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Access of Transgender Persons to Healthcare in Morocco:

The Legal Vacuum and Conceptual Confusion as Mechanisms for Producing Health and Social Vulnerability

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Executive Summary

This field report monitors the impact of the legal vacuum and conceptual confusion between homosexuality and gender identity in the Moroccan context, and its repercussions on transgender persons' enjoyment of their fundamental rights, primarily the right to health and dignity, which contributes to the perpetuation and continuation of discriminatory practices against them.

The analysis, based on field interviews with 40 transgender individuals, in addition to the opinions of specialists and experts in the fields of medicine and mental health, reveals that the absence of a clear legal definition of gender identity, and the continuation of the punitive approach linked to issues of sexual orientation, contribute to producing a complex vulnerability that drives some transgender persons to resort to hormone therapy outside of any official medical framework.

The results of the report show that this situation is not related to gender identity in itself, as much as it reflects an institutional gap between social reality and internationally adopted health standards. The World Health Organization (WHO), in the International Classification of Diseases (ICD-11) issued in 2019, adopted a new approach that considers gender incongruence as part of human diversity, where what was previously known as gender identity disorders was moved from the mental health disorders chapters to the "sexual health" category, in a step aimed at reducing stigma and promoting a rights-based health approach.

However, this shift in international standards has not yet been accompanied by a clear legislative or institutional debate at the national level. Consequently, the issue at hand is not related to the existence of a legal text that explicitly criminalizes gender transition, as much as it relates to the absence of a clear regulatory framework governing the handling of gender identity issues within the health system. Practically, this situation is reflected in administrative difficulties and professional hesitation among some healthcare providers, in addition to the absence of official medical protocols for dealing with cases related to gender identity.

The report concludes that the continued conflation of sexual orientation and gender identity, alongside the legal and regulatory vacuum, not only leads to the perpetuation of social stigma, but also limits the possibility of safe and equitable access to health services, constituting an actual violation of the right to health as recognized in international human rights standards.

The report recommends the following:

- The necessity of developing a national health protocol that defines the mechanisms for dealing with gender identity issues within the health system.
- Enhancing the medical and social training of health professionals to allow for differentiation between sexual orientation and gender identity issues, thereby contributing to reducing stigma and improving the quality of healthcare.

Introduction

Gender identity issues in many contemporary legal contexts are witnessing rapid transformations, both at the level of human rights debates and public health policies. However, these transformations are not reflected at the same pace in all legal systems, especially in contexts where the subject is surrounded by social and cultural sensitivities, which limits the possibility of formulating clear and structured public policies for dealing with gender transition issues.

In this framework, the reality of transgender persons in Morocco raises issues primarily related to the absence of a clear legal and health framework, and the continued conceptual confusion between gender identity and sexual orientation within societal and institutional debates. The national legal context is characterized by the absence of an explicit definition of gender identity, and Moroccan laws do not include provisions regulating the legal recognition of gender identity or the procedure for changing a name or sex in official documents based on lived identity. This creates a state of legal ambiguity that reflects directly on the possibility of accessing basic services, including health services.

Despite this, transgender persons constitute a part of the Moroccan social reality, and they cannot be considered exceptional or isolated cases. However, determining the size of this group within society remains complex, due to the absence of accurate official statistical data and the difficulty of accessing information on a socially sensitive topic. In light of this statistical vacuum, some non-governmental organizations have tried to bridge part of this gap through limited-scale field reports. In this framework, the report titled “The Reality of the LGBTQ+ Community in Morocco: Confronting Violence with the Hope of Resistance” issued by the Nassawiyat organization in 2024 stands out, which sought to monitor some indicators related to gender identity based on a research sample of 50 cases in three Moroccan cities: Tetouan, Agadir, and Casablanca.

According to the results of the report, 60% of the sample in the city of Casablanca stated that their gender identity is female despite an expected sex at birth as males, compared to 35% who stated that their gender identity is male.

In the city of Tetouan, data showed that 13% of participants consider themselves female, compared to 68% who define their gender identity as male. In the city of Agadir, the percentage of those who stated their gender identity is female reached 20%, compared to 73% who considered themselves male.

At the level of age groups, data indicates that this phenomenon primarily affects young demographics. In the city of Casablanca, 40% of cases belong to the age group between 18 and 24 years, and 25% to the group between 25 and 34 years, while the percentage of the age group between 35 and 44 years reached about 35%.

In Tetouan, the age group between 18 and 23 years recorded 40%, followed by the group between 25 and 34 years at 33%, then the group between 35 and 44 years at 26%. As for Agadir, the age group between 18 and 24 years constituted the largest percentage at 53%, followed by the group between 25 and 34 years at 33%, then the group between 35 and 44 years at 13%.

The field data relied upon in this report, which included individual interviews and group discussion sessions with 40 transgender persons from several Moroccan cities, including Casablanca, Rabat, Kenitra, Marrakech, and Safi, reveal some important demographic characteristics of the sample. These data show that those transitioning to female constitute the largest percentage within the sample with 28 cases, equivalent to 70% of total participants, compared to 12 cases of those transitioning to male at nearly 30%.

