


DIFFICULTIES ENCOUNTERED BY TRANSGENDER MEN IN ACCESSING CERVICAL CYTOPATHOLOGICAL EXAMINATION IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW

 <https://doi.org/10.56238/arev7n1-115>

Submission date: 12/13/2024

Publication date: 01/13/2025

Edvânia Aparecida Teles Santos¹, Mariana de Oliveira Silva², Amanda Conrado Silva Barbosa³, Laís Oliveira de Moraes Tavares⁴, Gabriela dos Santos Albuquerque⁵, Fernanda Marcelino de Rezende e Silva⁶, Luciana Helena da Silva Nicoli⁷, Débora Aparecida Silva Souza⁸, Daniela Dias Vasconcelos⁹ and João Marcos Alves Melo¹⁰

ABSTRACT

Currently, the cytopathological exam is the main form of screening for cervical cancer and is offered free of charge by the Unified Health System. Despite identifying with the male gender, the transgender man may still have female reproductive organs, requiring this exam. The study aimed to assess the difficulties encountered by transgender men in accessing cytopathological examinations in Primary Health Care. This is an integrative

¹ Nursing Student, State University of Minas Gerais

E-mail: Edvania.teles11@gmail.com.br

² Nursing Student, State University of Minas Gerais

E-mail: marianasilva-002@hotmail.com

³ Nurse. Master's degree in Nursing.

Professor at the State University of Minas Gerais.

E-mail: amanda.barbosa@uemg.br

ORCID: <https://orcid.org/0000-0003-2092-2099>

⁴ Nurse. Master's degree in Science.

Professor of Nursing at the State University of Minas Gerais, Brazil. E-mail: laisoliveiramt@gmail.com

ORCID: <https://orcid.org/0000-0002-6603-775X>

⁵ Nurse. Master of Science. Professor of Nursing at the State University of Minas Gerais, Brazil.

E-mail: gabrielasantos0201@gmail.com

ORCID: <https://orcid.org/0000-0001-5465-602X>

⁶ Nurse. PhD in Health Sciences.

Professor of Nursing at the State University of Minas Gerais, Brazil.

E-mail: fernanda.silva@uemg.br

ORCID: <https://orcid.org/0000-0003-2236-7009>

⁷ Nurse. Master of Science. Professor at Senac, Divinópolis, Minas Gerais, Brazil.

E-mail: luciananicoli@hotmail.com

ORCID: <https://orcid.org/0000-0003-1495-8255>

⁸ Nurse. Master in Health Education and Nursing.

Professor at the State University of Minas Gerais, Brazil.

E-mail: debora.silva@uemg.br

ORCID: <https://orcid.org/0000-0002-8937-584X>

⁹ ORCID: <https://orcid.org/0000-0002-7656-2582>

Nurse. Master in Science.

Health Department of Divinópolis, Minas Gerais, Brazil

E-mail: dvasconcelos@yahoo.com.br

¹⁰ ORCID: <https://orcid.org/0000-0002-9056-6782>

Nurse. Master's degree in nursing.

Professor at the State University of Minas Gerais, Brazil.

E-mail: joao.melo@uemg.br

literature review, which allows a broad approach to the topic, to seek relevant results that support the research. The research was conducted using the following databases: Medline, PubMed, and Scielo, using descriptors previously validated in the Health Sciences Descriptors (DeCS/MESH). The study allowed us to list the main difficulties of the trans population when undergoing cytopathological examinations, highlighting changes that must be made in care, to improve the quality of care and thus ensure the provision of continued care.

Keywords: Transgender People. Cervical Cancer. Pap Smear Test.

INTRODUCTION

By definition, a transgender person is any individual who does not identify with the gender assigned to them at birth, according to their genitals (SILVA, 2015). Transgender men are those who were classified as “female” at birth but identify with the male gender spectrum. However, a large portion of this population does not undergo the surgical process of sexual reassignment, which leaves them prone to cancer in the reproductive organs, in the same way as a cisgender woman (HARB, 2018).

Cervical cancer occurs through exposure to permanent infections by the Human Papillomavirus, also known as HPV. Factors such as being overweight, smoking, use of oral contraceptives, immunosuppression, poor diet, multiparity, early sexual debut, and family history are also risk factors for the emergence of neoplasia (BARBOSA et al., 2018). Except for non-melanoma skin cancer, this type of tumor is the third most common in people with a uterus, and the fourth leading cause of mortality. In 2020, the proportional distribution of the number of deaths due to neoplasia was more than 6% (BRASIL, 2022a; BRASIL 2022b).

