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Original Article

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Eating behavior and nutritional assessment in transgender people from an outpatient clinic for LGBT in Recife

Comportamento alimentar e avaliação nutricional em população trans de um ambulatório LGBT de Recife

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Abstract

Introduction: To be transexual or transvestite is to be divergent from the gender norms established by society and to fight for the equality of your rights on a daily basis. After much struggle for equity, this population has access to the transexual process in the Unified Health System today. However, little is discussed about the food and nutritional aspects present in the health of the trans. **Objective:** The purpose of this study was to know the social-demographic profile, nutritional status and eating behavior of transexual and transvestite people in an LGBT clinic in the city of Recife. **Materials and Methods:** This is a descriptive and quantitative approach of an exploratory, cross-sectional, analytical-descriptive study, which has a mixed approach. **Results:** From a sample of 15 participants, a young profile was identified, with medium/high schooling and employed formally or informally, with less social vulnerability when compared to other studies. Regarding the nutritional situation, overweight and cardiovascular risk prevailed, as well as in the Brazilian population. Finally, the body satisfaction found was regular and there were few people with an indication of eating behavior disorder. The scientific literature points out the risks of this population for image and eating disorders, in addition to the need for further studies on this topic, especially in view of the metabolic changes generated by the transexualization process through hormone therapy, for example. Conclusion: The work highlights the importance of clinical follow-up with a comprehensive view, including the nutritional aspect for transgender people, and the strengthening of the health care network to ensure comprehensive care.

Keywords: Transgender person; health services for transgender persons; nutrition for vulnerable groups; nutritional status; feeding and eating disorders.

Resumo

Introdução: Ser transexual ou travesti é ser divergente das normas de gênero estabelecidas pela sociedade e batalhar pela igualdade de seus direitos cotidianamente. Após muita luta por equidade, essa população hoje tem acesso ao processo transexualizador no Sistema Único de Saúde. Contudo, pouco se discute sobre os aspectos alimentares e nutricionais presentes na saúde do(a) trans. **Objetivo:** A proposta deste trabalho foi conhecer o perfil sociodemográfico, o estado nutricional e o comportamento alimentar de pessoas transexuais e travestis de um ambulatório LGBT do município de Recife. **Materiais e Métodos:** Trata-se do recorte descritivo e quantitativo de um estudo exploratório, transversal, analítico-

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descritivo, de abordagem mista. **Resultados:** A partir de uma amostra de 15 participantes, identificou-se um perfil jovem, com escolaridade média/alta e empregados de maneira formal ou informal, com menor vulnerabilidade social quando comparado a outros estudos. Já em relação à situação nutricional, o excesso de peso e o risco cardiovascular prevaleceram, assim como na população brasileira. Por fim, a satisfação corporal encontrada foi regular e houve poucas pessoas com indicativo de distúrbio de comportamento alimentar. A literatura científica aponta os riscos dessa população para transtornos de imagem e alimentar, além da necessidade de mais estudos nesta temática, principalmente diante das mudanças metabólicas geradas pelo processo transexualizador através da hormonioterapia, por exemplo. **Conclusão:** O trabalho ressalta a importância do acompanhamento clínico com olhar integral incluindo o aspecto nutricional para as pessoas trans, e o fortalecimento da rede de atenção à saúde para assegurar a integralidade do cuidado.
Palavras-chave: Pessoas transgênero; serviços de saúde para pessoas transgênero; nutrição de grupos vulneráveis; estado nutricional; transtornos da alimentação e da ingestão de alimentos.

Introduction

According to Butler[1], sex is defined by biology, more specifically by the reproductive organs. On the other hand, gender, are the cultural meanings assumed by the sexed body. We live in a divided society, where men must have a male body and women, a female one. However, there are ones who present "identity expressions that reveal divergences with the rules of gender": transexuals and transvestites[2] (p. 20); which means, they present gender identities in opposite from their sex – being gender identity the personal construction of how a person identifies one's gender[3].

