

# GLOBAL BARRIERS TO TRANSGENDER HEALTHCARE

Alex Evans  
Psychology  
April, 2025

Faculty Adviser: Dr. Jarrod Call

Essay completed in partial fulfillment of the requirements for graduation with Global Honors,  
University of Washington, Tacoma

GLOBAL BARRIERS TO TRANSGENDER  
HEALTHCARE

Alex Evans  
Psychology  
April, 2025


Faculty Adviser: Dr. Jarrod Call

Essay completed in partial fulfillment of the requirements for graduation with Global Honors,  
University of Washington, Tacoma

Approved:

  
\_\_\_\_\_  
Faculty Adviser

4.30.25  
\_\_\_\_\_  
Date

DocuSigned by:  
  
\_\_\_\_\_  
281564B519C646F...  
Associate Vice Chancellor, IIGE

5/27/2025  
\_\_\_\_\_  
Date

**Abstract**

Transgender people often have difficulty accessing healthcare due to factors including the way the country they live in perceives transgender people, transphobic policies, and healthcare-related barriers such as discrimination or lack of availability of doctors and institutions that can fulfill their needs, especially for gender-affirming care. To further understand these barriers, this literature review examines the transgender-related perceptions, policies, and barriers to care in the United States, Brazil, and South Africa. While these countries faced similar barriers, the degree to which they were important varied. In the US, discrimination was the most prominent barrier to care, in Brazil the most important barrier was availability of services, and South Africa was affected most by the lack of knowledge that providers had on transgender care. These findings show the importance of reducing barriers to both general and transition-related care through increased education about transgender people and gender-affirming healthcare availability around the globe.

## Contents

Introduction.....	4
Review Findings .....	5
United States of America .....	5
U.S. Barriers to Healthcare.....	8
Lack of Knowledge.....	9
Discrimination and Lack of Sensitivity .....	10
Insurance and Financial Issues.....	14
Brazil .....	16
Brazil Barriers to Healthcare .....	18
Provider Knowledge .....	19
Requirements to access care .....	19
South Africa .....	20
South Africa Barriers to Healthcare .....	22
Discrimination.....	22
Availability .....	23
Knowledge .....	24
Discussion.....	24
Limitations .....	25
Conclusion .....	26
References.....	27

## Introduction

Transgender (i.e., trans) people face many difficulties no matter where they live. For some, this may mean verbal discrimination while walking down the street; for others, it may mean death. For example, in the U.S. there were at least 41 transgender people who died due to violence in 2024 (Transgender Europe, 2024). No matter where a transgender person lives, they are almost certainly going to face discrimination of some kind. It is impractical and nearly impossible to look at every form of discrimination or difficulty a transgender person may experience. For that reason, this paper will look specifically at the ability of a transgender person to access healthcare and the barriers that prevent them from accessing healthcare.

A transgender person is someone who identifies as a gender different from the sex they were assigned at birth. Many transgender people, when they are able to, transition socially, legally, or medically (Thoma et al., 2022). Socially this includes things such as changing their name, pronouns, or how they present themselves through clothes, makeup, or hair. Medically this can include things such as hormones or many different kinds of surgeries designed to bring their body closer to their gender. It is often difficult for trans people to access gender-affirming medical care, in part due to restrictive policies; for example, transgender people are generally required to be diagnosed with gender dysphoria, which is a diagnosis for the distress caused by incongruence between one's gender and their sex assigned at birth, in order to access medical services (e.g., Nokoff, 2022).

Barriers to healthcare access for transgender people vary globally, and this paper will look at three different countries. These countries are the United States of America (U.S.), Brazil, and South Africa. These countries were chosen because of their geographical distances, their differing views on transgender people, and the way their healthcare systems are set up. The U.S.

has no universal healthcare, and it is often very expensive to pay for health insurance. Brazil has a universal healthcare system available to everyone. South Africa has both public healthcare available to everyone, and private healthcare that must be paid for. These healthcare systems, cultural perspective, and geographical differences allow this review to cover a wide variety of the difficulties transgender people face on a global level.

### **Review Findings**

Review findings are divided by country, first looking at laws and perceptions of trans people, followed by a section focusing on factors impacting accessing general healthcare and gender-affirming care.

#### **United States of America**

The U.S. is extremely polarized when it comes to the topic of transgender people. There is significant variance in how the general public views transgender people, the policies that impact them, their right to transition, and their right to access healthcare. These views are often affected by multiple factors, including things such as education on transgender people, political beliefs, religious beliefs, and more.

One thing that affects how transgender people are viewed by cisgender people is how cisgender people define transgender. If they define transgender as having something to do with gender identity, and they use that term, they are more likely to have more positive attitudes towards transgender people (Reiman et al., 2022). This could mean that education on what being transgender is could affect attitudes towards transgender people, as the term gender identity is unlikely to be used by someone who has not been educated on gender. This is something that could be particularly important in the U.S. as education on gender identity and the differences

between gender and sex has been increasingly seen as a negative, especially when teaching young people.

Americans also vary in their belief that transgender people truly exist, that is that transgender people truly are the gender they transition to. “Six-in-ten U.S. adults say that whether a person is a man or a woman is determined by their sex assigned at birth. This is up from 56% one year ago and 54% in 2017” (Parker et al., 2022). If the rate of people believing that gender is solely determined by sex assigned at birth continues to rise, it is likely that this will affect all other aspects of transgender people’s lives. Discrimination will likely rise, policies may become more discriminatory, and healthcare could become more difficult to access, especially in regard to medical transition.

