

HOW DO VIETNAMESE LAWS AND POLICIES ADDRESS THE SEXUAL RIGHTS OF WOMEN WITH DISABILITIES?

By

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Thesis

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TABLE OF CONTENTS

ABSTRACT	II
DECLARATION	III
LIST OF ABBREVIATIONS	V
CHAPTER 1. INTRODUCTION	1
Background	1
Research Question and Objectives	3
Outline of the Thesis	3
CHAPTER 2. METHODOLOGY	5
CHAPTER 3. OVERVIEW OF VIETNAM	8
Country profile	8
People With Disabilities in Vietnam	9
Sexuality in Vietnam	11
CHAPTER 4. LITERATURE REVIEW ON SEXUALITY OF PEOPLE WITH DISABILITIES	14
Sexuality of Disabled People in the Context of Vietnam	14
Sexuality of Disabled People in the Global Context	18
CHAPTER 5. VIETNAM’S POLICIES AND LAWS ON SEXUAL RIGHTS OF PEOPLE WITH DISABILITIES	26
Legislations Relating to Marriage and Family	27
Legislations Relating to Population and Family	28
Legislations Relating to Prostitution, STIs, Rape and Sexual Abuse	28
Legislations Relating to Health Care, Medical Examination and Treatment	29
Legislations Relating to Children and Youth	30
Legislations Relating to Employees	31
Legislations Relating to People with Disabilities	32
Other Related Legislations	33
CHAPTER 6. DISCUSSION	38
CHAPTER 7. CONCLUSION AND RECOMMENDATIONS	43
REFERENCES	47
APPENDIX 1 - LEGAL DOCUMENTS IN VIETNAM ANALYZED IN THE THESIS	61

ABSTRACT


This thesis examines how Vietnamese laws and policies address the sexual rights of women with disabilities. Despite growing international recognition of the sexual rights of people with disabilities, there is limited scholarly focus on how these issues are treated within the Vietnamese legal and cultural context. This research aims to fill this gap by critically analyzing the legal and policy frameworks that govern the sexual rights of women with disabilities in Vietnam, highlighting the cultural and social factors that influence the development and implementation. The study begins by providing an overview of the Vietnamese context, focusing on the social status of disabled people, prevailing cultural perceptions of sexuality, and the societal barriers that women with disabilities face in accessing sexual rights. The study explores how cultural attitudes toward disability and gender intersect, often creating additional barriers to the realization of sexual rights for women with disabilities in Vietnam. The research also reviews existing literature on the sexuality of people with disabilities, incorporating both global perspectives and insights specific to Vietnam, to situate the analysis within international debates on sexual rights and disability. Central to the thesis is a critical assessment of Vietnamese laws and policies, including the Law on Persons with Disabilities and other related legal documents. The study evaluates the extent to which these laws address the sexual rights of women with disabilities in Vietnam by examining provisions related to the United Nations' definition of sexual health. The thesis also considers the practical challenges in enforcing these laws in shaping policy outcomes. The findings of the thesis are used to propose actionable recommendations aimed at improving the protection and promotion of sexual rights for women with disabilities in Vietnam. These recommendations include legal reforms, policy initiatives, and strategies challenge discriminatory attitudes. By contributing to a better understanding of the intersection of disability, gender, and sexuality in Vietnam, this research offers valuable insights for policymakers, disability advocates, and researchers interested in advancing sexual rights and gender equality.

Author's Note: *In this thesis, I use both identity-first language (e.g., "disabled person") and person-first language (e.g., "person with a disability") interchangeably when referring to individuals with disabilities. This approach is intended to honor the wide range of personal preferences and identities within the disability community, recognizing that different individuals may identify with different language choices. However, when referencing official regulations, legal documents, or other external sources, I preserve the exact wording and terminology used in those documents. This ensures accuracy and respects the original context of those sources, even though some terminologies are no longer used or may be offensive to people with disabilities.*

DECLARATION

I certify that this thesis:

1. does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university
2. and the research within will not be submitted for any other future degree or diploma without the permission of Flinders University; and
3. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Signed:.....

Date: December 27, 2024

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"I was born and raised in a small village in the Northern mountainous area in Vietnam. The people in my village are all ethnic minorities and most are doing farm work for living. Although life is still full of hardships and deprivation, we always help each other in daily life as we are a united community.

I am the only child in my family. As growing up, I have heard plenty of advice from people around me about my life. When I was a child, my neighbours said my parents should have more children until they have a son, who will be the breadwinner and take care of my parents as they get older. When I graduated from high school, my relatives told me I should choose a major that is suitable for girls like teacher or accountant. When I graduated from university, people said I should go back to my hometown to find a job in the government sector because girls should not live outside alone. When I wanted to pursue a higher degree, the elderly in my village said it would be difficult for a girl with advanced degrees to get married.

I know that they just wanted the best for me and my family. However, we had our own decisions. My parents did not have more children. I studied a major which was new in Vietnam, and I was a first-batch student of that major. After graduating, I worked for an INGO in Hoa Binh province where I travelled nearly 15 hours by three different buses to get there from my home. Then, I applied for Australia Awards Scholarship to pursue for a Master's degree in Australia. And now, here I am."

This is part of my speech two years ago when I received the Australia Awards Scholarship and starting my journey with the Master Degree in Women's and Gender studies course at Flinders University. This is also my journey to break down gender stereotypes and prove to people that girls can do anything! Because I believe that disadvantaged and marginalized individuals, especially women and girls, should be empowered, given opportunities, and given the right to speak up and make their own decisions.

I start the acknowledgement with this lines because I want to acknowledge the milestones I have achieved, which have built a solid foundation for my journey.

To the Australian Government, thank you for funding this prestigious scholarship.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ASEAN	Association of Southeast Asian Nations
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
GSO	General Statistics Office
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other sexually or gender diverse individuals
NAoV	National Assembly of Vietnam
NGOs	Non-governmental Organizations
STIs	Sexually Transmitted Infections
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER 1. INTRODUCTION

Background

“What exactly do you do?” is a question that people with disabilities are often asked when the subject of their sexuality is raised in conversation (McRuer, 2011, p. 107). This question suggests that the concepts and associations of disability and sexuality rarely come together in the thinking of people without disabilities and are not widely recognized outside the disability community. Consequently, the issues relating to the sexual health of disabled people, especially disabled women, have not been thought about or received much attention in the broader community, in the media, in education, in the medical fraternity, or even in the research literature (Bonnie, 2014; Carew et al., 2017). Yet, healthy reproductive and sexual status of disabled people should be a priority for any society that claims to be egalitarian, non-discriminatory, and inclusive (Firth & Neiders, 2023; Gill, 2015).

Arguably, the rights of disabled men and women to healthy and active sexuality in their lives are equal to those of any other person, irrespective of their physical, emotional, or intellectual circumstances. Likewise, women’s rights to sexuality should be equal to those of men, particularly when education and healthcare support are concerned (Corges et al., 2013). However, while disabled women and girls account for 60% of disabled people in the world, they have been excluded from equal opportunities for education (including education about sexuality) and healthcare in many places due at least in part to intersecting aspects of gender and disability discrimination combined with lack of acceptance or inclusivity in many contexts (WHO, 2011). Moreover, according to Mohamed and Shefer (2015), among pregnant women, disabled women experience higher rates of illness and death due to inadequate sexual health education and limited healthcare accessibility compared to those without disabilities. Additionally, disabled women experience lower survival rates compared to disabled men, which suggests there are reduced social and welfare safeguards against threats and risks affecting the wellbeing of the female demographic of the disabled population (Mohamed & Shefer, 2015).

Vietnam is a developing country in South-East Asia with middle-income and a population of approximately 96.2 million of which 50.2% are women (General Statistics Office [GSO], 2019). The rate of people with disabilities in Vietnam is estimated to be between 7% to 15.3% of the population. As in many countries, the educational attainment, literacy rates, and employment among disabled individuals in Vietnam significantly lag behind those of their non-disabled counterparts (GSO, 2019; UNFPA, 2011). According to Nguyen and Mitchell (2014), the Vietnam government has adopted progressive policies and practices supporting gender and disability equality. However, gender inequality and discrimination against disabled people persists in many sectors of the community and society of Vietnam due at least in part to deeply embedded customs and cultural beliefs. For example, disabled girls in Vietnam are often treated as “other” as they are viewed as a

source of “disgrace” for their families and as “liabilities” for the country’s future, which hinges on the productive contributions of an able-bodied workforce (Nguyen & Mitchell, 2014).

As a member of the United Nations (UN) and a signatory to the Convention on the Rights of Persons with Disabilities (CRPD), Vietnam is obligated to implement the provisions in Article 4 of this convention including ensuring the full realization of all human rights and fundamental freedoms for disabled people, without discrimination based on disability (UN, 2006). To achieve these outcomes, Vietnam along with other nations has committed to adopting suitable legislative, administrative, and other actions to enforce the rights acknowledged in the CRPD. Measures to bring about equality for people with disability include the elimination or modification of laws, regulations, customs, and practices that discriminate against persons with disabilities, while ensuring that the protection and promotion of their human rights are considered in all policies and programs. However, these endeavors are by no means simple tasks. Vietnam, as with many other nations, has struggled to fulfill its obligations in creating an egalitarian and inclusive society where the rights of all individuals are respected and upheld.

Research in the disability field (e.g., Asch et al., 1988; Bonnie, 2014; Cordes et al., 2013; Fiduccia, 2000; Hunt, 2020; Liddiard, 2018; Santinele Martino & Schormans, 2021; Shakespeare et al., 1996) has demonstrated that assumptions about disability and gender stereotyping of women create intersectional negative consequences for disabled girls and women, and this form of discrimination has an impact on access to sexual health information and services for them. In the CRPD, UN also makes specific reference to the importance of "recognizing that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation" (2006, Preamble q). There have been a number of studies conducted in Vietnam (e.g., Gammeltoft & Nguyen, 2015; Khuat et al., 2009; Nguyen, 2024; Nguyen et al., 2018) on a range of disability-related topics, including gender inequalities between males and females with disabilities in accessing education, employment, the health care system, or other support services. However, there is a paucity of research specifically focusing on the impacts of the intersection of disabilities and gender on disabled women’s sexual right in Vietnam.

The rationale for this study therefore emerges from the need to learn more about the dual human facets of disability and sexuality in women by exploring the case of Vietnam. Moreover, I believe a better understanding of this topic may inform relevant authorities and lead to improved, egalitarian approaches to society. With the aim of promoting gender equality and moving towards an inclusive society in Vietnam, I have conducted this research to examine and analyze how Vietnamese laws and policies address the sexual rights of women with disabilities. The results of this analysis have enabled me to identify and recommend potential policies and strategies for empowering Vietnam’s disabled women and improving their rights to sexuality and sexual health.

Research Question and Objectives

The research seeks to answer the following question:

How do Vietnamese laws and policies address the sexual rights of women with disabilities?

By investigating this research question, the study seeks to shed light on the experiences of disabled women in the intersectionality of disabilities and gender in Vietnam. The question focuses on understanding how disabilities and gender interact and influence the sexual rights of women with disability in Vietnam. It aims to explore how social norms, cultural beliefs, laws and policies in Vietnam affect the sexual rights of women with disabilities. The process of answering the question also delves into the specific challenges faced by disabled women in Vietnam in the intersectionality of disabilities and gender in relation to their sexual rights. It also aims to identify and understand the barriers, discrimination, stigmatization, and social exclusion that women with disabilities encounter in their sexual lives, which affects their overall well-being and quality of life. Finally, by addressing of the question, the study aims to find practical solutions and recommendations to address the identified challenges faced by women with disabilities in Vietnam. It aims to explore the development of inclusive sexual rights legislations that consider the specific needs, rights, and aspirations of women with disabilities so that they may lead productive and fulfilling lives free from discrimination and uninformed assumptions about their sexuality.

The objectives of the research are as follows:

1. To explore the experiences, perspectives, and challenges faced by women living in the intersectionality of disabilities and gender concerning their sexual rights and its impacts on disabled women in Vietnam.
2. Identify the limitations of Vietnamese policies and laws in addressing issues related to sexual rights of women with disabilities in Vietnam.
3. To propose recommendations for promoting inclusive sexual rights legislations that consider the specific needs and rights of women in the intersectionality of disabilities and gender in Vietnam. The practical recommendations help to develop inclusive sexual rights legislations that address the specific needs and rights of disabled women in Vietnam. It also aims to advocate for the rights of disabled women in relation to sexual rights, highlighting the importance of inclusive policies and programs that respect their autonomy, dignity, and equality.

Outline of the Thesis

This thesis comprises of seven chapters beginning with this **Chapter 1. Introduction**, which presents the background and context of the study, rationale, the research question and objectives, and the outline of the thesis. **Chapter 2. Methodology** outlines the theoretical frameworks used in the research and includes

information on the relevant laws and policies that are analyzed. **Chapter 3. Overview of Vietnam**, provides a country profile describing the nation and its people, society, culture, and government. **Chapter 4. Literature Review on Sexuality of People with Disabilities** examines the existing body of published scholarship on the topic, comparing insights from both Vietnam and global perspectives to contextualize the findings. In **Chapter 5. Analysis of Vietnam's Policy and Laws on Sexual Rights of People with Disabilities**, the specific legal provisions and policies related to sexuality in place are critically assessed, highlighting their strengths, weaknesses, and concerns. The findings from Chapter 5 are synthesized in **Chapter 6. Discussion** to explore wider implications and insights regarding the enforcement and effectiveness of these policies. Finally, **Chapter 7. Conclusion and Recommendations** synthesizes the key findings informed by the analysis and discussion, and proposes actionable recommendations aimed at enhancing the protection and promotion of sexual rights for women with disabilities in Vietnam.

CHAPTER 2. METHODOLOGY

A qualitative approach is used in this thesis, specifically employing critical discourse analysis and deconstruction to examine how language in legal and policy documents reflects and reinforces underlying assumptions about disability, gender, and sexuality. Primary resources include laws, policies, reports related to the sexual rights of people with disabilities in Vietnam are reviewed and analyzed to locate and identify the achievements, inadequacies, and areas for improvement in current approaches and practices of government authorities. In addition, academic documents related to disabled people and sexuality, including literature by domestic and international authors, are used as secondary resources to provide an overview of the practical situation in Vietnam as well as provide evidence for the arguments in the thesis. By applying critical discourse analysis, this thesis critically explores how discourses of disability and sexuality are constructed through legal language, and how these discourses may reproduce power hierarchies that marginalize women with disabilities. Through deconstruction, the thesis also interrogates binary oppositions and normative assumptions to expose internal contradictions and silences surrounding the sexual autonomy of disabled women. To examine in this chapter how Vietnam's laws and policies address the sexual rights of women with disabilities, thirty current legal documents are analyzed to identify the relevant provisions on gender, sexuality, and disability. They are comprised of the Constitution, 03 Codes, 13 Laws, 02 Ordinances and other relevant legal documents (see Appendix 1).