In the health scope, the care for the trans people - transexual and transvestite - is recent. The search by this population for health services was enhanced in the 80's decade, at the beginning of the human acquired immunodeficiency syndrome[4,5]. From the fight for rights in the Lesbian, Gays, Bisexuals, Transexuals and Transvestites (LGBT) movements and from the evidence of severe psychic suffering by these individuals, the Unique Health System (SUS) started to execute the transexualization process in 2008 to attend the demands of body changes in this population, offering procedures such as hormone-therapy, and plastic and sexual re-designation surgeries[4,5].

Currently, there are cities that offer multi-professional and interdisciplinary follow-up to the transexualization process, in addition to full care for the health of the LGBT population. However, studies have shown embezzlement and demands of expansion in the access and improvement in the quality of such services [6, 7, 8].

The needs of body transformations from transexuals and transvestites are intimately linked to their processes of health-sickness [9] and, in fact, the search for the transexualization process is the main reason for them to search for the health service [10]. This relation of health of trans with body image is well-explored in the scientific literature. Rocon et al.[11] state, for instance, that the health-sickness process is linked to the success or failure of the aesthetic procedure to obtain the ideal body. Likewise, Barros, Lemos & Ambiel[12] affirm that the care in health of the trans population needs the view to the relation of the individual with body satisfaction, once it directly interferes in the quality of life, and, therefore, in the health of the person.

In addition, the dissatisfaction with the body image of the trans person may impact their eating behavior [13]. Eating behavior may be understood as actions that involve the act of eating, since the choice of the food until the action of eating itself[14] and currently, an increase in the number of disorders in this behavior, which may culminate in serious physical and psychiatric consequences, has been observed [15]. Transexual population is

pointed out as a risk group for eating disorders due to the relation with the body [10, 13]. Witcomb et al.[16] add that taking into consideration the gender identity is crucial to understand the satisfaction or not with the body image and show the influence of the self-image in eating disorders present both in cis women, trans and transvestite women (TTW) and trans men (TM).

In a context that there are few Brazilian studies in the field of nutrition related to the transexualization process and, still, taking into consideration the need to bring visibility to the actions for maintenance and improvement of such process in SUS [5], the proposal of this study was to know the social-demographic profile, nutritional state and the eating behavior of transexuals and transvestite people from a outpatient clinical for LGBT in the city of Recife, Pernambuco.

Materials and Methods

Sample and type of study

The present study was part of a course conclusion essay form the Multiprofessional Residence Program in Family Health by the Health Secretary of Recife-PE, entitled "Eating behavior: a look in face of the transexualization process", from the first author of the present study (CAAE nº 10225119.9.0000.5569, nº of the report 3.316.321). The research has mixed approach and transversal and analytical character, which will be discussed descriptively the quantitative aspects developed in the field.

The samples was gathered by convenience from the availability from people in participating in the research. The number of participants was defined from the available time at the Residence Program for the data collection, totaling 16 (sixteen) people. However, the first interview was discarded due to the criteria of exclusion, remaining, at last, 15 individuals. The sample number has become reduced due to the demand of time to apply the questionnaire and the qualitative interview fro each individual lasted 40 minutes of average time.

Research design

The research was developed at the LGBT Outpatient Clinic Patricia Gomes in Recife-PE, once a week in the months of October and November of 2019. This interval was defined due to the limitations from the Residence Program Agenda, and the days from the doctor's agenda, since these were the days that more movement of the service was present.

This Outpatient Clinic was opened in November 2017 by the City Health Secretary and it is part of the Network of Health Surveillance with the purpose of hosting and providing care to this population. It is noteworthy that the service does not unbond the user from one's territory, being a means, even, of approachung the trans person to the Health Unit [17]. The Outpatient Clinic has a routine of over 130 attendances per month, including hosting, medical and psychological attendance.

Inclusion and Exclusion Criteria

People from all transexual and transvestite identities were included, older than 18 years old, who attended the Patricia Gomes LGBT Outpatient Clinic, who were available to participate in the research during the time interval dedicated to the data gathering.

The exclusion criteria applied was to answer the questions from the interview in an incoherent manner or out of the terms in question.

