

**GENDER IDENTITY, SEXUAL MEANING AND SEXUAL HEALTH
AMONG YOUNG FEMALE PHYSICAL DISABLED
IN HAI DUONG CITY- VIETNAM**

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TRAN THI LINH GIANG

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (HEALTH SOCIAL SCIENCE)
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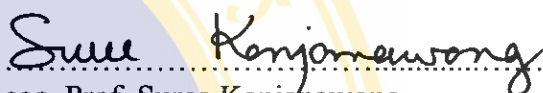
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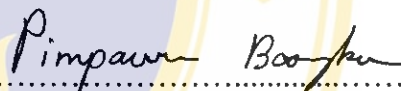
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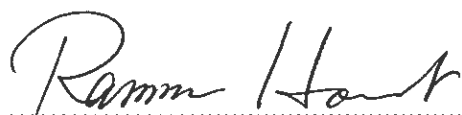
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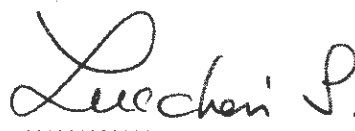
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was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Arts (Health Social Science)

on
April 2, 2004



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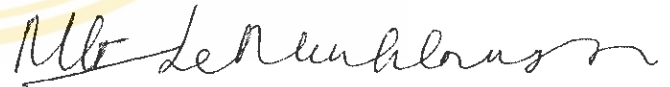
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Tran Thi Linh Giang

**GENDER IDENTITY, SEXUAL MEANING AND SEXUAL HEALTH AMONG
YOUNG FEMALE PHYSICAL DISABLED IN HAI DUONG CITY - VIET NAM**

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M.A. (HEALTH SOCIAL SCIENCE).

THESIS ADVISORS: SUREE KANJANAWONG, Ph.D. PIMPAWUN
BOONMONKON, Ph.D. LE MINH GIANG, Ph.D**ABSTRACT**

Sexuality and disability are exclusive definitions in many countries all over the world, including Viet Nam. The purpose of this research is to investigate the perception of the disabled toward their own sexuality and their sexual health problems. The samples were 15 single disabled women, age from 18 to 25 years, living in the districts and city of Hai Duong. Data was collected by in-depth interview, observation and key informant interview from August to November, 2003. Free coding and synthesizing were applied to analyze the data.

Results revealed that in the group of disabled women, many sexual health problems remain such as delay in becoming sexually active, rejection in man-women relationship, rape, sexual abuse and sexual harassment. The factors determining these problems include sexual meaning, gender identity and negative body image. The perception toward the meaning of the intimate relationship and sexual acts will determine the way they perform in their sexual life. This perception is very much effected by sexual norms. Due to the stigmatization attached to disability, it is very difficult for the disabled to develop a positive perception toward their body and toward the way they identify themselves in society and in their relationship with men. As a result, their sexual health was variously affected depending on their own perception. Exploring each factor gave us an holistic view to understand the voice of disable people that is rarely mentioned in the history of research.

These findings suggest that health professionals should encourage all people involved to promote the sexual rights of the disabled and to empower the women living with disability. Sexual education should be given to this group of people and gender issues should be integrated in this sexual education curriculum.

**KEY WORDS: SEXUAL MEANING/ SEXUAL NORMS/ GENDER IDENTITY/
BODY IMAGE/ SEXUAL HEALTH/ DISABLED WOMEN**

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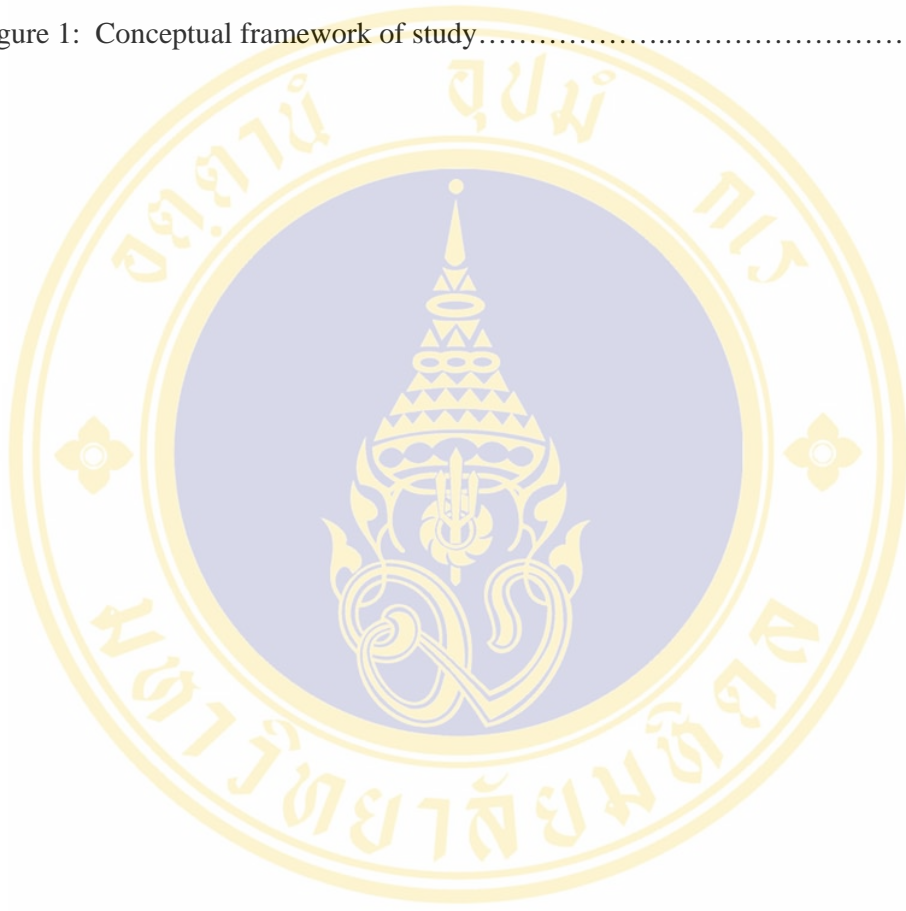
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LIST OF ABBREVIATIONS

PWDs: People with disabilities

STDs: Sexual transmitted diseases

STIs: Sexual transmitted infections



CHAPTER I

INTRODUCTION AND RATIONALES

According to estimates made by World Health Organization (WHO), the disabled account for 10 % of world's population, therefore disability is a worldwide problem. The disabled are found in both poor and rich countries. Vietnam has been suffering from the ravages of the war for a long time, therefore the country has a high number of the disabled. WHO estimated that there are about 6 million people living with disability in Vietnam in which 3 million are children. According to Cao Minh Chau, et al (1992), in Vietnam, the number of disabled with mobility problem is highest (39.8%) followed by group of sight impaired (21%), deaf and dumb (18.7%), learning difficulty (9.5%), strange behavior (6.8%), epilepsy (6%), and the last, lack of sensation (1.2%).

Over the past years, there has been a virtual revolution in all societies pertaining to sexuality and the “proper” roles of males and females. Not only have the able-bodied people experienced changes in sexuality and their roles over the past years, but people with disability have also witnessed a change of their roles in society. These changes have affected the understanding of sexuality issues within the population with disability. Sexuality issues related to people with disability have been inadequately addressed, probably in part because of a societal belief that it is unacceptable for the person with a disability to be a sexual being. People also believe that disabled mothers will have disabled children in the future or they may be thought unable to engage in sex or are simply uninterested in sex. On the other hand, disabled women are human-being who need to achieve sexual health as well as to enjoy the sexual life, in other words, they have rights to have sex and to be free from harmful, violence behavior and unsafe sex.

A great hazard for women with disability in relationships is abuse, which might result from a negative perception in relation to the sexuality of disabled. The proportion of

women who have experienced domestic violence has been estimated as high as 60%, compared with 33% of women in general (Russel,1995). In addition, the incidence of sexual abuse among girls with disability is twice as high as among non-disabled girls. The major reason for this abuse is that disabled women are perceived as a particularly easy group to be dominated, sexually exploited or controlled by people, especially by men. The violence can take the form of verbal humiliation, physical beating, intimidation, forced isolation, as well as various forms of sexual assaults, or a combination of these.

Sexual health is affected by sexual meaning and will be explored in this study. Sexual health is not merely the absence of disease caused by sexual relationship but the positive well-being positive state that people can do according to their values. According to Hardon (1995), sexual health is a state of satisfying sex life, free of violence, fear and unnecessary pain, and including a mutual caring sexual relation. WHO in 1975 defined sexual health as the integration of the somatic, emotional and intellectual and social aspect of sexual being in ways that are positively enriching and that enhance personality, communication and love. Sexual health, in Mueller's point of view, is the ability that someone has to protect themselves from STIs, from harmful practices and violence, to control sexual access, to have sexual enjoyment and information on sexuality. The issues or problems raised in sexual health will include safe and unsafe sex, wanted or unwanted sex, coercive or consensual sex. For the special group of disabled, especially young female single disabled, the main sexual health problems differ from that of the non-disabled group. It is not only the matter of safe or unsafe, wanted or unwanted, coercive or consensual sex as the other groups have to encounter, but they have to face with the problem of to love and to be loved, to be accepted in an intimate relationship, to access to sexual information (in other words preparation for the sexual life or sexual education), the ability to have sexual enjoyment and protection from harmful practice and violence/abuse.

1.1. Why to study sexual health in young female physical disabled?

Research related to the sexuality of the disabled is very rare in Viet Nam, therefore there is little understanding of this area. It is well known that Vietnamese

society is conservative with long remaining of the feudalistic values influencing the life style of the Vietnamese people, therefore those people with disability have to face many sexual health problems: being unable to get married, being discriminated by their male peers, lack of access to sexual education, being sexually abused, no preparation for intimate relationship, impaired expression sexual feeling and other difficulties concerning their sexual life. No research has been done to tell us why people with disability (PWD) in Vietnam suffer from sexual health problems although several studies (e.g, Basson, Rosemary,1998) has been done to study sexual health of disabled women in Western country like Canada. Basson and Rosemary pointed out that physical disability effects sexual well-being through eroding sexual confidence of these women. According to them, various myths about sexuality and disability prevail in most of the societies, with the result that the sexual well-being of disabled women is often neglected. These myths include the following: disabled women are asexual; only independently functioning women can handle sexual relationships; disabled women who are single are celibate; disabled women cannot be mothers; all disabled women are heterosexual; disabled women should be grateful for sexual relationships; disabled women are different; youth and beauty are essential to sexuality. The research also pointed out the impact of disability on sexual health through woman's sexual self-image; relationships, sexual desire; physical limitations; changes in sexual response; fertility and birth control. This belief is also very common in Vietnamese society. One of the reasons for carrying out the present research is the writer's desire to help physicians, the medical community and all the related organizations to reject these myths and to orient the disabled themselves as well as their community with a right direction relating to sexuality of the disabled.

The topic of rehabilitation or reintegration for the disabled has received good coverage (such as Le Van Cap, 2000; Tran Thi Thu Nguyet, 2000) but there is no research on the rehabilitation in term of the sexuality and sexual health of disabled. Thomas T. Kane (1999) strongly suggested that more research on the sexual aspects of the lives of disabled in Vietnam should be conducted as so little was known. Therefore, he recommended that in-depth qualitative research studies should be conducted on the life situation of PWD. The disabled rarely have the chance to talk

about their sexual life and private thoughts relating to this domain. Moreover, the fact that families or the community where the disabled live and work pay little attention to preparing them for an intimate relationship puts them in a sensitive and vulnerable position in their intimate relationships (Karen Hwang, 1997). In order to help the disabled to express their anxiety and speak using their own language, research on the sexual health of young female disabled is urgently needed. This research is expected to make a significant contribution towards our understanding of these issues.

1.2. Why to study sexual meaning in young female physical disabled?

Sexuality is very important to human beings. Although it can bring people pleasure and happiness it can also create anxiety, especially for the young people. The study of young people's beliefs vis-a-vis is needed in order to understand the nature and source of their beliefs. This can help to prevent problems and develop young people so that they can have a healthy and satisfying sexual life.

Although not sanctioned by the culture or society, adolescent sexual practices are occurring, in and out of marriage. One of the authors of the book "Gender, Sexuality and Reproductive Health in South East Asia", 2001, writing about Vietnamese adolescent sexuality state that:

Under 5 % of births in Viet Nam take place among women below 18 years and 15 % take place among women below 19 years. The 1988 DHS estimated that 10 % of conceptions occurred before marriage. At least 300,000 pregnancies involved women under the age of 20 in 1992. 19.4 % of women under the age of 20 have used IUDs.

A study by Youth Union found that 15 % of Hanoi youths age 15-19 had premarital sex and 25 % of youths in Ho Chi Minh city were sexually active. In 1993, the Women's Union found that the majority of youths had no information about puberty, and that only 33 % had no information about friendship with the opposite sex, 23 % on sex, 19 % on family planning and 23 % on personal hygiene. Currently, there are few services which meet the special needs of adolescents and youth. It is necessary to develop strategies for providing information and services to adolescents, as well as IEC (information, education, communication) strategies for addressing their

needs in terms of human sexuality, family planning and other aspects of reproductive health.

Sexual relationship and sexual attractiveness can be very important for placement in the social network of adolescents. From the view of social constructions, sexual meaning is socially constructed and may differ from society to society or among different groups or even individuals within a society. It includes the meanings of sexual acts, sexual identities, sexual direction, erotic interest, sexual desires, etc... The meaning of a sexual relationship among young people is thus variable and complex.

For example, different in sexual meanings have been found among male and female adolescents. For the male find sexual intercourse can primarily be a source of fun, while for his female partner it may be a way of expressing love and affection (Hotline center Foundation, 1985-1999). The same sexual practice may give different meanings to different persons. In order to study sexuality, therefore it is necessary to study sexual meaning. Mueller (1993) asserted that each of the elements of sexuality including sexual meaning attached with gender are related to all aspects of sexual health. According to Mueller, sexual meaning is shaped by characteristics of the larger social systems in which it is embedded: by social and economic institutions that determine hierarchies and life choices based on gender, age class, ethnicity, and other distinctions and by ideology of gender (and other differences) that each system elaborates.

There is little is known about young people's sexual meanings and experiences, feelings and attitudes, or what they see as their reproductive health and sexual health needs (Marin Karinchai, 2001). Such information is more scarce in the group of disabled people. Moreover, for the young female disabled, sexuality may have different meanings compared to her non-disabled peers as it is formed under their own social system and norms. Women with disability might feel that it is not suitable for them to think, talk or express their feelings about sex, especially if they feel inferior to the non-disabled. Therefore, researchers need to know how the young female disabled perceive and think about their own sexuality.

This research is attempt to discover the sexual meaning for the young female disabled who are faced with serious problems related to sexual health. No research has been done in Vietnam on this area, so it would be helpful to study it and explore the hidden reality of people living with disability.

1.3 Why study gender identity?

In most societies of the world, women are in a disadvantaged and vulnerable position compare to male counterparts. In such a situation, it can be deduced that women with disability stand in a doubly disadvantaged position. The attributes associated with a women are in most cases completely denied to them. Their identity as mother, homemaker and a sexual being are totally overlooked (Sengupta Shampa, 2001).

In many Asian countries, the number of the disabled getting married is very low and yet, sexuality is associated with marriage (Sengupta Shampa, 2001) According to Sampa, 74 % of disabled women in urban India were not married. In Nepal, a society where marriage is the norm for women, 80 % of women with disability are reported unmarried. In Viet Nam, there are no figures related to how many disabled women get married but it is assumed to be very few. Meanwhile the traditional role that Vietnamese society assign to women is to be married and be a “supporter” for the man of her life, whether it is father, husband and son. The influence of Confucianism on women’s life, in fact, has been a key factor in the shaping of gender roles. According to Confucianism, women must comply with the “Three Obedience” and the “Four Virtues” in ancient feudal society. The Three Obedience (Tam Tong) refers to women’s submission to men in the context of social-cultural relations undervalued women’s status. Those are: Submitting herself to her father when being singled at parent’s home (tai gia tong phu), Submitting herself to her husband when being married (xuat gia tong phu), Submitting herself to her eldest son when her husband passes away (phu tu tong tu). The Four Virtues (Tu duc) refers to the compulsory task of the women such as: Employment (Cong): Good at her work regarding the only domestic activities such as housework (for upper-class women) and agricultural work (both for lower-class women), Appearance (Dung): Women should always keep appearance fresh and dress correctly, Speech (Ngon): Politeness in speech. Should not

be talkative, Morality (Hanh): Neither talking to man nor going out from home without permission from parents (or husband). Those were social norms that women were enforced to obey.

Therefore, remaining a singled and disabled women is not easy in the sense of having to cope with earning a livelihood and living with the stigma of being disabled, and being a victim of discriminated. The more they are discriminated against because of the social ideology related to women's value, the more they withdraw in to their own private world and the less socialization they have with their peers and there is less chance for them to make friends with different sex friends. It limits the chances for disabled to date or form intimate relationships. Gender identity therefore determines their own perception about sexuality, which effects the sexual rights of the disabled. It is now time for the policy makers to consider about the needs of women with disabilities and it is important to make these women aware of their sexual rights.

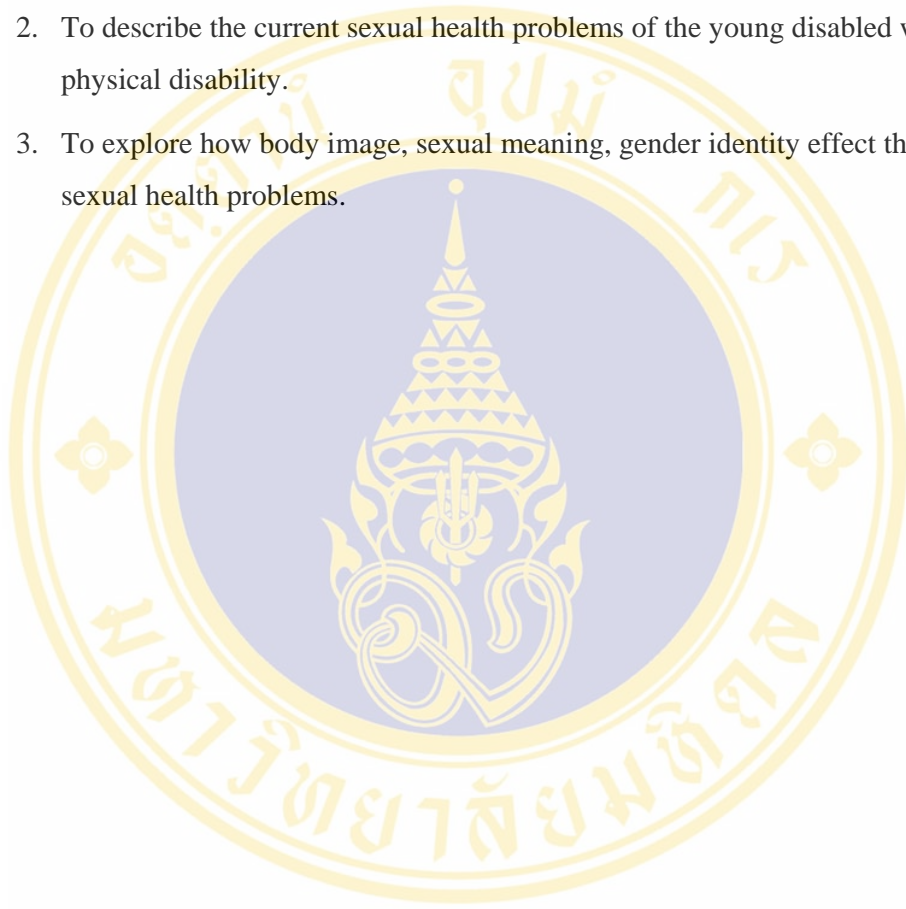
Gender identity is related to the image of the body but the concept of the perfect body is highly valued especially by women in Asian societies like Vietnam. Mackelprang (1993) pointed out that physical disability status and the need for physical assistance could all contribute to low sexual self-image. Other authors such as Lawrence (1991) and Rousso's (1982), found out that disability can cause an impaired body image. In the context that sexuality is grounded in the body (Vance 1985:7-8) and guided by gender systems (Mueller, 1993), sexuality of the disabled is surrounded by many factors forming their body image in combination with the notion of being women, especially a disabled women.

1.4 Research questions

1. What are body image, sexual meaning, and gender identity of young female disabled?
2. What are the sexual health problems of the young disabled?
3. How do body image, sexual meaning, gender identity influence sexual health problems of young female disabled?

1.5 Objectives

1. To explain the perception on body image, sexual meaning and gender identity of young female physical disabled.
2. To describe the current sexual health problems of the young disabled with physical disability.
3. To explore how body image, sexual meaning, gender identity effect their sexual health problems.



CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Disability categorization

2.1.1 Definition of World Health Organization (WHO)

WHO (1998) recognizes seven major categories of disability as follows:

1. Physical/moving/motor disabilities, such as amputees; paralyzed persons; persons suffering from polio, cerebral palsy (CP), clubfoot, or other birth defects, etc.
2. Hearing/Speech (communication) disabilities.
3. Visual/Seeing disabilities.
4. Learning (cognitive or intellectual) disabilities.
5. Strange Behavior (SB) (resulting from psychotic/mental illness, e.g., schizophrenia and depression).
6. Fits/Epilepsy.
7. Other disabilities (e.g., leprosy).

