

## SELFCARE REQUIREMENTS OF TRANSEXUAL WOMEN USING SEX HORMONES, ACCORDING TO THE OREM SELFCARE THEORY\*

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**ABSTRACT: Objective:** to identify self-care needs of transsexual women using sex hormones, based in Orem's General Theory of Nursing. **Method:** descriptive-exploratory study with a qualitative approach, undertaken in Recife, capital of the Brazilian state of Pernambuco, between November 2016 and February 2017. Data collection was undertaken through semistructured interviews, with a sample of 10 transsexual women using sex hormones, selected using the Snowball technique. Analysis was undertaken using the IRAMUTE Q software, version 0.7. **Results:** the needs found were: prevention of danger to life, functioning and well-being; seeking and ensuring appropriate medical care; adapting to the changes in the body; modification of self-image; and adverse events affecting development. **Conclusion:** the requirements were anchored in issues caused by poor knowledge about the use of hormones, and by the poor quality of the information received through the health professionals.

**DESCRIPTORS:** Transgender persons; Selfcare; Hormones; Female.

### REQUISITOS DE AUTOCUIDADO DE MULHERES TRANSEXUAIS EM USO DE HORMÔNIOS SEXUAIS SEGUNDO TEORIA DE OREM

**RESUMO: Objetivo:** identificar requisitos de autocuidado de mulheres transexuais em uso de hormônios sexuais, fundamentado na Teoria Geral de Orem. **Método:** estudo descritivo-exploratório com abordagem qualitativa, desenvolvido em Recife, capital de Pernambuco, de novembro de 2016 a fevereiro de 2017. A coleta de dados foi realizada por meio de entrevistas semiestruturadas, com uma amostra composta por 10 mulheres transexuais em uso de hormônios sexuais, selecionadas pela técnica *Snowball*. A análise foi realizada com o auxílio do *Software* IRAMUTE Q versão 0.7. **Resultados:** os requisitos encontrados foram: prevenção dos perigos à vida, funcionamento e bem-estar; busca e garantia de assistência médica apropriada; adaptação às modificações do corpo; modificação de autoimagem; e eventos adversos que afetam o desenvolvimento. **Conclusão:** os requisitos estiveram ancorados em questões geradas pelo baixo conhecimento sobre o uso de hormônios e pela baixa qualidade das informações recebidas por meio dos profissionais de saúde.

**DESCRIPTORES:** Pessoas transgênero; Autocuidado; Hormônios; Feminino.

### REQUISITOS DE AUTOCUIDADO DE MUJERES TRANSEXUALES QUE UTILIZAN HORMONAS SEXUALES DE ACUERDO A LA TEORÍA DE OREM

**RESUMO: Objetivo:** identificar requisitos de autocuidado de mujeres transexuales que usan hormonas sexuales, por medio de la fundamentación de la Teoría General de Orem. **Método:** estudio descriptivo exploratorio con abordaje cualitativo, desarrollado en Recife, capital de Pernambuco, de noviembre de 2016 a febrero de 2017. Se recogieron los datos por medio de entrevistas semi estructuradas, con una muestra de 10 mujeres transexuales que utilizan hormonas sexuales, seleccionadas por la técnica *Snowball*. Se realizó el análisis con la ayuda del *Software* IRAMUTE Q versión 0.7. **Resultados:** los requisitos hallados fueron: prevención de riegos de muerte, funcionamiento y bienestar; búsqueda y garantía de asistencia médica apropiada; adaptación a los cambios del cuerpo; alteración de la autoimagen; y eventos adversos que afectan el desarrollo. **Conclusión:** los requisitos estuvieron basados en cuestiones generadas por poco conocimiento acerca del uso de hormonas y por la baja cualidad de las informaciones provenientes de los profesionales de salud.

**DESCRIPTORES:** Personas transgénero; Autocuidado; Hormonas; Femenino.

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## ● INTRODUCTION

Through the governmental program entitled “*Brasil sem Homofobia*” (Brazil without Homophobia), the population of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) obtained the recognition of their complexity in relation to health, as a result of the inclusion of health practices and policies geared towards their characteristics. The National LGBT Health Policy is a guiding document and legitimizes the needs and specific characteristics of LGBT people, as it is in accordance with the Federal Constitution of 1988 and the Unified Health System User’s Charter, published by the Ministry of Health, which makes clear the rights and duties of service users<sup>(1-3)</sup>.