Americans also have different opinions on whether or not society has gone too far in accepting transgender people. “38% say our society has gone too far in accepting [transgender people]. Some 36% say society has not gone far enough in accepting people who are trans, and 23% say the acceptance is about right” (Parker et al., 2022). There is a lot of division on whether or not transgender people are accepted enough in society. There was a minority that believed America was right where it should be when it came to acceptance in 2022, but the rest were fairly evenly split between believing there was too much acceptance or not enough, with a bias towards believing society was too accepting. Americans’ beliefs on how accepted transgender people should be in society greatly affects other aspects of attitudes towards transgender people as well. If someone believes that society is too accepting of transgender people, they might work to undermine or discriminate against transgender people. If someone believes that society is not accepting enough, they might work hard to help any individual transgender person, or the

transgender community as a whole as they could see them as needing support society isn't giving them.

While Americans are extremely divided on how accepted they think transgender people should be in society, they are not as divided when it comes to whether or not transgender people should be protected from discrimination:

64% majority of Americans favor policies that protect transgender individuals from discrimination in jobs, housing and public spaces such as restaurants and stores, including 37% who strongly favor them. A much smaller share (10%) oppose or strongly oppose these policies, while 25% neither favor nor oppose them. (Blazina & Baronavski, 2022)

There is still divisiveness, especially when considering that 25% found themselves either ambivalent or undecided on whether or not transgender people should be protected from discrimination. There was a smaller percentage, however, that outright believed transgender people should not be protected from discrimination. This percentage is much smaller than the percentage of Americans who believed that acceptance of transgender people in society had gone too far. This shows that even those who might not think transgender people should be accepted as much as they were in society, still might disagree with them not being protected from discrimination.

The political leanings of Americans can also be correlated with how supportive they are of transgender people being protected from discrimination. This is mostly shown from the Republican and Democrat dichotomy; however, it does not account for other political leanings. This is shown by how “eight-in-ten Democrats say they favor laws or policies that would protect trans individuals from discrimination, compared with 48% of Republicans” (Parker et al., 2022). While it is not a complete separation where all Democrats were in support of the protection of

transgender people from discrimination, and all Republicans were against it, there is still a clear difference. For Democrats, it can be assumed that they most likely support the legal protection against discrimination for transgender people, while with Republicans it cannot be assumed one way or the other.

Americans also vary on whether or not they believe insurance should cover medical transition-related care. “More Americans say they would oppose or strongly oppose (44%) than say they would favor or strongly favor (27%) requiring health insurance companies to cover medical care for gender transitions, and 28% neither favor nor oppose this” (Blazina & Baronavski, 2022). This shows that Americans most often do not view transition-related medical care as medically necessary. They likely see it as a cosmetic procedure, or as something similar to a cosmetic procedure, where the person getting the procedure often enjoys the results, but it was not necessary. This shows a fundamental misunderstanding of what being transgender means and likely affects all other aspects of how these Americans who are against insurance covering medical care for gender transition view transgender people.

### ***U.S. Barriers to Healthcare***

There are three main categories of barriers to healthcare for transgender people: lack of knowledge on the provider's end, lack of sensitivity to transgender issues or discrimination, and insurance and financial issues. The level of difficulty transgender people may have when it comes to overcoming these barriers will vary, so some transgender people may be able to find providers that are knowledgeable, sensitive to their needs, and have insurance that covers transition related care. There will also be transgender people who were unable to find any of these things and are therefore greatly affected by these barriers and be unable to get healthcare at all. Regardless of how much or how little any individual transgender person is affected by these

barriers; the barriers still exist and affect the majority of the transgender population in the United States.

**Lack of Knowledge.** When it comes to lack of knowledge on the provider's end, this means that the healthcare providers are not educated when it comes to transgender health or even what being transgender really means overall for an individual. In the U.S., 24% of transgender people reported having to teach their provider about transgender people in order to receive appropriate care (James, 2016). Some providers might have a basic understanding of what being transgender means but not understand how transitioning medically could affect a transgender person or their healthcare needs. For example, a transgender man on testosterone will have very different needs from a cisgender female, one key example being that they will often not experience menstrual cycles anymore. This is something a healthcare provider should be knowledgeable on but many often are not.

A study done on the experience of transgender and gender nonconforming people in emergency rooms found that “participants conveyed expecting providers to be unaware and reported having to explain the medical relevance of TGGNC [Transgender and Gender Non-Conforming] medical histories” (Chisolm-Straker et al., 2017). This kind of experience can lead to transgender people avoiding emergency healthcare because they are less likely to know their providers and trust that they understand them or their medical needs. They could also feel like having to explain their medical history could impede their ability to actually get medical care, and they might feel like they are just turned into a sort of case study for their doctor when they are in need of medical care.

This avoidance of seeing healthcare providers due to having to explain their medical history is talked about in another study as well. This study was looking at doctor visits overall,

instead of just emergency rooms. They found that “TGNCNB [transgender, gender non-conforming, and nonbinary] people who had to educate their providers about gender-related care were almost two times as likely as those who did not have to provide this type of education to avoid visiting their doctor due to anticipation of disrespect or mistreatment from doctors” (Lerner et al., 2020). This just shows how important it is for transgender people to have doctors and healthcare providers that they do not have to educate. Doctors and healthcare providers are meant to be the ones helping their patients; patients are not meant to be the sole source of education when it comes to what to do with a transgender patient.