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Data gathering occured once a week in the months of October and

November, 2019 in the Patricia Gomes LGBT Outpatient Clinic, in Recife-PE. This interval was chosen due to the Residence Program calendar, and the days, according to the doctor's agenda, since they were the days in which there was more movement in the service.

The following were applied: social-demographic questionnaire, anthropometric evaluation and tools of eating behavior and body image. The validation of such instruments occurred with the first three interviewees. To avoid constraint, the interviews were performed in a private room and an alias was asked to the interviewees. All conversations were recorded with the permission of the participants.

The social-demographic questionnaire involved the following variables: gender identity, age, address, access to the Basic Health Unit (UBS) from where one lives, degree of education, income from the interviewee, condition of work, receipt of benefits.

Although there is not, up to the moment, anthropometric parameters that attend the specificity of the transexual and transvestite public, the anthropometric evaluation is need for the nutritional approach and to follow-up with the changes of body composition, monitoring risks for pathologies, which may be due as consequence of hormone therapy. To reduce the bias in data interpretation, it is important to use all anthropometric indicators available and to take into consideration the subjective aspects of living by each individual[18,19].

In this sense, the nutritional status in this study was investigated by the weight, height, body mass index (IMC) and waistline, since those are parameters possible to measure in the service. There was care in observing that the majority of the sample initiated the hormone treatment late and there were no reports of modeling plastic surgeries. In face of this reality and due to the absence of studies that support the use of other parameters, cutting points were used according to the biological sex of the participants, as guided by the Health Ministry [20]. For weight measurement, a digital scale from the Polyclinic where the Outpatient Clinic is located was used, with precision of 50 g and maximum capacity of 200kg. For height, the stadiometer of the scale itself was used, with precision of 0.5cm and maximum height of 2.20m. For the waistline, an extensible metric tape with precision of 0.1 cm was used. The waistline was also chosen since it identifies the accumulation of abdominal fat, which verifies cardiovascular risk[21].

The eating behavior of the individuals was evaluated from the application of the Distressed Eating Attitudes Scale (EAAT) (EAAT)[22], which involves not only the relation with food, considering beliefs, thoughts and feelings. Although not being validated for the trans people, the EAAT was psycho-metrically evaluated and considered cohesive and valid to evaluate clinical and non-clinical populations of people with distressed eating habits[22]. In this scale, there are 25 questions with punctuation according to the Likert scale, which varies from 37 to 190 points, in which higher punctuation indicate more dysfunctional attitudes; and they are organized in five subscales[22]:

- Factor 1 – Relation with food: indicates attitudes which express the way that individuals handle the terms eating control, dietary refusal, guilt, anger, embarrassment, shame;
- Factor 2 – Preoccupation with food and weight gain: reports the preoccupation with calories, consumption control, obsessive thoughts regarding food and weight gain;
- Factor 3 – Restrictive and compensatory practices: indicates practices of food or calories restraint and attitudes of compensation by a big consumption or uncontrolled consumption;

- Factor 4 – Feelings on food: represents the feelings of pleasure and food memories, and how normal the act of eating is; and
- Factor 5 – Idea of normal eating: represents concepts and strict beliefs on nutrition.

Given the absence of parameters in the categorization or cutting point to identify the risk of eating disorders in the literature, here the mean between the highest and lowest punctuation of each sub-scale was used as parameter of dysfunctional attitudes.

Once there is a strong relation between eating behavior and body image, the Multidimensional Body-Self Relations Questionnaire Appearance Scale (MBSRQ-AS)[23] translated to Portuguese [24] was used. This questionnaire presents 34 items organized in five sub-scales that access affective, cognitive, behavioral components and satisfaction with body image, and with the answers presented in Likert scale. The evaluation is performed form the mean number of each sub-scale independently, once it is multidimensional; the closer to 1, the less satisfied the individual is with one's look, and the closer to 5, the more satisfied. The sub-scales are divided in[24] (p. 31):

