Brazilian transgender population vulnerable experiences when medically transitioning: insights from an emerging country

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Abstract: Transgender populations face several macro-environmental forces that put them into vulnerable situations (e.g., lack of health services, social or work-related prejudice undermining their options to earn a living). Within this context, transgender populations undergo transitioning efforts: a series of processes that allow them to fully incorporate their gender, such as social, medical, and legal transitioning. The overall lack of support during the transitioning process forces these individuals to consume inappropriate and potentially harmful products/services. Our study aims to understand how transgender individuals experience this process. Based on in-depth interviews with 25 participants, we identified the widespread use and consumption of self-medicated hormones, non-medical industrial silicon, and surgical interventions to pursue medical transitioning objectives. Prostitution becomes a must-go-to option to finance this process.

Keywords: transgender population, consumer vulnerability, in-depth interviews

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1. Introduction

Transitioning involves a series of processes that transgender populations undergo to fully incorporate their gender, such as social, medical, and legal transitioning (Claahsen-van der Grinten *et al*., 2021). With adequate support, people can have positive experiences when undergoing this process. However, in developing countries, such as Brazil, there can be barriers that hinder this process and put them into a vulnerable situation: "a state in which consumers are subject to harm because their access to and control over resources are restricted in ways that significantly inhibit their ability to function in the marketplace" (Hill and Sharma, 2020, p.551)

Consumption is a key aspect of gender and body satisfaction (Ruvio & Belk, 2018), especially for transgender populations medically transitioning without supervision. Their desire for quick results puts them into a vulnerable situation, fostering harmful consequences for their health (Rocon *et al.*, 2018). For instance, the inadequate use of over-the-counter hormones and the application of non-surgical industrial silicon can lead to severe problems that have received little attention in consumer behavior and consumption vulnerability research (Ferreira & Pereira, 2020). We address this gap, aiming at understanding the connections between consumption, health, and medical transitioning, to provide guidelines for curbing the level of vulnerability of transgender groups. We do so following McKeage, Crosby, and Rittenburg (2018) call for the use of consumer vulnerability theories for understanding gender-variant consumer experiences.

In Brazil, both the consumption of over-the-counter hormones and non-surgical industrial silicon reflects the lack of health care for the transgender population. Despite having their transitioning rights recognized in Brazilian law (e.g., LGBT National Health), specialized clinics are scarce. Additionally, several barriers (e.g., discrimination and the unpreparedness of health professionals) encourage transgender people seeking medical transitioning to resort to self-medication of hormones and clandestine services to apply industrial silicon (Rocon *et al.*, 2018). We argue that this situation puts the transgender population in vulnerable situations and in need of public policies and regulatory initiatives that can diminish the harmful effects of unsupervised consumption of these products and services. We adopt the theoretical lens of consumer vulnerability to analyze the consumption of medical transitioning products and services within the context of a developing country that provides scant support for this population.

2. Medical transitioning and consumer experiences of transgender populations

One key aspect of the medical transitioning period is the use of hormones with two objectives: the use of anti-androgens to attenuate secondary characteristics of the sex assigned at birth; and progesterone and estrogen-based drugs to induce secondary sexual characteristics of the perceived gender identity (Lima & Cruz, 2016). These processes are considered irreversible and should be done after the age of consent, with continued psychological support and multidisciplinary decision-making teams (Claahsen-van der Grinten *et al*., 2021).

This is not the case for transgender people transitioning within developing countries. For instance, Silva *et al*. (2020) identified the use of hormones among transgender populations (94.8%), but without prescription and medical supervision (69.1%) and before the age of consent (68.9%). The consumption of these products, without medical care, using super-dosing strategies for quick results, often lead to severe health issues (e.g., eating disorders, liver disorders, bone problems, hypertension, ischemic heart disease, diabetes mellitus, venous thromboembolism, and depression) (In-iw, 2020; Rozga *et al*., 2020). The factors driving this situation are threefold: (1) lack of access to specialized medical services; (2) high levels of prejudice among governmental/medical staff; (3) no access to free hormone treatments from the universal Brazilian Health Care System (i.e., SUS).