A literature review found from many studies that a barrier for healthcare for transgender people that consistently shows up is a “lack of training on transgender people starting from health providers up to health professionals” (Costa, 2023). This further highlights how often transgender people become the teacher to their doctors and healthcare providers. These providers are not being taught how to work with transgender people on a consistent basis, and the work falls to the transgender people who are already dealing with other barriers that make access to healthcare difficult.

**Discrimination and Lack of Sensitivity.** The next, and largest, barrier for transgender people in the U.S. is the lack of sensitivity towards transgender issues and discrimination from healthcare providers. This is such a big issue because something like misgendering can be debilitating for a transgender person (McLemore, 2018). It can be even worse in a healthcare environment, as there are often parts of accessing healthcare that can inherently be dysphoria inducing, especially when providers do not update names and gender markers, patients have their birth name called, or they are misgendered by a doctor before even being able to explain that they are transgender. These are all aspects of accessing healthcare that can happen even when a

doctor or doctor's office is supportive and educated on transgender issues, and it becomes even more of a barrier when the providers are not sensitive to transgender needs or are discriminatory.

Another example of lack of sensitivity is how providers collect irrelevant information about gender, as "In addition to misgendering patients, having insufficient medical knowledge, and visibly expressing discomfort, clinicians were often perceived to perform unnecessary histories and physical examinations" (Chisolm-Straker et al., 2017). This would be distressing for the patient regardless of whether or not the physician viewed the physical examination or asking about their medical history as necessary or not. If the patient perceived it as being unnecessary even if it was necessary, then the provider was not being transparent enough with the patient. They would have not been explaining why they need to do or know it well enough. It is important for providers to do this, especially with transgender people as it would not be surprising to them for a provider to do something unnecessary out of curiosity. If it actually was unnecessary, then it shows a disregard for the patients' dignity and wellbeing, especially if it was a physical examination. Either way, transgender patients perceiving medical history questions or physical examinations as unnecessary is a barrier to them receiving healthcare as they may avoid going to see a provider to avoid it.

Another study found that:

perceived doctor discriminatory behavior, such as asking invasive questions, occurs in health care provider settings. When providers ask their patients invasive questions not related to their office visit, they increase a TGNCNB [Transgender, Gender Non-Conforming, Nonbinary] patient's decision to avoid visiting a doctor by approximately two to four times. (Lerner et al., 2020)

This just shows how important it is that healthcare providers are mindful of the kinds of questions they ask, as even what might seemingly be just a curious question can turn into something that makes a transgender person avoid seeing a doctor again. This same study also found that:

A previous experience with a provider's refusal to deliver treatment for TGNCNB-related care or other care was another strong deterrent to seeing a doctor. TGNCNB people were about two times as likely to avoid a visit to a doctor if they had experienced this type of refusal in the past. (Lerner et al., 2020)

This is just as important, as it shows that there is still discrimination in healthcare settings like refusal to provide healthcare for transgender people. Even if the provider was doing it for a reason such as not being knowledgeable on transgender health, it can still cause damage. This provides another reason for why it is so important for doctors to be informed on transgender health and transgender people's needs.

The 2015 U.S. Transgender Survey found that:

One-third (33%) of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care. In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person. (James et al., 2016)

While this may be somewhat outdated, it is still the largest publicly available survey done with transgender people in the United States. It is likely that with awareness of transgender people increasing, discrimination will also rise, especially when first meeting a transgender person, as

there will be preconceived notions about transgender people instead of learning about it for the first time. This could cause these statistics to rise, leading to more transgender people avoiding the doctor for these same reasons. Even if these statistics were to dramatically decrease, it still shows that these reasons can be large barriers to accessing care for transgender people.

Another study found that living in poverty and visual gender non-conformity increased the risk of healthcare avoidance (Kcomt et al., 2020). While poverty is likely a barrier to accessing healthcare for anyone, visual gender non-conformity is much more dangerous and often stressful for transgender people. Their visual non-conformity can mean that they are more likely to be discriminated against in all settings, but especially in a healthcare setting as they may not be seen as the gender they are. Additionally, a study done on what criteria a transgender person considers when disclosing being transgender to their doctor found that “results revealed that when gauging stigma, participants consider cultural attitudes, how providers may attribute health concerns to their transgender identity, and if providers will perceive them as ‘trans enough’ to provide access to transition-related care” (Friley & Venetis, 2021). This highlights conflicting pressures that many trans people attempting to access healthcare experience; they are more likely to be discriminated against if they are visibly trans, but they are also at risk of being denied services if they are not seen as ‘trans enough.’ This also emphasizes how important it is for doctors to not view someone being transgender as a novelty, or more important than other issues, as that can become a barrier for that transgender person to access healthcare again in the future.

Finally, a recent study found that almost a quarter of the sample population avoided healthcare as they anticipated experiencing discrimination (Kcomt et al., 2020). Even if patients had not personally experienced discrimination, the possibility may lead to “avoidance of

healthcare or health-promoting activities due to the anticipation of discrimination or mistreatment” (Warner & Mehta, 2021).

**Insurance and Financial Issues.** Another category of barriers to healthcare for transgender people is issues with insurance and finances. Often insurance companies do not cover transition-related health care, and health care that is seen as restricted to one gender, such as hysterectomies, is often denied if the person has their gender marker as something else. For example, a transgender man might legally have his gender marker as male and have issues getting coverage for a hysterectomy as that is considered a female-only procedure.