Transgender people face health issues which are more complex, and have greater needs,<sup>(2-3)</sup> which involve issues of gender and gender identity resulting from the discrimination and prejudice, and the social and psychological impact that result from these in people’s lives – above all, because stigma and discrimination are among the main obstacles to accessing health for people who do not fit the heteronormative standards peddled by society<sup>(3)</sup>.

To understand transsexuality, it is important to understand that the biological sex and physical characteristics do not determine the individual’s gender identity or the self perception;<sup>(4)</sup> therefore, it is necessary for family members and health professionals to respect these individuals and embrace them so that the suffering caused by the conflict established by society’s standards and commonly-held beliefs may be mitigated until their identity has been fully established<sup>(5)</sup>.

In the process of constructing trans identities, and mainly in relation to transsexual women, we must take one important factor into account: on most occasions, the use of sex hormones does not happen under the supervision of the primary health care services – however, this use is a major aspect when these women decide to transform, as it is in the body that they locate the symbols of what has male or female character<sup>(6-9)</sup>.

The indiscriminate or inappropriate initiation of use of sex hormones often takes place in adolescence, around 14 or 15 years old, empirically through the ingestion or application of medications with associated progesterone and/or estrogen,<sup>(7,9)</sup> which ends up by increasing the risk of coronary diseases, cerebrovascular accidents and thromboembolic phenomena<sup>(8)</sup>.

The use of a theory of nursing in the practice of Self-care (SC) in female transsexuals is important as it allows greater therapeutic communication between nurses and patients, as it adapts to the issues of each individual.

Orem’s General Theory is made up of three interrelated theoretical constructs: the Self-Care Theory (SCT), the Self-Care Deficit Theory, and the Theory of Nursing Systems. The theory that formed a basis for the present study was the Self-Care Theory (SCT). However, to understand this theory, it is important to understand the concepts of activities of SC that demonstrate the capacity of the human being to engage in SC; that of the therapeutic requirements which are the actions of SC to be undertaken with some duration in order to meet known SC needs; and the concept of the requirements for SC,<sup>(10-14)</sup> which was the SCT construct used in the present study.

Regarding the concept of the SC needs, and so that there may be better understanding, these have been divided into three categories. Firstly, the Universals, corresponding to the requirements associated with the process of life and of maintaining the structural and functioning integrity of human beings. There are also the concepts of Development, which involve the specialized expressions of Universal SC requirements which were particularized through processes of development, which were derived from a new condition. Finally, there are the requirements related to health problems which are required when there is the presence of illness, some injury, or as a consequence of medical measures for diagnosing or correcting a pre-existing condition<sup>(10,12-15)</sup>.

The undertaking of the study is justified by the importance of investigating the SC requirements of transsexual women using sex hormones, without multi-professional supervision, so as to support the nurse in promoting educational actions, with the aim of developing skills and competencies for SC in this group. As a result, the present study aims to identify the SC requirements of transsexual women using sex hormones.

