the selected period, including pre- and post-operative clinical follow-ups; hormone therapy; Male Sexual Reassignment; Thyroplasty; Bilateral Simple Mastectomy; Hysterectomy with Bilateral Adnexectomy and Colpectomy; Complementary Surgeries of Sexual Reassignment; And Bilateral Reconstructive Breast Plastic including Bilateral Silicone Breast Prosthesis.

The numbers of approvals of outpatient (place of care) and hospital (place of hospitalization) procedures were recorded by macroregion and year from 2014 to 2018. This period was chosen due to the changes that occurred with the repeal of Ordinances number 1.707 and number 457 of August 2008, by Ordinance number 2.803, of November 19th, 2013.

3 Results and Discussion

During the period from 2014 to 2018 in Brazil, 31,297 procedures were performed in the outpatient setting, and 318 in the hospital environment, totaling 31,615 procedures involving the PrTr (Table 1).

Table 1 - Outpatient and hospital production approved per year according to Procedure

Procedure	2014	2015	2016	2017	2018	Total
Outpatient Production						
Follow-up in the exclusive transsexualizing process in the preoperative and postoperative stages	2,750 (12.04%)	3,090 (13.53%)	4,318 (18.90%)	6,052 (26.50%)	6,625 (29.01%)	22,835
Hormonal therapy in the transsexualizing process	-	52 (1.51%)	159 (4.63%)	1,295 (37.73%)	1,926 (56.11%)	3,432
Hormonal treatment preparatory for sexual reassignment surgery in the transsexualizing process	-	16 (0.90%)	227 (12.77%)	673 (37.87%)	861 (48.45%)	1,777
Follow-up in the transsexualizing process exclusively for clinical care	379 (11.65%)	230 (7.07%)	338 (10.39%)	1,344 (41.31%)	962 (29.57%)	3,253
Total	3,129 (9.99%)	3,388 (10.82%)	5,042 (16.11%)	9,364 (29.91%)	10,374 (33.14%)	31,297

Procedure	2014	2015	2016	2017	2018	Total
Hospital Production						
Sexual reassignment in the male sex	17 (11.25%)	23 (15.23%)	38 (25.16%)	39 (25.82%)	34 (22.51%)	151
Thyroplasty	-	2 (16.66%)	1 (8.33%)	3 (25,00%)	6 (50.00%)	12
Bilateral simple mastectomy under transsexualizing process	1 (4,34%)	4 (17.39%)	4 (17.39%)	3 (13.04%)	11 (47.82%)	23
Hysterectomy with bilateral anectomy and colpectomy under transsexualizing process	1 (4,76%)	4 (19.04%)	2 (9.52%)	11 (52.38%)	3 (14.28%)	21
Complementary surgeries of sexual reassignment	4 (5.12%)	15 (19.23%)	11 (14.10%)	18 (23.07%)	30 (38.46%)	78
Plastic bilateral reconstructive breast including bilateral silicone breast prothesis in the Tran sexualizing process	1 (3.03%)	5 (15.15%)	6 (18.18%)	9 (27.27%)	12 (36.36%)	33
Total	24 (7.54%)	53 (16.66%)	62 (19.49%)	83 (26.10%)	96 (30.18%)	318

Source: resource data.

The Transsexualizing Process in SUS instituted by Ordinances number 1.707 and number 457 of August 2008, redefined and expanded by Ordinance number 2.803, of November 19th, 2013, has as main objective to ensure comprehensive health care to trans people, including reception and access with respect to SUS services, from actions considered simple, such as the use of social name, to more complex procedures, such as sexual reassignment surgeries. Within this context, the National Policy for Integral Health of Lesbians, Gay, Bisexual, Transvestites and Transsexuals (LGBT) has two categories of promotion and health care: Primary Care and Specialized Care [5].

Primary Care, as a component of the Health Care Network (RAS), functions as the main access of the user in the network, containing obligations such as: to carry out the reception, care, follow-up, and, when necessary, according to previous identification of their demands, the referral to specialized services in PrTr[5]. In reference to such services, outpatient care should have at least: a psychiatrist or a psychologist; a social worker; an endocrinologist; a general practitioner; a nurse; and a technical manager with proven experience in the area of PrTr. Whereas the hospital demand should include: a urologist, or a gynecologist or a plastic surgeon; a psychiatrist or a psychologist; an endocrinologist; a social worker; as well as nurses and nursing technicians [5,8,9]. However, according to the quantitative analyzed, the effectiveness of PRTR in relation to the fulfillment of the necessary steps in Specialized Care is investigated. A good example of this is the difference among the Brazilian macroregions, where there is a large amount of surgical procedures in the Southeast Region, when, in contrast, the Midwest and North Regions deal with the small amount or absence of specialized centers qualified by the Ministry of Health.

