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UCT study exposes major gap in access to gender-affirming healthcare in SA

There is an urgent need for the provision of integrated and accessible gender-affirming care and HIV services as part of comprehensive care for transgender and gender-diverse (TGD) populations within inclusive health systems, a study by the University of Cape Town's (UCT) [Desmond Tutu HIV Centre](#) published in the *South African Medical Journal* yesterday has found.

The [study](#), conducted in partnership with the School of Public Health at the University of the Western Cape, highlighted a critical gap between access needed and actual access to legal and medical gender-affirming care services.

The objective of the study was to describe TGD people and their access to and need for social, legal and medical transition, including psychosocial care, hormone therapy and surgery, as well as HIV services, in the Eastern Cape and Western Cape.

TGD people face significant discrimination in the South African health system, limiting their access to HIV services and gender-affirming care, which supports an individual's gender identity when it does not align with their sex assigned at birth. Despite the critical role of these services for TGD people, access to care remains understudied in SA.

Lynn Bust, research project manager of the LGBT+ Health Division at the Desmond Tutu HIV Centre and the lead author of the study, said: "This research highlights the urgent gap between need and access to medical gender-affirming care, and is a call for improved provision of these essential services across all levels of the health system."

A cross-sectional quantitative survey design was utilised for the study, with 150 TGD individuals recruited via convenience sampling in the Western and Eastern Cape. Interviews were conducted using structured questionnaires, with data captured on REDCap. Descriptive analysis was conducted using Stata 18.

Of the 150 respondents, 74% were people assigned male at birth (AMAB) and 26% were people assigned female at birth (AFAB). Reported gender identities showed that 68,5% of AMAB respondents identified as transgender women/female, 56,4% of AFAB respondents

identified as transgender men/male and 34% of all respondents identified as gender diverse or non-binary.

Demographics showed a vulnerable population, with 18.7% with housing insecurity and 66% unemployed. While social transition was common (98.7%), access to legal transition (4%) was very low, as was access to all forms of medical gender-affirming care, with 44.7% of TGD people accessing psychosocial care, 32% accessing hormone therapy and 2.7% surgery.

Of the respondents who had not legally transitioned, 71.4% wanted to. Most respondents who had not accessed medical gender-affirming care services expressed a need for psychosocial care (77.1%) and hormone therapy (68.6%). Gender-affirming surgery was more variable, with 33.3% of AFAB respondents wanting bottom surgery compared with top surgery (63.9%), and 49.5% of AMAB respondents wanting bottom surgery compared with top surgery (55.9%).

Almost all (99.3%) respondents had had an HIV test in their lifetime, with reported HIV prevalence differing between AMAB (34.2%) and AFAB (7.9%) respondents. PrEP uptake among HIV-negative AMAB respondents was 30.4%, and 5.7% among AFAB respondents, while 78% of TGD people living with HIV were on antiretroviral treatment.

Bust emphasised that service integration at the primary healthcare level could significantly improve access. "Including gender-affirming care within primary healthcare is a critical step toward improving access. Strengthening the public health system's capacity to deliver these services, and making them genuinely inclusive of TGD people, could much improve access care."

She said that without consistent training and clinical support, healthcare providers were inadequately prepared to deliver gender-affirming care. Building clinical capacity and integrating these services into primary healthcare settings are essential to addressing the gap in access to care.

"The long waiting list in the public sector and lack of coverage by medical aids in the private sector ensure surgery for most TGD people remains inaccessible in South Africa. Strengthened referral pathways, multidisciplinary teams and strategic policies and guidelines are needed to make surgery a possibility for those who urgently need it," she said.

Savuka Abongile Matyila, a co-author from the Desmond Tutu HIV Centre, said: "When communities are absent from health research, they are often absent from the interventions and policies that follow. By centring the lived experiences of transgender and gender diverse people, this research clearly identifies where health systems must change to ensure their needs are properly met."

"Knowledge regarding diverse gender and sexual identities should be integral in health education and training. Standardising comprehensive training for healthcare providers is key to ensuring that gender-affirming care is delivered safely, respectfully and without stigma and discrimination," concluded Matyila.

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