The age of participants also ranges between 18 and 40 years, with a clear dominance of young demographics, especially the age group between 20 and 30 years. The age group between 18 and 23 years recorded nearly 27.5% of the sample, while the age group between 24 and 34 years constituted the largest percentage at around 57.5%, whereas the percentage of the age group between 35 and 44

years reached about 15%. This distribution reflects the youthful nature of the sample, and highlights the phenomenon's primary association with youth groups within the urban sphere.

Data related to the educational and social pathways of the participants indicate the presence of varying levels of educational continuity, where a number of participants indicated early dropout from studies in the middle or high school stages, while others managed to pursue their university studies. Some cases of dropping out are linked, according to the testimonies collected, to experiences related to social stigma or discrimination within educational spaces.

Type of Transition	Number	Percentage
Trans to female	28	70%
Trans to male	12	30%
Total	**40**	

Table A: Clarifies the nature of the sample and the representative percentage of transgender persons in the study sample

In light of this, this sample has shown in its results that this group faces daily challenges related to social stigma and difficulties accessing healthcare. These difficulties include, in some cases, resorting to hormone therapy outside of any official medical framework, an option that may involve health risks in light of the absence of clear medical protocols and a governing legal regulation.

The testimonies collected also clarify that these difficulties are not linked to the nature of gender identity in itself, but rather reflect a complex interaction between several factors, among them the absence of a clear legal framework regulating gender identity issues, the continued societal and legal conflation between sexual orientation and gender identity, alongside the limited nature of specialized health protocols. This situation leads to the creation of a poorly defined institutional and social environment, resulting in multidimensional vulnerability that touches the fields of health, education, work, and civil rights.

In this context, this report seeks, based on field data and direct testimonies, to highlight the relationship between conceptual ambiguity and regulatory vacuum on the one hand, and the health and social vulnerability that some transgender persons may be exposed to on the other hand, while presenting practical recommendations aimed at enhancing institutional clarity and improving pathways of access to health services.

This report aims to analyze the impact of the legal vacuum and conceptual confusion between gender identity and sexual orientation on the possibility of transgender persons accessing healthcare in Morocco.

Methodology

This field report adopts a multi-level human rights approach, combining qualitative research with legal and social analysis, aiming to understand the complexities of the issue of the legal vacuum and the conceptual and legislative confusion between homosexuality and gender identity in the Moroccan context. While some practices related to sexual orientation are subject to punitive legal framing within the chapters of the Penal Code, conceptual and institutional ambiguity continues regarding gender identity, which raises practical issues related to the extent to which transgender persons enjoy their basic rights, especially the right to health, dignity, and non-discrimination.

In this framework, the report seeks to monitor the social and health repercussions associated with this legal and institutional ambiguity, with a focus on the problem of accessing health services in light of the absence of a clear legal and regulatory framework.

Research Tools	Number of Participants	Objective
Semi-structured individual interviews	15	Documenting individual experiences related to accessing healthcare
Group brainstorming sessions	25	Analyzing shared social and health challenges
Expert interviews in the health sector field	2	Understanding the medical and institutional framework for dealing with gender transition

Table B: Clarifies the method of building conceptions, extracting results and recommendations

1. Data Collection

The report relied on a set of qualitative tools to collect data, mainly represented in:

- **Interviews with experts in the health field:** Interviews were conducted with experts in the field of mental and medical health, including two experts: a doctor specializing in infectious and contagious diseases and a psychologist specializing in the field of developmental psychology. This aimed to shed light on the reality of health care for cases related to gender identity, and to assess the extent of the existence of clear protocols for dealing with them, with a focus on aspects related to protecting patients' rights and their health safety.
- **Analysis of the legal and regulatory framework:** This aspect included a study of some provisions of the Moroccan Penal Code, and relevant regulatory laws such as the Family Code and Civil Law, with the aim of highlighting the facets of ambiguity or legal complexity that may affect transgender persons' enjoyment of their basic rights

Regarding the Research Sample:

The study relied on a field sample consisting of 40 participants from transgender persons. This sample collectively contributed to building a broader analytical conception around the reality of accessing health services, even if the report relied on some of the most indicative testimonies. It should be noted that this report relies in its qualitative analysis on a number of representative testimonies that reflect the general patterns that appeared during the interviews, without revealing all cases to preserve confidentiality and the ethical considerations of the research.

Data was collected via two basic tools:

- **15 semi-structured individual interviews** with transgender persons, aimed at documenting personal experiences related to accessing healthcare.
- **Group brainstorming sessions** in which 25 persons from the same group participated. These sessions allowed for monitoring collective perceptions regarding the social and health challenges associated with gender identity.

The following table clarifies the demographic characteristics of the research sample, including the distribution of participants according to the type of gender transition and age groups.