The cytopathological examination of the cervix, currently performed free of charge by the Unified Health System (SUS), is the main form of screening for this neoplasia. It consists of oncotoc cytology testing of the cervix, through cells collected during the examination performed by the health professional, who, in addition to collecting the material, analyzes the appearance of the vaginal canal and the cervix, paying attention to changes that may be malignant (BRASIL, 2013).

Health has multidimensional access, with the involvement of political, economic, social, organizational, technical, and symbolic aspects. About access by trans people, there are barriers in all dimensions (PEREIRA; CHAZAN, 2019).

The National Policy for Comprehensive LGBTQIA+ Health was created to ensure that care for this population is based on the principle of equity, guaranteeing quality care by professionals trained to serve these people (MOURA; SILVA, 2020). However, disrespect towards the transsexual population is common in services, such as treating them with inappropriate pronouns, in addition to neglecting the individual's health situation (RAMOS et al., 2020). Prejudice arising from a culturally prejudiced society can be seen in all social environments (SOUZA et al., 2020). This topic is of relevant discussion, as several studies address the barriers to accessing health services, characterized by episodes of transphobia, transvestitephobia, and disrespect for the social name,

evidenced mainly by the lack of preparation of health professionals for the LGBT population. It should be noted that the social situation for the transgender population is quite difficult, as they face, in addition to prejudice in Brazilian society, the stigma imposed by gender issues, in which a “real man” is only one who was born biologically male (SILVA; et. al., 2021). Given the above, the objective was to identify the difficulties encountered by transgender men in accessing the cervical cytopathological exam in primary health care.

METHODS

This is an integrative literature review article that addresses the difficulties encountered by transgender men in accessing the cervical cytopathological exam. This research modality was chosen because it is characterized as a method of a broad approach to a given subject and/or problem, thus composing a set of information that raises a quality result (GOMES & CAMINHA, 2014). This study followed six pre-established steps to prepare the article, namely:

I) identification of the theme and the problem question; II) selection of inclusion and exclusion criteria; III) identification of pre-selected and selected studies; IV) categorization of studies; V) analysis and interpretation of results; and VI) presentation and synthesis of knowledge (GOMES AND CAMINHA, 2014).

The guiding question was developed using the PICO strategy, considering P: patient, I: intervention, C: comparison, and O: outcomes. This was used to conduct review methods, as it allows the identification of keywords, which enables the selection of relevant articles in the selected databases (Garcia et al., 2016). Therefore, the following guiding question was defined: “What are the difficulties encountered by transgender men in accessing the cytopathological examination of the cervix in Primary Health Care? The following elements were considered: (P) transgender men; (I) access to cytopathological examination; (C) low adherence to cytopathological examination compared to cisgender patients; (O) difficulties encountered.

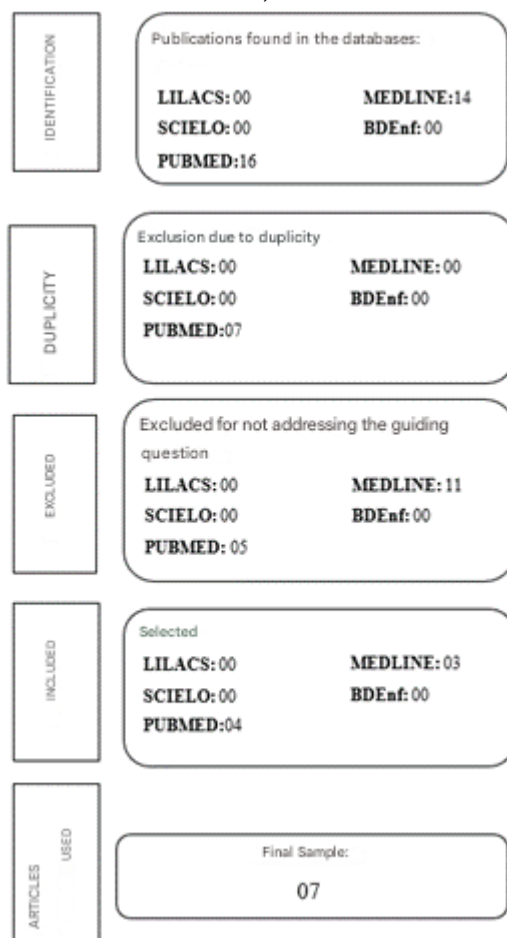
The search was carried out from February 16 to March 1, 2022, in the following databases: MEDLINE, indexed in the Virtual Health Library (BVS), Scielo, and PubMed. The following descriptors previously validated in the Health Sciences Descriptors (DeCS/MeSH) were used in conjunction with Boolean operators (AND): Transgender People AND Cervical Cancer AND Pap Smear Test. The inclusion criteria were: scientific articles available in full, free of charge, in Portuguese and English, and published in the