There are five theoretical frameworks applied in the thesis: Social Model of Disability, Human Rights Model of Disability, Queer Theory, Crip Theory, and Intersectionality. The Social Model of Disability provides a transformative perspective to understand and address the needs and rights of people with disabilities, especially when considering their sexual rights. The Social Model of Disability developed from the disability movement in the UK in the 1960s to overcome the limitations of the Medical Model of Disability which viewed disability as an individual medical problem or a "personal tragedy" (Barnes, 2020; Oliver, 2009). Accordingly, the Social Model of disability argues that it is society "which disables people with impairments, and therefore any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation" (Barnes et al., 2010, p. 163). The Social Model of Disability distinguishes between *impairment* and *disability*; whereas impairment refers to an individual's physical or mental condition, disability is seen as the result of the interaction between people with impairments and a society that does not accommodate their needs (Oliver, 2009). Thus, the Social Model of Disability emphasizes that societal barriers are the primary sources of disability, not the impairments themselves (Letšosa & Retief, 2018; Oliver, 2009). However, it should be emphasized that, although the Social Model of Disability points out the limitations of the Medical Model of Disability, it does not mean the Social Model of Disability denies that some impairments limit people's ability to function independently and that people with disabilities may

develop illnesses at different times in their lives which sometimes require appropriate medical intervention or support (Barnes, 2020).

The Human Rights Model of Disability aligns with international human rights standards and principles, which frames disability as a human rights issue, emphasizing the need for policies that ensure equality, dignity and respect for all individuals, regardless of their abilities. Thus, from the Human Rights Model of Disability perspective, disabled people should have the same rights and opportunities as non-disabled people (Letšosa & Retief, 2018), including the sexual rights which will be discussed in more detail in Chapter 5. Although many scholars believe that the Human Rights Model of Disability and the Social Model of Disability are similar, Degener (2017) argues that the Social Model of Disability explains disability as a social construct through discrimination and oppression which focuses on society rather than the individuals. Thus, Degener (2017) draws on six differences of the Human Rights Model of Disability. *Firstly*, the Human Rights Model of Disability includes policies that recognize the human dignity of disabled people by affirming that all people have equal rights before the law, which challenges the notion that impairments can hinder the human rights capacity of people with disabilities. *Secondly*, while the Social Model of Disability focuses solely on citizenship rights, the Human Rights Model of Disability addresses both sets of human rights including civil and political rights and economic, social and cultural rights. *Thirdly*, the Human Rights Model of Disability values impairment as part of human diversity and acknowledges that people with disabilities may experience suffering which can affect their lives in many ways. *Fourthly*, the Human Rights Model of Disability values minority identities and the identity politics of disabled people. *Fifthly*, while the Social Model of Disability criticizes the prevention policies for being discriminatory, the Human Rights Model of Disability acknowledges the point of view that some well-designed prevention policies can protect the human rights of disabled people. *Finally*, while the Social Model of Disability offers reasons why so many people with disabilities live in poverty, the Human Rights Model of Disability offers transformative proposals to improve the living conditions of people with disabilities.

Queer Theory was introduced in the 1990s (McRuer, 2006) and challenges the binary thinking and normative assumptions about sexuality, gender, and identity. The theory opposes fixed categories and binaries, emphasizing the fluidity and diversity of sexual and gender identities (Martino & Schormans, 2021). The term *queer* is often associated with lesbian and gay individuals, however, to be queer is not necessarily to be lesbian or gay. The real purpose of queer is not to represent a category of identity within the LGBTIQ+ community but to oppose a fixed identity and seek to demonstrate the instability of categories, and the richness and fluidity of sexual desire that cuts across gender and sexual identities (Johnson, 2014). Thus, Queer Theory and its associated political frameworks also pose a number of challenges to lesbian and gay politics, which provide representation for those who feel marginalized by gay and lesbian liberation policies (Johnson, 2014).

Crip Theory challenges the idea of a “normal” body or mind, criticizes social norms that define and value some bodies and abilities over others, which sees disability as a valid and valuable experience rather than a defect (McRuer, 2006). Drawing on the insights of Queer Theory, Crip Theory emphasizes the agency and embodied experiences of disabled people, advocating their right to define their own experiences and identities (Martino & Schormans, 2021). Martino and Schormans (2021) also argue that Crip Theory is “a productive way of bridging critical disability studies and the sociology of sexualities” (p. 54) and “makes space for experiences that do not fit into existing social categories and binaries” (p. 57). While Queer Theory questions compulsory heterosexuality, Crip Theory questions compulsory able-bodiedness which imposes “standards” of the hegemonic normalcy that society places on disabled people’s sexual practices (McRuer, 2006). Thus, by “cripping” sexual practices, Crip Theory expands conceptions of what it means to be sexual and highlights the ways that sexual norms are limited and shape our understanding of sexuality (Liddiard, 2020). As Martino and Schormans (2021) argue, both Queer Theory and Crip Theory raise questions related to sexuality: “What are ‘normal’ (and thus, acceptable) sexualities? Why are some bodies/minds seen as more (or less) desirable than others? And who gets to decide?” (p. 57).

Intersectionality plays an important role in understanding and addressing the sexual rights of people with disabilities, which can ensure sexual rights are protected and promoted in a manner that acknowledges and addresses the complexities of identity and discrimination. The concept of intersectionality was developed by Crenshaw in the context of the UN in early 1990s to refer to the different ways that race and gender interact to shape the multiple dimensions of black women’s employment experiences (Crenshaw, 1991; Crenshaw, 1998). Intersectionality emphasizes how power and privilege are organized in distinct ways within and between diverse groups, based on overlapping and interconnected social categories, and examines how overlapping social identities interact to create unique experiences of discrimination and privilege (Collins & Bilge, 2016; Zang et al., 2023). This approach emphasizes that disabled people are not a monolithic group; rather, their experiences of sexual rights are shaped by many different factors, including race, ethnicity, gender, sexual orientation, socioeconomic status, and other aspects of their identities.

CHAPTER 3. OVERVIEW OF VIETNAM

Country profile

Vietnam, officially called the Socialist Republic of Vietnam, is a single-party Communist country. Vietnam is located in Southeast Asia and shares land borders with China, Laos and Cambodia, while also sharing maritime borders with Thailand, Malaysia, Indonesia, and the Philippines. Vietnam's population is 96,21 million people (50.23% female, 49.77% male), of which two-thirds (65.57%) live in rural areas and one-third (34.43%) of the population live in urban areas (GSO, 2019). Vietnam has fifty-four ethnic groups, the Kinh people being the majority group accounting for 85.32% and the remaining fifty-three ethnic minority groups only accounting for 14.68% (GSO, 2019). Although most ethnic groups have their own languages, the official language in Vietnam is Vietnamese (which is the language of the Kinh people), while languages of other minority groups are only used within their communities in daily life. The majority of Vietnamese people are non-religious, which accounts for 86.32% of the population, while 6.1% of the population is Catholic, 4.79% follow Buddhism, and the remaining fourteen religions account for 2.8% of Vietnam's population (GSO, 2019).

Vietnam had nearly 1000 years of history governed by feudal dynasties before going through the French colonial period of economic exploitation and cultural suppression from 1858 to 1945 (Le 1955/2014; Truong et al., 2008). When World War II broke out in the Asia Pacific Region, Vietnam waged a tenacious fight under the leadership of Ho Chi Minh against the occupation by Japanese forces until, at the end of the war in 1945, Ho Chi Minh declared the independence of Vietnam (Nguyen, 2006; Truong et al., 2008). However, in the post-war resettlement period, France attempted to reestablish its colonial control over Vietnam, resulting in another decade-long conflict ending in the defeat and withdrawal of the French. Subsequently, a peace agreement was formed under the 1954 Geneva Accords, which divided Vietnam into two separate parts: North and South Vietnam (Le 1955/2014; Nguyen, 2006; Truong et al., 2008). From 1954 to 1975, Vietnam was again at war, this time with America and its allies. North Vietnam aimed to repel the United States in the South and reunify the country. The war ended in 1975 with the withdrawal of Western forces and the fall of the South Vietnam government (Le 1955/2014; Nguyen, 2006; Truong et al., 2008). Thus, Vietnam finally achieved Ho Chi Minh's aim of National Reunification after three decades of struggle against oppression. For a period following the war of reunification, Vietnam faced many economic challenges and political isolation. However, the introduction of *Đổi Mới* (The Reform) in 1986 transformed Vietnam both economically and politically as a progressive, developing nation with a strong export industry. This shift spurred significant economic growth, improved international relations, and modernized government, public, and private sectors in the country (Nguyen, 2006; Truong et al., 2008). Since then, Vietnam has become a key regional player with a growing geo-political and global presence, including as a member of ASEAN and influential member nation of the UN (Nguyen, 2006; Truong et al., 2008).

Vietnamese culture is strongly influenced by Confucianism which is a political doctrine, a social ethical system, and a philosophy of life that has a profound influence on most of the moral standards in the daily lives of Vietnamese people (Bui, 2022; Khuat et al., 2014a). Confucianism is one of the causes of deeply embedded gender inequality in Vietnam (Vu & Yamada, 2024) that has had a long-term negative impact on women. As an ideology that promotes patriarchy, Confucianism normalizes a social construct in which men are dominant and respected as leaders in all matters, whereas women are subordinate, taking lower functions in society and are often looked down upon (Rosenlee, 2006). Confucianism imposes gender roles and social expectations on women as they are expected to achieve the “four virtues” including *Công, Dung, Ngôn, Hạnh* (which can be translated as diligent work, modest manners, proper speech, and morality) and to care for and depend on male members in the family (fathers, husband, and sons) following the “three obediences” throughout their lives (Rosenlee, 2006).

People With Disabilities in Vietnam

Statistics on people with disabilities in Vietnam are variable and inconsistent, depending on the statistical authority, due to differences in the classification of disabilities and in the sometimes ambiguous decision-making on which types of disabilities are included in the assessment (Institute for Social Development Studies [ISDS], 2013; ILO, 2013). According to statistics based on the ICF (International Classification of Functioning, Disability and Health) framework of the World Health Organization, approximately 15.3% of the Vietnamese population are people with disabilities (ILO, 2013). However, according to the National Survey on People with Disabilities conducted by the GSO in 2016, which is considered the first large-scale and comprehensive survey on people with disabilities in Vietnam, the proportion of disabled people from two years old and above is estimated to be about 7% of the population (GSO, 2016). The percentage of individuals with disabilities residing in rural areas is approximately 1.5 times greater than in urban areas, and the prevalence of disability generally increases with age (GSO, 2016). The survey of disability types was conducted based on eight functional domains including Vision, Hearing, Lower mobility, Cognition, Communication, Self-care, Upper mobility and Psycho-Social, in which lower body mobility disability accounts for the highest number being about 57% of cases, and the number of disabled people with multiple disabilities being high (GSO, 2016).

The causes of disability in Vietnam vary from disease to congenital factors, accident, environmental factors, or war-related injury (ISDS, 2006; Kane, 1999). However, the greatest single cause of disability in Vietnam has been attributed to the high levels of dioxins in the environment, which is a chemical linked to a range of disabling or even fatal health impacts on those affected (ISDS, 2006; Nham Tuyet & Johansson, 2001). According to WHO (2023), “dioxins are highly toxic and can cause reproductive and developmental problems, damage the immune system, interfere with hormones and cause cancer”. Birth defects in Vietnam are most often associated with Agent Orange, a chemical defoliant with high concentrations of dioxin, and are diverse, including anencephaly and conjoined twins, cleft lip, cleft palate, limb defects, facial, and ear defects, ranging from mild to severe (Nham Tuyet & Johansson, 2001). From 1961 to 1971, during the war against America,

the US military sprayed about 80 million liters of toxins (mainly herbicides and insecticides), 61% of which were Agent Orange containing heavy concentrations of dioxins, over an area of more than 3.06 million hectares in Southern Vietnam (The Ministry of Defence of the Socialist Republic of Vietnam, n.d.). It is not clear exactly how many people have died or suffered disability from the effects of these dioxins, however, according to The Ministry of Defence of the Socialist Republic of Vietnam “it is estimated that 4.8 million Vietnamese have been exposed to dioxin, including about 3 million Agent Orange victims (many of them are children). Tens of thousands of people have died in a painful death and resentment due to incurable diseases” (n.d., para. 2).

Given this historical background that has led to a high proportion of disabled people in the population, the Government of Vietnam has made significant efforts to acknowledge the presence of people with disabilities, to affirm and protect their rights, and to improve their quality of life. The Constitutions issued by the National Assembly of Vietnam (NAoV) in 1946, 1959, and 1980 all affirmed that persons with disabilities are citizens, members of society, have the rights and obligations of a citizen, and share in the fruits of society. The Constitution of 1992 was an important milestone when confirming the rights of people with disabilities. In 1998, the Standing Committee of the National Assembly issued the Ordinance on Disabled Persons, the very first legal document to mention specific regulations for disabled persons in Vietnam, providing regulations on health care and support for people with disabilities as well as support for them in other realms of daily life. For the first time, the 2001 amended Constitution changed the phrase *disabled persons* to *persons with disabilities* demonstrating a new, more sensitive approach to people with disabilities. In 2007, Vietnam signed the CRPD to affirm and implement the country’s commitment to protect and promote development for the benefit of disabled people. In 2010, the Law on Persons with Disabilities was approved by the NAoV, which strongly affirmed the rights of people with disabilities as well as international conventions that Vietnam has participated in, especially the CRPD (GSO, 2016). The current Constitution of Vietnam adopted in 2013, declares the inherent human rights of all Vietnamese citizens, including people with disabilities, and states the regulation of developing policies to support people with disabilities. Furthermore, the Government of Vietnam has also adopted and implemented a number of related laws, policies, standards and initiatives pertaining to disabled people, such as in education, health care, labor-employment, construction, and transportation.

Although the government of Vietnam has issued regulations and policies to support and ensure the rights of people with disabilities, disabled people in Vietnam still face difficulties and challenges. Among households with disabled members, 20% are poor, which can cause people with disabilities to have poor living conditions, lack of access to the health and health care system, limited access to the education system and low employment opportunities (GSO, 2016). Children with disabilities have much lower access to school than children without disabilities. For example, the rate of primary school attendance of children with disabilities is approximately 88.7%, while the rate for children without disabilities is 96.1%. However, the disparity in

school attendance between disabled children and non-disabled children increases at higher levels of education, only 33.6% for disabled children and 88.6% for non-disabled children at the high school level (GSO, 2016). People with disabilities have fewer employment opportunities than people without disabilities, with only 31.7% of disabled people aged 15 and over employed while this rate for non-disabled people is 82.4% (GSO, 2016).

Discriminatory attitudes towards disabled people are a serious barrier to their participation in Vietnamese society, and this is reflected in the poor response to the concept of inclusivity in education and employment. In the survey by GSO (2016), only 42.7% of respondents believed that children with disabilities should go to school with other children. Approximately 55% of respondents believed that employers do not want to hire disabled people. Regarding attitudes towards caring for disabled people, only 15% of respondents believed that caring for people with disabilities should be based on family and community, while 45.5% responded that caring for people with disabilities should be done at social protection facilities and 35.8% said that it depends on the type and severity of disability.

Sexuality in Vietnam

Although many cultures around the world use social customs and norms to guide the behavior of members in the community, in Vietnam, Confucian social formulas and moral regulations are the center of society. Confucianism emphasizes the cultivation of moral behavior and collectivism in which individuals must obey rules and expectations for the greater benefit of the community (Gammeltoft, 1999). In the Confucianism view, sexuality is considered as inferior and the purpose of sex is only for reproduction, thus sexual activity needs to be strictly controlled, especially women's sexuality (Khuat et al., 2014a; Tran, 2022). Historically, sexuality has been considered a taboo topic in Vietnam; even today issues related to sexual education or reproductive health are still difficult for people to talk about or discuss in family or educational settings (Ha, 2008; Huong, 2009; Khuat et al., 2009). Research on sexuality in Vietnam is consequently restrained and mainly viewed from a medical perspective based on biological essentialism, thus when referring to sexuality, most people understand it as only about sexual activity and reproduction (Khuat et al., 2009).