2.1.2 Other definition

Vietnamese MOLISA (Ministry of Labor Invalid Societal Association) and the MOH (Ministry of Health) use the WHO definitions of impairment, disability, and handicap, which are defined briefly as follows:

- Impairment (organ level): loss or abnormality of body structure or of a physiological or psychological function (loss of a limb or loss of vision) (WHO, 1998). Impairment may be the result of disease or accident, or of congenital or environmental agents.
- Disability (individual level): reduced or absent ability to perform as a result of an impairment. The restriction or absence of a function (moving, hearing, or communicating).

- Handicap (social level): disadvantages experienced by a person as a result of a disability. The result of an interaction between an individual with an impairment or disability and barriers in the social, cultural, or physical environment so that this person cannot take part in mainstream community life on an equal level or fulfill a role that is normal (depending on age, sex, social and cultural factors) (Bond and Hayter, 1998).

2.2 Profile of the disabled in Viet Nam

In 1999, Thomas T. Kane collected all previous reports of MOLISA, MOH and all the NGOs working with disabled and wrote a very detailed and holistic report on disability in Viet Nam. The most common type of information he collected on PWDs include the following variables: type of disability; causes of disability; age of PWD; gender of PWD; education status of WD; occupational or employment status of PWD; number and percent of PWD who need rehabilitation; number and percent of PWD who received rehabilitation; and type of prosthetic, orthotic, or other rehabilitative assistive device received.

Table 1 shows the percent distribution of types of disability by broad age groups (0–15, 16–60, and over 60) using data from the 1994–1995 MOLISA Disability Survey. For all three age groups, mobility disability is the largest category with about one-third of all disabilities in each age being due to motor disability. Sight/Vision disabilities become more significant with increasing age. Only 9 percent of child disabilities were sight/vision disabilities, compared to 13 percent among persons ages 16–60 years old, and 33 percent of PWDs over age 60 having sight vision disabilities. When comparing the disability distribution by type of disability for specific age groups to the disability distribution for the total population, children represent a much higher proportion of disabled persons having a speech disability (10 percent) compared to all disabled in the general population (8 percent). Similarly, we found the elderly (over age 60) represent a much higher proportion of disabled persons having sight/vision disability (33 percent), compared to all disabled in the general population (16 percent).

Table 1: Types of Moderate to Severe Disabilities, by Age of PWD: 1994–1995
(MOLISA Disability Survey)

<i>Numbers and Percent Distribution of Disabilities By Age</i>					Percent Age 0-15 For each disability
Types of disabilities	Total	Age			
		0-15	16-60	Over 60	
	Number (%)	Number (%)	Number (%)	Number (%)	
Mobility	525.331 (35.5)	80.529 (34.3)	361.277 (36.4)	83.525 (32.9)	15.3
Amputees (Total)	106.670 (7.2)	3.663 (1.6)	87.21 (8.8)	15.795 (6.2)	3.4
Upper limb	41.486 (2.8)	2.331 (1.0)	32.768 (3.3)	6.387 (2.5)	5.6
Lower limb	66.184 (4.4)	1.332 (0.6)	54.444 (5.5)	9.405 (3.7)	2.0
Limb deformity	183.773 (12.4)	26.667 (11.3)	131.233 (13.2)	25.873 (10.2)	14.5
Paralysis cases	151.766 (10.2)	34.902 (14.9)	88.070 (8.9)	287.94 (11.4)	23.0
Hearing	136.381 (9.2)	23.873 (10.2)	77.868 (7.8)	36.640 (13.7)	17.5
Speech	117.389 (7.9)	37.362 (15.9)	72.942 (7.3)	7.085 (2.8)	31.8
Sight	232.624 (15.7)	21.131 (9.0)	126.942 (13.0)	82.551 (32.6)	9.1
Learning	206.351 (13.9)	29.856 (12.7)	159.303 (16.0)	17.192 (6.8)	14.5
Strange behavior	135.003 (19.1)	25.086 (10.7)	98.732 (9.9)	11.191 (4.4)	18.6
Other	128.205 (8.6)	16.998 (7.2)	93.836 (9.4)	17.371 (6.8)	13.3
Total*	1481.284 (100)	234.829 (100)	992.900 (100)	253.555 (100)	15.9

Source: MOLISA

* Total numbers add up to more than the total number of persons estimated with moderate to severe disabilities in the 1994-1995 MOLISA Disability Survey (1,297,695) because some persons had multiple disabilities. Number of cases for which information on type of disability is reported is more than the number of cases for which cause of disability is reported.

Table 2: Gender Composition of Persons with Moderate and Severe Disabilities, by Type and Cause of Disability: 1994–1995 (MOLISA Disability Survey)

Numbers and Distribution of Disabilities and Causes by Gender							
Type of disability	Total number	Male		Female		Percent female	Ratio Male/Female
		Number (%)	Number (%)	Number (%)	Number (%)		
Mobility	525.331	346.541	38.5	160.790	(30.2%)	30.6	2.26
Hearing	136.381	82.822	(8.7)	53.559	(10.0)	39.3	1.55
Speech	117.389	68.527	(7.2)	48.862	(9.2)	41.6	1.40
Sight	232.624	134.047	(14.1)	98.577	(18.5)	42.4	1.36
Learning	206.351	121.028	(12.8)	85.323	(16.0)	41.3	1.42
Strange behavior	135.003	85.719	(9.0)	49.284	(9.2)	36.5	1.74
Other	128.205	91.393	(9.6)	36.812	(16.9)	28.7	2.48
Total	1.481.284	948.077	(100)	533.207	(100)	36.0	1.78
Cause of disability							
Congenital	448.319	253.652	(30.4)	194.667	(40.6)	43.4	1.30
Disease	468.971	247.952	(29.8)	221.019	(46.1)	47.1	1.12
Accident work	26.010	19.662	(12.4)	6.348	(1.3)	24.4	3.10
Accident traffic	72.472	56.273	(6.8)	16.199	(3.4)	22.4	3.47
War	250.265	225.605	(27.1)	24.660	(5.1)	9.9	9.15
Other	46.653	30.182	(3.6)	16.471	(3.4)	35.3	1.83
Total	1.312.690	833.326	(100)	479.364	(100)	36.5	1.74

Table 2 shows the type of disability and cause of disability by gender from the 1994–1995 MOLISA Disability Survey. In this survey, only 36 percent of all persons identified with moderate to severe disabilities were female, ranging from a low of 29 percent female for “other disabilities” and 31 percent female for mobility disabilities, to a high of 42 percent female for sight disabilities and 42 percent female for speech

disabilities. The “other” disabilities category in this survey includes such disabilities as cleft palate, harelip, other chromosomal disorders, leprosy, and HIV/AIDs.

Gender differentials in causes of disabilities are also shown in the above table. Females account for close to half of congenital causes (43 percent) and disease cause (47 percent) of all disabilities combined. However, females account for less than one-fourth of the work accident (24 percent) and traffic accident (22 percent) causes of disability, and less than 10 percent of the war-related causes of disability. In looking at the percent distribution of causes of disabilities for females and the causes of disabilities for males, different patterns emerge. Among females with disabilities, a total of 87 percent are caused by the combination of congenital factors (41 percent) and disease (46 percent). For males with disabilities, congenital factors and disease cause about 60 percent of their disabilities (30 percent congenital causes and 30 percent disease causes). The survey identifies three times as many males as females who were disabled by work accidents (19,662 males compared 6,348 females) and by traffic accidents (56,273 males compared to 16,199 females). By far the biggest difference in the distribution of disabilities by cause for males and females is war and war-related causes, more than one-fourth (27 percent) of males with disabilities were disabled because of war, compared to only 5 percent of disabled females being disabled by war. In terms of absolute numbers, the differences are vast. Almost one-quarter million males (225,605) are disabled by war compared to 24,660 females who are disabled by war. Thus, 90 percent of persons with severe disabilities caused by war are men. (This table was adapted from two tables [Tables 2.1 and 2.4] from the 1994–1995 MOLISA Disability Survey tabulations.)

According to the research, less frequently reported data are date disability occurred; level of severity of the disability; number of disabilities; marital status and number of children; economic circumstances of families with a PWD; specific rehabilitative treatment received by PWD; client satisfaction with disability rehabilitation services received; community awareness of and attitudes toward PWDs; and awareness of disability rehabilitation services and other services available to PWDs and their families.

No information on the disabled in relation to sexuality and sexual health problems, reproductive health problems, private life or gender identity has been reported in the relevant research literature in Vietnam.

2.3. Sexual meaning

Sexual meaning is culturally interpreted and ascribed in terms of sexual thoughts, behaviors, and conditions (for instance, virginity) (Ortner and Whitehead,1981; Vance,1991; cited in Dixon- Meuller, 1993). Sexual meaning incorporates collective and individual beliefs about the nature of the body; about what is considered erotic or offensive, and about what and with whom it is appropriate or inappropriate for man and women (according to their age and other characteristics) to do or to talk about sexuality (Dixon-Mueller, 1993).

2.3.1. Masculinity and femininity

The social construction of sexuality is inevitably linked with cultural concepts of masculinity and femininity. They are interlocked domains (Vance 1984, cited by Dixon-Mueller,1993). Ideas about what forms the concept of “maleness” and “femaleness” are expressed in sexual norms, and ideologies. Cross-cultural studies reveal that the imagery of manhood in most of the society is “a culturally imposed ideal to which men must conform, whether or not they find it psychologically congenial (Gilmore 1990).

Campbell (1995) states that traditional socialization teaches “real” man to initiate sex and to be in charge from the beginning to the end while women are trained not to reveal anything about sex and not to expose their sexual needs and preferences to their partners. Monogamy is for women as female sexuality is associated with marriage and reproduction, monogamy for men is not seen as an attractive way for men to demonstrate masculinity according to the traditional socialization.

Rural respondents in the research done in Philippine by Jimenez (1983) perceived femininity in terms of the traits: being proper, understanding, loving and “sweet”. Females state concepts associated with being weak physically and emotionally. However, Torres (1988) in her review of gender imagery in Philippine psychology, found that the male norm dominates the literature. The evaluative meanings attached to masculinity are positive while those of femininity are negative. It was observed that whenever sex differences are discussed, “it has always been in terms of how girls are similar to/different from boys”. This finding is consistent with how young adults define gender.

2.3.2 Sex, sexual relationship and sexual activity

The terms sex, sexual relationship and sexual activities have different meanings for young adults and are differentiated from one another depending on the purpose and “seriousness” of one’s involvement with the other person (Tan,1996). Sex is defined as both gender and sexual behavior. The “completeness” of one’s sexual experience depends on the presence of penetration. Other forms of sex include oral and anal sex, which were described by young respondents as “done by pigs” (Tan,1996). Male adolescents believed that such acts should only be done to sex worker and not to spouses. Other words that are used to connote sex are terms depicting the power relationship involved. Males use words related to eating and food in describing sex. In addition to these, other terms include the concepts of “being used”, with the male being the dominant partner.

Females usually associate sex with love; “an expression that one loves her partner”. Generally, females, regardless of class, perceive sex in the context of marriage and love. It is also considered as sacred and should be done only with the one you love.

Sexual activity is defined by both male and female adolescents as having sex with anybody without seriously considering having a relationship with the other person; it is having sex to satisfy one’s self. Sexual relationship on the other hand is used to describe the sexual acts that married people engage in.

Sexual meaning for women are tied up with family and reproduction. For women, the family is the place which primary defines their social sex role determined by their relationship with men. In many cultures, women’s own desire is neglected and seen as dangerous to man. Therefore, women are defined by their sexuality in relation to their social function as mother, wife, lover, this sexuality is not theirs nor does it necessarily reflect their own desire or individual needs. Women’s sexuality is valued most often by their non-sexual practice (virginity) or by their ability to reproduce (O’Connel, 1994:19).

The control over female sexuality is partly or entirely put in to the hands of male family members as it is often transformed into a double standard that defines a “good girl” as resisting sexual intercourse before marriage and remaining faithful to their

husbands afterwards, while a “real man” seek extensive sexual experiences, not necessarily with one woman (Carovano,1991 cited in Koblinsky et al.,1993). The negative moral notion of promiscuity is applied differently to women than to heterosexual man: while such men are said to be “sexually active” women are said to be promiscuous (Overall,1991).

Julia I. Suryakusuma (1996) pointed out in her research on “the state and sexuality in new order Indonesia” that the wives of man who are going to the war must be faithful and asexual to wait for their husband to come back whereas the men can be intimate with other women when they are far away from their homes. Asavaroengchai (1994) wrote that Thai society socialize women as follows:

“Once married, a women gains little in sexual status. If she has an extramarital affair, she is likely to be punished with divorce, whereas men’s affairs are widely tolerated. A man can have numerous sexual relationships as long as he meets the financial needs of the family...Even when husbands do not take financial responsibility, many women dare not break up the families because they are the ones who will be blamed”.

Women’s sexuality in most societies is controlled and repressed, by social norms, restriction on mobility, and violence if deemed necessary. A women must be asexual and modest in public while always available to her husband in private. A persistent idea is that sex is men’s right and women’s obligation; thus men’s sexual actions are legitimized and women’s sexual pleasure is denied. An almost universal system of double standard exists on female and male sexuality; even in those societies where sexual relations outside marriage are explicitly forbidden, the prohibition is usually only enforced and monitored with respect to women; and where rules on sexual behavior are assumed to be lax they are still enforced more strictly on women (O’Connel, 1974:17-18).

Holland et al. (1992) mentioned that attitudes toward sexual behavior are related to attitudes toward sexual intercourse, that is, females think that they can have only one partner so their satisfaction concerning sexual intercourse should be based on love and trust; whereas the male’s satisfaction concerning sexual intercourse is based on pleasure and fun.

2.3.3 Becoming Sexual

Both male and female respondents believe that lust drives one to engage in sexual acts, this is considered to be a natural or innate need for males (Tan 1996). Curiosity makes a person try it, this is done to prepare male adolescent for marriage. It is usually the peer group that exerts pressure on the male to engage in sex.

Most female adolescents are initiated into sexual activities by their boyfriends, while most male adolescents first engage in sexual behaviors with hired sex workers (Tiglao, 1991).

2.3.4 Perception about sexuality in disabled people

For years, sexuality and disability have been considered mutually exclusive terms. People with disability have traditionally been viewed by society as incomplete humans, often pitied, avoided, and treated as a second class even by the health care professionals. Even today, still there is a common social attitude that individuals with disabilities are incapable of engaging in the same type of sexual relationships that the normal people engage in. Women in particular are affected by this stereotype. In a society that still often judges a woman's attractiveness and desirability largely on standards of physical perfection, women with disabilities are by definition excluded. In other words, it is not proper for women with disability to talk about sex or to have sex.

This social attitude can be revealed in various ways. Girls who are either born disabled or incur a disability in childhood tend to be treated differently from abled body girls (Brecker, 1993; Carolan, 1984). They can be overprotected by their parents or sheltered by men. Parents of disabled girls often do not assume that their daughters are potentially sexual beings who are capable of making and rearing their own families. Few disabled girls receive sex education in schools, because of the general sex education is felt to be unnecessary – as the girls so often hear, “No one is going to marry them anyway”. As a result of this lack of preparation, as well as the devastating blows to self-esteem that such repeated messages can deliver, girls with disabilities also tend to be at greater risk physically and psychologically to abuse, including sexual abuse.

2.4 Gender identity

Gender identity refers to an individual's self-definition or attribution based on the their acceptance, manipulation, rejection, or redefinition of their culture's gender role expectations. It includes consideration of sexuality, sexual identity, and sociocultural roles. It may or may not have anything to do with sexual preference. Gender identity refers to an individual's own feelings of whether she or he is a woman or a man, or a girl or a boy (or other). In essence gender identity is self- attribution of gender (Kessler and Mc Kenna 1978:4)

Goodale (1980) specifically examined the issue related with gender identity in her fieldwork in several Kaulong communities of Papua New Guinea. The Kaulong people live in small horticultural communities, where both women and man raise food and parent the children. However, their tasks and behavior are influenced largely by whether they are male and female. Goodale found out that both males and females have the same primary life goals. She describes the goals as "(1) immortality through reproduction of identity, and (2) self-development through production and social activity" (1980:139). The first goal can only be achieved through parenting. Since sexuality is an essential part of becoming a parent and, in Kaulong culture, sexual intercourse is only socially sanctioned for married people, one must marry in order to achieve the first life goal. The second life goal is attained by maintaining the clearing (or bi-), participating in rituals, and raising food and trading or selling the excess. Either married or single women and man can achieve this goal. However, different conflicts arise for each sex in their attempts to achieve what Goodale has identified as their main life goals.

The two goals of self-development and reproduction of identity are common to both sexes, but paths to the achievement of those goals are different for each sex. While there is nearly equal task performance of females and males in manual labor, women are prevented from attaining the highest degree of self-development possible because of the rule of isolation during menstruation and childbirth. They are prevented from working as many hours as men by the enforced menstrual and postnatal seclusion. Man do not appear to face such obstacles in working toward their goal of self-development.

However, both men and women face conflicts in achieving the goal of reproduction of their identity via childbearing. Men fear “marital contamination” from women’s pollution because of the risk of illness or death associated with it, and women fear the pain and possible death associated with childbirth, especially if they become pregnant too early in life. Women, the aggressors, in courtship, usually marry in their twenties and men wait until their later years. Kaulong married couples live separately from single people because of the couple’s association with sexuality, and thus with the forest and nature.

Several authors suggest that sexuality is an integral part of identity on both a personal and a social level; it is part of being male and female, as well as adult. For example, MacCormack and Draper (1983) state that in Jamaica, it is not only sexual activities, but that attested to by the birth of a child, which confers the adulthood on both man and women.

According to Tamsin (1990), gender identity is one way of representing ourselves. By labeling myself a “man” or “women” I am also conjuring up a range of responsibilities presented to me in my culture and language. If I stay within conventional bounds I will create a self on the basis of what is offered me. Gender identity is a key element in our self-representation, a stable and important feature by which we orient our actions. In the process of being selves we tend to orient ourselves differently according to our gender. Gender is thus an interesting feature to consider when we ask how we orient ourselves. Differences in orientation due to sexual difference may give us further clues as to how subjectivity is possible. Harding (1982) argues that gender identity influences personality formation.

Gender influences the effect of a disability on sexual self-concept. A man with a disability may feel less of a “real man” because stereotypical concepts of masculinity involve a denial of weakness and dependency, and the disability may have made him more physically dependent on others. The fact that most rehabilitation nurses and family caregivers are female only complicates this problem. When the disability impairs erection or ejaculation, a newly disabled man may experience this as a loss of his manhood, because males are socialized to equate the penis and sexual prowess with masculinity. Likewise, in cases in which a man becomes unable to work, he may

interpret the loss of the job as a loss of manhood (Tepper,1999). In contrast, a woman with a disability may struggle even more than her male counterpart with body image, given the greater societal emphasis on physical perfection for women. A disabled woman who adheres to traditional sex roles may feel less like a "real woman" if her ability to run a household or care for children is affected (Hwang,1997).

2.5 Sexual Health Problems

2.5.1 Being accepted in an intimate relationship

2.5.1.1 Individual level

The uncertainties that disabled may have about their capacity to attract potential romantic partners are often borne out by experience. Because of misconception about disability and about disabled people as being asexual, many non-disabled people are reluctant to consider romantic relationship with a person with a disability. Compared to the general population, people with disabilities tend to wait until a later age to begin dating and to experience sexual contact, and fewer disabled than nondisabled people marry (Fine &Asch, as cited in Gill, 1996). Nonetheless, many people with disabilities have found partners (both nondisabled and disabled) and have formed satisfying relationships. Contrary to the stereotypes and to the common assumptions that family and friends may make—it is indeed possible for people with disabilities to attract the opposite sex and to have successful marriages.

A source of frustration for many disabled people is the tendency of many nondisabled people (and sometimes even others with disabilities) to think of disabled people as merely platonic friends, without considering the possibility of romance. Men with disabilities commonly find that nondisabled women come to them for friendship because the women desire opposite-sex relationships without romantic or sexual pressure. In other words, they think that disabled men seem safe (Shakespeare,1999;Tepper,1999). Women with disabilities, on the other hand, sometimes express frustration that even men who themselves have disabilities discount disabled women as romantic partners in the belief that having a non-disabled partner will reduce the social stigma of disability or will provide a caretaker (Gill,1996). Some people with disabilities purposefully seek out partners who are also disabled, whereas other specifically seek non-disabled partners. Having a partner with

a disability can have its advantages, such as a shared understanding of the disability experience (Gill,1996). On the other hand, people with disabilities have interests and experiences beyond their disabilities, and a disabled individual might find more common ground and connection with a person who happens to be non-disabled. Rousso (1993), a psychotherapist who has cerebral palsy, suggested that people with disabilities avoid having preconceived notions about the disability status of their ideal partners, since seeking only disabled or only nondisabled partners can greatly limit their options. With some disabilities, communication problems causing from the disability can interfere with the forming of relationships, whether friendly or romantic. Some conditions, such as certain forms of cerebral palsy, cause difficulties in speaking clearly. Some nondisabled people are simply unwilling to take the time and effort needed to understand what a disabled person is saying; they may also incorrectly assume that such a person has below normal intelligence.