last ten years. Theses, monographs, journal annals, non-scientific texts, and texts that did not answer the guiding question were excluded. The selection was made after a careful reading of the title and abstract, to discard duplicate publications and works that did not meet the objective of the study. The pre-selected articles were read in full to extract the variable of interest: difficulties encountered by transgender men in undergoing the cervical cytology exam. A summary matrix was prepared with the following data: title of the study, authorship, objective of the study, methodology, language, and difficulties pointed out by the author.

RESULTS

The search was carried out in the following databases: Medline, PubMed, and SciELO. A total of thirty articles were generated for evaluation, of which sixteen were located in PubMed, fourteen in the BVS indexed by MEDLINE and the SciELO platform did not return any results. Of the sixteen articles found in PubMed, seven of them were excluded due to duplication, leaving a total of nine articles in the database. Of the nine remaining articles, which were later read in full, five more were excluded because they did not match the topic, leaving four for use in the PubMed database. Eleven articles in MEDLINE were excluded because they did not match the topic, totaling three eligible articles, leaving a final sample of seven articles to be discussed. Figure 1 shows the process of searching, excluding, and selecting the studies found.

Figure 1. Flowchart of selection of studies that make up this integrative review. Divinópolis, Minas Gerais, Brazil, 2022.



Fonte: os autores, 2022.

The results were organized according to the title of the work, title of the study, authorship, study objective, methodology, language, and difficulties pointed out by the author, as presented in Table 1. Qualitative, quantitative, and review studies were found. Regarding nationality, all articles were written in English.

Table 1 - Characterization of the selected publications for the study, Divinópolis, Minas Gerais, Brazil, 2022.

No.	Study Title	Year of Publication	Study Title	Objectives	Methodology	Language / Country	Difficulties Pointed Out by the Author
1	Unique Primary Care Needs of Transgender and Gender Non-Binary People.	2018	Nisly et al. Clinical Obstetrics and Gynecology.	Demonstrate the need for healthcare professionals to know about transgender and non-binary patient care.	Literature review	English. United States.	Healthcare services lack culturally competent professionals.
2	Pap Test Use Is Lower Among Female-to-Male Patients Than Non-Transgender Women.	2014	Peitzmeier et al. American Journal of Preventive Medicine.	Analyze patient and professional characteristics when performing the Pap test, focusing on gender identity and sexual orientation.	Retrospective observational chart review.	English. United States.	Transgender patients are not accessing the same level of care as non-transgender women. There is a need to better understand the barriers to care for this population.
3	Gynecologic Health Care Providers' Willingness to Provide Routine Care and Papanicolaou Tests for Transmasculine Individuals.	2019	Shires et al. Journal of Women's Health.	Examine healthcare professionals' willingness to offer care to transmasculine individuals.	Survey research	English. United States.	Difficulty in finding qualified and culturally sensitive professionals willing to care for transgender patients.
4	Understanding Transgender Men's Experiences with and Preferences for Cervical Cancer Screening: A Rapid Assessment Survey.	2017	Seay et al. LGBT Health.	Understand transgender men's experiences and preferences when undergoing the Pap test.	Community-based participatory research	English. United States.	Alternatives in cervical cancer screening processes should be adopted for transgender men.