## METHODOLOGY

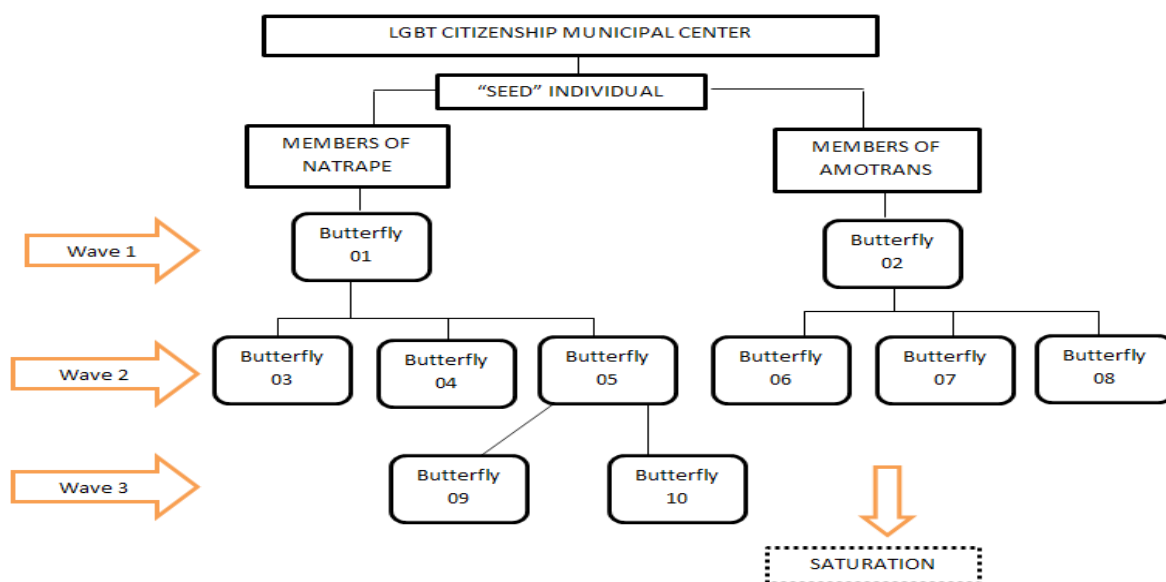
A descriptive, exploratory study with a qualitative approach, undertaken in the city of Recife, the capital of the Brazilian state of Pernambuco, which – according to data from the Brazilian Institute for Geography and Statistics (IBGE) for 2010 – has on average 1,537,704 inhabitants,<sup>(16)</sup> although the number of transsexuals in the population was not identified due to underreporting and to the high degree of invisibility of this segment of the population.

Due to the characterization of the sample, the authors opted for Snowball sampling, characterized through the use of indication of one member of the population studied based on another who is also part of the same<sup>(17)</sup>.

As the terms ‘transsexual women’, ‘trans women’, ‘transvestites’ and ‘male-to-female’ (MTF) are sometimes used with different concepts to designate the transgender population, it was defined that “transsexual women” would be the term used out of those already used for the same study object – that is, for the people who define themselves and identify as women, as it is a form of legitimizing their social existence and the construction of the singular gender identity.

In order to be part of the sample, the transsexual women had to have made use of, or be using at the time the study, sex hormones without being under the supervision of the multidisciplinary team, to be aged over 18 years old, and to live in the city of Recife. Although potential participants were indicated personally, some were excluded as they had left Recife and/or did not respond to contact made during the interview period.

Data collection was undertaken in November 2016 – February 2017. Indication took place based on the “seed”, who indicated participants of the Coordination and Movement for Transvestites and Transsexuals of Pernambuco (AMOTRANS) and of the New Association of Transvestites and Transsexuals of Pernambuco (NATRAPE), whose members made up the “wave” in which each interviewee indicated further members of later “waves”. Figure 1 shows the formation of the waves.



**Figure 1** - Flowchart of the Snowball Technique. Recife, PE, Brazil, 2017

A semistructured questionnaire was used for the interview, with questions about which SC actions are undertaken by the transsexual women using sex hormones. The recordings were made on MP3 files, and were recorded on smart phones and/or tablets, lasting from 30 to 40 minutes. They were transcribed on the same day or on the following day, with the aim of recording subtle details of the interview.

The transcriptions were read and validated by the participants in later meetings. The analysis was undertaken using the IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes Et de Questionnaires*) Interface software, free, open source software, licensed by GNU GPL. The program viabilizes different types of textual analysis, and organizes the distribution of the vocabulary in an understandable and visually clear way<sup>(18)</sup>.

The data from the study were analyzed in relation to the construct of the SC requirements of the SCT, in conformity with the Descending Hierarchical Classification (DHC). That is to say, based on the relationship between the semantic classes, the respective meanings and values were attributed in thematic classes and categories, and were illustrated in a dendrogram made up of segments of text classified according to the vocabulary, and clarified in terms of classes<sup>(18)</sup>.

The subjects were identified by the word Butterfly (the term butterfly is related to this group, due to the process of metamorphosis – a fact indicated due to the similarity with the process of re-adaptation of the body of the transsexual), followed by a number (B1... B10) corresponding to the order in which the interviews were held.

The study was undertaken after the approval of the research project by the Research Ethics Committee of the Health Sciences Center of the Federal University of Pernambuco (CCS/UFPE), under Certificate of Presentation for Ethical Consideration (CAEE) 56903416.3.0000.5208, and Opinion of approval N. 1.707.429, in accordance with Resolution 466/12 of the National Health Council.