Another product category widely used by transgender populations for medical transitioning is silicon, a manufactured polymer derived from silicon and oxygen, developed in World War II for military purposes. Despite existing surgical silicon for human implants, transgender populations, mostly non-surgical industrial silicon, contaminated by heavy metals and other impurities that in typically used in machinery lubrication, sealing in civil construction, and car cleaning (Leonardi *et al*., 2016; Pinto *et al*., 2017)

This quick fix for rapid medical transitioning is widely adopted by those working in the sex industry since their appearance correlates with income generation with prostitution. This means that the transgender population is using unapproved silicon and buying unauthorized medical services from non-medical staff to make use of the silicon. More importantly, 43% of those that reported using industrial silicon had health-related issues (Pinto *et al*., 2017).

Due to its clandestine nature, people without medical training carry out the application of industrial silicon. Transgender people are among those offering and receiving the medical procedures to implant silicon. Those applying procedures are called "bombadeiras" (i.e., pumpers) and those receiving "patients" that receive orientation on pre and post-application periods. This use has been linked to innumerous health problems, such as infections,

migration of the product to other areas of the body and vital organs, deformities, necrosis, thrombosis, pulmonary embolism, and death (Benevides & Nogueira, 2019).

2.1. Consumer Vulnerability and transgender population

Consumer Vulnerability (CV) occurs when a person or a group has little or no power in the consumption relationship, or in circumstances where the consumer feels that their physical, psychological, or social security is threatened. In this process, the consumer's agency is reduced or nullified, requiring the participation of external actors so that the injustice or disadvantage is minimized (Baker, Gentry & Rittenburg, 2005; Baker, LaBarge & Baker, 2015). Vulnerabilities arise via triggering shocks that can happen at different levels (i.e., individual, family, community, or macro-environmental) and can be of cultural and economic nature (Shultz & Holdbrook, 2009). Once installed, the vulnerable situation evolves within three dimensions (remediation, duration, and stability of the condition). Sequentially, post-shock tensions and responses (active/passive) are mobilized by different actors (consumers, market, and State) that interact with the antecedents through feedback loops (Baker & Mason, 2012; Pavia & Mason, 2014).

Recognizing a reality in which the binary gender logic thrives, McKeage, Crosby, and Rittenburg (2018) proposed an integrated and extended model of vulnerability with key contributions: (1) macro and consumer responses may intersect, leading to activism as an overlapping response; (2) CV is as an iterative cyclical system in which responses to vulnerability can impact market structure, sources of pressure and support, and consumer groups. In this study, we contribute to this theoretical model by including a dimension related to the experience of consumption, portraying a more nuanced view of how consumers are impacted.

3. Method

We use a Grounded Theory approach to data collection and analysis for this study, with themes emerging from field data (Charmaz, 2019). We conducted in-depth interviews with 25 participants recruited within the only public center for transitioning services within the Amazon State that only provides ambulatory services (no surgical services offered): 19-transgender women and 6-transvestites. These respondents varied between 23 and 49 y.o. (average 35) and had the following level of education: 6 finished elementary education, 6 middle school, 11 finished high school, 1 enrolled at a masters course, and 1 Ph.D. on archaeology. Interviews lasted between 35 and 85 minutes (average 53) and were mostly

conducted in-person (only one via Google Meet) and were recorded and transcribed verbatim. Following grounded theory guidelines, we used only two initial questions: life history and gender transitioning, to open up a thick conversation about the transitioning process that these individuals experienced.

4. Results and Discussion

Our main goal with this study was to examine the interconnections of consumption, health, and medical transitioning, to provide guidelines for curbing the level of vulnerability of transgender groups. Based on in-depth interviews, we analyzed the process of medical transitioning and how this relates to the consumption of products and services. We identified that to transition, these individuals consume over-the-counter and without prescription hormones, apply industrial non-surgical silicon, and buy services from non-medical professionals (i.e., amateurs with practical experience obtained from their own experiences consuming these products and services). This situation puts the transgender population in vulnerable positions. In Table 1, we provide an extensive overview of our results with illustrative quotes.

