

**POLICY PAPER ON ADVANCING THE RIGHTS
OF TRANSGENDER PEOPLE IN NORTH MACEDONIA**

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1. CONTEXT AND OBJECTIVES

The situation regarding the rights of transgender people in North Macedonia is unfavourable even from a formal legal perspective. Transgender people enjoy protection from discrimination in all areas¹ and protection from hate crimes², yet even in these areas the legal framework is insufficiently implemented³ as a result of weak institutions with inadequate capacities and a democratic deficit that disproportionately affects transgender people and other marginalised groups because of widespread bias and institutional violence⁴. Provisions protecting against discrimination on the grounds of gender identity also exist in other sectoral laws, as a result of harmonisation of legislation with the Law on Prevention and Protection against Discrimination, but in most cases these provisions are declaratory in nature and the harmonisation has produced little or no practical effect in the respective fields.

The key areas in which specific rights, services and procedures for their exercise should be provided for transgender people - such as legal gender recognition⁵ and gender-affirming medical services⁶ - remain largely unavailable, inaccessible and inadequately regulated. Moreover, in education, the situation concerning equality and protection of transgender people from violence has regressed under the influence of anti-gender policies⁷. The enjoyment of social rights is generally unfavourable, and even more so for transgender people because of dehumanisation, inequality, exposure to violence and insecurity. A non-discrimination framework alone is therefore insufficient to improve conditions in different social areas that disproportionately affect transgender people, including poor quality of and access to healthcare, inadequate enjoyment of labour rights and employment insecurity, and the criminalisation of sex work as work.

Transgender people are generally not accepted and are deeply stigmatised, creating an atmosphere of fear, subordination and constant stress in everyday life, in the use of public space and in building relationships. From early experiences with the education system and the family, to looking for work, using healthcare services and socialising even within the

¹ Law on Prevention and Protection against Discrimination, Official Gazette of the Republic of North Macedonia no. 258/2020 (2020), arts. 3, 5.

² Criminal Code, Official Gazette of the Republic of Macedonia nos. 37/96, 80/99, 4/02, 43/03, 19/04, 81/05, 60/06, 73/06, 7/08, 139/08, 114/09, 51/11, 135/11, 185/11, 142/12, 166/12, 55/13, 82/13, 14/14, 27/14, 28/14, 41/14, 115/14, 132/14, 160/14, 199/14, 196/15, 226/15, 97/17 and 248/18, and Official Gazette of the Republic of North Macedonia nos. 36/23, 188/23, 16/26 and 17/26 (1996), art. 122(42).

³ Dragana Drndarevska, Structural Obstacles to the Implementation of Equality: Analysis of the Implementation of the Law on Prevention and Protection against Discrimination 2023-2026 (Helsinki Committee for Human Rights, 2026).

⁴ Dragana Drndarevska and Manja Velichkovska, The Danger of (Non-)Existence: Institutional Violence, Access to Rights and Attitudes toward the LGBTIQ+ Community in North Macedonia (2021-2023) (Coalition Margins, 2025), 182.

⁵ Spotlight Report on the Position of LGBTI Persons in the Republic of North Macedonia - Civil Society Submission under Paragraph 89 of the 2030 Agenda (A/RES/70/1) (Coalition Margins, LGBTI Support Centre, Subversive Front, ERA, 2020), 23.

⁶ Kai Gladkova et al., Analysis of the Accessibility and Availability of Healthcare Services for Transgender People in the Republic of North Macedonia (TransFormA, Coalition Margins, 2024), 5-6.

⁷ Drndarevska, Structural Obstacles to the Implementation of Equality: Analysis of the Implementation of the Law on Prevention and Protection against Discrimination 2023-2026, 12-18.

LGBTI community, experiences of rejection, judgement and violations of dignity are more prevalent. The Barometer of Equal Opportunities consistently records the greatest social distance towards LGBTI people in North Macedonia⁸. Anti-gender discourses in which transgender people are dehumanised, portrayed as monsters and targeted as responsible for numerous social problems dominate the public sphere. They successfully prevented the adoption of legislation on legal gender recognition and of a comprehensive law promoting gender equality that also recognised transgender people⁹.

At present, there are no favourable political opportunities for advocacy aimed at advancing the rights of transgender people. This is largely due to the risk of further institutionalisation of anti-gender policies in the context of a right-wing government; stagnation of the EU integration process, which has represented a key political opportunity for advancing rights; and the shrinking space for civil society action as a result of unfavourable donor policies. The role of civil society organisations in hostile political conditions is becoming both more complex and more essential. Organisations need to adapt their strategies towards preventing and opposing regression, closely monitoring policy-making and the implementation or non-implementation of policies, documenting rights violations and providing a legal response - in other words, strengthening their watchdog role. At the same time, in the absence of an institutional support structure for transgender people, they also need to respond to communities' needs for access to public services and rights, education and empowerment for active political participation in the community.

This policy paper is intended for national-level decision-makers responsible for policy change. It is also intended for international organisations, the European Commission, the embassies of EU Member States and other key actors that influence the national human-rights agenda and fund the activities of civil society organisations.

Objectives:

- To identify transgender people's experiences of rights violations, stigmatisation and inequality; and
- To identify key policy areas in which transgender people are seeking change.

2. Methodology

This policy paper was prepared on the basis of qualitative data collected through two focus groups with transgender people. The purpose of the focus groups was to provide a safe space in which participants could share their experiences, challenges and needs related to everyday life, access to rights and services, relations with institutions, and opportunities for improving their position. The focus groups included 10 transgenders, intersex and gender-nonbinary people, all between 20 and 50 years of age. All participants live in Skopje and come from urban environments. Most participants had previously been in contact with civil society organisations and had taken part in activities. Consequently, the focus groups involved transgender people who are in a relatively better position, who have had

⁸ Fani Kimova, Barometer of Equal Opportunities (Commission on Prevention and Protection against Discrimination (CPPD), Macedonian Center for International Cooperation (MCIC), 2023), 7.

⁹ Irena Cvetkovik et al., 'The Old New: Anti-Gender Mobilizations in North Macedonia', in Anti-Gender Mobilizations in the Post-Yugoslav Space: Hidden Connection (Palgrave Macmillan, 2026), 145-49.

opportunities for education and who have better access to rights and services than transgender people from smaller towns, rural areas or minority communities.