Traditionally, Vietnamese culture took a narrow perspective on sexuality, recognizing it as only appropriate within marriage, which is between adult men and women. Therefore, premarital sex was not accepted, especially for women who are expected to maintain their "virginity" for their husbands (Gammeltoft & Nguyen, 2015; Go et al., 2002; Khuat et al., 2009). In a typical Vietnamese marriage relationship, men are responsible for maintaining the family and clan (referring to having sons) and women are responsible for getting pregnant, giving birth and taking care of their children. Furthermore, in marriage, husbands are considered as the dominant in sexual activities while women are expected to be passive (Ha, 2008; Khuat et al., 2009). If a married couple cannot have children or do not have sons, they are regarded as not having fulfilled their responsibilities to the family and the woman is blamed (Bui, 2013; Khuat et al., 2009). Sexual

activity within marriage also decreases with age, with the majority of married Vietnamese people being sexually inactive when they get older (Knodel et al., 2007; Vuong, 2019). These expectations about sexual behavior within marriage for men and women in Vietnam are influenced by the Confucianism ideology; especially in that there are expectations for women according to the three obediences of *Tại gia tòng phụ, Xuất giá tòng phu, Phu tử tòng tử* (which can be translated as obey father at home, obey husband when married, obey sons if husband passes away) (Rosenlee, 2006). Feudal concepts and regulations on marriage were rejected in Vietnam's first Law on Marriage and Family in 1959 (NAoV, 1959), but conservative cultural notions of sexuality based on Confucianism still have a great influence on Vietnamese thought and behavior.

After the *Đổi Mới* (the Reform) policy was enacted by the Vietnamese government in 1986, Vietnam's socio-economic situation underwent significant positive changes which led to more moderate views on sexuality. As Vietnam began opening up economically to the world, translated publications from foreign countries and books written by local authors on topics related to sexuality soon started to appear (Khuat, 1998). In the early 1990s, there were the very first studies on sexuality in Vietnam, however, most of this early research focused on the perceived "negative" aspects of sexuality, such as prostitution, premarital sex, and HIV/AIDS (Khuat et al., 2009; Nguyen et al., 2018). The emergence of HIV/AIDS in Vietnam as a "public health problem" forced the government and society to take action on informing the community about the disease and its transmission through unprotected sexual behavior. Attempts to address the problem led to greater awareness and concern about sexual health issues, including sexuality education for adolescents in schools (Khuat et al., 2009). However, these programs were implemented as measures to discourage the increasing trend of sexual activities among adolescents and to caution them of the perceived consequences of "immoral" sexual behavior, such as teenage pregnancy, widespread abortion, STIs, and especially HIV/AIDS. Thus, these interventions were reactive and focused on prevention, rather than attempting a more comprehensive approach to advancing knowledge through sexual education (Gammeltoft & Nguyen, 2015; Khuat et al., 2014a).

Since the early 1990s, non-governmental organizations (NGOs) and civil society organizations (CSOs) have played an important role in raising awareness about sexual and reproductive health among Vietnamese people, advocating for the rights of marginalized groups, and proposing to the government to issue or amend regulations related to sexuality in Vietnam (Nguyen, 2024). Homosexual relationships were not accepted in Vietnam for many years and individuals were often subject to discrimination and condemnation (Gammeltoft & Nguyen, 2015). However, with concerns about the spread of HIV/AIDS, NGOs and CSOs were instrumental in raising concerns with the government and integrating this group into HIV/AIDS prevention research and programs (Khuat et al., 2009). Despite that, the Law on Marriage and Family 2000 issued a provision that same-sex marriage is forbidden (NAoV, 2000). Since then, activities related to homosexual relationships or the LGBTIQ+ community have faced various challenges due to not only being stigmatized by socio-cultural norms but also stipulated by law. However, in 2012, local NGOs first initiated and organized VietPride, which

is a pride event of the LGBTIQ+ community in Vietnam supported by family, relatives and friends. Since then, Pride Month has been organized in Vietnam with many activities to express the pride of the LGBTIQ+ community in Vietnam, affirm their presence and advocate for their rights (Tran, 2022; UNDP & USAID, 2014).

Along with the development of society and movements for the rights of the LGBTIQ+ community in Vietnam, the Law on Marriage and Family in 2014 abolished the prohibition of same-sex marriage. Although same-sex marriage has not been legalized, it has been a significant step forward in the movement for sexual rights for minorities in Vietnam. Shortly afterwards, the rights of intersex and transgender people were also affirmed in Vietnam when the Civil Code (NAoV, 2015) stated the right to re-determine gender identity (Article 36) and Sex reassignment (Article 37). Thus, there have been positive changes for the rights of the LGBTIQ+ community in Vietnam in recent years, often led by NGOs, but stigma and discrimination against them still occur. While these are significant legal steps forward, there are still cultural barriers to LGBTIQ+ rights. In particular, lots of people still believe LGBTIQ+ is a disease that needs to “be cured”, hence, there are a number of medical examinations and treatment facilities and some doctors in Vietnam who claim to cure homosexuality (Vietnam Ministry of Health, 2022). To clarify the government’s position, the Vietnam Ministry of Health (2022) recently issued the Official Dispatch on Rectifying medical examination and treatment for homosexuals, bisexuals and transgender people, in which it affirmed that “homosexuality, bisexuality and transgender are not considered a disease”. Moreover, the ministry directed its officers and employees that their practices require equality, respect, and non-discrimination, and non-stigma towards the LGBTIQ+ community in medical examination and treatment activities.

In conjunction with the notable transformation in attitudes towards homosexuality and the LGBTIQ+ community, since the early 21st century, the conceptualization of sexuality in Vietnam has evolved and become less conservative over time. In the 2000s, the phenomenon of cohabitation among young people emerged, which was initially strongly condemned because it was considered as negative behavior, a social evil and the cause of increasing the risk of STIs (Khuat et al., 2009). Although cohabitation is still not widely accepted by society, the rate of young people cohabitation has been increasing while, in addition, women getting pregnant before marriage or becoming single mothers has become more common and has not been criticized as harshly as before. This is a sign that the notion of sex only occurring within marriage in Vietnam has changed, premarital sex is gradually becoming accepted, gender stereotypes and expectations for women in sex and family have changed in a positive way (Khuat et al., 2009).

CHAPTER 4. LITERATURE REVIEW ON SEXUALITY OF PEOPLE WITH DISABILITIES

Sexuality of Disabled People in the Context of Vietnam

In Vietnam, issues of sexuality have been considered culturally sensitive topics and consequently have had relatively less attention from local or foreign scholars than other fields, while studies on sexuality of people with disabilities have attracted even less research until recently (Ha, 2008). Although the first studies on sexuality in Vietnam appeared in the early 1990s, studies related to the sexuality of disabled people in Vietnam have only emerged since around 2010. Hence, there is a scarcity of published literature on the subject of sexuality of disabled people in the context of Vietnam due at least in part to the reluctance of people to discuss these matters openly in the society.

Socio-cultural norms surrounding disability and sexuality in Vietnam have had a significant impact on disabled people in their daily lives. Misconceptions about sexuality and reproduction involving people with disabilities place them at a disadvantage, and subject them to stigma and discrimination. Several authors (ISDS & Ford Foundation, 2011; Khuat et al., 2014c; Nguyen et al., 2018) have pointed out the prevailing belief among many Vietnamese is that disabled people are asexual individuals with no sexual desire because they are not sexually capable and cannot have intimate relationships or feel pleasure. Khuat et al. (2014a) has argued that people with disabilities, especially women, are considered to not fulfill the social expectations about appearance and ability, which are constructed by the cultural norms and reinforced by the media. Not only does this cause disabled people to feel self-conscious and hesitant to establish intimate relationships, but it also makes non-disabled people less likely to choose disabled people as partners. In addition, Nguyen et al. (2018) and Nguyen & Liamputtong (2023) have mentioned that many Vietnamese believe that people with disabilities are incapable of reproduction or, in case they are “capable” they will give birth to children with disabilities due to genetic inheritance of their disabilities. In the studies of ISDS (2006) and ISDS & Ford Foundation (2011), they found that disabled people are regarded as incapable of taking care of children, which stems from stereotypes that people with disabilities are weak, helpless, dependent, financially incapable, and need care from others. Thus, disabled people are seen as a “burden” on their families and society, and that “burden” becomes even heavier if they have children.

Disabled people are marginalized and experience various barriers in getting married and forming a family, with females facing more difficulties than males in their desire to form a partnership and family (ISDS, 2006). (Heterosexual) marriage in Vietnam is identified as the foundation of society in which citizens have the obligation to contribute to society through getting married. However, there is a noticeable gap between the marriage rate of people with disabilities and people without disabilities, in which the rate of adult disabled people who are married is only 51.9%, while this figure for non-disabled people is 71.5% (GSO, 2016). Study of ISDS & Ford Foundation (2011) argued that while it is acknowledged that some people with disabilities

choose to stay single and not to get married, many of them do not think it is their choice, but rather it is because of their disabilities so no one wants to marry them. Other disabled people who intend to get married, encounter obstacles from their families and society. People with disabilities are not encouraged to get married. Men with disabilities are considered unable to take on the responsibility of being the breadwinner of the family, while women with disabilities are believed unable to take on the traditional stereotypes and gender-specific domestic roles that society assigns to women, including being a wife and a mother (Khuat et al., 2014a; Nguyen & Hoang, 2012). According to Nguyen et al., (2018), in some cases, when disabled people fall in love and intend to get married, they get opposition from both families, especially if they are both people with disabilities, because people believe that disabled couples cannot take care of each other. If one of the two people is a disabled person, the family of the non-disabled person will object, especially if it is the woman who has a disability, because some people think she is a “bad luck” for the man’s family, as traditionally women will move to live with the man’s family when getting married (ISDS, 2006; Nguyen & Hoang, 2012).

In marriage, people with disabilities often receive negative comments about their relationship. If two disabled people get married, people think it is obvious and “make sense” because they are “the same”, but they are discouraged from having children because people are afraid that their children will be disabled like their parents (ISDS & Ford Foundation, 2011; Nguyen & Hoang, 2012). Studies (e.g., CCIHP & ARROW, 2019; Gammeltoft & Nguyen, 2015; Khuat et al., 2014a) have pointed out that if a disabled person marries a non-disabled person, it is considered to be a blessing for the disabled person because they can get married to a “healthy” person. However, the question of whether they can produce “healthy” children to ensure that they can have a “completed” family to continue the lineage of their ancestors will always be raised. The situation can be worse for people who were not born with their disability but developed it later in life after they get married, because there may be more feelings of having less value, of being a burden and feeling shame (CCIHP & ARROW, 2019). Although there are no specific statistics, people with amputations or having mild disabilities seem to get married at a higher rate, while the marriage rate of people with severe physical disabilities, multiple disabilities or intellectual disabilities is very low. Maintaining marital relationships is also more difficult for disabled people than for non-disabled people (ISDS, 2013; UNFPA, 2011), for example, only 7.6% of non-disabled people are widowed or divorced, while this figure for disabled people is up to 35.2% (GSO, 2016). Khuat et al., (2014a) stated that people with disabilities often experience stigma and discrimination from society and even their own family after divorcing, especially women, because people believe that they are “abandoned” by their husbands as they failed to fulfill their “duties” as wives and mothers.

As mentioned before, most people have a misconception of people with disabilities and their reproduction, which leads to disabled women facing barriers or even stigma and discrimination during their pregnancy. T. V. Nguyen et al. (2019) and Nguyen et al. (2022) have mentioned in their studies that there is a lack of

research and evidence on the actual needs and experiences of women with disabilities in Vietnam during pregnancy, and the absence of voices from disabled women in policies related to maternal health care is among the reasons. Women with disabilities are marginalized from the very first stages of their pregnancy since, while there is information for women in general, there is not much specialized information about pregnancy for women with disabilities. Hence, disabled women have to learn and adjust the information to apply the guidance and recommendations for themselves (Nguyen et al., 2022; Tran et al., 2017). Access to general information about pregnancy for women with disabilities is also limited when materials are mostly in printed version without accessible material in audio or braille. In addition, accessing online material is a challenge for women with disabilities when the rate of disabled people using the internet in Vietnam is only 6.7% whereas this rate for non-disabled people is 42.9% (GSO, 2016).

During their pregnancy, people with disabilities not only are the subject of gossip and discrimination from people around them, they also experience difficulties and discrimination at hospitals or places that provide health care services for pregnancy. Recent studies have found that some health care providers believe disabled women, especially single mothers, should not become pregnant because of their disability (A. Nguyen et al., 2019; Nguyen et al., 2021; Nguyen & Liamputtong, 2023). Nguyen et al. (2022) has stated that many health care workers have insensitive attitudes and behaviors towards people with disabilities when they come for maternal care, or sometimes, disabled people are denied access to health care services during pregnancy. While some other health care providers affirm the rights of women with disabilities to become mothers, they encourage women with disabilities not to have more than one child. Moreover, they may be forced to undergo screening in case there is a fetal abnormality or defect and, if one is detected, an abortion will be recommended to reduce the likelihood of the newborn being disabled (Khuat et al., 2014b; Nguyen et al., 2023). Many studies (e.g., A. Nguyen et al., 2019; Nguyen et al., 2023; Nguyen & Liamputtong, 2023) have pointed out that the inadequate and inaccessible facilities at hospitals or health care services, such as high beds, inaccessible paths or toilets, cause physical barriers for pregnant disabled women. During their pregnancy, women with disabilities are expected to have someone accompanying to support and “take care” of them at the health care services. Consequently, health care workers tend to discuss and consult with the non-disabled companions about health-related issues of women with disabilities rather than directly communicating with them (Khuat et al., 2014b; Nguyen et al., 2023). In addition to inaccessible facilities and discrimination arising from the cultural beliefs and social norms in Vietnam, the lack of specific training of health care workers in how to provide services for people with disabilities is a cause of negative experiences of pregnant disabled women in hospitals (Nguyen et al., 2023).

Disabled people are believed to be at higher risk of experiencing violence or abuse than non-disabled people. Many authors (e.g., CCIHP & ARROW, 2019; Khuat et al., 2014c; Zang et al., 2023) have asserted that disabled people may experience physical and emotional violence not only from strangers but also from people who financially support or take care of them, such as family members, carers or health workers. In particular,

disabled women often experience higher rates of gender-based violence than disabled men. Many women with disabilities want to be in a relationship, however they are afraid that the relationship will not last long or they may experience being emotionally and sexually abused, especially by people without disabilities (CCIHP & ARROW, 2019; Nguyen & Hoang, 2012). Khuat et al. (2014c) and Zang et al. (2023) found that the common stereotypes about disabled women, such as being childish, naive, defenseless, or having difficulty communicating, can increase their risk of sexual assault. Women with disabilities are at risk of being sexually abused or assaulted, experiencing unsafe or non-consensual sex, which not only causes mental, physical, and health damage, but sometimes may lead to unwanted pregnancies. In such cases, women with disabilities are often forced to have abortions and some people are sterilized during the abortion process without being informed until they discover they cannot become pregnant, which not only violates their body autonomy but also violates their right to choose whether and when to have children (CCIHP & ARROW, 2019). According to Gammeltoft and Nguyen (2015), although domestic violence is widely mentioned and condemned in Vietnam, sexual abuse and sexual violence in marriage are still considered as a sensitive topic and are rarely mentioned because many people think that it is a private issue between husband and wife. Therefore, many disabled people, mostly women, have experienced rape or sexual violence during their marriage but they do not dare to speak up or report and silently endure the abuse instead (CCIHP & ARROW, 2019; Nguyen & Liamputtong, 2023).