2.5.1.2 Family level

Couples pairing a disabled person with a nondisabled partner often face opposition from family and friends. The nondisabled partner typically hears negative messages from others, such as the belief that he or she is involved with the disabled person merely out of pity (Gill,1996). If marriage is discussed, family members may fear that life with a disabled spouse will be limiting or confining. Often people make the assumption that the nondisabled partner is the "giver" in the relationship—that the relationship is not equally nurturing and satisfying (Gill,1996). Sometimes the nondisabled partner will be admired for being in the relationship—as if he or she is a “saint ”for being willing to be involved with someone with a disability. These relatives may worry that the two won't be able to care for each other's disability-related needs. Sometimes even enthusiasm over the relationship is troubling to both partners when it stems from relief that each has finally found someone who can accept his or her limitations. The notion that choosing a disabled partner amounts to “settling ”is disturbing to those who are in love and who may have found the most satisfying union of their lives (Gill,1996).

2.5.2 Sexual education

2.5.2.1 Lack of sex education among young disabled

The level and relevance of sexual education classes for disabled adolescents have received attention by some researchers (Blackburn, 1995; Shapland, 1993; Stevens et al., 1996). As these authors have observed, sex education classes are often conducted in conjunction with physical education programs in which many disabled do not participate. Thus, these young disabled are often inadvertently excluded. According to findings reported by Blum, Resnick, Nelson and Germaine (1991), nearly one-half of all physically disabled did not receive any type of sexual education in their schools. According to Stevens et al. (1996), young physically disabled do not receive enough information on the important topics such as marriage, parenthood, contraception, sexually transmitted diseases, and sexual abuse. As Shapland (1993) noted, educators usually often have fears about the disability, pregnancy, and inappropriate behaviors, while the need for intimacy and human touch as a part of sexual expression is overlooked. According to Blackburn (1995), many young adolescents with physical disability asked about other methods they may use to fulfill sexual needs and desires without necessarily having intercourse. Goodman, Budner, and Lesh (1971) reported that the curriculum teaches about reproduction, but the other aspects of sexuality are reluctantly discussed to the group of young people with physical disability. The results came from a study carried out 20 years ago but still are very useful now.

2.5.2.2 Reasons for lack of sex education

Parents have been reported as believing that sexual education will cause premarital interest in sex and sexual activities (Nelson, 1995). Moreover, parents seem to be frightened that their children will never achieve a satisfactory relationship or will get hurt if they become involved with someone. The moral and value systems of parents also contribute to their anxieties about discussing sexuality with their children.

Some researchers such as Borjeson & Lagergren, 1990; Hayden, Davenport, & Campbell, 1979; Nelson, 1995; Rothenberg, Franzblau, & Geer, 1979 reported lack of knowledge about sexuality among adolescents with disability. Due to the fact that they are often isolated from their peers, they may lack opportunities to learn about

their sexuality or to engage in social activities or sexual experimentation (Bardach & Anderson,1979; McAnarney,1985; Strax,1988). Many teenagers in the study done by Erickson and Erickson (1992) were unsure or uninformed about the implications of their disability on sexual functioning. The same finding was suggested by Cromer et al.(1990) that the disabled adolescents demonstrated lower levels of sexual knowledge in comparison to the group without disability. All the above mentioned authors noted that, although most disabled teens expressed a desire to marry and have children, few had sought information regarding their sexual or reproduction function.

Parents who feel comfortable teaching their children without disabilities about sexuality may report feeling uncomfortable educating their children with developmental disabilities about sex, partly because of the tendency to view them as children for life and partly because of the difficulty in knowing what to say and how to say it. Parents find providing complex information to their children in a concrete way a challenge, and educational materials suitable for children without disabilities may not be relevant for children with disabilities. Selekman and McIlvain Simpson (1991) said that parents can initiate a healthy sexual identity in their child with disability by demonstrating unconditional acceptance of the child's body. Sadly, parents who expend their emotional energy coping with the disabled situation of the children may have little energy left to concern about their child psychosexual development (Woodhead & Murph,1985).

2.5.3 Delaying sexual active

Physical conditions and medical interventions can have direct effects on the puberty and indirect effects on adolescent sexual development resulting in delayed sexual active. Puberty can be either delayed or accelerate by condition or medication. CP, Blum, Resnick, Nelson, & St.Germaine (1996) pointed out that such the condition of spinal cord injury, and blindness result in increased risk of altered adolescent sexual development. Indirect risk factors for delayed sexual development include:

- general social isolation (Cromer et al., 1990),
- social competence deficits (Lavigne & Faier Routman,1992)
- the effects of therapeutic regimens on social activity, parental constraints on increasing independence (McAnarney,1995),

➤ lack of knowledge about sexuality, lack of understanding about the people's capacity of reproduction, and parent doubts regarding adolescent capacities and potential (Hayden, Davenport, & Campbell, 1979)

Literature showed the peer influence on the sexual knowledge and attitudes of child with disability (Cole and Cole, 1993, etc...). The adolescent rely on the peers discussion of sexual ideas to develop social skills as well as the sexual identity meanwhile the disability often interferes with making friends and forming the peer group. Therefore adolescent with disability need the chance to interact with their peers to engage in social experimentation that leads to adult social and sexual satisfaction. The isolation due to disadvantage situation of disable might lead to difficulty of forming a sense of sexual identity and may eventually doubt their rights to be sexual people (MacKown and English, 1986). On the other hand, limited contact with peers leave AWD lacking in knowledge about sexual knowledge and social skills necessary to become responsible sexual partners (Blum,1984). Another difficulty for AWD is the lacking of role models which means that they rarely know about the other adults who have made good sexual and social adjustments to life (Thornton, 1981). If they see only the able-body and healthy adolescents or adults, they may question if sexuality is or should be a part of their own life.

2.5.4 Sexual abuse in the population of disabled

The proportion of women who experienced domestic violence has been estimated as high as 60%, compared with 33% of women in general (Russel,1995). In addition, the incidence of sexual abuse among girls with disability is twice as high as among nondisabled girls. The violence can be under the form of verbal humiliation, physical beating, intimidation, forced isolation, or a combination of those factors. The reasons why women with disability stay in abusive relationship are similar to those cited by nondisabled women: shame, financial dependency or perception of aloneness (Russel, 1995). Other reason for this situation is the societal myths that keeping a man is worth any price and that domestic violence is because of women's fault. Therefore those women have to bear a double stigma: their own disability which makes them outcast, compounded with the abuse, they retreat further from society rather than

come out. Physical barriers also present a problem, because shelters are frequently inaccessible to the disabled.

Until very recently, little attention had been given in the literature to this problem (Bernard 1999), although evidence suggests that disabled people are more likely to experience physical, sexual and emotional abuse than any other group (Marchant & Page 1993, Westcott 1994, Ducharme & Gill 1997). Other research suggests that people with different types of impairment experience different types of abuse (Soseby 1994) and that people with learning difficulties are especially vulnerable (Cambridge 1999). It is not clear why disabled children and adults are more vulnerable to abuse but several reasons have been put forward. Firstly, disabled people are more likely to rely on others for all, or some, of their care and this dependency creates an environment and opportunity for abuse (Bernard 1999). It has also been suggested that potential abusers perceive disabled people as 'easy targets': severely disabled people may find it difficult to articulate their abuse, may be less likely to be believed, and may lack the knowledge required to understand when abuse has taken place (Sant Angelo 2000). The abuse of disabled people is, quite manifestly, a serious problem both for disabled people themselves and those who work with them. However, whilst disabled people have the right to be protected from sexual abuse and exploitation, it could be argued that a concern with this risk should not be used as a smokescreen to deny disabled people their sexual identity. Just as the labeling of disabled people as asexual is inappropriate, so too is an 'overprotective' atmosphere in which any evidence of sexuality is taboo. Such an atmosphere only serves to quash a person's sexual needs and may, in fact, serve to increase the incidence, or worsen the experience, of sexual abuse.

2.6 Theory of stigma and body image: Anthropological approach

This approach focus on the ways that each society portray the disabled with the central consideration being stigma and body image. Society has different ways of perceiving the disabled, including their beauty, their sexual life. Often these perceptions lead the disabled to be treated as second class citizen. It also effects how and what people tell PWDs knowledge about sexuality.

According to Medgyesi, 1992, in America, film and television programs tend to show the disabled as being overwhelmingly asexual. Women with disability in soap operas generally tend to languish pathetically at home clad in robes until they have the decency to die poignantly. Or they remove themselves from the plot so their husband can find “real” women. Although a few exceptions do exist, the vast majority of Hollywood films still tend to portray disabled people of both sexes as heroic, tragic... This trend effects the way the disabled women think about themselves. Women always pay attention to their attractiveness and the large component of attractiveness depends not on what a woman looks like, but how she presents herself. Some women in wheelchairs said that they frequently have to become more assertive and forward when pursuing a romantic partner. The truth is, if a person does not see himself or herself as attractive and desirable, then likely nobody else will either.

The earliest and most notable psychosocial theory of stigma was very well described by Erving Goffman in the book “Stigma- Notes on the Management of Spoiled Identity” in 1963 but still very helpful to apply in to the issue of disability and sexual health. Later on, anthropologists presented the concept of body image, which is very closely related to the concept of stigma. Goffman built his theoretical discussion around the concept of stigma that he defined as "an attribute that is deeply discrediting". He distinguished between three different types of stigma:

- abominations of the body mentioning to the physical disabilities or disfigurements,
- blemishes of individual character such as mental disorder and,
- tribal stigma that included racial, cultural minorities.

In explaining the process of stigmatisation, Goffman wrote:

“While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from us ... of a less desirable kind ... He is thus reduced in our minds from a whole and usual person to a tainted, discounted one (Goffman. 1963, p. 12).

Thus according to stigma theory, when a person with a physical disability meets a stranger, male or female, the stranger immediately becomes aware of the person's 'discrediting attribute', i.e. the physical impairment. The impairment results in "stigma" and the stranger makes many other attributions about the person based on this one attribute. These attributions may include that the person with the physical disability is unattractive, impotent, asexual, receiving welfare payments or of lower intelligence. The person may be immediately discounted as a possible lover or friend (George Taleporos and Marita P McCabe, 2002).

George Taleporos and Marita P McCabe, 2002, did a research on "body image and physical disability" using the theory of stigma and they reported that for each participant, living with a physical disability had clearly impacted upon their psychological experiences, feelings and attitudes towards their own body. At some points in their lives, body image has been a serious obstacle for each when the negative social feedback towards physical differences were internalized. Feeling of physical inadequacy and unattractiveness is the main center of these story. It was also suggested by Smith (1984) and Mayers (1978) that the positive feedback from partners and other can help a physical disabled to gain a positive body image, even when they do not duplicate the image of beauty that is so valued by our society. The process of stigmatization, as described in Goffman (1963) can explain the negative attitudes mentioned in the research, as well as the difficulties expressed by participants in attracting sexual partners. The different experiences of participants with varying degrees of visible impairment also support Goffman's (1963) premise that people with more visible differences will be more severely stigmatized. However, after sometime the individual would be expected to adjust to the disability and begin to accept his/her body. The third theme is that there were mediating factors in the experience of an altered body such as the amount of time since the onset of disability, the degree of social support and the amount of positive feedback that the individual has already received.

Social norms and values regarding the ideal body are likely to have an important influence on the body images of people with disability. Murphy (1995,p.143) argued, "the disabled, individually and as a group contravene all the values of youth, virility,

activity, and physical beauty that Americans cherish”. Murphy drew on his personal experience living with quadriplegia to reflect on the position of physical disability in American society. He believed that disabled people are resented by the able-bodied and are seen by them as ugly and repulsive- they are perceived as subverters of social values and ideals. According to Murphy (1995), these values and ideals include strength, independence, virility and health and they are promoted and affirmed constantly in the media, while the disabled body is hidden or presented as something to be avoided, corrected and pitied.

Lawrence (1991) highlighted the difficulties that people with physical disabilities face in forming a positive body image in a world obsessed with physical fitness and body beautiful images.

Individuals want to be outstanding in all developmental tasks, serviceable and attractive. Material success, sporting attainment and intellectual achievement are signs of personal worth. For physically handicapped people, such appearance and achievement-oriented norms are not good reference point for self-conception because physically handicapped individuals are lacking these socially admired qualities. (Lawrence, 1991,p.140).

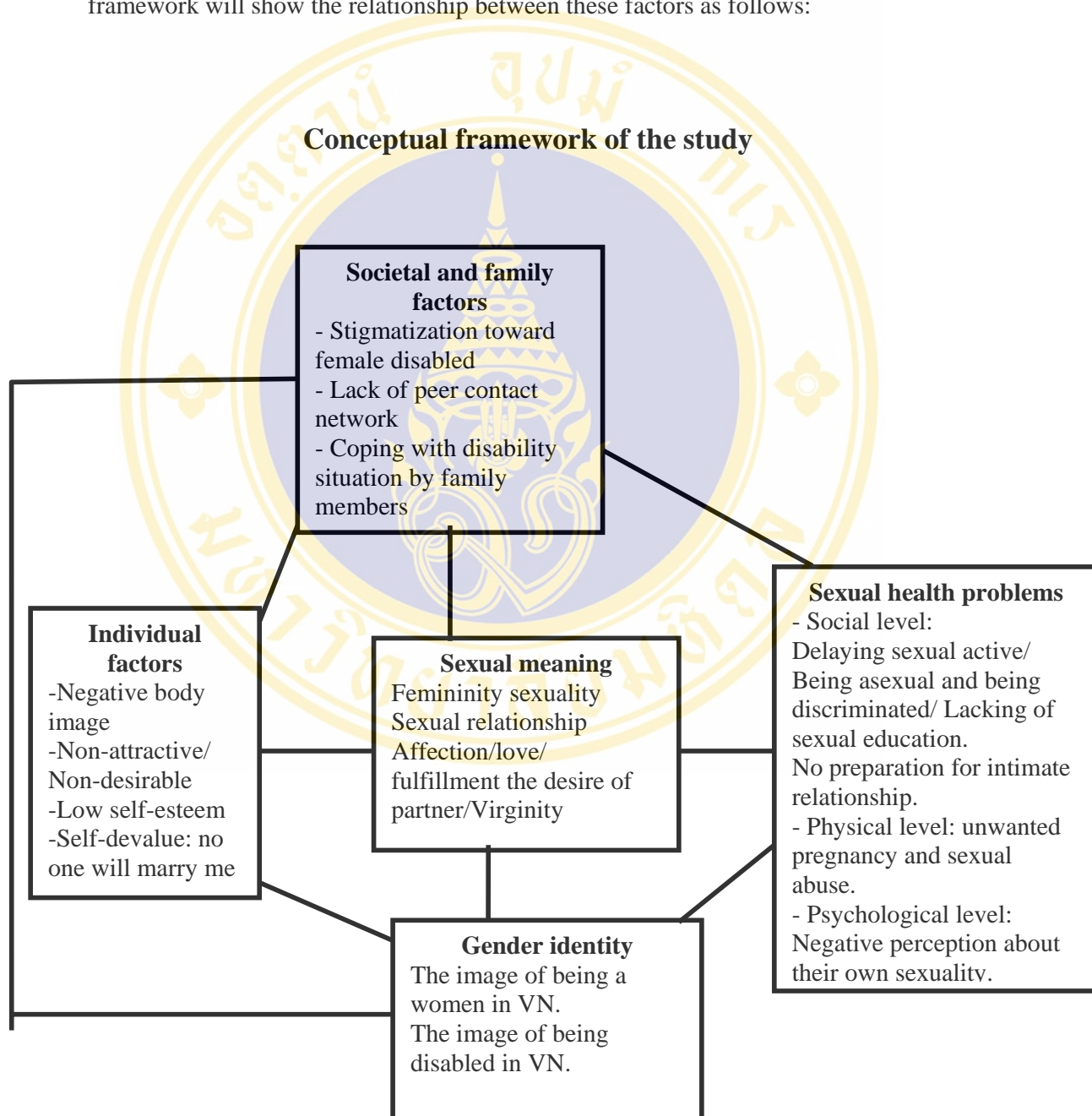
From the literature review, we can see that the issue of sexuality and sexual health are affected from many elements such as sexual meaning, sexual norms and values in the line of gender. In the context of disability, sexuality and sexual health are moreover surrounded by stigmatization toward PWDs embedded in the negative body image. Therefore, in order to understand the whole issue of the sexual life of the disabled, it is worth exploring each element that plays apart in forming the sexual well-being of the disabled as well as the relationship among these factors.

2.7 Theoretical Framework

Some theories and concepts mentioned in the last chapter are linked and applied to the study, which are designed to explore all the elements of gender identity, sexual meaning, and sexual health as well as the linkages between gender identity, sexual meaning and sexual health. Sexual meaning and gender identity are therefore effected by many factors such as individual factors which are also influenced by family and societal factors. The framework is partly influenced by the pattern of the linkage between gender, sexuality and sexual health raised by Ruth Duxion Mueller (1993), the framework for understanding the body image concerns of people with physical disability (George Taleporos, Marita P McCabe, 2002) including concepts of “stigma” and as well as integrating the problem of exclusionary social ideals and social norms (Goffman,1993).

Table 3 presents the conceptual framework in order to identify significant variables of the study involving the above-mentioned concepts and theories. Literature showed that sexuality is surrounded under the body and it is very difficult for disabled individual to have a positive perception about their body image. As a result, asexual feelings exist among most of the disabled. The feelings include non-attractive or non-desirable, especially for female disabled who just received the clues from society that she has non-desirable figure. As the result of low female sexual self-image, women with disability may have negative sexual meaning which effects to sexual health. For example, forming any relationship with man challenges women with physical disability. Moreover, it is very easy for disabled girls to be abused especially sexual abused due to low understanding about sexuality. Society also effects to the formation of gender identity (the notion of being a women in society) and in its turn, gender identity will effect sexual meaning when women are taught to behave in the ways that can be considered as a proper for a women. It is very difficult for women especially for disabled women to talk or to initiate issues relating to sexuality with other sex acts as these according to society, should be initiated and led by men. In the culture of disability, women are more restricted by gender ideology and therefore they can not control their sexual relationships or to make decisions to be married or in other words, to be accepted in the intimate relationship.

In conclusion, sexual meaning and gender identity directly effect to sexual health problems of the young female single disabled. Society, family and individual factors are preceding factors effecting both sexual meaning and gender identity meanwhile these preceding factors have the relationship among themselves also. The framework will show the relationship between these factors as follows:



2.8 Operational definitions

The study will involve several technical terms for which the operational definitions are described in this section:

2.8.1 Sexual meaning in the context of disability

This factor will refer to:

- the notion of being viewed “independent and sick” eroding the feminine sexuality
- the belief about virginity of female disabled people.
- the belief about the meaning of sexual act or partners (What is it like to be sexually active? Why or why not people with disability need to have sexual partner?), the belief about reproduction, fulfillment of husband’s desire or duty.
- the belief about what is considered erotic or sexiness and attraction for female disabled.
- the belief about whether if it is appropriate for young women suffering from disability to do and to talk about sexuality and to whom and what should they express their sexual feelings.

2.8.2 Sexual health problems

In this research, the study of sexual health will cover the 3 main levels as follows:

2.8.2.1 Social level:

Due to the social and family influences on sexual meaning and gender identity, the disabled delay becoming sexually active, are asexual and are victim of discrimination, they lack of sexual education or in other words, they have no preparation for intimate relationship.

2.8.2.2 Physical level:

Many disabled have to face with the situation of unwanted pregnancy and sexual abuse.

2.8.2.3 Psychological level:

With their own experiences or witnessing the surrounding context, PWD may have negative perception about their own sexuality for example they have no right to be sexually active.

2.8.3 Gender identity:

The individual's self- definition based on their acceptance (or rejection) of their culture's role expectation; includes consideration of sexuality, sexual identity and sociocultural roles; may or may not have anything to do with sexual preference. "Gender identity" refers to an individual's own feelings of whether she or he is a woman or a man, or a girl or a boy (or other). In essence gender identity is self-attribution of gender (Kessler and McKenna,1978:4).

2.8.4 Body image

Teal and Athelstan (1975, p.266) defined body image as a psychological experience focusing feelings and attitudes towards one's own body. Smith (1984) provided a further elaboration of these feelings and attitude, by claiming that the body image includes both conscious and unconscious feelings and that may relate to the size, function, appearance and potential of one's own body.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

Since the topic of research is very sensitive, especially in the marginalized group of female disabled, the researcher decided to choose the exploratory qualitative and case study research design using multiple methods to explain body image, sexual meaning, gender identity and sexual health of the PWDs. Accessing the female disabled who are living in variety of circumstances including vocational training centers, their own families in the city center, and small villages, I aimed to get deep information from them as well as from the other key informants to really give ensure clear answers to the research questions. In order to understand how the social ideology affects sexual health problems, it is also necessary to interview the other people who are dealing with the disabled in their daily life.

3.2 Research site

Hai Duong province (80 km from Hanoi to the Northeast) is selected as the research site for a number of reasons:

1. It is one of the provinces, which has a high number of disabled,
2. I has worked with the project dealing with advocacy the disabled in this area for sometime and this has given her the opportunity to establish strong relationships with PWDs and other persons who dealt with the PWDs. These relationships help the researcher to get in depth information from the PWDs themselves as well as key informants.

