Access to healthcare services for transgender people in South Africa: assessing healthcare experiences and human rights

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Abstract

Background: The transgender population is one of the most marginalized and misunderstood population groups in South Africa. Despite a progressive and inclusive human rights-based legal framework, transgender people in South Africa are vulnerable to multiple human rights violations, including inequality and grave healthcare disparities.

Aims: This study aims to assess the healthcare disparities experienced by transgender persons in South Africa. In South Africa, transgender people are legally entitled to equality and the right to access healthcare services. The article examines sparsely explored discrepancies and recommends how a transgender person's right to access healthcare can be strengthened through a comprehensive human rights approach.

Methods: The methodology involved semi-structured interviews with transgender respondents and healthcare experts. The sample comprised 43 transgender respondents aged between 23 and 45 residing in Gauteng, Mpumalanga, North West and the Western Cape and a multi-disciplinary group of nine healthcare professionals working in South African health institutions. The data was analyzed through relevant thematic analysis.

Results: The majority of transgender participants and healthcare experts reported that there are transgender-related inequalities in the healthcare system, including stigma and discrimination, exclusionary and culturally incompetent health services and limited availability of competent healthcare services.

Discussion: There is a need for South Africa to intensify its application of transgender human rights to bridge the gap between lived experiences and the law. Comprehensive and explicit transgender-inclusive laws must be developed. Diverse transgender people must participate in the law and policy-making process. Activism, advocacy, and strategic litigation should be used effectively by relevant parties to create awareness and impact change.

Keywords: Health care accessibility, transgender, transgender health care access, transgender health rights, transgender human rights, transgender population

Introduction

The transgender population and the concept of gender identity are misunderstood worldwide (Attig, 2023; Bockting, 2013; Riggs et al., 2019; Rotzinger, 2018). Often, being transgender is incorrectly associated with mental disorders, homosexuality, and intersex characteristics

(Witten et al., 2003). As a result, transgender people are highly vulnerable to healthcare disparities, meaning their basic human rights are violated. (Chimatira et al., 2023; Parikh et al., 2023). Transgender people have unique healthcare needs often unaddressed by healthcare practitioners and healthcare institutions, leading to poorer outcomes and inequities (Safer et al., 2016). Poor healthcare, including mental healthcare, restricts individuals from fully participating in society and affects their overall well-being and quality of life.

Transgender healthcare on the African continent is underdeveloped and poses challenges for healthcare seekers (Camminga, 2017; Jobson et al., 2012). Discrimination, stigma, and a lack of understanding surrounding gender diversity persist, and many African states lack comprehensive policies and guidelines that protect the rights of transgender persons, leaving them vulnerable to discrimination from healthcare providers and institutions (da Luz Scherf & Alves Lima Zanatta, 2021). In addition, under the influence of homophobic and religious views, the general public sees violating gender and sex-diverse people as acceptable and even honorable (Nibogora, 2021; Southern African Trans Forum, 2016). This behavior and way of perceiving gender-diverse people diminish the importance attached to transgender healthcare rights violations.

In South Africa, state-sponsored healthcare support for transgender individuals is available but remains limited (Southern African Litigation Centre (2016). Access to gender-affirming treatments and surgeries through the public healthcare system is often hindered by long waiting lists and a lack of specialized healthcare providers (Luvuno et al., 2019). Limitations of healthcare encompasses inadequate comprehensive and culturally competent services, including a protective environment, mental health services, prevention and promotion, therapeutic services and long-term support (Roemer, 1988). An enabling environment allows the state to provide quality healthcare services, empowers the public to make prudent and informed decisions about their health, and does not unfairly discriminate against marginalized groups.

Human rights and the right to access healthcare

Healthcare inequities and discrimination adversely impact the enjoyment and protection of human rights. The Constitution of the Republic of South Africa, 1996, which comprises a Bill of Rights, is often seen as progressive and a global leader in human rights among liberal democracies (Lewin et al., 2013; Luvo & Kang'ethe, 2023; Massoud, 2003). In the Bill of Rights, everyone has the right to access healthcare (Constitution, sec 27). This means that transgender people, like the rest of the population, have the right to access healthcare services. Furthermore, South Africa's anti-discrimination laws prohibit unfair discrimination on various grounds, including gender, sex and sexual orientation (Constitution and the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000).