Codes and Themes
Sources of Vulnerability -Cultural Vulnerability and Economic Vulnerability *"Never crossed my mind to seek a specialist. First because we don't even know if there is a specialist for this (i.e., transitioning)". (P3).*
Antecedent forces Individual forces: gender affirmation and external validation; Family forces: family abandonment and pressure from partners to become more feminine; Social forces: pressure from other transgender individuals and pimps/pander; Macro forces: prejudice, stigma, limited word options, low wages, use off label hormones and lack of free access to medication via NHS. *"Because it's more than only physical characteristics, it's a social issue. People already know me as a woman. (P12).*
Antecedent chocks -Desire for self-affirmation; Agency from partners; Start of sex work *"He (the partner) enjoyed trans-women. I started using hormones, got breasts, began to put silicon in my boobs and face. Just for him. It's painful but is the pain of beauty. It's a pain that you can endure. (P4).*
Vulnerability Experiences -Access to information: occurs via other transgender individuals, webpages, and blogs.; Use of products: hormones (precocious use and super-dosages) and silicon (low-quality materials and services from non-qualified personnel) *"And then I got airplane engine oil, I got horse anabolic steroids, got all mixed up and took ½ a litter to her.*

She just marked me and injected the material (...) some trans-women nowadays use Barra Mil, clandestine silicon that becomes solid, like a rock" (P9).
Experience Dynamics Beginning of the transitioning period: complex and resolvable situation; Those who suffer injuries from transitioning efforts: complex situation, dynamic and unsolvable. *"When the surgical intervention is successful, they extract 80% of the silicon. Those who manage these levels are happy because this is the limit; this is a surgical success (P17).*
Post-chock tensions Chronic problems already mentioned in the literature, loss or difficult erections, and complaints of psychological nature. *"It makes me melancholic. Sometimes you are happy, and from nowhere comes this feeling to get isolated and alone. Many transgender individuals take hormones and become crazy. Disturbed (P4).*
Consumer responses Active and positive: search for professionals for the continuity of hormone use and surgical withdrawn of industrial silicon; Active and negative: self-mutilation and search for more clandestine services; Macro answers: activism. *In 2021, I said that I had to eliminate the problem by its roots, and in fact, I was going to end it all. I thought to myself that I wouldn't be able to break the testosterone production; therefore, I would stop producing (P17).*

Table 1. Main results from data collection

The data analysis revealed that within the universe of the transgender population, the consumption of over-the-counter hormones and industrial silicon is not the rule. However, especially for sex workers, the consumption of such products is a requirement to maintain competitiveness. Thus, socioeconomic status is at the heart of decision-making for the consumption of such harmful substances. As for the level and sources of vulnerability during consumption, we identified four categories that range from non-vulnerable to vulnerabilities based on the following dimensions: economic, social, or both. For those who face some level of vulnerability, forces to undergo the transition process arise at the individual level (motivation to perform according to desired gender and external validation issues), family level (feeling abandonment from family and pressure from romantic partners to speed up the transitioning process); social level (pressure from fellow transgender individuals and pimps/pander to transitioning in a way that promotes economic returns). Macro forces operate on a different level, forcing transgender individuals to pursue alternative ways to transition due to a lack of support from government and public health services. This situation leads them to accept suboptimal options to transition, putting their lives at risk. As P12 reports, it's "a situation of enormous rejections, é all negative, no support from family and, that leaves you with the need to reoccur to the stress. You have to submit yourself to those types of things (silicon injections)." The lack of specific medications and distribution of free hormones leads

to the use of off-label products. The low availability of public hospitals qualified for medical transition surgeries pushes transgender individuals to pursue self-medication and clandestine services. As P12 reports, "There are no transgender-specific hormones. Androcur is for treating prostate cancer and for hyper-sexualized states. Estradiol is for menopausal women. So there is nothing developed for the transgender population, how, and what can we feel, right?"

In our analysis of transgender vulnerability within developing countries, we identified two dimensions for analysis: access and process. Access refers to the knowledge needed to start using products and services that can facilitate transitioning, mainly outside official or approved options. The process relates to the interviewees' experience during the use of non-prescribed hormones and the application of industrial silicon. In the case of hormones, they recur to more experienced transgender individuals, Internet pages and blogs, to obtain initial knowledge and access. In the process of consuming over-the-counter hormones, early-onset and overdoses appear as worrying points. Recommendations for starting these transitioning processes after the age of consent and with guidance from medical staff are largely ignored. Participants undergo surgical procedures; start applying dangerous materials and consuming medication without guidance (e.g., hormones and silicon). This is done in insalubrious conditions, risking infections and under extreme pain due to a lack of palliative methods to ease medical procedures. As P3 explains: "She makes the appointment, ties up the tail, her mouth, arms, legs, because it's a lot of pain. It's a very thick needle. She puts the needle in and leaves it there, and then she comes with a bucket of silicon injecting it. After they take out the needles, they glue a thick paper to cover the hole because it gets big. Afterwards, massages are needed to spread the silicon, tearing everything." They report these gruesome procedures as part of everyday life, which they must endure to attain their desired figure.