- Appearance evaluation: evaluate feelings on physical attractiveness/unattractiveness with one's appearance. High scores indicates positivity and satisfaction, meanwhile low scores indicates general unhappiness with the physical appearance;
- Appearance orientation: access the extension of investment in appearance. High results indicates that the individual gives great importance and pays much attention to the appearance and is engaged in excessive beauty behaviors, meanwhile low results indicate that the individual is apathetic regarding appearance, which gives little importance to it and that one does not strive to "look well";
- Satisfaction with areas of the body: it is similar to the subscale of the Appearance Evaluation, except for the fact that it access the satisfaction with discrete aspects towards appearance. High punctuation generally indicates satisfaction with most parts of the body, meanwhile a low punctuation indicates dissatisfaction/unhappiness with the size and/or appearance of several areas;
- Concerns with overweight: access a construct which reflects anxiety related to fad, weight vigilance, practice of diets and food restraint. High punctuation indicates great concern; and
- Weight Self-classification: reflects how the individual perceives and classifies one's own weight. The individual is classified, according to one's own perception, in categories, since "very low weight" until "very above weight";

For the analyzes, the gathered data were organized in spreadsheets in the Microsoft Office Excel 2018 software with codification and categorization of the study variables. Posteriorly, there were the analyzes of the frequencies, means and standard deviations, not being established any statistical relation between the variables due to the reduced n.

Results

Social-demographic characteristics

The distribution of the characteristics of the sample is presented in Table 1. It is identified that from the 15 participants, ten (66.7%) have identified themselves as TTW, meanwhile as other five (33.3%) have identified themselves as TM. Mean age was of 27.3 years (± 8.5), being the majority between 18 to 27 years

of age (53.3%; n=8), and only two (13.3%) were older than 38.

Regarding education, only one (6.7%) did not conclude the Elementary School; the majority (46.7%; n=7) was currently enrolled or had already finished High School. It can be highlighted still that 46.36% had attended/concluded graduation and post-graduation courses. Regarding labor activities, only two (13.3%) declared having no occupation/being unemployed; 40% have a monthly income of one minimum wage and three (20%) receive some sort of beneficial program of income transfer (PTR) – being two form Bolsa Família Program and one in permanent aid from the University. The ones who declared undefined income were depending on family members.

At last, 80% of the interviewees stated having access to the Basic Health Units closer to their residences, in addition to the Patricia Gomes LGBT Outpatient Clinic.

Table 1. Social-demographic characteristics from the sample of trans people from the Patricia Gomes LGBT Outpatient Clinic in Recife, 2019.

Variable	Frequency (n = 15)	Percentage (%)
Gender identity		
Trans woman and transvestite	10	66.7%
Trans man	5	33.3%
Age range		
18 to27	8	53.3%
28 to 37	5	33.3%
38 or more	2	13.3%
Schooling		
Complete or incomplete elementary school	1	6.7%
Complete or incomplete high school	7	46.7%
Complete or incomplete graduation	5	33.3%
Complete or incomplete post-graduation	2	13.3%
Declared monthly income (minimum wage)		
Undefined income	5	33.3%
≤ 1	6	40.0%
< 2	2	13.3%
≥ 2 or more	2	13.3%
Occupation		
Student	5	33.3%
Unemployed	2	13.4%
Informal job	3	20.0%
Formal job	5	33.3%
Receives benefits (PTR)		
Yes	3	20.0%
No	12	80.0%
Access to Basic Health Unit		
Yes	12	80.0%
No	3	20.0%

Source: The authors, 2020.

Nutritional Status

Anthropometric parameters means were analyzed and are shown in Table 2. Trans people from the present study presented mean IMC of 25.65 kg/m² (± 7.2), being the mean of the HT group more elevated (28.7 kg/m² ± 8).

The classification of the IMC showed that 13.3% (n=2) were diagnosed as skinny, 46.7% (n=7) were eutrophic, meanwhile 20% (n=3) were overweight and the other 20% (n=3), were obese. When observed separately, we were able to notice the same number (n=3) of overweight and obese people in the TM and TTW groups.

Regarding waistline, the mean number found for the TM group (88.8cm ± 21.5) was above the general mean (84.33cm ± 18) and above what is expected for healthy people (80cm). This fact reflects the diagnosis of higher cardiovascular risk in the sample of TM in this study: 60% (n=3) presented very high or high risk, contrasting with the 20% (n=2) of TTW. For the general total, 33.3% (n=5) of the sample had elevated or very elevated cardiovascular risk.