While South Africa should be commended for its progressive legislation, the existence of a human rights framework does not mean that the state is effectively implementing a human rights-based approach. The country has made strides in recognizing transgender rights, including allowing gender marker changes on official documents. The Alteration of Sex Description and Sex Status Act 49 of 2003 (Sex Status Act) provides for the alteration of gender status on national identification documents for transgender and intersex persons. Despite being a step in the right direction towards advancing transgender rights, the Sex Status Act is limited, pathologizing and exclusionary (Deyi et al., 2015; Nduna, 2013). The Sex Status Act

pathologizes transgender people by requiring proof of a diagnosis and excludes certain categories of transgender identities, such as non-binary people.

There is substantial evidence that the South African healthcare system is declining, and various social and economic detriments negatively impact the overall healthcare quality in South Africa (Maphumulo & Bhengu, 2019). In such circumstances, the most marginalized groups are most affected. Baah reports that social position is linked to marginalization and social determinants of health (Baah et al., 2019). While South Africa's poor healthcare system impacts various groups, the transgender population is a community that receives minimal attention in healthcare and healthcare research. There is a discrepancy between the law and the lived experiences when accessing healthcare services.

A human rights approach to healthcare can alleviate some healthcare disparities. Adopting a rights-based strategy entails incorporating human rights principles into the design, execution, and assessment of programmes and policies and applying a human rights framework for health development (Rioux, 2006).

Like all human rights, the right to health is interdependent on and indivisible from other rights (Fukuda-Parr, 2007). This means that achieving the right to health depends upon realizing other human rights (WHO, 2017). These interlinking rights include the right to equality, human dignity, freedom of expression, legal gender recognition, self-determination, bodily and psychological integrity, and access to information.

Literature review

The existing literature provides limited insights into the experiences of transgender people when accessing healthcare services. Even in Argentina, where the comprehensive Gender Identity Law was adopted, there is still a dearth of information including on their experiences with health care (Mendieta & Vidal-Ortizt, 2021). There are also limited studies in South Africa examining the status of transgender health and the challenges experienced.

In 2011, Baral and others noted that most available research came from high-income countries (Baral et al., 2011). Baral and others additionally found that low and middle-income countries with the most data on their transgender populations were based in Southeast Asia and Latin America. Limited data is available from Southern Africa, the Middle East, and North Africa. The work of Baral and others highlighted the prevalence of HIV among transgender women, similar to Jobson's and colleagues' publication in 2012 (Jobson et al., 2012). Jobson and colleagues suggested that the invisibility of transgender persons in epidemiological data from Africa is linked to the criminalization of same-sex behavior in many countries and the ensuing fear of negative consequences from participating in research. South African-based research on sexual and gender minorities has arguably placed significant focus on the impact of HIV. Due to HIV research, other transgender health issues have seen increased attention from scholars and programme implementers. Baral and others report that the focus has been placed on transgender women due to transgender women's higher vulnerability to HIV (Baral et al., 2011).

In 2012, Dorsen conducted a comprehensive literature review exploring the behavior of nurses toward LGBTI persons (Dorsen, 2012). While the study offers pertinent information regarding the state of healthcare for sexual and gender minorities, generally, it falls short of capturing the experiences of transgender people as a distinct group with unique healthcare requirements that

further affect their experiences. Dorsen shares sentiments with Baral regarding the absence of qualitative studies focusing on transgender people.

In 2011, Bateman investigated the attitudes of healthcare workers with a specific focus on transgender healthcare seekers looking to access hormone replacement therapy (HRT) or gender-affirming surgery in South Africa (Bateman, 2011). Bateman highlighted the medical prejudice experienced by the transgender population in South Africa by emphasizing the key concerns of transgender respondents based on interviews with delegates who attended a conference focusing on transgender health. The theoretical aspect of the study report relied primarily on studies conducted in the USA to understand transgender health disparities. In 2014, Wilson and others published a study on the challenges experienced by transgender persons, focusing on access to the Groote Schuur Hospital's Transgender Unit in Cape Town (Wilson et al., 2014). More recent reports confirm that there still is limited data from scholars about the transgender population in South Africa. In a 2019 report, Luvuno and colleagues reported on the lack of data about the South African LGBTI population (Luvuno et al., 2019). The authors noted gaps in the literature, practice guidelines and policies in LGBTI health in South Africa. In 2020, Van der Merwe proposed that further research is needed to understand the forces that shape the public health landscape for transgender women in South Africa (Leigh Ann Van der Merwe et al., 2020).

