NATIONAL REPORT

CLOSING THE GAP: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF MARGINALIZED AND MINORITY GROUPS IN VIETNAM

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On behalf of the team

Hoang Tu Anh

CCIHP Deputy Director

GLOSSARY OF ACRONYMS

ARROW	Asia-Pacific Resource and Research for Women
ART	Anti-Retroviral Treatment
CBO(s)	Community Based Organisation(s)
CCIHP	Centre for Creative Initiatives in Health and Population
CEDAW	Convention for Eliminating Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive Sexuality Education
CSO(s)	Civil Society Organisation(s)
CUP	Condom Use Program
FGD(s)	Focus Group Discussion(s)
FSW	Female Sex Worker
GoV	Government of Vietnam
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICPD PoA	International Conference on Population and Development: Programme of Action
IDI(s)	In Depth Interview(s)
IDU	Injecting Drug User
ILO	International Labour Organisation
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LMIC	Lower Middle-Income Country
mCPR	modern Contraceptive Prevalence Rate
MMR	Maternal Mortality Ratio
MSM	Men who have sex with men
NSWP	Global Network of Sex Workers Projects
PLWH	Person Living with HIV
PUD	Person who Uses Drugs
PWD	Person with Disability
PWID	Person who Injects Drugs
SDG(s)	Sustainable Development Goals
SOGIE	Sexual Orientation and Gender Identities and Expression
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI(s)	Sexually Transmitted Infection (s)
TG	Transgender person/people
UNDRIP	UN Declaration on the Rights of Indigenous Peoples.
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
WHO	World Health Organisation
YP	Yogyakarta Principles

1. INTRODUCTION

The 1994 International Conference on Population and Development Plan of Action (ICPD PoA) set the landmark for the recognition of Sexual and Reproductive Health and Rights (SRHR)[1]. The Constitution of Vietnam states that all citizens have equal rights, and the Government of Vietnam (GoV) was one of the earliest signatories to the ICPD PoA. Since then the GoV has demonstrated its commitment to the ICPD PoA by undertaking consistent efforts to realize people's SRHR throughout the country. Actions have included, but have not been limited to, introducing laws that address gender inequity, tackle gender-based violence, and protect the rights of people living with HIV. Policies and strategies that specifically address SRHR[2] have been produced to enact legislation. Investment in health services is higher than average for the region, at 7.1% of GDP,[3] and health insurance coverage is increasing. These actions have contributed to impressive achievements, for example, reducing maternal mortality from 139/100,000 births in 1990 to 54/100,000 live births in 2015.[4] These gains have contributed to a Universal Health Coverage (UHC) of 73%[5].

However, despite this impressive progress, closing the remaining UHC gap is proving to be particularly challenging. Adolescent girls from ethnic minorities show much higher birth rates (115 per 1000) than their ethnic majority Kinh peers (30 per 1000) and this fact is closely correlated with poverty and a lack of educational attainment[6]. Lack of information on SRHR and lack of youth friendly services affect the health of young people, especially in high risk groups such as migrants, who find it difficult to access services due to lack of residency status[7].

These barriers are not just associated with poverty, language, and geographic factors. People's SRHR are also denied because of stigma and discrimination related to their age, sexuality, gender identity, occupation, HIV status, ethnicity and abilities[8]. For example, service providers often believe that people with disabilities (PWD) should not have sex or are incapable of caring for children[9]. This means that PWD, especially women, face huge difficulties in establishing intimate relationships, forming families and having children. Little data is available on the SRH needs of elderly people, possibly due to the perception that they have no sexual needs as they get older. Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people face issues when trying to access SRHR services that are not tailored to their needs. Transgender people often end up in sex work as a result of discrimination in employment practices and a lack of resources to pay for gender

[1] United Nations Population Fund (2014) *Programme of Action of the International Conference on Population Development, PoA of ICPD, 20th Anniversary Edition*

[2] GoV (2011), *National Strategy on Population and Reproductive Health and Vision to 2030.*

[3] WHO (2014), *Global Health Expenditure Database*

[4] World Bank accessed at October 2018

[5] WHO (2017), *Vietnam UHC Country Data Profile, UHC service coverage index SDG3.8.1*

[6] GSO (2016) *Results of the Vietnam Household Living Standards Survey 2014,* General Statistics Office, Publishing House, Hanoi, Vietnam

[7] OECD (2017) *Youth Well-being Policy Review of Vietnam*, EU-OECD Youth Inclusion Project, Paris.

[8] IDS Health and Development Information Team, Realising Rights: Universal access to Sexual and Reproductive Health Services accessed at

[9] Hoang, Tu Anh, Vinh Thi Nguyen (2011) *Sexual and Reproductive Rights of People with Disabilities,* CCIHP

confirmation surgery[10]. Sex workers in general face severe difficulties in accessing services because their work is criminalised[11].

This review focuses on the SRHR of these marginalised and vulnerable groups in Vietnam, from the perspective of civil society organisations (CSOs). It is produced just prior to the 25th anniversary of the ICPD PoA and follows on from the UN's call on "Leaving no-one behind".

Due to limitations in time and resources, only some marginalised groups could be included in the review. These are: people with disabilities, LGBTIQ people, female, male and transwomen sex workers, people living with HIV (PLWH) and elderly people. These groups were selected because information on their SRHR is lacking in other formal government monitoring reports. SRHR among ethnic minority people, especially ethnic minority youth, and among young people in general are still problematic as mentioned above, however, the needs of these groups are to some extent recognised by the government. Data on the SRHR of these groups are included in government reports on sexual and reproductive health, such as the Ministry of Health and UNFPA "2016 National Survey on Sexual and Reproductive Health of Adolescents and Young Adults aged 10-24"[12], in an extensive report on "Exploring Barriers to Accessing Maternal Health and Family Planning Services in Ethnic Minority Communities in Vietnam"[13] and in the most recent government ICPD review report in 2018[14]. Meanwhile, the SRHR needs of people with disabilities, people living with HIV, elderly people, LGBTIQ people and sex workers, who also face many social, economic and political barriers, are seldom mentioned in reports.

This review is part of the "State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25) Monitoring Initiative" led by ARROW. This initiative includes 13 partners and generates monitoring evidence from twenty-five years of implementation of the (ICPD PoA) in the respective countries. The evidence from this report will be used for advocacy and it is expected to inform the Mid-term Review of the 6th Asia Pacific Population Conference (APPC) in 2018 at the regional level, policy dialogues in 2019 at the national level, and the ICPD+25 review in 2019 at the international level.

[10] Save the Children in Vietnam and Institute of Social and Media Studies, (2015) *Being LGBTIQ Young People in Vietnam: Life on the Streets and Life through the Crack.*

[11] Ngo AD, McCurdy SA, Ross MW, Markham C, Eric A, Ratliff & Hang T.B.Pham (2007) *The lives of female sex workers in Vietnam: Findings from a qualitative study.* Culture, Health and Sexuality, 9:6

[12] This survey was conducted with nearly 10000 adolescents and young adults. The report was published in 2017 in Hanoi, Vietnam by UNFPA.

[13] MOH, UNFPA. 2017. Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Vietnam. UNFPA. Hanoi, Vietnam.

[14] MOH. 2018. Viet Nam country progress report: Implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

SRHR IN VIETNAM AT A GLANCE

1. Population 96 million of which: men: 47.5 million, women: 48.5 million[15], young people (2014), or 27.7% of population[16]
2. Government expenditure on health: 54.06% of total health exp.; 14.22% of Gov. budget; 3.2% GDP; Gov health exp. Per Capita: 78$ [17]
3. Legislation and policies on gender equality: Yes
4. Legislation related to gender-based violence: Yes
5. Legislation and policies on sexual orientation: homosexuality and sodomy are not criminalized; same-sex marriage is not recognised by law but is not prohibited.
6. Legislation and policies on gender identities: civil code recognises rights of intersex and transgender people to change their name and sex on identity card and household book following a sex reassignment operation certified by medical doctors. Law on transgenderism is under development.
7. Policies of sexual and reproductive health: Yes
8. Policy on adolescent sexual and reproductive health services: Yes
9. Total fertility rate (TFR): 2.0 (2016)[18]
10. Contraception Prevalence Rate (CPR): 77.6%, modern CPR: 66.5%[19]
11. Proportion of women of reproductive age (15-49) whose need for family planning is satisfied with modern methods: 69.7% (2014)
12. Adolescent birth rate: 29/1000 women 15-19 years old[20]
13. Grounds under which abortion is legal: on demand
14. Maternal mortality ratio: 54/100,000 lived birth (2015)[21]
15. Ante-natal care coverage: 95.8%; Post-natal care: 89.8%; Proportion of births attended by skilled birth attendants: 93.8%[22]

[15] www.danso.org. accessed 7th October 2018
[16] MOHA, UNFPA. 2015. National report on Young People in Vietnam.
[17] https://countryeconomy.com/government/expenditure/health/vietnam
[18] https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=VN
[19] GSO. Survey of Population and Family Planning 2016.
[20] https://data.worldbank.org/indicator/sp.ado.tfrt
[21]http://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf;jsessionid=C5FCCADFE7C31C3FE0EE5A5161166956?sequence=1
[22] https://unstats.un.org/sdgs/indicators/database/

2. METHODOLOGY

The review was conducted based on a series of consultation workshops and focus group discussions with members of vulnerable and marginalised groups in Hanoi and Hochiminh city (HCMC) and with representatives of civil society organisations who work with and for these groups. An additional method was a desk review of relevant policies, documents and research reports. The draft report was scrutinized by three local reviewers representing a Vietnamese NGO, an international NGO, and an UN agency in Vietnam.

Consultation workshops

In March 2018, an initial meeting was convened by ARROW in Kuala Lumpur, Malaysia, involving 13 CSOs from across the Asia-Pacific region engaged with SRHR issues. The purpose of this initial consultation was to review and agree upon the regional initiative to monitor progress against the ICPD-PoA and to discuss the proposed focus and scope of national research on universal access to SRHR. Following this meeting, in April 2018, a consultative workshop was held in Hanoi, Vietnam with 16 CSOs and community-based organisations (CBOs). These organisations were led by and/or worked with the marginalised people that were to be involved with the study. At the meeting, the aims, research questions, methodology and timeframe of the study were discussed and agreed upon.

Focus Group Discussions and In-depth Interviews

Throughout June and July 2018, a series of focus group discussions (FGDs) were held in Hanoi and HCMC with people representing: elderly people, people living with HIV (PLWH), female sex workers (FSW), LGBTIQ, and people living with disabilities (PWDs) who lived in these two cities at the time of the review. In total, 13 FGDS were held, involving 126 people (66 males, 60 females). In addition, 3 in-depth interviews (IDIs) were conducted with managers of organisations who worked with these groups.

The FGDs focussed on people's perceptions and views about: choosing whether or not to have a partner; having safe, consensual and satisfying sexual relations; experiences of pregnancy, delivery and parenthood; prevention, early detection and treatment of reproductive diseases including sexually transmitted infections (STIs) and reproductive cancers; and access to information and services on SRH. Participants were asked to rank which aspects of SRHR were most important to them and then used problem tree analysis to explore issues around realising these rights, accessing services and identifying solutions to overcome these problems. IDIs were conducted to gain a broader understanding of selected problems, from the perspective of organisations attempting to address them. Transcripts were produced from the FGDs and IDIs and translated into English for further collation and analysis throughout July and August.

Literature Review

The desk research consisted of a literature review that aimed to identify;

a) International treaties and conventions related to SRHR and their ratification status in Vietnam;
b) National laws, policies and strategies related to SRHR in Vietnam;

c) Relevant and recent scientific papers addressing the SRHR needs of marginalised populations in Vietnam, in particular the constraints that prevent them from realising their sexual and reproductive rights and accessing SRH services;
d) Reports and evaluations of projects that aim to overcome these barriers and ensure disadvantaged populations can fulfil their sexual and reproductive health and rights to the fullest possible extent;
e) Grey literature, such as newspaper articles, television reports, conference proceedings and information from social media that express viewpoints on the current situation of SRHR in Vietnam.

The literature review drew upon existing reports contained in ARROW and CCIHP libraries; key databases such as PubMed, ResearchGate were interrogated to identify relevant and recent scientific papers related to SRHR and marginalised populations. Searches were undertaken for papers related to each marginalised group using relevant key words, e.g. people with disabilities, people living with HIV, LGBTIQ, sex work, prostitution, elderly people, violence, HIV, SRHR, Vietnam.

These searches were implemented in two phases. The first phase aimed to identify generic studies, the second to identify research specific to Vietnam. Reports and evaluations were identified through searches of websites of international organisations, such as UNFPA, and of Vietnamese organisations engaged with SRHR. Searches aimed to identify recent research, less than ten years old. A data sheet was produced for each marginalised group, in which the results of the literature review were catalogued.

Ethical Considerations

The FGDs and IDIs were conducted in safe spaces selected by the participants, by Vietnamese CCIHP researchers trained in facilitating FGDs and conducting interviews. Written informed consent was obtained from each participant. The researchers introduced the research context and objective, and explained confidentiality policies and the rights to refuse to respond or to withdraw, before they asked for consent. Permission of participants regarding recording was also asked before recordings were made. A small remuneration of 200,000 VND (9 USD) was given to the participants for their time and travel expenses. Anonymity was guaranteed; no names or identifiable information are listed in this report.

Limitations

The FGDs and IDIs were conducted only in two major urban centres, Hanoi and HCMC, which limits generalisation. The literature review is therefore an important supplementary source of information. Interviews were mainly with the marginalised groups. No interviews were conducted with health care workers or policy makers, although representatives from organisations working with and for these communities were interviewed. To minimise these limitations, the report was reviewed by three reviewers who work for a local NGO, an international NGO and a UN agency in Vietnam on the SRHR of marginalised groups, to gain diverse views on the issues.