Changing the gender marker itself, or the name, with insurance companies can also be an issue:

For those who attempted to change their correct name or gender with an insurance company, those with military-related insurance were 1.93 times more likely, those with Medicaid were 1.50 times more likely, and those with multiple forms of insurance were 1.60 times more likely to experience this form of denial. (Bakko & Kattari, 2020)

This can cause issues as the name or gender may not match up with legal records, or it could make it more difficult for healthcare providers to know which name or pronouns to use for the patient, so this issue can develop into a barrier to healthcare for transgender people.

The United States Transgender Survey found that:

one in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition. One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied. (James et al., 2016)

This is a barrier to healthcare, though it is specifically for transition-related healthcare, which is still healthcare. If transgender people are unable to get their medical transition covered by insurance, the vast majority will be completely unable to access it safely.

Another issue related to insurance and transition-related healthcare is the diagnosis of gender dysphoria. Gender dysphoria is distress arising from “incongruence between sex assigned at birth and gender identity and is a formal diagnosis that is often required for healthcare reimbursement. This can create barriers to coverage if insurance providers deem gender-affirming interventions to be cosmetic or medically unnecessary” (Warner & Mehta, 2021). This means that transgender people who have not been diagnosed with gender dysphoria yet or have been unable to access the medical professional who can diagnose them may have issues progressing in their transition. If someone is, for whatever reason, unable to get the necessary diagnosis of gender dysphoria, and their insurance denies coverage for gender-affirming care, then that person will likely be unable to get that care. If insurance does not cover gender-affirming care, most people will be unable to get it as they simply cannot afford it.

Finally, even when transgender people are able to successfully navigate insurance, they may still experience financial barriers to care. So many people in the U.S. are unable to access healthcare due to lack of money. Transgender people are particularly susceptible to this as “GNC [gender-nonconforming or transgender] people were almost twice as likely as cisgender women to report unmet care needs due to financial issues, and they had more than twice the odds of not having received a routine checkup in the previous year” (Scheim et al., 2021). This added financial difficulty that so many transgender people experience is just another barrier on top of many more that make accessing healthcare for transgender people difficult.

**Brazil**

Brazil is known to be extremely dangerous for transgender people. There are many laws against transgender people existing as well as their legal right to gender affirming care. The violence and discrimination against transgender people is severe, and Brazil is the country that has the highest rates of murder for transgender people (Flores & O'Neill, 2022; Transgender Europe, 2024). These various laws and the discrimination and violence seen in Brazil all lead towards barriers to care for transgender people.

Brazil's laws regarding children and adolescents are specifically strict. There are "restrictions on the sharing of bathrooms and the participation of trans athletes in sports competitions... There are also rules seeking to censor advertising materials with content related to gender diversity" (Avelar, 2024). This indicates that the way transgender people are viewed in general in Brazil is as a threat or as a source of deviancy, as otherwise such restrictions would not exist.

It can be seen how Brazil and the Brazilian government view transgender people in how since around 2014, lawmakers at the federal, state, and municipal levels in Brazil have introduced over 200 legislative proposals to ban 'indoctrination' or 'gender ideology' in Brazilian schools. These proposals, which target gender and sexuality education, have been the subject of intense political and social debate in Brazilian society, with some bills ultimately passing, many still pending, and others withdrawn. (Cabrera, 2022)

While many of these proposals have been withdrawn, it shows how education on transgender people for youth is seen as a negative. It is seen as such a problem in society that hundreds of proposals have been introduced in order to avoid it. Brazilian society sees being transgender as either dangerous or degenerate enough to attempt to ban education on it in schools.

This has been such an issue in Brazil that “Some teachers have been summoned to provide statements to the police, public prosecutors’ offices, or departments of education” (Cabrera, 2022). It is not just on a legal level that this ban on gender education in schools exists, but on a practical and real level as well. It is not just something that exists in a theoretical space where it is technically against the law, but a law that is actually being enforced.

The availability of gender-affirming care or the ability to medically transition is fairly recent for Brazil.

The first specific actions aimed at including transgender people in public policies formulated and implemented by the nation date back to 2004, leading to the adoption of concrete measures, such as the Transsexualization Process in the SUS [Unified Health System] since 2008, which was expanded in 2013 to include trans men and transvestites. The 2006 SUS Users’ Rights Charter also introduced the use of social names to integrate transgender people into health services. (Araujo et al., 2024)

A standardized procedure to transition in Brazil for both transgender women and men was only achieved in 2013 (Araujo et al., 2024). This shows how Brazil has been somewhat slow when it comes to recognition of transgender people and their need for medical transition services, as well as the recognition of transgender men existing alongside transgender women.

Violence against transgender people, especially transgender women, is a prevalent problem in Brazil. Transgender people living in Brazil are likely to fear experiencing discrimination or violence whenever in public as there is such a widespread issue. In 2024 alone, there were 106 murders of transgender people, the most documented in any country in 2024 (Flores & O’neill, 2022; Transgender Europe, 2024). This is an incredibly high number, especially when considering only 0.69% of the adult Brazilian population is transgender

(Spizzirri et al., 2021). The United States, for comparison, had 41 transgender people murdered in 2024, with a population of 0.5% transgender adults (Flores & O'neill, 2022; Transgender Europe, 2024). This means that Brazil, despite only having a slightly higher percentage of transgender individuals, had over four times as many murders.