The literature review shows that despite developments in transgender health research, there are still gaps and areas of research that are yet to be explored. The review highlights that the prevalence of HIV and the attitude of healthcare workers are key research areas in the transgender health discourse that need to be expanded on. Areas such as the status of transgender men and gender nonconforming people's health in South Africa and the concepts of gatekeeping and moral objection are understudied.

Developing research in South Africa is important for developing transgender health rights in South Africa. Furthermore, increased research can positively impact on the development of human rights law and lead to the positive social integration of transgender persons in African states with less developed human rights structures.

This article aims to enrich the existing literature by addressing the following research questions:

- How do transgender peple experience healthcare in South Africa?
- What are the healthcare disparities affecting transgender people's right to access healthcare?
- How can a human rights approach be used effectively to reduce healthcare inequalities?

Materials and methods

Study design

The study used a qualitative approach comprising semi-structured interviews conducted electronically or in person with transgender respondents and transgender healthcare experts. The investigative process took place between 2008 and 2021. Three interviews were conducted in 2021, and the rest of the interviews were conducted in December 2021. The data collected in 2021 was relevant to the current state of transgender healthcare in South Africa. It comprised (1) the identification of respondents who meet the research inclusion criteria, (2) the invitation

of respondents to participate in the study through digital communication, (3) interviews with respondents, (4) transcription of data, (5) consolidation of findings in a database on Microsoft Excel, and (6) analysis of the data and formulation of study findings.

The conceptual framework adopted in the analysis is thematic analysis. A thematic analysis fits the nature of this research as a qualitative study that focuses on collecting data based on certain thematic areas. Thematic analysis is flexible and involves identifying and analyzing patterns or themes within qualitative data (Braun & Clarke, 2014).

The semi-structured interview questions presented to transgender respondents essentially examined their general experiences as transgender individuals in South Africa, their healthcare needs, challenges, experiences with healthcare providers and recommendations. The questions presented to healthcare providers assessed their observations and experiences as experts in gender-affirming or transgender-related care. The attention to certain themes in the interview facilitated a well-developed analysis that allowed respondents to express themselves openly without departing from the main topic. The positionality of the interviewer as a cisgender woman and the broader purpose of the study was disclosed at the beginning of each interview. Respondents could choose to continue or end the interview based on this information.

Participants

The sample comprised 43 transgender respondents aged between 23 and 45 years, residing in Gauteng, Mpumalanga, North West and the Western Cape, who were interviewed about their experiences with healthcare. The sample consisted of self-identifying transgender men, women and non-binary persons, with transgender women being the majority. While the study aimed to incorporate transgender individuals from diverse socio-demographic backgrounds, most transgender respondents were black (86%), aged between 23 and 30. Five respondents identified as white (12%), and one identified (adopting South African racial classification) as colored' (2%). The majority of transgender respondents resided in urban and semi-urban areas.

The mobilization method influenced the size of the sample and the respondents' socio-demographic characteristics. Most respondents were recruited with the assistance of local transgender non-governmental organizations (NGOs). The majority of the transgender population seeking assistance from such organizations are young, black individuals. Most local organizations consulted in the recruitment process are based in urban and semi-urban regions.

The healthcare expert informants comprised two nurses, three medical doctors, a psychologist, a psychiatrist, a social worker, and a health coordinator. The respondents' professional experiences ranged from five to 20 years in healthcare.

Ethics

The University of Pretoria Faculty of Health Sciences Ethics Committees ethically approved the study. As it involved human subjects, informed consent was obtained using an informed consent form or recorded verbal consent. While in some instances, pseudonyms are used based on the respondent's request, actual names are used in other cases. Notably, South Africa has no clear category or affirming words in indigenous languages to describe transgender persons (Rudwick & Ntuli, 2008). Jones contends that modern concepts of gender and sexual identities in Africa conform to definitions introduced by colonialism (Jones, 2019). While indigenous languages have terms relating to gay or intersex persons, the terminologies have derogatory

undertones and are not gender-affirming (Raeymaekers, 2020). For this reason, in the course of the study and within this article, Western terminology is used to describe individuals whose person whose gender identity does not correspond with the sex assigned at birth.