Variable	Category	Number	Percentage
Type of Transition	Trans to female	28	70%
	Trans to male	12	30%
Age Group	18-23 years	11	27.5%
	24-34 years	23	57.5%
	35-45 years	6	15%
Total Sample	-	40	-

Table C: Demographic characteristics of the sample

2. Ethical and Human Rights Considerations

The report was keen to respect a set of ethical principles during data collection and analysis, including:

- Handling personal data with strict confidentiality, while adopting pseudonyms to protect participants' identities.
- Avoiding any data that could lead to revealing the identity of individuals or exposing them to social or legal risks.
- Adopting a human rights approach that is keen to respect the dignity of participants and not reduce their experiences to medical classifications or prejudices.

3. Study Limitations

This study faces a set of methodological limitations, most notably:

- The absence of official statistics on transgender persons in Morocco.
- The limited size of the sample compared to the national extension of the phenomenon.
- The sensitivity of the topic, which imposed some constraints on the process of accessing participants and collecting data.

Context Analysis

To understand the issues related to transgender persons accessing healthcare in Morocco, this issue must be placed within its broader legal, social, and health context. The individual experiences documented in this report cannot be read in isolation from the legal and institutional structure that frames gender identity issues, and from prevailing social perceptions that still in many cases conflate sexual orientation and gender identity.

First: The Legal and Institutional Context

The Moroccan legal framework witnesses the absence of an explicit legal definition of the concept of gender identity or a regulated legal status for transgender persons, which creates a legislative vacuum that reflects on their legal and social status. Moroccan law does not include provisions regulating the procedure for changing a name or sex in official documents based on gender identity, nor does it provide a clear procedural framework guaranteeing legal recognition of individuals› gender expression. This absence leads to an unstable situation, where official documents continue to reflect a sex that does not correspond with the person›s lived identity, which creates tangible difficulties in accessing basic services, including health services.

An analysis of Moroccan legislation reveals that the current legal framework does not recognize gender identity as a subjective, psychological, and social experience independent of the biological body. Despite the regulation of cases of biological hermaphroditism (khuntha) in the Civil Status Law and the Family Code, this regulation remains limited to medical-judicial intervention to determine the «predominant» sex, without addressing issues of gender transition or socio-psychological transformation.

Article 28 of Law No. 36.21 relating to Civil Status stipulates the possibility of changing the sex of a hermaphrodite pursuant to a judicial ruling based on medical data. In this context, Article 28 explicitly states:

«The declaration of the birth of a hermaphrodite is supported by a medical certificate determining the sex of the newborn, which is relied upon in drafting the record, and if a change occurs to the sex of the hermaphrodite in the future, it is changed pursuant to a ruling issued by the competent court.»

This text reflects the legislator›s focus on biological sexual ambiguity, without recognizing gender identity as an independent experience.

The legislator›s handling of the status of the hermaphrodite also extends to the field of personal status, through the provisions of Law No. 70.03 relating to the Family Code, which relies on Maliki jurisprudence to fill the legislative vacuum in issues not stipulated, based on Article 400 which explicitly refers to resorting to and invoking this jurisprudential reference in matters where there is no text [i].

In this framework, the judiciary relies, according to the rulings of Maliki jurisprudence, in treating hermaphrodite cases within inheritance topics on a traditional distinction between the unproblematic hermaphrodite and the problematic hermaphrodite, and often utilizes medical expertise to determine the biological sex. This clarifies the continuation of the medical-jurisprudential approach in addressing these cases, without recognizing gender identity as a subjective experience [ii].

Based on that, any cases of gender transition that do not fall within the framework of the hermaphrodite are often subjected to a punitive approach within the chapters of the Penal Code relating to offenses against public morals, which creates a conceptual confusion between gender identity and sexual behavior, and exposes transgender persons to criminalization or discrimination. The provisions of Article 489 of the Penal Code/Criminal Code stipulate the following:

«Anyone who commits a lewd or unnatural act with an individual of the same sex shall be punished by imprisonment from six months to three years and a fine of two hundred to one thousand dirhams, unless his act constitutes a more severe crime.»

Although this chapter does not address gender identity directly, societal and institutional conflation between sexual orientation and gender identity may in some cases lead to its indirect employment against transgender persons.

Field data confirms this reality, as transgender persons face tangible difficulties in accessing education, work, and administrative services, and are sometimes forced to resort to illegal practices or to unsafe migration to avoid the cycle of exclusion and discrimination. Also, societal and institutional conflation between sexual orientation and gender identity consecrates an inaccurate approach, which deepens the vulnerability of this group.

Although the Constitution of the Kingdom of Morocco of 2011 explicitly states in its preamble the prohibition and combating of all forms of discrimination on the basis of sex, color, belief, culture, social affiliation, or any personal status whatsoever, and emphasizes the state›s commitment to protecting and promoting the human rights system and international humanitarian law, and contributing to their development, taking into account the universal nature of those rights and their indivisibility, and making international agreements, as ratified by Morocco, supersede national legislation upon their publication; the absence of a clear legal and regulatory framework for recognizing gender identity creates a gap between constitutional provisions and the lived reality of transgender persons, which contributes to consecrating their legal and social vulnerability.