The South and Southeast regions presented the highest numbers of patients in the PrTr in both areas, and covered 26,469 procedures in total, which corresponds to 83.72%, being 15,316 procedures (48.44%) referring only to the Southeast Region (Table 2). On the other hand, in the North Region, no procedure was accounted for.

Table 2 - Outpatient and hospital production approved per Region according to Procedure

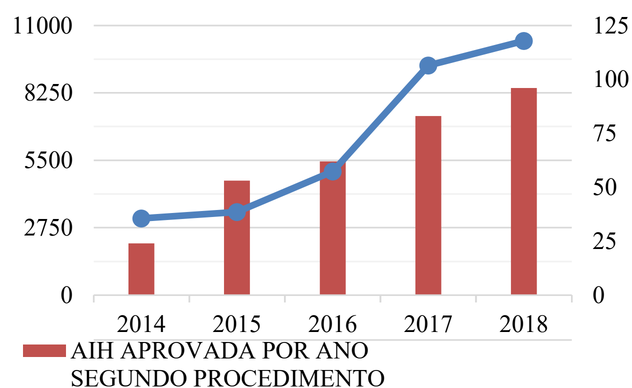
Procedure	Northeast Region	Southeast Region	South Region	Central-West Region	Total
Outpatient Production					
Follow-up in the exclusive transsexualizing process in the preoperative and postoperative stages	3,708 (16.23%)	13,196 (57.78%)	5,931 (25.97%)	-	22,835
Hormonal therapy in the transsexualizing process	412 (12.0%)	743 (21.64%)	2,277 (66.34%)	-	3,432
Hormonal treatment preparatory for sexual reassignment surgery in the transsexualizing process	544 (30.61%)	-	1,233 (69.38%)	-	1,777
Follow-up in the transsexualizing process exclusively for clinical care	55 (1.69%)	1,248 (38.36%)	1,624 (49.92%)	326 (10.02%)	3,253
Total	4,719 (15.07%)	15,187 (48.52%)	11,065 (35.35%)	326 (1.04%)	31,297

Procedure	Northeast Region	Southeast Region	South Region	Central-West Region	Total
Hospital Production					
Sexual reassignment in the male sex	33 (21.85%)	55 (36.42%)	42 (27.81%)	21 (13.9%)	151
Thyroplasty	3 (25%)	8 (66.66%)	-	1 (8.34)	12
Bilateral simple mastectomy under transsexualizing process	9 (39.13%)	10 (43.47%)	3 (13.04%)	1 (4.34%)	23
Hysterectomy with bilateral anectomy and colpectomy under transsexualizing process	-	12 (57.14%)	9 (42.85%)	-	21
Complementary surgeries of sexual reassignment	17 (21.79%)	28 (35.89%)	21 (26.92%)	12 (15.38%)	78
Plastic bilateral reconstructive breast including bilateral silicone breast prothesis in the Tran sexualizing process	4 (12.12%)	16 (48.48%)	13 (39.39%)	-	33
Total	66 (20.75%)	129 (40.56%)	88 (27.67%)	35 11.0%)	318

Source: resource data.

Figure 1 reveals the hospital and outpatient production of the transsexualizing process during the period from 2014 to 2018.

Figure 1 - Outpatient and Hospital production per year



Source: resource data.

In the outpatient setting, there is a greater amount of data compared to the hospital context. The Southeast Region is responsible for approximately half of the outpatient resources, with 15,187 (48.52%), followed by the South Region with 11,065 (35.35%), Northeast Region with 4,719 (15.07%) and the Midwest Region, which only obtained 326 (1.04%) procedures. However, although the Southeast was the region with the highest number of procedures performed, when the Preparatory Hormonal Treatment for Sexual Reassignment Surgery is isolated in the Transsexualizing Process, it does not present any reported data. In this regard, the South Region exceeds the Southeast, with a number of 1,233 (69.38%) procedures. The Central-West Region only obtained notifications of follow-up in the Transsexualizing Process exclusively for Clinical Care, not performing the other three outpatient procedures. Northeast and South are the only regions in which procedures of all outpatient types were computed (Table 1).

