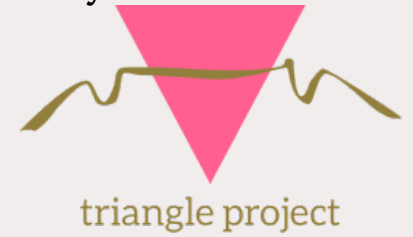


# An exploration of LGBTQI+ healthcare in South Africa in the context of the National Health Insurance policy



Executive Summary  
Caroline Stillman  
carolinestillman1@hotmail.com



## Abstract

Existing research on LGBTQI+ experiences of the health system in South Africa has highlighted barriers to access, including discrimination, a lack of specific programmes, health provider ignorance of LGBTQI+ needs and discomfort in health spaces. This research seeks to explore how LGBTQI+ people conceptualise universal and inclusive healthcare, and how policy inclusion of their needs, or lack thereof, impacts their experiences of the health system. Through a research partnership with Triangle Project, a Cape Town-based LGBTQI+ NGO, I conducted 13 interviews with health professionals and civil society, and 3 focus groups with 17 LGBTQI+ health service users. Through conducting a thematic analysis, I argue that LGBTQI+ participants understand LGBTQI+ healthcare in two main ways: as general healthcare for LGBTQI+ people, and as specific healthcare interventions relating to sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC). Therefore, policy inclusion requires challenging heteronormativity, cisnormativity and normative binary conceptions of biological sex (sex-binarism), and in ensuring specific provisions for LGBTQI+ health needs. Through an analysis of NHI from a SOGIESC perspective, I conclude that the invisibility of LGBTQI+ health needs perpetuates heteronormativity and cisnormativity, thus furthering LGBTQI+ marginalisation.

Organisation/Institution	No. Interviews
Triangle Project	6 interviews
University academic	1 interview
Hospitals (2)	4 interviews
NGOs (health and human rights, legal)	2 interviews

## Politics of LGBTQI+ health

Several structural barriers to accessing healthcare were identified for LGBTQI+ people:

- Discrimination in health services
- Lack of provider knowledge and interest in learning about SOGIESC
- Lack of funding for LGBTQI+ specific interventions in public health system
- Lack of space allocated to LGBTQI+ health needs in public health spaces
- Heteronormativity, cisnormativity and sex-binarism in health policy

Participants highlighted how race, class and geography intersect with SOGIESC to make people additionally vulnerable, emphasising the need to address these issues in order to achieve universal health for LGBTQI+ people. Health needs specific to LGBTQI+ people are framed in dominant health discourses as additional and exceptional, and non-normative SOGIESC are pathologised. However, these health needs were framed by participants as essential, and LGBTQI+ populations were framed as vulnerable.

"[The state] think[s] [gender-affirming care] is like elective, like a nice to have"

"Getting medical treatment has absolutely saved my life" - transgender participant

"[Access to health services] really depends on the colour of your skin, how much money you have, where you live, the language you speak"

# Universal and inclusive healthcare for LGBTQI+ people

"Queer people need access to good mental healthcare... queer people need access to reproductive care, to abortions, like none of this is specialised. All of this is general healthcare. And then queer people need access to gender affirming care, for example, which is a very specific thing, but if you look at it also, it's not that specific, right? Most surgical procedures are done already anyway, just for different indicators"

"There will need to be a bigger awareness of the needs of specific vulnerable groups like LGBTI, and one can do that with training"

"How do you walk that tightrope where... Just because someone is accessing a medical service doesn't mean that there's something wrong with them. They're not sick, they're not ill"

Participants conceptualised LGBTQI+ healthcare in two main ways: as general healthcare for LGBTQI+ people, and as specific health interventions relating to SOGIESC. Participants highlighted depathologisation as necessary to balance specific and general health needs, so that funding is not lost but LGBTQI+ people are not seen as ill. In order to achieve universal and inclusive healthcare, participants emphasised several principles of health, changes in the health system, health spaces and health policy.

Principles of health	Health systems	Health spaces	Health policy
Equity	Fully public system	Accessible	More civil society engagement
Social justice	Primary care focus	Less gender binary split (e.g. wards)	Politicians fighting for LGBTQI+ rights
Right to health	Address social determinants of health	LGBTQI+ representations e.g. images, staff	Specific language to include LGBTQI+
	Challenge heteronormativity, cisnormativity and sex binarism, normalising LGBTQI+ people		

## LGBTQI+ health and National Health Insurance

At present, the NHI does not incorporate LGBTQI+ people's needs as described above. As the NHI will not fund medical interventions not considered 'essential', and LGBTQI+ needs are not considered by the state to be essential. The invisibility of LGBTQI+ communities in policy is perpetuated, which then reinforces heteronormativity, cisnormativity and sex-binarism. Civil society actors do not feel that they have been meaningfully consulted on the NHI. As civil society is an effective sphere for marginalised groups to have their needs met, more engagement with LGBTQI+ civil society in future is recommended to create health policy that includes LGBTQI+ needs. However, participants raised concerns over whether a better policy would translate into better realities. Concerns were raised about whether the NHI is implementable, and many framed the NHI as a political tool of the ANC.

## Conclusion

LGBTQI+ needs are framed as either pathological or invisible within dominant discourses, which translates into a lack of funding, lack of provider knowledge and thus negative experiences in the health system. LGBTQI+ healthcare includes both the idea that LGBTQI+ people have health concerns, and specific healthcare such as gender affirming healthcare, and both must be incorporated into health policies. Inclusive policy development is crucial to achieving inclusive health, and the NHI is not currently inclusive of LGBTQI+ needs. Through government engagement with LGBTQI+ civil society, tighter language in policy and politicians fighting for LGBTQI+ rights, more universal and inclusive health policy can be achieved.