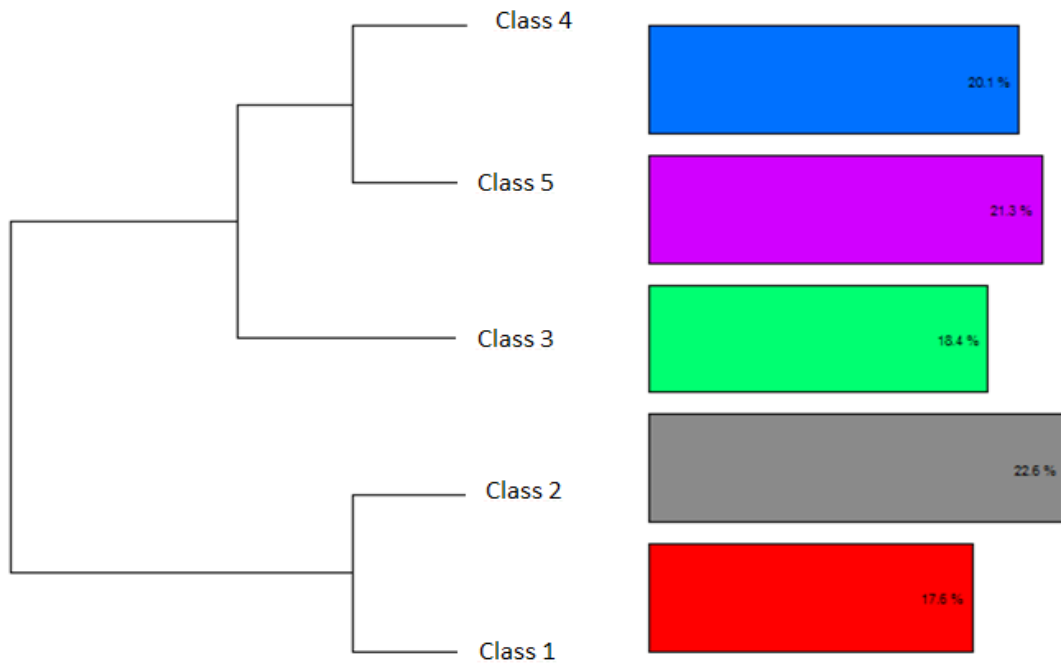
## ● RESULTS

A total of 10 transsexual women participated in the study. They were in the following age ranges: two were 22 or 23 years old; four were aged 25 or 26 years old; one was 29 years old and three participants were between 36 and 40 years old. Regarding educational level, two had completed primary education; five had completed senior high school and one had not graduated from senior high school; and one had begun but not completed higher education. Regarding occupation, there was a certain variety (visual artist, call center worker, beautician, student, hairdresser, sex worker, receptionist), but only three were formally employed. Regarding whether they were in a stable relationship, only one stated that she was married.

The software analyzed the corpus, in which each interview corresponds to an initial context unit (ICU), in which each excerpt corresponds to an elementary context unit (ECU). As a result, the corpus was made up of 10 ICU and 315 ECU, which contained 1,739 distinct forms, with occurrence of 11,243 times, representing 100% of the interviews analyzed.

To form the classes, 239 ECU were considered, corresponding to 75.87% of the data gathered. Of this number of different words, the software analyzed the importance of each one that appeared a minimum of three times in the text. After this, we moved on to quantifying these words and the dendrogram was developed with the classes organized by their vocabulary.

The dendrogram was read according to the partitions made. There was the first partition or interaction in two subcorpus, separating the classes 1 and 2 from the rest of the material. Later, the larger subcorpus was divided, and gave rise to class 3 (2<sup>nd</sup> partition or interaction). At the third point, a further partition gave rise to classes 4 and 5. The DHC stopped, as the 5 classes were shown to be stable, that is, made up of ECU with similar vocabulary. The distribution of the words in classes can be visualized in Figure 2.



**Figure 2** - Dendrogram, representing the re-partitions in classes, percentage of words which stood out in the studies on the use of hormones among transsexual women. Recife, PE, Brazil, 2017

The titling of the categories was submitted to qualitative analysis, according to the content that they depicted. In this regard, for analysis and discussion of the categories formed by the respective classes, they were named, presented and discussed according to the meaning of the same.