Accessing sexuality education remains a challenge not only for people with disabilities but most Vietnamese people. Many authors (e.g., Bui, 2020; Khuat et al., 2009; Le & Ngo, 2023) have argued that, although sexual and reproductive health issues and sexuality education have been discussed in Vietnam since the 1990s, the focuses are on reproductive health, pregnancy prevention, and prevention of STIs. Thus, the discourse emphasizes negative consequences rather than providing comprehensive sexuality education or discussing the positive aspects of sexuality and gender diversity. The current sexual and reproductive health care programs in Vietnam mainly revolve around married people and adolescents who are in school. Thus, people who are unmarried, those who do not have the opportunity to go to school, and vulnerable groups such as people with disabilities and LGBTIQ+ people are often overlooked (Le, 2022; Tran et al., 2017; UNFPA, 2016). Khuat et al. (2014b) and Le (2022) pointed out that sexual and reproductive health education has been integrated into the official curriculum or extracurricular programs in schools, but the content focuses only on knowledge related to body anatomy, puberty, and contraceptive methods. Moreover, the learning approach emphasizes the consequences of early sexual intercourse, such as unwanted pregnancy and STIs, which is aimed at girls rather than boys. In addition, most teachers feel uncomfortable teaching this content to students, so the lectures or activities are often superficial and do not delve deeply into the subject (Bui, 2020; UNDP, 2023). In the family setting, mention or discussion of sexuality education between parents and children is almost non-existent in Vietnam, because according to cultural traditions this is a sensitive issue, especially for children with disabilities (Khuat et al., 2009; Quang et al., 2015).

In Vietnam's news media, any information or content about sexuality education is not mentioned much. If there is any, it only revolves around prevention of STIs and the importance of protection during sexual activities, and does not mention disabled people (Nguyen et al., 2018). In addition, publications on sexuality education are not popular in Vietnam, and if they are available, people are reluctant to buy them because they fear of being judged by people around them (Khuat et al., 2009). Khuat et al. (2014c) found that, in the health care systems, information related to reproductive health and sexual health is only aimed at married people, pregnant women or those who come for reproductive health check-ups. Therefore, in Vietnam, people mainly know information about sexuality education through the internet, but the information may be unreliable or limited because online content related to sexuality is strictly censored in Vietnam. Pornography, obscene images or writing are considered unhealthy or too sensitive in accordance with cultural traditions and social norms and are banned from circulation (Bui, 2020; Khuat et al., 2009; Nguyen et al., 2018). Information about sexuality education, whether it is about sexuality education in schools, media, health systems or the internet, is generally in text format, while the information in sign language or braille for disabled people who cannot read print or access a screen reader for internet articles is still limited (CCIHP & ARROW, 2019; Quang et al., 2015).

Research on the sexuality of disabled people in Vietnam has begun to receive more attention from scholars and organizations. However, because each scholar and organization has specific research issues or research targets, studies on the sexuality of disabled people in Vietnam are not comprehensive yet, but only focus on certain aspects. Most studies refer to disabled people as a general group; there are not many studies that focus on a specific type of disability or address the experiences of different types of disabilities. In addition, most studies and discussions focus on issues related to reproduction and reproductive health rather than other important aspects, such as gender identities, sexual orientation, intimacy or pleasure. Furthermore, most studies have focused on women with disabilities, and have not addressed the intersection between disability and other social identities, such as gender, sex, ethnicity, socioeconomic status, age, and religion.

Sexuality of Disabled People in the Global Context

Shakespeare et al. (1996) has stated that disabled people have a history of sexuality marked by oppression, repression, and violence, which mostly has been overlooked in both academic contexts and the focus on the social and political history of disability previously. According to Finger (1992), the sexual repression of disabled people is central to the dehumanization of disabled people. Prior to this, very little empirical research on disability and sexuality had been conducted from the disability studies perspective, but had instead been primarily conducted from psychological, medical, and sexological contexts, in which the voices and experiences of people with disabilities were ignored (Liddiard, 2018; Shakespeare et al., 1996; Shuttleworth et al., 2021). Early research on disability and sexuality emerged in the 1970s, growing out of clinical practice that focused on sexual function and rehabilitation, primarily for heterosexual white men who

had been injured during wars (Shuttleworth, 2007). This research emphasized sexual function rather than the person as a whole because the loss of sexual and reproductive function was seen as a loss of masculinity. Early research focused primarily on the sexuality of white heterosexual men, while sexuality of women and minority groups were ignored (Shuttleworth, 2007). In the early 1980s, feminist disability scholars and researchers grounded in the Social Model of Disability began to deconstruct dominant assumptions regarding disabled people's sexuality (Rembis, 2010), as Asch et al. (1988) argued that as feminist and disability rights struggles have much in common as women and people with disabilities have been consistently marginalized. From the mid-1990s, empirical research on the private lives of disabled people began, focusing on the social barriers to disabled people's sexual expression (Liddiard, 2018), including the emergence of the book *Untold Desires: The Politics of Disabled Sexuality* by Shakespeare et al. (1996). The authors have stated that "This book is the first book to look at the sexual politics of disability from a disability rights perspective" (p. 1) and that it is a landmark study that has paved the way for a more comprehensive study of sexuality and disability (Chappell, 2018). Since then, there has been a significant increase in the number of studies on disability and sexuality (e.g., Hunt, 2020; McRuer, 2006; McRuer & Abby, 2003; Shildrick, 2007; Shuttleworth, 2006) that have moved beyond the purely biomedical discourse to acknowledge that sexuality is a central aspect of being human and a matter of human rights (Chappell, 2018).

As in Vietnam, the sexuality and sexual expression of disabled people elsewhere have been oppressed in various ways. Many authors (e.g., Boylan, 1991; Cordes et al., 2013; Liddiard, 2018; Lonsdale, 1990b; Shakespeare, 1996) pointed out that disabled people are often assumed to be asexual and treated as children, especially women, while people with intellectual disabilities are expected to exhibit unacceptable sexual behaviors and/or pose a threat to others (Hunt, 2020; Santinele Martino & Schormans, 2021). The sexuality of disabled people is also constrained by heterosexual norms, as they must conform not only to the norms of "compulsory heterosexuality" (Rich, 1980) but also to "compulsory able-bodiedness" (McRuer, 2006), because "to have a sexuality that is socially intelligible, much less legitimated, one must meet, along with heteronormativity, the norm of physical and mental ability" (McRuer & Abby, 2003, p. 8). Cordes et al. (2013) and Shakespeare (1996) found that disabled people often experience more difficulties and barriers than people without disabilities when it comes to dating, being in an intimate relationship, or having a partner. There are also differences in the rates of never married and divorced of disabled people and non-disabled people, with rates being significantly higher among disabled women (Asch et al., 1988; Fiduccia, 2000). Women with disabilities also face more negative attitudes and barriers to marriage than men with disabilities, particularly in places where arranged marriages are still common (Boylan, 1991; Lonsdale, 1990b). Disabled women are also discouraged from having children because of concerns about their "ability" to be mothers or the fear that women with disabilities will give birth to children with "similar" disabilities, combined with the belief that they will harm, deprive or burden those children (Asch et al., 1988; Bonnie, 2014; Fiduccia, 2000). Historically, some countries have had laws prohibiting people with epilepsy, people

with intellectual disabilities, people with learning difficulties, or people living with HIV/AIDS from getting married (Asch et al., 1988; Shakespeare, 2014). Moreover, women with disabilities have been subjected to forced sterilization and contraceptive use without their consent, and even forced abortion (Boylan, 1991; Gill, 2015; Waxman Fiduccia, 1999; WHO, 2011b). Therefore, Cordes et al. (2013) and Lonsdale (1990b) have stated that disabled women also face many barriers and discrimination in the health system from access to information about sexual health, reproductive health care, antenatal care and childbirth.

Studies (Bonnie, 2014; Hahn, 1981; Lund et al., 2021) found that not only in the health system, but also in daily life, people with disabilities have very little access to information or services about sexuality, such as adult stores, family planning clinics and other services related to dating. Although in many countries around the world, especially countries in the Global North, comprehensive sexuality education is openly discussed in families, schools, and mass media. However, disabled people seem to be excluded from such discussions, especially those with severe disabilities (Rugoho & Maphosa, 2020). Guidance and protection of disabled people from sexual abuse and violence are also not promoted, while many disabled people, especially disabled girls and women, have become victims of such acts not only by strangers but even by their relatives, family member and/or caregivers on a daily basis (Asch et al., 1988; Bonnie, 2014; Lonsdale, 1990b). Many authors (Boylan, 1991; Rugoho & Maphosa, 2020; Shakespeare et al., 1996) pointed out that, in addition to directly preventing disabled people from engaging in sexual activities or other related issues, there are many other factors that also influence the development of relationships and sexual expression of people with disabilities. These negative influences encompass non-inclusive education, limited employment opportunities, inaccessible public transport and buildings, entertainment services that are not friendly to people with disabilities, and information that is not available or in a format that cannot meet the specific needs of disabled people.

While in Vietnam studies on disability and sexuality (e.g., CCIHP & ARROW, 2019; Gammeltoft & Nguyen, 2015; ISDS & Ford Foundation, 2011; Khuat et al., 2014a; Khuat et al., 2014c; Nguyen & Liamputtong, 2023; Nguyen et al., 2018; Nguyen & Hoang, 2012) have not mentioned different types of disabilities and most of them consider disabled people as a homogeneous group, studies in the global context have shown diversity. In particular, scholars and researchers often mention and analyze different types of disabilities (e.g., Bonnie, 2014; Fiduccia, 2000; Hunt, 2020; and Lonsdale, 1990b; Shakespeare, 2000) or focus deeply on a specific type of disability in their studies (e.g., Gill, 2015; Kent, 2002; Lane 1995; Michaels & Gorman, 2020; Sinecka, 2008; Toft & Franklin, 2020), furthermore, research in international contexts often rely on the perspectives of disabled people themselves and their narratives, instead of making assessments based on subjective analysis and evaluation (e.g., Chappell, 2018; Liddiard, 2018; Lonsdale, 1990a; Michaels & Gorman, 2020; Sinecka, 2008). This section addresses some forms of disability that have often been studied in sexuality and disability research. *First*, the issue of sexuality of disabled people in the global context has been of concern since the age of adolescence. According to Toft & Franklin (2020) and Lonsdale (1990b), adolescent disabled people

often begin to have sexual restrictions and social norms imposed on them by society because this is the stage of life when they begin to explore and experiment in relationships and acquire related knowledge. Adolescents with disabilities are often desexualized through being dressed in gender-neutral or childish clothing, they are often segregated by being placed in “special” facilities and schools and are not given access to information about sex education (Bonnie, 2014). This leads to many cases of adolescents with disabilities not knowing about safe-sex practices or how to react when being sexually abused or inappropriately touched (Bonnie, 2014; Shakespeare et al., 1996). *Second*, people with intellectual disabilities are also a group that receives lots of attention from researchers. As mentioned earlier, the sexuality of people with intellectual disabilities is perceived as “dangerous”, therefore they are often overprotected in most areas of their lives, including sexuality (Gill, 2015). Santinele Martino and Schormans (2021) found that, when it comes to sexuality, individuals with intellectual disabilities often face resistance from their caregivers and family members, who mostly are non-disabled people. In the past, the forced sterilization of people with intellectual disabilities was institutionalized in some countries. Although it is now illegal, many women with intellectual disabilities continue to be received long-term contraception without their consent (Hunt, 2020).

Third, studies have shown that blind women are not expected to become mothers because they are assumed to be incapable of caring for their children because they are “unable to see”, or that blind teenage girls face many challenges during their periods (Kent, 2002). Blind people also face many barriers in accessing information about sexuality and reproductive health because very little information and materials are available in Braille (Shakespeare et al., 1996). *Fourth*, research (Toft & Franklin, 2020; Michaels & Gorman, 2020) has shown that the information on the Deaf community and sexuality is limited, especially for LGBTIQ+ youth. Having a dual identity as Deaf and LGBTIQ+ can lead to a double exclusion of Deaf people from majority hearing and/or heterosexual societies (Sinecka, 2008). However, it should be noted that some Deaf people do not consider themselves disabled but rather identify as a linguistic or cultural minority (Lane 1995; Sinecka, 2008), and therefore their identity should be respected and not imposed. *Finally*, according to Hahn (1981), although in disability studies, people with physical disabilities and different types of it such as people with paralysis, people with spinal cord injuries, people using wheelchairs or people with amputations are often mentioned, there is little specific information about sexual activity and the sexual issues that people with physical disabilities may face. People with physical disabilities are often more “visible” than other forms of disabilities, thus when it comes to sexual or intimate activities, physically disabled people experience discrimination not only related to their “ability” but also to appearance standards (Lonsdale, 1990a).

Whereas, in Vietnam, the research on the sexuality of people with disabilities only revolves around the issues of sexuality within marriage, reproductive health and sexual health, on the global scale, research on the sexuality of disabled people is more diverse. Issues related to the sexuality of disabled people have been addressed not only in negative aspects but also in positive aspects, as a number of disabled people have begun to explore and express their diverse sexual identities and orientations (Bonnie, 2014). Rembis (2010)

also pointed out that many people with disabilities consider themselves attractive and capable of having a rich sex life, and many disabled people are in relationships that they find rewarding. There are a number of prominent aspects related to the sexuality of disabled people which warrant discussion. *First*, sexual citizenship is an issue that is currently being explored and advocated when referring to disability and sexuality. According to Shakespeare et al. (1996), sexual citizenship is not a unified concept, but a concept based on differences and variations. It can be concerned with intimate pleasures, desires, and ways of being in the world (Shakespeare et al., 1996), emphasize the right to be free from sexual harm and exploitation (Bonnie, 2014), or refer to a range of engagement and involvement activities from sex education, sexual health care, and legal infrastructure (Yau, 2023). However, Plummer (1995) found that people with disabilities are often assumed to not have sexual citizenship or even intimate citizenship due to stereotypes about disabled people and discrimination against them. Shakespeare (2014) and Shakespeare et al. (1996) pointed out that mentioning and discussing sexual citizenship in disability studies helps affirm the freedom of disabled sexuality and reclaim the sexual experience for disabled people because sexual citizenship is a fundamental human right (Firth & Neiders, 2023). *Second*, the body image of women with disabilities is an aspect that many scholars are interested in and discuss when referring to the sexuality of disabled people. Women have long been held to standard body image standards, which, although they vary across contexts and cultures, have a “model” that women need to become in order to be considered attractive (Boylan, 1991). Hence, women who do not meet these standards are often considered unfeminine or unattractive sexually (Lonsdale, 1990a; Plummer, 1995). Ableist and beauty body standards may cause people with disabilities to have low self-esteem and negative body image about themselves (Bonnie, 2014; Cordes et al., 2013), which in turn creates barriers for them to engage in sexual activities or seek an intimate relationship (Lonsdale, 1990a; Shapiro, 2017).