Table 2. Anthropometric characteristics and nutritional diagnosis from Body Mass Index from the sample of trans people from the Patricia Gomes LGBT Outpatient Clinic in Recife, 2019

Variable	Total (Mean ± SD)	Trans/Transvestite woman (Mean ± SD)	Trans man (Mean ± SD)
Weight (kg)	72.41 ± 18.5	73.23 ± 18.8	70.9 ± 19.8
Height (m)	1.69 ± 0.11	1.75 ± 0.09	1.57 ± 0.04
CC (cm)	84.35 ± 18	82.12 ± 16.8	88.8 ± 21,5
Body Mass Index (kg/m2)	25.65 ± 7.2	24.12 ± 6.6	28.7 ± 8
Body Mass Index Percentage	%	%	%
Thinness	13.3	20	-
Eutrophic	46.7	50	40
Overweight	20	20	20
Obesity	20	10	40

Source: The authors, 2020.

Eating Behavior

The eating behavior found in both groups was similar for all variables. Still, the mean punctuation were close to the minimum or below half of the maximum punctuation, indicating a not distressed behavior (Table 3).

Table 3. Mean and standard deviation of the School of Distressed Eating Attitudes Scale (EAAT) and their subscales between the groups of the sample of trans people in the Patricia Gomes LGBT Outpatient Clinic in Recife, 2019

Group	EAAT (Mean ± SD)	Subscale 1 (Mean ± SD)	Subscale 2 (Mean ± SD)	Subscale 3 (Mean ± SD)	Subscale 4 (Mean ± SD)	Subscale 5 (Mean ± SD)
Trans woman and transvestite	68.0 ± 17.2	23.4 ± 9.9	9.3 ± 5.9	6.8 ± 4	3.4 ± 1.3	25.1 ± 7.8
Trans man	69.6 ± 29.2	26.2 ± 13.4	8.0 ± 4.1	8.0 ± 5.1	4.6 ± 2.2	22.8 ± 9.5
Total	68.5 ± 20.9	24.3 ± 10.8	8.9 ± 5.3	7.2 ± 4.3	3.8 ± 1.7	24.3 ± 8. 2

SD = Standard deviation; Subscale 1: relation with food; Subscale 2: preoccupation with food and weight gain; Subscale 3: restriction and compensation practices; Subscale 4: feelings on food; Subscale 5: ideas of normal eating.
Source: The authors, 2020.

When observing the results individually, four (26.6%) of the interviewees punctuated above the cutting point established by the EAAT, signing higher vulnerability for disfunctional attitudes in eating behavior. Among this group, three were TTW.

According to the sub-scale 1, three people (20%) showed a difficult relation towards food. Four (26.6%) punctuated above the mean punctuation in sub-scale 2, indicating greater concern with food and weight gain; meanwhile three (20%) showed restrict and compensatory practices (sub-scale 3). However, even with a higher punctuation, it is interesting to highlight that those people revealed the maintenance of pleasure when eating and a not so strict idea of eating, from what was observed in sub-scales 4 and 5.

Body image

It was found, from the analysis of the MBSRQ-AS scale of Appearance Evaluation, a mean content with the body (Table 4). However, the TTW have described being more satisfied than the TM with the general appearance. The same happens regarding the mean of the Satisfaction Scale with Body Parts. However, although presenting a more negative evaluation, the TM have shown more engagement in care with their own bodies than the TTW, as it is possible to notice with a higher mean in the Appearance Orientation Scale.

According to the Overweight Concern scale, both groups have shown an intermediate preoccupation regarding weight watch, being the mean of TM slightly higher. The mean of the Weight Self-classification scale was also higher in this group, indicating that the present sample of TM classifies themselves a little overweight, meanwhile the TTW perceive themselves with normal weight.

Table 4. Mean and standard deviation from the Multidimensional Questionnaire on Relations with one's Own body – Scales of Appearance and their subscales between the groups of the sample of trans people from the Patricia Gomes LBGT Outpatient Clinic in Recife, 2019.