3. FINDINGS

3.1. People living with disabilities

3.1.1. Introduction

Persons living with disabilities (PWD), defined as having a *"long-term physical, mental, intellectual, or sensory impairments which in, interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others"*[23] are an important constituency. It is estimated that up to 15% of the world's population, or 1 billion people, live with some form of disability, most of them in low or lower middle-income countries (LMICs) [24]. In Vietnam, approximately 5.2 million persons live with disabilities[25], about half of them women[26].

3.1.2. Laws and policies regarding SRHR of PWDs in Vietnam

PWDs have the same SRHR needs as everyone else, as recognised in the Convention on the Rights of Persons with Disabilities (CRDP) which Vietnam signed in 2007 and ratified in 2015. These rights are also explicitly referenced in the ICPD PoA, which states that *"Governments should eliminate specific forms of discrimination that persons with disabilities may face with regard to reproductive rights*"[27]. The rights of PWDs to access health care and education are stated in Vietnam's Law on Disability (2010). Though SRHR are not specifically mentioned, this law prohibits acts that show stigma or discrimination against PWD and acts that "*obstruct the rights of persons with disabilities to marriage or child adoption,"* (Article 14).

3.1.3. Challenges in SRHR of PWDs

Barriers to marriage and having children

Gender stereotypes surrounding women and men, and social norms related to family and children, are barriers against the desire of PWDs to love someone, to be part of a family and to have children[28]. Stigma towards disabilities is very high in Vietnam. If a foetus is detected with abnormalities in a pregnant woman, she will be pressured by health service providers, and by family members, to have an abortion[29]. Because of the fear of the effects of their disabilities on their children and of not fulfilling the expected gender roles, PWD, especially women, are often discouraged from marrying and having children.

Most of the PWD who participated in the FGDs had experienced pressure and interference from their family regarding their decision to love someone and to be married. The families of PWDs usually do not want them to marry another PWD, because they are afraid it would

[23] UN (2006) *Convention on the Rights of Persons with a Disabilities CRPD*
[24] UN (2007) *Factsheet on Persons with Disabilities*
[25] World Bank (2011) *World Report on Disability*
[26] NCCD (2010) *Annual Report on People with Disability in Vietnam*
[27] UNFPA (2004) *Programme of Action, International Conference on Population and Development Cairo, September 1994, Paragraph 6:30.*
[28] Hoang, T. A., Nguyen, T. V., & Nguyen, T. T. T. (2011). *Sexual and reproductive rights of people with disabilities: Awareness and implementation*. Hanoi: CCIHP
[29] Gammeltoft, T., author. (2014). In UPSO (University Press S. O. (Ed.), *Haunting images : A cultural account of selective reproduction in vietnam /* Berkeley, California : University of California Press.

be too challenging for them to live together. If they are encouraged to marry at all, they are encouraged to find a non-disabled person with which to form a family.

> *"When I had a girlfriend, who was also a PWD, my family hindered the relationship because they thought that two PWDs marrying each other would have no good future as they cannot support each other. Now I have two brothers who are healthy, and they can support me, but when we get old, it will be difficult. My parents encourage me to look for a normal person, no matter if the person is beautiful or not, to get married to." – Man, PWD in HCMC*

> *"In 2014 I had a girlfriend and we could communicate to each other normally, but her family wanted her to be in a relationship with somebody who is not deaf… She is also a deaf person and she liked me, but her parents wanted her to have a relationship with someone who can talk." – A deaf man in HCMC*

Families of non-disabled people often do not want their family member to marry a PWD, as they too are afraid that the PWD will be a burden for their family member.

> *"They told him behind my back, you look too good for that girl and if you marry her, later with children, who will take care of them? And then his family also discouraged him, so he stopped the relationship with me." – Woman, PWD in HCMC*

Speaking in the FGDs, women with disabilities reported that they are under higher pressure of being assessed and judged inadequate in their capacity to function as not only a wife but also as a mother and a daughter-in-law.

> *"Women, besides being wives and mothers, are also daughters-in-law. For men, families only put pressure on their capacity to earn an income, but there are many stories about how a woman with a disability can be assessed as being able to be a good wife, mother and daughter- in-law." – Woman, PWD in Hanoi*

Some PWDs did manage to go on with their decision and have their relationship; as one woman said, *"I want to prove them (family members of her boyfriend) wrong, I want them to respect me".* However, in many cases, women and men with disabilities end up accepting the family's decision. In these cases, the PWD feel that as they live with their family and are dependent on them, they cannot go against their wishes[30].

The situation can be worse for people who were not born with their disability but developed it later in life. There may be more feelings of having less value, of being a burden and feeling shame. Worries about having children are common, but even when a woman becomes pregnant the situation may not be better.

> *"I have a friend who was married although the families from both sides did not agree. She was 6 months pregnant and every day her mother- in-law came just to say one sentence: "Please get a divorce to release my son". Before the accident, they were boyfriend and girlfriend. After the accident, the love became a kind of affection/pity feeling, and the husband wanted to go out to look for second wife. Now he is open to have a relationship with another person. She has gone back to her home village to live with her own mother, also with her older child, waiting for the delivery of the baby.*

[30] Nguyễn Thị Vịnh, Hoàng Tú Anh (2012) Chuẩn mực xã hội về gia đình truyền thống và rào cản với tình yêu và hôn nhân của người khuyết tật. Tạp chí Nghiên cứu Gia đình và Giới. S6. p77-87

She is very tired, feeling trapped in the situation, and does not know what to do because she is not economically independent and does not want to lose her children." – Woman, PWD in Hanoi

Many families of PWDs express unfounded concerns that PWDs are incapable of raising children and may even be a danger to them. For example, hearing-impaired couples are under strong pressure from their family regarding their wish for marriage and children. In most cases, they are pressured not to do either. People believe that two hearing-impaired people cannot raise children because they will not be able to hear the child crying and thus, they may leave the child in dangerous situations.

> *"Many parents refuse marriage between two hearing-impaired people because they fear that if the baby cries, the parents cannot hear it and thus cannot take care of the child. They try to match them with hearing people. We do not have the right to marriage as it is decided and arranged by our parents." - Man, PWD in Hanoi*

Vulnerability to gender-based violence and sexual abuse

International statistics show that PWD are up to three to five times more likely than non-disabled persons to be victims of physical, emotional and sexual abuse. The Special Rapporteur on the Rights of Persons with Disabilities has stated that the risk of violence is "consistently higher in the case of deaf, blind and autistic girls, and girls with psychosocial disabilities"[31]. Gender-based violence against people with disabilities is compounded by the fact that they may be physically and financially dependent on those who abuse them[32]. Discussions revealed that female PWD are particularly high risk of sexual abuse.

> *"Later I got to know another man who is quite tall and handsome and without disability. He asked me out for coffee and I joined him. I chose a coffee shop but due to my disability, I cannot drive and don't know the way very well, so he took me on his motorbike to another coffee shop very far away. It was around 6 PM but it was very dark already. He tried to rape me, but I managed to run away. It was raining but thank god I could reach home by 9 PM. But I did not tell anything to my family." – Woman, PWD in Hochiminh city*

PWD, especially women, revealed their concern that their need for a relationship could mean that other people could take advantage of them. During discussions, the participants shared several stories of themselves and friends who were emotionally abused by men, who also had non-disabled partners. This made several women in the groups lose trust in other people, especially those of the opposite sex, if they wanted a relationship with them. They were afraid that their trust would be misused, and their relationship could not last long, or that it would just out of pity.

Unsafe and non-consensual sex make women with disabilities vulnerable to unwanted pregnancy. In cases of unwanted pregnancy outside of marriage, especially a pregnancy resulting from rape, the women were often forced to have an abortion. Participants in Hanoi

[31] UNGA (2107), *Report of the Special Rapporteur on the Rights of Persons with Disabilities. Sexual and reproductive health and rights of girls and young women with disabilities.*

[32] USAID (2017) *Literature review of persons with disabilities and gender-based violence in Vietnam*

recounted a case where a woman was abused and then forced to have an abortion. She was sterilized during the procedure of abortion without her being informed. She only found out later when she married but then found out that she could not have children. These concerns and practices have also been found in other reports on SRHR of PWD in Vietnam[3334].

People with intellectual and developmental disabilities are particularly vulnerable to such paternalistic judgements, as they are often regarded as potential victims of sexual abuse, rather than as people with sexual interests or capabilities who require not only protection but also sex education and recognition of their agency. Such misconceptions can lead to a gross violation of their right to choose if and when to have children. As one FGD participant elaborated:

> *"Those who have mental disabilities are the most vulnerable because their families will have them sterilised as soon as possible due to the fear that they will be sexually abused when they go out and thus have an unplanned pregnancy." – Woman, PWD in Hanoi*

PWD may not be in position to protect themselves from gender-based violence, for example, they may be unable to call for assistance, making them more vulnerable to assault and harassment in public spaces and transportation.

> *"A 'xe om' (motorcycle) driver was transporting a person with hearing and mental disability and raped her. The rate of sexual abuse against people with disabilities is high, but it is difficult for them to protect themselves and report cases, as they are ashamed." – Man, PWD in Hanoi*

Girls and young women with disabilities may internalise the stigma surrounding disability, leading them to accept partners who mistreat them because they place the need to be accepted and loved above their own safety.

> *"People with disability stigmatise themselves, thinking that being loved or being able to get married is a blessing from the other party. Therefore, when they experience violence from their partners, they often keep silent, suffer and blame themselves." – Woman, PWD in Hochiminh city*

Difficulties in accessing sexuality information and education

Access to sexuality education is still a challenge for all Vietnamese people, not only for PWD. However, it is more challenging for PWD because of issues with mobility, communication, literacy and poverty. Both adults with disabilities and children of parents with disabilities face challenges in accessing education[35]. Research has shown that disability is closely linked to poverty in Vietnam[3637]. Disabilities limit PWDs to earn higher incomes and living with

[33] Nguyen, Thi Tu An; Liamputtong, Pranee ; Horey, Dell ; Monfries, Melissa (2018) *Knowledge of Sexuality and Reproductive Health of People with Physical Disabilities in Vietnam***.** Sexuality and Disability, 2018, Vol.36(1), pp.3-18

[34] Hoang Tu Anh, Nguyen Thi Vinh (2011) Sexual and Reproductive Rights of People with Disabilities in Vietnam. CCIHP. Hanoi, Vietnam.

[35] Mont, Daniel ; Nguyen, Cuong (2013) *Does Parental Disability Matter to Child Education? Evidence from Vietnam*. World Development, August 2013, Vol.48, pp.88-107

[36] Mont, Daniel ; Cuong, Nguyen Viet (2011) *Disability and Poverty in Vietnam*. World Bank Economic Review, 01 May 2011, Vol.25(2), pp.323-359

[37] Mont, Daniel ; Nguyen, Cuong (2018) Spatial Variation in the Poverty Gap Between People With and Without Disabilities: Evidence from Vietnam. Social Indicators Research, 2018, Vol.137(2), pp.745-763

disabilities also incurs 8.8-9.5% extra household cost in Vietnam[38]. Difficulties in communication were found to be the main reason for the higher living costs for PWDs in Vietnam. In addition, prevalent and competing assumptions portray them as either asexual or hypersexual, and such misconceptions make it difficult for PWD to access information and to realise their sexual and reproductive rights[39].

FGD participants said that they had not received any formal education and information regarding sexuality and reproductive health, neither as general information nor specifically for their disabilities. Some of them had actively searched for information on the Internet but found little relevant information.

> *"There is a lot of information regarding sex on the internet but there is no information for us." – Man, PWD in Hochiminh city*

Interviews with a representative of a PWD organisation revealed that SRHR has not been on the main agenda of the organisation. Their priority needs were livelihood, self-care, health services and education. Education on sexual harassment and sexual abuse was conducted for groups considered to be at higher risk, such as blind people who worked in massage salons. Other information and discussions regarding love, intimacy, sex, and sexual relationships was not included in the organisation's programs.

Lack of availability and accessibility of SRH services is a significant issue for people with disability. Common barriers they face include lack of accessible buildings, equipment and transportation, and affordability of services. For example, steps and stairs obstruct access for people with mobility issues, and examination tables often cannot be lowered to facilitate ease of access from a wheelchair.

> *"I went for a check-up, then I came to the doctor's room upstairs, but he told me to go downstairs first to pay and I could come upstairs again for the check-up. So, I had to go up and down like that and the distance was far and with my crutches it was hard for my weak legs." – Woman, PWD in Hanoi*

Information is also often not available in accessible formats. There is a lack of sign language interpreters, which can increase costs and time for deaf people, as they have to bring and pay for their own sign interpreters or have to communicate through writing.

> *"When I went to the examination by myself, I had to use pen and paper to communicate with the doctors as there is no sign language interpretation. They were reluctant to communicate through paper, so they often by-passed some steps in the consultation, then they got annoyed if they had to explain instructions again as it increased the waiting time for other patients." – Hearing impaired woman in Hanoi*

However, PWD also shared positive experiences at hospitals.

> *"I have a health insurance card for PWD and thus they arranged a place for my vehicle and lent their wheelchair to me. There are also receptionists who are*

[38] Minh, Hoang Van ; Giang, Kim Bao ; Liem, Nguyen Thanh ; Palmer, Michael ; Thao, Nguyen Phuong ; Duong, Le Bach (2014) *Estimating the extra cost of living with disability in Vietnam*. Global Public Health, 23 October 2014, p.1-10

[39] Nguyen Tu An (2016) *Sexual and Reproductive Health Needs of People living with physical disabilities in HOCHIMINH CITY,* La Trobe University, Aus.

available to assist you to the different departments. My insurance is 100% coverage, so I can use the service at any level. When I used the health service in BT district, first I wanted to use my company insurance card, but I used my PWD insurance card instead and it was accepted much better. They were very enthusiastic and happy to provide me with a lot of assistance." – Woman, PWD in Hochiminh city

Private hospitals and clinics were reported to be more accessible and friendlier to PWD.