Second: The Health Context

The health context in Morocco points to the absence of clear official protocols for dealing with gender transition issues within the health services system, which limits the ability of transgender persons to access safe and integrated healthcare.

Field data, derived from interviews with the target group alongside mental health and medical experts, has shown that this group faces multiple challenges, ranging from difficulties accessing basic health services to fear of stigma or discrimination within therapeutic spaces. These problems cannot be separated from the legal and institutional framework structuring this field, as it becomes clear that medical practice is not formed independently, but is directly affected by the nature of the prevailing legal conception around gender identity.

In light of the absence of explicit legal recognition of gender identity, and its continued reduction within a biological approach limited to hermaphrodite cases, as stipulated in the Civil Status Law and the Family Code, the health field finds itself facing a clear regulatory vacuum, represented in the absence of official medical protocols or specific institutional guidelines framing how to deal with cases of gender transition.

This situation leads to the reproduction of the same logic governing the legal approach within the health field, where gender transition is dealt with, in some cases, through a reductionist medical-interpretive approach, tending to frame it within mental disorders or as a result of traumatic experiences. Some field testimonies have shown that a number of doctors and psychologists tend to interpret cases of gender transition as being linked to previous psychological traumas, or experiences of violence, such as sexual assaults, instead of recognizing it as an identity experience in its own right.

This trend reflects, on the one hand, an absence of specialized training that keeps pace with international developments in the field of gender health, and on the other hand, the continued influence of social and cultural representations within medical practice, in light of the absence of a clear legal framework guiding these practices. Here appears the structural intersection between the legal and the health [domains], as the absence of legal recognition leads to weakening the legitimacy of framed medical intervention, and opens the door to individual interpretations within professional practice.

Furthermore, the continuation of the punitive approach within the legal environment, especially through

chapters of the Penal Code related to public morals, contributes to creating a general climate of caution and apprehension, which is not limited to transgender persons alone, but also extends to health cadres, who may hesitate to engage in clear therapeutic pathways for fear of falling into gray legal areas. This leads to reducing the possibility of developing medical practices based on accompaniment and support, versus consolidating avoidant or undeclared approaches.

In light of this ambiguity, many transgender persons are forced to resort to therapeutic pathways outside the official health system, especially regarding hormone therapy, which is done in many cases without specialized medical supervision, exposing them to multiple health risks. This resort cannot be understood as a free individual choice, but as a direct result of the interaction between the legal vacuum, the absence of health framing, and the pressuring social climate.

Consequently, the problems related to accessing healthcare can be understood not only as reflecting a limitation in the medical offering, but also as revealing a complex institutional structure, where the legal, health, and social intertwine, leading in their totality to the production of compounded health vulnerability, based on a lack of recognition, weak framing, and continued conceptual confusion between gender identity and sexual orientation. This reflects a shift in the positioning of the health institution, from a space for care to a domain affected by considerations of legal and social control.

Qualitative Evidence

Hormonal Transition and the Legal and Social Vacuum

Field interviews show that the transition phase for transgender persons in Morocco represents a personal journey, yet it turns in many cases into a forced path, through which individuals seek to reduce the contradiction between the body and psychological identity. This is often done by resorting to the use of substances with a hormonal effect, such as estrogen or testosterone, and sometimes other drugs like birth control pills that are used to compensate for the estrogen hormone.

However, this path does not take place within a framed context, but often turns into an experience fraught with risks, as a result of the absence of a legal regulation and clear health protocols framing this type of interventions.

The First Level: Hormonal Transition Between Therapeutic Need and Legal Vacuum

Field data indicates that legal access to hormone therapy in Morocco is subject to strict medical and regulatory oversight by competent authorities, primarily the Ministry of Health. It is not possible to obtain this type of treatment inside clinics or public hospitals, nor even through pharmacies, except based on a medical prescription specifying the therapeutic purpose of its use. For example, purchasing some hormonal drugs, such as the hormone testosterone, requires presenting a medical prescription issued by a specialist determining the indications for use.

In this context, a doctor specializing in infectious and contagious diseases, in the Marrakech-Safi region, provided statements highlighting the complexity of this type of treatments and the limits of medical practice in this field [iii].

The doctor points to the existence of a structural problem represented by the absence of an official national protocol or a clear legal framework regulating this type of treatments, and says in this context:

"The situation in Morocco poses a real problem, as there is no official national protocol or clear legal framework regulating hormone therapy in cases of gender dysphoria/gender incongruence, which makes a large number of doctors hesitant to prescribe hormones outside of traditional medical uses."

According to her, this medical hesitation is not born out of moral or professional rejection, as much as it is linked to legal responsibility, and fear of prosecution, in light of the absence of clear legislative backing.

The doctor warns that this legal and institutional vacuum pushes some people to resort to self-use of hormones, outside of any medical supervision, which significantly raises the risks of health complications.