Transgender women are very likely to experience discrimination based on their gender. A 2024 study on the experience of transgender women with discrimination by Magno et al., found that

More than half of the TGW [transgender women] were classified into the medium and high GBD [gender-based discrimination] groups. The forms of GBD most likely to be responded to across classes were fear of walking in public spaces and experiences of exclusion or marginalization by neighbors or within the family environment.

This high rate of discrimination and fear of walking in public among transgender women demonstrates that Brazil has a large problem regarding how transgender people are viewed.

It is not just transgender women who experience discrimination, either. Both transgender men and women experience discrimination, and another study that looked at the social rejection transgender people experience found that “a high proportion of the participants (76.7%) reported having experienced social rejection related to their gender identity, mainly from family members (94.9%, of those who had experienced rejection), followed by friends (79.7%) and schoolmates or coworkers (74.7%)” (Lobato et al., 2019).

### ***Brazil Barriers to Healthcare***

There are many problems with the Brazilian healthcare system for transgender people that act as barriers to care. Some of these include providers not using chosen names instead of legal names, lack of systems that make it easy to find providers that are respectful of transgender

people, inadequate provider knowledge, stringent requirements to access care, and the limited availability of gender affirming care (Dullius, 2023; Silva et al., 2024). All of these issues can act as barriers to care for transgender individuals in Brazil. Healthcare providers not using chosen names can drive away transgender people, as being called a name that no longer applies to them can cause distress or dysphoria, both being experiences that transgender people will work to avoid, even if that means not utilizing healthcare. If it is hard to find a provider that is respectful of their identity, they will also likely avoid seeing any healthcare providers as it becomes an inherently negative experience. Gender-affirming care can also be hard to find in Brazil as it is still concentrated regionally in few numbers (Müller, 2017), which makes it hard for many transgender individuals to even travel to those locations, let alone find an appointment.

**Provider Knowledge.** Healthcare providers in Brazil are often not properly trained or knowledgeable on how to work with transgender individuals. Providers regularly lack knowledge on lesbian, gay, or bisexual people which impacts how they work with transgender individuals as they often conflate sexuality and gender. Healthcare providers in Brazil often had skill gaps when it came to

topics such as ‘approach to the patient’s sexuality,’ ‘interference of religious beliefs in care,’ ‘care with the genitalia and breast of the trans individual,’ among others.

Professionals trained in psychology and non-heterosexuals had a greater mastery of the theme than the others. (Willian Roger Dullius et al., 2023)

**Requirements to Access Care.** Another major barrier to care for Brazilian transgender people are the requirements needed to access gender affirming care or being able to medically transition. One such example is “the pathologization of trans identities as a criterion for access to specialized health care” (Freitas et al., 2024). This is a barrier to care as it includes extra steps in

the process of accessing transition related healthcare. The idea that being transgender or experiencing gender dysphoria is something that can be helped through medical transition might be correct, but requiring a diagnosis like gender dysphoria can act as a barrier to care as it often involves months of therapy in order to get a diagnosis. That time and the requirement of the therapy itself can be a barrier as some transgender people may not be able to afford it or might not feel comfortable with the idea of therapy.

For a transgender person to medically transition through the Brazil Transsexualization Process there are

certain criteria, such as a minimum age of 18 to start hormone therapy and 21 years old for sex gender-affirming surgeries. The surgery requires a specific recommendation, after two years of follow-up by a multidisciplinary team. The implementation of these requirements faces criticism due to the centrality of the biomedical evaluation, the length of the process and the lack of respect for the use of social names, perpetuation gender stereotypes and limiting the autonomous construction of identity narratives, thereby restricting the validity of the transgender condition to the team's diagnosis. (Silva et al., 2024)

While some of this could potentially be considered part of the process and necessary as a standardized form of care, it still often acts as a barrier to care for transgender people, and certain parts are not necessary like the age limits for hormones and sex-change surgeries being so high.

The age limit could easily, for example, be 16 for hormones and 18 for surgery.

### **South Africa**

South Africa is considered to be one of, if not the most, LGBT friendly country in Africa. Despite this, there are still many difficulties LGBT, and especially transgender, people face when

they are South African. One example of this is the difficulty changing legal gender markers. To change their gender marker, they must have gone through medical or surgical gender reassignment. The requirements for this include surgical and non-surgical interventions, as well as hormone therapy (Luhur et al., 2021). This means that many people will be unable to change their gender markers if they are, for whatever reason, unable to proceed with medical transition. Some reasons behind this could include finances, underlying health conditions, the inability to find a doctor willing and able to provide this kind of treatment. This law shows that while South Africa might be accepting of transgender people, it is still considered necessary to physically transition to be considered for legally changing their sex.

When it comes to how the general South African populace views transgender people, it was found in a study that:

A majority (54.7% vs. 35.1%) of participants also agreed that they want South Africa to do more to support and protect transgender people. Furthermore, more participants disagreed than agreed that South African society has gone too far in allowing transgender people [to live openly] (55.4% vs. 36.5%) and that transgender people are violating their culture (47.6% vs. 41.5%). At the same time, slightly more than half (50.1% vs. 44.4%) of participants agreed that they worry about exposing children to transgender people.

(Luhur et al., 2021)

Overall, a slight majority of South African people view transgender people positively, with a slight majority also believing that children being exposed to transgender people is something to worry about. This shows that South Africans are fairly divided on how they view transgender people.