Group	Subscale 1 (Mean ± SD)	Subscale 2 (Mean ± SD)	Subscale 3 (Mean ± SD)	Subescale 4 (Mean ± SD)	Subscale 5 (Mean ± SD)
Trans woman and tranvestite	3.5 ± 1.1	4.1 ± 1	3.6 ± 0.9	2.8 ± 0.9	3.1 ± 1.1
Trans man	2.6 ± 1.2	4.4 ± 0.4	2.4 ± 0.9	3.0 ± 0.9	3.7 ± 1
Total	3.2 ± 1.2	4.2 ± 0.8	3.2 ± 1	2.9 ± 0.9	3.3 ± 1

SD = Standard deviation; Subscale 1: evaluation of the appearance; Subscale 2: orientation of the appearance; Subscale 3: satisfaction with the areas of the body; Subscale 4: preoccupation with overweight; Subscale 5: weight self-classification.
Source: The authors, 2020.

Discussion

The study was composed of a predominantly young population, which may indicate a bigger search from this age range to the LGBT Outpatient clinic. The National Whole LBGT Health Policy[4] is recent, result of years of struggle from this population since 1980. Previously, the difficulties in access to health were even greater[5]. Other researches with demographic data analysis have also indicated a higher percentage of young trans people [7,25]. This may be a reflect of the hard reality of transexuals and transvestites, who have a lower life expectancy when compared to cis people – TTW live, in average, only 35 years, in face of all the vulnerability and violence to whom they are exposed [26]. In addition, it is questioned whether the older trans people, for not having the opportunity at the beginning of the transexualization process, has not created the habit to turn to health services to better follow up, meanwhile younger people, having this option, have chosen to do so.

The sample also deserves highlights for the prevalence of people attending/who had attended high school, and the high percentage of people who attended college. These numbers bring an optimistic view and at the same time dissenting from the reality of trans people, in which dropping out of school is common. In the Report of Murders and Violence Against Brazilian Transvestites and transexuals in 2019[26], only 0.02% of TTW are in the University, 72% do not present high school graduation. For the TM, the statistics, although harder to be identified, are more favorable, since it is estimated that over 80% have concluded high school graduation. Bento[27] focus the problem in the factor that schools, although having the potential do break taboos, perpetuate the pathology view of transexualization, the discrimination and the violence against trans. The suffering generated provokes the withdrawal from children and teenagers of one of their habits, which is studying.

Still, Silva, Luppi & Veras[28] established a very low percentage of trans people inserted in the formal work market in the State of São Paulo, highlighting that the elevated degree of schooling does not guarantee the insertion of the trans people in the formal market, neither a job according to their level of instruction, due to discrimination. This corroborates with the findings of the study, since even with an interesting percentage of trans in the formal market (33.3%), only two individuals referred receiving above two minimum wages. The degree of social vulnerability is ratified when data from the LGBT Outpatient Clinic[29] is verified, in which the percentage of formal employed drops to 22% and unemployment increases to 45%. This shows the need for a structural implementation of public policies that aid the inclusion of trans people in social institutions with guarantee of their rights as citizens and fighting the stigma and discrimination lived by them[27, 28].

Regarding the right to health, 80% referred having access to a Basic Health Unit (UBS) from the area of coverage. The questions in the questionnaire, thus, were not deepened in discussing the quality of this attendance or the relations established with the professional from this level of attention. The LGBT Outpatient Clinic is preferred for the clinical follow-up to the transexualization process and for its good hospitality to the users, but the access the UBS. In general terms, this high percentage was not expected, since goes against several authors who described negative experiences of trans people in health services, which keep trans people away from these places [6, 8, 10, 30]. It goes against, therefore, the data of the outpatient clinic itself [29], which points out that 54% of the users were never attended in a Family Health Unit.

The integration of trans people in the Primary Care is hardened through

discrimination, lack of respect to their social names, pathologization of transexuality. However, the potentiality of this level of attention to provide continuous whole health care to this population and to feed the offer of the transexualization process is unquestionable. The promotion of discussions on sexual diversity and gender in spaces of continuous and permanent formation is pointed out as an alternative to overcome such obstacles between the service and the trans community [30].