She says in this framework:

"The absence of the regulating framework pushes some people to the self-use of hormones, which raises the risks of blood clots, immune disorders, and severe hormonal imbalances, in addition to cardiovascular complications."

She emphasizes that these complications may be silent in their beginning, but are dangerous in the medium and long term, especially in light of the absence of regular medical follow-up.
The doctor stresses the necessity of separating gender identity as a subjective datum, and bodily safety as a professional duty, and says:

"Dealing with these cases from a purely health perspective dictates separating gender identity as a subjective datum, and bodily safety as a medical responsibility. The absence of a regulated legal framework does not negate the existence of cases that actually suffer from severe psychological distress, and need multidisciplinary medical and psychological accompaniment, instead of leaving them vulnerable to unframed practices that threaten their health

and their lives."

The doctor concludes that the sound health approach requires:
- Recognizing the existence of cases that actually suffer from severe psychological suffering.
- Providing multidisciplinary medical and psychological accompaniment.
- Developing a clear legal framework and a national protocol.
- Protecting doctors legally and patients medically.

And she emphasizes that:

«The absence of regulation does not protect society, but rather widens the circle of health risks, and pushes individuals towards dangerous and unsafe solutions.»

In this context, field data indicates that this reality pushes some individuals to search for informal alternatives to obtain hormones, via irregular networks that provide these substances without regular medical supervision, and sometimes without guarantees related to the source or quality.

These networks are often based on individual initiatives among some activists or transgender persons, who try, within a framework of solidarity or friendship relations, to provide hormones for each other. Field results indicate that these substances are sometimes provided periodically according to the financial capabilities of the individuals and their ability to travel, where some beneficiaries obtain a limited number of boxes of hormonal drugs during each supply process, with the aim of reducing the frequency of travel or the difficulty of accessing these substances.

However, this pattern of support remains limited, as it does not meet the needs of all transgender persons in Morocco, especially for persons residing outside major urban centers, where the difficulty of travel and weak resources remain an additional obstacle to accessing these substances.
This behavior does not reflect a desire to bypass the law, but expresses an institutional blockage that pushes individuals to forced solutions. Hormone therapy, as the testimonies show, is not viewed as a cosmetic choice or a situational whim, but as a means to alleviate deep psychological suffering linked to the contradiction between the body and the lived identity.

In this framework, Alaa (21 years old) explains that daily psychological pressure and the fear of his situation being exposed to family or society drove him to resort to hormone therapy despite potential health risks, with the absence of the possibility of accessing official medical follow-up.

Laila (24 years old) also points out her suffering from physical and psychological side effects after using hormones, including physical pain and severe mood swings, in light of the absence of any specialized medical or psychological follow-up. She emphasizes that this therapeutic path often takes place in isolation, where many trans people find themselves forced to bear its health and psychological consequences without any institutional accompaniment.

Aisha (21 years old) adds that some informal networks provide hormones accompanied by general instructions about the method of use and potential bodily changes, but this support remains limited, as it is often restricted to providing the hormones and some preliminary information without any regular medical or psychological follow-up. As a result, individuals bear on their own the consequences of this therapeutic path, including the health risks associated with the self-use of hormones.

An analysis of these testimonies highlights that approximately 70% of the respondents indicated their resort to informal channels to obtain hormone therapy, which reflects a pattern of forced self-medication resulting from the intersection of the legal vacuum with social stigma within health institutions.

This poses a dual problem:
1. On the first hand, the right to health turns into a path fraught with risks due to the lack of legal

recognition, which pushes individuals to unframed treatments.
2. On the second hand, the person bears alone the consequences of side effects and potential complications, without legal protection or adequate health insurance, and without the possibility of safe access to specialized psychological services.

Thus, the phenomenon of unframed hormone therapy cannot be understood as an isolated individual choice, but as a direct result of a legal and institutional structure that does not recognize gender identity. The transition phase does not only collide with the body, but also collides with a legal framework that establishes an identity that does not reflect lived reality, which produces a sharp contradiction between psychological identity, physical transformation, and legal identity.

In light of this, the issue of unframed hormone therapy appears not only as a medical issue, but as a human rights problem that touches the right to health, the right to bodily integrity, and the right to dignity, and raises the question of the state's responsibility in ensuring safe and framed therapeutic pathways, instead of leaving individuals facing risks they bear in silence.

This reality becomes more complex in light of the limited access to specialized psychological accompaniment services, as field testimonies indicate that a large number of transgender persons do not benefit from regular psychological follow-up. This situation is due to several factors, including the fear of social stigma or discrimination within some therapeutic spaces, in addition to the limited availability of mental health specialists who have knowledge or readiness to deal with gender identity issues.

Field data state that access to psychological consultation for transgender persons often remains conditional on the presence of a specialist who is viewed as understanding or supportive, which limits the possibilities of benefiting from regular psychological follow-up. Some participants also noted that a number of doctors and psychologists show a kind of reservation in dealing with these cases, where they are sometimes framed within interpretive approaches based on psychological trauma or religious references, directing some individuals towards repentance instead of therapeutic accompaniment.