The disparity among the values of the procedures and macro-regions can be evidenced from the comparison between the Southeast and the other regions. It is known that the Midwest Region was the one that least documented procedures, with numbers much lower than those of the Southeast Region. In view of the evaluated procedures, only the data of the follow-up in the Transsexualizing Process exclusively for Clinical Care in the outpatient setting were computed. In addition, in the hospital context, the Hysterectomy surgeries with Bilateral Adnexectomy and Colpectomy and Bilateral Reconstructive Breast Plastic including Bilateral Silicone Breast Prosthesis also did not present any notifications. This situation is not repeated in other regions, characterizing the Midwest as the most deficient region of the PrTr – with the exception of the North Region, which is not present in the evaluated areas – because it has the least number of AIH approved according to the procedure.

When analyzing annually, it is observed that in both areas, the year 2018, was the one that presented the most procedures (Table 1), where 96 (30.18%) correspond to the hospital context and 10,374 (33.14%) to the outpatient setting. Among the outpatient procedures, what stands out the most is the follow-up in the exclusive Transsexualizing Process in the Pre and Post-operative Steps, with 22,835 (72.96%) notifications, information of extreme relevance to the qualification of care to patients, since they obtained surgical orientations in two moments. Of the hospital procedures, the most noteworthy is the male reassignment surgery, with 151 Hospital Admission Authorizations (AIH) approved (47.48%), being the procedure of higher demand in the health system.

In the hospital context, of the six procedures performed in the selected period, the Southeast Region (40.56%) stands out, followed by the South (27.67%), Northeast (20.75%) and Midwest (11.0%). Among the processes, it was found that the SSM surgery was the most performed, being more expressive in the Southeast Region, totaling 55 (36.42%) notifications of this category in the respective region (Table 2).

Performing a historical overview of PrTr, allows the

analysis of the reasons that led to the increase in the number of sexual reassignment surgeries and outpatient PrTr procedures in Brazil. At first, it was verified that the first fighting movements of the LGBT population in Brazil appear in the late 70's in São Paulo, with the creation of Somos – Group of Homosexual Affirmation. Such creation made the city a great center of reference for health policies of these individuals. In addition to this event, later, the *Associação das Travestis e Liberados* of the State of Rio de Janeiro was born, making this journey even stronger and these states starting points for the pursuit of LGBT Human Rights [10,4,3].

In 2004, there was the creation of the Technical Committee for LGBT Health (CTSLGBT) of the Ministry of Health (MS), which among the objectives were the implementation of policies, programs and actions against discrimination and, mainly, conduct that sought to promote equity of access to qualified actions to public services. In 2006, the representation of the LGBT community in the National Health Council was reached, which granted a new meaning of the movement's action in the processes of democratic participation in the SUS. The National Policy of Integral Health of Lesbians, Gays, Bisexual, Transvestites and Transsexuals (PNSILGBT), in 2011, emerged as an initiative for the construction of more isonomy in SUS, proposing a greater guarantee of contact to the PrTr in this network[11.]

In 2013, the MS, through Ordinance number 2.803, of November 19th, 2013, redefines and expands the PrTr in SUS. The year 2015 is marked with the first offer of the UNA-SUS/UERJ course, with a proposal to offer knowledge to promote humanized and qualified care to the LGBT population [5]. In 2016, the Decree number 8.727, of April 28th, 2016, is highlighted, because it provides for the use of social name and the recognition of the gender identity of transvestite and transsexual people in the context of direct federal public, municipal and foundational administration. Continuing this timeline, Ordinance number 807, of March 21st, 2017, amends article 12 of Ordinance number 2.803/GM/MS, of November 19th, 2013, which redefines and expands the PrTr in SUS. In the first, the hospital modality by SUS should reside in the same municipality or surrounding city, as in the second, it is established that when there is absence or insufficiency of the care resource in the State of origin, it should be the object of agreement between the requesting and executing states, subject to the regulation of their respective health managers, ensuring access to the surgical procedures that the Ordinance provides for. This fact also refers to the explicit difficulty of access to Specialized Care, mainly by individuals from regions with less number of qualified centers. However, this alliance would justify the increase in the number of AIH and Outpatient Production in the years 2017 and 2018[5,4,11].