5	Enacting Power and Constructing Gender in Cervical Cancer Screening Encounters Between Transmasculine Patients and Health Care Providers.	2019	Peitzmeier et al. Cult Health Sex.	Understand the barriers transgender men face in the United States regarding cervical cancer screening.	Semi-structured research	English. United States.	Improving the understanding of the caregiver's role in gender dynamics is essential for adequate care for transgender patients.
6	Female-to-Male Patients Have High Prevalence of Unsatisfactory Paps Compared to Non-Transgender Females: Implications for Cervical Cancer Screening.	2014	Peitzmeier et al. Journal of General Internal Medicine.	Investigate the high rates of inadequate Pap tests among transgender men.	Observational study	English. United States.	Healthcare professionals should receive training to increase transgender patients' comfort during Pap tests.
7	Cancer Screening Rates Among Transgender Adults.	2019	Kiran, Tara. College of Family Physicians of Canada.	Compare cervical cancer screening rates between transgender and cisgender patients.	Cross-sectional study	English. Canada	Research should be conducted to improve quality of life and identify factors to increase cervical cancer screening rates among transgender men.

DISCUSSION

The LGBTQIA+ population has gradually increased over time, requiring the healthcare system to serve individuals with diverse gender identities more frequently (BRASIL, 2015). Two categories were established for discussion: the barriers faced by transgender men in undergoing Pap tests in primary care and strategies and social technologies that facilitate welcoming care to ensure a discrimination-free service.

According to data collected by Kiran et al. (2019), the raw rates of cervical cancer screening among transgender men are lower than among cisgender women, with 56% of the trans population and 72% of the cis population undergoing screening (KIRAN et al.,

2019). A study conducted in the United States showed that even in clinics specialized in transgender care, screening rates are lower compared to cisgender women (PEITZMEIER et al., 2014b).

This highlights the importance of Pap tests for this population. Despite identifying as male, transgender men still have female reproductive organs and may be susceptible to the same pathologies that affect cisgender women. Additionally, psychological factors should be considered when performing the test, as transgender men may feel uncomfortable having their birth-assigned organ examined (MCDOWELL et al., 2017; DA SILVA ARAÚJO et al., 2021).

Peitzmeier et al. (2019) identified that the greatest barrier for transgender men undergoing Pap tests is often the healthcare provider, who in many cases treats the patient with disrespect and neglects their identity (PEITZMEIER et al., 2019). Another study by Shires et al. found that in the United States, most professionals (74.1%) performing the test were unfamiliar with providing care to transgender individuals. Additionally, some professionals used personal experiences and values as barriers to care, refusing to perform the test due to prejudice (SHIRES et al., 2019).

In Brazil's Unified Health System (SUS), nurses are responsible for welcoming patients, triaging, and collecting Pap test samples in most cases (MANICA, 2016). It is crucial for healthcare professionals, particularly nurses, to be properly trained to serve this population. Proper patient care is essential for effective continued healthcare, and fostering a bond (a key pillar of Primary Healthcare) is fundamental (ROSA et al., 2019).

A study by Seay et al. (2017) in the United States found that the main barrier to Pap testing was the lack of health insurance, as the procedure can be costly. Due to this, 57% of respondents preferred self-sampling, where the patient collects their sample and sends it for evaluation. Besides the high cost, patients preferred this method due to negative experiences with previous exams (SEAY et al., 2017). In Brazil, the Pap test is offered free of charge to all individuals with a cervix who are sexually active, typically between ages 25 and 64, with earlier collection in specific cases (BRASIL, 2022).

Furthermore, Peitzmeier et al. (2014) found that transgender men tend to receive more abnormal Pap test results than cisgender individuals. Among eligible study participants, 16.3% of transgender men had at least one test with inadequate samples due to cellular changes or ineffective collection (PEITZMEIER et al., 2014a). Healthcare professionals should inform patients undergoing testosterone therapy about the possibility

of unsatisfactory samples, as the hormone may cause some degree of vaginal mucosa atrophy (SANTOS, 2019; NISLY et al., 2018).

Ongoing education for professionals performing the test is essential for both proper care and effective sample collection, reducing the chances of test abnormalities. The study by Nisly et al. (2018) reflects on the need for training healthcare providers who serve LGBTQIA+ populations, helping them understand terminology, pronouns, and patient needs while fostering trust and planning exams (NISLY et al., 2018).

FINAL CONSIDERATIONS

One limitation of this study was the lack of freely available scientific literature on the topic, with only seven eligible articles. Additionally, Brazilian studies are scarce, highlighting the need for further research into the realities faced by transgender individuals in the healthcare system, particularly transgender men requiring Pap tests.

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