In the same context, a number of mental health professionals who were contacted expressed reservations about giving statements regarding this topic, given its societal sensitivity and the absence of a clear institutional framework guiding professional practice in this field.

In contrast, a statement was obtained from a Moroccan clinical psychologist residing abroad, who presented a professional reading of the psychological challenges associated with the gender transition experience, emphasizing the importance of providing safe and professional psychological accompaniment that takes into account the social and cultural context of individuals, and is based on principles of support instead of stigma or reductionist interpretation [iv].

In this framework, the clinical psychologist offers a professional reading relying on his clinical experience in the field of developmental psychology (Psychologue clinicien du développement), explaining that society's perception of gender identity often remains confined to a perspective of suffering. He clarifies that this bias in vision may create a feeling of stigma and guilt among individuals, and makes it difficult to imagine a gender identity that is not accompanied by a traumatic experience or rejection of the body.

According to him, the continuation of some forms of pathological approach is not neutral, as it may be used to discipline and control transition pathways, by linking access to care or basic rights to medical and psychological conditions, and distinguishing between those considered "eligible" for transition and those who are not recognized as such.

In light of his clinical experience, he warns against continuing simplistic approaches that confine the experience of transgender persons to a trauma or a mental disorder, affirming that the pathways of gender identity formation are multiple, and involve complex psychological, social, and contextual

factors intertwining within them, without the possibility of reducing them to an inevitable causal relationship with traumas or painful experiences.

He also clarifies that the psychological difficulties that some transgender persons may suffer from are often linked to external factors, such as family rejection, discrimination, violence, and social stigma, more than their association with gender identity in itself. Therefore, the clinical challenge is not represented in questioning the identity or confirming it, but in providing a safe space for listening, evaluating the psychological state comprehensively, and accompanying the person in understanding their suffering, while ensuring their psychological and physical safety.

He adds the following regarding the mental health of transgender persons in Morocco:

"There is no precise data specific to Morocco. However, data from other countries can be used to form an approximate conception. In the Western world, several studies show that transgender persons suffer from significantly higher rates of mental health problems compared to non-transgender people, such as depression, anxiety, and suicidal thoughts and behaviors, where nearly 40% of them have attempted suicide at least once.

These disparities are primarily attributed to high levels of social rejection, especially in light of the absence of family support and bullying, in addition to discrimination and violence, systemic economic and social marginalization, and the pathological stigma mentioned previously.

Regarding physical and sexual violence, trans women face a much higher risk than the rest of the population and non-trans women.

As for inside the family, transgender children and adolescents are more vulnerable to physical, psychological, and sexual domestic violence than their non-transgender peers, and they report high rates of childhood maltreatment, which are risk factors that contribute to the emergence of psychological disorders later.

In France for example, 61% of transgender persons stated experiencing domestic violence, among them 38% physical violence and 14% sexual violence."

He emphasizes at the conclusion of his analysis that gender transition pathways cannot be explained by a unilateral causal logic that inevitably links them to traumas or psychological disorders, but rather they must be understood within a complex interaction between subjective, psychological, social, and contextual factors.

The Second Level: The Impact of the Legal Vacuum on the Daily Lives of Trans People

Field testimonies clarify that the absence of legal recognition of gender identity is not limited in its impact to the health field, but extends to various dimensions of daily life, including education, work, and social relations. In this context, the non-correspondence of legal identity with lived identity turns into a constant source of social and institutional vulnerability, which reflects directly on opportunities to access education, vocational training, and economic stability.

The Educational Sphere and Institutional Exclusion

Field data reveal that educational institutions represent one of the spaces where some transgender individuals may be subjected to multiple forms of stigma or bullying, in the absence of clear institutional mechanisms to deal with these cases or protect students from violence related to gender identity.

In this context, Malak, a trans woman aged 19, recounts her experience inside the school space, where she points out that the constant fear of bullying and mockery directly affected her educational path:

"I could not obtain my baccalaureate degree twice in a row, because I would drop out of studies a lot. In many periods

I could not go to school because of panic attacks and extreme fear. Inside the classroom, I tried not to draw attention, and to hide my gender identity and act on the basis that I am a male.

But some teachers would notice my way of speaking or acting, and I would be exposed to bullying in front of the students. One of the female teachers used to call me in a feminine form in front of everyone, which opened the door for the rest of the students to mock me."

This testimony reflects how the educational space can turn into an environment that is psychologically unsafe for some transgender individuals, which leads in some cases to repeated dropping out of studies or the stumbling of the educational path.

Also, Alaa, a trans man and university student in his early twenties, points out that his gender appearance was a reason for him being subjected to forms of exclusion inside the university space, among them being excluded from some cultural activities without official clarification from those in charge of them, in addition to a change in the treatment of some professors towards him.