"The Obstetrics Hospital or others such as TD Hospital (public hospital) are quite difficult to get access to. There is no path for wheelchairs and the lifts are far away. Private hospitals often have better investments, for example, the VM or AS Hospitals (private hospitals) when they saw me coming there, they came with a wheelchair to support me." – Woman, PWD in Hochiminh city

Women with disabilities could face stigma and discrimination when using reproductive health services.

"My friend, when she was pregnant, went on her crutches for the pregnancy check-ups. Everybody there looked at her and some people even said, "Why should you take pleasure in that condition, now you are suffering with it?" She felt very upset and angry that people could think that PWD should not have children. In the clinic, priority is given to PWD, but people there showed stigma. She is afraid every time that people would elbow her out in a crowd and sometimes she needed to go from one department to another, and without a wheelchair it is very difficult for her with no one to support her." – Woman, PWD in Hanoi

"It is difficult for PWD to use health services. For example, we have to wait a long time, and there is rarely any doctor who is experienced in doing check-ups for women with disability. They are reluctant to share and when they perform the examination it is not with full attention. I had some experience with health check-ups and did not want to do it again. I asked many other women with disability about their experience with health services and they said that it would be better to go to private services as they provide the consultation with more enthusiasm." - Woman, PWD in Hochiminh city

Similarly, many people stigmatise sex for PWD; they could not imagine how sexual activities could be possible between PWD. In the FGDs, the participants shared that they faced intrusive questions such as "*How do you do that*?" or "*How does he "eat" you*?".

3.1.4. Good practices and opportunities

Although SRHR has not been recognised as a priority in many organisations that work with PWD, there is positive progress to be observed regarding SRHR of PWDs in recent years.

Increased awareness of society and PWDs about SRHR

FGDs with PWDs showed that people, especially women, with disabilities are increasingly aware of their rights to love and to marry. Some showed a strong will to fight for this and their desire to have children.

"I do have my own rights. I have the right to choose my partner, not have them chosen for me. I am not sitting there to wait for them to choose me, but I can make my own choice as well." – Woman, PWD in Hochiminh city

"When I got to know my fiancée, I told my parents. They asked me, if we have children, who will take care of us? We said that if we could have the relationship and love each other, then we can take care of everything. Our parents do not forbid the marriage, but the neighbours gossiped and said that we are both PWD, so we cannot take care of each other. My girlfriend has disability with her legs. I ignore what the neighbours say. The most important thing is that we are happy with each other." - Man, PWD in Hanoi

In 2012, the Centre for Creative Initiatives in Health and Population (CCIHP) in collaboration with the Vietnam Association of People with Disabilities and other partners, including the Institute for Social Development Studies (ISDS) and the Lights Institute, organised the first National Symposium on SRHR of PWDs. PWDs participating in the symposium shared their experiences regarding their emotional and sexual lives. The symposium generated high media coverage and promoted discussion on the SRHR needs of PWDs. Following this event, in 2013, these pioneers in collaboration with the Hanoi Association of Youth with Disabilities, VietHealth and Centre for Community Development Initiatives (SCDI) organised the beauty contest "Miss Crescent" to celebrate the beauty of people with disabilities. The "Miss Crescent" contest has since been organised every two years; the organisers are able to mobilise sponsorship from a significant number of private companies and media agencies.

SRH services and sexuality education for PWDs

In 2007-2008, the World Population Foundation piloted the first sexuality education manual using sign language working with vocational schools for hearing impaired people in Hanoi[40]. The manual was highly appreciated by trainers and students in piloted schools, though there were still limitations. Unfortunately, there has been no follow up on expanding the use of the manual beyond the pilot period.

In April 2013, the first clinic providing reproductive health services for people with disabilities was launched in Hanoi by the Light Institute[41]. The health staff was sensitised with training on SRH services for PWDs and the clinic's facilities were designed to be accessible to PWDs. However, this is the only clinic so far to respond specifically to the needs of PWDs. In the FGDs, some women with disabilities in Hanoi said that they knew about the clinic but had not used the services there as it took them too much time to travel there.

Health insurance coverage and other supporting policies for PWD

Government policies to increase health insurance coverage and to reduce out-of-pocket payment on health service expenditures has had a positive impact on PWDs. In addition to improved enforcement of policies, PWDs can obtain subsidised or free health insurance cards in specific situations[42]. PWDs in the FGDs shared their positive experiences in using

[40] http://www.bibalex.org/Search4Dev/files/304228/133845.pdf 2008

[41] http://thanhtra.com.vn/xa-hoi/ho-tro-cham-soc-suc-khoe-sinh-san-tinh-duc-cho-nguoi-khuyet-tat_t114c34n55333 2013

[42] Decree 136/2013/NĐ-CP

health insurance for check-ups. It appears that the increased health insurance coverage can impact positively on accessibility to health care services, including SRH services, for PWD. In addition, PWD can benefit from other supporting policies, such as free use of public transportation. The Government has also issued regulations on accessibility for public buildings including schools, hospitals and houses of administration, to help improve their accessibility.

3.2. People of diverse sexual orientation, gender identities and expression (SOGIE)

3.2.1. Introduction

This section covers the SRHR of people with a variety of sexual orientations, gender identities and expressions, whether they are lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ). Whilst the rights of LGBTIQ people are not explicitly identified in the ICPD POA, they are implied in Principle 1 of the POA that affirms "that everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind". Recognition and realization of rights of LGBTIQ people in Vietnam have seen great progress in the last ten years, with a vibrant civil society which has led to increased social awareness about this population and more LGBTIQ sensitive media, laws and policies[43]. In 2018, VietPride marked its 7th year in the country and the event is now nationwide. Vietnam has also shifted away from an approach that largely focused upon the prevention of HIV among men who have sex with men (MSM), towards a much broader spectrum of rights. Such landmarks have led to Vietnam being heralded as one of the more progressive countries in SE Asia towards LBTIQ issues, leading the Regional Director of the ASEAN SOGIE Caucasus to remark that,

> *"During our interactions with fellow activists, Vietnam is always being referred to as a beacon of hope with regards to LGBTIQ rights in ASEAN."*[44]

3.2.2. Laws and policies

In Vietnam, same-sex relationships and sodomy have never been criminalized[45], however same-sex marriage was banned according to the Law on Marriage and Family in 2000[46]. Nevertheless, Vietnam has made progress in terms of laws and policies regarding same-sex relationships and transgenderism. In 2012, the former Minister of Justice Ha Hung Cuong publicly declared disapproval of prejudice against homosexual people and contributed to debates around same-sex marriage[47]. Two years later the revised Law on Marriage and Family 2014 removed the ban on same-sex marriage and permitted same-sex marriage ceremonies, although it did not go as far as recognising same sex-unions in law[48]. This means for example that adoption of children is not possible for same-sex couples as it is limited "for a single parent or a couple of husband and wife"[49] and same-sex marriages which are

[43] Oosterhoff, P., Hoang, T. A., & Quach, T. T. (2014). *Negotiating public and legal spaces: The emergence of an LGBT movement in vietnam.* (No. Evidence report No74). Brighton, UK: Institute of Development Studies.

[44] https://www.bloomberg.com/news/articles/2015-01-07/gay-weddings-planned-as-vietnam-marriage-law-is-repealed. Accessed on 20 Aug 2018

[45] Khuat, T. H., Le, B. D., & Nguyen, N. H. (2009). *Sex, easy to joke about but hard to talk about*. Hanoi: Knowledge Publishing House.

[46] Vietnam National Assembly (2000) Law on Marriage and Family.

[47] Tuoi Tre (2012) Le Kien, Should not hold prejudice against the homosexuals, Tuoi Tre, 2012, http://tuoitre.vn/Chinh-tri-Xa-hoi/503408/khong-nen-dinh-kien-voinguoi-dong-tinh.html quoted in Huy, T.L (2017)*Vietnam Context Analysis Report on human rights, health and well-being of Vietnamese LGBTIQ community*

[48] Vietnam National Assembly (2014*) Law on Marriage on Family*

[49] Vietnam National Assembly (2010) Law on Adoption Article 8 (item 3)

conducted in other countries between Vietnamese citizens and foreigners are not recognised.

In 2015, the Civil Code legalised the right of people to change their gender, which had previously been banned[50]. A more comprehensive Law on Gender Change to protect the rights of transgender people is currently being discussed[51]. This draft law is planned to be submitted to the National Assembly for review in 2019. In 2016, as a member of the Human Rights Council, Vietnam voted in favour of the resolution "Protection against violence and discrimination based on SOGIE"[52] and issued a statement in support of this[53]. In 2017, the Law on the Amended Penal Code was passed, which changed the definition of rape to any forced sexual activities between two people, where previously it was only between man and a woman[54]. This helps to protect transgender people and covers sexual violence within same-sex relations. LGBTIQ issues are now routinely discussed by policy makers, for example in the review of the Youth Law[55] and Law on Military Services[56].

3.2.3. SRHR challenges for LGBTIQ people

Despite the above progressive legislation, LGBTIQ people in Vietnam are still subjected to severe discrimination in many different areas in their life, which adversely affects their well-being.

Stigma and discriminations prevail

Until as recently as 2008, sensationalised media headlines often linked homosexuality to promiscuity, infidelity and disease. It was characterised as a "social evil" alongside prostitution, drug addiction and gambling, and discriminatory laws such as the ban on same-sex marriage were enforced[57]. With substantive and intensive advocacy by LGBTIQ activists and Vietnamese NGOs that took place within the context of an increasingly well-educated youthful population in Vietnam and the emergence of LGBTIQ rights as an issue for global concern, such stigmatised positions began to change[58].

Despite positive changes in media, stigma and discrimination towards people belonging to these categories remain high today. LGBTIQ people in FGDs in Hanoi and Hochiminh city often shared their experiences of their parents seeing them as a "shame" for the family and making their parents "lose face". They told about LGBTIQ people being forced to undergo treatment and conversion therapies by their parents in the hope of a "cure" for their homosexuality or transgenderism.

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[50] Vietnam National Assembly (2015) Civil Code

[51] https://nld.com.vn/thoi-su/tranh-cai-ve-3-phuong-an-cong-nhan-chuyen-gioi-20180630224557037.htm

[52] Human Rights Council (2106) Resolution adopted by the Human Rights Council, A/HRC/RES/32/2, http://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/RES/32/2, Accessed on Aug 20 2018.

[53] Huy, T.L (2017) *Vietnam Context Analysis Report on human rights, health and well-being of Vietnamese LGBTIQ community*

[54] Vietnam National Assembly (2017) Penal Code.

[55] https://thanhnien.vn/gioi-tre/luat-thanh-nien-phai-ro-rang-neu-duoc-dac-thu-rieng-1002039.html

[56] https://news.zing.vn/nguoi-dong-tinh-co-phai-tham-gia-nghia-vu-quan-su-post482165.html

[57] iSEE. (2011). *Communication message on homosexuality on printed and online newspapers.* (). Hanoi, Vietnam: World Publishing House.

[58] Oosterhoff, P., Hoang, T. A., & Quach, T. T. (2014). *Negotiating public and legal spaces: The emergence of an LGBT movement in vietnam.* (Evidence report No74). Brighton, UK: Institute of Development Studies.

"I just provided counselling to one lesbian friend from Kon Tum province. When her family discovered that she liked another girl from the same class, they took her for treatment to four big hospitals in different provinces. At the moment, her mother and her cousin have taken her to Hanoi and continue to do all kinds of tests on her, also a hormonal test…Even though the doctors have explained, her mom still hoped that she would be able to "cure" her daughter." - FGD with LGBTIQ in Hanoi

As a consequence, many LGBTIQ people do not come out to their parents, friends and colleagues. Many of them choose to move to other, often big, cities to live, to avoid the gaze of their family and community and meet other similar people to reduce their isolation.

"When I worked as a teacher, I did not dare to reveal my status. For two years working as a teacher, I acted quite feminine, but I still participated in the activities of the community. But after that I moved to live in Hochiminh city, to be myself. For me, the question is how to speak about it with your family, especially when the feudal traditions are strong, to prevent them from losing face to the people around them. My lover came out to her family during that Tet, but she did not get their acceptance. I was afraid that after that Tet, her family would pull her back home, and the truth is that we were not together anymore since after that Tet. I think in this case her family had strong influence on her." – Transman in FGD in Hochiminh city

LGBTIQ people may choose not to come out even in their own community, as they are afraid that other people may also know their identity.

"Normally I see it a lot, there is even stigma within my own community. They are also homosexual, but they are afraid for other people to know about it and they want to hide it, so they stigmatise other homosexuals in their own community. Because of the pressure from family and society, sometimes they have to live with three or four faces." – LGBTIQ in Hochiminh city

A review of the literature confirmed that this population continues to face stigma and discrimination on the basis of their sexuality across a wide variety of public spheres, including education, employment and health. An online survey among nearly 3500 students revealed that up to 71% of LGBTIQ students reported having been physically abused, 72.2% reported having been verbally abused by peers and teachers and almost 15% of LGBTIQ people had experienced violence and had attempted self-harm or suicide [59]. Another online survey of more than 2000 LGBTIQ people in Vietnam showed similar results[60]. This is particularly the case for transgender people, especially transwomen, because their identity is often more physically visible and thus they cannot use the strategy of identity concealment to counter stigma and discrimination. School can be a most traumatic place for LGBTIQ people due to the dominance of heteronormativity there.

"In schools, there is a perception of normal, that girls should wear dresses and boys should wear trousers. If there is a lesbian who does not want to wear a dress or any TG does not want to wear the clothes perceived as correct for the gender, then they

[59] UNESCO. (2016). *Reaching out: Preventing and addressing SOGIE related violence in schools in vietnam*. Hanoi, Vietnam: UNESCO.