The most recent update linked to the PrTr is associated with Ordinance number 202 of May 10th, 2018, which establishes the National Pact to Combat LGBTphobic Violence in order to strengthen public policies that promote and articulate actions that combat violence, prioritizing respect for human dignity and diversity. In view of the above, the study of these historical data shows that the increase in the number of AIH and Outpatient Production grows in line with the advances achieved by the LGBT population in the health area[12].

Inequality of access to PrTr in the country is illustrated in Tables 1 and 3, where it is possible to identify that there are higher outpatient and hospital productions in the South and Southeast regions compared to the Northeast and Midwest regions. The probable justification for this discrepancy among the macro-regions is related to the demographic density, which according to the Brazilian Institute of Geography and Statistics (IBGE) defines the Southeast as the most populous area in Brazil, in comparison with the Midwest, with the Brazilian Institute of Geography and Statistics (IBGE). the least populated[13]. Thus, most of the services included in the PrTr – Authorized Hospital, Authorized Outpatient and Non-Authorized Outpatient – are located in the South and Southeast regions of the country, according to the Guiding Manual on Diversity produced by the Ministry of Human Rights of 2018[8].

Table 2 shows that the Midwest Region obtained the lowest total number of outpatient production and AIH, by region and second procedure, when compared to those of the South, Southeast and Northeast regions. For the analysis of these results, the understanding of demographic data, economic situation and social context of this region has significant importance. The State of Mato Grosso (MT) is located in the Midwest Region of the country and is considered the third largest state in territorial dimension, and the third least populated in Brazil. The main economic activity of this area is agribusiness, which often culminates with violence in territorial, socio-environmental and labor conflicts, infringing Human Rights and making it difficult to organize social movements that question any type of oppressive social order. In the Homophobic Violence Report in Brazil of 2012, the State of MT ranked second in *the ranking* of reports of violence against LGBT in relation to the total number of inhabitants. In addition, according to the records documented by the Gay Group of Bahia (GGB) on LGBT killings, Cuiabá was considered the most homophobic capital in the 2013 report. It is worth noting that until 2007, MT did not have public policy or governmental action aimed at the LGBT population, only with the advancement of LGBT movements at the national and state level this scenario changed[14.15].

Another important issue involved the closure of the majority of the LGBT Human Rights Reference Centers (CR-LGBT) in MT, which were created in 2007 with the aim of guaranteeing human rights and citizenship to homosexual groups, as well as combating crime and violence of these groups. The reason for the closure of this body implied the lack of public funding, management difficulties and lack of

participation of the target public, the last two being associated with the city of Rondonópolis. In addition, leaders of Christian conservatism (evangelicals and Catholics) did not mediate efforts to combat “gender ideology”, highlighting discourses of intolerance and hatred against the LGBT populations[15].

The health policies for the LGBT community in the State of MT, during all these years, were established mainly through projects and specific actions, preferably associated with the prevention of STD/AIDS. It was only in 2017 that the rights of this population began to be seen with more attention, through the 1st State Meeting of the Public Prosecutor’s Office and Social Movements, where practices focused on LGBT health were discussed, aiming also to guarantee the right to sexuality, health for transvestites and transsexuals, through the creation of a specialized care outpatient clinic, offering diagnostic services, clinical follow-up, pre- and postoperative and hormone therapy, guaranteed in the PrTr[15.6].

It is also noted that the North Region did not present notifications of procedures in the two evaluated areas – outpatient and hospital – during the study period. One of the hypotheses that justify this lack of data relates several factors: from *the deficit* in development and infrastructure, to the training of professionals in the PrTr area of health establishments qualified to pay the Specialized Care to it. This loss makes these establishments unable to be selected by the MS to represent the SUS within the PrTr of the region. Thus, the North shows a marked inequality of access to PrTr in the country, unlike other regions, which have networks authorized in Porto Alegre (RS), Rio de Janeiro (RJ), Goiânia (GO), São Paulo (SP) and, later, in Recife (PE) – authorized in 2014, after the redefinition and expansion of the PrTr by the Ordinance of 2013[5,11,16].