He emphasizes that this situation generated a constant feeling of insecurity for him, and a continuous fear of losing his right to pursue studies or being subjected to violence inside the university campus.
Administrative Obstacles and Their Impact on Vocational Training

The effects of the legal vacuum are not limited to the educational field only, but also extend to the stages of vocational training and entering the labor market, where the non-correspondence of official documents with lived identity may constitute an obstacle to benefiting from training or work opportunities.

In this context, Doha, who is a trans woman who was pursuing her studies in the Faculty of Economics in Marrakech, recounts how this situation led to her educational path stumbling:

"All I wanted was to complete my studies. I was pursuing my studies in the Faculty of Economics normally, and I was not trying to draw attention to my appearance. But with the approach of the exams, I was afraid to go to the college for fear of being subjected to verbal or physical assaults.

The real problem began when we reached the vocational training stage inside a public institution. At that stage, I was subjected to rejection from all institutions because of my appearance. My life turned upside down, and I could no longer complete my studies."

She adds that this situation pushed her later to search for alternative sources of income in difficult social and economic conditions, which reflects the direct impact of administrative obstacles on the professional pathways of some transgender individuals.

Migration and Cross-Border Vulnerability

Some testimonies also reveal the resort of some transgender individuals to migration as a means of escaping social and economic restrictions. However, these paths may expose them to new forms of vulnerability and exploitation outside the country.

In this framework, Sara, who is a trans woman aged 25, recounts her experience after leaving Morocco searching for better opportunities:

"I lived a very difficult life in Morocco. I obtained a baccalaureate certificate, but I could not pursue my studies because of my appearance. I did not have many options, and I found myself forced to practice prostitution as a source of living. Later I heard about opportunities to work in the Gulf countries, so I decided to travel. But upon my arrival, I discovered that the nature of the work is completely different from what was presented to me. We were summoned to stand in front of clients so that each one chooses the person he wants."

Sara points out that the working conditions were harsh, and that she was subjected to pressures to force her into practices she did not desire, in a context dominated by economic and physical exploitation in light of the absence of any effective legal protection.

These qualitative evidences show that the legal vacuum in Morocco is not limited to the absence of explicit texts recognizing gender identity, but its impact extends to all areas of daily life, including health, education, work, and migration. In this context, unrecognized legal identity turns into a continuous source of social and institutional vulnerability.

These data also reveal that some practices, such as resorting to unframed hormone therapy or searching for opportunities outside the country, cannot be understood as isolated individual choices, but as responses to a complex social and legal reality that limits the possibility of safe access to basic rights. From this premise, the need emerges to develop a legal framework and public policies that take into account the social complexities associated with gender identity, in a way that ensures the protection of the basic rights of individuals, especially the right to health, the right to bodily integrity, and the right to human dignity.

This direction relies on the general provisions and directives approved by the Moroccan Constitution, as it explicitly states in its preamble the prohibition and combating of all forms of discrimination due to sex or any personal status whatsoever. Respecting these constitutional principles is deemed a basis for developing clear health protocols and institutional mechanisms capable of ensuring safe and framed therapeutic pathways.

Conclusion

The qualitative evidence collected through field interviews with transgender persons, in addition to the opinions of mental health and medical experts, clarifies that the vulnerability facing this group is not a result of the nature of gender identity itself, but a reflection of a complex interaction between the legal vacuum, the shortage of health protocols, and restrictive social practices.

The analysis highlights that the hormonal transition phase, which is considered a necessary therapeutic path to alleviate psychological distress associated with gender identity, turns into an experience fraught with risks in the absence of a framing legal and health framework. Furthermore, the absence of legal recognition extends its impact to daily life, encompassing education, work, administrative services, and social protection, and increases the likelihood of exposure to discrimination and exclusion.

The evidence confirms that the right to health, dignity, and bodily integrity, as guaranteed by the Moroccan Constitution in its general provisions relating to non-discrimination on the basis of sex, remains dependent on the availability of a clear legal and institutional framework that supports the recognition of gender identity. From this premise, the urgent need emerges to develop structured national health and legal policies, that ensure safe therapeutic pathways, reduce the risks associated with the legal and social vacuum, and support recognition in the daily lives of transgender persons.

Recommendations and Needs

Starting from the field analysis of the legal, social, and health conditions of transgender persons in Morocco, the report proposes the following recommendations to enhance the protection of their rights and improve their daily lives:

1. A clear and specific legal framework

- Drafting legal texts that define the concept of gender identity and separate between gender identity and sexual orientation, ensuring legal recognition of lived identity.
- Establishing an official procedure for changing name and sex in civil documents, built on respecting the individual›s right to express their gender identity without the need for an obligatory medical-judicial intervention.
- Reviewing the legal framework associated with the criminalization of homosexual relations to ensure it is not used in a way that leads to the criminalization or targeting of transgender persons.

2. Developing national health protocols

- Setting an official national guide for the medical care of transgender persons, including hormone therapy and multidisciplinary psychological and medical follow-up.
- Training workers in the health sector on concepts of gender identity and distinguishing between gender identity and sexual behavior to reduce stigma and improve care pathways.