[60] Luong, T. H., & Pham, Q. P. (2015). *Is it because I'm LGBT?: Discriminations based on SOGI in vietnam*. Hanoi, Vietnam: ISEE.

are stigmatised. One school principal even asked a boy who is a TG to stand in front of the whole class because he had long hair. The principal asked the whole class: All of you please look at him and tell me, is this a boy or a girl? If he is a boy and wears long hair like this, is it acceptable? Then he asked the boy to go home and have his hair cut before coming back to school. Stigma comes from school, so how can we respect the differences in other people?." – LGBTIQ in Hochiminh city

Same-sex relationships are not accepted

The right to have a partner or lover without stigma and discrimination is recognised in the ICPD POA. However, due to stigma and discrimination against same-sex relationships, LGBTIQ people are often prevented from having such a relationship. They often do not show their affection, such as by holding hands or kissing or other caring acts, in front of others because they are afraid of discrimination. Due to pressure from family and society, LGBTIQ people may lose their partner/lover.

"I was in a relationship with that man but when we went out together or travelled to another place and took pictures and uploaded them online, then people saw them, and they said things that he did not like. This made my relationship with him get worse. If I want to get into a relationship with someone, he often asks why I wear make-up, because I am a man. My parents agreed to my relationship with that man but the stigma was in society and so he left me." – A gay man in Hochiminh city

LGBTIQ people are under great pressure, especially from their families, for heteronormative marriage.

"My girlfriend and I love each other but we have been facing resistance from family. Her family does not accept me, and many times tried very hard to convince her to get married to a husband. She left her family to stay with me. We have been living together for four years but her family is still putting so much pressure on her to get married to a real man and a rich husband. Because I am poor as well and the other man is much richer, so her family refused our relationship even more, so that they could benefit from his money." – A transman in Hochiminh city

Thus, some LGBTIQ would succumb to the pressure and opt for a fake marriage. However, it may turn out to be just a temporary solution and may cause even more trouble for the LGBTIQ people themselves.

"My friend is a gay man, but he does not dare to reveal that to his family because not only his own family but also all relatives are very conventional, and they do not accept homosexuality. He made a deal with a lesbian and they got married and stayed in the same house but have no sex, each one has his/her own lover. However, after some time the families constantly asked them to have children. They pushed it so hard that the couple did not know what to do, so they pretended that they quarrelled all the time and then divorced. He had hoped that he would be able to live in peace, but then his family wanted him to get married to another girl. Now, he still does not know what to do with his family." – LGBTIQ in Hochiminh city

"My friend who is a lesbian agreed to get married in order to hide the truth. She had a child after that but every day she found it harder to accept having to have sex with a person for whom she felt no love and no sexual attraction. Each time having sex with her husband was torture for her. After some time, she could not cope with it anymore and asked for a divorce, giving a different reason, but the husband did not agree. She even asked a female friend to pretend to flirt with her husband so that she could use it as a reason to divorce. However, the husband discovered it before it was successful. He became very violent against her physically, emotionally and sexually, including practicing violent sex on her. She had so much pain and decided to file for divorce even when the husband threatened her. The court however asked them to come back to live with each other as there was no reason for them to accept the divorce. She continued to suffer from violence. She filed for divorce for the second time and included the text messages from her husband who threatened to kill her and her child. After so many times, the divorce was finally approved. Now she lives with her child." – LGBTIQ in Hanoi

Higher risk of unsafe, non-consensual and forced sex

Corrective rape and forced therapy may not be very common but are still practiced. In most of these cases, even though the victims knew the perpetrators well, none of them were reported or prosecuted because they were often close family members of the victims, such as parents.

"My friend is a lesbian and when her parents discovered that they locked her up. After failing to verbally convince her to change, they drugged her with sleeping pills and then asked one of her male friends who liked her to rape her, in the hope that she would become "normal" after that. However, the consequence is that she is suffering from mental illness and is now in a mental hospital. Another friend that I know in TN province committed suicide because her family did not accept that she was lesbian." – LGBTIQ in Hanoi

Because of the high levels of stigma and discrimination, it is not easy for LGBTIQ people to find a partner. Thus, when they do have one, many of them accept violence from their partner just to keep their relationship. Transwomen are more vulnerable to violence not only from others but also by their partners.

"I am a TG woman and am in love with my friend. I have always been considered not normal. My lover is considered a blessing and there is no stability in my relationship. I have a friend who is suffering from violence by her partner. She is forced to have sex in different forms without consent (violent sex, group sex or sex with multiple people) and suffers emotional violence. However, she accepts the situation in order to keep her lover and she thinks herself that she is abnormal and must accept the situation." – LGBTIQ in Hochiminh city

Most of the time, violence was not reported because LGBTIQ fear stigma and discrimination. According to them, policemen often do not have experience about how to work with violence in same-sex relationships.

> *"Some who suffered from violence by their sex partner went to report to the police, but the police did not do anything but said: "There isn't any law to deal with sex offenses between two men, so you better go home and deal with the problem by yourselves." – LGBTIQ in Hochiminh city*

Due to economic pressure, LGBTIQ people, especially transwomen, may be pushed into sex work. When doing this work, they are at greater risk of violence and abuse by their clients. They also face more trouble when dealing with police than do other female sex workers. They may be insulted or may have to deal with corruption.

> *"Due to stigma many of my transwomen friends were pushed into sex work which brings many problems, such as suffering from violence including sexual violence, not getting payment, being forced to have group sex. They cannot use the law to protect them from these problems because sex work is illegal. When sex workers do report, they are in even more trouble. Some people were arrested while selling sex. The police officers even asked them to take off all their clothes and they laughed at them because the upper part of the body is female, and the lower part is male." – LGBTIQ in Hochiminh city*

A report of the Ministry of Health in Vietnam revealed that 58% of newly HIV infected cases in the first six month of 2017 were through sexual contacts, while transmission through drug injection accounted for only 32%[61]. MSM are especially at high risk of HIV transmission. Data showed that their risk was approximately 20 times higher than the national average rate. HIV prevalence among this group rose from 5.7% in 2015 to 7.36% in 2016[62]. The risk is especially high for young MSM; surveillance in Hanoi showed that 37% of the newly infected cases in the first six months of 2018 were MSM with an average age of 23 years.[63]

Difficulty in accessing health services

LGBTIQ people also face difficulties when accessing health care services because of stigma and discrimination arising from lack of knowledge among health workers. This is more problematic with transwomen especially those who are already undergoing gender confirmation surgery.

> *"Information about LGBTIQ among health workers is very limited, so sometimes they are very confused and don't know what to do. For example, when I came for an X-ray, they saw that I was a man, but my ID was female. I have had sexual reassignment done so I look very manly. They looked at me, the ID and were confused. They finally decided not to do the X-ray for me and accused me of having fake ID. When I was leaving, one of the health workers even asked me: now do you like to be a man or a woman? Since when do you have this problem? They laughed about it with each other as if it was a funny story." – LGBTIQ in Hochiminh city*

[61] Ministry of Health (2018). Report on HIV/AIDS prevention program in 2017 and they key tasks in 2018.
[62] ibid
[63] http://m.daibieunhandan.vn/Chi-tiet?Id=409483&page=1.

"Sometimes when I go for an examination, the doctors asked if I had a husband, instead of asking me if I was a him and a her. They do not have good knowledge about the LGBTIQ community and thus they do not know what pronouns to use in the situation." – LGBTIQ in Hanoi

Though the revised Civil Code now accepts sex reassignment (under the provision of specific conditions), there is no guideline about how to do this procedure in the health system. Thus, no clinic or hospital in Vietnam dares to perform sex change operations and hormonal treatment. Transgender people must go abroad for these procedures or use illegal services in Vietnam, even for hormone injections. They then use hormones bought on the black market and inject by themselves; if they are lucky, they can find a health worker to do it for them. However, this service may not always be available as it is illegal.

"The Government does not have policies to support TG and thus the TG community has been facing a lot of difficulties in accessing hormone injection services. They have to learn for themselves and tell each other by word of mouth. Doctors do not dare to do the injection, so we have to get it done privately and illegally. Recently I took one friend to a private hormone injection place, where she had a severe reaction/overdose, which almost cost her her life. It was lucky that the man who did the infection at home had stocked medicine to counter the shock, which worked. In addition, the monthly cost for hormone injection is not cheap. It is about 200,000 VND per injection and you must do it once per week." – LGBTIQ in Hanoi

"I am a TG man and I had aggressive cancer and already had my ovary removed. I was prescribed female hormones, but I asked one of my friends who is a doctor to change it into male hormone. He himself did the injection for me and thus it is easier for me. However, sometimes he is busy or travels out of his office, and I have to ask another doctor to do the injection, but they did it so quickly that I got scared. Normally you need to perform the injection slowly, but they perform it so quick to finish it. I was so worried about having a shock." – LGBTIQ in Hochiminh city

Stigma and discrimination, including violence and bullying, can cause stress and depression for LGBTIQ people. However, there is almost no psychological support service for LGBTIQ people. When there are counselling centres and counselling services for LGBTIQ people, most of the time the counselling is about HIV prevention, HIV testing and safer sex.

"At the moment there is no psychological support service for LGBTIQ. It is a psychological difficulty that we don't know whether we are normal or abnormal. When you face stigma from family and community it all becomes so stressful and makes you think negatively. In terms of testing and care for PLWHIV, the service in many centres is not good yet. In Vietnam there are so many support programmes for MSM, but not so many, hardly any, to support lesbians. Most of the clinics are in big cities and not so many are available in smaller centres in the provinces." – LGBTIQ in Hochiminh city

3.2.4. Good practices and opportunities

Emerging movement and moving from HIV to SRHR

The LGBTIQ movement has been evolving strongly in the last ten years in Vietnam. In 2008, the first LGBTIQ civil society organisation, Information, Connecting and Sharing (ICS), was established. In 2012, the first-ever Pride event was held in Vietnam in Hanoi, which has since expanded to events across the country[64]. The discourse on LGBTIQ people has transformed from an HIV focus to a focus on rights, which is an important foundation for successful advocacy for LGBTIQ rights in Vietnam.

In July 2013, the national MSM-TG network was established to connect MSM-TG groups and networks in Vietnam. The network led by MSM-TG works to strengthen advocacy, education and services for MSM-TG. It does not focus narrowly on HIV prevention and treatment but broadly on improving health, well-being and status of MSM-TG in Vietnam and connects MSM-TG in Vietnam to regional and global MSM-TG movements[65]. In 2017, SCDI and ISDS conducted a study on SRH needs of MSM-TG to establish evidence for programs and policies that would respond better to their needs[66].

Friendly services

Recognising the challenges of LGBTIQ people in accessing SRHR and HIV prevention services, efforts have been made to set up clinics able to provide friendly services at affordable prices for people in this community. In Hanoi, there are the Live Happily Clinic (SHP)[67] at Hanoi Medical University and the New Light Clinic at the Light Institute[68]. The SHP clinic started in 2013 to provide friendly sexual health services including HIV and STI counselling and testing for men, gays and transwomen. The New Light Clinic provides counselling and care for transwomen and transmen before and after surgery. In Hochiminh city, the Galant Clinic. launched in 2017, is a venue for gays and transwomen to have friendly counselling services on relationship, sexuality, HIV and STD prevention, testing and treatment[69]. All three clinics were established and function as social enterprises, thus promising sustainability. Nevertheless, services for other groups such as women in same-sex relationships (lesbians and transwomen) are still scarce. In addition, other sexual and reproductive health services, for example, on reproduction for people in same-sex relationships, or on prevention of reproductive tract cancers are seldom included in counselling and services at these LGBTIQ friendly clinics.

Increasingly favourable social, economic and political environment

Although stigma and discrimination towards LGBTIQ people remain high as described above, there has been improvement. Research showed positive changes in the attitudes of people

[64] Oosterhoff, P., Hoang, T. A., & Quach, T. T. (2014). *Negotiating public and legal spaces: The emergence of an LGBT movement in vietnam.* (Evidence report No74). Brighton, UK: Institute of Development Studies.
[65] https://scdi.org.vn/tin-tuc/cac-tin-tc-khac/msm-tg-viet-nam-14-nam-mot-chang-duong-phat-trien/
[66] https://scdi.org.vn/en/news/others-news/hoi-thao-chia-se-ket-qua-nghien-cuu-ve-nhu-cau-thuc-trang-va-rao-can-tiep-can-dich-vu-suc-khoe-sinh-san-va-tinh-duc-hiv-cua-cong-dong-msm-tg-va-agyw/
[67] http://songhanhphuc.info/cat14/tin-tuc-phong-kham.html
[68] http://light.org.vn/dich-vu-phong-kham-light/
[69] http://galantclinic.com/gioi-thieu

regarding homosexuality and transgenderism[7071]. This achievement was due to tireless efforts of LGBTIQ groups and organisations to introduce positive images and communications related to SOGIE to the public, especially through mass media and education in schools. The "Rainbow School" is an initiative run by ICS to sensitize students and teachers on SOGIE. A lot of documents were produced in this initiative to provide essential tools for LGBTIQ organisations, groups and activists to integrate SOGIE in schools and educational settings.

Economic stability is still a challenge for LGBTIQ people, especially transwomen, due to stigma and discrimination. There are more economic opportunities for young LGBTIQ nowadays in comparison with previous times. Transwomen could find decent jobs and be accepted by their employers and colleagues without hiding their identity[72].