Third, the sexual pleasure of women with disabilities is also a widely discussed aspect, as pleasure is one of the aspects of sexual citizenship (Bonnie, 2014). However, for many disabled people, sexual pleasure is institutionalized and limited through various forms, such as confinement, personal care or therapeutic supervision, which are barriers to the opportunities for people with disabilities to express pleasure (Liddiard, 2018). According to Waxman Fiduccia (1999), disabled people, especially women, often do not receive answers when asking questions about pleasure or orgasm because of social prejudices that they cannot or do not have the right to enjoy sexual pleasure. However, many disabled people have broken social prejudices and see their disability as a means to learn and explore pleasure and sexuality (Rembis, 2010), which can be through self-stimulation or other forms of sexual support (Morales et al., 2021). *Fourth*, many authors (e.g., Liddiard, 2018; Wotton, 2021; Yau, 2023) point out that there are a variety of socially structured frameworks that disabled people are provided with to support and explore their sexual expression. In addition to the more common forms, such as pornography and sex-worker, sexual surrogacy is a form of disability sexual support that has received attention. According to Shapiro (2017), sexual surrogacy is “a form of therapy in

which an individual experiencing sexual issues may engage with a paid individual to help them address these problems” (p. 134). The person performing sexual surrogacy works under the guidance of a therapist, who prescribes this form of therapy to clients based on the general rules established in the field (Bonnie, 2014). Some scholars (e.g., Liddiard, 2018; Rozengarten & Brook, 2016; Yau, 2023) also emphasize that forms of sexual support such as surrogacy or paid sexual services are not always seen as a self-evident right. On the contrary, they raise many debates regarding the legacy of discourses on pity, the ethics of sex work, and the limits of the human rights model when applied to paid sexual relationships, which are always governed by power and consent. Therefore, access to sexual services cannot be considered a self-evident or unproblematic right. However, Liddiard (2018) and Yau (2023) found that those forms of support may still take on new meanings in the context of disability, and may help people learn and exercise their autonomy in engaging in sexual and intimate relationships.

Fifth, caregivers of people with disabilities are also an aspect that many scholars are interested in when studying disability and sexuality. When it comes to sexuality in particular, disabled people often face resistance or lack of support from caregivers, including family members or personal support workers, when expressing sexual behavior or talking about exercising their sexual rights (Hunt, 2020). Studies (e.g., Bonnie, 2014; Gill, 2015; Ramasamy, 2020; Shakespeare et al., 1996) have shown that family members often view disabled people as children and tend to be overprotective of them, which creates barriers to learning about and experiencing sexuality for people with disabilities. In some cases, disabled people receive support and assistance from family members, but they often feel uncomfortable in the presence of family members when engaging in intimate or sexual behaviors (Liddiard, 2018). Liddiard (2018) and Shakespeare et al. (1996) pointed out disabled people also face similar obstacles when it comes to personal caregivers, however, some people with disabilities feel more comfortable and at ease when they are not with family members. Nevertheless, disabled people are also at risk of being sexually abused and exploited by caregivers without their knowledge or ability to resist (Cordes et al., 2013; Lund et al., 2021), especially if the sexual orientation of disabled people is not heterosexual, and they may even experience discrimination or violence based on their sexual orientation (Asch et al., 1988). *Finally*, although research on LGBTIQ+ disabled sexuality is still limited compared to research on heterosexual sexuality and disability, research on this topic has been increasing and diversifying over time (Rembis, 2010). While the majority of research involving disabled people who identify as LGBTIQ+ people are from disability studies, the experiences and perspectives of disabled people from the LGBTIQ+ community are poorly represented in the literature (Coleman-Fountain, 2020). Perhaps understandably, many people with disabilities identify themselves as asexual because they have no sexual attraction to others as “like other sexualities, asexuality is something that a person can actively identify with/as, if it is a term that feels right to them (rather than something that is ascribed by others)” (Cuthbert, 2021, p. 366). Therefore, according to Lund et al. (2021), researchers should be careful using the term “asexual” when discussing the sexuality of people with disabilities, to determine whether it is

something they identify with or something they are ascribed to. Hence, it is important for researchers not to discount the perspectives of disabled people who self-identify as asexual when referring to disabled people as LGBTIQ+ in research or discussions. Disabled people from the LGBTIQ+ community experience discrimination not only because of their “ability” but also because of their sexual orientation, and the nature of their disability. For example, people who are born with disabilities identifying as LGBTIQ+ have different experiences to LGBTIQ+ people who later acquire a disability. Furthermore, discussing homosexuality among disabled people will be more difficult, even risky, for example, in countries where same-sex relationships are prohibited.

Since the beginning of the twenty-first century, there has been a steady increase in disability and sexuality research globally, however, the majority of research comes from the Global North countries (Carew et al., 2017; Shuttleworth et al., 2021). This is despite the case that 80% of the world’s population of people with disabilities aged 15 and over live in the Global South (WHO, 2011b). In particular, Chappell (2018) and Meekosha (2011) found that throughout the history of disability research, most of the popular theories and concepts of disability have emerged from the Global North and were “imported” to the Global South through religious proselytization, invasion, colonization, or assimilation without consideration of cultural and social context. These activities have exacerbated disability and sexual stereotypes by viewing people from the Global South countries as racially and sexually “other” and seeking to transform the way sexuality is viewed and practiced in the Global South according to white heterosexual norms (Chappell, 2018; Chataika & Goodley, 2024; Meekosha, 2006). This is demonstrated by their portrayal of people from the Global South as “godless and primitive savages” or calling Australia as “terra nullius” (nobody’s land) when going there for invasion and colonization (Meekosha, 2011, p. 672), or state that “images of African sexuality as pathological, perverse and primitive construct the sexuality of the European in opposition as healthy, normal and civilized” (Reid & Walker, 2005, p. 186). In addition, invasion, war, colonization, and the control of resources of the Global North countries are also among the causes of increasing disability rates and/or disabling people in the Global South countries (Meekosha, 2011; Mohamed & Shefer, 2015). In this process, disabled people in the Global South were often institutionalized or even became target subjects of Eugenics to help colonial invaders suppress resistance and prevent “contamination” of the general population (Meekosha, 2011).

It can be seen that the dominance of the Global North countries in the universalization and totalization of sexual disability has led to the marginalization of these experiences of people in the Global South (Abay & Soldatic, 2024; Meekosha, 2011). In addition, according to Carew et al. (2017) and Chappell (2018), language, database, or research storage barriers also affect access to sexuality and disability research in the Global South, because such research may be conducted in languages other than English, published in print or other formats, and stored in local databases. Among English-language sexuality and disability research in the Global South, most studies come from Africa (with South Africa being the majority), with relatively few studies from the Middle East, Latin America, Asia, and other Global South countries (Carew et al., 2017; Chappell, 2018).

According to Carew et al. (2017), the content of research on sexuality and disability in the Global South focuses on six main areas including (1) attitudes, knowledge and experiences of people with disabilities about sexuality; (2) attitudes of communities, parents and professionals towards sexual orientation with disabilities; (3) barriers to accessing sexual and reproductive health care for people with disabilities; (4) access to sex education; (5) sexual abuse/violence and exploitation; and (6) intersections between sexual orientation with disability and culture and gender. Each region or country tends to focus on certain issues (Binnie, 2004), for example, in Africa the majority of research on disability and sexuality focuses on topics of sexual abuse and violence or HIV/AIDS, while the number of studies on these topics is much lower in other regions in the Global South (Carew et al., 2017). Research on sexuality and disability in the Global South also demonstrates the diverse experiences of people with disabilities at the complex intersection of gender, socio-cultural contexts, poverty, and lack of basic services and social protection systems (Shuttleworth & Mona, 2021).

Although there is still a gap in research on sexuality and disability in the Global South, with a predominance of the Global North in this field, there has been a positive shift recently. It is important to note that there are different discourses, conceptions and interpretations of sexuality and disability across cultures when it comes to disability and sexuality research (Binnie, 2004; Meekosha, 2011). Therefore, it is essential to avoid generalizations and undervaluing the legacy of Indigenous knowledge, including the varied perspectives on impairment and disability (Meekosha, 2011; Shakespeare, 2018). In addition, studies of sexuality and disability need to be careful to avoid imposing “normative sexuality” on people with disabilities (Chappell, 2018). As Shakespeare (2000, p. 163) questions:

Are we trying to win access for disabled people to the mainstream of sexuality, or are we trying to challenge the ways in which sex and sexuality are conceived and expressed and limited in modern societies?

CHAPTER 5. VIETNAM'S POLICIES AND LAWS ON SEXUAL RIGHTS OF PEOPLE WITH DISABILITIES

As discussed in Chapter 2. Overview of Vietnam, the Socialist Republic of Vietnam declared independence in 1945 and reunified the country in 1975. In the nearly 80 years since the declaration of independence, the rights of disabled people have been affirmed since the very first Constitution in 1946 and subsequent amendments until the most current legal documents. In addition, Vietnam has signed international conventions and joined international agreements to ensure human rights in general, and the rights of disabled people and gender equality rights of women in particular. Although Vietnam does not have any law specifically relating to sexual rights in general or the sexual rights of people with disabilities in particular, there are provisions and legal codes related to sexuality mentioned in Vietnam's Constitution and legal documents.

Sexual rights definitions vary depending on the cultural and social context of different countries or regions. Although, Vietnam has not yet adopted an official definition of sexual rights, the WHO (2006) definition of sexual rights aligns with the theoretical frameworks of this thesis, including the the Human Rights Model of Disability. Therefore, in this chapter, the findings and analysis of Vietnamese laws and policies on sexuality and disability are based on the WHO definition of sexual rights (2006, p. 5):

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- *the highest attainable standard of sexual health, including access to sexual and reproductive health care services;*
- *seek, receive and impart information related to sexuality;*
- *sexuality education;*
- *respect for bodily integrity;*
- *choose their partner;*
- *decide to be sexually active or not;*
- *consensual sexual relations;*
- *consensual marriage;*
- *decide whether or not, and when, to have children; and*
- *pursue a satisfying, safe and pleasurable sexual life.*

The Constitution of the Socialist Republic of Vietnam is the legal document of the highest status and value in the legal system of Vietnam upon which all laws, policies, and judicial procedures are based. The Constitution currently in effect was issued in 2013 by the NAOV, which asserts universal human rights and civil rights (Article 14, Clause 1):

In the Socialist Republic of Vietnam, human rights and citizens' rights in the political, civil, economic, cultural and social fields shall be recognized, respected, protected and guaranteed in accordance with the Constitution and law;

affirms the rights to equality and non-discrimination (Article 16):

All people are equal before law; and No one is subject to discriminatory treatment in political, civil, economic, cultural or social life;

affirms the rights to life and respect for bodily integrity (Article 20):

Everyone has the right to inviolability of their body and to the protection by law of their health, honor and dignity; no one shall be subjected to torture, violence, coercion, corporal punishment or any form of treatment harming their body and health or offending their honor and dignity;

and affirms gender equality (Article 26):

Male and female citizens have equal rights in all fields.

Legislations Relating to Marriage and Family

Marriage and family are prominent areas when referring to aspects related to sexuality in Vietnam. In the Law on Marriage and Family (NAoV, 2014a), among the basic principles of the marriage and family regime stipulated in this law are the responsibilities of the State, society and family in protecting “people with disabilities in exercising their rights to marriage and family; helping mothers to fulfill their noble motherhood functions; and implementing family planning” (NAoV, 2014a, Article 2). At the same time, the law also points out prohibited acts in the marriage and family regime, including (1) domestic violence and (2) taking advantage of the exercise of marriage and family rights to traffic people, exploit labor, sexually abuse or commit other acts for the purpose of profiteering (NAoV, 2014a, Article 5).

In the Law on Prevention and Combat Against Domestic Violence (NAoV, 2022), among the principles of domestic violence prevention and combat stipulated in this law, the rights and interests of disabled people, pregnant women, and women raising young children are given priority. In this law, domestic violence is defined as “an intentional act by a family member that causes or is likely to cause physical, mental, sexual, or economic harm to another family member” (NAoV, 2022, Article 2). While previous versions of The Law on Prevention and Combat Against Domestic Violence did not mention acts of violence related to sexuality, the latest version in 2022 mentioned acts that are likely to cause sexual harm. Of the 16 sections listed as acts of domestic violence in The Law on Prevention and Combat Against Domestic Violence (NAoV, 2022, Article 3), there are five sections directly related to citizens' sexual rights, which comprise protections from (1) neglect, indifference; not raising or caring for family members including pregnant women, women raising children under 36 months old and people with disabilities; (2) discriminating against the physical appearance, gender, sex, and capacity of family members; (3) forcing sexual intercourse against the will of the wife or

husband; (4) forcing the performance of obscene acts or forcing listening to sounds, watching images, reading obscene content, or inciting violence; and (5) forcing pregnancy, abortion, or choosing the sex of the fetus.

Legislations Relating to Population and Family

Population and family planning policies and regulations are inseparably linked to economic, social, defense and security factors. Therefore, depending on the social context, population policies are changed to suit the practical situation to ensure the quantity, density and quality of the population. The Population Ordinance (Office Of The NAoV, 2013) stipulates the rights of citizens in population work related to being provided with quality information and services, being able to choose reproductive health care and family planning measures and having information kept confidential according to the provisions of law. The Ordinance (Office Of The NAoV, 2013, Article 10) also stipulates the rights and obligations of each couple and individual in implementing the population movement and family planning, reproductive health care including (1) deciding on the time and spacing of children; and (2) protecting health, implementing measures to prevent reproductive tract infections, STIs, HIV/AIDS and performing other obligations related to reproductive health.

The Vietnam's Population Strategy to 2030 was issued by the Prime Minister of Vietnam (2019) with the goal of firmly maintaining the replacement fertility rate; bringing the sex ratio at birth to a natural balance; effectively exploiting the golden population structure; adapting to population aging; reasonably distributing the population and improving the quality of the population, contributing to the country's rapid and sustainable development. In the Vietnam's Population Strategy to 2030 (Prime Minister of Vietnam, 2019), specific goals related to sexuality are mentioned, including (1) all women of childbearing age have convenient access to modern contraceptive methods, infertility prevention and reproductive support; (2) reduce the number of adolescents and young people who have unwanted pregnancies; and (3) increase the rate of young men and women who receive pre-marital health counseling and examination reaches 90%.

Legislations Relating to Prostitution, STIs, Rape and Sexual Abuse

Prostitution, STIs, acts related to rape and sexual abuse are aspects that Vietnamese law and regulations focuses on. Prostitution is illegal in Vietnam, therefore, in the Ordinance on Prostitution Prevention and Combat (National Assembly Standing Committee, 2003) it stipulates prohibited acts including "buying sex, selling sex, harboring sex, organizing prostitution, forcing prostitution, brokering prostitution, protecting prostitution, taking advantage of business services to engage in prostitution, other acts related to prostitution as prescribed by law" (Article 4). This Ordinance also provides regulations on Handling violations of the law on prostitution prevention and control, including Handling of sex buyers (Article 22); Handling of sex sellers (Article 23); Handling of people with acts related to prostitution (Article 24); Handling of organizations and individuals who take advantage of business services to engage in prostitution (Article 25); and Handling of organizations and individuals who disseminate, store, and circulate products with pornographic content and forms (Article 26).