In addition, it is verified based on the addresses of the interviewees that 60% live in neighborhoods close to the LGBT Outpatient Clinic, according to the service report [29], which points out that 57.9% of their users live in close neighborhoods. This fires up an alert, once distance can be seen as deterrent to the population, to get in touch with the service. It was seen that the sample received, majorly, an income of up to one minimum wage, or was depending on family members to make ends meet. Mobility gives off money and time, and there is nothing new in the fact that trans population, specially transvestite, struggles social-economically [27]. Thinking about this difficulty, the decentralization of the transexualization process would reduce the geographic barriers, once "territorial distribution of the Primary Attention would diminish the costs with displacement for the user and is culturally closer "[26] (pg. 9).

As for the nutritional aspect, the index of overweight and obesity found were important. According to Vigitel 2019 (Vigilance on Risk and Protection Factor for Chronic Diseases by Phone Questioning)[31], 55.4% of the Brazilian population is overweight, meanwhile the percentage of obese is 20.3%. In Recife, the mean numbers are, respectively, 59.5% e 23.4% [31]. It is known that obesity is a chronic disease with crescent prevalence all over the world, and that it can bring along important comorbidity, which interfere in the quality of life of society[32]. Therefore, it can be stated that the nutritional profile from the sample is not different from the Brazilian reality.

However, it is important to highlight the fact that trans people aim at searching for hormone therapy to help the transexualization process. Such therapy consists on using sexual hormones – usually based on estrogen and testosterone – for body changes, and also, results, in metabolism alterations. Most articles that deal with the subject are still incipient. However, recent studies state that the risks to health related to hormone-therapy are low, but that some biochemical parameters are likely to become altered, such as blood sugar and lipid profile, in addition to having redistribution of body fat[25, 33, 34]. This way, the continuous clinical follow-up and the care with healthy habits within the treatment have become indispensable to avoid future complications [33].

Balanced alterations and fat redistribution suggested that the anthropometric monitoring should be strategic for the follow-up of the transexualization process. It is found in scientific literature that the BMI (body mass index) from TM increases with hormone-therapy. Fernandez et al.[25] remitted the fact to the increase of lean body mass in the sample, since testosterone induces such alteration. Meanwhile, Vilas et al.[35] concluded that both groups of trans women and TM had the tendency of fat storage, but, due to higher food intake, TM had higher BMI. The present study did not perform comparisons before and after hormone-therapy. Thus, it identified a more elevated BMI among TM. Since this group had a higher mean CC, it can be reasoned that excess weight may be due to fat storage in the abdominal area and not to the increase of lean body mass.

It can be highlighted, therefore, the absence of studies that indicate reference values of anthropometric index for the trans population. The established and accepted references are based on the

biological gender of the individual [20], and this fact makes the reading of the results for the trans people bias, due to the physiological alterations. However, the follow-up of the CC values before and after hormone therapy, for instance, may establish personal parameters, in which the health professionals may base their interventions and referrals in face of the risk to health of each individual specifically.

The changes in the BMI do not only impact the physiological health. There is embedded in the society, a standard of beauty, the ideal of a perfect body that is linked to a higher acceptance of the young person in social circles and this influences eating habits, self-esteem, and may generate self-image disorders[36]. For the female gender, this is more severe, once, when feeling unsatisfied with their bodies, take inappropriate attitudes (ex, diuretic, laxatives, induce vomit) to achieve the desired weight [15]. The TTW may seem to adopt a double burden: to deal with a body that does not correspond to their gender identity and to fit into the "beautiful" feminine imposed by the society; and this may reflect in a smaller calorie intake and smaller BMI [35] and a higher risk for eating disorders [37, 38, 39].

The sample surprised with a higher body satisfaction between the TTW rather than in TM. This finding corroborates with the study from Witcomb et al.[16], in which the groups of cis women and trans men (both feminine biological gender) presented higher body dissatisfaction than the groups of cis men and trans women. There was also similarity among the studies regarding the preoccupation with weight gain in both groups, which lead us to conclude that TTW internalize the ideal of the female body, meanwhile TM still are influenced by the cultural aspects of the feminine, although are more identified with the masculine.