Data analysis

Drawing from the interview questions, the data was divided into columns on a spreadsheet based on the key themes and sub-themes that brought new light to the study. The data is stored on a portable hard drive and online cloud storage for up to six years. Multiple copies of the data will be developed and stored to prevent accidental loss. Each theme and sub-theme was analyzed and interpreted with reference to existing literature. The analysis below is the authors' interpretation, which acknowledges researchers' role in objectively interpreting data.

Theoretical approach

The theoretical approach taken is transgender theory. Nagoshi and Brzuzy describe transgender theory as a theoretical approach focusing on the nature of gender and gender identity in comprehending the lived experiences of transgender persons (Nagoshi & Brzuzy, 2010, p. 433). According to the authors, transgender theory focuses on self and socially constructed aspects of identity drawing from intersectional factors. Transgender theory offers important accounts of restrictive and broad ways of understanding gender and gender identity (Roen, 2013, 656).

Findings

The investigation results are divided into three thematic areas based on the most prominent and topical healthcare issues expressed by the transgender respondents and healthcare experts. The thematic areas are (1) experiences with stigma and discrimination, (2) exclusionary and culturally incompetent health services, including discriminative gatekeeping practices and pathologization, and (3) high demand for care under conditions of restricted resources.

Stigma and discrimination

Stigma and discrimination toward transgender people within the healthcare sector can be in the form of refusal to provide care, neglect of patients, stigma based on HIV status, breaches of confidentiality, isolation, and verbal abuse from healthcare workers (Müller & Daskilewicz, 2019).

All transgender respondents reported experiences with stigma, gender identity and perceived sexual orientation discrimination in society. Within the healthcare setting, the majority, but not all, respondents reported experiences with direct and indirect stigma, and discrimination. Respondents had different conceptions of what qualifies as discrimination and what does not. For example, while some respondents mentioned that healthcare practitioners discriminated against them by delaying access to services, other respondents viewed such behavior from care providers as not discriminatory but rather a resource issue with the South African healthcare system.

Diketso asserted:

> I go to the nurse and get asked when the last time was; I went on my period. I would explain I'm this type of person, and they will still assist me and treat me well.

Nonetheless, most transgender respondents perceived the healthcare sector negatively because of their experiences. Gabriel, a 28-year-old transgender man, explained:

> I haven't had much of a terrible experience in terms of how people respect and treat me. I know other people have terrible experiences in terms of prejudice because they do not fit into society in terms of how men and women should be. They are more visibly trans.

It can be interpreted that Gabriel felt he had not experienced discrimination because he was not visibly transgender. John, who is 27-year-old and non-binary, stated as follows regarding their experience with healthcare workers:

> They said I'm such a handsome man but why am I gay. This is disturbing knowing the person assisting you wants you to change.

A person's transgender status must be regarded as protected information by healthcare practitioners; therefore, it is an infringement of the right to privacy for this information to be shared or revealed unless explicit consent is given (Vincent, 2018). Olivia, a 33-year-old transgender woman, submitted the following:

> When you disclose to people your gender, they don't give you the care and respect you are looking for.

Getty, a 38-year-old transgender woman, conveyed why she avoids healthcare in public facilities: "General healthcare, I don't attend facilities anymore. I have seen they are not sensitized". Collen, a 23-year-old transgender man, stated: "In terms of local, I don't go to clinics. I know if I go there, I'll be misgendered." Ayanda, a 33-year-old transgender woman, expressed that transgender people lived in fear. Speaking from her personal experience, Ayanda explained:

> As soon as the nurse sees you, they start talking about you. They will ask a doctor if you are male or female, and the doctor will say it's one of those.

Despite high reports of discrimination from respondents, respondents also clarified that not all healthcare workers have a negative bias toward transgender persons. For example, Thato, a 36-year-old transgender woman, concluded that experiences with discrimination in the healthcare system depend on the healthcare worker. While Thato described some healthcare workers as "non-judgmental and understanding", others were described as "uncooperative, with a lack of willingness to listen". Rosaline, a 43-year-old transgender woman, shares the same view as Thato regarding experiences with discrimination depending on the healthcare provider. Rosaline additionally felt that it is also the responsibility of the healthcare seeker to treat healthcare workers well. Contrary, Monique a 40-year-old transgender woman, did not think the burden should be placed on transgender health seekers to get validation from healthcare workers.