The discussions covered issues relevant to the everyday lives of transgender people, including work and access to employment, the quality and accessibility of healthcare, administrative and public services - particularly in relation to legal gender recognition - safety, and experiences of rejection, judgement and discrimination. Participants were able to identify for themselves the problems they considered most significant, as well as to propose changes in policies and institutional practices.

In the analysis, the statements and experiences from the two focus groups were analysed thematically in order to identify recurring problems, shared needs and priorities for change. Particular attention was paid to issues that participants recognised as systemic problems and that require changes in laws, policies, institutional procedures or practices.

The findings from the focus groups form the basis for the priority areas for policy change set out in this paper. Under each priority area, the paper formulates objectives to be achieved rather than listing recommendations as direct actions, with the aim of promoting a more strategic approach to advocacy. These objectives are addressed to decision-makers at national and international level and to other key actors, including civil society organisations and international organisations.

Laws regulating the relevant fields, analyses and other documents concerning their implementation were used as primary data sources to determine and assess the situation. Previous research, reports and analyses concerning the situation of transgender people were used as secondary data sources.

3. Key Problems and Experiences

“Visibility is important, but first you need to be alive.” - intersex person

The quote “Visibility is important, but first you need to be alive” captures the essence of the focus-group discussion by directing attention to the need to secure elementary conditions for life related to safety and subsistence as prerequisites for social and political inclusion, association and solidarity, advocacy, and the promotion of political demands and queer culture. The experiences of transgender people can be grouped into two broad areas: 1. safety and freedom to live one's gender identity authentically; and 2. social well-being, the right to work, health and healthcare. Additional areas of interest are LGBTI associations and activism and mechanisms for the protection of rights.

3.1 Safety and Freedom to Live One's Gender Identity Authentically

In the first area, a key theme is social stigma, rejection and dehumanisation. Transgender people share everyday experiences of ridicule, negative attitudes towards being transgender, and portrayals of trans people as ill or as a threat. This places them in a position of subordination and of having to prove their humanity and worth on a daily basis, while continuously violating their dignity and self-respect.

“I don't expect to be accepted by everyone, but I do expect to be treated with respect. To be recognised as a human being, as

someone who has the right to work. They don't have to accept me, but I should be treated with respect.” - trans woman

Social invisibility, or “non-existence”, understood as practices and norms that marginalise, deny and delegitimise the existence of transgender people, and based on cisnormativity as a systemic ideological imperative that generates denial of self-determination in relation to gender identity¹⁰, is omnipresent in everyday experience. Transgender people speak about the need to explain themselves constantly, to endure judgemental and astonished looks and insults, to have their appearance commented on, and to be pathologized.

“...we are not recognised and we are not accepted, as if we do not exist in society. Not ‘as if’ - we do not exist in society.” - trans woman

Social stigma and dehumanisation create insecurity and fear in everyday life, including anxiety whenever entering shops, going to work, meeting neighbours and landlords, or using public space. Fear of violence affects decisions about coming out and about beginning or continuing transition. This fear is not based merely on a perceived threat of rejection, but on personal experiences of violence, ranging from microaggressions to physical hate-motivated violence. Previous research and reports have consistently documented that experiences of different forms of hate violence are the norm rather than the exception in the lives of transgender people in North Macedonia. In Dimitrov's research, all participants, “without exception, have experienced forced performance of gender norms, verbal or psychological violence for violating the norm, and in several cases physical violence as well”¹¹. Drndarevska and Velichkovska document 255 cases of institutional violence against LGBTIQ+ people, most frequently in education, policing and healthcare, mapped through interviews with 44 LGBTIQ+ people¹².

Experiences of violence and fear of violence achieve their intended disciplinary effect: they police gender, compel gender management and restrict freedom of gender expression. Constantly thinking about how one will be perceived; changing one's voice, clothing and gestures depending on an assessment of the risk of rejection; hiding transition or partners; avoiding places or particular social situations; and expectations to conform to gender norms are all part of everyday transgender existence. One transgender woman also shared that people around her do not perceive her as a serious adult if she expresses herself as a woman. This reveals another way of denying transgender identity by framing it as a childish or youthful whim, or by relatively accepting it only in nightlife. The comparatively greater tolerance of free gender expression in nightlife reduces transgender identity to entertainment and carnivalises it as a practice permitted only as a temporary performance - an approach tolerated only in particular spaces, at particular times and for a particular purpose, namely entertainment - while simultaneously defining the boundaries of what is permitted.

¹⁰ Michaela M. Rogers, 'Exploring the Domestic Abuse Narratives of Trans and Nonbinary People and the Role of Cisgenderism in Identity Abuse, Misgendering, and Pathologizing', *Violence against Women* 27, nos. 12-13 (2021): 2191, <https://doi.org/10.1177/1077801220971368>.

¹¹ Slavcho Dimitrov, *The Transgender Experience: Identities, Bodies, Violence and Socialisation* (2018), 134.

¹² Drndarevska and Velichkovska, *The Danger of (Non-)Existence: Institutional Violence, Access to Rights and Attitudes toward the LGBTIQ+ Community in North Macedonia* (2021-2023), 8-9.

“Freedom first, and then being able to go to work as we are. Whether I go in a dress... that's my private life; I should be able to dress however I want. Not to put on some men's trousers out of fear while my heart is crying, my soul is crying, and I have to wear clothes my soul doesn't want. And I have to tie my hair back instead of having it styled the way I want to feel. No, no, I have to look more serious, and then in the evening, if there's a party or something, then I can be trans.” - trans woman

Constant fear, experiences of dehumanisation and violence, and the everyday pressure of gender management lead to psychological suffering and clearly point to the social dimensions of mental-health deterioration. In this research as well, transgender people speak about personal experiences of depression, anxiety, panic attacks, self-harm and suicide attempts, and some directly connect these experiences with social stigma and rejection.