An individual transgender woman's experiences in South Africa in the workplace were discussed in an article, which said that

[Human Resources] was not well aware of what LGBTIQ is. Hence, I'm saying that they only know that...a trans woman is 'a gay' too. A trans man is 'lesbian' as well. They were not aware of the differences and this and that. [This participant's] experiences speak to poor knowledge and awareness of sexual and gender diversity, as well as a lack of workplace policies that address this type of discrimination, allowing for the perpetuation of these stigmatizing practices. (Siyanda Buyile Shabalala & Campbell, 2025)

This suggests that while South Africans are split on their views of transgender people, in the workplace there is still very little knowledge about transgender people, so it is still a somewhat unknown identity.

### *South Africa Barriers to Healthcare*

**Discrimination.** There are different kinds of inequality in the South African healthcare systems for transgender people that act as barriers. This includes “stigma and discrimination, exclusionary and culturally incompetent health services and limited availability of competent healthcare services” (Zambezi & Viljoen, 2024). These barriers make it difficult for transgender people to access healthcare, especially when in regard to medical transition.

One of the biggest barriers to healthcare access is discrimination and overall negative experiences with healthcare providers. A study on transgender people's experiences when accessing healthcare found that

participants reported experiences of denial of privacy: violation of bodily privacy through health care worker voyeurism and deliberate exposure of the transgender-status patient to other patients and being made a spectacle to other patients and health care workers. In

addition, they mentioned having been treated as mentally unstable and unable to express themselves. (Luvuno et al., 2019)

This is overall a very negative experience that many transgender people in South Africa experience and it could make them avoid seeing a doctor or health care provider again to avoid these types of experiences.

Another issue that transgender people experienced was that “All health problems were turned into problems concerning gender or sexual identity, even if the patient was seeking care for a different, unrelated reason” (Luvuno et al., 2019). This is an issue that happens because health care providers are unable to see past the transgender identity of a patient, and instead of acting as a professional, they allow that one identity to influence the way they view everything else. This same issue is seen in how “Transgender people seeking access to HIV services routinely experienced being called names or being blamed for acquiring HIV on the grounds of their gender identity” (Müller, 2017). This situation is the same as doctors seeing gender identity as the cause of any problems transgender people experience, instead of viewing it as just one part of a whole person.

**Availability.** Another big barrier for transgender South Africans trying to get healthcare, particularly gender affirming care, is the lack of availability.

Only three of the tertiary public health facilities in the country provide gender-affirming care, both hormonal and surgical. All three are situated within academic facilities and due to very limited resources, the waiting lists for surgical procedures are up to 20 years long. (Müller, 2017)

This makes accessing that kind of care incredibly difficult for South Africans. It also impacts their ability to transition in other ways, as legally they need to transition medically to change their gender markers. The lack of facilities that provide these services is a barrier on its own.

**Knowledge.** The final major barrier for South Africans trying to access healthcare is the knowledge that providers have about transgender people. A study found that

participants reported having experienced an overwhelming desire to transition and be in alignment with their felt gender identity. But when they asked for transition and gender-affirming services, they were met with confusion from healthcare workers who were unable to offer care, advice, or appropriate referral. (Luvuno et al., 2019)

This acts as a barrier because if providers are unable to even offer advice on where to go for transgender patients, it is likely that they will not understand or be competent when working with them. If a patient were to have already medically transitioned in some way, the medical provider would have limited knowledge on how transgender patients who have received gender-affirming care may have different health needs than cisgender people.

### **Discussion**

This literature review explored transgender-related perceptions, policies, and barriers to care in the United States, Brazil, and South Africa. Overall, while transgender people are allowed to transition in these countries, there are still many factors that make it more difficult for them to access the healthcare that they deserve, including both general healthcare and gender-affirming care. These factors are similar in these different countries, though the degree to which they matter is what is variable between them.

There are many different barriers that prevent transgender people from accessing healthcare, and they can often be broken down into a few main categories: lack of knowledge,

discrimination, lack of availability, and policies that make it more difficult to access care. It is difficult to declare any action as being a clear solution to these problems. Many of these problems can only be resolved when a societal level of change is present.

Taken together, these transgender-related perceptions, policies, and barriers to care have implications for the overall wellbeing of transgender people. They could potentially lead to more hate and discrimination than there already is if they are not alleviated. As more people come out as transgender and wish to transition due to the growing awareness of the identity, more people will be impacted by these barriers. The low availability of healthcare for transgender people, especially in countries like Brazil, will worsen over time as more people want those services. If these barriers, policies, and perceptions do not change to account for the transgender population, transgender people will find it harder and harder to access needed healthcare.

One suggestion as to how these barriers can be alleviated is to have some sort of website that has directions toward where to find doctors and healthcare providers that are transgender friendly and are inexpensive. This can help transgender people find providers that do not discriminate against them and are knowledgeable about the issues they face. This kind of resource could alleviate some of the biggest barriers to care that transgender people face in many different countries.

### ***Limitations***

This review was written using studies and research done prior to the 2025 presidential change in the U.S.. Because of this, some of the information may be outdated or no longer relevant as harsher laws against transgender people are being passed, and healthcare has become even more regulated. Little to no research has been done on how these changes will affect transgender people's ability to access healthcare or transition medically, legally, or socially in

the U.S. This lack of research, as well as the time this review was written, has made it impossible to account for how the change of policies will affect the barriers to care for transgender people in the United States.