4 Conclusion

The present study quantified the modalities of outpatient and hospital care of the PrTr, analyzing the prevalence of approved procedures in Brazilian macroregions from 2014 to 2018.

In view of the above, it was observed that the South and Southeast regions represented the largest sum of procedures at outpatient and hospital level, as opposed to the Midwest Region, which presented the lowest number of these variables analyzed. In addition, the survey did not count procedures in the Northern Region of the country, which further accentuated the discrepancy among the examined regions.

There is a greater need for health care of patients submitted to PrTr, in addition to greater training of professionals who routinely come across the specificities of these patients. Therefore, it is essential to discuss the subject, in order to expand and verify the quality of care that these individuals have received, in order to establish goals for improvements and equalization of the process in all the regions.

References

1. Arán M, Murta D, Lionço T. Transexualidade e Saúde Pública no Brasil. Ciênc Saúde Coletiva 2009;14(4):1141-9. doi: https://doi.org/10.1590/S1413-81232009000400020
2. Galli RA, Vieira EM. Corpos mutantes, mulheres intrigantes: Transexualidade e cirurgia de redesignação sexual. Psicol Teor Pesq 2013;29(4):447-57. doi: https://doi.org/10.1590/S0102-37722013000400011
3. Brasil. Resolução nº 1.482 de 10 de setembro de 1997. Autoriza, a título experimental, a realização de cirurgia de transgenitalização do tipo neocolpovulvoplastia, neofaloplastia e ou procedimentos complementares sobre gônadas e caracteres sexuais secundários como tratamento dos casos de transexualismo. Diário Oficial da União. 10 set 1997.
4. Brasil. Portaria n° 457, de 19 de agosto de 2008. Regulamenta o Processo Transexualizador no âmbito do Sistema Único de Saúde. Diário Oficial da União. 19 ago 2008.
5. Brasil. Portaria nº 2.803, de 19 de novembro de 2013. Redefine e amplia o Processo Transexualizador no Sistema Único de Saúde (SUS). Brasília: MS; 2013.
6. Lionço T. Que direito **à** saúde para a população GLBT? Considerando direitos humanos, sexuais e reprodutivos em busca da integralidade e da equidade. Saúde Soc 2008;17(2):11-21. doi|: https://doi.org/10.1590/S0104-12902008000200003
7. Portal Brasil [homepage na internet]. Identidade de gênero: Cirurgias de mudança de sexo são realizadas pelo SUS desde 2008. [acesso em 4 out 2021. Disponível em: http://www.brasil.gov.br/cidadania-ejustica/2015/03/cirurgias-de-mudanca-de-sexo-sao-realizadas-pelo-sus-desde-2008.
8. Brasil. Ministério dos Direitos Humanos. Secretaria Nacional de Cidadania. Manual Orientador sobre Diversidades. Brasília: MDH; 2018.
9. Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: MS; 2013.
10. Anais do VI Encontro de Pós-Graduação; 10-11 nov 2017. Santos: UNISANTA; 2017.
11. Popadiuk GS, Oliveira DA, Signorelli MC. 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. Ciênc Saúde Coletiva 2017;22(5):1509-20. doi: https://doi.org/10.1590/1413-81232017225.32782016
12. Zotti, S. Cartografando tecnologias e processos de subjetivação no processo transexualizador do Sistema Único de Saúde. Capão da Canoa: Unisc; 2018.
13. IBGE - Instituto Brasileiro de Geografia e Estatística [homepage na internet]. Aspectos Demográficos [acesso em 23 ago 2022]. Disponível em: https://ww2.ibge.gov.br/home/estatistica/populacao/condicaodevida/indicadoresminimos/tabela1.shtm.
14. Secretaria de Estado de Justiça e Direitos Humanos [homepage na internet]. Dia Internacional de Combate à Homofobia. [acesso em 10 abr 2022]. Disponível em http://www.sejudh.mt.gov.br/-/dia-internacional-de-combate-a-homofobia.
15. Aragusuku, H. A. Lopes, M. A. S. Políticas públicas e cidadania LGBT em Mato Grosso: Uma década de avanços e retrocessos (2007-2017). Sexualidad, Salud Soc

2018(29):147-71. doi: https://doi.org/10.1590/1984-6487.sess.2018.29.07.a

16. Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Transexualidade e travestilidade na saúde. Brasília: MS; 2015.