“I think it's impossible to be queer in Macedonia. First, if you're not out, the fact that you're not out makes you unhappy and miserable; if you are out, everything that comes with being out makes you unhappy and miserable. I don't let myself talk too much about the subject. I had a messed-up childhood. But even if I hadn't gone through that, I would still have had problems because I'm trans. I wouldn't have had panic attacks because of that childhood, but because I was beaten for being trans.” - trans man

Participants recognise the specific vulnerability of transgender women and explain it partly by the fact that trans men more easily “pass” than trans women. “Passing” refers to a conditional cisgender privilege¹³ that in practice is enjoyed only by those whose transgender identity is not visible. Although the term itself and the practice it describes clearly point to the performativity of gender, they are highly problematic because at their core they speak to the denial of transgender identity and constitute another way of elevating cisgender identity into an absolute standard against which transgender people are assessed. Transgender people who “pass” may be spared discrimination and microaggressions, but in other situations they may be accused of deliberately trying to deceive others. “Passing” is recognised as a privilege more often enjoyed by transgender men. Transgender women, particularly during transition, and gender-nonbinary people must constantly deal with anxiety about whether they will “pass” and adapt their appearance and use of public spaces accordingly. Fear of “not passing”, that is, of visible transgender identity, contributes to delaying transition and to anxiety about beginning it. At the same time, it operates as internalised cisnormativity that creates hierarchy within the LGBTI community.

Participants also link the specific vulnerability of transgender women to widespread misogyny, which produces constant and more intensive social scrutiny of whether the

¹³ Julia Serano, *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity* (Basic Books, 2016), 155.

gender ideal of femininity is being met. The intersection of transphobia and misogyny, both rooted in patriarchy as a regime of oppression, affects transgender women asymmetrically because deviations from unattainable ideals of femininity are punished more harshly and judged more frequently. For trans women, such deviations do not merely mean being considered insufficiently feminine; they can result in complete exclusion from the category of “woman”. Although misogyny unquestionably also shapes the experiences of trans men and gender-nonbinary people, the regime of gender regulation produces qualitatively and quantitatively different experiences because of double standards concerning femininity and masculinity. For example, one transgender woman reported more frequent experiences of sexual harassment and stalking in public space after beginning transition. Although she managed to prevent escalation in the case she described, if the perpetrators had known that she was trans rather than a cis woman, this would have exposed her to an additional risk of violence.

“You as a woman - whether you're a trans woman or a cis woman - you're a woman, and in this right-wing society you will always be judged because you're a woman. They will always judge your appearance, no matter what: how you look, how you behave, how you smell. They will judge you because you're a woman.” - intersex person

In a situation in which patriarchy is omnipresent as a key regime regulating social relations and there is no collective questioning of it, the internalisation of transphobia and gender norms within the LGBTI community is an expected consequence of socialisation in the same society, rather than an anomaly of the LGBTI community. Pointing to internalisation should therefore not be understood as blaming the LGBTI community for the unfavourable situation concerning transgender rights, but as criticism of the conditions that produce internalisation, without denying the agency of more privileged members of the LGBTI community, such as gay men. The internalisation of gender norms concerning bodies is reflected in self-evaluation and mutual evaluation against the very norms that most participants know and understand should be rejected and changed. Participants speak about the reproduction of transphobia within the LGBTI community, particularly by gay men. The most common negative experiences include being addressed with the wrong gender or by a so-called deadname, gossip, pressure to be gender-binary, and refusal to recognise transgender or gender-nonbinary identity. Internalised transphobia enables fragmentation within the LGBTI community. Internal norms consequently develop concerning what counts as a legitimate or “real” trans experience and whose experience will be denied. In this logic, legitimate transition is understood as requiring a certain degree of progress in medical transition, binarity or an aspiration towards binarity - that is, conformity with gender ideals of masculinity or femininity.

“The LGB community, who have access to the labour market, who have access to healthcare - there are many LGB people who are doctors - should advocate a little for the T community. They should help us enter the world, the ordinary world. That isn't happening.” - intersex person

“I am deeply invalidated even by people from the community. Why? Because I'm not trying hard enough to pass... To my face everything is

great... then they'll turn around and say, he's not on testosterone, he's not a man and he'll never be a man." - trans man

"It's different when it comes from inside, because you don't expect it. I don't know, the problem of binarity and transmasculinity. Trans women have very often not addressed me the way they should." - trans man

The fragmentation of the LGBTI community speaks to the heterogeneity of experiences and identities and points to the need for action to strengthen solidarity and emancipation, understood as a process of recognising, questioning and resisting patriarchy as well as other regimes of oppression such as racism, class hierarchy, misogyny and others. Solidarity therefore also requires understanding and questioning one's own privileges and expressing support for issues that do not directly affect everyone in the LGBTI community, such as legal gender recognition, access to and availability of gender-affirming medical services, and other issues.

Social stigma substantially affects intimate relationships and transforms them into a space of constant negotiation over one's identity. Transgender people speak about being unable to establish partnerships beyond sexual relations because they are not accepted as equally valuable partners.

"...here it's easier to find a client than a partner... In terms of partnership and relationships, I think that here in Macedonia, and generally, it's very difficult to succeed in that respect. As [Ana] said, trans women are literally seen as a fetish, not as a human being who has feelings, emotions and everything else; at that moment you're seen as a fetish..." - trans woman

Fetishisation reduces a transgender person, and transgender women in particular, to a sexual object and fetish, while their feelings, needs and whole personhood are denied. Some transgender women do not even expect to find intimate partners because they are not perceived as partners for a long-term relationship at all, but as sexual objects. They share that they are most often perceived as sex workers even when the communication has not taken place in the context of providing sexual services. Fetishisation includes an expectation that a trans woman will accept any sexual demand or practice.

Misunderstandings related to trans identity, and the need to constantly explain and justify one's trans identity before entering intimate relationships, are also matters of safety. Some participants fear that they will be accused of lying or risk violence if they do not first explain the most intimate aspects of their identity to people with whom they have not yet established a relationship of trust. Describing frustrating experiences, misunderstandings and rejection while seeking intimate partners, one trans man explained:

"Every time I feel like I'm submitting a CV. I have a paragraph prepared, and if I find someone on an app who seems okay enough to be able to read and listen, I send it. Literally: here's what I have, here's what I don't have, here's a picture and another picture. Yes/no... But I always feel that I have to explain myself so I don't end up in an uncomfortable situation afterwards. What if someone attacks me? Someone says, you lied to me. Because I've had that kind of verbal attack happen to me. At the moment I'm not looking for relationships, but when I was, I've been verbally attacked or fetishised... And

that's it, it's complicated. I want it to be easy, just: I'm attractive, yes, let's go." - intersex person

Because of stigma from their surroundings, even long-term intimate relationships remain hidden. Partners, particularly partners of trans women, are often unwilling to appear with them publicly or to move towards living together, introducing them to friends and family, or formalising the relationship. Intimate and partner relationships are often intertwined with sex work and cannot be separated from the economic reality and social position of trans women.