There was also limited research done in English on barriers to healthcare for transgender people in South Africa when considering how much research was done in the U.S. and Brazil. This could mean that the access to healthcare for transgender people is so low that not much research can be done on it, that research on this topic is hard to get funded in South Africa, that there is little interest on this topic, or that a large portion of the research has not been translated into English.

### **Conclusion**

There are many barriers to healthcare that transgender people face in the U.S., Brazil, and South Africa. They are also affected by various policies as well as the way that transgender people are perceived in these countries. Some of the major barriers to healthcare that transgender people face includes discrimination, a lack of knowledge, and the lack of availability. These are all different types of barriers that transgender people face in all three countries, though to different levels and extents.

If these perceptions about transgender people, as well as the policies and barriers that make it harder to access healthcare are not addressed, it will continue to get worse for these people. They will find it harder and harder to meet their overall healthcare and gender-affirming care related needs as more transgender people come out and as more restrictive policies are passed.

### References

- Abbas Jessani, Teagan Berry-Moreau, Parmar, R., Athanasakos, A., Prodger, J. L., & Mujugira, A. (2024). Healthcare access and barriers to utilization among transgender and gender diverse people in Africa: a systematic review. *BMC Global and Public Health*, 2(1). <https://doi.org/10.1186/s44263-024-00073-2>
- Araujo, S., Miranda-Ribeiro, P., Valeria, K., & Guedes, G. R. (2024). Exploring the complexities and challenges of healthcare access for transgender people in Minas Gerais state: a qualitative study a decade following the implementation of the transsexualization process in the Brazilian National Health System. *Epidemiologia E Serviços de Saúde*, 33(spe1). <https://doi.org/10.1590/s2237-96222024v33e2024350.especial.en>
- Avelar, D. (2024, January 29). *Brazil Has at Least 77 Anti-Trans Laws in Force in 18 States*. Folha de S.Paulo. <https://www1.folha.uol.com.br/internacional/en/brazil/2024/01/brazil-has-at-least-77-anti-trans-laws-in-force-in-18-states.shtml>
- Bakko, M., & Kattari, S. K. (2020). Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type. *Journal of General Internal Medicine*, 35(6), 1693–1700. <https://doi.org/10.1007/s11606-020-05724-2>
- Blazina, C., & Baronavski, C. (2022, September 15). *How Americans view policy proposals on transgender and gender identity issues, and where such policies exist*. Pew Research Center. <https://www.pewresearch.org/short-reads/2022/09/15/how-americans-view-policy-proposals-on-transgender-and-gender-identity-issues-and-where-such-policies-exist/>

- Burchell, D., Coleman, T., Travers, R., Aversa, I., Schmid, E., Coulombe, S., Wilson, C., Woodford, M. R., & Davis, C. (2023). "I don't want to have to teach every medical provider": barriers to care among non-binary people in the Canadian healthcare system. *Culture, Health, & Sexuality*, 26(1), 1–16. <https://doi.org/10.1080/13691058.2023.2185685>
- Chisolm-Straker, M., Jardine, L., Bennouna, C., Morency-Brassard, N., Coy, L., Egemba, M. O., & Shearer, P. L. (2017). Transgender and Gender Nonconforming in Emergency Departments: A Qualitative Report of Patient Experiences. *Transgender Health*, 2(1), 8–16. <https://doi.org/10.1089/trgh.2016.0026>
- Costa, D. (2023). Transgender Health between Barriers: A Scoping Review and Integrated Strategies. *Societies*, 13(5), 125. <https://doi.org/10.3390/soc13050125>
- Flores, J., & O'Neill, A. (2022). *UCLA Other Recent Work Title How Many Adults and Youth Identify as Transgender in the United States? Publication Date Data Availability*. <https://escholarship.org/content/qt4xs990ws/qt4xs990ws.pdf>
- Freitas, F. L. S., Bermúdez, X. P. C. D., Merchán-Hamann, E., Dias dos Santos, A. S., & Vieira, V. F. (2024). Social and programmatic vulnerability in the context of transgender people's health: a scoping review of scientific evidence from Brazil. *International Journal for Equity in Health*, 23(1). <https://doi.org/10.1186/s12939-024-02359-1>
- Friley, L. B., & Venetis, M. K. (2021). Decision-making Criteria When Contemplating Disclosure of Transgender Identity to Medical Providers. *Health Communication*, 37(8), 1–10. <https://doi.org/10.1080/10410236.2021.1885774>

- Human Rights Watch. (2022, May 12). *“I Became Scared, This Was Their Goal”*: Efforts to Ban Gender and Sexuality Education in Brazil. <https://www.hrw.org/report/2022/05/12/i-became-scared-was-their-goal/efforts-ban-gender-and-sexuality-education-brazil>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Kcomt, L., Gorey, K. M., Barrett, B. J., & McCabe, S. E. (2020). Healthcare avoidance due to anticipated discrimination among transgender people: A call to create trans-affirmative environments. *SSM - Population Health, 11*(11), 100608. <https://doi.org/10.1016/j.ssmph.2020.100608>
- Lerner, J. E., Martin, J. I., & Gorsky, G. S. (2020). More than an Apple a Day: Factors Associated with Avoidance of Doctor Visits Among Transgender, Gender Nonconforming, and Nonbinary People in the USA. *Sexuality Research and Social Policy, 18*(2), 409–426. <https://doi.org/10.1007/s13178-020-00469-3>
- Lobato, M. I., Soll, B. M., Brandelli Costa, A., Saadeh, A., Gagliotti, D. A. M., Fresán, A., Reed, G., & Robles, R. (2019). Psychological distress among transgender people in Brazil: frequency, intensity and social causation – an ICD-11 field study. *Brazilian Journal of Psychiatry, 41*(4), 310–315. <https://doi.org/10.1590/1516-4446-2018-0052>
- Luhur, W., Mokgoroane, L., & Shaw, A. (2021, June). *Public Opinion of Transgender Rights in South Africa*. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/opinion-trans-rights-south-africa/>
- Luvuno, Z. P. B., Ncama, B., & Mchunu, G. (2019). Transgender population’s experiences with regard to accessing reproductive health care in Kwazulu-Natal, South Africa: A