The city of Hai Duong ranks eighth in terms of national economic prosperity in the whole country. The population in Hai Duong is of 1,664 674, 5390 of which are disabled in every age group. Among all type of disability distribute, the number of people living with physical disability is highest, i.e. 1,570 cases.

3.3 Process of accessing

Through an INGO named World Concern Development Organisation, where I used to work before, I was introduced to the Department of Labor Invalid and Social Association- an official provincial organization mainly dealing with the disabled living within the whole city of Hai Duong. From my ex-colleagues, I could be able to acquire general information of many physical disabled females and the places where they are living. Using this with the introduction from the provincial level, I went to the districts where I found the girls who are working as well as those staying at home. Fortunately, thanks to the relationship with my local partners and the working network I had developed previously, the process before approaching to the disabled was brief. During the early visits, I have had to identify which places should be focused to collect the data in the next visits. It is to make sure that the girls had to be between 18 to 25 years old, still single, and agree to be my respondents. The criteria to choose some of the vocational training centers where I can access to the interviewees is to get the centers dealing with as many types of working as possible. Finally, I can get such the centers working with sewing, computer, embroidery, carpenter and other works. Some of them just dealt with only one work while some others are running in more than one. Making appointments and going out with the respondents was the procedure adopted to help them feel free to talk. They were also informed about the confidentiality of their information, and when presenting the information, it will be written under the pseudonym so that no one can know who the speakers are to preserve anonymity. Staying in one center and participating in all the activities the disabled did in a week provided me a holistic view of their life, which contributed to an understanding of the information gained from in-depth interviews later on. Many girls were very quiet at the first, the second or even third time of meeting, but at last, they released the most complicated information, which enabled me to understand how difficult it was for them to speak about those painful

experiences. In order to help them to speak about their feelings, they were encouraged to send me as many letters as possible basing on the questions of the questionnaire. Although not required, they all supplied their names. A part from this, many of them sent me personal letters expressing their feelings and the problems they have to encounter in terms of their love and their life. Some of the respondents were undertaking the rehabilitation operation treatment in a hospital in Ha Noi funded by WCDO during the time I conducted this research. I tried to take the opportunities to follow them to the hospital with couple of aims. Firstly, I might develop a stronger relationship with them as a friend not just as a researcher and secondly, I can interview their partners without being considered to be too curious. (It was very positive that they wanted me to meet their boyfriends as well). However, perhaps due to their work obligations, I was not able to meet their partners, but I could only get the first purpose of being closer to the girls.

3.4 Research methods

Several methods had been used to collect data. Cross checking between these methods was used to strengthen validity.

In-depth interviews with 15 single disabled girls to provided data on sexual meaning, gender identity, body image and sexual health problems. These interviews occurred either in the vocational training centers or at their homes. Meeting them at the centers gave me a picture how the disabled live with their peers - disabled and non-disabled. Visiting the informant's house was very enjoyable as it helped me develop a closer relationship with them where they could share many stories. Some of them said these stories had never been exposed to any others before. Moreover, it was very useful for me to understand their lives at home, especially to understand the differences between the life at home and that at the centers. Furthermore, it showed that the disability of the ones who are staying at home seem to be more severe than that of in the centers. The place of interview depended on the respondents' requirement in order to enhance their comfort to speak.

Eight respondents were interviewed at home, either in their living room or next to their family pond. The other six girls who were living in vocational training centers agreed to be interviewed at some coffee shops, where nobody could listen to our

conversation. During the conversation, notes were taken to get the main ideas and soon after coming back from each interview, the detail information was rewritten. In the following meetings, the main and important points were asked again to validate the data. Each interview took about 2 to 3 hours. They also wanted to share their feelings because they had stress from their work and their life. Whenever I received their letters, I went to visit them to talk and to share with them their feelings. The whole process from building trust and conducting in-depth interviews was completed within 4 months.

Key informants in this study were 2 staff working at the vocational training center who are living in a very close relationship with the respondents. The questions for 2 staff working in vocational training centers aimed at getting information on: the ideas about stigma and body image against the PWDs, sexual meaning and gender identity.

Structured observation was used to observe how the other people integrate with the disabled, how the respondents get along and communicate with peers (males and females), with the neighbors and with their parents, how they perform at home and in the working place. Staying with them in one vocational training center helped me to have this information.

3.5 Sampling methods

Purposive sampling and snow ball sampling of 15 single physically disabled females 18 to 25 years old was used. Approaching the disabled was facilitated with the help of staff working in District Red Cross Associations, Hai Duong authority's organizations officially working closely with the disabled. As the topic of the research is very sensitive therefore the selected female disabled should be opened enough to share the related information.

3.6 Validity of data

Methods of included triangulation - cross checking between the above-mentioned methods: in-depth interview, key informant interview and observation. The interview was conducted with one disabled more than one time to recheck the information. The information was checked across methods to method. Writing letters to the researcher was encouraged to share their feelings and they felt very free to express their feelings on paper. Meeting with them after receiving letters were applied to get deeper information.

3.7 Data processing and analysis

Transcripts of all interviews were rewritten after each interviewing. Then the data was coded for all cases and all information appropriate for the themes and subthemes related to the research objectives. After that, these codes were sorted and grouped according to the conceptual framework and the synthesis. The original transcriptions were reviewed and appropriate quotation will be selected to present in the text.

3.8 Content analysis

The main theoretical concepts, such as gender and body image are used to apply to the data to study the relationship between gender identity and sexual meaning with sexual health. This linkage has been considered in the context of disability, which also influences the sexual meanings for young disabled females as well as their gender identity.

These perceptions of sexual meaning and gender identity in the group of disabled are socially and culturally constructed. The image of disability has been embedded in them since their childhood to their youth due to the messages receiving from their immediate environment. The body became the linked points of these variables, which are revealed clearly in this study.

CHAPTER IV

BACKGROUND AND EVERYDAY LIFE OF THE DISABLED WOMEN

Most of the 15 respondents are from families whose parents are farmers and have a very low income. The detailed characteristics of the informants are presented as follows:

4.1. The characteristics of the Sample (use pseudonym)

Table 3: Background of the respondents

Name	Age	Years of education	Place of living	Parents work/ and marital status	Current work	Income (dong per month)	Nature of disability
Nga	23	12	At home in a district	Father: veteran Mother: farmer	Self-employed: opening her own sewing shop	200000 (13 USD)	Muscle atrophy in the whole body
Thuong	22	7	At a sewing and printing center	Parents: Farmers	Employment at the center	400 000 (26 USD)	Short and curve legs
Loan	20	2	At home in a district	Separating farmer parents	Catching oyster to cell in the market + animal breeding	Unstable	Half body paralyzed
Mai	20	7	At home in a district	Farmers	Employment at a sewing shop	Apr.100 000 (6.5 USD)	Hunchback-ed & big chest

Nhuan	22	4	At home in a district	Farmers	Self-employment: She has her own sewing shop	300000 (20 USD)	Half body paralyzed
Xoan	25	6	At home in a district	Father: Retired teacher/ farmer married a step mother. Mother: Died 3 years ago,	Unemployment	None	Crooked hipbone
Trang	23	6	At home in a district	Parents: Divorced farmers	Help her mother to run the refreshment bar	Apr. 300000 (20 USD)	Can not walk due to the attachment between tights and calfs.
Tam	22	6	At home in the city	Parents: opening a construction material shop	Open a roadside inn with her older friends.	Apr. 400000 (26 USD)	Half body paralyzed
Hoan	19	12	At a center in the district	Mother: Farmer Father: Worker	Studying computer at the center	None	Half body paralyzed
Ngoc	21	12	At home in her district	Mother + Father Teacher and divorced	Employment at the sewing shop	300000 (20 USD)	Paralyzed left leg
Van	22	6	At her uncle's house in the city	Parents: Farmers	Help her uncle to take care a fabric shop		Half body paralyzed
Bien	24	9	At home in a district	Parents: Farmers	Employment at a sewing shop	400000	Half body paralyzed
Dao	20	10	At a center in the city	Father died, mother: farmer and married step-father	Studying computer at the center	None	One arm dysfunction
Dau	22	9	At her house in the district	Parents: Farmers	Opening a grocery shop near by her house	150 000	One arm paralyzed
Thao	22	12	At a center in the city	Parents: Farmers	Employment at the center as an administrative officer	300000	Very short, only about 70 cm.

Age

The age of the respondents was ranged from 19 to 25 years old with the average age is 21.86. According to Vietnamese statistics, the mean age at marriage is 23.2 years for women in the rural and 24.7 years for the women in the urban (Le Thu Ha, Nguyen Hoai Duc, 2001). This group aged between 19 and 25 years is most concerned with issues of love, sex and marriage, and so are the main respondents. Talking with them as well as the nondisabled peers in their community, I could see that both respondents and some key informants are very concerned with this topic.

Economic background

Most of them are from farmer families where the main income is from cultivating the crops throughout the years. Out of the 15 respondents, 4 are totally dependent on their families. They can not contribute anything to the family expenses as well as their own expenditure. This is the case for both those whether they are living at home with their parents or those living and studying at some of the vocational training centers. The other 11 can be able to find some work to do and therefore can contribute some money to the whole family. It is traditionally assumed for young females in Vietnam that they would share the family life with their parents until they get married, when they should move to live with their husband's family.

Family background

The informants were born between 1978 to 1984, many years after Vietnam got its unification in 1975. During this time, the policy of family planning has been inapplied all over the country allowing each family to have 2 children. However, it had been applied more in the group of government officials; therefore the number of the children in the informants' family is quite high. Its average number is 3.9 children per household (ranging from the highest number of 7 children to 2). This is consistent with the Vietnames average of 4 children per adult female.. It is common for those, such as the informants' families, because the informant were living in rural areas therefore the number of the children can be higher than those living in urban areas and working in the government organizations. Among the 15 respondents, 3 are living with their mothers while their fathers were separated from them. Two of them lived with step mothers and stepfathers who were came to their family several years after their father or mother passed away. Talking with these 5 respondents, it was revealed

that they retained strong feelings to their fathers although they have not seen them for a long time. The rest of the 10 respondents whom parents are living together said that their fathers are farmers. Outside of the crop season they have not much to and so engage in other work such as construction or carpentry, just to help people in their village.

Education background

Regarding the education level of the respondents, they have very limited years of going to their school. The average number of schooling years for each girl in the group is 8. Only 4 people could finish their high school, while one used to be a junior student in high school but could not finish it. The rest of 10 other people just went to either primary school or secondary school except 1 person who did not go to school but studied at village teacher's home. Being asked why they did not finish their studying, many respondents said that they were very shy going to their schools and their friends always made fun of their disability. Being teased and even beaten which were formed part of the bad experiences some of the respondents had to suffer when they were in their school and this did not motivate them to complete their studies. Being independent on their family members in going to school, patience and determination was the first required enabling them go there. Some of the parents were so good that they carried their children on their backs everyday for almost 12 years of their children's education time no matter what the weather. These difficulties contributed to the list of factors prevented the informants for undertaking further study. Moreover, some of the informants were reluctant to stop going to their school in order to allow their siblings who are not disabled to attend. Their brothers and sisters might be better than them at studying. Meanwhile the family financial resources are limited, and their parents have to consider how to manage it. As result of this consideration, they ought to be the people to left behind.

Place of living

8 of the respondents were staying at her home in their district, undertaking some small business by themselves or were employed at some shops nearby in their region. One case stayed at home and did not do anything and it seemed that this was a struggle for her and her family. The other 4 people were staying and studying in vocational training centers in the city where they had more opportunity to find jobs in

the bigger centers after graduation. The remaining 2 girls were living in the city but with their family and relatives. So, we can conclude that the disabled either live in their own houses with family members or in some of the vocational training centers, as an alternative way to earn a living.

4.2 Everyday life at home with their family

Life in the vocational training centers is very different to life at home. Their ordinary day starts at 5-6 AM and finishes at 11 PM when the story film program in TV has finished. It is very common for the people in their district to wake up very early in the morning therefore they also have to start their day at the same time with the other members in their family. Most of the respondents participated little in domestic works as their mother or their brother and sister helped them with doing these tasks. A few of them do homework by themselves. However, most of them can take care of themselves and can be able to wash their clothes, although it is difficult. A minority of the respondents has difficulties using the toilet by themselves thus they need help from their mothers. The toilets in the rural areas are mostly dry ones as the villagers need fertilize for their fields but for this small number of people, their family has to adjust their toilet in order to enable them using it easier.

During the visits to their home, it has been appeared that eight disabled girls have good relationships with their parents and brothers and sisters in their family. The other four respondents did not have very really good relationships with their family members. They are from the families that have problems such as a mother dying and their father marrying stepmother, or the mother being sick for a very long time and very weak. One family had four siblings from different fathers which is very complicated. Visiting two families out of these, I even can feel the hostile attitude between the members who did not bother to hide it.

During my time with them, I could see that there were many women coming to talk with them at home, although they are not working in some types of services dealing with customer. These women were either their friends living nearby or their relatives. When they were talking with each other, they talked about daily life activities and the relationship between the members in their family. However, I had no chance to see any men coming to visit them. Their lives at home give them little

chances to meet boys. Sometimes they could go out of the house and integrate with the outside but not frequently because they did not want to be teased by others or because their disability made it difficult to go out. Therefore networking and the opportunity to learn from the outside world is very limited.

Work as a competence sphere

In fact, not only do those who are staying in the centers have to deal with the difficulties of life, but also those who are staying at home have their own challenges. The entire girls in the study were not able to work in the rice fields with their family members and so had to find some other works to do. Those who worked on their own, were normally involved in selling some goods such as small wares or beverages such as beer and wine. Some could open their own tailor shops. In order to open their shop near the main roads where there are more people and more promotion opportunities, they have to pay a lot of money. This may not be possible. Moreover, working in a public area entails the discomfort of people looking and talking about their gait or their appearance. Although they understood that it could be better for them to work in public centers in term of augmenting their income they still decided to work at home to avoid the differentiation from the others. Once moving back to their house, they find a fewer customers who are mostly their neighbors. The competition between the shops within their villages is quite high with many people opening their shops in the village. It became very difficult as it seems to be an unbalanced competition when it involved disabled and nondisabled to participate. In order to be able to insurive this strong competition, they have to try to please their customers by offering as many service as they can. A part from learning more fashionable clothes, they have to buy more material from the market so that their customers will be more convenience to order at once without going to the market. According to them it is still very difficult to attract the villagers as they have little money. It is customary to sell on credit but this leads to delays in repayment. However, there is no other way for them as they must accept late payment and they said “whoever work all want to be paid at once”. Furthermore, they are not paid as highly for cloth as it in the city. Another problem has been the way that customers speak to them. If they cannot supply the products as soon as the customers want, they can be spoken badly questioning why they cannot finish the work on time. Some of the male customers have spoken aggressively to

with them, and it is not easy for them to work in that environment. However they have to accept it as a part of their working; that is why work sphere becomes one of a sadness of their life.

Being employed

Some of the respondents said that it is privileged for them to be employed in one semi-governed structured training center which is now run by a woman. The work now is very good standard and they are highly appreciated by their supervisors and colleagues. However, the anxiety of losing their job is firmly remains. “One day if another person came to take over the roles of my recent boss, will I be able to be here any longer as they may not accept a disabled person like me in their office?”_ is one way of the uncertainty expression from the informants. Finding a job is one problem for them, while being able to function well in that position is another problem. Moreover, being recognized by their supervisors is another concern. The list of these problems becomes longer as they are in a very inferior position in comparison to their non-disabled peers. As presented earlier, they have less chance to go to school due to their own situation as well as their family’s financial limitations. Lacking of necessary training or skills, in addition to their limited potential due to their disability, it is more complicated to find a good job. Many parents reported their difficulties of finding good work for their children because it requires skills, knowledge and many other supports from their family. These requirements seemed beyond the ability of the respondents. One day I received a phone call from one respondent who said nothing, just gave her name and her address where I just came back after 1 week staying with them. I tried to ask if she wanted to tell me anything, but she just kept quite and asked when I would going to visit them again. Normally if I have letters or phone calls from them, I would try to come and visit to have more sharing from them. During next visit, she said to me that she was very worried about her future, her life, where she is going to go and how she could lives.

For those who are employed by some of the shop owners, it is not easy for them to deal with their supervisors. Sometimes they have to admit that they cannot avoid the differentiation from their bosses with the other staff working in the same place. Some of the respondents have to go from place to place but still cannot find a suitable job to do. Feelings of worrying not being able to find a sustainable work and feelings

of uncertainty are always troubling them. Although they could go home everyday for meals and return to work at the shops in day time, they were not satisfied working in those places. They were still looking for the opportunity of getting new job. Since most of the respondents had undertaken vocational training courses previously, therefore they had some skills such as sewing or embroidery...Working at these places, they cannot make a product fully but they had to do piecework and later on some other will match them together. Therefore they became familiar in doing one piece of work but not the whole work of making something for the customers. Sometimes it is because of their disability limitation that they cannot make the whole work. The main work which they are assigned from their bosses is mostly the sewing of uniforms for pupils in schools or workers in factories. Approximately, for one week to one and a half weeks in each month they have no work to do. The time when they have to rest and wait for the next batch to come and work always makes them fell bored and weary.

The other work they can do when they are living with their family is opening a small shop near by their house selling small things or beverages. While doing this type of work, they have more chances to integrate with the surrounding environment, but it is not easy for them in terms of dealing with people. Most of the customers coming to the beverage shop are men which provides chances for them to socialize with men as well as other side consequences. The income of the girls was definitely various ranging from none to 400000 dong (apr.26 USD) with the mean of it as 190 000 dong (apr.12.6 USD). During my visits to their houses, I spent time hanging around with the respondents and had meals with their families, I could learnt that with this amount of money, it is possible for a girl to manage a monthly budget in tightly. Their food comes from their land such as (rice, vegetable, fish)...therefore if they have extra money apart from their family crops, it is consumed by other expense such as clothing, soap, etc...

4.1.3 Everyday life at some vocational training centers

One of the conveniences for the respondents is the strategic position of Hai Duong where a noticeable number of vocational training centers are working under humanitarian principles. These centers can offer jobs for many disabled who can be

able to follow their training and later work for these centers. Hai Duong is located in the middle between Ha Noi capital and Hai Phong province where there are many beaches and the famous Halong bay therefore many foreign tourists pass by. These centers were built along the main roads connecting from Ha Noi to Hai Phong to attract more customers to buy the products made by workers of the centers including both disabled and nondisabled.

Most of these centers in the province of Hai Duong are dealing with handicraft production, such as embroidery, and they have their own style of presenting their art works. I chose to stay in one center out of many centers to understand the life of the disabled in the center and their perception about love and life, and the integration with their nondisabled peers as well as the other disabled.

The center is divided into 2 parts: One is the business center where the children work in the day time and next to the selling counter, and the other is the hostel for the children to live. At that moment, there are 30 children working and staying there including disabled and nondisabled and only 3 of them are boys. Out of them, 3 children are physically disabled, 4 are deaf and dumb and the rest are normal.

They start their day at 6 AM. Some of them do exercise in the morning and the rest do not. All the preparation for a day is finished at 7 A.M for breakfast in the kitchen. The center hired 2 cooks to prepare food for them daily and it is always available on time. The dinner is served at 5 P.M everyday soon after the working time has finished. After having dinner, most of them go to their rooms in which 6 persons live together while others go to their homes as their houses are not too far from the center. The girls living with physical disability stay at the center for a week or more to wait for their family to take them home. It was very noticeable that some of the girls living in the center who are not disabled are married. One weekend day, a husband came to bring his wife home, all of the people were very excited to see him and they all said “how lucky you are, your husband comes to take you home”. She just said goodbye to everyone and followed him in silence but her eyes and face was shining to hear that from her friends. It showed that the people in the center have their own way of thinking about marriage and family life. They perceived that these relationships are very good and that everybody should dream of them.

In the evening, it seems to be much more exciting when several male visitors come to the hostel where the girls are living. Most of the girls are very well dressed in the evening and they gathered in some places where the disabled girls rarely go. The ideal girl which is presumed in their mind as well as their peers in the center is a slim girl, tall, fitness and with many boys around. They did not do any work in the evening but watch TV with the “story film” program. They like South Korea films which are very romantic involving many girls and boys loving each other. When it came the part when the characteristics kissed each other, all of them shouted. Being asked why they shouted, one of the girls said that “because they wanted the characteristics in the films to love each other after so many challenges happened in their life”. They seemed to enjoy the sadness and the happiness of the couples in the film every time it was shown in TV. These films have been shown 4 to 5 times per week and it takes several weeks to several months to finish one film.

During the conversation with one disabled there, it was found out that she was not really fully developed as she didn't menstruate although she had reached to the age of 19 now. She showed low understanding or concern about sexuality. The other 2 physical disabled girls also had the same level of concern regarding to sexuality and sexual health as they were quite young and did not have many friends to talk about this issue. They said they were too shy to mention about this topic.

During my talk with the staff working in the center, it said that it is right for the disabled to have boyfriends and enjoy the sexual life. However, they expressed their opinion that it is better for them to find another person who is also disabled. This was thought to be more suitable for them and keeps them far away from trouble or hurts arising from their situation.

In conclusion, the disabled in the center seemed to be separated from their normal peers, although it was not obvious since they are still working and sharing food in the same place. However, in the evening when they go back to their living place, the disabled usually gather together and talk with each other and so do the non-disabled. It showed that most of the girls living in the center including disabled and nondisabled appreciated marriage. They also admired the beauty and the fitness of women. Moreover, the disabled there showed their limitation in development in comparison to their friends. The staff working in the center were close to them,

showed sympathy for the disabled living with disability and tried to help the disabled to integrate with their non-disabled peers.