Social mobilisation for same-sex marriage created landmark changes in Vietnam. As a review of the movement showed, though the movement failed to legalise same-sex marriage, it was a success in many other areas. It raised public awareness and marked a discussion on SOGIE in the National Assembly agenda for the first time[73]. Since then, SOGIE has been discussed much more often in development and amendments of laws. For example, in a recent discussion on the amendment of Law on Education in October 2018, a representative from the Association of Education for All recommended that children with disabilities and children of diverse sexual orientation and gender identity should be considered and mentioned in the amendment[74].

As mentioned earlier, laws and policies have been becoming friendlier toward LGBTIQ. At the moment, the government is working closely with LGBTIQ groups and organisations to draft a law on transgender and sex reassignment. This law will be an important legal foundation for realising SRHR of transgender people in Vietnam.

3.3. People living with HIV and AIDS

3.3.1. Background

The first case of HIV was diagnosed in Vietnam in 1990. At present, it is estimated that 250,000 people are living with HIV and AIDS in Vietnam, of whom about 11,000 are women. New infections arise at a frequency of about 12,000 annually and that rate is decreasing. Up to the end of 2017, Vietnam noted nine years of continuous decreases in new infections, and in cases that progressed to AIDS and mortality. Newly detected cases in 2017 were

[70] iSEE. (2012). *Social attitude on homosexuality.* (). Hanoi, Vietnam: iSEE.

[71] Luong, T. H., & Pham, Q. P. (2015). *Is it because I'm LGBT?: Discriminations based on SOGI in vietnam.* (). Hanoi, Vietnam: ISEE.

[72] Hoang, T. A., & Oosterhoff, P. (2016). In Anthropology of Health,Care and the Body (Ed.), *Transgender at work: Livelihoods for transgender people in vietnam*

[73] ibid

[74] https://dantri.com.vn/giao-duc-khuyen-hoc/du-thao-luat-giao-duc-bo-roi-nguoi-khuyet-tat-20181003221322177.htm

reduced by 47% in comparison with 2010, AIDS cases reduced by 46% and deaths by 49%[75]. About 50% of HIV-positive people are now on anti-retroviral treatment (ART)[76].

3.3.2. Laws and policies

The Government of Vietnam supports, and pledged to do their best to ensure successful implementation of, the 2030 Agenda setting out 17 Sustainable Development Goals (SDGs) of UN31 to end AIDS by 2030[77]. Vietnam was among the first countries to join the UN 90-90-90 goal, which targets 90 percent of all people living with HIV knowing their HIV status, 90 percent of all people with diagnosed HIV infection receiving sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy achieving viral suppression, by 2020[78].

The Law on HIV/AIDS Prevention and Control was passed in 2000. It was the first law to be prepared after wide consultation with PLWH and organisations and groups working with these people[79]. Ensuring confidentiality and reduction of stigma and discrimination are emphasised in this law. Although compulsory testing is generally prohibited, exceptions exist under the law for certain occupations for which job applicants or employees may be required to undergo tests, e.g. flight crews and special occupations in the security and defence domains. Intentionally spreading HIV to other person(s) is criminalized in the Vietnam Penal Code which was passed in 2015 and takes effect in 2018.

To deal with reduction of international funding for HIV/AIDS programs, the Ministry of Health has regulated that the costs related to HIV testing and ARV treatment will be covered by health insurance (MoH circular 27/2018/TT-BYT).[80] However, not all services will be covered right away. In 2018, HIV related services other than ART are covered by health insurance; ART will be included from 2019. The number of PLWH using health insurance has increased significantly from 50% in 2016 to 84% in early 2018. Five provinces reached 100% and 30 provinces reached 90% coverage[81].

3.3.3. Challenges to SRHR of PLWH

Stigma and discrimination prevent PLWH from accessing health services

Although the Government has invested in sensitising health providers about HIV/AIDS and the rights of PLWH and in promoting universal prevention, discrimination in health services persists. FGDs with PLWH made it clear that facing discrimination is still a daily experience, also in health settings. They encountered fear and hesitation from health workers providing health services for them. Some people were even denied health services that have a high risk of blood contact, such as surgery. Discrimination and denial of services caused delays in getting services and negative consequences for the patients.

[75] MOH. 2017.Report of HIV prevention program in 2017 and plan for 2018. Hanoi, Vietnam
[76] https://aidsdatahub.org/sites/default/files/country_review/Viet_Nam_Country_Card_2018_sep.pdf
[77] http://en.nhandan.org.vn/society/health/item/2893502-2014-national-ophthalmology-conference-opens.html
[78] http://en.nhandan.com.vn/society/health/item/4772602-towards-90-90-90-target-to-end-aids-epidemic-in-vietnam.html
[79] Khuat, T. H. O. (2007). *HIV/AIDS policies in vietnam: A civil society perspective*. New York: Open Society Institute.
[80] Ministry of Health (2018) 27/2018/TT-BYT Circular: Guidance on health insurance and examination and treatment using health insurance related to HIV and AIDS
[81] https://baomoi.com/bao-hiem-y-te-cho-nguoi-nhiem-hiv-nhanh-chong-thao-go-kho-khan/c/26709528.epi

"While I was waiting, I overheard the health workers talking with each other: "Doing check-up for somebody infected with HIV is bloody terrifying". When I heard that I was very angry and sad. When even the doctors talk like that, how can I dare to go for a health check-up?"
"About half a month ago, one of my older friends had an emergency in a big city hospital. When he was about to go into the operation room, just before receiving the anaesthetic, the doctors looked at his medical records and realised that he had HIV. He was then refused and asked to transfer to another hospital. The doctors said: "Here we have never done operations for people with HIV." Then I made very loud arguments with them and he was accepted. One day after the operation, he was discharged, without any further care. He got infection in his legs, till now he is not yet recovered." - FGD PLWH in Hanoi

When patients reveal their status to health providers, to help ensure they take adequate precautions, they often encountered negative and fearful reactions.

> *"My intention was to protect the nurses, so when I had a bleeding wound that needed some stitching, I told the nurse that she should wear protective gloves because I had HIV. The nurse stood up right away and walked around and did not dare to do anything further with me. She then tried to sit far away from me and went to talk with other nurses showing how annoyed she was." – PLWH in Hanoi*

In this stigmatised and discriminatory environment, a separate area assigned for PLWH in the hospital can be a clear signal to other people that anyone who goes in this area is HIV positive.

> *"In the hospital there is a separate section/area for people with HIV. When I go for the health check and they know that I have HIV, doctors and nurses would make eye signals to each other and send me directly to that separate area. Other people would then know immediately that I have HIV right from my first step into the area." – PLWH in Hanoi*

Because of these attitudes and responses, PLWH may decide not to reveal their status when they seek health care, if it is not compulsory to do so.

> *"When you don't tell who you are then nobody says anything. If they hear about it or they know that you have HIV, they would point at you and talk to others about it." – PLWH in Hanoi*

The stigma Index in 2014 revealed that 11% of PLWH avoided going to local clinics when they needed help, because of their HIV status[82]. A recent survey also showed that stigma and discriminations at health settings were common, even in the provision of ARV treatment. This was especially the case when women who come to the clinics are also sex

[82] https://aidsdatahub.org/sites/default/files/country_review/Viet_Nam_Country_Card_2018_sep.pdf

workers and/or drug users[83]. In the FGDs, participants said that they preferred going to private clinics if possible, as attitudes were friendlier in these clinics.

Couples living with HIV are advised not to have children

According to FGD participants, most health providers advised PLWH not to have children. This advice is given without any effort to ask for further information regarding the couple's HIV status, such as whether they are discordant, which one is positive, and the couple's own attitude and values toward children, family and breastfeeding, or the need to take further tests. Some participants also complained that the doctors may not have in-depth knowledge about the issue, so that their counselling is often superficial and general.

> *"I have HIV. When I went for a health examination I asked for advice about having children. The doctor said I should not because I am infected with HIV, so I followed that advice and have no kids." – PLWH in Hanoi*

> *"My husband has the disease but when I came to consult with the doctor, the doctor said that it is better not to have children, because if my husband dies who will take care of us?. I wanted to have a baby, but the doctor advised me not to. I feel that I am healthy, so I want to have the baby, but nobody gives me advice. Finally, the doctor advised me not to. I have many friends who want the same, but it is not possible. The doctors all said we should not have babies, or they said if you have one already, why should you have another one, for what?." – PLWH in Hochiminh city*

When a woman living with HIV gets pregnant, most doctors would advise them to have an abortion.

> *"I went to have a check-up and the doctor advised me to have an abortion. He said I should not have the baby because I am infected with HIV. They provided counselling but leaning towards abortion." – PLWH in Hochiminh city*

The comments made in our FGDs are similar to what is reported in the literature. Quantitative surveys and qualitative discussions with PLWH in 2012 and 2013 showed that [84] women living with HIV or with a positive partner are advised to abstaining from sex and not to have children[85]. Advising women/couples not to have children when they are HIV positive may be not just the fear of transmitting HIV to the infant but also the perception of HIV as "dirty" and "contamination" which could negatively influence the "cleanness" of the family, community and "race"[86]. This perception of HIV in reproduction should be taken into

[83] Thu, H. K., Thu, T. D., Van, A. T., Xuan, T. V., Phuong, T. T., Tran, K., . . . Quan, H. V. (2018). The dark side of female HIV patient care: Sexual and reproductive health risks in pre- and post- clinical treatments. *Journal of Clinical Medicine, 7*(11), 402. doi:10.3390/jcm7110402

[84] Messersmith, L. J., Semrau, K., Hammett, T. M., Phong, N. T., Tung, N. D., Nguyen, H., . . . Anh, H. T. (2013). 'Many people know the law, but also many people violate it': Discrimination experienced by people living with HIV/AIDS in vietnam – results of a national study. *Global Public Health, 8*, 30-45. doi:10.1080/17441692.2012.721893

[85] Messersmith, L. J., Semrau, K., Anh, T. L., Trang, N. N. N., Hoa, D. M., Eifler, K., & Sabin, L. (2012). Women living with HIV in vietnam: Desire for children, use of sexual and reproductive health services, and advice from providers. *Reproductive Health Matters, 20*(39), 27-38. doi:10.1016/S0968-8080(12)39640-7

[86] Phinney, H. M., Hong, K. T., Nhan, V. T. T., Thao, N. T. P., & Hirsch, J. S. (2014). Obstacles to the 'cleanliness of our race': HIV, reproductive risk, stratified reproduction, and population quality in hanoi, vietnam. *Critical Public Health, 24*(4), 445.

account in education, communication and counselling on HIV, especially in the current context of the draft Law on Population which emphasises population quality in Vietnam[87]. Population quality as defined in the current draft law focuses on physical measurements and will increase discrimination towards not only PLWH but also other "not normal" groups such as PWDs and SOGIE[88].

In addition to social barriers, economic difficulties are another big obstacle that PLWHIV meet when they want to have children.

> *"If you want to have children, your economic situation must be stable, in order to have the determination to have kids and raise them well and healthy." – PLWH in Hochiminh city*

Limited access to PMTCT

Prevention of mother to child HIV transmission (PMTCT) is an effective and efficient way to reduce HIV infection rate among children born to HIV positive mothers. PMTCT can reduce HIV transmission rates from mother to infant from 25-40% to 2-6%. Despite very good ante-natal and post-natal care systems, in 2017, only 50% of pregnant women were tested for HIV during pregnancy; 53% of women with HIV were diagnosed during their pregnancy and 47% were detected only during delivery[89]. When their HIV infection was detected, most women received PMTCT. In 2017, 2000 out of 2700 HIV-positive pregnant women received PMTCT[90]. Early detection during pregnancy would help increase the effectiveness of the program. However, HIV testing was not available at lower levels of the health care system, such as commune health centres. It is important women are tested for HIV even before they become pregnant. In addition, because HIV-positive pregnant women are often referred to provincial level facilities for delivery, there could be a loss of follow up during PMTCT, or women may choose to give birth at a commune health station to avoid an HIV test. In addition, the lack of knowledge on PMTCT, distance to clinics and poor counselling are also reasons for women not to access PMTCT even when the service should be available[91].

Unmet SRH needs

Women with HIV shared many sexual and reproductive health problems with other women in Vietnam. For example, they could fail to negotiate consent, non-violent and safe sex with their husband/partner[92]. A recent study showed that only 30.7% of women with HIV reported using condoms with their husband. Application of other modern birth control methods was also limited due to their lack of knowledge and of access to services[93]. This study also highlights the need to integrate SRHR with current HIV interventions.

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[87] Draft Law on Population 2017 http://duthaoonline.quochoi.vn/DuThao/Lists/DT_DUTHAO_LUAT/View_Detail.aspx?ItemID=545&LanID=1442&TabIndex=1 (accessed 10th October 2018)

[88] Hoang, T.A. 2018. Critical review of draft Law on Population.

[89] MOH. 2017. Report of activities in 2017 and plan for 2018. December 2017. Hanoi, Vietnam

[90] https://aidsdatahub.org/sites/default/files/country_review/Viet_Nam_Country_Card_2018_sep.pdf

[91] Nguyen, T. A., & O. (2008). Barriers to access prevention of mother-to-child transmission for HIV positive women in a well-resourced setting in vietnam. *AIDS Research and Therapy, 5*(7)

[92] Thu, H. K., Thu, T. D., Van, A. T., Xuan, T. V., Phuong, T. T., Tran, K., . . . Quan, H. V. (2018). The dark side of female HIV patient care: Sexual and reproductive health risks in pre- and post- clinical treatments. *Journal of Clinical Medicine, 7*(11), 402. doi:10.3390/jcm7110402

[93] ibid

3.3.4. Good practices and opportunities

Strong network of PLWH

In 2007, the Vietnam Civil Society Platform on HIV/AIDS Prevention (VCSPA) was established. To date, VCSPA has 506 group and organisation members in 50 provinces[94]. The platform is an important venue for capacity building and advocacy for PLWH and related groups.