The study also touched on various sub-themes, including multiple discrimination based on certain socio-demographic factors. Aside from gender identity and perceived sexual

orientation, other identified demographic differences that widened healthcare disparities were HIV status, race, physical appearance, language, and nationality.

Paula, a 44-year-old transgender woman, is unhappy about how transgender people have been recognized and represented in South Africa's HIV epidemic. Paula reported: 'There is a sense that all transgender persons are HIV-positive". Paula found that categorizing transgender people as a key population gave rise to HIV-related stigma: "We are not the drivers of HIV, and I think the mindsets of people working at the Department of Health need to change".

The respondents who reported experiencing racial discrimination were black and 'colored'. Olivia alleged that the public hospital where she accessed HRT preferred white transgender healthcare seekers over black healthcare seekers for medical transition. Olivia perceived the cancelation of appointments by healthcare workers as stigma based on racial and ethnic identity. Nomfundo, a 33-year-old transgender woman, concluded that there was racial, cultural and language discrimination in the healthcare system: "If you know English, they push you faster to get your first operation. The problem with many other trans people is they don't know English".

Some respondents brought up the concept of "passing" and how it relates to discrimination. Within the context of gender, passing or blending is when someone, typically a transgender person, is physically perceived as cisgender (Anderson et al., 2020). Corroborating Gabriel's assertions, Nomfundo believed she "passed" and had fewer experiences with discrimination. Nomfundo stated: "I think the more feminine you look, the higher your chances".

Healthcare respondents' views of transgender stigma and discrimination within the healthcare system aligned with those of most transgender healthcare seekers. Dr Gerhard Grobler, Head of the Psychiatry Unit at Steve Biko Academic Hospital, confirmed that transgender persons experience stigma and discrimination when accessing healthcare services in institutions unfamiliar with transgender-specific care.

Hellen Williams, a physician and coordinator working in public health and medicine, corroborated claims of unfair discrimination in healthcare institutions:

> Discrimination starts from the security guard to the clerk who misgenders transgender health-seekers because there is an incongruence between the gender expression of the individual they are attending to and what shows in their file. This leads to healthcare avoidance.

Sibusiso Diale, a professional nurse working at Netcare with two years of experience working with sexual and gender minorities, said:

> There are intergenerational differences and more reluctance among older healthcare workers who still consider defying binary notions of gender as taboo. Younger healthcare workers are more open to change.

Although stigma and discrimination may be experienced differently, it is a grave healthcare detriment for transgender healthcare seekers. The element of stigma makes the healthcare environment an unwelcoming space for transgender healthcare seekers.

Exclusionary and culturally incompetent health services

More positive experiences with healthcare professionals were associated with private healthcare institutions, NGOs providing primary care and tertiary hospitals providing transgender-specific healthcare. General public hospitals and clinics were mainly viewed negatively.

Most transgender respondents viewed public healthcare workers as insensitive and incompetent. Healthcare workers were reported as often not knowing the difference between gender identity and sexual orientation. Ayanda said: "Healthcare workers are not trained and see everyone as gay. They do not know how to treat transgender persons". Ayanda asserted that healthcare workers could not differentiate between transgender and intersex persons. Penny, a 32-year-old transgender man, explained that healthcare providers in public facilities understood what it means to be intersex more than transgender. Penny averred: "Sometimes you have to say you are intersex just to be accommodated. Some are educated, and some are not. You realize they don't know anatomy, especially the nurses". Respondents were more likely to have positive experiences with the healthcare system where the purpose for interaction was not related to sexual and reproductive health.

Routine sensitization training for healthcare workers can reduce stigma and discrimination in healthcare institutions by incorporating comprehensive and appropriate topics on gender and sexuality (Kleinhans, 2019). Diale observed that, regardless of sensitization training, ultimately, it is up to healthcare workers'" willingness to "retain" the information that has been imparted. While many healthcare workers are open-minded to learning, some are not.

Paula is the founder of an NGO focusing on transgender human rights. She observed resistance from healthcare workers to be sensitized. Paula reported:

> What came out from the community dialogue I held is that the staff does not want to be involved. They say it is against their culture or Christianity. They come up with some kind of excuse. They say they are understaffed or need to see patients and they do not have time for sensitization training.