CHAPTER V

SEXUAL MEANING, GENDER IDENTITY AND BODY IMAGE AMONG YOUNG FEMALE SINGLED DISABLED

“Most of the people (except my parents) all come to me and said that I am disabled like this, I should stay asexual and should not think about marrying”. (A 23 year-old-girl)

5.1 Sexual meaning

The perception about meaning of sexuality in the respondents' life was explored during the interviews with them. They were asked to answer what sex meant to them, what were their beliefs about marriage, courting, dating, and their notions about their boyfriends and husbands.

5.1.1 Notions about their boyfriends and husbands in the future

Most of the respondents said that they would love to have a boyfriend, for many reasons. Some respondents said that when they have a boyfriend they would be more confident and proud. Living with their community, they want to be considered the same as the other girls who are hanging around with their boyfriends. Therefore, according to them, if they found someone to be with, this would give them more values in the eyes of other people and a better reputation for themselves, their family and their business also. Once the boys called them girlfriends, they would have the feeling that they are accepted as normal people. Being with their boyfriends, they would share with each other about the good and bad things in their life. Therefore everything would become easier for them coping with the challenges of their life. One of the respondents said that she wants to have a boyfriend as the first step towards enabling her to set up her own family and as they could get help from their husband. Although there is no sign from the boy with

whom one of informant has fallen in love, she still dreams of having a warm family with him and having their own children.

5.1.1.1 Gaining confidence through their boyfriend

As a part of adjusting to their life situation, they try to concentrate on what they are doing in their working place but not really concern with what the others talking and doing. They reported that if they were working in some part of the shop, they were normally neglected by the customers, especially by the males ones, thus they ignore what others say and do. Therefore the disabled unavoidably see themselves as inferior and develop low self-esteem. When a man paid attention to them and did not acknowledge their own disability, the self-confidence returned. “Having someone who did not differentiate with me, share his life with me, talk with me and love me, how important it is”. That was why having a boyfriend gave some of respondents with confidence but when he departed, the confidence went away:

Thuong: ” Only him talked with me, at first, I tried to avoid him. But the more I avoid, the closer he moved forward to me. When I was with my boyfriend, I was very self-confident and I was so different from who I am now. Since I lost him, I also lost my confidence”.(A 23 year-old-girl who is very short and curved legs)

Sharing things which happened in their lives is one of their spiritual needs as with the other people, not exception:

Dao: “I want to have boyfriend so I can share with him all of my sadness or happiness and he can help me whenever I have trouble. Having a family will help me to balance myself, my ability to work and I can have my children”. (20 years old)

5.1.1.2 Getting help from their partners:

Being weak and inferior is the common way they think of themselves, therefore, they wanted to be helped and protected by their partners who are imagined to be stronger:

Mai: “it is very good for me to have a boyfriend because it helps me to create my own family, have my own children and protect me in the future. I

also want to marry as I am very weak, so I can get help from my husband and I can also help him something therefore everything will be better”. (A 20-year-old-girl)

It can be seen that deeply in her mind, she thinks of a non-disabled boyfriend or husband who can be stronger.

5.1.1.3 Gaining valuables and reputation in the eyes of other people

In Vietnamese society, Confucianism has long been established where a woman is attached to a man who can either be her father, her husband or her son as discussed before. When she is young, she lives under her father’s shadow and should belong to the father’s “fortune” until she grows up, she should be attached to her husband. When her husband passes away, she should follow her son. This ideology has been held deeply over generations, particularly in the countryside where most of the informants live. Socializing with their community, they would learn from their peers and their older friends that if someone was taken around by her husband or her boyfriend, people would give more values for her. In her turn, she is encouraged when she can share the bad and the good things in her life, enabling her to cope better with life:

Ngoc:” If I have boyfriend, I will feel very happy and encouraged when I talk with him. And when the other people will realize that I have someone to be with, they would say that I am not really bad because I still have someone who is falling in love with me”. (21 year-old-girl)

Another girl, Nhuan is running her tailor shop at home in her small village where she said that she can find enough work to do. However, finding someone to be with is more reputable not only for her but also for her shop and her family.

Nhuan: “If I have boyfriend, I will be stronger spiritually with a better reputation for my family, my own shop and myself”. (22 years old)

5.1.1.4 Being accepted as a normal

Since there are a lot of difficulties coming to their life due to their disability, there is little chances for them to be involved in a relationship with a man. Therefore if someone who is not disabled called her as his girlfriend, it seemed that they are accepted as a normal. Thus she will be very privileged by being involved in a relationship with her boyfriend.

Dau: “Being a girlfriend of my darling, it is privileged and honor for me and my proud to every people. Having a husband will be more than that, because it will be a certain people for me to live on”. (22 years old)

Socialization with the surrounding world is not easy for them as they want to be considered as a normal people. Once her own human feelings and desires are recognized by others, the disabled woman would not feel that she is deviant in comparison to the others. That is why when one has boyfriend, she would feel that she is accepted as the other people:

Hoan: “I want to have a boyfriend as if I have, I will think that I was accepted as a normal person. Being a disabled, I still have the need as the other people such as getting married. Being a human, I think everyone needs someone to live with, therefore I also want to be married, just to think that I am also normal”. (A 19 year old girl)

After being interviewed, Hoan sent me several letters to express her emotions about a man she loves but never got response from. Accompanying her love, she also shared her dream of having a warm family to live with - the dream becomes bigger and bigger each day. In her opinion, her boyfriend is her future husband who can help her create her own family and her children:

Hoan: “Many times, I wish that he could understand me and love me as I have loved him. I want to have a happy family, and in the future to have a nice and healthy children therefore I can see him play with my kid each day after coming home from his work, after that we all gather around the dinner table”.

5.1.2 Sexual norms toward dating and courtship and sexual relation

In discussing the belief who should be the person to initiate sexual relationships, most of the girls assumed that man should be the person who starts to date or to undertake any actions relating to the sexual relationship between man and women. Especially when they are living with their circumstances, it would be more challenging for them to start talking or dating with men. Many reasons are given for the fact that they should undertake passive roles in the relationship. Most of them said it required bravery to break the rule that being a girl, one cannot express their feelings toward men and this rule is stricter to a disabled girl. Taking the initiative can make them more vulnerable before they know the response of the man they love. Nowadays, it is quite equal for men and women in Vietnamese society and the roles of men and women are not really fixed. Sometimes one can play the roles of the opposite sex people. Some informants said that although it is better if they can start communication with boys, they feel an inferiority complex that prevents them doing what they really want. Discussing sex issue with a man is very taboo; and is only legitimized within marriage bound.

In a society where its culture does not legitimized the sexual relations of disabled, they have to nurture their own agency to deal with the situation. Either it might submit to the prevailing norms or reflected the resistance from the group of people toward their own sexuality. Over time, different people give them the message that it would be most proper if they stayed asexual. It is doubtful for them if they can be able to enjoy their rights to have an intimate relationship with their boyfriend or enter in to the bonds of marriage. They were also struggling between following those ideologies and their own feelings of love and being loved. Feeling guilty, which was the center of this story, and the social public opinion itself determined their withdrawal behaviors from intimate relationships with their boyfriends. However, alternatively, a minority of disabled girls said that they are in a very low position and that they can ask man to be with them and give birth to a baby because men will not laugh at them if they understand her and sympathize with them. One of the main reasons is that they think there will not any man who wants to marry them. Meanwhile they want to have a baby to live with for the rest of their lives. Or one

other girl said she has a very few chances to communicate with men and so she can be the person who can start to date and to express her love with a man.

5.1.2.1 Women should not initiate sexual relationship

It has been accepted for generations that women should take the passive roles in the relationship with a man as revealed in the proverb that “only a buffalo looks for a stick, but never a stick looks for a buffalo”. This proverb reflects the social control of a female not to be sexually provocative. In their opinion, before marriage, women should not be involved in this issue:

Dau: “According to me, man should be the active partner in any situation; women can be initiator just in spouse relationship when there is no distance between them. But before married, women cannot be active”. (A 22-year-old girl).

During communication with men, women can express their feelings or affection toward men, but they should not mention about sex which can be considered as a taboo. Otherwise men will judge differently about them:

Hoan: “Women can start to date, to talk and express her feeling of love to a man, but should not mention sex” (a paralysed girl).

Dao:” No matter how much I love him, but I am a woman, I will never take the first step otherwise, man will look down on me. (a 19 year-old girl).

It is not easy for them to break all the verbal rules that they have followed for a long time:

Trang: “I think it is better if I tried to date him but I am not brave enough to do it” (A girl living with deformity at birth, 23 years old)

5.1.2.2 Disabled women should be more hesitant about loving men

Being a girl and being a disabled are a double standard burden for them not to be the person who initiates any relationship with a man. Feeling inferior prevents them from freely talking or dating:

Ngoc: “If I love someone, I will not tell anyone about this or start to talk with him or to date, because I am a girl. Although it is quite fair for girls and boys nowadays, but I am still a girl, and being a girl, I should not do that. Moreover, I am a disabled, I fell inferior, therefore I should not to start to communicate my feelings with him. (A 21 year-old girl)

Another reason is explaining why they cannot share their life with a man although they love him, because they will bring a life burden, not good things as a nondisabled wife can brings:

Van: “I am a disabled so I should not let him know about my emotion, as I want the man I love to have a normal life with a normal women, not a disabled like me. I used to love a man, but I want his life to be as good as the other, therefore I cannot be the women of his life” (a 22-year-old girl).

It was also risky for them to open their mind to share about their love or mention about sexuality with men as they may receive nothing from man, but just pity.

Mai: “It is not correct for me to date a boy or to start a sexual relationship, because if I do that, I just receive the commiseration on myself, not his love. And at the end, I will be the person who has to regret for the whole of my life”. (A 20 year-old-girl).

Many other respondents went along the same line of thoughts confirming the above-mentioned ideas. Each person has their own reason, but in general they admit that it seemed to be the rules controlling over what disabled girls should do sexually. If some one is brave enough to break those social norms, they may be the scapegoated for their “wrong” action, as well as receiving pity from the man, not his love.

5.1.2.3 Situation when disabled girls can start sexual relations

There were small numbers of the girls who thought differently and that they should initiate in the sexual relationship with a man in order to have their own children. Assuming that no one will marry them, giving birth is an alternative way to

solve the situation. One decided she would go to find a man and start talking about this. It seems to be one way of resisting what the society presumes them to be:

Loan: In my case, when I get older, I will need a child to live with. It is possible for me to come to a man and say to him “give me a child”, I think no one will laugh at me once they understand my situation. But for those who are healthy and non-disabled, they should never do like that, but should do other works to be able to get married”.

Other girls also shared the same idea:

Mai: “It should depend on each case to say whether women can be the initiator or not. When a girl has many boys around her, she should not be the active one, but for those, who has a very few chances to communicate with men, she should be the initiator”.

5.1.2.4 Fighting between being asexual and being sexual

The majority of informants said that they are assumed to be asexual in the eyes of people living near them. Sexual relationships with men or being active in the relationship will be condemned by public opinion which is very powerful.

Nga: “ I can’t be active in sexual relationship as that is what I learnt from my environment. Most of the people (except my parents) all come to me and said that I am disabled like this, I should stay asexual and should not think about marrying”. (A 23 year-old-girl).

Another girl said that she was not supported when she was in a relationship with a nondisabled man as some people thought she should rather not involve in a relationship with any boy:

Ngoc: “When I was staying in relationship with my boyfriend, he used to come to my working place, but my boss was very uncomfortable, unsatisfied and disagreed with us. He assumed that a person like me should not have relationship with any people. Many people encouraged me to strengthen our relationship with him, but my boss always made me discouraged by saying that “why he has to

marry you”. I told my mother and she said that it is just because he worried for me that I can be abused. I did not want him to go to my working place any more.” (A 22 year-old girl).

They are criticized if they get involved in a relationship with a nondisabled man who would rather deal with nondisabled girls. Finally she had to separate from her partner because of her guilty:

Bien: “People in my village started to make many words about our relationship, something like “if he is nondisabled while I am disabled, so he is the person who suffers a lot”. I felt guilty and I also said to myself that it is better if I withdraw from this relationship so I decided to separate from him. I was very sad after that but I know I could not do differently. He is married now.”

Due to the social stigma attach to their disability since they were very young, they have struggled to decide whether they can legitimized having sexual relationship with their boyfriends.

Nga: “When we were with each other, we held hands, kissed and hugged each other. That time I had feeling of sexual desire and I really wanted to have sexual relationship with him but I think if I go too far and I cannot control myself, it is not good for me. The social opinion will condemn me because they admit that I am in this situation, I should not have sex, if now I have this relationship, they will criticize me severely. I am afraid of that and cannot pass over the public opinion to do such with him although I really want to do that because I love him so much” (A 25 year-old-girl).

Contrary to the sexual norms toward sexuality of disabled, the sexual desires and needs are really the same in them as with any other girls of their age. Falling in love with men and feelings of sexual desire are very popular in this group of informants. Out of the 15, only 3 people have never experienced love or dated with a man, and stayed asexual, the rest of the 12 have ever engaged in some types of relationship with men. However, only 3 people were in love with their boyfriends at the time they were interviewed. Others are not staying with them anymore, either because of their partners, because of themselves, or because of other objective relating

factors. Although most of them are instructed by society to not set up any new relationship with men, whether they love him or not, their feelings of affection are very intense. These feelings cause many great anxieties which cause them to live in hopeless and pain as they struggle whether they should follow such norms or listen to their heart. As one way of expressing their her emotion, one respondent wrote down her thoughts privately, but found it did not help. Still, she has to live under much of pressure:

Hoan: "I love a man who I went to the same school with 2 years ago. Now he is studying in his University. I was very sad. I write him every night, put them all in the envelopes, stuck them with stamps, but I have never sent any. Because I did not dare to send it. I just express it in paper for myself. I know it is very difficult for him to accept a girl like me, so it is better not to tell him. I love him in hopelessness and miss him all the time, live in pressure from my family and the other people. I feel I have no strength to get over this challenge. I am going to crisis just in a short distance; it seems there are thousand of pins against my head, what I can do to recover it now? I am driven mad!" (A 19 year-old girl).

Hiding their heart and its desires is one of the strategic ways of dealing with their inner emotion arising from their pasts. Feelings of loneliness and unhappiness is always emerge:

Thuong: "I used to love a boy 2 years ago, now everything has finished but I still miss him very much, it is really funny, isn't it? I tried to love other people to forget him but I feel so pain each time I do that, so I tried to hide my heart. Partly it is because of my inferiority complex, assuming that I am not lucky to think about love. But on the other hand, I am very afraid of loneliness and darkness. I do not know how and where my life will go, I am very sad and always cry about it".

Thuong, continued to share about her desire which she thinks it should be suppressed:

Thuong: “If I have some feeling, I have to oppress it until it go away, many time it burst into tears or heavy sighs”.

Another girl living with her deformity and who has never dated any man shared about her feelings:

Thao: “Being a flesh people, everyone has such type of feeling, I think no one do not have it, but what I can do now, I always feel lonely and sad and wonder how my life will be in the future without any person to be with while I am like this” (A 22-year-old-girl).

Similar to what Thao thinks, Nga already spoke about her real feelings and desire to participate in a sexual relationship with her boyfriend, but she cannot overcome the norms which are so entrenched as presented.

Two girls said that they do not want to have boyfriends as it is very difficult for them to find suitable lovers. In the future married life will be stormy due to the neglecting they might receive from her husband. Thus it is better not involve in to the relationship with boys. Experiencing bad rejection from her boyfriend when she thought she might trust him enough to have a sexual relationship and shared her life with him. Contrary to what she thought, her boyfriend did not want to stay in a long term relationship with her as he is married man. Although he was disabled which misled her into thinking that they could be sympathetic to each other, he was married with a nondisabled wife who has a good reputation in their village. However, she did not know about this reality until she told him that she was pregnant. At the same time she learnt that she was lied by her boyfriend and that he rejected his children. It was too traumatic for her and the experience was one of the reasons that kept her from a relationship with a man. Later on she became involved in to another relationship with another man but at the end she was rejected by him. He also had a nondisabled wife. Feelings of being rejected due to her disability has affected her so that she cannot find any person with whom she can get along with for a lifetime:

“I do not want to have a boyfriend now as I know that I cannot find the person who shares a similar life to me. If someone has a different life, I will not be suitable with him and I do not like it. Moreover, I think disabled girl should not marry, as one day she will be neglected

by her husband”. (Xoan, a 25-year-old-girl living with deformity at birth)

Not only her, one other girl had a similar feeling:

“I do not want to marry a nondisabled husband because there is a far distance between him and me. Maybe he can accept me without considering my abnormality but still his family cannot agree with him”. (Van, a half body paralyzed girl)

Deeply acknowledging of the invisible barriers between herself and the man without disabled and their families, she felt unsafe to be closer to them as a world does not belong to her. She therefore assumed that it would better to be in a relationship with a boy who shared the same difficulties as hers, or who belongs to the same world as her. But “where I can find these people, no, it is too difficult for me to find this” were the last words she mentioned about this notion.

In conclusion, there are several norms determining what the disabled think and believe about their boyfriends and their future husbands. Most of the people prefer to have their life with their boyfriends and husbands because it has several meanings for their relationship. It is necessary for the disabled to be married because they also want to be accepted as normal people, to have their own children and they also can get help from their family. However, the social ideology (norms) for the disabled is to stay asexual and should not be involved in to any relationship with men. In contrast with what society proposed for them to be, most of the informants express their sexual desire and other dreams as normal people. Fighting between being asexual and sexual is very depressing for them. Most of them shared that they have to hide their heart and all of their affection, feelings and as result of these, tears, loneliness were often reported. Whether subject to or resist those norms, it almost produced their feelings of inferiority, anxiety and sadness. Other psychological effects and its prevalence will be addressed in the chapter “Sexual health problems” later in this research.

5.1.3 Meaning of sexual acts

According to the respondents, there are many reasons for people to have sex, each reason determines their sexual behaviors. In this part of the research, I want to describe their perceptions about the meaning of sex in general and for them

particularly. According to the informants, there are many meanings for having sex as follows:

In general, sex is for reproduction, to bring happiness for the whole one's life, people do sex because of love, natural lust or someone has been abused. In their interpretation, many people said that sex is not for the disabled like them, but just for the nondisabled; doing sex is to satisfy the informant's partner's desire. Some people believe they should not engage in a sexual relationship as it entails with child bearing while she may not be able to take care of her child, or because that sex can damage her health.

5.1.3.1 Sex is because of natural desire

In general, it is quite common for the girls to believe that people have sex because of natural desire. This desire is the reason for men and women to find each other. For them, inside a person, an instinct leads people to have sex.

Ngoc: "I think people have sex because of natural lust. (21 years old).

5.1.3.2 Sex act - Expression of love

Many of respondents said that engaging in sex is one way of expressing love with the one they love.

Hoan: " People do sex because they want to express love with the one they love. And for me, I can only do that because of the love with my future husband. I cannot do it before I married, because premarital sex is a dishonor thing. I want to keep my virgin until I married".

They accept the social construct that sex should occur only in a spousal relationship, and that virginity before marriage is very important, it is unable to have sex. Although expressing love, it can only legitimized within marriage bounds.

5.1.3.3 Sex is for reproduction

Several informants think that sex is for reproduction. Being disabled, they need some one else to take care, especially when they get old. In order to have this, they need to participate in a sexual relationship with man. The children therefore to secure

for their old age and sexual relationship is really for reproduction. Loan, a paralyzed girl, 21 years old, said that:

Loan: “For me, having sex just to give birth to a baby, if it is fine, I will have 2 children, they can defend each others whenever the neighbors threat them, or if I have only one child, he or she just can cry and go home. No one will protect him. If I cannot find any man to be my husband, I will go out and ask someone to help me give birth to a baby”.

Loan comes from a family with 1 brother and 2 sisters. However, 4 people are from 4 fathers whom Loan had not known well. Since she was a child, she has been very shy going out as the neighboring children used to shout at her: “Eh, that is cripple child with no father”. She understood that they were born after her mother’s relationship with some man therefore it was nurtured that sex is for production. Loan was the girl who appeared in the previous part of this chapter and who said that she will go out to find some man and ask him to help her have a child. She thinks she should have at least two children so that they can protect each other as she used to be threatening when she was child.

It was common for other informants to believe that children would provide companionship in the future. This notion attached with the image of being a woman in Vietnam, who should marry and have children. Having sex to have children is not only for her old age, as it gave gives the meaning to being a woman and a mother. This is revealed in Loan’s words that “being a women, one should have their family, and their children to live with”.

5.1.3.4 Sex is to please their partner and make him stay

This was the perception of two girls who are running their sideroad inn or their refreshment bar. As discussed before, doing this type of work, they have many chances to deal with men as most of the customers coming to their shop were men. During one interview, one of them showed her pride in the fact that more customers came in to her shop when she was working than when the other family members worked. How to keep and attract their customers coming to their shop is one of their aims as well as getting to know the customers. Initially, some of the men can be an

acquaintance only, but later on a strong relationship may develop which could become the a big problem in their lives.