Among STIs, HIV/AIDS receives the most attention. The Law On HIV/AIDS Prevention And Control (NAoV, 2006b) stipulates measures to prevent and control HIV/AIDS; care, treatment, and support for people infected with HIV and conditions to ensure the implementation of measures to prevent and control HIV/AIDS. At the same time, this law emphasizes the principle of non-discrimination against people infected with HIV and their family members. The Law On HIV/AIDS Prevention And Control identifies unsafe sex as one of the behaviors that can easily transmit HIV (Article 2) and states that “HIV/AIDS prevention and control must be linked to the prevention and control of STIs” (NAoV, 2006b, Article 34).

Among the crimes against human life, health, dignity, and honor, crimes related to the violation of sexual rights are clearly and strictly regulated in the Criminal Code (NAoV, 2015b) including rape (Article 141), rape of a person under 16 (Article 142), sexual abuse (Article 143), sexual abuse of a person aged from 13 to under 16 (Article 144), engaging in sexual intercourse or other sexual activities with a person aged from 13 to under 16 (Article 145), molestation of a person under 16 (Article 146), employment of a person under 16 for pornographic purposes (Article 147), transmission of HIV to others (Article 148), deliberate transmission of HIV to others (Article 149), human trafficking (Article 150), trafficking of a person under 16 (Article 151). In addition, the provisions on other Offences Against Public order in the Criminal Code (NAoV, 2015b) also mention the crimes of distribution of pornographic materials (Article 326), harboring prostitutes (Article 327), procuring (Article 328) and engaging in prostitution with a person under 18 (Article 329).

Legislations Relating to Health Care, Medical Examination and Treatment

Medical establishment, health care, regulations on medical examination and treatment are also directly related to aspects of sexual rights. In the principles of medical examination and treatment of the Law on Medical Examination and Treatment (NAoV, 2015c, Article 3), the first principle is “Respect, protection, equal treatment and non-discrimination against patients”. In addition, the principle also mentions priority subjects in medical examination and treatment, including pregnant women, people with extremely severe disabilities and people with severe disabilities. This law provides for the rights of patients, including the right to medical examination and treatment (Article 9) and the right to respect for honor, protection of health and respect for privacy in medical examination and treatment (Article 10), in which patients “are not discriminated against, mistreated, physically abused, or sexually abused during the process of medical examination and treatment” (NAoV, 2015c, Article 10, Clause 3). The Civil Code (NAoV, 2015a, Article 33) affirms the right to life, right to safety of life, health, and body of citizens. These rights of patients are reaffirmed once again in Article 7 and Article 65 of the Law On Medical Examination And Treatment (NAoV, 2015c).

The Decision on Approval of the National Action Plan on Reproductive Health Care, Focusing on Material, Newborn and Children’s Health Care for the period 2021-2025 (Ministry of Health of Vietnam, 2021) was issued to improve reproductive health, focusing on improving maternal, newborn and child health, prioritizing disadvantaged areas to reduce the difference in health indicators, nutrition, maternal mortality,

child mortality between regions towards implementing the Sustainable Development Goals by 2030. There are seven main groups of solutions in this National Action Plan, which are (1) communication and health education; (2) perfecting policy mechanisms, enhancing capacity and management efficiency in maternal and child health care and reproductive health; (3) ensuring finance; (4) ensuring specialized human resources in obstetrics-pediatrics-neonatal for health care at all levels; (5) ensure facilities, equipment, essential medicines, science and technology; (6) ensure expertise and techniques; and (7) improve the quality of statistical reporting, monitoring, surveillance and evaluation (Ministry of Health of Vietnam, 2021).

Legislations Relating to Children and Youth

Children and youth are the subjects receiving attention and protection from the Vietnamese State when it comes to sexual abuse and reproductive health. In Vietnam, children are defined as people under 16 years old (NAoV, 2016) while youth are people from 16 to 30 years old (NAoV, 2020b). The Children Law prohibits acts of “sexual abuse, violence, exploitation, and exploitation of children” (NAoV, 2016, Article 6), which are defined clear in Article 4 (NAoV, 2016). The Youth Law (NAoV, 2020b) stipulates the State’s policies towards young people, in which policies on protection, care and health promotion, especially reproductive health care, are focused on (1) consulting and supporting health promotion for young people; (2) preventing and combating domestic violence, school violence, sexual abuse; preventing and combating drugs, HIV/AIDS; (3) prevention of STIs, other social diseases and risks affecting the physical and mental health of young people; (4) ensure that young people are provided with information and access to friendly services on protection and care for reproductive health and sexual health; and (5) ensure that young people are received counseling and pre-marital health check-ups (NAoV, 2020b, Article 19). The Law also stipulates the responsibilities of educational institutions related to reproductive health for young people including (1) implementing measures to prevent and combat school violence and sexual abuse for young people; (2) providing psychological counseling on social issues and school psychology; and (3) education on life skills, knowledge of health care and protection, reproductive health, sexual health, gender, skills to prevent school diseases and social evils for young people (NAoV, 2020b, Article 34).

In addition, based on the results of the 2015 national survey on reproductive health and sexual health, The National Action Plan On Reproductive Health Care And Sexual Health For Minors And Youth For The Period 2020-2025 was issued by the Ministry of Health of Vietnam (2020) to improve the quality of services and address existing issues related to the reproductive health and sexual health of adolescents and young people in Vietnam. In addition, The National Action Plan also provides a number of priority directions on Reproductive Health Care And Sexual Health For Minors And Youth for the period 2020-2025, for example, adolescents and youth with disabilities, and homosexual individuals (especially homosexual boys/men) are mentioned among the priority groups (Ministry of Health of Vietnam, 2020).

Legislations Relating to Employees

Employees are a subject of concern when considering provisions related to sexual rights in Vietnam. According to the Labor Code (NAoV, 2019b, Article 3), employees are defined as “people who work for an employer under an agreement, are paid wages and are subject to the management, direction and supervision of the employer” with the minimum working age of employees being 15 years old. The Code also clearly stipulates that sexual harassment in the workplace is one of the prohibited acts in the labor field and provides a definition for this action. The Labor Code has separate provisions for female workers and ensures gender equality, including provisions related to reproductive functions, maternity and child rearing. Article 137 of the Labor Code (NAoV, 2019b) stipulates that (1) maternity protection includes that employers are not allowed to use female employees who are pregnant from the 7th month or raising children under 12 months to work at night, work overtime, or go on business trips, unless there is consent; (2) female employees working in an arduous, toxic environment or one that has a negative impact on reproductive function and childrearing during pregnancy can request to be transferred to lighter work or reduce working hours until the child is 12 months old; (3) employers are not allowed to dismiss female employees for reasons of pregnancy, maternity leave, or raising children under 12 months old, if the labor contract expires during this time, the female employee has priority to sign a new contract; and (4) female employees during menstruation are entitled to 30 minutes off per day and entitled to 60 minutes off per day when raising a child under 12 months. In addition, the Code also provides regulations on maternity leave and receiving benefits during the time of caring for sick children, maternity leave and implementing contraceptive measures according to the regulations of the Law on Social Insurance (Article 139 & Article 141); ensuring employment for employees on maternity leave (Article 140); and promulgating a list of occupations and jobs that have negative impacts on reproductive functions and child-rearing. The Law stipulates that employers must provide full information on the nature of the danger, risks, and requirements of the job for employees to choose and employers must ensure safety and hygiene conditions for employees according to regulations when employing them to do such jobs (Article 142).

Detailed provisions related to maternity leave in the Labor Code are clarified in the Law on Social Insurance (NAoV, 2014b). Social insurance includes two forms, compulsory social insurance and voluntary social insurance, in which maternity benefits are only applicable for employees participating in compulsory social insurance. The maternity benefits of the Law on Social Insurance (NAoV, 2014b) stipulate the following provisions: the period of enjoying benefits when having prenatal check-ups (Article 32); the period of enjoying benefits when having miscarriages, abortions, stillbirths or pathological abortions (Article 33); the period of enjoying benefits when giving birth (Article 34); the maternity benefits of female employees who are surrogate mothers and mothers who use surrogacy (Article 35); duration of benefits when adopting a child (Article 36); duration of benefits when implementing contraceptive measures (Article 37); lump-sum allowance when giving birth or adopting a child (Article 38); level of maternity benefits (Article 39); female

employees returning to work before the end of maternity leave (Article 40); and recuperation and health recovery after maternity leave (Article 41). To be eligible for maternity benefits, employees must fall into one of the following cases specified in Article 31 of the Law on Social Insurance (NAoV, 2014b): (1) pregnant female employees; (2) female employees giving birth; (3) female employees who are surrogate mothers and mothers who request surrogacy; (4) employees adopting children under 6 months old; (5) female employees who have an IUD inserted, employees who perform sterilization measures; and (6) male employees who are paying social insurance and whose wives give birth.

Legislations Relating to People with Disabilities

Disabled people are citizens of Vietnam, therefore, all regulations on the rights for Vietnamese citizens described and detailed in this chapter apply equally to disabled people as they do for non-disabled people. However, in addition to their equal rights as citizens, the State also promulgates specific laws and policies focusing on people with disabilities. The Law on Persons with Disabilities (NAoV, 2010) specifically affirms the rights and obligations of disabled people in Article 4, including (1) equal participation in social activities; (2) independent living, integration into the community; (3) exemption or reduction of some contributions to social activities; (4) health care, rehabilitation, cultural education, vocational training, employment, legal aid, access to public works, means of transport, information technology, cultural services, sports, tourism and other services appropriate to the type and level of disability; and (5) other rights and obligations as prescribed by law. Acts related to the violation of the sexual rights of persons with disabilities are also mentioned in the prohibited acts of the Law on Persons with Disabilities (NAoV, 2010, Article 14), including prohibition of (1) discrimination against persons with disabilities; (2) violating the body, dignity, honor, property, rights and legitimate interests of persons with disabilities; (3) enticing, seducing or forcing persons with disabilities to commit acts that violate the law or social ethics; (4) taking advantage of persons with disabilities, organizations of persons with disabilities, organizations for persons with disabilities, images, personal information, and status of persons with disabilities for personal gain or to commit acts that violate the law; (5) persons responsible for raising and caring for persons with disabilities who do not fulfill or do not fully fulfill their responsibility to raise and care for persons with disabilities as prescribed by law; and obstructing the right to marriage and the right to raise children of persons with disabilities.

In addition, the Law on Persons with Disabilities (NAoV, 2010) also regulates health care regulations for persons with disabilities. The right to medical examination and treatment are guaranteed in Article 22 including (1) ensures that persons with disabilities are examined, treated and use appropriate medical services; (2) persons with disabilities are entitled to health insurance policies in accordance with the provisions of the law on health insurance; (3) families of persons with disabilities are responsible for creating favorable conditions for persons with disabilities to be examined and treated; and (4) organizations and individuals are encouraged to support medical examination and treatment for persons with disabilities. The responsibilities of medical examination and treatment facilities are regulated in Article 23 including (1)

implement appropriate medical examination and treatment measures for persons with disabilities; (2) prioritize medical examination and treatment for persons with severe disabilities and persons with severe disabilities, children with disabilities, elderly persons with disabilities, and pregnant women with disabilities according to the provisions of law on medical examination and treatment; and (3) implement renovation and upgrading of medical examination and treatment facilities that do not ensure accessibility for persons with disabilities (NAoV, 2010).

The Program to Support People with Disabilities for the period 2021 – 2030 issued by the Prime Minister of Vietnam (2020) with the goal of promoting the implementation of the CRPD and the Law on Persons with Disabilities to improve the quality of life of individual with disabilities, create conditions for disabled people to participate equally in society, and build an environment without barriers to ensure the legitimate rights of disabled people and support disabled people to develop their abilities. It sets out the target of the rate of people with disabilities accessing health services in different forms and the rate of women with disabilities receiving assistance in different forms, proposes forms of support for disabled women, activities to support disabled people to live independently and integrate into the community, and general solutions to implement this program (Prime Minister of Vietnam, 2020).

Other Related Legislations Impacting the Sexual Rights of Women with Disabilities

In addition to aspects directly related to sexual rights, education, employment, access to information, access to public buildings and services, and reducing financial pressure also play an important role in helping people with disabilities, especially women with disabilities, to control and make personal decisions about their sexual lives. These basic rights are guaranteed through a diverse system of laws and policies in Vietnam.

The Education Law (NaoV, 2019a) and the Law on Persons with Disabilities (NAoV, 2010) stipulate the right to education for persons with disabilities, including creating learning conditions appropriate to individual needs and abilities, providing learning aids and materials, and training teachers and staff to meet the needs of learners. At the same time, education policies also encourage persons with disabilities to participate in learning in the most appropriate way for each person's abilities, helping to improve knowledge, skills, confidence and autonomy in personal decisions. The Education Law (NaoV, 2019a, Article 13) stipulates that “Learning is a right and obligation of citizens. All citizens, regardless of ethnicity, religion, belief, gender, personal characteristics, family origin, social status, and economic circumstances, are equal in learning opportunities”. In particular, the State prioritizes and creates conducive conditions for education of all citizens, including disabled people. In the Law on Persons with Disabilities (NAoV, 2010), it is stipulated that the State creates conditions for persons with disabilities to study in accordance with their needs and abilities, in which persons with disabilities are (1) provided with means and materials to support their learning specifically when necessary; (2) persons with hearing and speaking disabilities are taught in sign language; and (3) persons with visual disabilities are taught in Braille according to national standards (Article 27). There

are three methods of education for disabled people in Vietnam, which are inclusive education, semi-inclusive education, and specialized education. The State encourages persons with disabilities to participate in learning according to the most appropriate education methods for each individual. Therefore, persons with disabilities, and their parents or guardians may choose the educational method that is suitable for the development of the persons with disabilities (Article 28). The Law on Persons with Disabilities (NAoV, 2010, Article 30) also regulates the responsibilities of educational institutions in (1) ensuring appropriate teaching and learning conditions for persons with disabilities, not refusing to admit persons with disabilities to school contrary to the provisions of law; and (2) renovating and upgrading teaching and learning facilities that do not ensure accessibility for persons with disabilities. Teachers, educational administrators participating in the education of disabled individuals, and staff supporting the education of disabled individuals are trained and updated in their expertise, skills, and abilities to meet the needs of educating disabled people (Article 29). In addition, the State's policies on vocational education development as stipulated in the Law on Vocational Education (NAoV, 2014c) in Article 6, Article 18 and Article 27 also make provision for prioritizing and supporting disabled people to participate in Vocational Education. The Program to Support People with Disabilities for the period 2021 – 2030 (Prime Minister of Vietnam, 2020) also emphasizes measures and solutions to support education for people with disabilities.