Autonomy, freedom of choice in sexuality, and the need to be recognised as a whole person rather than reduced to a sexual object are key needs in relation to partnerships.

The family is a key social institution that determines safety, well-being and opportunities to live freely and authentically. Participants shared experiences of rejection, severed relationships, pressure to conform, violence and control. They also shared experiences of emotional support, closeness and love, including parents becoming involved in activism. Some believe that families are understandably concerned about the safety and well-being of their transgender children and that acceptance is possible with appropriate support and education.

"I come from a family that initially didn't accept me. It was extremely difficult; I left home. Now I come from a family that is incredibly accepting. My mother went to therapy for years and worked on herself; she came to Pride and met my girlfriend. I want emphasis to be placed on this: providing support to parents and families of queer people, education for them, psychological support... Our greatest support is at home. I know how big the difference is between when I didn't have my mother and sisters and now when I do. And I know how high the suicide rate is among transgender people who are left without family." - trans man

The final area in this section is legal gender recognition. Participants consider it a key prerequisite for dignified and safe living that facilitates access to other rights and services. In 2019, the European Court of Human Rights delivered its judgment in *X v. "the Former Yugoslav Republic of Macedonia"*¹⁴, finding a violation of the right to privacy in the case of a transgender man whom the state had refused to allow to change the sex/gender marker and personal identification number and whose request had arbitrarily been made conditional on medical intervention on the genitals. Among other things, the Court imposed an obligation on the state to adopt legislation providing a clear, transparent and accessible procedure for legal gender recognition. Amendments to the Law on Civil Registry were prepared, but in 2022 they were withdrawn from parliamentary procedure without a transparent explanation or debate. The withdrawal was accompanied by transphobic statements by MPs and a campaign opposing the law that was based on fearmongering, hatred and moral panic and organised by anti-gender movements led by the Macedonian Orthodox Church¹⁵.

¹⁴ *X v. 'the Former Yugoslav Republic of Macedonia'*, No. 29683/16 (ECtHR 17 January 2019), <https://hudoc.echr.coe.int/eng?i=001-189096>.

¹⁵ Drndarevska and Velichkovska, *The Danger of (Non-)Existence: Institutional Violence, Access to Rights and Attitudes toward the LGBTIQ+ Community in North Macedonia (2021-2023)*, 144.

The continued refusal to adopt a law on legal gender recognition is a form of institutional oppression that maintains the non-recognition of transgender identity and marginalisation. The absence of legislation regulating the legal gender recognition procedure makes it uncertain, insecure, lengthy and complicated. As a result, transgender people are insufficiently informed about the procedure and about the possibility of receiving legal assistance from civil society organisations. Some do not begin the procedure because they lack sufficient information and fear additional administrative barriers, as well as judgement and rejection by institutions. TransFormA has also recorded indications of negative trends in legal gender recognition procedures. Two transgender people were told, when submitting requests to the Civil Registry Office, that the Office was not competent and that the court decides such matters, without any further explanation. Following intervention by TransFormA's legal adviser, the applications were accepted and then rejected, as is the usual procedural step, after which appeal decisions will follow.

“It hasn't even crossed my mind to start the procedure for the markers, because the procedure itself is a problem. The university administration is what is stopping me now from doing all of that, because I'd have to go around the dean's office, then student services, then they'll ask, okay, why did you change it, why at the end of university, what happens with the student record book now, half the professors don't work there anymore... The anxiety itself has stopped me from starting.” - trans man

Even transgender people who successfully complete the procedure may subsequently face administrative barriers and refusals by other authorities to change their data. Difficulties have so far been documented with the Pension and Disability Insurance Fund, the Employment Agency, some banks and educational institutions. These barriers were overcome with legal assistance from civil society organisations.

In conclusion, legal gender recognition is stressful in itself because it requires disclosure of gender identity to administrative officials who are generally hostile towards transgender people. The legal recognition procedure is uncertain and unclear and most often involves multiple rejections, appeals and uncertainty regarding its duration and final outcome. Even after receiving a positive decision, transgender people themselves have to initiate procedures for implementation by other authorities, which means repeatedly disclosing and explaining their transgender identity. Legal assistance and psychosocial support are therefore necessary for transgender people going through this process.

3.2 Social Well-Being, The Right to Work, Health and Healthcare

In this area, the dominant issues are the right to work and labour relations, and healthcare, particularly mental health and gender-affirming medical services.

Labour relations are an area in which the formal legal framework itself is not sufficiently aligned either with International Labour Organization standards or with EU law¹⁶. The unemployment rate is 12.3%, the informal employment rate is 12%, and the rate of young

¹⁶ Angel Dimitrievski, *Safety Is Political: Advancing the Labour Rights of LGBTIQ+ People in North Macedonia* (Coalition Margins, ERA, 2026), 5.

people who are neither in employment nor in education is 19.5%¹⁷. These data place North Macedonia near the bottom according to key labour-market indicators compared with the region and EU Member States. Practices of informal work, fixed-term contracts, violations of labour rights and insufficient implementation of workplace equality policies are enabled by outdated legislation and ineffective protection mechanisms¹⁸.

Against this generally unfavourable picture of labour relations in North Macedonia, transgender people also face discrimination in access to employment, resulting in systemic denial of the right to work. Participants share experiences of rejection when applying for jobs for which they reasonably suspect bias on the grounds of gender identity. Some describe being compelled to perform gender norms in order to keep a job, obtain employment, or prevent harassment or gossip in the workplace. Personal documents that do not correspond with gender identity, as a result of uncertain legal gender recognition procedures, are a key barrier to equal access to employment. The labour market is particularly inaccessible to transgender women.