One girl said she had to run her shop in the street just in the evening to avoid the policemen who did not allow them to sell there in the evening. She always finish her work at 11 to 12 PM. She was very sad doing this type of work as she understood that it was not good at all for a young girl to work in the street at night although she works in partnership with a friend who is older than her and already married. Her shop is also near by her house, but it did not help much. She knew a man who used to be a customer and later on to be her boyfriend. In order to please him and keep him with her, she entered in to sexual relationship with him:

Tam: “ I want to keep him with me as long as I can, therefore I gave sex to him to please him”. (22 year old)

However, this seems to be not a very good strategy for Tam as she also expressed her anxieties afterward:

Tam: “I did it, but after that I even felt worried more than before as I do not know what will happen to me and I am not sure if I can keep him with me forever or not”.

Adding to what Tam has said is her painful eyes, which really concerned me when I visited her working at her side road inn. They are shining a little bit when somebody came to buy something, but they soon return to their previous state of anxiety and fear. Once I met her boyfriend when I visited Tam in the evening when she was working at her shop. With the attendance of Tam, I asked him where he worked and where he is going to go as he was one of the workers preparing the road session in front of her shop. He did not tell me or Tam, just pointed to some unclear place although Tam was very much concerned about it.

Fulfilling partner’s desire was one other perception that the other girl mentioned. Knowing each other from her shop, she wanted to please him and that was why she said she had to help him release his desire. However, she was undertaking a lengthy treatment course for her legs and she thought that she could not have intercourse due to the risk of getting pregnant. They have to find another way of doing this to be suitable with their situation:

“When I go out with my boyfriend, we usually sit under the bridge nearby my house. It is naturally for my boyfriend to have feeling of affection and he wants to be closed with me. I have to help him to release his desire by touching to his thing or sometime with my mouth” (A 23 year-old-girl).

In her opinion, it is not easy for her to do this and she thinks it should be more than that as revealed in her saying later:

Nga: “I think if 10 couple go out with each other, then 9 of them will have sexual intercourse, it is unavoidable. I think that I am exception not to have real intercourse with him because I have to undertake the treatment course for my legs although it is not easy. I always dream of having healed legs, therefore I have to control myself, not to interfere to my treatment or I will involve in the relationship”.

Feeling of responsible to please their partners to make them stay is one another reason for the disabled to entered in to sexual relationship with a man.

5.1.3.5 Sex is not for me, just for the nondisabled:

There were 2 girls who shared the idea that sex is something just for the nondisabled and for those who are disabled, they should not think or deal with this.

Xoan:...”People who are normal and strong do not think about sex, so who I am to think about it. It is better not to think” (A 25 year-old-girl)

Thuong: “I think sex is just for the normal people, but for me, I should not think about it” (22 years old).

Getting acquainted with seeing only the nondisabled in their community or in mass media, these girls perceive that sex is there but outside of their world. For Xoan, it was very vulnerable and took this position after several times taking part in failed relationships with men:

Xoan: “At first, I love a boy who is also disabled, and I think he would understand and sympathy with me, therefore I loved him

very much. I had sex with them because I loved him, I want to show my love to him...”

For a certain reason, they could not become spouses, the detail story will be presented in the presentation of case study later on, in this session, I would like to present about her opinion of reason to have sex. She continued:

Xoan: “Later on, I knew another man named Ninh from several times I went to market. I also understand that no one will marry me but I also have the feeling of desire therefore I pleased him although I did not love him very much. I think I also want to do it to satisfy myself but in fact, I had no pleasure then”.

For Xoan, sex is complicated each time she had sex with the man coming to her life as it used to attach to unwanted pregnancy. At the beginning, as with some of the other girls, she thought she could express her love to her boyfriend by having sex with him; but it turned out that she did not know about the man’s marital status. It was painful for her to realise that he could not share the responsibility of nurturing or recognizing their children. She had to abort the baby. Time passed by, the wound in her heart seemed to be healed; she has another man who persuaded her to give him a baby. She yielded to the man’s offer. Unfortunately, when she had baby, the man have never appeared leaving a depression for her dealing with her situation and her family members, who were very serious concerned about the family reputation. Her health was affected very much after each abortion accompanied by physical and spiritual painfulness. Therefore she has less positive ideas about her sexuality. Both of the men had nondisabled wives and could not accept her. Therefore in her opinion, sex is not for her.

5.1.3.6 Sex is harmful for the health of the disabled woman

One other girl said she was afraid that sex will be harmful for her health therefore she did not engage in sex with her ex-boyfriend although she wanted to have a baby very much.

Ngoc: “I am very weak. My accident happened 3 years ago, therefore my thighbone is very spongy and shrunken. It is very nearby the sexual organ, so I think if I have sex, it will effect to my

born, especially if I have children, it will effect more. But I want to have a child very much”. (A 22 year-old-girl)

In conclusion, the notions about their boyfriends and future husbands as well as the meaning of sex acts are set in the context of sexual norms for the disabled. Some think positively about this, some of them think negatively and it was neutral for some other people. However, most of them think negatively because of the social construction toward sexual meaning of disabled. According to the societal norms, it is not proper for the disabled to think, to talk or to express their sexual feelings or desires. Suppressing it in order to be accepted caused a lot of mental pressure and anxiety.

Regarding the meanings of sexual acts, each disabled girl has her own way of looking at it and therefore this will effect to their sexual health differently. This will be elaborated later in the section of “sexual health problems” in this chapter.

5.2 Gender identity

Theoretically, gender identity refers to the individual feeling of maleness or -femaleness, or the self-attribution of gender. The study of gender identity involves determining how the females identify themselves as girls or women, and, more particularly, as women living with disability in relationship with men. Questions related to how a girl, especially a girl with a disability should be and should perform in Vietnamese society were also raised during the interviews with the respondents. Encouragingly, the respondents were not really shy to speak about their inferiority feelings of being disabled girls. Several patterns were found as follows:

5.2.1 The image of being a disabled girl

5.2.1.1 A disabled girl needs to be gentle to be accepted in the society

Most of the girls think that they should be humble as much as they can and should interact politely with others especially in a relationship with a man. Being born with a disability or getting it later in their life, they must adapt to their situation, which puts them in a very low position in their community.

Mai: "...I think disabled girls should protect themselves, not to imitate the normal girls, not to be waste their time on wearing stylish clothes, but has to know her weakness and understand about her position. She also needs to have a nice face, nice speaking, she should know to flatter people and greet people politely, should be tidy and work well"...

One other girl said in other words:

Tam: "Women in general should be gentle and sweet. And a disabled women needs to be more humble and honest". (A 22 year-old-girl)

Especially, in the relationship with man, they should be more humble and softer in order to be accepted.

Trang "...Being a disabled girl, one should be delicate, not to talk with a familiarity with man, she also should not make joke, but be self-spoken, not to be flirtatious in order to be accepted in relationship with man".

There are several reasons explaining why they have to perform in a very soft manner: to keep the man they love to be with them, not to turn to the others, to compensate for their physical mistake...According to them, being a girl, one needs to be very proper, and being a disabled girl, one needs to more concerned about this issue:

Tam: "Being a girl, one should be very gentle to keep man to stay with her and being a disabled, she needs to be gentler, she has to find all the ways she can to keep her love..."

As an explanation of why a disabled girl needs to be gentle and honest, Ngoc, 21-year-old girl who experienced disability 3 years recently said that:

Ngoc: "We need to perform like that because other people always look at us in some different ways, anyway. So if we are a little bit sharp-tongue naturally, then we have to be less sharp than that in order to have respect from people. If we have good characteristics, it can compensate partly for our mistake, as you know the proverb in Vietnamese "morals can win beauty".

According to her, in somehow people differentiate the disabled and their judgment are judged more harshly than nondisabled girls. Given that situation, they have to accept it and just follow.

Another reason explaining the fact that the women who live in that situation should behave in a soft manner is revealed in Van's sharing:

Van: "I think the attractiveness of a woman mostly depends on her character, ways of talking and communication. Because in the first time of meeting, people will listen to a girl or a woman to talk and because of that they will decide whether they want to continue to meet that girl or not..." (A 23 year-old-girl)

However, she has a negative self image in comparison to the criteria she has been set up:

Van: "...Therefore I think I fail both in appearance and character, I have nothing to attract a man at all..."

These feelings are consistent with the way they think about their body and consist with the societal view which highly appreciated values the beauty of women. Losing it, they had a feeling that they were in a very subordinated position in society. Adding to the above words, Bien also gave her opinion:

Bien: "I have never satisfied with my foot because it gets my attraction away. Therefore, I always think that once I lost my attraction, I have a very few chance to access to my happiness, so if I have chance I should get it tightly. Being a disabled girl, I have to be very tactful, delicate and nice spoken to give a reason for boys to come to me in the following times otherwise they will go to the other people. Moreover, we need to be happy, harmony and humble with other people. But it is also important not to lost ourselves".

Bien is one of two girls who are undertaking a rehabilitation operation in a French hospital funded by an NGO. In order to complete the course, they need to go to Ha Noi many times and stay for long in the hospital according to each period of the course. The two girls, Bien and Trang, are from the same district and when I visited them in the hospital in Ha Noi, they were staying near each other and they therefore

understand each other well. During the time they were staying in the hospital, they met several men who were also either patients at the hospital or relatives of the patients there. Trang told me the story that happened to Bien, she said:

Trang: “I am older than Bien, so I tell Trang as my younger sister that men are not serious with us. Bien always saved things for those man and want to have close relationship with them, but she should not do like that. It doesn’t work. (A 23-year-old-girl)

In Trang’s opinion, the action Bien took in taking care the boys by giving things to them is not good in the sense that it cannot change the way men think about disabled girls. However, in my opinion, for Bien, the desire to love and to be loved or care about someone is very obvious through what she said and what she was doing there.

Furthermore, the image of a disabled was attached with someone else, therefore another girl need to have her own children although she might be single:

Loan: “I think to be a girl, she should have parents and husband, be gentle and kind with everybody, be a faithful daughter in law. If she cannot have her own family, she should have child with some man, as everybody need children” (20 year-old-girl).

In this case, Loan wanted to have children to be identified as a woman and she said:

“Just this year or next year, I will go out to have my children, therefore my mother is still strong enough to help me. Otherwise she cannot help me to take care my child when she is getting older”.

5.2.1.2 Disabled women need to raise up and fight for things they do not have due to their disability which should be equally given to disabled and nondisabled

Through the preceding part of presentation, we can see the disabled think that they are not really highly appreciated by the other people especially by men. Therefore they need to be gentle and sweet in order to be accepted in the society and in a relationship with men. However, some of them do assume that once they lose it, they have to try to get their value back.

Thuong: “The disabled should fight with their fate and win it. They should never let this fate overwhelm them but they should stand up and fight for the equality in their life...”(A 22 year-old-girl)

Experiencing a life with many challenge, it is not an easy thing to do, they have to try with all their might, just to be considered as a normal citizen:

Nhuan: “For me, being a disabled girl is very complicated thing, I must show everybody that I am as talented as the other normal girls, I can do the thing that normal people can do. I also want to tell everybody that the disabled women can also become the successful people in our society”.

Interestingly, one girl named Dao who has a less visible disability has a positive attitude toward her situation:

Dao: “The disabled girls should intergrate with normal people, wipe out from any inferior complex and be happy to receive the emotion from surrounding people. They should be opened to express their feelings to the others and should not keep distance from the others”.(A 20 year-old-girl)

In here we can see clearly that Dao understands the problem of girls who live with a similar condition to hers. By getting out of this, she has learnt how to live happily, and not just think about her own life difficulties, but integrate and live openly with non-disabled people. This is not to say she is really can able to do that. She said:

Dao: “I think I am a much socialized person, people treat me well, however, sometime I know I still feell a little inferior”.

The idea that disabled girls need to fight for their equality was found in minority of 3 people whose working ability compares well with to any non-disabled peers. Two of them run their own sewing shop and the other works as a manager in a sewing shop to help the owner supervise the other disabled and even the nondisabled there. The other girl were not working at the time she jointed the interview but she studied in the vocational training center where she found that she could integrate very well with her friends both disabled and nondisabled. These 3 girls had a confident image of disabled

girls in their society where they think they should have everything that the nondisabled have.

In conclusion, the respondents showed their negative attitudes about what they should do and perform in society, particularly and in the relationship with man. However, there is some rays of light shining from some person who still are very optimistic about their challenge.

5.2.2 The self- identification in relationship with men

The above session elaborated that most of the girls proposed that they should be sweet and proper in any relationship particularly with men in order to be accepted. But still it seemed to be a struggle for them to integrate with men's world. Most of them came and shared negative feelings in regarding relationships with men. According to them, it is confronting to be involved in this type of relationship, and they normally postponed the time to start dating or tried to avoid this integration.

According to one of the informants, men hesitant to talk with her and she has a feeling that they are superior to her. It is a struggle for her to find a suitable and acceptable place, and she can only feels comfortable in the marshes where she usually goes there to catch oysters.

Loan: "No boy wants to make friend with me because they are afraid of being stigmatized if they talk with me, so do the other people therefore I can only make friend with those marshes, with oyster. These are the only thing that never denied me, which makes me feel that I found a place for myself only there." (20 year old girl).

For her, if some man comes to her, just it is because they have some other purposes and they are not serious with her. They might want to have a relationship with her although they did not know each other, or some might want to steal something from her house in spite of the fact that her family is also very poor. :

Loan: "Even someone who I do not know coming to my house and ask me to have sex with him. Since I knew he was a vendor selling many thing places to places, I told him to tell their parents to come and talk with my mother first. But he said, "Oh, if so, you should wait until the next litchi season". I

understood that he was not serious with me. (A 20-year-old-girl).

According to Loan, it is not so difficult to understand the real purpose why men come to her as they do not want to hide it with her. That was why she thought that she was not able to find a real man for her who would love her and be sincere with her:

When he comes to my house, he did not pay attention to me but I could see that he just wanted to steal something from my house by looking at his eyes watching everything in my house. Making friend with me was just the reason for him to come, his real purpose is stealing something from my house in spite the fact that we are very poor. It was not so difficult for me to recognize his idea and since I knew, I told him immediately because I do not want to have a husband who is a lazy addict and always steal things from the others for his habit. He turns out to love another girl in our village soon after I told him, so I think he did not feel shamed for what I told him but in somehow he proved that he was not serious with me. Those experiences made me feel that man are so bad now, they never be truth with love or with women". (20 year-old-girl).

Although coming to the marshes, the places where she found she was accepted, the feeling of subordination to men was still remained. In there, she was catching the oysters under the marshes, it was difficult for her talk with men who stands on the bank of the marshes. She continued:

Loan: "When I am in muddy, some men want to talk with me, but I feel very embarrassed as I am in deep under the muddy, wet and dirty meanwhile they are standing at the bank, dry and clean. No, I cannot talk with them".

For another person, Xoan, she found that men are not serious with her, but just wanted to take advantage from her:

Xoan: "Many man in my village came to me and said that they wanted to have sexual relationship but they are not serious, I

cannot do that with them”. (A 25 years old girl living with deformity at birth).

Other informant, who is helping her mother to sell at a refreshment bar, perceives herself as privileged to be in a relationship with men although she understood that what she heard from nondisabled men may not be true:

Trang: “I think nondisabled men will not marry disabled like us, but just telling a lie, it is already privileged for me”. (A 23-year-old girl).

Working in a similar type of job but another girl was not as lucky as Trang when she has to run her sideroad inn where she had to work out of her house and where it is very dusty and dark. These 2 girls have been once introduced in the previous chapter of the research to the readers and we meet them here once again. Selling beer and some other food to use with beer in the evening is always suitable with male customers. She shared about her feelings when she had to work in this situation:

Tam: “When the man coming to my inn to buy beer or some food, they touched to my body and slapped to my bottom and my thighs, but I had to accept it and say nothing to please my customers coming to my shop”. (A 22 year-old-girl)

She has no sense of suffering sexual harassment at all but she understood that her situation is not really good and she was standing in a vulnerable position. However, withdrawing from her status seems to be impossible for her at this time and she has to remain in this situation for some time.

Tam: “I felt very weary doing this type of work but I have no choice, I have to work it for my life. If I have other work to do, I will give up this work immediately”. (A 22 year-old-girl).

Mentioning about the internal feelings how they feel when they were in a relationship with men, some of the respondents said that the boys just gave them pity, but not love-the thing they really waited for a long time but never received.

Hoan: “I love one man who went to the same high school with me. I missed and loved him although we did not meet many time since we graduated. Last month, he went home from his University, I saw him passing near by the train station where I

just passed by. We saw each other. From far away, I wanted to come to him and tell him how much I missed him but when we are closed, I could not say anything because he just nodded his head, smiled to me and he went away. I stood there motionless and went home with a terrible sadness. Unfortunately, he just perceived me as his younger sister and gave me a pity not his love. I do not want to receive his pity”. (19 year-old-girl).

Although more than one year ago, she gave him her diary in which she wrote many loving words to him, he never said anything to her, even returning it to her. Since then he tried to avoid her and looks at her pityly.

Being embedded with the role of a wife in a family, one girl thinks she is unable to perform in this traditional works assigning for women therefore she cannot deserve with the man she loved.

Nga: “I cannot take care the man I love and my family, I fail to be a good wife, I am not deserved with him. I should not involve in the relationship with him anymore.” (23 years old girl).

Sharing this feeling but in different words, another girl said she feels very ashamed to go out with nondisabled boys:

Van: “I want to talk and communicate with boys, but I want to keep a distance far from them because I felt very shamed if I go out with a normal boy because people will make question “why so” to me.” (A 23-year-old-girl).

Listening to these personal feeling and experiences, we can see how they feel as women and as disabled. The image of disabled women portrayed in their eyes is the women who suffer from bad luck and who need to be very humble and nice to compensate for their disfigurement. In the relationship with men, they feel very inferior although they have or have not yet been involved in an intimate relationship. No matter how much they tried to perform nicely, it is still a struggle for them to integrate with men. They are perceived as a source of pity and be looked down by others, especially by men. The very small number of people who has less invisible disability reported that they can be comfortable enough to participate in relationship

with men. And a very small number of them said they need to stand up against their bad luck and get things which should be equally distributed for both disabled and nondisabled.

5.2.3 Reference of type of husband

Regarding to the matter of the suitable image of their husbands, some of them want their husband to be nondisabled meanwhile the others think that their future husband should be disabled. Some of the respondents think they should not prioritize the criteria of their husband, just to concentrate on their love and their characteristics. These ideas can be seen in the following table:

Table 4: The preference on type of husband

Preference on type of husband	Number of cases
Nondisable	4
Either one (provided that he love her)	7
Disabled	4

The highest number of the respondents said that they are not much concerned about their future husband's figure, as it is more important to think about love and sympathy between the two people. Two respondents expected their future partners to be nondisabled so they can be supported by their husbands. The other two girls think in a way that they do not deserve with nondisabled partners or that some barriers really exist between a girl living with disability and nondisabled boys. Two girls assured that their spouses should be nondisabled therefore they can be equal in their family relationship. There is only one girl who said that she wants to get away from the feeling of inferiority complex by getting married to a nondisabled husband. This only girl is very pretty and living with one paralyzed arm which is not so severe. Therefore, it demonstrates that those who have a more visible disability will less concerned about their future husband's figure and that those who have more visible disability will show more concern about this issue. Moreover, no matter how severe their disability is, the girls living with disability showed their own interest toward

their emotional sphere now and in the future. These feelings will be elaborated in the next parts of this thesis.

From the description above, we could see that the number of the informants who did not concern about their future husband's appearance is highest. In Vietnam there is a saying that "Talented man, beautiful women" perceiving that man should be talented, good at working meanwhile women should be nice to become a valuable person in the society. Therefore the social construction that it is not really as necessary for a man to be nice as it for women guides them to this type of notion. The fewer number of respondents even said that they do not deserve with nondisabled partner as they think they cannot fulfill what the society demands in regard to shape and beauty and ability. One of them said: "I fail both in appearance and characteristics not deserve with anybody". Only one girl who is very nice and has a less invisible disability was confident enough to think of having a nondisabled husband as a way of overcoming her inferiority of being a disabled. Therefore the level of disability also affects to their preference of type of husband. Moreover, the background of the people is different from each other therefore they have their own way of thinking about this issue. Furthermore, they have different levels of empowerment and this will determine their perception about their future husband.

Men who live with disability are more advantaged in this area in compared to the women living with disability. According to one respondent, her partner was a married disabled, which she did not know when she first involved in the relationship with him. His wife is a nondisabled teacher and she has a good reputation in their village. This fact showed that being a women and being a disabled, one has to suffer double burden in the society.

5.3 Body image of girls living with disability

Body image is theoretically defined as the feelings and beliefs held about our own body as well as the form, function and potential of it. Most of the respondents mentioned the negative feelings toward their own body as well as the potential of the body due to their physical limitation. The disability appear at any period of time or

any type which prevents them from walking or being viewed the same as the normal people all makes them less attractive. Feelings of losing their attraction to men and being different from normal people contribute to the fact that they are very shy to go out and struggled with an inferiority complex. Pity, upset and dissatisfaction and loss of control are normally released in the interview and through many letters they sent to the researcher.