First of all, the three thematic axes were identified (Figure 2), which were categorized according to the construct of the SC Theory (SC requirements). Chart 1 organizes the axes, categories, classes and SC requirements found with the greatest predominance in the narratives analyzed.

**Chart 1** - Distribution of the axes with classes and their respective SC requirements. Recife, PE, Brazil, 2017

AXES	Category of Requirement	Classes	SC Requirement
First	Health shortcomings	Two	Modifications of Self-image
		One	Seeks and ensures appropriate medical care
Second	Universal	Three	Prevention of danger to life, functioning or well-being.
Third	Development	Five	Adaptation to the modifications in the body
		Four	Adverse events which may affect development

**First axis**

Termed “Requirements – health shortcomings”, classes 1 and 2 emerged from this. In class 2, made up of 54 segments of text (22.6%), the requirement of modification of self image predominated, understood through the most frequent and significant vocabulary: hormone blocker, living, male, female, catching, transvestite, self-image, mirror, needing, carrying out, appearance and dying.

*What we keep is this: self-esteem. If I feel good about myself, and I pass another transvestite or transwoman, and she thinks I'm beautiful, because we live off other people's opinions and glances. (Butterfly 1)*

*There is no happiness without hormones, because appearance is everything if you are to feel and be beautiful. We are all crazy, wishing that men would look at us being all feminine. (Butterfly 4)*

In class 1, made up of 42 segments of text (17.6%), the requirement to seek and ensure appropriate medical care predominated, understood from the most frequent and significant vocabulary: to treat, transsexual, questions, population, hospital, maltreat, unfortunately, inpatient, care, health, relationships and social name.

*I'm not going to go to health center, I'm not. And even if I went, I wouldn't be treated, because they say that we don't have a uterus for receiving contraceptives. Practically all the trans-girls complain about the attendance when they go to the health center. (Butterfly 5)*

*We don't want to know about the risks and we don't want to know about the care, we want to know about what we are seeing in the mirror. Anything that gets rid of the male appearance, which is what we dislike, we take risks for that. In our concern over our bodies, we forget about our health, because we don't have a habit of going to the health center, because we are always treated badly there. (Butterfly 1)*

## Second axis

This category was termed "Universal Requirement", and arose from class 3, with the demand for the requirement of Universal SC – prevention of danger to life, functioning and well-being – made up of 44 segments of text (18.4%), understood from the most frequent and significant vocabulary: reaction, sensitive, excess, losing, care, reducing, knowing, drinking, frigidity, tea, eating and smoking.

*My girlfriends indicated the importance of drinking teas, always taking vitamin C, taking care with what I eat, eating less fried food, and stopping drinking and smoking. However, it is all sporadic, it is like grandma's recipe, there is always somebody saying something. We pass what we know on to each other. It is a chain, a net. (Butterfly 6)*

## Third axis

This category was termed "Development Requirements", and was made up of classes 5 and 4. In class 5 of this category, the requirement of adaptation to modifications of the body predominated, made up of 51 segments of text (21.3%) from the textual corpus, understood from the most frequent and significant vocabulary: beginning, girlfriend, listening, asking, applying, through, continuing, hormones, injectable, tablet.

*Our life is a jigsaw, because you have to fight to become complete, you have to make breasts, butt, legs, you have to feel complete. But you can't stop taking hormones, you never stop. Everybody takes them, just a few don't take them as much as before. We don't want to know about the risks. This is an addiction, a drug in our life. (Butterfly 3)*

The demand of the requirement of adverse events which can affect the development was present in class 4 of this category, and was made up of 48 segments of text, with (20.1%) of the textual corpus. As a result, this class was understood from the most frequent and significant vocabulary: nausea, blister pack, dizziness, results, adjusting, buying, fast, growing and feeling.