In the field of employment, the Labor Code (NAoV, 2019b) and the Law on Persons with Disabilities (NAoV, 2010) stipulate the basic rights of persons with disabilities in work, including the right to be recruited, protected by employment and economic autonomy. These policies also set out the responsibilities of agencies, organizations and enterprises in creating a favorable, non-discriminatory working environment, and at the same time applying preferential and supportive policies for persons with disabilities, thereby improving opportunities to participate in social activities and self-development. In the Labour Code (NAoV, 2019b), there is a separate Section to regulate the State's policies for disabled employees in order to (1) protect the right to work and self-employment of employees with disabilities; and (2) have appropriate incentive and preferential policies for employers in creating jobs and recruiting disabled employees in accordance with the provisions of the Law on Persons with Disabilities" (Article 158). The Law on Persons with Disabilities (NAoV, 2010, Article 33) also stipulates that "agencies, organizations, enterprises and individuals shall not refuse to recruit qualified persons with disabilities or set recruitment standards contrary to the provisions of law in order to limit job opportunities for persons with disabilities". Strategies to support vocational education, job creation and livelihood support for disabled people are proposed in the Program to Support People with Disabilities for the period 2021 – 2030 (Prime Minister of Vietnam, 2020), including policies to prioritize disabled youth and disabled women in starting businesses. The Roadmap for Implementing Vietnam's Sustainable Development Goals to 2030 (Prime Minister of Vietnam, 2023) also sets a target of achieving full and productive employment and decent work for both women and men, including for disabled people (Goal 8).

Laws related to information technology, construction and decrees guiding the implementation of the Law on Persons with Disabilities ensure access to information, public infrastructure and transportation. Specifically, these documents stipulate technical standards, renovation of public works, ensuring access to information and communication products and services, thereby helping persons with disabilities to fully participate in social activities and increase their ability to self-determination in their personal lives. A Circular on Application of Standards and Technology Assisting Persons with Disabilities to Access and Use Information and Communications Products and Services was issued by The Ministry of Information and Communications of Vietnam (2020) to regulate the application of standards and technology to assist disabled people to access and use information and communications products and services. In addition, the Circular provides a list of standards to assist disabled people to access and use information and communications products and services and related appendices. The Law on Information Technology (NAoV, 2006c, Article 74) also stipulates provisions to support disabled people, in which the State encourages and has preferential policies for activities (1) researching and developing tools and applications to enhance the ability of people with disabilities to access and use information and knowledge resources through the use of computers and information infrastructure; and (2) producing and providing technology, equipment, services, information technology applications and digital information content to meet the special needs of people with disabilities. In addition, the Program to Support People with Disabilities for the period 2021 – 2030 (Prime Minister of Vietnam, 2020) provides plans to help disabled people access and use information and communication technology.

The Construction Law (NAoV, 2014d), among the basic principles of construction investment activities, stipulates the need to ensure convenient and safe access to construction works for disabled people, the elderly, and children in public works and high-rise buildings (Article 4) and in the requirements for construction design, it is necessary to create conditions for people with disabilities, the elderly, and children to use the works (Article 79). The Law on Persons with Disabilities (NAoV, 2010) also stipulates the approval of design, construction, acceptance of new construction works, renovation and upgrading of apartment buildings, offices, technical infrastructure works, and social infrastructure works must comply with the national technical standards system on construction to ensure access for persons with disabilities (Article 39). The Decree on Detailing and Guiding a number of Articles of The Law on Persons with Disabilities (GoV, 2012) clearly stipulates the roadmap for the renovation of apartment buildings and public works by the end of 2024 to ensure accessibility for people with disabilities (Article 13). In addition, this Decree also provides detailed regulations on ensuring accessible means of transport for disabled people. The Circular on National Technical Regulation on Constructions Accessibility issued by the Ministry of Construction of Vietnam (2024) stipulates that construction works must ensure accessibility for people with disabilities, including apartment buildings, public works, urban traffic works, and other technical infrastructure and urban utilities. The Circular provides detailed technical regulations and appendices aimed at “people with access difficulties to use

housing and public works, means of transport, information technology, cultural services, sports, tourism and other appropriate services to be able to integrate into the community” (Ministry of Construction of Vietnam, 2024).

In addition, financial support policies such as scholarships, tuition support, social subsidies, public service discounts, and health insurance are also established to reduce the economic burden on people with disabilities. These supports help people with disabilities, especially women, have the opportunity to participate in education, work, and social activities on an equal basis, thereby indirectly enhancing their right to self-determination and the ability to make decisions in their personal and sexual lives. The State also issues regulations to provide financial support, exemptions or reductions in living expenses and other fields for disabled people. The Education Law (NAoV, 2019a, Article 85) stipulates policies on supporting scholarships, social subsidies, tuition exemptions and reductions, tuition and living expenses support for students, including disabled people. The Policy for Learners in the Law on Vocational Education (NAoV, 2014c) stipulates that people with disabilities who are members of ethnic minorities or people with disabilities who have permanent residence in areas with particularly difficult socio-economic conditions are exempted from tuition fees. In addition, the Decree on Detailing and Guiding a number of Articles of the Law on Persons with Disabilities (GoV, 2012, Articles 11, 12) also stipulates exemptions and reductions in ticket prices, prices for cultural, sports, entertainment and tourism services and prices for public transport services for disabled people. In addition, this Decree also stipulates that people with severe disabilities and people with especially severe disabilities according to the law on people with disabilities are also entitled to monthly social allowances and are granted free health insurance cards according to regulations in The Law on Health Insurance (NAoV, 2008).

The Law on Gender Equality (NaoV, 2006a) and the National strategies on gender equality also contribute to ensuring opportunities and rights for women, including women with disabilities, in all areas of society. The law stipulates equality in education, health care, employment, and family-related decisions, aiming to create conditions for women to participate in development, make decisions and enjoy social benefits equally. To ensure equal rights and opportunities for all citizens, the Law on Gender Equality was enacted (NaoV, 2006a) with the purposes to (1) ensure gender equality in all areas of politics, economics, culture, society and family; (2) support and create conditions for men and women to develop their abilities, have equal opportunities to participate in the development process and enjoy the fruits of development; and (3) protect and support mothers during pregnancy, childbirth and child rearing (Article 7). The provisions on gender equality in the health sector in Article 17 stipulates that (1) men and women are equal in participating in educational and communication activities on health care, reproductive health and the use of health services; and (2) men and women are equal in choosing and deciding to use contraceptive measures, safe sex measures, and preventing and controlling HIV/AIDS and STIs. In the regulations on gender equality in the family in Article 18, aspects related to sexuality are mentioned, such as husband and wife being equal in discussing, deciding on, choosing

and using appropriate family planning measures. In addition, The National Strategy on Gender Equality for the 2021-2030 Period (GoV, 2021b) also sets out specific goals on gender equality in different areas to continue to narrow the gender gap, create conditions and opportunities for women and men to participate and enjoy equality in all areas of social life, which aims at contributing to the sustainable development of the country. In addition, The Roadmap for Implementing Vietnam's Sustainable Development Goals to 2030 (Prime Minister of Vietnam, 2023) emphasizes Goal 5 of the 17 sustainable development goals as achieving gender equality, empowering and creating opportunities for women and girls, which significantly reduce all forms of violence against women and girls in public and private settings, including trafficking, sexual exploitation and other forms of exploitation.

It can be seen that, although Vietnam has a diverse system of laws and policies to ensure basic rights and social inclusion for people with disabilities, these documents focus on the areas of education, labor, access to information and public infrastructure, which indirectly facilitate the right to self-determination in sexual life, without any document directly regulating sexual rights. This suggests that additional research and policies are needed to ensure that the sexual rights of women with disabilities are fully protected.

In conclusion, this chapter has identified and discussed regulations and provisions in Vietnam's legal system that address aspects of human rights and sexual rights as defined by WHO, including general provisions related to sexual rights such as sexual health, reproductive health, sexuality education, contraceptive measures, STIs, pregnancy and childbirth for all citizens, as well as specific provisions for women and people with disabilities. However, on reflection it is noticeable that the body of legal documents and provisions do not explicitly address the sexual rights of citizens and sexual rights of women with disabilities in the same way that WHO expresses them. In particular, there is no mention or acknowledgement of the human right to "pursue a satisfying, safe and pleasurable sexual life" (WHO, 2006, p. 5).

CHAPTER 6. DISCUSSION

The previous chapters have provided the background and historical context of Vietnam's regulations and policies related to sexuality to ensure the rights of citizens, including the rights of disabled persons. However, those regulations are notable in that they only include certain aspects associated with sexuality, which are (1) marriage and family; (2) population policy and family planning; (3) prostitution, STIs, acts related to rape and sexual abuse; and (4) medical establishment, health care, regulations on medical examination and treatment. These are also prominent areas discussed in the literature by domestic and foreign scholars when researching sexuality in Vietnam. Although subjects relating to married women, workers, children and youth are often referred to and discussed in laws and policies related to aspects of sexuality, people with disabilities are not mentioned. While the legislation in Vietnam implies that disabled people should enjoy the same rights as others, there is a lack of explicit recognition of the sexual rights of disabled people, particularly women, as defined by WHO (2006, p. 5). This may result in inadequate protection and enforcement of their rights. In addition, general regulations related to sexuality in Vietnam do not cover all aspects mentioned in the UN (2006) definition of sexual rights. Therefore, there are still inadequacies in Vietnam's laws and policies in addressing the sexual rights of women with disabilities.

There is a difference in the definition of persons with disabilities in the Law on Persons with Disabilities of Vietnam and the CRPD of the UN. The CRPD defines "Persons with disabilities include those who have 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" (UN, 2006, Article 1). While in Vietnam's Law on Persons with Disabilities defines "Person with disabilities means a person who is impaired in one or more body parts or suffers functional decline manifested in the form of disability which causes difficulties in their work, daily life and study" (NAoV, 2010, Article 2). It can be seen that the definition of disabled people in Vietnam according to the Law on People with Disabilities does not fully encompass the concepts and approaches of the internationally accepted definitions. The definition of persons with disabilities in Vietnam only views disability from the Medical Model of Disability when it mainly focuses on visible physical impairments and excludes other impairments that are less visible or difficult to identify (Tran et al., 2017; UNDP, 2020). This leads to a variety of difficulties for persons with disabilities in being certified and classified as having disabilities, which is the legal basis to ensure their access to some essential public services, such as education, health, and transportation. In addition, the definition of persons with disabilities in Vietnam considers physical impairments as barriers instead of difficulties being seen as caused by society's lack of accommodation of the needs of people with disabilities (Tran et al., 2017; UNDP, 2023). Therefore, when viewed from the perspective of the social model and the human rights model of people with disabilities, the definition of people with disabilities in Vietnam can influence the formulation of policies to limit the

impact of barriers in society as well as increase access for disabled people in life in general and the exercise of sexual rights in particular.

In addition to the inadequacies in the legislation concerning the sexual rights of people with disabilities, legal documents in Vietnam also lack explicit mention of the rights of the LGBTQI+ community. Moreover, based on the perspective of queer theory, the language used in Vietnam law and policy still adheres to heterosexual norms and binary thinking, reflecting a lack of gender-inclusive language. Of the thirty legal documents analyzed, including the Law on Gender Equality issued in 2006, the subjects mentioned were divided by the gender binary, which mainly focus on the two gender groups of “men” and “women” or “boys” and “girls”. without taking into account individuals who do not conform to this binary model and self-identify differently to the heterosexual classifications. Moreover, marital relationships, family relationships, and sexual practices when mentioned in the legal documents are only viewed from the heterosexual perspective. Although the political and legal environment for LGBTQI+ people in Vietnam is changing and is a matter of public discussion and concern with considerable progress (UNDP & USAID, 2014), same-sex marriage is not yet officially recognized in Vietnam. The Law on Marriage and Family stipulates that “The State shall not recognize marriage between persons of the same sex” (NAoV, 2014, Article 8, Clause 2). In many cases, issues related to LGBTQI+ individuals and homosexuality are only implicitly or vaguely addressed, without any explanation or footnotes to clarify. The lack of emphasis on gender and sexual minorities in legal documents can leave them excluded and unprotected by the legal system.

Regulations on sex education in Vietnam focus on certain contents and lack accessibility to the information for people with disabilities. Vietnamese legal documents do not provide a clear and comprehensive definition of comprehensive sex education, which leads to educational programs that may not meet the criteria for comprehensive sex education in sexual rights. In addition, current regulations of Vietnamese legal documents mainly focus on reproductive health and sexual abuse prevention, while other important topics such as bodily autonomy, respect and consent in relationships, and psychosocial aspects of sexuality are not fully addressed. Although there are regulations on life skills education and health care, there is no specific curriculum established to guide the implementation of sex education in schools. Moreover, there is a lack of regulations on mechanisms for monitoring and evaluating the effectiveness of reproductive and sexual health education programs, leading to difficulties in improving and adjusting teaching content to suit actual needs. The absence of educational programs or teaching materials specifically designed for people with disabilities makes it more difficult for them to access sex education. This can lead to a lack of information and understanding of reproductive health for individuals with disabilities.

According to the perspective of crip theory, based on the studies of McRuer (2006) and Martino & Schormans (2021), Crip Theory analyzes how society assumes healthy bodies as the norm (compulsory able-bodiedness) and disregards or ignores disabled bodies in laws, policies, and social practices, similar to how queer theory

analyzes compulsory heterosexuality. It can be seen that regulations in the health sector related to reproductive health care in Vietnam do not mention much about people with disabilities and lack detailed regulations on the provision of information related to reproductive health and sexual health to ensure access for different groups of disabled people. In Vietnam, the legal recognition of the sexual rights of people with disabilities remains underdeveloped. Laws and regulations do not explicitly support the right of disabled individuals to engage in sexual activities, form relationships, or decide on their reproductive choices. The absence of legal frameworks that support the sexual autonomy of disabled individuals, particularly women, is a significant limitation that perpetuates their marginalization and vulnerability. Current health regulations and policies, especially on reproductive health and sexual health, have a solid basis for the right to health for people in Vietnam. However, these regulations and policies do not provide solutions to overcome the difficulties that people with disabilities face when using health services in general, as well as reproductive health and sexual health care services in particular. In this context, the lack of a clear legal framework for the sexual and reproductive rights of people with disabilities not only limits their autonomy but also strengthens marginalization and vulnerability in society. Thus, from a Crip Theory perspective, the lack of attention to disabled bodies in policies and laws is not only a legal gap but also reflects a system that assumes healthy bodies are the norm, similar to the way mandatory heterosexuality is maintained in society (Martino & Schormans, 2021). This analysis suggests that the development of health and reproductive health care policies in Vietnam needs to be more aware of the autonomy and reproductive and sexual needs of people with disabilities, while challenging assumptions about healthy bodies and norms about non-disabled parents.

According to the most recent survey on people with disabilities in Vietnam, the proportion of disabled people who need assistance in daily activities due to health problems is 26.7%, while the proportion of people without disabilities is only 2.0% (GSO, 2016). Although the needs of people with disabilities are prioritized in regulations on health and access to health care services, these regulations are not well integrated into practical action plans. For example, health care workers lack the knowledge and skills to work with people with disabilities, so people with disabilities are sometimes still subject to discrimination or as if imposed by the views of health care workers. Vietnam has national action plans on reproductive health care, but there are no statistics on reproductive health and sexual health disaggregated by disability status (UNDP, 2023). Many health facilities still lack equipment and specialized human resources to meet the sexual health care needs of disabled people, which makes it difficult for them to access quality services.