5.3.1 Feeling ashamed of their body

Feeling of ashamed was found in all the informants whether they have more or less invisible disability. However, it is clearer and more severe in the people who have more visible disability. Receiving many hints from the society that their form is deviant from the normal, they became very shy to go out and to participate in the outside world. This situation was connected to the stigmatization which has been raised in the previous part of the conceptual framework. The society created an appreciated image of beauty and nice shaped for women, to which the disabled cannot measure up. Therefore it seemed to be very difficult for them to have a positive body image, and feeling ashamed is one of expression of it. Shame can changed to the anger or rebellion against what they perceive from the outside world and sometimes these feelings fluctuate. In some of the extreme cases, they want to commit suicide to stop all of the stories caused by their abnormality.

One of the respondents shared her insight with me as follows:

Nhuan: “I fell very inferior , if I go out, I am very shy with the way people look at my body and talk with each other about my disability. They talk so loudly that I can hear, I think they do not want to hide it but they want to show me their feeling when they see me. Such the words “Oh, as fat as the buffalo”, or “perfect shape”... prevents me from going out frequently (A 22 year-old girl).

According to them, the disfigurement is the source of many bad things happening in their life. Therefore it is difficult to avoid the feeling of anger:

Mai: “I fell very shamed about my body and shamed with myself. Much time I was so angry with myself that I want to die to stop all of my sorrow, sadness and the feeling of self-pity. But I do not know

which way I can die that other people do not know. I think my disability makes me become less attractive as it causes many difficulties in my life”. (A 20 years old girl).

Feeling shy toward their body prevents them from going out and integrating with the outside world:

Hoan: “Since I was a child, I did not look normally, the neighbor children used to laugh at me and look down me. No one sympathized with me or share the feeling with me. Now, I graduate, there is someone seem to be sympathize with me but most of the people still think different about me, they just scorn me and do not want to talk with me” (A 19 year old girl).

When they grow up, they get other clues from other people which develop very inferior complex toward her body:

Thuong: “people tease me a lot. They just look at me and judge me! They laugh at me savagely. Many time, I heard many smutty words from people when I walked in the street, but their laughs are even more frighten than their words. They said that I am a highest person in the world, or why I am too fat like this. It hurts me a lot. (A 23-year-old girl)

According to them, they were seen as repulsive which should be avoided by the normal people. Even within family, many words of their family members touched them a lot :

Hoan: “I can’t stand to see that people just point at me and curse me, they do not want to seat next to me; they look at me with a pity and say “look, there is a crippled person over there”. Even my mother also says: “you cannot do anything, just stay in your place to live on others. Why did not you die?” It was so hurt for me to hear that from my mother and others; I could only cry with myself as I cannot cry with anyone”. (A 19 year-old-girl).

Although people gave less favour to them, their desire to be accepted as normal people is very valid and legitimized. It is very easy for them to get angry and lose control, but once again this is not accepted by the others:

Hoan: “I think my body is different from the normal people, but I want to be treated as the normal be. Whenever I see the other people, I always feel inferior complex. That is why I am very easy to get angry and cannot be able to speak nice words. When I lost my control, people do not understand me, just listen to those unconscious words and get anger at me and misunderstand about me. I would love that they advise me gently, it would be much easier for me to accept it, but they always scold me creating many pressure on me. I can’t stand anymore I feel I am in crisis because I cannot share my feeling with anyone. No one understand me”. (A 18 year-old-girl).

For Hoan, it is very difficult for her to feel normal as the others because she was already so different from them. Once she felt she was not treated the same as the others, it was very easy for her to get angry and lose control. In that moment, she wanted to be treated nicely to forget those feelings but she could not. Therefore the negative attitude seemed to become so worse that she feel crisis as she cannot share her feeling with anyone. That was why she was so pleased to see me whenever I came to her place as she could not talk about her feelings with anyone else. In such a difficult time, she turned to the man she loves to express her feelings, but again her inferiority complex did not allow her to do it:

Hoan: “In such a time like this, I miss him more, I want to tell him how much I waited for him, but I talk to myself that I cannot do that because of my inferior complex”.

Another girl also shared the same feeling when she found that she was treated differently to other brother and sister in her family:

Thuong: “My family never concern to me, I do not like if my family concern too much to me but I need a small attention from my family but I have never see it. My parents just pay attention to other brother and sister but never concern to me. Since we were child, my parents always gave everything that my brother like to him, but they never gave me anything like that. I had to manage everything for my life; my parents never help me at all. I fell so lonely, I do not know who I can

blame, just blame my fate why I was born like this to suffer from this life”. (A girl 23 years old)

Not only the stigmatization arises from both the outside world but it could be found within the family context. However, stigmatization in the family was reported in 3 cases meanwhile the social stigmatization was seen in all the cases. Because of that, they are very sad whenever thinking about their disability and their situation”

I am very sad about my body but I am not angry and hate myself, I was born in this way, I have to live with this. I always keep away from people I met no matter they are girl or boy. In the crowded place, I did not dare to appear as I am very afraid of the way people look at me. It is very strange and different. They can make joke of me anytime. I feel bored and discouraged whenever I think about my body, which prevents me from any idea of enjoying or pleasure...”

Through many personal experiences, it is not so difficult for us to form the conclusion that, for the disabled girls, feelings of shame, inferiority, sadness and anger toward their body has been long with them since they were very young. All the respondents mentioned this as the result of social stigmatization, even in a small family.

5.3.2 Fantasizing of being normal body

For everyone in our society, body image is encountered at some point of time in our life. We might dream to be taller or more beautiful especially when we are young and pay attention to our appearance. However, this feeling is transient and not the huge concern as of people who live with disability. For them, this desire is so intense that even when sleeping, they still dream of being normal that everything will be changed totally:

Thuong: “I also dream to be taller, my legs and arms are straight back as the normal people. For me a beautiful girl must be very tall, nice-shaped, gentle action, joyful and smiling face. (A 22 years old girl).

Thuong wants to have a normal body, but since she knows that it is impossible, she try to isolates herself from other people and becomes very sad and discouraged.

Although dreaming of having perfect body, they cannot experience that and become very discomforted:

Van: “When thinking about my disability, it is very easy for me to get anger and discomfort because the uncomfortable feeling starts from inside. I always dream of having a normal body as the normal, even in my dreams, I also dream of having 2 healed legs. But when I understand that it is impossible I become very aggressive about myself, that is why it is very easy for me to lost my control and I am very sensitive whenever people mention about my abnormality”.(A 22 year-old-girl).

In other words, Nga talked about her feeling:

Nga: “ I wish to be a normal person, just in 1 hour but how can it become true when I am very inferior complex now.” (A 23 year-old-girl).

In combination with fantasizing about their body, some of the respondents shared about their dreaming of sexual activity with their boyfriend.

“Sometime I dream that I have sexual relationship with my boyfriend, especially if we go out very frequently” (Trang, 23 year-old-girl)

Sexuality is embedded in the body therefore in their dreams the images usually come up are the images of their body as well as their sexual acts.

5.3.3 Feeling of having an unattractive and disabled body

Most of the informants have shared the same idea that due to their disability, their attraction has been greatly reduced. Low sexual self-esteem was found as the result from the social construction of beauty which barriers them from enjoying their intimate sexual life. Although having a romance soul with rich of love, they tried to withdraw from this relationship as one way of expressing their emotion to the men they love. Feeling inferiority and losing their attraction made them think they do not deserve to marry a non disabled man who should ideally marry with the nondisabled. It was very sad afterward but they had no choice rather than accept it.

Xoan: “I do not find any part in my body is attractive, if men say something nicely about it, I think they tell a lie, I do not belief in their words”. (A 25 year-old-girl).

From this point, she became sympathized very much with other girls who are sharing the same situation as her:

Xoan:” I feel very sorry for other disabled girls and sympathized with her. I can see how hard it is for her to be a disabled and feel pity for her”.

Lossing attraction gave them less chance to be involved in the relationships with boys:

Bien: “I have never satisfied with my foot as it gets my attraction away. Therefore I think that once I lost my attraction, I have a very few chance to access to my happiness or making friend with boys”.

It is a struggle for the disabled to deal with the issue of body image:

Nga: “When I write him, I can express everything easily and openly, but when I met him, I feel my body is so broken down in front of him that I could not say anything, all the nice words blocked in my lips. Just because I think he is so nice and tall meanwhile I cannot stand up, just drag my feet in the floor so I do not want anything. I was so different from him. He wanted to bring me out to see the outside world, but I could not go out with him and I am also afraid of bad words we might hear when we go out. So we had to stay at home”. (A 23 year-old-girl).

For Nga, there is a difference between what she can express on paper to him and what she can say in front of him. It was so difficult for her to move as she could not stand up with all the atrophied muscles in her body makes her find that she was too much different to her boyfriend, and so she could not talk as well as she can write to him. Her personal experiences when she went out kept her stay at home to avoid the bad words from the other people, especially if she goes with a boy, who will hear it also. However, in somehow she feels she has a perfect-function body that she wants to improve for every people to know about it, she continued:

Nga: “I have a normal body, I think my body is similar with other girls, I wanted to have a baby to improve with every people that I have

a normal one. But I am also afraid of giving birth a disabled children...”

Although she thinks hers is a normally functioned body that she wanted to let people know about that but deeply in her mind, she is still afraid of having disabled children. She explained that her sister who is nondisabled but even is differentiated by normal boys. It is very different between how she feels perfect and to be perfect. This inner contradiction tells us how much she had to face with her own body image, the doubt and anxiety feeling arising from many clues from environment.

Van: “I feel fed up with myself because I reach to this age already but I cannot do anything for my family, I still do not have a job to do, or any skills to continue with as well as do not have any family”. (A 22 years old girl).

For Van, it was expecting that a girl at her age should be able to do something for herself and her family but in reality, she was unable to catch up therefore she was very sad about it. Another girl, Tam, perceived that it was very difficult for her to do other work apart from the work she is doing now in which she sells beers and other foods in her sideroad inn. Although it is very provocative job involving much sexual harassment she has no other choice:

Tam: “I am very fed up of doing this type of job, if I have other job to do I will change as soon as I have it. Unfortunately, there is no other work for me to do (my leg and arm like this), I have to bear it, just to live only”.(A 22 year-old girl living with a half body paralised).

5.3.4 Coping with their negative body image

Perception about their own body image can be adjusted over time and some of them were able to accept it as a part of her life:

Loan: “Previously, I was very painful whenever I think about my body, but now I saw many friends who are more difficult than me so I persuade myself that I should accept it as my bad luck. My fate is that, I have to live with that and I should not blame anything, everything cannot be changed, you know!”. (A 20-year-old-girl).

Feeling pity and painful has long been a concern for Loan, but she cannot change any thing, therefore it would be better if she learnt to live with her disability as a normal part of her life.

Xoan: “At first, I feel sorry for my body but later on, I accepted it because I cannot change anything even if I am angry with myself”. (A 25 year-old-girl).

Anger appeared in some period of time in her life, but it could not solve her problem therefore Xoan choose to accept it and she does not want to think about it anymore.

Through the above information, we can see that most of the informants have a negative feeling toward their own body and as well as the potential ability of their body. Feeling shamed and shy contribute to the fact that they seldom go out to avoid the stigmatizing attitude of others. As a part of their own experiences, some dream of having a normal body meanwhile some others feel angry or discomforted about it or want to commit suicide to stop all the sorrows and painfulness. In somehow, some of them tried to adjust their feelings over time to accept their disability as one part of their life. However, most of the respondents said that they were struggling with the negative body image: Some want to commit suicide to stop all the sorrows causing by their disability; some others felt bored and sad as they could not find the meaning of life; and some live under a lot of pressure when people discriminated gainst them.

5.4 Sexual health problems among the targeting group

Sexual health has been defined in different ways by different authors and different context, but the general components of most definitions are an ability to communicate sexual desire without anxiety, refuse sexual advances without fear or harm, negotiate the conditions under which the sexual exchange may take place, and protect oneself from risks associated with sexually transmitted diseases and violence (Hardon 1995; World Health Organisation 1975). This definition refers to the integration ability of personal being such as somatic, emotion intellection and socialization in the ways that enhance their personality, communication and love. In Mueller’s point of view, sexual health is the ability that someone has to protect

themselves from sexually transmitted diseases, from harmful practices and violence, to control sexual access, to have sexual enjoyment and information on sexuality. For this group of girls, in order to understand their sexual health, it needs to understand their problems of loving and being loved, to be accepted in a relationship with men in every level: the men themselves, their family and the societal level, to access to sexual information, the ability to enjoy sexual rights and protection from abuse or violence, as well as unwanted pregnancy.

In my presentation I would like to look at the issue of sexual health from this standing point, including several stakeholders determining sexual health status of disabled. In this aspect, we are going to consider the factors effecting to the above mentioned abilities:

5.4.1 Delaying becoming sexual active

5.4.1.1 Delaying menstruation onset

It has been pointed through several researches within South East Asian as well as many other countries in over the world that there is a trend for the youth nowadays to find first menstruation as well as getting involved in to relationship with males at a younger age than before. Contrary to what has been reported for the young nondisabled, it was shown that the disabled are left behind the general movement of the whole society. Most of the informants reported late to very late onset of their period. The detail number of theirs onset is presented in the following table:

Table 5: The onset of menstruation of the respondents

The onset of menstruation	Number of the cases
From 16 to 19 year old	9
From 14 to 15	5
Younger than 14	1

From the above table, we can see that most of the informants start their puberty very late at 17 to 19. A fewer number (5) start it a bit earlier from 14 to 15 and only one informant had her first menstruation when she was 11 years old. The average of puberty onset is 15.66 when the average age nondisabled peers now is 13.6 which is 2 years younger than the disabled. Within the scope of this research, it could not show

clearly why they have later onset of the puberty; it just can be speculated from the nature of their life in comparison to the nondisabled. The disability itself is the display of the anatomical abnormalities inside, probably, and also the fact that they have isolated themselves from the surrounding environment might contribute to the problem of late puberty onset.

One girl who was living in a vocational training center expressed her anxiety when she has not had it by the age of 19:

Tuoi: "I am 19 years old now but I do not have it. You know, I am the only one in this center who do not have it yet, I feel very worried about it".

Many others said that they got it very late in comparison to their nondisabled peers living nearby their places. This delaying menstruation onset becomes a problem of sexual health for the health social scientists although it used to be considered as a medical problem. Menstruation has its own meaning toward in the life of a woman: it sanctioned that she is full developed to be a woman because it is a important part of puberty. Therefore social scientists also look at this phenomenon to understand its social meaning attached with sexual health problem.

5.4.1.2 Being rejected within man-women relationship

Most of the informants said that they found hardly to be involved in relationship with men, as there are many reasons to explain for that. Some who were afraid of rejection even did not try to enter in an intimate relationship. The duration for the girls to be involved in the relationship with a man is also one of the issues mentioned during the interviews. For those who engaged in a relationship with a man, this just lasted for a short time ranging from several months to a year or more than one year. Most of those relationships have been broken, only 3 of them still involving in the relationship with their boyfriends. After a long time of separation, it was very difficult for them to establish a new relationship as there is a barrier between them and the boys. Moreover, it was caused by the fact that men usually discriminated against them as well as being difficult for them to attract men. Therefore they wait for several years before they can start to date someone or be involved in sexual relationship with their boyfriends or partners. In the previous chapter, we learnt from the informants about

the gender relationship between men and disabled women in which women identify themselves in a very subordinated position to man, it is now possible to understand their acceptance in intimate relationship with these girls. Both of the dimensions are account for the challenges in relationship with men.

One girl who used to be involved in an intimate relationship with her boyfriend and then separated from him shared about her difficulties in the new relationship:

Thuong: “2 years ago, I separated from my first boyfriend, since then, many times I want to have boyfriend but it seemed to be out of my hand forever. It is very difficult for me to find a male friend; it is even much more difficult for me to find a boyfriend to be with forever. I found a barrier between me and the people who wanted to come to me”.

The question seemed to be emerged when they have to wonder if they should take the first step to enter in any relationship with members of the opposite sex. In the early part, it was presented that social norms do not legitimize the active roles of women; and it is more rigid for a disabled women. It is a real dilemma for them in this field:

Thuong: I do not know if I should come to them or wait for them to come to me. I do not even want to think about it because my appearance prevents me from thinking of finding someone to be with. I always wonder whether his family will accept me or I will be failed one more time, it will be very painful for me” (A 23 year-old-girl).

As an alternative, the adult people in their village wanted to introduce them with the other disabled man however involving in a relationship with a developmental disabled is another challenging for her:

Thuong: “There is a boy living with developmental disability in my village. His mother likes me very much and she wanted to be a match maker for me and for son. But I found in my village that another nondisabled sister, who lives with a developmental disabled husband has a miserable life, so I am afraid to be with him”.

The physical disabled man also hesitated to make friends with disabled girls but they would rather be involved in a relationship with a nondisabled girl to be free from

the social stigmatization of their own. Disabled women therefore are suffering from a double standard in comparison to that of men and it is easy for them to be abused.

Xoan: “I thought that he is a disabled then he could share and sympathy with me, but in fact he did not tell me the truth that he already had a nondisabled wife”. (A 25 year old girl)

Assigning women as the traditional care giving person, if someone could not do it they will be seen as less desirable. One girl said due to the fact that her disability limited her capability to take care of her family then boys hehesitant to talk with her:

Nga: “Boys always look at my disability and they never come to me. I want to be recognized as a normal people, but here it is rural area, therefore it can't be different from this. People here all think that I can do nothing for society as well as bring happiness for anyone; they do not understand that I have problem with my arms and my legs only”. (A 23 years-old-girl).

The difficulty is more severe in the group with more severe disability than that of the people with less severe disability. It can be seen very obviously in the story of the above girl named Nga. For her, this reality becomes worse with time and with the exacerbation of her disabled status. Not only experiencing the difficulties in getting involved in relationship with men, but her sister was also affected by it although she is not disabled at all. Nga has a disabled younger brother who suffers from the same situation as hers therefore the difficulties were multiplied for her and her siblings. The mixture of stigmatization, negative body image in the context of sexual norms and gender roles put her in the vulnerable position of getting involved in a relationship with men, even her sister. She continued:

Nga: “When I was a child I could walk. When I grew up a little bit, I always fall down when I walked. When I was 18 years old, my legs became paralyzed totally and I was very weak. The public opinion about our situation become very strong and hard especially after my father officially received the monthly stipend as Government compensation for orange poison infected soldiers from the war. Some man were interested in my sister, but soon after coming to our house and see us, they asked our neighbors about the situation we

have to suffer. They learnt from them about the history of ours and that my sister might be affected although she dose not show any disabled signs. After that they tried to avoid my sister, she was very sad then. I feel very sorry for her but I could not do anything to help her”. (A 23 year-old-girl).

It is embarrassing for one informant in relationship with men and as she has never been involved in this relationship:

Mai: “I have never had any boyfriend. The time when I was going about to finish my school, there was a boy in my class called himself as my boyfriend, I was very shamed then. But after a short time we met each other again, no one greet the other. Later on, when I attended the vocational training course, I knew other man in my class, he asked my address but I have never received any letter from him. Could you please tell me why? I do not know how the love the starts. After 2 months we meet each other and also we did not say anything”. (A 20 year-old-girl).

Although desire of having boyfriend remain in their heart, it seems to be very far for them as one of the informant said:

Nhuan: “At my age, I also think about love but it is different from my friends, my thoughts are very negative. I just fell that I can dream about it, but I can never have it.”

Most of the girls who have involved in a relationship with a man told about the rejection experiences which is not only started from men’s view, but it also generated from the man’s family:

Ngoc: “He did not say anything about my disability but his parent asked him to separate from me. At that time I was very inferior complex, I did not find any information relating to my health status therefore tried to persuade him to agree with his parents although he was very determined to be with me”.

Ngoc had to accept the sad reality that she cannot be suitable for her partner and gave up it in regret while some other girls tried to live with it and keep a faint hope. However, it is not easy for these girls to be optimistic in this relationship because both

her and her boyfriend seemed to be against with the male's family to protect their love:

Dau: "His family did not agree for him to stay in the relationship with me but we are still in love. We tried to explain to his parent to understand our love but it is very uncertain. I am very worried, I do not know what is going to happen in this story, and I am very sad. He is still coming to me but I am not sure if we can be able to keep our relationship or not..."(A 22 year-old-girl).

5.4.1.3 Staying asexual and singled

According to most of the respondents, it is considered for them to be late getting married as their female friends are already married and have children. Living in the rural area, it was reported that the women get married earlier than women living in the urban. The mean age of the respondents was 21.86 and several of them get to the age 25. It was presented earlier that the society does not legitimize premarital sex, especially for the disabled, therefore involvement in a sexual relationship for these single women was not sanctioned. Also it is difficult for them to engage in a sustainable sexual relationship with men, therefore many of them stay asexual and all of them stay singled. Although at their age, the other nondisabled girls are expected to be married and have children, but the disabled women could hardly do as the others. Some respondents said "Who will marry the disabled like us? And we should not be sexually active before married also" (Van, 22 years old with half body paralyzed).