*They mess with your mind. Sometimes you feel like crying. And then the next day you wake up and you're all happy, it varies like that. There are times when you vary from minute to minute and there are times when you are very low. (Butterfly 2)*

*Even nowadays, when I take them, I feel like I had PMT: you become irritated, and I cry over any little thing. I was scared, because I thought I was going to harm my health, but I lost my fear when I saw that my body was changing. (Butterfly 8)*

## ● DISCUSSION

The Self-Care Theory (SCT) encompasses, in itself, the concepts of SC, the activity of SC, the therapeutic need for SC and the requirements of SC. The ability for self-care is not, in itself, a means for maintaining, reestablishing or improving health and well-being – rather, it is an expression of a potentiality for understanding people's conditions and limitations of action, which could benefit from nursing care. One can observe, therefore, based on the axes identified and the respective categories, the expressions recorded in the light of the knowledge of the above-mentioned requirements regarding SC actions<sup>(19)</sup>.

### **First axis – Category of Requirements for Health Shortcomings**

When a disease or injury is present, or as a consequence of medical measures for diagnosing or correcting a pre-existing condition, the requirements of health shortcomings are needed and may be understood as actions for preserving health. They may be evidenced through changes in the structure and/or physical functioning of the individual<sup>(12)</sup>.

The requirement “modification of self-image” in Class 2 of the first axis shows the importance for maintaining well-being, health, and interpersonal relationships, as it provides better quality of life to the transsexual women. The concern is expressed in the construction of the female body. Therefore, this requirement must be encouraged not only for promoting health, but also to recover self-esteem, as this is a relevant attribute and is aimed for, as the modifications produced in self-image corroborate with the different perception of the concept of health v. healthy body that all aim for.

When the transsexual women's self-esteem is high, they feel in better spirits, and more able to undertake daily activities. Self-esteem consists of the global evaluation that the person makes of their own value and is manifested through the acceptance of oneself as a person and through feelings of personal value<sup>(20)</sup>.

Self-image may be understood as the mental representation of the body, which is influenced by the environment in which the individual lives. This involves subjective and perceptive aspects, and the way in which the person perceives her own body, a situation found among the transsexual public due to the process of incongruence in relation to genitalia and gender which was conferred upon these people when they were born<sup>(5,9,20)</sup>.

In relation to the requirement “seeking and ensuring appropriate medical care” of Class 1, what limits effective actions for this requirement for the transsexual patients is the fact that the health services continue to centralize attendance on heterosexual clients. The actions undertaken continue to be distant from undertaking healthcare in a comprehensive way for the transsexual public, with regard to their specific characteristics.

In the Primary Healthcare Centers (UBS), the most widespread programs are centered on children and pregnant women, and address the female sex, although only in the reproductive phase. If one analyzes the case of transsexual women, therefore, it is evident that there is exclusion – as, besides their difficulty in engaging in the services of the programs – the medical culture has a vision based on the biologicist model, which does not disassociate gender from sex.

The transsexual public continues to find difficulty and lack of preparation on the part of professionals in the care and guidance provided, with important obstacles found even in reception when, for example, in some UBS, routinely not even the use of the social name is respected<sup>(21-22)</sup>.

### **Second axis – Universal Requirements Category**

Measures which can reduce the harm or complications due to the use of the hormones are undertaken by the transsexual women, although empirically.

The demand of the requirement “prevention of danger to life, functioning and well-being” was present as it is an aspect undertaken and sought even if insufficiently due to the obstacles of the actions being undertaken empirically, to the information being passed on and multiplied by other women without scientific knowledge, without supervision or appropriate advice from health professionals and because it reinforces concepts rooted within the construction of SC practices performed by the public studied.

Understanding the meanings these transsexual women attribute to the process of harmonization and the self-care undertaken, and knowing the reasons that make them undergo something painful and risky are relevant objectives for constructing guidance directed towards correct and appropriate measures of Universal SC, given that the essence of SC is self-control, freedom, and the responsibility of the individual in the search for improvement in her quality of life<sup>(19-20)</sup>.

The transsexual body is always ready to experience different possibilities for change, as, as a true locus of subjectivity and production of feelings, it is always being constructed and remodeled. The discourses reflect projects for happiness but often produce harm to health and bodily deformity, often irreversible,<sup>(23-24)</sup> which makes it important for there to be knowledge of positive and appropriate practices of the use of Orem’s SC Theory in order to prevent such harm and promote the maintenance of physical and mental well-being.

### **Third axis – Development Requirements Category**

The requirement “adverse events which may affect development” was present in Class 5. However, even when this requirement is recognized, it does not become an obstacle to the continuity of the empirical use of the hormones by the transsexual women, as the perception of health involves the recognition of the presence of the female characteristics in this body under construction.