Discrimination in access to employment pushes transgender people into informal work without employment contracts, precarious low-paid jobs with insecure working conditions, and jobs that do not correspond to their level of qualifications. Some transgender people whose personal documents do not correspond with their gender identity do not present their documents at work and continuously work without a contract and without health or pension insurance. Some participants are occasionally engaged by civil society organisations, but work in the civil sector is also insecure and intermittent. Working in precarious jobs often means that they need additional engagements to secure the means for subsistence.

“Everything I've worked so far has been off the books or through our organisations. I don't go with a diploma or anything; I've been working off the books the whole time, introducing myself as [Peri]. Basically, I hope nobody remembers that I looked different last year and I try to remain stealth.[FN19] I've come across similar conversations at work. I worked at [a café]. At the beginning there were some interesting conversations about what I am; they didn't turn into anything more serious... In the end I'd had enough, unrelated nonsense. You work for minimum wage, they have no sense at all of the amount of work, you work alone... the expectations weren't proportionate to the possibilities and to what you get back.” - trans man

One transgender man described continuous experiences of harassment, sexual harassment and discrimination in the workplace. His workplace experience included being addressed in the wrong gender and refusal to recognise his transgender identity; constant questioning, ridicule and gossip concerning his gender identity and sexual orientation; violations of privacy; sexual harassment; belittling by supervisors and colleagues;

¹⁷ 'Employee Earnings and Working Time', accessed 29 August 2026, <https://datawrapper.dwcdn.net/qGWAy/31/>.

¹⁸ Igor Jadrovski, The (in)Efficiency of the State Labour Inspectorate in the Protection of Workers' Rights (Helsinki Committee for Human Rights, 2021); Natasha Petkovska, The State Labour Inspectorate as a Protector of Workers from Discrimination (Network for Protection against Discrimination, 2021).

instructions to correct his appearance; and failure to take protective measures. All of these experiences resulted in him leaving the workplace in order to preserve his mental health and dignity.

“It's messed up - here's what's messed up about what it's like to be a trans person. Until two days ago I'd worked for two years in retail for minimum wage... I go to a new workplace, that day I walk into a tobacco shop, and the cashier tells me, ‘you're that abnormal one who's half man, half woman and who fucks women?’... Colleagues who didn't know me were talking about me. There were memes about me in the group chat for all the supervisors, where my manager was. My boss would come to work and address me as [Ana].” - trans man

Most transgender women engage in sex work. Sex work is criminalised in North Macedonia through the legal framework and practices of the criminal justice system¹⁹. Consequently, sex work is precarious, high-risk and devalued as a form of reproductive labour. A key problem highlighted by participants is the risk of violence, non-payment and clients' failure to respect the agreement concerning the type of service. Misunderstandings regarding transgender identity and the risk of hate-motivated violence by clients expose transgender sex workers to particular vulnerability when providing sexual services. They call for some form of legalisation or decriminalisation that they believe should provide a mechanism for protection against violence and against clients' failure to respect the agreement concerning the service.

The most common form is digital sex work, in which services are arranged through online platforms while the services themselves are provided in person. This places sex workers within the category of so-called platform workers, whose work is largely regulated by the online platforms they use. However, labour legislation has not been aligned with the EU Platform Work Directive²⁰, while the Directive itself failed adequately to include sex workers as workers within the meaning of the legislation, although legal avenues exist for applying the Directive to platforms facilitating sexual services and these avenues remain to be explored²¹.

“I decided, because of certain things in my life, because the rent has to be paid tomorrow, to do something like that. I'll say it openly again: that's why I do it, not because I suddenly felt like getting ready all day and receiving some client, whoever it is. And that's why I think prostitution needs to be legalised, there has to be a law for it. I think that... it affects you deeply, it exhausts your soul if there is no law.” - trans girl

Transgender people have different health needs related to gender-affirming medical care because each person imagines and understands their body differently in accordance with their personal gender identity. Their needs are not limited to hormone therapy and surgery. Participants also speak about mental health, voice therapy, facial feminisation,

¹⁹ Dragana Drndarevska, Analysis of the Legal Framework in the Republic of North Macedonia Regarding the Digital Safety and Digital Rights of Sex Workers (Skopje, 2024), 27.

²⁰ Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on Improving Working Conditions in Platform Work (Text with EEA Relevance), CONSIL, EP (2024), <http://data.europa.eu/eli/dir/2024/2831/oj>.

²¹ Drndarevska, 51.

reproductive health and general healthcare. Meeting transgender people's needs requires a holistic and multidisciplinary approach throughout the life course - that is, gender-affirming care²². Social stigma, the unavailability and inaccessibility of gender-affirming medical services, and insufficient information about how to obtain services play a key role in whether people can realise their bodily projects²³.

Gender-affirming medical services are not covered by the Health Insurance Fund, making them financially inaccessible to most transgender people. In circumstances of working without health insurance and in insecure, low-paid jobs, as described in the previous section, transgender people do not have the means to access services. Genital surgery is particularly inaccessible and generally requires travel to Belgrade. Other services and medical products are mostly available, but they are not accessible as services intended for transgender people; rather, they are provided for the treatment of different diseases and conditions in cisgender people. Cisnormativity - the refusal to recognise transgender identity as legitimate and the denial of transgender people's health needs as valid - is therefore a key barrier to the healthcare system.

Moreover, transgender identity is still pathologised within the category of mental disorders. This means that access to services begins with and is conditional upon obtaining a psychiatric diagnosis, F.64 - gender dysphoria. Most of the negative healthcare experiences shared by participants concern visits to psychiatrists, although not necessarily in the context of obtaining an F.64 diagnosis. According to the experience of civil society organisations, an F.64 diagnosis can be obtained only from a small number of psychiatrists working in private healthcare, while in public healthcare there is a risk of denial of transgender identity, the use of gender-conversion practices and pressure towards detransition²⁴, and refusal to refer a person to an endocrinologist or another doctor who can administer hormone therapy or another gender-affirming medical service.

Distrust of psychiatrists and the predominance of psychiatrists with transphobic and stigmatising attitudes in public healthcare create fear of going to a psychiatrist in order to obtain an F.64 diagnosis. Transgender people are expected to visit a psychiatrist they do not trust, disclose intimate information, risk having their identity denied and being discriminated against, and pay an amount of money that is difficult for them to earn, in order to receive a diagnosis that they believe should not exist because it pathologises their existence and reinforces the stereotype that they are ill. The fact that many transgender people self-administer hormone therapy - a do-it-yourself or DIY transition - is therefore an expected consequence of an inaccessible, unsafe and expensive healthcare system. Some transgender people have found themselves in the position of educating doctors about transgender issues, further undermining their confidence in doctors' capacity to respond to their health needs.