3. Enhancing social and institutional protection

- Ensuring access to education, vocational training, and work without discrimination due to gender identity, while including policies that protect individuals from bullying and institutional exclusion.
- Making psychological and social support available in schools, universities, and vocational training centers, enhancing mental health and reducing social vulnerability.

4. Promoting societal and institutional awareness

- Launching awareness campaigns to emphasize the right of transgender persons to dignity and equality, and to remove the conflation between sexual orientation and gender identity.
- Encouraging civil society organizations to provide safe spaces to support transgender individuals, while documenting their experiences institutionally.

5. Continuous monitoring and evaluation

- Creating a national mechanism to monitor and follow up on the impact of health and legal policies on the lives of transgender persons, to ensure their suitability and effectiveness in improving their daily conditions.

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Dialogues and Meetings with Experts

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[ii] - Ibid.
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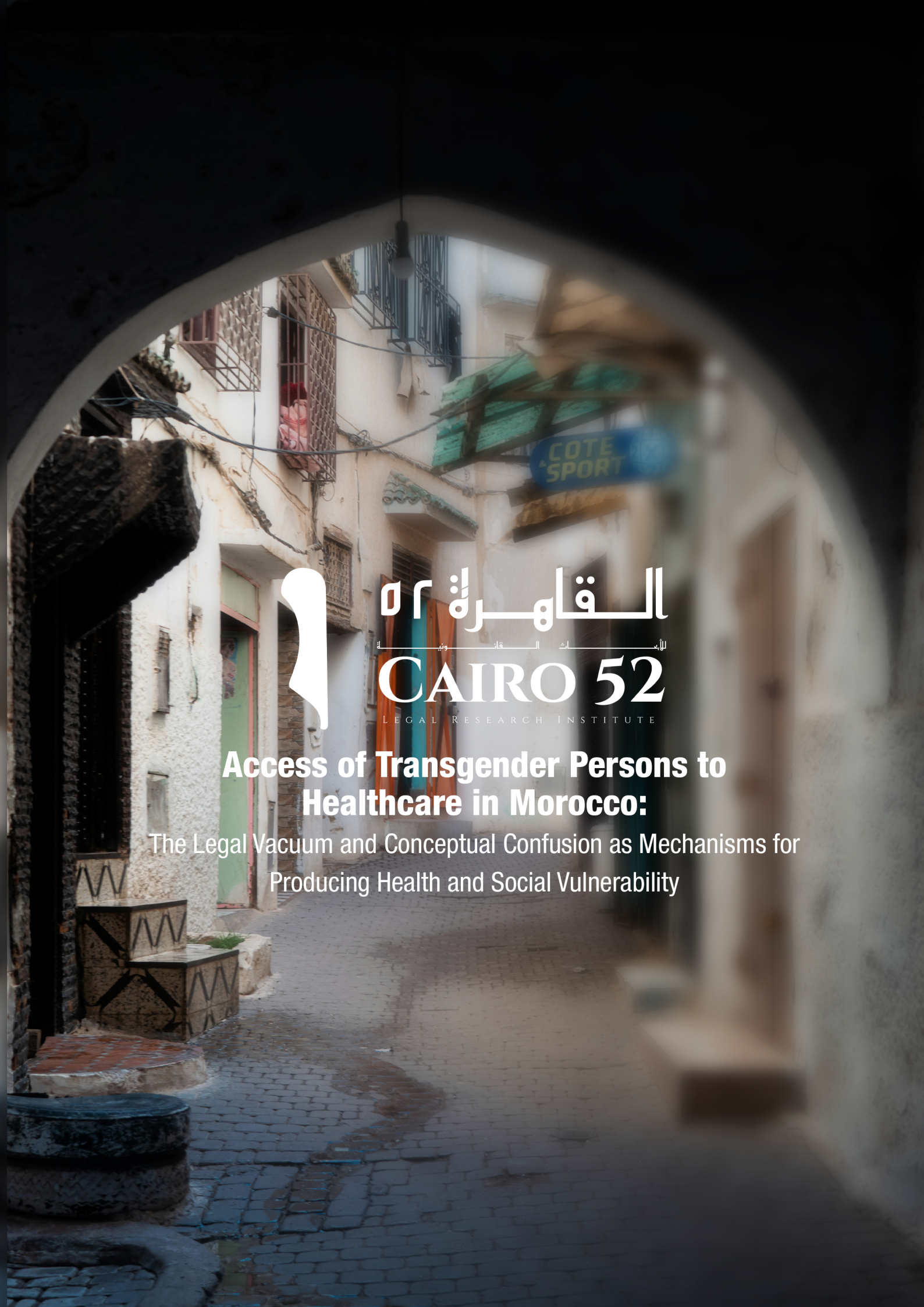
[iv] - Interview with a psychologist in the field of developmental psychology, on January 15, 2026.



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Access of Transgender Persons to Healthcare in Morocco:

The Legal Vacuum and Conceptual Confusion as Mechanisms for Producing Health and Social Vulnerability