Because it has to do with individuals in a peculiar life situation, in which there are distinct needs during self-medication, such as the use of hormones, in order to obtain a body with a female shape undertaken in this phase of their lives, this requirement relates not only to health alterations, but also to personal experiences<sup>(12,14)</sup>.

In her theory, Orem shows that SC is a regulatory human function that individuals have to perform for themselves or that somebody must undertake for them<sup>(19-20)</sup>. As a result, needs of the requirement “adverse events which may affect development” show that in the transsexual population, this requirement acts in the regulatory and maintaining aspect, as it is based on the construction of the female body that the transsexual women come to be included in the social groups in which they take part. In SC theory, it is affirmed that the individual is free to adjust, learn, use or reject what is offered to her, and may furthermore ask for help in order to obtain information about what she wishes for<sup>(12,19-20)</sup>.

The transsexual universe is dense, with innumerable questions which need to be dialogued and studied and, in relation to the field of SC, is shown to continue to be in a very early stage. With the aim of achieving the body aimed for, transsexual women put their own lives at risk, based on clandestine procedures, without a minimum of safety and/or technical reliability.

It is important to invest in comprehensive approaches adapted to the context, to the culture, to the uniqueness, the limits and to the weaknesses of transsexual women. Often, health professionals cannot identify these aspects and do not always have the training to promote broadening of this autonomy.

This study’s main limitation was the fact of the extent of invisibility of the population studied being so great, as no census has been undertaken by the IBGE, and because there are as yet few studies which can map this excluded segment. It was important that the beginning of the sample was based on one “seed” individual who indicated the formation of the “waves” of the sample, even with all the limitations.



## ● CONCLUSION

In this study, it was possible to perceive that the development of the SC by the transsexual women was altered by the limitations imposed by the limited knowledge of the SC practices, which must be used in activities of daily living. Many of them, for example, were unaware of the risk of using alcohol or tobacco or self-medicating concomitantly with hormone use; hence, these limitations expose these individuals to constant danger.

The present study offers possibilities for understanding the context of the SC practices undertaken empirically by transsexual women, as it is possible to identify SC actions with their needs. One can, therefore, adopt stances which are directed more to their respective deficits in undertaking these SC activities, thus viabilizing measures which are directed more towards the undertaking of SC activities. In SC requirements, what dominates is popular knowledge. Transsexual women experience SC deficits with the aim of protecting the right to express health according to their own conceptions of what comes to be seen as a "healthy body". This constitutes a challenge for health professionals, with emphasis on the role of the nurse, to be able to add ethical, scientific and emotional competencies to establish inclusive and supportive care for the transsexual population throughout the health network, so as to protect the principle of health as a right.

## ● REFERENCES

1. 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.* [Internet] 2008;17(2) [acesso em 15 mai 2017]. Disponível: <http://dx.doi.org/10.1590/S0104-12902008000200003>.
2. Cardoso MR, Ferro LF. Saúde e população LGBT: Demandas e especificidades em questão. *Psicol. cienc. prof.* [Internet] 2012;32(3) [acesso em 20 mar 2017]. Disponível: <http://dx.doi.org/10.1590/S1414-98932012000300003>.
3. Ministério da Saúde (BR). Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Política Nacional de Saúde Integral das Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília, DF: Ministério da Saúde; 2013.
4. Picazio C, editor. *Sexo secreto: temas polêmicos da sexualidade*. São Paulo: GLS; 1999.
- Sampaio LLP, Coelho MTAD. Transexualidade: aspectos psicológicos e novas demandas ao setor saúde. *Interface.* [Internet] 2012;16(42):637-49. [acesso em 20 dez 2016]. Disponível: <http://dx.doi.org/10.1590/S1414-32832012000300005>.
- Bento B. *A reinvenção do corpo: sexualidade e gênero na experiência transexual*. 2ª ed. Natal: EDUFRN; 2014.
- Spizzirri G, Azevedo RN, Abdo CHN. Travestismo de duplo sentido ou bivalente: considerações gerais. *Diagn. Tratamento.* [Internet] 2011;16(1):29-32. [acesso em 20 dez 2016]. Disponível: <http://files.bvs.br/upload/S/1413-9979/2011/v16n1/a1845.pdf>.
- Bruns MAT, Pinto MJC. *Vivência transexual: o corpo desvela seu drama*. Campinas: Átomo; 2003.
9. Benedetti MR. *Toda feita: o corpo e o gênero das travestis*. Rio de Janeiro: Garamond; 2005.
10. Garcia TR, da Nóbrega MML. Contribuição das teorias de enfermagem para a construção do conhecimento da área. *Rev. Bras. Enferm.* [Internet] 2004;57(2):228-32. [acesso em 15 mai 2017]. Disponível: <http://dx.doi.org/10.1590/S0034-71672004000200019>.
11. dos Santos I, Sarat CNF. Modalidade da aplicação da Teoria do autocuidado de *Orem* em comunicações científicas de enfermagem brasileira. *Rev. Enferm. UERJ.* [Internet] 2008;16(3):313-18 [acesso em 15 mai 2017]. Disponível: <http://www.facenf.uerj.br/v16n3/v16n3a03.pdf>.