Although it may seem that disabled children are included in the regulations on sexuality education, reproductive health and sexual health for children and adolescents, in reality, sexuality education in Vietnam is often only provided in the formal education setting. Therefore, children and adolescents who do not go to school are often not equipped with this knowledge. In Vietnam, children with disabilities have lower access to school than children without disabilities. The primary school attendance rate of children with disabilities is about 88.7%, while the rate of children without disabilities is 96.1%. However, at the high school level, the

school attendance rate of children with disabilities is only 33.6% while that of children without disabilities is 88.6% (GSO, 2016). It can be seen that the difference in school attendance rates between people with disabilities and those without disabilities increases at higher levels of education, while knowledge related to reproductive health and sexual health is often only provided at higher levels. Therefore, the rate of people with disabilities, especially disabled girls, having the opportunity to learn knowledge about sexuality education in schools is very low.

Married women and workers are groups that the state focuses on in caring for and protecting their rights related to reproductive health and sexual health in Vietnam. However, similar to the regulations on sexuality education for children and young people, not all disabled people benefit from these laws and policies. There is a disparity in the marital status of the population aged 15 and over between people with disabilities and people without disabilities. While the marriage rate among non-disabled people is 71.46%, this rate of disabled people is only 51.89%. Not only that, due to prejudices based on socio-cultural stereotypes about the "ability" of disabled women in marriage, there is a large difference between the marriage rates of men with disabilities and women with disabilities, in which the rate of married disabled men is 70.42% while the rate of married disabled women is only 39.94% (GSO, 2016). Therefore, women with disabilities who have not yet or will not marry may be excluded or not have access to the regulations and policies on sexuality for married women. In addition, the maternity regime in the Labour Code (NAoV, 2019b) and the Social Insurance Law (NAoV, 2014b) only applies to workers participating in compulsory insurance, that is, those working in the formal sector. However, the labour force participation rate of people with disabilities in Vietnam is only 32.76%, in which men account for 36.23% and women are 30.52%, while this rate for people without disabilities is 83.2% (GSO, 2016). It can be seen that the rate of disabled people participating in the labour force is very low, especially since the majority of them work in the insecure and low-paid informal sector. Therefore, the rate of people with disabilities, especially women with disabilities, who directly benefit from the regulations on maternity regime for workers is not high.

Furthermore, the current legal frameworks in Vietnam regarding disabled people and sexuality overlook the critical concept of intersectionality. Using a framework of intersectionality helps to acknowledge that individuals can experience multiple, overlapping forms of discrimination such as disability, gender identities, sexual orientations, and ethnicity. Such individuals may face unique challenges that are not simply the sum of their experiences, resulting in heightened social stigma, limited access to healthcare, and restricted rights. Thus, diverse needs of all individuals, especially those at the intersection of multiple marginalized identities, are inadequately recognized and addressed. In addition, Vietnam does not have a specific anti-discrimination law; although the Constitution (NAoV, 2013) and some laws have stipulated the prohibition of discrimination, it is not yet comprehensive in all sectors. Thus, discriminatory attitudes towards people with disabilities are a serious barrier to their participation in society, especially for people living at the intersection of multiple

identities such as those from the LGBTQI+ community, who often experience stigma and discrimination, not just in relation to their disability and sexual rights but in all aspects of their lives.

Although the current legal framework encourages entities in all sectors to facilitate accessibility for disabled people, most solutions are not mandatory. In the health sector, only 16.9% of health stations are designed to meet accessibility standards for people with disabilities, only 22.4% of health stations have sanitary facilities designed to accommodate people with disabilities, and only 41.7% of health stations have ramps and paths for people with disabilities. This rate also varies between regions, especially between urban and rural areas (GSO, 2016). In the education sector, only about 2.9% of schools have appropriate designs, 8.1% have ramps for wheelchair users, and 9.9% of schools have sanitary facilities suitable for children with disabilities. In addition to a lack of facilities, about 72.3% of schools lack teachers to teach students with disabilities (GSO, 2016). In information and communication technology, the proportion of households with disabled people owning media (such as television, internet subscription, computer and telephone) is lower than that of households without disabled people. There is a large difference in the rate of internet usage between disabled and non-disabled people, with the rate of non-disabled people using the internet is 6.5 times higher than that of disabled people (GSO, 2016). In addition, although the government has made many efforts to financially support disabled people, only about 40% of disabled people receive monthly allowances, 50% of disabled people receive support to buy health insurance cards for health check-ups, and about 33% of disabled people receive exemptions and reductions in medical examination and treatment costs (GSO, 2016). It can be seen that these restrictions also create barriers for disabled people in claiming their sexual rights.

CHAPTER 7. CONCLUSION AND RECOMMENDATIONS

This thesis has critically examined and analyzed the current laws and policies in Vietnam relating to sexual rights for people with disabilities, discussing the development of the legislation, and revealing the limitations in the legal framework and practices in relation to the universal principles of human rights, with a particular focus on the intersectionality of disability and gender. In exploring the legal and cultural frameworks that govern sexual rights in Vietnam, the study has highlighted significant gaps and challenges in both the recognition and realization of the sexual rights of disabled women. The research has shed light on the unique and multifaceted barriers faced by these women, including cultural stigmas surrounding both disability and female sexuality, the inadequacy of existing legal protections, and the broader societal norms that often marginalize them.

One of the key findings of this research is that while Vietnam has made progress in addressing disability rights through various laws and policies, these legal documents do not adequately encompass the sexual rights of disabled women according to the standards set by the UN definition. The cultural context in Vietnam, where traditional perspectives on gender roles and negative attitudes toward disability intersect, further exacerbates the marginalization of women with disabilities, limiting their access to information, healthcare, and support services related to their sexual rights.

Additionally, this thesis has shown that the enforcement of laws and policies in Vietnam is inconsistent, often due to a lack of awareness, resources, and sensitivity among policymakers and service providers. Disabled women often face compounded discrimination, which restricts their agency and access to their sexual rights. These findings underscore the need for a more inclusive, intersectional approach to both law and policy, one that recognizes the sexual rights of women with disabilities and works to challenge the prevailing cultural stigmas that hinder their full participation in society.

Moreover, legal regulations and policies in Vietnam still lack consideration of the diversity in sexual norms, recognition of diverse sexualities and intersectionality in laws affecting the sexuality of people with disabilities, especially women with disabilities. The analysis of legislation under review in this thesis shows the limitations of the laws in addressing the sexual rights of disabled women and the need to reform, supplement, update, and improve the relevant regulations and policies to ensure that all individuals, regardless of their abilities and identities, can fully enjoy their sexual rights.

In answering the research question, it is evident that Vietnamese laws and policies, while recognizing the rights of disabled people in many respects, fall short in addressing the sexual rights of women with disabilities comprehensively. The study has also emphasized the importance of contextualizing these issues within the broader social and cultural landscape of Vietnam. Therefore, having explored the experiences, perspectives,

and challenges faced by Vietnamese women with disabilities, this thesis proposes the following recommendations for promoting inclusive sexual health interventions and policies for women with disabilities in Vietnam.

Recommendation 1: Reframing the definition of persons with disabilities. The definition of persons with disabilities in the Law on Persons with Disabilities (2010, NAOV) needs to be changed to be more in line with the Social Model of Disability rather than the Medical Model of Disability, by taking into account society's environmental barriers instead of just a person's physical disability. This reframing also allows for a more flexible understanding of disability that can evolve over time, responding to the diverse experiences and needs of individuals. In addition, it is important to recognize that disability is an evolving concept as the UN has emphasized, so the definition of disability should be regularly updated to stay relevant.

Recommendation 2: Integrating rights of disabled people into legal frameworks. Vietnamese disability law should provide basic principles that the rights of people with disabilities should be addressed and integrated into other legal documents to strengthen the legal framework surrounding disability rights. This integration will promote a holistic approach to rights that encompasses all aspects of life, including sexual rights, and ensures that individuals with disabilities are recognized as equal members of society.

Recommendation 3: Collecting disability-disaggregated data and conducting further research. To inform effective policy and practice, it is imperative to collect disability-disaggregated information on sexuality and other aspects of life. This data will provide insights into the unique challenges faced by disabled individuals and guide the development of targeted interventions that address their needs. In addition, further research is needed on the rights and needs for reproductive health and education of people with disabilities. This research will provide more comprehensive information to support the development of policies and guidelines, as well as monitoring of service delivery for people with disabilities.

Recommendation 4: Expanding the concept of sexuality. Legal regulations and policies in Vietnam need to broaden the concept of sexuality to encompass a variety of experiences beyond heterosexual intercourse. This expansion recognizes the legitimacy of same-sex relationships and non-traditional forms of intimacy, ensuring that the sexual rights of all individuals, including people in LGBTQ+ communities, are respected and protected.

Recommendation 5: Applying comprehensive sexuality education. Comprehensive sex education is a cornerstone of promoting sexual rights; therefore, policies and regulations related to sexuality education in Vietnam should be changed to not only address prevention and consequences but should also address positivity, pleasure, sexual desire, autonomy, and consent. An inclusive sexuality education curriculum that is accessible to disabled people will empower individuals to make informed decisions about their bodies and relationships.

Recommendation 6: Embracing gender-inclusive language. Current legal documents in Vietnam need to incorporate inclusive language to avoid referring only to binary gender categories (male and female) and excluding non-binary or gender non-conforming individuals. By adopting inclusive language, laws and policies will better reflect the diversity of human experiences, thereby promoting a legal environment that recognizes and protects the rights of all individuals, regardless of gender identity.

Recommendation 7: Integrating an intersectional lens. To foster a more inclusive society, it is essential for policymakers to integrate an intersectional lens into their regulations and legal policies. By doing so, the diverse needs of all individuals, especially those at the intersection of multiple marginalized identities, such as disabled women, are recognized and addressed, promoting equity and social justice in Vietnam.

Recommendation 8: Equipping healthcare workers with the knowledge and skills necessary to work with disabled people. To facilitate a more supportive environment, healthcare workers must be equipped with the knowledge and skills necessary to provide care for individuals with disabilities without stigma or discrimination. There should be clear regulations and roadmaps to enhance the capacity of healthcare workers and related facilities in providing health services, especially sexual and reproductive health for disabled individuals. Training programs should emphasize the importance of understanding the intersectionality of disability and sexual orientation, fostering an atmosphere of respect and empathy towards people with disabilities in healthcare settings.

Recommendation 9: Information should be accessible for all types of disabilities. Vietnamese laws and policies should stipulate that access to information should be diversified beyond Braille and sign language as regulated in the Law on Persons with Disabilities (NAoV, 2010). Different types of disabilities require various modes of communication, such as visual aids, audio formats, and sign language resources. In addition, there should be more detailed regulations on the obligations of organizations and stakeholders in providing accessible information to persons with disabilities instead of simply "encouraging" organizations and individuals to apply and develop information technology for disabled individuals.

Recommendation 10: Ensuring accessibility for people with disabilities. Transportation and infrastructure should be made more accessible through universal design of facilities and environments to enable people with disabilities to participate fully in employment, business, travel, and social activities, including those related to sexual rights. Ensuring that public spaces are designed with accessibility in mind is essential for fostering an inclusive community where all individuals can engage and interact. In addition, it is necessary to assess and receive feedback from disabled people on the current status of community facilities, infrastructure, and transportation to make appropriate and timely adjustments.

Recommendation 11: Strengthening inclusive education. In the education sector, it is crucial to strengthen inclusive practices and diversify vocational training opportunities for people with disabilities. Develop and

disseminate learning materials that are appropriate for many types of disabilities and expand the use of sign language and braille in inclusive schools or vocational training for students with disabilities. In addition, increase career guidance opportunities and diversify quality vocational training for disabled individuals at vocational training centers instead of focusing only on certain manual occupations. There should be specific regulations and roadmaps for improving teacher training programs to equip educators with the necessary skills and knowledge to support disabled students effectively, integrating the content of working with people with disabilities into the training program for educators.

Recommendation 12: Increasing employment opportunities for people with disabilities. There should be specific regulations to promote a diverse approach to vocational training and employment for people with disabilities, particularly women, to gain financial independence, and contribute to their autonomy and right to make decisions regarding their personal and sexual lives.

Recommendation 13: Allocate budget to implement activities to ensure the rights of disabled women. The government needs to ensure a solid financial foundation for implementing policies and regulations related to people with disability and women with disability in sectors such as health, education, employment, information, and infrastructure ensuring that the policies are aimed at achieving disability and gender equity with data collection from these areas disaggregated. Having a separate budget line for disability will facilitate the execution of initiatives designed to promote sexual rights and improve overall well-being for disabled people.

Recommendation 14: Strengthening the participation of people with disabilities in decision-making, monitoring the implementation of regulations and policy development. Disabled people should be involved in decision-making and monitoring the protection and promotion of their own rights, ensuring that the diversity of their needs is met within the legal framework. Consulting individuals with disabilities, particularly women, in the formulation of policies ensures that their voices are heard, and their unique needs are addressed. Surveys and feedback mechanisms should be established to gather insights from the community, allowing for adaptive policy-making that evolves based on the lived experiences of people with disabilities.

In conclusion, by addressing the legal and policy inadequacies identified in this study and implementing these recommendations, Vietnam can move toward a more equitable and inclusive society that values, protects, and enables disabled women and other disadvantaged groups to contribute to a just and equitable society. The recognition and protection of sexual rights are fundamental to human dignity and well-being, and it is imperative that all individuals, regardless of their abilities, are afforded these rights. With a concerted effort to reform policies and foster inclusivity, Vietnam will achieve many positive results in the process of promoting the sexual rights of people with disabilities in particular and all citizens in general.

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APPENDIX 1 - LEGAL DOCUMENTS IN VIETNAM ANALYZED IN THE THESIS

1. The Constitution (2013);
2. Civil Code (2015);
3. Criminal Code (2015);
4. Labour Code (2019);
5. Law on Persons with Disabilities (2010);
6. Law on Gender Equality (2006);
7. Law on Medical Examination and Treatment (2015);
8. Law on Marriage and Family (2014);
9. Law on Prevention and Combat Against Domestic Violence (2022);
10. Law on Information Technology (2006);
11. Law on HIV/AIDS Prevention and Control (2006) and Amendments to the Law On HIV/AIDS Prevention And Control (2020);
12. Law on Social Insurance (2014);
13. Law on Health Insurance (2008);
14. Law on Vocational Education (2014);
15. The Construction Law (2014);
16. Education Law (2019);
17. Children Law (2016);
18. Youth Law (2020);
19. Ordinance on Prostitution Prevention and Combat (2003);
20. Ordinance on Population (2013);
21. Decision on Promulgating the “National Action Plan on Reproductive Health Care And Sexual Health for Minors and Youth for the period 2020-2025” (2020);
22. Decision on Approval of The “National Action Plan On Reproductive Health Care, Focusing on Material, Newborn And Children’s Health Care for the period 2021-2025” (2021);
23. Decision on Approving “The Program To Support People With Disabilities for The Period 2021 – 2030” (2020);
24. Decision on Promulgating “The Roadmap for Implementing Vietnam’s Sustainable Development Goals to 2030” (2023);
25. Decision On Approving “the Vietnam’s Population Strategy to 2030” (2019);
26. Resolution on Promulgating “The National Strategy on Gender Equality for The 2021-2030 Period” (2021);
27. Decree on Social Support Policies for Social Protection Beneficiaries (2021);
28. Decree on Detailing and Guiding Articles of The Law on Persons with Disabilities (2012);
29. Circular on National Technical Regulation on Constructions Accessibility (2024);
30. Circular on Application of Standards and Technology Assisting Persons With Disabilities to Access and Use Information and Communications Products And Services (2020).