After many years of being involved in HIV/AIDS prevention programs, almost all of these groups and organisations have good communication, education and counselling skills, which are also important for promoting SRHR. Thus, VCSPA could be a nexus for promoting SRHR in HIV/AIDS related activities.

ART changes people perception on HIV

Though not all PLWH in Vietnam are able to access ART, it has changed the face of the HIV epidemic in Vietnam. HIV used to be perceived as a death sentence. However, the availability and accessibility of ART even for the most vulnerable and marginalised groups such as MSM-TG, sex workers, and drug users, have changed the way people think about the disease and their future. In 2018, 130,000 of 175,000 registered cases of HIV were provided with ART[95]. Living longer and healthier enabled PLWHIV to think more about their future, including finding a job, getting married and having children.

High health insurance coverage among PLWH

Starting from 2019, ART will be covered by health insurance. To ensure the continuation of treatment, the government has been working closely with community groups and CSOs to increase health insurance coverage among PLWH. According to a recent report, about 90% of PLWH are insured. This means that they will be able to access not only HIV prevention services but also other reproductive health services, such as family planning and mother and child care.

[94] https://scdi.org.vn/our-works/chuong-trinh/mang-luoi/vcspa-theo-dong-thoi-gian-2010-2015/

[95] https://suckhoe.vnexpress.net/tin-tuc/suc-khoe/45-000-nguoi-nhiem-hiv-chua-duoc-dieu-tri-khang-virus-3839415.html

3.4. Female, transwomen, MSM sex workers

3.4.1. Background

Sex workers are defined as consenting adults over the age of 18, who may be female, male or transgender, who voluntarily engage in transactional sex. People under the age of 18 who sell sex or people who are coerced into selling sex involuntarily are not considered to be sex workers, but victims of sexual exploitation[96].

Although not specifically identified in the ICPD PoA, the rights of sex workers are implied because "everyone should be able to enjoy the highest standard of sexual and reproductive health"[97]. CEDAW does specifically call for special attention for to be given to vulnerable people including those "in prostitution"[98] and in 2016, the Committee on Economic, Social and Cultural Rights recommended that:

> *"State parties should take measures to fully protect persons working in the sex industry against all forms of violence, coercion and discrimination, and ensure that such persons have access to the full range of sexual and reproductive health care services."*[99]

Recent estimates suggest there are about 130,000 sex workers in Vietnam, the majority of whom are female (72,000), although some estimates place the number at much higher[100]. There is no formal data on transwomen and MSM involved in this work, but information about the economic challenges due to high levels of stigma and discrimination toward these groups suggests that engaging in sex work may be common among them. In a quick survey with 28 transwomen from Hanoi and Hochiminh city, 11 (nearly 40%) said that they did sex work for income[101].

3.4.2. Policy approaches to sex work and legislative position in Vietnam.

In Vietnam, as elsewhere in South East Asia, the abolitionist approach is adopted[102]. Abolitionist approaches view payment for sex as inherently immoral and define it as prostitution. These approaches prohibit all transactional sex and associated activities and view sex workers as victims of exploitation who have little or no choice in their livelihoods[103].

[96] WHO, UNFPA, UNAIDS, NSWP, World Bank, UNDP (2013) *The Sex Worker Implementation Toolkit.*
[97] UNFPA (2014) *Programme of Action adopted at the International Conference on Population and Development Cairo, 20th Anniversary Edition 7.3*
[98] UN (1999) *CEDAW General Recommendation No 24 Article 12*
[99] UN Committee on Economic, Social and Cultural Rights (2106) *General Comment No 22 on Right to Sexual and Reproductive Health.*
[100] ILO (2016), *Summary Study Report: Vietnam's Sex Industry: A Labour Rights Perspective,* Hanoi, Vietnam
[101] Hoang, T. A., & Oosterhoff, P. (2016). In Anthropology of Health,Care and the Body (Ed.), *Transgender at work: Livelihoods for transgender people in vietnam.*
[102] UNAIDS, UNFPA, UNDP (2103) *Sex Work and the Law in the Asia-Pacific*
[103] Bindle, J (2017) *The Pimping of Prostitution: Abolishing the Sex Work Myth*, Palgrave, UK.

Sex work in Vietnam is framed within a discourse of "social evils", which also includes gambling and drug addiction[104]. The ordinance on Prostitution Prevention and Control, 2003, "strictly prohibits" the buying and selling of sex and all activities associated with this[105]. However, in recent years, there has been a recognition that in order to prevent and control HIV, sex workers do require access to sexual and reproductive health services. So, whilst sex work remains illegal, punitive sanctions have been softened and other legal provisions have been put in place so that sex workers can access health and social services[106]. Since 2013, selling sex has no longer been treated as a violation of Criminal Code but as an administrative violation and is addressed by the Law on Administrative Violation.

The Law on HIV/AIDS Prevention and Control, 2006, states that sex workers should be given priority for access to information, education and communication on HIV prevention and control, and access to free condoms as part of 100% Condom Usage Program (CUP)[107]. Also, since 2012, partly due to sustained advocacy from sex worker-led community groups and related CSOs, sex workers are no longer subject to compulsory detention in rehabilitation centres but are instead subject to fines if they are arrested[108]. However, despite these provisions the contradictory position of continued enforcement of criminal laws against prostitution means that these general HIV laws seem to afford limited protection to sex workers[109], who continue to be affected by high levels of violence and remain at risk of infection with HIV and other STIs.

3.4.3. Challenges to SRHR of sex workers

Vulnerability to violence and infection with HIV and other STIs.

Like many other places in the world, especially where sex work is illegal, female and transwomen sex workers in Vietnam are at high risk of violence in both physical and sexual forms. Street workers are most at risk, but sex workers employed in venues such as massage parlours also report high levels of violence. Among 150 female sex workers surveyed, 44% reported suffering from violence[110]. The perpetrators included clients, managers of the venues where they work, regular intimate partners, and law enforcement officers[111]. The FGDs revealed similar information.

> *"I experienced violence from my clients, asking for a lot of sexual acts and if I did not do what they wanted, then they refused to pay. Although since I participate in the network, I can have a lot of information and counselling and I am very determined to use a condom*

[104] Rydstrom, H. (2003). Encountering "hot" anger: Domestic violence in contemporary vietnam.(special issue: Responses and challenges to violence against women in east and southeast asia). *Violence Against Women, 9*(6), 676-697.

[105] GoV (2003) *Ordinance on prostitution prevention and combat No. 10/2003/L-CTN*

[106] Tham Nguyen Ha, Anastasia Pharris, Nguyen Thanh Huong, Nguyen Thi Kim Chuc, Ruairi Brugha & Anna Thorson (2010) *The evolution of HIV policy in Vietnam: from punitive control measures to a more rights-based approach, Global Health Action, 3:1, DOI: 10.3402/gha.v3i0.4625*

[107] GoV (206) Law on HIV Prevention and Control No. 64/2006/QH11

[108] NSWP, *Vietnam closes detention centre* No 5. Accessed http://www.nswp.org/timeline/event/vietnam-closes-detention-centre-number-five. on 20 Aug 2018.

[109] UNAIDS, UNFPA, UNDP (2103) *Sex Work and the Law in the Asia-Pacific*

[110] http://www.thanhniennews.com/society/vietnam-sex-workers-haunted-by-specter-of-violence-hiv-43535.html

[111] ILO (2016) *Summary Study Report: Vietnam's Sex Industry: A Labour Rights Perspective,* Hanoi, Vietnam

every time I sell sex, but sometimes, I am beaten by the clients because I did not do what they told me to."
"Pimps or managers sometimes beat me. This happens quite regularly. Sometimes in one day I sell sex to a few tens of clients, they don't pay me even or pay very little, I have to accept it otherwise I am beaten up."
"My sex partner also beats me when he is jealous."
FGD in Hochiminh city

Though managers and pimps can be perpetrators, female sex workers often feel safer when they work with pimps and managers, as clients and hotels are guaranteed by them. It is different when they work alone and have to take all the risks by themselves.

The FGDs revealed that female sex workers and transwomen sex workers differ in the way they organize themselves and sell their services. For example, female sex workers may work solo (as street sex workers) or under the management of pimp(s). Transwomen sex workers, however, often arrange their business by themselves using the Internet, and most of the violence they suffer is therefore from their clients. Violent and forced sex without condoms and sex with multiple clients at the same time were common among the group of transwomen.

> *"We work as independent sex workers so there is no experience of being beaten up by managers. We look for clients ourselves, but the risk is that we may be forced or get physical, mental and sexual violence." – Transwoman in Hochiminh city*

> *"My friend was in that situation. At the beginning, her manager gave her 6 million VND to serve 2-3 clients only, but when she came to the hotel there were 9 or 10 clients there. After that she had an anal tear that needed stitching." – Transwoman in Hochiminh city*

Group discussions also showed that PrEP[112] is commonly used among transwomen sex workers to prevent HIV infection after having (often forced) unprotected sex with male clients. In cases where the clients are using PrEP, transwomen sex workers were also often forced to have sex without a condom. Using PrEP was mentioned only among transwomen sex workers in Hochiminh city, not in Hanoi, possibly because PrEP was introduced earlier in Hochiminh city, in 3/2017, but a year later in Hanoi. In the review workshop in July 2018, it was reported that about 1200 MSM and transwomen in these two cities were using PrEP[113]. Information on this issue was limited in the FGDs, so it is not clear whether the use of PrEP in this group is consistent and effective.

> *"When we serve the clients (sell sex), we are always worried that not using a condom would lead to STIs. Sometimes we only take PrEP and do not use condoms, so we cannot prevent all STIs. If we do not listen to them, we would be beaten up." – Transwoman sex worker in Hochiminh city*

> *"Many people/clients are polite and civilized. They are office workers and they want to protect themselves but there are also clients who lack education and they take*

[112] Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day. https://www.cdc.gov/hiv/risk/prep/index.html
[113] http://baophunuthudo.vn/article/27875/191/prep-giai-phap-du-phong-phoi-nhiem-hiv-hieu-qua

PrEP for themselves and they don't care about you anymore." – Transwoman sex worker in Hochiminh city

Sex workers, both female and transwomen, often do not report violence to the police for fear of arrest and/or that they may be humiliated and chastised for wasting police time, and that their reports will be ignored. In the above-mentioned survey among female sex workers, 46% of the women who suffered from violence did not report the incidents to the police[114]. None of the female and transwomen sex workers in our FGDs in Hanoi and Hochiminh city had experience of reporting to the police, though many of them had experienced violence. Transwomen sex workers did report the experience of humiliation when they were arrested by policemen, for example being asked to take off their clothes and being laughed at.

"Due to stigma many transgender people are pushed into sex work. Problems associated with sex work include violence, clients not paying, being forced to have sex with many people. The law is not able to deal with these issues because sex work is illegal. When sex workers report, they are in even more trouble. Some people are arrested while selling sex. The police officers even ask them to take off all their clothes and then laugh at them because their upper body is female and lower body is male." - Transgender sex worker in Hochiminh city

Participants in the FDGs were hoping to see legalisation of sex work as the best measure to protect them from violence and fulfil their rights.

"If it is legalised then we will have a certificate which is very interesting, we could have regular health check-ups, which would make sure we don't have a disease, and no disease means no transmission. We will receive protection once it is legal." - Female sex-worker in Hanoi.

"I fully support it because this is a job and it does not rob anyone. We use our own body to work and there is nothing wrong in what we do." - Transgender sex worker in Hochiminh city.

Frequent exposure to violent and unprotected sex means that sex workers are particularly vulnerable to HIV infection. The prevalence of HIV among street-based female sex workers Hochiminh city was as high as 23%, compared to a prevalence of 0.3% in the general population[115]. A review of the literature shows that the risk of HIV infection among MSM in Vietnam increased from 9.4% in 2006 to 20% in 2010[116]. Even for HIV testing and prevention programs, high risk groups such as MSM also had limited access. Data from 2016 showed that 61% of MSM in the survey used a condom when having sex; 41.3% had had an HIV test in the past 12 months and knew the results, and only 37% of them accessed HIV prevention

[114] Thanhnien News (2104) *Vietnam Sex Workers haunted by spectre of Violence* http://www.thanhniennews.com/society/vietnam-sex-workers-haunted-by-specter-of-violence-hiv-43535.html. Accessed 20 Aug 2018

[115] Le, L.V.N., Nguyen, T. A., Tran, H. V., Gupta, N., Duong, T. C., Tran, H. T. & Kaldor, J. M. (2015). *Correlates of HIV infection among female sex workers in Vietnam: Injection drug use remains a key risk factor.* Drug and Alcohol Dependence, 150, pp. 46-53.

[116] García, M.,C., Meyer, S. B., & Ward, P. (2012). Elevated HIV prevalence and risk behaviours among men who have sex with men (MSM) in vietnam: A systematic review. *BMJ Open, 2*(5) doi:10.1136/bmjopen-2012-001511.

programs[117]. This number was 75.6% in 2011. This decrease could be due to the reduction of foreign aid for HIV prevention programs after Vietnam became a middle-income country. While prevention of HIV for MSM decreased, their use of drugs increased from 15.4% in 2012 to 22.3% in 2016. Drug use also contributed to the increased risk of HIV transmission among this group. The use of drugs is reported to be widespread and on the rise among transwomen sex workers and clients[118]. Now 100% Condom Use Programmes have been piloted and a Government circular to encourage provision of condoms in entertainment venues has been issued. However, contradictions and inconsistencies between these public health policies and the enforcement of criminal law mean that sex workers still report that police see the carrying of condoms as evidence of illegal conduct.

Discrimination when using SRH services

Despite their clear need for comprehensive sexual and reproductive health services, sex workers report difficulties in accessing such services, due to a range of barriers that include the poor, discriminatory attitudes of health service providers. Sex workers who are also HIV positive suffer from double stigma and discrimination. The sex workers reported that they had to wait a very long time for services, were asked to touch their genitals themselves because the doctors did not want to do that, and might even be denied the service if they were HIV positive.