12. Orem D. Nursing concepts of practice, 6th ed. St. Louis: Mosby; 2001.
13. George JB, organizador. Teorias de enfermagem: fundamentos para a prática profissional. 4ª ed. Porto Alegre: Artes Médicas; 2000.
14. Hartweg Donna L. Dorothea Orem: self-care deficit theory. Spring Publishing Company; 1991. (Notes on nursing theories; 4)
15. Leopardi MT, editor. Teoria e método em assistência de enfermagem. 2ª ed. Florianópolis: Soldasoft; 2006.
16. Instituto Brasileiro de Geografia e Estatística (IBGE). Ministério do Planejamento, Orçamento e Gestão. Sinopse do Censo Demográfico 2010 - Pernambuco. [Internet] Rio de Janeiro: IBGE; 2014 [Acesso em 26 jan 2017]. Disponível: <http://www.censo2010.ibge.gov.br/sinopse/index.php?uf=26&dados=0>.
17. Dewes JO. Amostragem em bola de neve e respondent-drive sampling: uma descrição dos métodos [dissertação]. Rio Grande do Sul (RS): Universidade Federal do Rio Grande do Sul; 2013. Disponível: <http://hdl.handle.net/10183/93246>.
18. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. Temas em Psicologia. [Internet] 2013;21(2):513-18 [Acesso em 20 jan 2017]. Disponível: <http://dx.doi.org/10.9788/TP2013.2-16>.
19. Queirós PJP, Vidinha TSS, Filho AJA. Autocuidado: o contributo teórico de *Orem* para a disciplina e profissão de Enfermagem. Revista de Enfermagem Referência. [Internet] 2014;6(3):157-64 [Acesso em 15 mai 2017]. Disponível: <http://dx.doi.org/10.12707/RIV14081>.
20. Santos ACC. Autocuidado de mulheres grávidas com doença falciforme: construção de um protocolo de enfermagem [dissertação]. Salvador (BA): Universidade Federal da Bahia; 2015.
21. Victoria C, Knauth DR. Corpo, gênero e saúde: a contribuição da antropologia. In: Strey MN, Cabeda STL, organizadores. Corpos e subjetividade em exercício interdisciplinar. Porto Alegre: EDIPUCRS; 2004. p. 81-91. (Coleção Gênero e Contemporaneidade; 3)
22. Müller MI. Os médicos nunca me tocaram um dedo! Eu cansei daquele posto! A percepção das travestis quanto ao atendimento em saúde [especialização]. Porto Alegre (RS): Universidade Federal do Rio Grande do Sul; 2007. Disponível: <http://hdl.handle.net/10183/12297>.
23. Romano VF. As travestis no Programa Saúde da Família da Lapa. Saúde Soc. [Internet] 2008;7(2):211-19. [Acesso em 15 mai 2017]. Disponível: <http://dx.doi.org/10.1590/S0104-12902008000200019>.
24. Lacerda FKL. Autocuidado de mulheres com doença falciforme e úlcera de perna: Uma análise fundamentada na Teoria de *Orem* [dissertação]. Salvador (BA): Universidade Federal da Bahia; 2016. Disponível: <https://repositorio.ufba.br/ri/handle/ri/20844>.