Getty recommended that both healthcare workers and healthcare seekers must be sensitized and said:

> You find that some other trans people do not open up to doctors and think doctors are magicians and figure out what you want. If you open up to your doctor, the doctor will give you all the details when you transition. You need to be sensitized also.

The interviewed healthcare professionals unanimously agreed that sensitization training on gender variance and sexuality could improve the quality of care. For example, Dr Anastacia Tomson, a medical doctor in gender-affirming care, reports that insufficient training leads to misgendering, deadnaming and placing patients in the wrong ward. Dr Rakumakoe, Chief Executive Officer at Quadcare Clinic, a private institution offering gender-affirming care, recommends that sensitization be ongoing to be effective and not once off.

The determination of gender dysphoria by medical experts is a divisive topic. Although it provides ways for facilitating treatment, it also places diagnoses which can be pathologizing (Drescher, 2014). Pathologization may limit access to healthcare through gatekeeping.

Healthcare providers and transgender healthcare seekers have different views about what is gatekeeping. Dr Tomson gave an example of medical gatekeeping:

> A gatekeeping approach to gender-affirming care is founded on the idea that hormonal therapy may be harmful to patients – either directly, through the biological and chemical consequences of such treatment, or because of the 'social risks" or the fear that patients will regret their decision to pursue medical transition.

The South African Society of Psychiatrists (SASOP) prescribes the depathologization approach and cautions against interventions aimed at changing a person's sexual orientation or gender expression. It is up to a medical practitioner to objectively assess dysphoria and decide if the patient qualifies for gender-affirming surgery. This discretion creates unequal power dynamics and may lead to gatekeeping, bias, discrimination, and refusal of patients who do not show certain pathological behavioral traits (Ashley, 2019).

Williams sustains the evaluations benefit individuals with complex psychiatric conditions. She reported that there have been rare occasions where individuals backtracked on their decision to undergo medical transition.

Williams explained:

> The role of a psychiatric evaluation is often perceived as gatekeeping. What is responsible practice is seen as gatekeeping—more so by activists. There is tension and misunderstanding. The evaluation aims to look after patients with complicated conditions and not only gender incongruence.

Rhodes, a social worker working with gender-diverse and transgender youth, believes how health practitioners are trained correlates with their attitude toward transgender persons. Rhodes reported:

> I have heard some horrific stories of highly qualified professionals saying to parents: "Take him home. Throw out the Barbies…I'm not saying that those practitioners intend on doing damage. They've got their views, their treatment and methodology. There are huge risks involved. So, they are either deliberate or unwitting gatekeepers…

Bosworth agrees with Rhodes's views. Bosworth was concerned that healthcare professionals place transgender people in a position where they must present as mentally ill. They explained that gatekeeping not only slows access to care but also leads to trauma and increases internalized transphobia.

Practitioners who were gender and sex-diverse were more likely to acknowledge gatekeeping as an actual phenomenon and maintain that some practitioners purposely withhold care. Cisgender practitioners were more likely to assert that the limitations to care were not discriminatory despite being perceived as gatekeeping. Because healthcare seekers have limited control regarding decisions about their anatomy (Erlich, 2010), health professionals must be careful to avoid harming individuals who have gender incongruence and who may not benefit from the physical changes which are associated with irreversible medical treatment (Hembree et al., 2017).

Dr Grobler contends what is perceived as gatekeeping or discrimination toward the transgender community is sometimes a lack of sufficient state resources to provide care. Dr Grobler argued:

Transgender persons feel victimized when unable to access surgery. When the reality is, the public sector is under-resourced". Dr Grobler explained that psychiatric assessment is not done to diagnose or pathologize gender dysphoria. Instead, the practice is there to exclude other psychiatric conditions.

Williams explained that physicians can help patients develop a concrete understanding of the transition process. Williams added that the assessment helps to manage the patient's expectations: "The mental health assessment does not say that a person is transgender enough". Rhodes, however, contends that placing a transgender person in front of a panel as part of the assessment process is intimidating and pathologizing for transgender healthcare seekers in need of gender transition.

Transgender interview respondents also had different views and ideas about pathologization and gatekeeping. For example, Monique believed that psychological assessment was unnecessary and reinforced pathologization. However, Rosaline, diagnosed with schizophrenia ten years before she started her medical transition, felt like a psychological assessment was a positive and necessary part of the medical transition process.