It is important to highlight that the desire of wanting an appropriate body for gender identity is the main cause of eating disorders among the trans population [40]. Although the relation between body satisfaction and eating behavior in trans people is not well established [37], it is known the capacity of the transexualization process in improving the body satisfaction of a trans individual[13, 16]. It can be highlighted therefore, that the clinical follow-up should maintain a satisfaction monitoring with the body as a whole, not only focusing on sexual parts, to avoid eating disorders. The most appropriate intervention should be given holistically, also directed to the psycho-social aspects of body image, and not only in medical interventions [13].

There has not been found studies in which EAAT has been applied in trans people, but Scagliusi et al.[41] and Alvarenga et al.[42] have employed it in groups of trans people with eating disorders. Comparing the results from these authors with the sample of the present study, it was identified that trans people presented similar mean numbers to the group of obese people without symptoms of compulsive eating, being slightly above average of EAAT and subscale 1. Such parallel perhaps indicates that the present sample tends to present eating attitudes without disorders, despite the relation with food has shown to be more difficult than the one found in the compared group. Similar results in Witcomb et al.[16] showed that the trans population presented smaller mean numbers than the group with eating disorder, but above the control population.

Although the average of the sample has not indicated eating disorders, four participants presented worrying eating behavior, being TTW the majority in this group, especially due to the desire of a thin body and to compensating attitudes, which was already expected. In Diemer et al.[39], trans women presented more bulimic practice and food restraint, with the purpose of fitting their bodies into the standards of female thinness. On the other hand, Witcomb et al.[16], showed that trans women had higher tendency of slimming

practices, but there was no significant difference between the bulimic practice of trans men and women. Testa et al.[43], in turn found a prevalence of eating disorders similar to the different gender identity. This data ratifies that the role of gender identity and the cause of eating disorders in trans people need to be further investigated [37].

Some limitations observed throughout the study need to be highlighted. The mixed approach in which the study was structured, did not allow that the number of participants became relevant, not being able, therefore, to establish statistical relations between the results, nor generalizing the conclusions here described for the trans population of the Outpatient Clinic. Another point is the possible bias in the selection, having at sight that were interviewed people who were already part of the health service for LGBT population and that enjoyed rights to access to these services, which may have overestimated the results to access to the Basic Health Unit. Still, there are no anthropometric parameters for the trans population, these are in accordance with the biological gender of the individual according to the current literature. In face of many body changes, involving hormone therapy and plastic surgeries, it is not possible to know where the cutting points of the measurements are appropriate to nutritionally evaluate this public. However, it is worth mentioning that this is one of the few Brazilian studies that unites and discusses the nutritional aspect in trans population.

Conclusion

This study aimed at portraying the social-demographic profile, the nutritional state and the eating behavior of transexual and transvestite people of the Patricia Gomes LGBT Outpatient Clinic. The current sample has surprised in the issue of schooling, occupation and access to Basic Health Unit, since those characteristics are not coherent with the well-debated in the literature social vulnerability. Also was surprising how low the number the trans people with risk behavior to eating disorders was. On the other hand, the result corroborated with the reality of the Brazilian nutritional status, with the majority with weight excess, and with a regular satisfaction with body image identified by the authors.

Although the finding may not be generalized, they were coherent with bigger studies, being highlighted here the importance of broadening the access to health by transexual and transvestites, and a clinical follow-up that goes beyond the ordinary treatments to transexualization process, which realizes the nuances of body satisfaction of the individual and that monitors the anthropometric index, nutritional risks and signs of possible eating disorders in this population. This way, the attention to health network to trans population will promote a more whole, complete and equal care.

Regarding future contributions, it can be highlighted the need of bigger studies which analyze the relation between the transexualization process, body image and the eating behavior in trans and transvestite individuals, especially in Brazil. It is also suggested the investigation of the validation of the application of anthropometric parameters for this population, with the possibility of establishing new cutting points for whom is currently in hormone therapy.

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