> *"Some of us who do this job go for gynaecological check-ups at the B clinic (as part of a free check-up programme). The doctors there told us to wait until they have finished with all other 'normal' patients. They kept their distance and we had to wait a long time, sometimes hours, and they even went out without coming back if we were HIV positive."*
> *"The doctor knew that I was a sex worker and said: "Come in and pull down your trousers, use your own hands to open the vaginal lips. I did what was told and was waiting but doctor did not examine me but said the examination was done. I asked how you examined, and doctor said, "No need to do examination, just with a mirror looking from a distance I knew what it is". I then asked if I needed to do any test, she said there was no need, looking was enough. She then prescribed me some medicines and told me to insert them in the vagina at home. I checked later with other sex workers about their experiences. They said the same thing, doctors do not touch us, they asked us to do it ourselves, while with other patients the doctors often use a kind of tool to insert inside the vagina to do the check-up."*
> *- Female sex workers in Hanoi*

3.4.4. Good practices and opportunities

Although sex work is still illegal in Vietnam, the National Program on Prevention and Control of Prostitution, 2016-2020, recognises that sex workers are socially vulnerable to violence, exploitation, humiliation, HIV and STD transmission, discrimination, and lack of access to

[117] Ministry of Health (2018). Report on HIV/AIDS prevention program in 2017 and they key tasks in 2018.
[118] Vu, N. T. T., Holt, M., Phan, H. T. T., Le, H. T., La, L. T., Tran, G. M., . . . de Wit, J. (2016). Amphetamine-type stimulant use among men who have sex with men (MSM) in vietnam: Results from a socio-ecological, community-based study. Drug and Alcohol Dependence, 158, 110-117. doi:10.1016/j.drugalcdep.2015.11.016.

medical and social services[119]. Civil rights and civil society organisation involvement are central in the approaches of this program, which is very much in line with international recommendations on reducing sex workers' vulnerability to violence and HIV. WHO guidelines state that all countries should work towards decriminalisation of sex work. The Global Commission on HIV and the Law came to a similar conclusion, noting that "criminalisation in collusion with social stigma makes sex workers lives more unstable and less safe".

Despite high levels of stigma and discrimination, peer-led groups of sex workers have been formed in Vietnam and have acted effectively as key agents for change[120]. These groups are actively conducting outreach activities that reach sex workers and provide capacity building and economic and emotional support, as well as advocating for their rights. A national network of sex workers was established to connect, consolidate and empower sex workers in Vietnam for public education and advocacy; 32 peer-led groups across Vietnam joined the network[121]. Transwomen sex workers could be members of this new network, or they could join the network of MSM and transgender people (MSM-TG)[122].

The work of Civil Society Organisations (CSO) in promoting the rights of sex workers has not received financial support from Government, but their work has been recognised by the state:

> *"During recent years, our projects have been recognised well by Government and public agencies, so the collaboration has been much easier. There have been changes from the side of the Government. When we do a project on gender sensitivity, we invite health workers to participate and they do show changes. They are willing to receive those clients and do not stigmatise them." – Interview project officer of a local NGO.*

[119] https://thuvienphapluat.vn/van-ban/Van-hoa-Xa-hoi/Quyet-dinh-361-QD-TTg-chuong-trinh-phong-chong-mai-dam-2016-2020-304807.aspx

[120] Bridging the gaps (2015) Promoting safe sex and empowerment for sex workers in Vietnam. https://www.hivgaps.org/wp-content/uploads/2015/11/Research-report-Promoting-safe-sex-and-empowerment-for-sex-workers-in-Vietnam.pdf

[121] http://www.nswp.org/members/vietnam-network-sex-workers

[122] https://scdi.org.vn/en/news/others-news/msm-tg-vietnam-14-years-looking-back-a-development-journey/

3.5. Elderly people

3.5.1. Introduction

Globally, life expectancy has been rising rapidly over the course of the last century as a result of overall improvements in socio-economic development, increased spending in public health, and technological advances in medicine. Currently it is estimated that elderly people, defined as persons over the age of 60, make up 12.3% of the world's population; by 2050 it is estimated that this percentage will have increased to 25.1% or 2.1 billion people. Such demographic change is most notable in low and lower middle-income countries; by 2050 these will be home to 80% of the world's over-60s[123]. Vietnam is one of the five fastest ageing countries in the world. In the last census in 2009, there were 9 million people 60 years and older. Vietnam entered the aged population period in 2017 for the first time. By 2050, the number of people 60 years and over will increase to 25% of the population[124].

The rights of elderly people are defined within the Constitution of Vietnam, which identifies elderly people as one of the population groups for whom the Government and society are responsible for providing support. This was stated in the Law for Elderly People. Mr. Vu Duc Dam – Deputy Prime Minister - stated in a speech a speech on the International Day of the Elderly in 2017 that, "In Vietnam, ranging from the Constitution to the Law on the Elderly and other official documents, all have vowed to give the best care for the elderly"[125].

3.5.2. Law and policies on elderly people

The Vietnamese government is a signatory to the Political Declaration and Madrid International Plan of Action on Ageing in 2002[126], which states that elderly people are fully entitled to physical and mental health care, and that special attention should be paid to measures to protect elderly people, especially women, from violence and abuse.

In 2009, the National Assembly passed the Law on the Elderly which replaced the Ordinance on the Elderly, 2000[127]. This law recognised the right of elderly people to health care and to other basic needs including housing, food, clothing and mobility. The law set June 6th as Vietnam's Elderly Day and regulated functions of the Vietnam Elderly Association.

In 2012, the Government of Vietnam adopted the National Program of Action for Elderly People for the period 2012 – 2020, which focuses on improving the quality of care for elderly people. Like the Law on the Elderly, the main needs addressed in the program are those for basic personal care, physical health care, maintaining social and family relationships, and social welfare. The document also set October as the Month for Action for Elderly People in Vietnam.

[123] https://www.forbes.com/sites/williamhaseltine/2018/04/02/aging-populations-will-challenge-healthcare-systems-all-over-the-world/#12ccd3da2cc3

[124] https://english.vietnamnet.vn/fms/society/187365/population-aging-in-vn-among-the-fastest-in-the-world.html

[125] ibid

[126] http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf

[127] http://www.moj.gov.vn/vbpq/en/Lists/Vn%20bn%20php%20lut/View_Detail.aspx?ItemID=10470

There is no specific mention of sexual and reproductive health rights of elderly people in the current laws and policies in Vietnam. However, these rights are not excluded or limited, but are considered to be included in related laws on health care, marriage and family, as none of those laws mentioned age specifically.

3.5.3. SRHR challenges for elderly people

Although there is no explicit exclusion, without being specifically mentioned, laws and policies in Vietnam can fail to prevent elderly people from the discrimination, violence and abuse that are rooted in stereotypical views on ageing and in social prejudices about older adults and sex, sexual relationships and reproduction.

Focus group discussions conducted for this review with 18 women and 20 men from 60 to over 70 years old in Hanoi and Hochiminh city demonstrated that they do meet challenges in the realization of their rights to sexual and reproductive health and health care.

Elderly people especially women are prevented from establishing new intimate relationship

It is more difficult for elderly women than for elderly men to remarry, after they lose a spouse. The children often encourage their fathers to remarry but not their mothers. According to the FGD participants, the general perception is that elderly men cannot take care of themselves and need someone to take care of them, while women can take care of themselves. Adult children also need their mothers to help them take care of the grandchildren. Thus, they are more hesitant to approve a new intimate relationship for their mother.

> *"Children often create favourable conditions for fathers to remarry earlier; the common perception is that in the same situation women have better tolerance than men and that losing a wife is a huge shock for a man. Therefore, children are often more comfortable with their fathers remarrying and less with their mothers, because mothers are expected to take care of children and grandchildren. Men who remarry acquire somebody to take care of them and thus the children's burden of taking care of the father is lifted." – Elderly man in Hochiminh city*

> *"For women like us, society does not really accept remarriage. It is easier for men because of the perception that if the father has a new wife, the children are saved from taking care of him. If the children don't agree to their father's marriage, it is mostly because of fear of further dividing property." – Elderly woman in Hochiminh city*

In addition, traditional norms regarding the three virtues of women still prevail. Thus, women are encouraged or even forced to refrain from forming new intimate relationships or even to socialize outside of their family.

> *"After my husband died, my mother-in-law wanted me to stay single and not re-marry. She said: "A woman needs to be decent. When the husband dies, she should stay single and pray for his soul." My mother-in-law was in the same situation when her own husband died. Therefore, I am not allowed to go out much. If I wear something nice or sexy, my mother in law is unhappy and scolds me. When I go out*

somewhere, I must return at an agreed time. After 19.00, I should not go out of the house anymore, otherwise my mother-in-law suspects I am out with another man. Till now, even the women's group had to came to talk to my mother-in-law and convince her to allow me to go out together with them for group activities. My mother-in-law made one of the women's group leaders promise to guarantee that I would be safe, meaning not going out with another man, then she agreed. I feel very sad."

"This is our long tradition, women need to follow norms, need to act decently and in accordance with the Three Obediences and Four Virtues, so being a woman has always been a disadvantage."
Elderly women in Hanoi

Internationally, it is known that elderly people living with a partner have a longer life expectancy and lower mortality rate than those who live alone because they are widowed, divorced or never married[128]. Research also shows that elderly people care about the opinions of other people and social norms regarding remarriage[129]. Thus, to improve the care of elderly people, it is important to change the norms concerning remarriage, especially elderly remarriage. Women are at higher risk of ending up living without a partner in their later life, because they usually live longer. They also face more barriers to remarriage than do men. Data from the USA in 2014 showed that 49% of elderly women vs 69% of elderly men were living with a partner at the age of 84 and below, while the difference was even greater, 12% vs 49%, at age 85 and above[130]. However, it is noted that women seem better at maintaining or enlarging their social networks after widowhood than are men[131].

Lack of social recognition of elderly people's need for consensual and satisfying sexual relationships

There is no formal data in Vietnam regarding the sexual life of elderly people. However, elderly women and men in our FGDs discussed openly about their needs for intimate relationships and sex. They also recognised the social stereotype regarding the sexual needs of elderly people. It is easier for society to accept that elderly men have sexual desires, without an age limit. However, elderly women are considered not to have any sexual desires after a certain age, and if they were to have any, they should refrain from expressing or acting on them.

"Social norms consider that men never talk about stopping sex, but women do at the age of 45-50 or older; if they still show sexual desires at this age then the social

[128] Manzoli, L., Villari, P., M Pirone,Giovanni, & Boccia, A. (2007). Marital status and mortality in the elderly: A systematic review and meta-analysis. *Social Science & Medicine, 64*(1), 77-94. doi:10.1016/j.socscimed.2006.08.031
[129] Osmani, N., Matlabi, H., & Rezaei, M. (2017). Barriers to remarriage among older people: Viewpoints of widows and widowers. *Journal of Divorce & Remarriage, 59*(1), 1-18. doi:10.1080/10502556.2017.1375331
[130] http://www.pewsocialtrends.org/2016/02/18/smaller-share-of-women-ages-65-and-older-are-living-alone/st_2016-02-18_older-adult_m-03/
[131] van Tilburg, T. G., & Suanet, B. (2018). Unmarried older people: Are they socially better off today? *Journals of Gerontology.Series B: Psychological Sciences and Social Sciences,* , urn:issn:1079-5014.

*norms look at them differently. At this age women should not do so, their sexual desires are gone, and they would be stigmatised.**" – Elderly man in HCM city***

The elderly people in our FGDs also recognised the challenge at their age in meeting the expectations of their husband/wife or partner. Most of the women in the FGDs complained about a lack of sexual desire, and dryness and pain when having sex. However, they often gave in and tried to satisfy the needs of their husband. Thus, non-consensual and forced sex could be a problem especially for elderly women.

"My friends – the wife is 65 and the husband is 70 – when the husband wants sex while the wife does not like it, the husband said: "Even when you don't like it, you have to like it." She has a lot of pain after each intercourse, but she still has to do it. Each week, she has to do it one time for him. Sometimes, she has bleeding afterward." – Elderly woman in Hanoi

"When my husband was still alive, he still had sexual desires, but I did not have them anymore. I knew that, so I gave in and let him do it to make him relaxed. As a woman, we should understand that aspect in order to maintain the relationship." – Elderly woman in Hochiminh city

Though lubricants are available at affordable prices, especially in big cities like Hanoi and Hochiminh city, elderly people feel hesitant about buying them, even if they know about the product. It is considered "shameful". In addition, people are not sure about the product and are afraid of possible side effects, because no communication and information about such products is available to elderly people. Some women reported that they used "coconut oil" instead. Buying coconut oil is much more comfortable for them because it is a common product for cooking and cosmetic use. In addition, it is a natural product, so the women feel better about using it.

"At my age it is quite shameful to go to the pharmacy to buy lubricant, because people would sneer at you. I would not dare to go to buy it. Also, I don't know what it is made of, if I use it and it is harmful, then it is no good." – Elderly woman in Hanoi

Elderly men also complained about differences in the sexual capacity within the couple, when the men are "weaker", and the women are "stronger". However, this complaint was not mentioned often among the FGD participants.

"In my house, my wife is strong, and I am weak. I want to do it only once every two months. My wife often came to ask for more (sex) but I could not respond. So please advise me how I can balance my married life." – Elderly man in Hanoi

Non-communicable diseases are common among elderly people. Research in a rural district in Vietnam among more than 600 people over 80 years old found that each person had on average 6.9 chronic diseases[132]. Another study also in a rural area among more than 700 people 60 years and older found that musculoskeletal disorders, hypertension, gastrointestinal diseases and cardiovascular diseases were most common among elderly

[132] https://baomoi.com/con-lo-hong-lon-trong-cham-soc-suc-khoe-nguoi-cao-tuoi/c/26186166.epi

people and affected their quality of life[133]. These health problems can influence the sex life of elderly people.