Dr Tomson recommended an informed consent model. An informed consent approach promotes ethical practice and respect for anatomy and empowers patients to make informed health decisions. Dr Tomson recommended gatekeeping should be formally recognized as an unethical practice (Tomson, 2018).

Limited access to healthcare due to high demand and restricted resources

Limited resources contribute to the lack of trained healthcare providers and the availability of competent gender-affirming care. A study by Luvuno and others found that health resources related to transgender-specific healthcare are insufficient (Luvuno et al., 2019). The increased visibility of transgender people, impacted by a progressive constitution, means increased demand for transgender-specific healthcare services. The service demand must be acknowledged and reasonably addressed to ensure accessibility and availability. Gabriel explained the impact of not having access to healthcare services:

> I don't know if I will get surgery. I need surgery. I have been suicidal in the past because of it, and I'm sure many other trans people have. Not having that is killing people. We are not living the fullest. But also, transgender persons who have medically transitioned may need psych-social support.

Respondents outside of metropolitan areas complained that the state centralizes healthcare services in metropolitan regions and that rural and informal settlements are left out. Transgender respondents reported resource allocation as extremely low in rural areas. Quiniso, a 25-year-old transgender man who lives in a township called Khayelitsha in the Western Cape, stated: "It's hard to access from where I stay though. I have to think of how much I will need to get there. It has decreased my access".

Quiniso further expressed his anxieties:

> Gender dysphoria can be a lot. People have been crowdfunding and to crowdfund you need access to that social capital. I try not to think of how I will access that right now. I still need to think about my survival needs.

Karabo, a 42-year-old transgender woman from the rural areas of Mpumalanga, stated:

> Healthcare services its often not good to us because we don't have the health access. Even the government has been putting facilities of healthcare in town. They don't go to rural places.

The geographical distribution and availability of health resources are subject to competing priorities. The interviewed healthcare experts reported that a lack of resources in transgender healthcare units is often due to the government and health institutions not regarding transgender healthcare as a priority. Dr Tomson reported that gender-affirming care is not always prioritized for hospital administration. Dr Rakumakoe explained: "Hospitals call it elective surgery. So, not an emergency. So, people are put on the list for a long time". The failure to reasonably budget for transgender healthcare can be linked to underlying bias and stigma. It is not only resource issues but also the perception that transgender healthcare is unimportant, limiting the availability of transgender-specific care.

Discussion

The disparities in accessing transgender healthcare in South Africa are complex and multifaceted. The analysis of the study points to a critical factor: negative attitudes held by healthcare workers and healthcare institutions. Negative perceptions represent a significant limitation to equitable access to healthcare and affect resource allocation to transgender healthcare facilities.

A lack of understanding and unwillingness to tolerate the transgender population makes transgender individuals vulnerable to negative stereotypes. Stigma and discrimination violate the right to nondiscrimination (Constitution, sec 9) and the right to human dignity (Constitution, sec 10). To be treated equally elevates the personal sense of self-worth and self-respect. Human dignity can serve as a guiding principle for the global health movement and explains the relationship between promoting human rights and health status. A health seeker's sense of human dignity in the healthcare system measures the healthcare provider's competency (Jacobson, 2007). Human dignity is a component of the right to access healthcare services and produces an enabling environment in healthcare.

An enabling environment is characterized by individual, technical, organizational and social conditions that are not deleterious and allow individuals to attain a sense of freedom and progress (Loizeau et al., 2021). Welsh argues that freedom of expression is an important contributor to an environment where better health at an individual and public level can be promoted (Welsh, 1998).

Adopting a human rights perspective in healthcare places health and healthcare issues within an ethical framework guided by what society considers fair. It looks at how society meets its commitments to human rights laws and obligations as well as moral principles (Rioux, 2006). A human rights approach requires health policy and programs to prioritize the needs of marginalized groups toward more significant equity, inclusivity, and accountability (London, 2008).

Suess Schwend asserts that a human rights approach and depathologization model for transgender health can resolve this problem. Such a framework would offer a starting point for establishing clinical practices and knowledge production (Suess Schwend, 2020). A depathologization model enforces the recognition of the rights to access healthcare, dignity,

equality and determination in medical practice. It challenges conceptions of medical ethics and the preservation of a patient's sense of living a dignified life. It can inspire practitioners to take a more humane and empathetic approach when aiding transgender healthcare seekers, reducing unjust gatekeeping practices. Hana and colleagues state that physicians trained to understand the health inequities faced by transgender persons can act as leaders to advocate for needed change (Hana et al., 2021). Therefore, through a human rights approach, key actors can lobby and create awareness that transgender people are human beings. It is morally just to treat every person equally.