“My experience is very similar. I'm on a DIY transition; my family doctors didn't know that I'd been on hormones for a year. I haven't gone to a doctor. I don't

²² Gladkova et al., Analysis of the Accessibility and Availability of Healthcare Services for Transgender People in the Republic of North Macedonia, 4.

²³ Dimitrov, The Transgender Experience: Identities, Bodies, Violence and Socialisation, 124.

²⁴ Drndarevska and Velichkovska, The Danger of (Non-)Existence: Institutional Violence, Access to Rights and Attitudes toward the LGBTIQ+ Community in North Macedonia (2021-2023), 78.

have a document in black and white. I went to a pharmacy. I know how difficult it is to get the diagnosis, I don't want to go through that process again, I know how many people have had problems, I wasn't able to go privately to get it, and I said, okay, I'll take the risk myself. I trust myself more than healthcare institutions..." - trans man

Cisnormativity is also reproduced in other, general healthcare services. For example, one trans man naturally had elevated testosterone levels but had no other conditions resulting from the elevated testosterone apart from facial hair, which the doctor perceived as an undesirable effect without asking the patient. She prescribed medication containing female hormones without informing him what exactly she was prescribing or for what purpose. He took the medication until he independently realised what he was taking. Cisnormativity therefore manifests as pathologisation of secondary sex characteristics associated with a sex different from the sex assigned at birth, while the practice is enabled by the general failure to respect patients' rights concerning information and consent. The case ironically demonstrates that hormone therapy is fully available to cisgender people to affirm their gender identity even when they have not requested it.

"Even if I weren't trans, I would have reacted the same way. They can't fail to inform me. If you're adjusting someone because you think their aesthetics need to be changed, you have to inform them; you can't do that. And everyone does this. I go to a psychiatrist and say that I don't want to be on antidepressants; they prescribe them without telling me they're antidepressants, they tell me, relax, that's not what it is. Afterwards I had a manic episode because they didn't give me mood stabilisers." - trans man

Mental-health services unrelated to obtaining an F.64 diagnosis are a key problem. Participants describe cases in which psychiatrists did not take their actual needs into account, did not listen to them, prescribed inappropriate therapies that worsened their mental health, and showed a tendency to use mental-health conditions to call gender identity into question. Endocrinologists are difficult to access in public healthcare and, because of the shortage, patients may wait for months for an appointment, although participants' experiences with endocrinologists are the most positive.

Inappropriate forms of address, ridicule, sharing personal information in front of other patients and staff not involved in treatment are among the most common everyday violations of transgender people's healthcare rights. One transgender woman shared that when she underwent surgery unrelated to gender-affirming care, healthcare staff ridiculed and gossiped about her and employees from across the hospital repeatedly came to see her and humiliate her. She believes that because she objected to this treatment, she did not receive appropriate healthcare. The healthcare system is therefore unsafe and experienced as a threatening and hostile space, leading to systemically induced avoidance of healthcare institutions²⁵.

²⁵ Drndarevska and Velichkovska, 87-93.

3.3 Rights Protection Mechanisms

Transgender people do not trust the institutions of the system, including rights-protection mechanisms. Reporting rights violations and seeking protection remain uncommon even among this relatively well-informed group of transgender people. Distrust is connected with fear of victimisation if they report a violation. Participants see overcoming the fear of reporting as a necessary, emancipatory and courageous act through which they can affirm their identity and proudly stand in its defence. To do this, they need collective support, legal assistance from civil society organisations and social support from their surroundings.

At the same time, many of the experiences they share, although recognised as injustices, are not recognised as legal problems for which the system offers protection. This is due, on the one hand, to distrust of the system and, on the other, to the normalisation of rights violations. The only rights-protection institution mentioned by participants is the Commission for Prevention and Protection against Discrimination. Some participants trust that the Commission will act to protect their rights and refer to previous cases in which the institution found discrimination against transgender people.

3.4 Lgbti Associations and Activism

LGBTI associations and other organisations providing assistance and support services to transgender people operate in an unfavourable environment. Factors outside their control - including the termination of funding from the United States, restructuring of the Open Society Foundation, stagnation of the EU integration process and reductions in EU funding for human rights, as well as continuous cuts to HIV-programme funding - have significantly restricted the space for civil society action. In the recent period, several LGBTI organisations have ceased operating, while those that remain have reduced the scope of their activities and, in particular, their capacity to provide services such as legal aid, psychosocial counselling, health services and education. The shelter providing accommodation for LGBTI victims of violence has also closed.

Under these conditions, associations cannot even partially meet the needs of transgender people.

Transgender people report different levels of satisfaction with civil society organisations. Some do not have accurate information about the role of civil society or about activities previously undertaken to advance transgender rights. Some also report negative experiences in which texts produced by civil society organisations referred to them using the wrong gender or used their deadname. They propose numerous actions that could improve the situation of trans rights, including increasing visibility through media representation, educating healthcare workers and other public-sector employees, strengthening solidarity, building capacity for collective action and developing support networks within the LGBTI community. Older participants believe that the situation is not improving and correctly locate a central problem: trans people do not have powerful allies.

“We need some more influential people to support us, or we need to do something but all be united, not just you and me, three people. Gay people, those of us who are trans, everyone, and go directly to the ministry and to those at the top, to demand our rights... This has been going on for years, years, like HOPS, like STAR-STAR, like HERA...” - trans woman

With the expansion of anti-gender policies and their institutionalisation following the right wing's coming to power in 2024, trans people face intensified mobilisation by political and institutional actors with the power to restrict and roll back their rights.

4. Priority Areas for Policy Change

Cisnormativity and transphobia are deeply embedded in society at a structural level - in legislation and institutions, values, relationships and culture. Social change aimed at advancing the rights of transgender people should have a transformative effect, meaning that it should question and challenge patriarchy, cisnormativity and heteronormativity. Structural change requires collective action, the involvement of all relevant stakeholders and the continuous implementation of policies across different fields.