- qualitative study. *African Journal of Primary Health Care & Family Medicine*, 11(1).  
<https://doi.org/10.4102/phcfm.v11i1.1933>
- Magno, L., Leite, B. O., Sandro Sperandei, Pereira, M., Knauth, D. R., Leal, A. F., Amélia, M., & Dourado, I. (2024). Discrimination based on gender identity against transgender women and travestis in Brazil: a latent class analysis and associated factors. *Revista Brasileira de Epidemiologia*, 27(suppl 1). <https://doi.org/10.1590/1980-549720240012.supl.1>
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, 3(1), 53–64. <https://doi.org/10.1037/sah0000070>
- Müller, A. (2017). Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa. *BMC International Health and Human Rights*, 17(1), 1–10. <https://doi.org/10.1186/s12914-017-0124-4>
- Nokoff, N. J. (2022, January 19). *DSM-5 Criteria for Gender Dysphoria*.  
Www.ncbi.nlm.nih.gov; National Library of Medicine.  
[https://www.ncbi.nlm.nih.gov/books/NBK577212/table/pediat\\_transgender.T.dsm5\\_criteria\\_for\\_g/](https://www.ncbi.nlm.nih.gov/books/NBK577212/table/pediat_transgender.T.dsm5_criteria_for_g/)
- Parker, K., Horowitz, J., & Brown, A. (2022, June 28). *Americans' Complex Views on Gender Identity and Transgender Issues*. Pew Research Center's Social & Demographic Trends Project; Pew Research Center. <https://www.pewresearch.org/social-trends/2022/06/28/americans-complex-views-on-gender-identity-and-transgender-issues/>

- Reiman, A.-K., Ocasio, T. S., & Mezzapelle, J. L. (2022). How Cisgender People Define “Transgender” Is Associated with Attitudes Toward Transgender People. *Archives of Sexual Behavior*, 52. <https://doi.org/10.1007/s10508-022-02454-w>
- Scheim, A. I., Baker, K. E., Restar, A. J., & Sell, R. L. (2021). Health and Health Care Among Transgender Adults in the United States. *Annual Review of Public Health*, 43(1). <https://doi.org/10.1146/annurev-publhealth-052620-100313>
- Siyanda Buyile Shabalala, & Campbell, M. (2025). The High Price of Gender Noncompliance: Exploring the Economic Marginality of Trans Women in South Africa. *Social Inclusion*, 13. <https://doi.org/10.17645/si.8455>
- Spencer, S., Meer, T., & Müller, A. (2017). “The care is the best you can give at the time”: Health care professionals’ experiences in providing gender affirming care in South Africa. *PLOS ONE*, 12(7), e0181132. <https://doi.org/10.1371/journal.pone.0181132>
- Spizzirri, G., Eufrásio, R., Lima, M. C. P., de Carvalho Nunes, H. R., Kreukels, B. P. C., Steensma, T. D., & Abdo, C. H. N. (2021). Proportion of people identified as transgender and non-binary gender in Brazil. *Scientific Reports*, 11(1). <https://doi.org/10.1038/s41598-021-81411-4>
- Thoma, B. C., Jardas, E., Choukas-Bradley, S., & Salk, R. H. (2022). Perceived Gender Transition Progress, Gender Congruence, and Mental Health Symptoms Among Transgender Adolescents. *Journal of Adolescent Health*, 72(3). <https://doi.org/10.1016/j.jadohealth.2022.09.032>
- Transgender Europe (2024, November 13). *Will the cycle of violence ever end? TGEU’s Trans Murder Monitoring project crosses 5,000 cases*. <https://tgeu.org/will-the-cycle-of-violence-ever-end-tgeus-trans-murder-monitoring-project-crosses-5000-cases/>

Warner, D. M., & Mehta, A. H. (2021). Identifying and Addressing Barriers to Transgender Healthcare: Where We Are and What We Need to Do About It. *Journal of General Internal Medicine*, 36(11). <https://doi.org/10.1007/s11606-021-07001-2>

Willian Roger Dullius, Maria Inês Monteiro, Venícios, M., & Lara Barros Martins. (2023). The Mastery of Competencies for the Care of LGBT+ People by Different Health Professionals. *Journal of Homosexuality*, 71(5), 1–18. <https://doi.org/10.1080/00918369.2023.2169090>

Zambezi, D., & Viljoen, F. (2024). Access to healthcare services for transgender people in South Africa: assessing healthcare experiences and human rights. *International Journal of Transgender Health*, 25(4), 1–13. <https://doi.org/10.1080/26895269.2023.2273364>