It is not only up to society to apply human rights for change to happen. London submits that for human rights to be legitimized, there is a need for a mechanism that enables meaningful agency on the part of groups most affected by policies that limit or violate their rights (London, 2008). Where there is limited access to healthcare information, health seekers are not empowered with the capability to make informed decisions about their anatomy and their quality of life. Furthermore, healthcare workers cannot provide competent services (Sharma, 2021).

A human rights approach would mean progressively realizing the right to access healthcare within available resources. States need to look at their healthcare budget, the demand for care by the transgender population aided by research, and geographical demand for care while also recognizing gender transition services are a prominent healthcare need for some transgender people. State and non-state healthcare providers need to recognize the psychological and physical repercussions experienced by transgender persons denied access to needed care. Increasing the availability of care would require political will and human rights advocacy.

Reflecting on the findings, transgender human rights are not sufficiently applied in South Africa. South Africa must intensify its application of transgender human rights for change to be impacted. There is a need to promote a human rights approach regarding the challenges experienced by transgender persons. The state and relevant stakeholders can adopt the following legal reform and implementation measures to improve the status of transgender health rights:

> South Africa's anti-discrimination laws prohibit unfair discrimination on the grounds of gender, sex, sexual orientation and other grounds. Neither gender identity nor gender expression is expressly recognized or given meaning in these laws. The South African legislature should include gender identity in anti-discrimination laws and policies to facilitate legal interpretation, create awareness about transgender inequalities, and promote non-discrimination.
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> The legislature should further adopt laws, or the executive should put in place policies which provide that health professionals cannot refuse to provide primary care to the transgender population, including access to HRT, on the grounds of conscientious objection. Such a provision would lessen bias, pathologization and gatekeeping in the healthcare industry.
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> The South African parliament should adopt comprehensive laws prohibiting unfair healthcare discrimination from the state and private healthcare providers. Such a provision can remove uncertainties about transgender persons' legal entitlements to healthcare rights.
>
> The state must enhance collaborative efforts with civil society and NGOs. NGOs can play a prominent role in sensitizing healthcare workers. Adopting a human rights perspective in healthcare places health and healthcare issues within an ethical framework guided by what society considers fair (Rioux, 2006).

Upscale strategic activism and advocacy for improved transgender healthcare. This can increase sensitization training in healthcare institutions and improve social awareness, education and access to information. Southern African organizations struggle to represent and reach gender-diverse populations (Currier, 2015). Camminga criticized transgender advocacy organizations for having 'competing marginalities' because they excluded transgender refugees from their agenda (Camminga, 2022). Klein reports that the transgender activism movement was not supplemented by public pressure and awareness (Klein, 2009). Transgender health advocacy requires deliberate attempts to influence decision-makers and stakeholders to implement policies that can improve the lives of transgender healthcare seekers.

Effectively using the judicial system by prominent bodies can impact change. Strategic litigation can impact systemic change by clarifying legislation, amendments, and extension of the law, leading to changes in the law.

A key issue in states that have adopted a human rights framework is that rights are not applied consistently and exclude certain groups (Hammarberg, 2009). Monitoring and accountability mechanisms are important components of a human rights approach. Laws must evolve, be questioned, have categories redefined where practical, and be amended when appropriate. Systemic changes at multiple levels will facilitate the realization of the right to access healthcare.

The study was limited in terms of sample size and could have yielded more rich data if the sample size of respondents was increased. Furthermore, the study focused on four provinces, therefore limiting the analysis to Gauteng, Western Cape, Mpumalanga and North West. We advise future researchers conducting comparable studies to use larger and more varied samples of transgender study participants.

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Data sharing and accessibility

The authors are willing to make their data, analytic methods, and study materials available to other researchers upon enquiry to the corresponding author provided this does not compromise other ongoing unpublished research.

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Ethical approval

The investigation involved human subjects and was ethically approved by the University of Pretoria Faculty of Health Sciences Ethics Committees. A certificate of ethical clearance was issued to the author by the Committee (see supplementary Appendix A).

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