This section maps the key priority areas for policy change. In each area, the objectives to be achieved are highlighted in contrast to the current situation.

4.1 Safety and Freedom to Live One'S Gender Identity Authentically

The objective of change in this area is for policies and institutional practices to ensure conditions in which transgender people can live and express their gender identity freely and safely, without fear of violence, discrimination, harassment, humiliation or other forms of unequal treatment. Protection of dignity, bodily integrity, privacy and freedom of self-determination should be recognised as the basis for transgender people's equal participation in society. Institutional responses in cases of discrimination and violence should be timely, impartial and free from stereotypes about transgender people. Self-determination of gender identity should be respected as a basis for institutional action.

North Macedonia has no national policy for improving the situation of LGBTI people that aims to transform values, reduce prejudice and promote acceptance of sexual and gender diversity. Policies based on a gender-transformative approach and substantive equality need to be adopted and implemented in a coordinated and comprehensive manner. Education, media and culture are key sectors, but other sectors such as healthcare, social protection, the criminal justice system and labour relations should also be covered. Such a policy should explicitly affirm the right to free gender expression in everyday life, including at the workplace, in educational institutions, in public spaces and when using services.

A priority change is to improve the legal and institutional framework for preventing and protecting against discrimination. Recognition of transgender people as equal rights-holders needs to be strengthened across all relevant policies and institutional practices. The Law on Prevention and Protection against Discrimination, which explicitly prohibits all forms of discrimination on the grounds of gender identity, is insufficiently implemented across different fields; in practice, implementation of the Law occurs mainly through the work of the Commission for Prevention and Protection against Discrimination. All legislation, particularly in key areas such as policing, education, social protection and healthcare, needs to be comprehensively harmonised with the Law. This should include assessing legislation from the perspective of equality and non-discrimination; introducing obligations to implement preventive activities and measures in each field; requiring mechanisms that monitor the implementation of sectoral laws, most often inspectorates,

to act on discrimination complaints and assess implementation of legislation from an equality perspective; and introducing affirmative measures in areas where they are needed.

Most transgender people are not sufficiently familiar with the benefits and protections provided by the Law on Prevention and Protection against Discrimination and are convinced that laws and institutions do not act to protect them. Although this perception is largely justified, there is nevertheless a favourable legal framework in certain respects and a practice of recognising discrimination and providing protection. Transgender people's capacity to recognise and report discrimination therefore needs to be strengthened. They should be connected with the Commission for Prevention and Protection against Discrimination and familiarised with the practice of institutions responsible for protecting their rights.

The Law on Prevention of and Protection from Violence against Women and Domestic Violence recognises transgender people and includes them within its protection. However, implementation remains unsatisfactory, particularly with regard to the provision of specialised support, assistance and protection services. Although transgender people are recognised in the Law, it is not implemented proactively in relation to them, and the specific risks of violence they face are insufficiently recognised. Violence against transgender people should be included and recognised throughout implementation - in prevention, general and specialised services, public-sector capacity-building activities and other measures.

Services should include counselling and education for families of transgender people, with the aim of supporting understanding and acceptance of transgender identity and preventing domestic violence. Services for children who are victims or witnesses of domestic and gender-based violence should also cover and be adapted to the needs of transgender children and young people. In this field, as well as in protection from hate crimes, the specific vulnerability of transgender women to sexual violence and harassment must be recognised and understood.

Significant progress has been made in criminal-law protection from hate crimes through the recognition of gender identity. Transgender people nevertheless continue to report negative experiences in contact with the police, including ridicule and not being taken seriously. At least in Skopje, more serious police rights violations against transgender people, such as police brutality, ill-treatment and humiliation, are no longer being documented to the same extent. However, police and prosecutorial failure to act in key cases in which protection was required - including attacks on the LGBTI Support Centre - remains part of recent experience.

Transforming the police from an institution that transgender people fear and perceive as hostile into an institution they trust and approach for protection requires far more measures and activities than simply adding protected grounds to legislation. The Law on Police should be comprehensively harmonised with the Law on Prevention and Protection against Discrimination; the police should be required to adopt and implement equality and non-discrimination policies; and mechanisms for oversight of police work should be strengthened. The police should cooperate proactively with transgender people, organise meetings with them and establish channels of communication.

Criminal-law protection against hate speech also remains insufficiently implemented. Gender identity needs to be explicitly recognised in relevant criminal offences and international standards of protection need to be applied. The cybercrime sector has very limited capacity to conduct impartial investigations, while the prosecution service repeatedly fails to respond adequately. Policies directed at these institutions are needed in order to transform their practice so that transgender people are protected impartially from hate speech.

The digital environment is also insufficiently regulated and insufficiently aligned with EU law. Online safety and protection from online hate speech, harassment and sexual harassment, including against transgender people, are key issues that need to be regulated in this field. A coordinated institutional response to the anti-gender movement is required in relation to protection from hate speech and online harassment.

Legal gender recognition is a minimum standard for ensuring formal equality and safety. Legislation needs to be adopted that provides a rapid, predictable and accessible procedure for changing personal documents based on self-determination. People should also have the option not to state a gender in personal documents if they do not wish to do so, or to be recognised as gender-nonbinary. Capacity to provide legal services for legal gender recognition needs to be strengthened, together with psychosocial counselling for people going through the process and more intensive educational activities to inform the community about the procedure, advocacy for changing it, and available assistance and support services.

4.2 Social Well-Being, The Right to Work, Health and Healthcare

Labour Relations

Policies in the field of labour relations should ensure transgender people's equal access to employment, equal working conditions, and protection of dignity and labour rights in the workplace, without discrimination on the grounds of gender identity or gender expression. Transgender people should be able to access the formal labour market and exercise their labour rights without having to hide or manage their identity in order to obtain or retain employment.

One priority is the removal of legal and administrative barriers that restrict transgender people's access to employment, particularly those arising from discrepancies between personal documents and gender identity. Legal gender recognition is therefore a key prerequisite for access to the labour market.

Labour legislation and employment policies should protect gender identity and gender expression at every stage of the employment relationship - job advertising and selection, recruitment, determination of working conditions, pay, promotion, access to training and benefits, and termination of employment. Substantive amendments to labour legislation are needed to improve the position of workers, cover workers in the informal economy, people working without contracts and platform workers, limit the use of fixed-term contracts, and impose obligations to implement workplace equality policies. Protection of privacy and personal data relating to gender identity should be an integral part of the protection of labour rights.