Limited access to relevant SRH information and services

Elderly people in FGDs in Hanoi and Hochiminh city, especially those who are retired with a pension, reported having a regular health check-up approximately every three months. These check-ups are often included in their health insurance scheme. They may pay by themselves for check-ups if they do not have insurance or if they request services not included in their insurance package. They can also get certain check-ups at home during campaigns, for example, health campaigns for prevention of high blood pressure, heart diseases or diabetes, or campaigns on the occasion of the national day for the elderly. These campaigns may be conducted by local health departments but may also be done by private hospitals, pharmaceutical companies, or charity groups. It is rare that information and services on sexual and reproductive health are included in the check-up. Even though high blood pressure, heart disease and diabetes can have a significant impact on sexual activity, discussion of this matter is usually not included in counselling on these diseases.

> *"We go for health checks as per the insurance package. Doctors only ask "Where do you have pain?", "What do you want to check?" but they never proactively ask (about sexual and reproductive health issues)." – Elderly man in Hanoi*

> *"I was in the army for many years, I have had all types of health examination, but they never ask about this issue (sexual health)". – Elderly man in Hanoi*

> *"Normally we are offered regular check-ups on blood pressure and on heart and circulation problems; this is a free package for people who are retired. But it does not include any check-up on reproductive and sexual health." – Elderly woman in Hochiminh city*

> *"Sometimes health services come to the home to do a gynaecological check-up for us. However, in most of the examination or communication sessions, they tell us to pay attention to our health to prevent heart/circulation problems or diabetes, in order not to become a burden for the society, but they never talk about reproductive health or sexual health to us." – Elderly woman in Hanoi*

Elderly women in the FGD reported using health services such as gynaecological check-ups more than did elderly men. They either requested these check-ups themselves at health clinics or used them because they were included in the package of regular health check-ups covered by their health insurance. Elderly women with menopause often experienced difficulties with regard to both their own sexual needs and their responses to the needs of their husbands and partners. These challenges were not discussed during the women's gynaecological check-ups.

Although the rates of breast cancer, cervical cancer and prostate cancer are increasing in Vietnam, screening tests for these cancers are not included in national programs and are

[133] Bang, K., Tak, S. H., Oh, J., Yi, J., Yu, S., & Trung, T. Q. (2017). Health status and the demand for healthcare among the elderly in the rural quoc- oai district of hanoi in vietnam. *BioMed Research International, 2017* doi:10.1155/2017/4830968

not covered by health insurance. The use of cancer screening tests was very limited among the elderly participants of our FGDs. Only one woman among the FGD participants, a woman in Hochiminh city, reported having been screened for cervical cancer. According to the discussion, she had actively requested the test and paid for it herself. However, she complained about the attitude of health providers, who found the test unnecessary for her.

> *"When I go for a check- up, I also have a gynaecological check-up. Since I turned 60, when I went for such a check-up, they said that the ovaries are already shrunken, you don't need that check-up any more. I asked them to do a Pap test but sometimes they don't do it and said that according to the ultrasound, the ovary and uterus are already shrunken, why do I need examination? In fact, at that age there should be more tests and examinations. In my case I pay for it, but they still have that kind of attitude. The way they consider us like that is not okay." – Elderly woman in Hochiminh city*

No men in the groups reported having had any kind of screening tests. They also indicated that economic factors can be a barrier to accessing screening tests.

> *"Only those people with enough money can prevent cancer." – Elderly man in Hochiminh city*

Though elderly men have high risk for certain cancers such as prostate cancer, none of the men in the FGDs showed concern about this issue. Elderly men, including those who have regular health check-ups are not aware about the need for screening tests. Instead, men in the group discussions shared several examples of women in their family who suffered from cancer. One man even concluded that screening tests are more important for women than men.

> *"This is especially important for women, as many women are detected with cancer only at later stages. Early identification is important and there should be more communication about it." – Elderly man in Hochiminh city*

Participants in FGDs also noted the need to pay more attention to elderly people who are living alone, without a partner and without other care-givers.

> *"Elderly people also have a problem with loneliness. Children are already grown up and left home. For those who are widows/widowers, the loneliness is even greater. Reproductive and sexual health rights should target those who are lonely and those who don't have anybody who take care of them." – Elderly man in Hochiminh city*

3.5.4. Good practices and opportunities

Up to now there are no programs on sexual and reproductive health and rights for elderly people. However, as mentioned above, the recognition of rights to care and health care of elderly people in Vietnamese law and society does provide an opportunity to discuss their rights to sexual and reproductive health as one among several strategies to achieve the health and health care goals of state and society for elderly people. In addition, the high coverage of insurance among elderly people, especially in urban areas, provides another opportunity to integrate SRHR of elderly people in public health services.

4. CONCLUSION AND RECOMMENDATIONS: CLOSING THE GAP

4.1. Key conclusions

- The Government of Vietnam has been making great efforts towards its commitment of SRHR for all. Many improvements have been seen in laws, education, information and services. Women and young people get access to maternal and child care and family planning services. Significant achievements can be seen in the reduction of maternal and infant mortality rates, unmet contraceptive needs, reduction in new cases of HIV infection and in HIV mortality rates, and in increased access to modern contraception, ART and health insurance. Gender inequity and violence against women and girls are recognised in laws. Gaps remain, however, especially for marginalised and vulnerable groups which are at higher risk of violence and abuse including sexual violence and abuse. The violence and abuse can occur in public places but more often are at home and in their intimate relationships. Sex workers (female, male, transgender) are especially at high risk of violence and abuse because of social stigma and their illegal status. Denial of, or being discriminated in, health services, especially SRH services, are common. In addition, PWD and LGBTIQ, face barriers in finding partners, establishing intimate relationships and forming families. PLWH are denied their rights to have children. SRH needs of elderly people including needs for intimate relationships and healthy sex lives are largely ignored or discriminated against.

- Gender inequity and social stigma related to these marginalised groups are the root causes of their problems in obtaining good SRHR. As the research showed, although stigma and discrimination affect both women and men in these groups, women seem to suffer disproportionately more than men. Traditional gender norms about being women or men in Vietnam, and the pressure to have a heterosexual family with children, play important roles in defining “normal”, “able” bodies in Vietnamese society who are entitled to love, marriage, sex and children. These norms and perceptions are embedded in the minds of family members, school teachers, service providers, policemen, media workers and others, and shape their attitudes and behaviours. There are laws and policies in Vietnam that reinforce these norms and perceptions and make the realisation of SRHR for people in marginalised and minority groups more challenging. In addition, the systems for reporting complaints and violations of rights are not always available in Vietnam, and if available, they are often not friendly or accessible to those belonging to marginalised and vulnerable groups.

- While the SRH needs of people in marginalised and vulnerable groups are specific and require approaches tailored to fit them, many of these needs have not been taken into account in the design of current health systems and services. Gender issues, stigma and discrimination are usually not covered in the pre-service training of health workers. Information regarding sexual and reproductive health needs and rights of these groups remains scarce, especially on the sexuality of elderly people and of PWD. In addition, although there is a strong link between social issues such as stigma and discrimination, violence and abuse, and health problems such as STIs/HIV, use of contraceptive methods, and unwanted pregnancy, these SRHR issues are not usually integrated in health programs.

- Despite recognition of the importance of SRHR to the well-being of marginalised and vulnerable community members, SRHR have not even been on the agenda of most the groups, networks and associations led by or working with these communities. SRHR issues have lower priority than other issues they face, such as economic disadvantages. As a result, SRHR are often not included in watch reports by these groups monitoring government commitments on realization of human rights. People from vulnerable and marginalised groups are also seldom involved in the process of policy and program development, unless the policies and programs directly mention them in the title.

- There are opportunities, including political will and policy opportunities, for leaders and organisations to promote the SRHR of the vulnerable groups. The emergence of CSO working with and run by marginalised and vulnerable groups, including development of networks led by members of these groups, opens an opportunity for advocacy for their SRHR and monitoring government commitment on the realization of SRHR for all.

4.2. General Recommendations

- To achieve the state objective of universal access, the SRHR of vulnerable and marginalised groups should be integrated into national strategic plans and policies, including but not limited to those on population, family planning, gender equity, violence prevention, and education. Programs that already target marginalised and vulnerable groups should also include SRHR. Representatives of the vulnerable groups, especially women, should participate in the development, implementation and monitoring of these plans and policies to ensure that they are gender-sensitive and context-specific.
- Public education on rights, including SRHR, of the vulnerable groups should be promoted regularly. Related topics on gender inequity and social stigma should be included in education programs. Journalists, teachers, health providers and policemen should receive sensitisation training, especially training on using inclusive and non-discriminating language.
- Health services, including reproductive health services, should be made available, accessible and acceptable to marginalised and vulnerable populations, based upon the official principle of the right to health. Pre-service training for health care workers should include the issues described in this report. After that, health care workers should receive appropriate refresher training and sensitisation to ensure that they have the skills and understanding to provide services that are based on every person's rights to confidentiality and non-discrimination.
- All violence should be monitored and reported to authorities. Redress mechanisms should be available to provide justice to all. The mechanisms should be available and accessible to everyone including people who face challenges to access because of their physical, social, or economic disadvantages, such as PWD, LGBTIQ, PLWH, SW and elderly people. Civil society organisations and networks should take SRHR into their current agenda, to promote the human rights that they are working on and to see better outcomes.

4.3. Recommendations for each key group

Persons living with disability

- Ensure the availability, accessibility of SRHR services for persons with disability and address physical, informational and attitudinal barriers that prevent access to such services.
- Ensure that specific services are available at health centres and hospitals to help enable people with disabilities to access services for example ensuring the provision of sign-language interpreters at major hospitals
- Conduct more research on the prevalence of gender-based violence and other harmful practices against people living with disability, in particular young girls with intellectual disabilities and those in institutional care.
- Ensure that people with disability are able to access services that address gender-based violence including the justice system.
- Ensure that comprehensive sexuality education is available to young persons with disability, so that they can learn about their bodies, relationships and sexuality.
- Expose and counteract, through community engagement and media campaigns, harmful social norms, that prevent the full realization of the SRHR for persons with disability, in particular the myth that people living disability cannot be parents as they are unable to look after their children.

LGBTIQ People

- Continue to move towards equitable rights for LGBTIQ people, particularly in areas such as employment discrimination and marriage equality
- Criminalise violence and harmful practices against LBGTIQ people, in particular "conversion therapy" style approaches.
- Ensure comprehensive sexuality education includes components that specifically address the needs of LGBTIQ pupils and implement anti-bullying proposals in schools
- Expand LGBTIQ networks from Hanoi and HCMC into the provinces and allow for easier registration of organizations representing LGBTIQ people and expand networks into the community.
- Issue guidance for the healthcare of LGBTIQ people, in particular transgender people, and ensure healthcare workers are trained to recognize the particular needs of this population.
- Encourage the growth of peer-led community interventions in health and well-being, such as those run by the Lighthouse and Life Centre and scale-up successful pilot models in peer-led HIV testing in community settings to achieve 90-90-90 targets

People living with HIV (PLWH)

- The education and training of health-care workers who interact with PLWH should be improved to ensure that accurate and correct information is provided, e.g. PLWH can have children provided PMTCT guidance is followed.
- In particular introduce specific training, guidance and systems to ensure the confidentiality of PLWH when accessing public health services, e.g. confidential rooms.
- Continue to encourage and expand networks, self help groups and peer-led initiatives to provide services for people living with HIV.

- Ensure that SRHR services are also available to the partners of PLWH so that they have information and products to reduce risk.
- Develop integrated services so that individuals facing double stigma and discrimination because of their HIV status and their risk behaviors can access services in one place, e.g. integration of harm reduction services with HIV treatment for drug users who are living with HIV.
- Develop a support system that allows PLHIV who have experienced stigma and discrimination when accessing services to raise a complaint and seek redress for violation of their rights under the Law on HIV.
- Ensure that the Stigma Index for PLHIV in Vietnam is undertaken at regular intervals measure progress in reducing stigma and discrimination against PLHIV.

Sex workers

- Review legislation on prostitution to ensure it protects rights of the sex workers and move towards international guidance that recommends complete decriminalization of sex work.
- Train police and justice officers to ensure they treat violence against sex workers seriously and up-hold the rights of sex workers and support
- Strengthen sex worker networks, such as the Vietnam Network of Sex Workers to foster continued community empowerment and ensure that the needs of male and transgender sex workers are not overlooked.
- Train police and justice officers to ensure they treat violence against sex workers seriously and up-hold the rights of sex workers and support
- Ensure that health services are available, accessible and acceptable to sex workers based on the principles of avoidance of stigma and discrimination and their right to health.
- Promote correct and consistent use of condoms amongst sex workers and their clients and ensure community outreach workers can conduct activities in safety and without harassment.

Older people

- Recognise that healthy sexual relations are an important part of healthy ageing.
- Ensure that health campaigns aimed at older people, that often cover issues such as hypertension and diabetes, also cover sexual and reproductive health issues.
- Increase the availability and quality of information related to older peoples sexual and reproductive healthcare needs.
- Train and educate healthcare workers to recognise that older people have particular sexual and reproductive healthcare needs, e.g. in relation to the menopause, and to raise these subjects with older people when they access healthcare services.
- Undertake awareness campaigns related to reproductive cancers, in particular prostate cancer, and improve screening, detection and treatment of these diseases.
- Increase awareness and recognition of gender-based violence and elder abuse and ensure that research includes this population and not just those of reproductive age.
- Establish and encourage spaces where older people can meet and share experiences, and particularly encourage the support of single and isolated older people to combat loneliness.

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