Post-shock tensions arise after health problems aAfterwardmpting transgender individuals to seek more health care services from non-professional staff, further fuelling their vulnerabilities. The application of industrial silicon generates several health issues both in the short term (e.g., reactions immediately after application, such as infections) and long-term (e.g., displacement of silicon to other parts of the body and tissue necrosis). The use of hormones also has several effects (e.g., thrombosis, nausea, galactorrhea, thyroid nodules, loss of libido/erection, among other problems). However, most complaints were of a psychological and behavioral nature, such as the report in P11 that presents her perception of the problem: "The hormone makes me very melancholy. Sometimes you're happy, and then

out of nowhere, it gives you that thing, and you want to isolate yourself, and you're alone. Many of the fags take so much hormone that they go crazy."

In sum, the dynamics of medical transitioning processes for individuals in underdeveloped countries generates vulnerability. Building on Baker and Paiva's (2014) work on consumer vulnerability dynamics, we argue that transgender individuals, when undergoing unsupervised and amateurish transitioning processes, enter a stage-gate route that in the beginning can be resolved and remedied (e.g., using low doses of hormones and initial applications of industrial silicon), but at some point in time become unresolvable (e.g., hormone overdoses or untreatable silicon health issues). At the resolvable stage, there is room for social services and health support from the government and NGOs to offer support and orientation to transgender individuals to undergo this process under supervision. At the unresolvable stage, the solutions are more palliative since several health damages are already in place and cannot be undone. The option in these situations should be more oriented towards palliative care, psychological support, and stopping further damage and renewed cycles of vulnerability.

Finally, based on McKeage, Crosby, and Rittenburg's (2018) model of answers to vulnerability, we propose a new approach to their understanding of the process. Their rationale is based on active (positive nature) and passive (negative nature) consumer responses to vulnerable situations. Our findings indicate that active responses to vulnerable situations can become negative, such as the case of P17 that reported not having access to hormone cease treaty and resorted to a more radical option, that is, "I did it all by myself, (…) I wanted to stop the production of testosterone, so I extracted my testicles." Active responses with positive results, as expected, were also identified. On a broader view of the process, McKeage, Crosby, and Rittenburg (2018) introduced the existence of macro responses that in our study were found in the intersection of individual and collective responses. These individuals encountered an option to express themselves in activist initiatives, such as P1, which reports working as an artist and activist, defending transgender rights and female empowerment.

5. Conclusions

Transgender populations face several macro-environmental forces that put them into vulnerable situations (e.g., lack of health services, social or work-related prejudice undermining their opting to earn a living). This process forces these individuals towards the consumption of inappropriate and potentially harmful products/services. Our study focused on

this scenario, aiming to understand how transgender individuals experience this process. Based on in-depth interviews with 25 participants, we identified the widespread use and consumption of hormone, industrial silicon, and surgical interventions to pursue medical transitioning objectives. The lack of support forces these individuals into vulnerable situations that more often than not translate into recurring to prostitution as a means to support the consumption of these potentially harmful products and services.

The implementation of medical transitioning public policies should aim at reducing self-medication and the use of clandestine services. Support should be provided for those already suffering from the consequences of these consumption decisions (e.g., harm reduction and palliative care). Our study offers 2 theoretical contributions: (1) we contribute to Baker and Paiva's (2014) model on vulnerable consumers by uncovering the experiential nature of this phenomenon; (2) we contribute to McKeage, Crosby e Rittenburg (2018) model by introducing examples of active actions from vulnerable consumers that can be detrimental (e.g., auto-mutilation to cease hormone production). From a macro perspective, we also identified that personal and collective responses to vulnerability could intersect when transgender individuals become activists defending their rights. New studies could focus on the use of off-label products, harmful consequences of the post-shock tensions related to psychological implications of precocious use and overdoses.

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