Employment policies should recognise transgender people as a group of specific concern by including them in employment, qualification and retraining measures.

It is particularly important to ensure effective protection against harassment, sexual harassment and other forms of discriminatory treatment in the workplace. The Law on Protection against Workplace Harassment is outdated and insufficiently applied. A new law is needed, aligned with International Labour Organization standards and EU law, that recognises transgender people and requires employers to prevent and sanction conduct such as deliberate misgendering or use of the wrong name, ridicule, comments about the body and appearance, sexualisation, and other forms of harassment and sexual harassment.

Mechanisms protecting labour rights and protecting against discrimination need to be accessible and effective for transgender people. The State Labour Inspectorate should change its practice and begin implementing the Law on Prevention and Protection against Discrimination in the field of labour. The Law on Labour Inspection therefore needs to be amended and harmonised with the anti-discrimination law.

Sex Work

A separate priority is improving the legal and social position of people engaged in sex work, with particular attention to the specific vulnerability of transgender sex workers. Policies should ensure protection from violence, exploitation, coercion and discrimination and guarantee that people providing sexual services can access protection and justice without fear of punishment or further victimisation.

The legal framework regulating sex work needs to be reconsidered and improved. Legislative reform should cover several laws in order to decriminalise sex work and bring it within labour legislation, pension and health insurance, social protection and occupational safety. The role of the criminal justice system should be transformed from punishing and prosecuting sex workers to protecting them from violence and abuse by clients and intermediaries. Social services should be established to support people who want to leave sex work and connect them with active employment measures.

Policies should recognise the specific features of digital sex work and provide appropriate protection of the labour rights of people working through online platforms. Regulation of platform work should protect workers from arbitrary removal from platforms, discriminatory practices and other forms of economic and digital insecurity, as well as from online violence, and should protect personal data.

Healthcare

The objective of change in this field is for transgender people to have equal access to comprehensive healthcare and to be able to meet their health needs without pathologisation, financial and administrative barriers, discrimination, or fear of humiliation and violence. The healthcare system should be a space in which a patient's gender identity is respected and medical care is provided on the basis of autonomy, informed consent, dignity and each person's individual needs.

The healthcare system needs to provide available, accessible, safe and gender-affirming healthcare for transgender people that recognises their diverse health needs and respects

the right to self-determination, dignity and privacy. Healthcare services should respond to transgender people's needs throughout the life course and should be comprehensive, including gender-affirming medical services, sexual and reproductive health, and mental health.

A multidisciplinary model of gender-affirming healthcare therefore needs to be developed, enabling different healthcare professionals to respond to transgender people's individual needs in a coordinated manner. This requires improving standards of education, training and professional competence among healthcare workers in relation to transgender health. Healthcare workers should have the knowledge necessary to provide gender-affirming and non-discriminatory care and should be able to recognise the specific health needs of transgender patients without pathologisation or stereotyping. Healthcare services should also be appropriately adapted to the needs of intersex people, and the education of healthcare staff should include sensitisation and information concerning intersex people.

One of the key changes is abandoning the pathologising approach to transgender identity within the healthcare system. Access to healthcare related to gender-affirming medical care should not be conditional on a psychiatric diagnosis that pathologises gender identity. Health policies and protocols should align their approach to transgender people with contemporary standards of gender-affirming care, in which psychiatric and psychological support has a role of support and care rather than control, verification or questioning the legitimacy of gender identity.

It is particularly important for gender-affirming medical services to be financially accessible and appropriately covered by compulsory health insurance. Gender-affirming medical services need to be provided within the public healthcare system, with appropriate geographic availability and clear referral procedures between different medical specialties and institutions. The general availability of specialist services provided by psychiatrists and endocrinologists should be improved within public healthcare, while ensuring that those services are accessible to transgender people.

The quality of mental-health services also needs to be improved. Policies in this field should recognise the impact of discrimination, violence, social isolation and economic insecurity on mental health.

At the same time, full respect for patients' rights must be guaranteed in all healthcare services, regardless of whether the service is related to gender-affirming medical care. The Law on Protection of Patients' Rights explicitly prohibits discrimination on the grounds of gender identity, but the prohibition is not realised in practice. Although the Law itself is adequate, implementation is unsatisfactory. Mechanisms for monitoring implementation need to be established and strengthened, investment in healthcare-staff education is required, and practices that violate healthcare rights need to change.

Health policies should be substantively harmonised with the Law on Prevention and Protection against Discrimination by imposing obligations to implement equality policies in healthcare institutions, developing internal mechanisms for protection from discrimination, and strengthening the role of the health inspectorate in preventing and protecting against discrimination in healthcare.

4.3 Lgbt Community and Activism

The objective of change in this field is for the LGBTI community to function as a space of equality and solidarity in which no identity or experience is considered less legitimate and the specific rights and needs of transgender people are recognised as an integral part of the common struggle.

Activities for education, support-network building and strengthening solidarity within the LGBTI community need to be intensified. Even transgender people who have previously been directly or indirectly involved in civil society activities and queer activism do not have sufficient knowledge about the role of civil society, previous efforts to advance rights and policies, or fields such as equality studies, queer theory, feminism and LGBTI rights. This creates a gap in knowledge and values between LGBTI associations and activists on the one hand and the broader LGBTI community on the other.

The situation can be addressed by supporting LGBTI associations to continuously mobilise and empower the LGBTI community, create spaces for socialisation and adapt the content they provide to the needs and interests of queer people, particularly young queer people. Internalised homo/transphobia and hierarchy within the community should be discussed openly and addressed as questions of core values.

In order to achieve these objectives, LGBTI associations need access to sustainable funding adapted to community needs. Funding is necessary for continuous activities and services directed towards the LGBTI community, for monitoring implementation of laws, for collective responses to the regression of rights under the influence of anti-gender ideology, and for legal activism and strategic advocacy.

Building solidarity and support with other movements - including the women's movement, the Roma rights movement, disability organisations and other organisations of marginalised groups - is necessary in order to strengthen the potential for collective action and social emancipation.

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