5.4.2 Lacking of sexuality education and preparation for an intimate relationship

Most of the informants assumed that they did not have enough information relating to sexuality and sexual health. Due to their difficulties relating to their ability of walking, they had limited education from their schools as mentioned before. According to them, when they went to school, they were very young to be taught about these topics. Some of respondents who had a chance to participate in a higher level of education such as high school said that the teachers were hesitated to teach about these but they tried to focus just only on anatomical matters and ignored the others. Knowing about their anatomy is good, but it is not enough for them. As the

other group of youth, their family did not teach them about this issue and normally they get information from their peers while the disabled did not have much of linkage with their society. Finding the information by themselves is misunderstood as a wrong behavior causing shamed for the people who seek this information. Therefore they did not dare to search for it in spite of the fact that there are a lot of questions they want to know the answer. Some answers are even related closely to the whole of their life, but because of this inferiority and the hesitancy to search for essential source of information, they had to give up the hope of their life leaving a deep regret.

Having many questions relating to sexuality but they did not dare to ask as they were afraid that people would laugh at them and that they were involved with the bad things:

Nga: “Sometime I read some books about sexuality, but just a very few times. I also have many questions about it but I do not dare to ask because I am afraid that people would question me and laugh at me. One more reason that prevents me from asking is that I did not ask about this before. Now I have boyfriend, I start to ask, so people will question me on it, they will think that I deal with something wrong” (A 23 years old girl).

The questions she concerned relate to how her body changes when she reaches to puberty age, and how to give birth a baby...

The question relating to how sex can be able to affect to the body confused some of the informants while they were not brave enough to search for the information relating to these issues. As result of this, she became doubtful about her sexual ability and dared not to live with and live for her love:

Ngoc: “If I was more confident, I would been able to search more information relating to my sexual health and that I can be able to be involved in a sexual relationship and deliver my children. Just because of lacking this information in addition with his family disagreement with our love that time, I had to give up my love with him. I lost too much as I knew he really loved me, the most precious thing in my life that I might not able to find it in the future once

again. I fell so regret as I could not recover myself...” (Cry) (A 21 year-old-girl).

It is difficult for some of the informants to get the answers to sexual concerns from their family members and friends as they think disabled should not know about this information. Much confusion results, especially when family and friends have this view:

Loan: “I just finished the grade 2, therefore I have very little education on sexuality and I read very little about it. Now I cannot ask anyone because when I asked my mother, she said: “the hooker”, I was very hurt and painful to hear that. Maybe she does not imply anything, just curse me without any notice, but I fell very shamed. After that I did not ask her any more. I have no friend that I can ask about that thing”. (A 20-year-old-girl).

Loan is very determined to have children in this year or next year when she shared: “Just this year or next year, I will go out to ask someone to help me give birth a baby because now my mom is still strong enough to help me take care of the baby”. She has no private preparation for her plan, it will be very difficult for her when she gets involved in the real relationship but she seemed unconcerned about it .She was unconcerned about sexually transmitted diseases, knowledge about child bearing and motherhood.

Problems became more complicated when they have to face difficulties such as unwanted pregnancy due to lacking of information relating to this issue:

Nhuan: “I did not know how to deal with my situation after I was raped. I have never been trained with sexual education but I have never looked for this information by myself as I do not think about that. I think I will never engage in any sexual relationship or getting married and so do my family. That is why I think no one in my family told me about this issue. When I was in my primary school, we were too young to be introduced with this topics, and for a higher education, the contents were not proper enough. If I have questions relating to sexuality, I can ask my friends who have already married but did not dare to ask. I did not read any material because I am

afraid that if someone see me reading such type of books, they would say "you're disabled like this, are you reading these books?". (A 22 year-old girl who are raped by 2 strangers).

Some of the other girls do not know why they have never received any education about this topic:

Xoan: "I have never received any sexual education therefore I do not understand much about that. I do not know why no one told me about that". (A 25 year-old-girl)

One girl is involved in a sexual relationship with her boyfriend but she does not understand about sexually transmitted diseases although she knew about contraception. She did not know what a man with STDs looks like and what are the signs of STDs therefore she was so naive in understanding this. Believing that one who does heavy work will not be infected, she did not question that his boyfriend might be a risky person. It is more serious that she doesn't know clearly about him..

Tam: "I just do not want to have baby now so I calculated my period only but not using condom. I think he can do a heavy work so it is impossible for him to be infected with that kind of diseases". (A 22-year-old-girl).

Being told that he can have a contagious disease germ without showing any symptom, Tam was very worried, she said with an anxiety voice: "Really? I did not know about it. Next time I will use it"...

In order to understand the point of view of family toward the sexual education to the disabled, interviewing parents has been applied. During these conversations, it was revealed that parents were usually hesitant to talk about these issues, but they just depend on TV or other people to do that. In one case, the father said that he did not know what to tell his daughter after his wife had been dead for several years. According to them, the issue of sexual education should be depended on the mother.

"I do not know what to tell my children, just let it be" (Loan's mother)

Or in the other case, the father said

"Oh, I am her father, I could not tell anything relating to this issue, just let her know from TV or other means of communication. My wife died

for several years, if she is still alive, mother and daughter can talk more about this issue, but not father.” (Xoan’s father).

In conclusion, most of the informants said that they did not receive or receive but not enough information relating to sexuality and therefore it has some effects to their life as presented. The reason not to receive or not receive enough is varies. Some might not know why, some think that their family and community think that this source of information is not really proper and necessary for the disabled. Some are too shy to come to some of the places providing the information although they have chance to access. Some people think that others see it as illegitimate for them if they search for the relating information. Many regretful results were found in the group: two people were very confounded and panicked when they had unwanted pregnancies and finally had abortions when they were in a very late pregnant stage (The detail will be presented just below, under the part 6.4.2). One person involved in a relationship with her boyfriend riskily when she does not know much about him and also about information relating to sexually transmitted diseases. One other girl shared her sorrow when she did not receive enough information relating to her health and was not brave enough to find this information; she had to give up her boyfriend due to the misunderstanding about her disability and health status. Some of them did not dare to think about having a family and giving birth to their children as they were afraid that they would deliver a disabled child. Most of them were very worried and did not know what to do with their sexuality when they did not receive enough information relating to this. Not only the official information they might receive from their schools inadequately, but also the message that other people gave to them was confusing the young disabled.

5.4.3 Rape and sexual abuse

Being abused and raped were found in the case of 2 informants in which both of them had to deal with late abortion consequently. Accepting sexual harassment was found in once other case when she found no other job to do rather than selling beer and other drinks in the street in the evening. In combination with sexual harassment, she was explored by a man who she thought was her boyfriend but he did not see it that way.

Xoan was a girl who was introduced in the earlier part of the research involved in a sexual relationship with her boyfriend because she wanted to show her love with him. The man she loved was disabled but he was not truthful with her until he knew that she was pregnant and told her the reality:

Xoan: “Three years ago, I love one man in my vocational training center when I came there to study showing also. I did not know that he was married already. After 3 months, I told him that I was pregnant but he said he could not recognize my child as he was married”.(A 25 year-old-girl)

It was very painful for Xoan to experience the abandonment from her ex-boyfriend when he refused his responsibility for the pregnancy:

I was very sad to know that news and there is no other way for me apart from aborting the baby. He gave me 100 000 dong (about 10 USD at that time) and said that it is the money for me from selling my baby. I had to abort it. It was my first time so I did not feel so tired. Two weeks later, he came to my house and asked me if I abort it or not and I told him I already did it. He said he came to visit me to see if I had aborted it yet, if not yet, he would tell me to keep the baby. But I thought there is nothing left between him and me, what should I keep the baby for?” (A girl, 23 years old).

The abused situation is not only physical but also verbal. When Xoan told the story although it happened 3 years ago but she still was very sad and bitter for what her ex-boyfriend said. In the second time, she knew other man whom she learnt clearly about him and his private family but she still wanted to have a relationship with him. The negative feeling that no one will marry her eroding her self esteem that she could easily to be abused when he promised to take care the baby (only if her baby was a son). She was living under pressure as her siblings did not agree that she should give birth a child as she was unable to nurture it whether it is boy or girl. Finally, given the factors that she has to encounter, she had to abort it when her fetus was reached in the last period of 6 months and this much effected to her health. She continued to share:

Xoan: “One year later, I knew another man who is soldier. I know that no one will marry me but I also have the feeling of desire therefore I pleased him although I did not love him very much. I think I want to do it to satisfy myself but in fact, I had no pleasure then. I learnt from many people that if a woman dose not has any pleasure, she couldn't be conceived, so I did not use any contraception method. I was pregnant again”.

Receiving wrong information toward conceiving, she was very naive although this was the second time she involved in a relationship with a man. Child bearing when she was single especially a single disabled, it would be a great stigma for her and for family therefore her family was very much against her idea of keeping the baby as presented once before. However, within the targeting group, more than half of the respondents have idea of having children out of marriage locked in their mind. Moreover, bearing a child with alone was stressful for them therefore the process of making decision about how to deal with their pregnancy became very difficult:

Xoan: “This time I want to keep the baby, I told him but he said he will take his responsibility only if my child is a son. I struggled myself very much, I went to my relative's house to live to avoid the bad reputation I might have to suffer if I stay at my house. I wanted to give birth my baby there but my sisters in law called me everyday. They forced me to abort the baby and scolded me a lot. There was no care from his family then, they did not want to ask anything about me even when I ask him. I was in a very pressure both from my family, my baby and also from him. I was in the 6th month already but facing with that situation I had to give up my child. This time my health was effected incredibly, I could not eat and it was bleeding very much because my fetus was very big”.

Xoan was first deceived by her disabled partner and in the second instance she had to face the dilemma of whether to keep or to abort her baby. Finally, she had to abort it but she still had concern whether her child was a son or girl. During the interview, she repeated many time that it was a boy and she seemed very regretful aborting it. She might think that if she kept her son, the man will support her, but she

could not be sure whether he will do it or not. However, she could not do differently. Her health became worse afterward and she was also worried about her future as mentioned earlier in this chapter.

Xoan: “I think, I should not marry because in the future my husband will question me about things happened in the past and he will neglect me or he will suspect me to have other people when the life situation is not really smooth. I also should not think of sex because each time I dealt with it, it was all sorrows only...”

Being raped by strangers was found in one case when she was on her way to her home just in the evening. The batterers were 2 men taking care of ducks in the field who she could not tell characteristics identify. The story happened one evening when she was going home from her teacher’s tailor shop, she had to pass by a cottage where some of the male farmers stayed and be raped by them. Due to being ignorant about sexuality, she also did not notice that she was pregnant and only knew when she reached to the 9th weeks of her pregnancy.

Nhuan: “3 months ago, when I came home from my teacher’s shop, it was about 7 o’clock in the evening and I went home by a shortcut way which I used to go in the day time. That day, I was not careful and I passed a small cottage where the people taking care of the ducks in the field sleep. Suddenly I heard the voices from 2 men asking me to stop and they rushed out from the cottage to stop me. I was driving my bicycle and they dragged me in to the cottage. They slapped to my cheeks, one of them put his arm over my mouth and pressed me in to the floor of the cottage. I was so frighten. One man opened my shirt and they take turn to rape me. It was my first time, I was not able to forget it, they did it in hurry and violent as they might afraid that someone can hear if he or she passed by the place. (A 22 year-old-girl)

Solving the problem after being raped is a struggle for her as she did not have enough information relating to sexuality and there would be many challenges for her:

Xoan: “I did not know how to deal with my situation after I was raped. I am very worried that how can I live if my villagers know that I was pregnant after that. At first, I did not know about it, I thought I was

frightened, and then I could not be able to be conceived, but still I was. It must be 9 weeks until I knew that I was pregnant and I was thinking a lot. I felt sorry for my baby and it was my chance to have a baby also as I knew that it will be very difficult for me to have a family. I want to have a baby or children to live with when I get older but not now. I am not able to be independent enough to nurture my child yet. Moreover, if I have a child now, I will have a very bad reputation, who is going to come to my shop? And if I bear him or her, I think in the near future my child will have to suffer from a stigma that both of us cannot deal with easily. Near by my house there was a girl who just loved her boyfriends for 2 weeks but there was a big rumor that she had pregnant for 2 months which is very serious for her. Therefore, I had to decide to abort my fetus with regret for my baby and myself. I was very sad then, it is my baby, anyway...”

Feeling of fear and unsafe also pursuit her and bothered her. However, it would be worse if she discloses her problem because no one could help her to find the man and she will be devalued which will affect to her business. The position of a disabled girl was so low that she could not convince anyone but afraid of the public opinion.

Nhuan: “Since then, I did not dare to go home by that way, even some of my friends invite me to come to their house but I did not want to go in the evening as I used to do. I also do not want to bring my story to public as it could not help me anything but I will be devalued, I have no chance for my ambition. They are the people who just look after the ducks in the field, many people doing that work; I cannot know who did it to me”.

Another problem is that the girls lose their virginity which is highly valued socially.

Nhuan: “ I am worried that in the future no man will sympathize with me, he would suspect me when he knows that I am not virgin any more. At this moment, I think, if someone loves me, I will tell him about my story, if he really loves me, he will understand and love me

more. I am not sure how to think about my future life yet".(A girl 22 years old who is running a tailor shop at home in her village).

Although Xoan thought that she should not think about sex or marriage, she and the other girl, Nhuan, still worried that one day they might get the chance to be involved in this, they are worried if they can get pregnant again, especially after aborting the first baby at a late period.

Unlike Xoan and Nhuan who are living in the rural area, Tam lives in the city and she does another type of work. Selling beers in the street in the evening is not easy because she has to face with sexual harassment when the male customers came to her inn:

Tam: "When I am selling things here, many male customers come to buy, they court and flirt me, even they pinch to my body. To please my customers, I say nothing, moreover, that is the society, and I have to accept it to run my shop. Unfortunately, there is no other work for me to do (my leg and arm like this), I have to bear it, just to live only. (A girl, 22 years old).

Tam has to face many problems of life to be able to remain and to help her family; she has no other choice to fulfill these tasks although she had to suffer a lot. Understanding the informant's feelings when they had to live under so many pressures helped me to become patient enough to wait until the informants can speak about the painful things that happened in their life. I had to visit them again and again before they could tell me the information is valid.

5.4.4 Psychological effects

Each informant has their own way of expressing their feelings of being disabled after so many stories happened in their life. Psychological crisis is unavoidable area in their life. Most of informants said that they are very sad and cried when they think about their body. Some of them who have been engaged in a sexual relationship with a man are very worried as they are not sure what is going to happen to them in the future. Some reported that they have to face insomnia problems while suffering crisis and bad feelings such as low self esteem, loneliness, depression... are problems of other informants. These are shown in the table bellows:

Table 6: Psychological effects among the respondents

Psychological effects among the respondents	Number of the respondents
Feeling loneliness, sadness, uncertainty, anxiety...	6
Feeling negative toward their own sexuality: I will never have it, not legitimized to have sex, no one marry me...	3
Low self esteem	2
Thinking about suicide	2
Insomnia	1
Depression	1

Through the above table we can see that the highest number (6) of people feel loneliness, sadness, uncertainty and anxiety. Followed by the number of people who think negatively toward their sexuality (3) such as they will never be able to engage in sex or doubt if they can have sex legitimately. Two informants thought of suicide, however they have never attempted it. One person reported an insomnia problem and one other had been experiencing depression. These symptoms are the results from their perception of sexual meaning, the inner fighting, their negative body image and low self identity as presented before. All of the respondents had at least one of these. This prevalence elaborates what I have mentioned in the earlier parts of this research.

5.5 The relationship between the variables

It is viewed from the information above that as other group of people; the disabled might be asexual and sexual. However, it seems to be a dilemmas for them whether they live with either one of them and present themselves in that way. Therefore it will be easier if we look at each category.

5.5.1 Being asexual

There are many reasons for the disabled to stay asexual. The belief about sexual meaning and the construction of sexual norms gave them reasons to withdraw from a relationship with a man.

Feeling inferior does not allow them to be able to be confident enough to live with and for their love which therefore delay becoming sexual activie. In a man-women relationship, women with disability identify themselves in a very low position and that a man should not consider a serious relationship with them. Being viewed as weak and independent, they think they will put more burdens on the man they love, but cannot give them support or pride. The societal norm presumes that being a women, one should be nice and good at domestic work. If someone cannot fulfill this ideology, she seems not to be a “real” woman. Together with this notions, many of them tried to isolate themselves from men as they feel not deserve any man. The belief that disabled should stay asexual, should not express their feeling of affection to any man forced them to suppress all of the feeling and desire meanwhile this emotion and feeling really exist. As the result of this inner fighting, many negative psychological effects are usually mentioned as reported before.

The belief that sex can be harmful for their health, and sex is just for the normal people not for disabled prevents them from engaging in a relationship with the one she loves. Negative body image such as losing attraction and being emaciated also accounts for not being able to be confident in front of the man. Although falling in love with their boyfriend and so do their boyfriend, some had to withdraw from this relationship. This decision left a painful emotion for them although time has been passed. Feeling loneliness and hopeless are well reported. Tears and sadness especially in the nights were usually mentioned during the interviews.

5.5.2 Being sexual

Being raped was found in one case of the girl. Being viewed as disabled body, she was perceived by men to be easy to control. It is very vulnerable that she did not dare to disclose her problem to the public as she is afraid that no one will believe her. Moreover, it cannot give any benefit for her, just problems which effect her business. She became much more inferior in comparison to before, especially after her late abortion. Lacking of sexual education, she did not know that she was pregnant after that. Late abortion worried her very much as she could not know if she could be able to have her own child in the future again or whether there is any man who can understand her problem.

For those who consent to be involved in a sexual relationship with their partner, the cause and effect from this relationship is also bad experiences. Some people think engaging in a sexual relationship is to please her partner or to keep him for her as long as possible. Therefore she cannot use condom meanwhile she was very ignorant about STIs and know little about the man she stayed with. The position of the woman in this relationship is subordinated to men's power and it seemed to be impossible for any safe sex negotiation. It is very easy for them to be the people whom men can take advantage of for their sexual desire. As a result of this, unwanted pregnancy has been mentioned in these cases. The abandonment from men was seen clearly in the matter of denying their responsibility toward their pregnancy. This became a big problem for their health as they were all late abortions. However, the spiritual injury is more severe than what she had to experience in term of physical painfulness. Again, the rejection and feelings confirm the negative sexual meaning that sex is not for them, just for the nondisabled.

Some people believed sex is to give birth to a baby, therefore she was very determined to ask some man to help her have a child while she has never received any sexual education or prepare for that.

The image about their own body and the potential of their ability prevents them from seeking other work to do but accept the current job which involved lot of sexual harassment.

In order to highlight these relationships, it could be strengthened by looking at case studies to understand the whole picture of the linkage and really know the reason

for every area. I am going to present two cases which can show quite clearly these relationships.

The relationship between body image and the social norms toward sexuality of the disabled and sexual health problems

In this story, we will see that one respondent, Nga, was controlled by social norms and submitted to what the society presumed for a disabled to be and finally found that her life was so meaningless. She was very sad due to her disability status which very much effected to her body image. The feeling toward her body and her potential to take the responsibility of a wife prevents her from any idea of involvement in the relationship with a man. As a result of this, the fighting between inner desire and the things she should do to be proper was very stormy. At the end, delaying sexual active, sadness, loneliness and hopeless feelings were the main problems found in her life.

Case study 1: Thuy Nga (pseudonym), a 25 year-old-girl.

Tran Thuy Nga, a 25 year-old-girl is the oldest daughter in a family of 4 brothers and sisters in which 2 are girls and 2 are boys. Nga and her youngest brother are disabled and their disabled situation is definitely similar to each other arising from orange poison complication. Since they were born and in the years after, it has been very difficult for her to walk, but she could walk when she leant on something. Her disability situation started to be worse and worse and when she graduated her high school, she was not able to stand up due to her weak and small muscles in the whole body. She has a very nice face and eyes but they are very sad and always look at the ground. It is very difficult for others to know about her disability when she is sitting in a chair, but anyway, she cannot walk. If she wants to move, she has to fold her legs and walk in the sitting position and being unable to straighten her legs in the standing position. During the time when she went to school, her family members took her to school everyday until she graduated her high school. During the time she went to school, she felt that her classmates treated her very well and did not discriminate against her. After graduation from high school, she attended a vocational training course on sewing and opened her own shop in the street where she could find more customers come. However, she could not

work there for a long time because people always looked at her and gave her many bad words about her disability. Therefore she had to move and work inside her house. Working at home, it is less preferable for her but she had to decide to do in this way. When her former classmates came and visited her, they used to bring along their boyfriends and girlfriends which left in her a desire to have an intimate relationship with someone.

While she was at home, some men came to her village and they needed to stay in her house for some time for work. One of them really paid attention to her and after that fell in love with her. She loved him, too. After that, he came back to his place where is quite far from hers and wrote many letters to her. He visited her one or 2 times per year but his letters were as frequent as twice a week. When he visited her, he wanted to take her out of her home, the remaining “base” for a long time, and helped her to integrate with the outside world, but she did not dare to do it. Experiencing so much pain when she used to work in public place, she was afraid of hearing the repeating messages with the attendance of her boyfriend. When they were with each other, as the other lovers, they kissed and held each others and both of them have the feeling of affection. Sometimes she really wanted to enter in to an intimate sexual relationship with him but there were so many barriers between them.

During this times, many people came to her and kindly advised her that she should not be involved in to any intimate relationship with a man although they did not know about her relationship with her boyfriend. According to them, being a disabled, she should not have this relationship especially a sexual relationship. Absorbing with this message, Nga felt very inferior and began to doubt her right to be involved in an intimate relationship with him. When she wrote letters to him, she could express her feelings and her love easily but when he came to visit her, she felt that her body was so broken down that all the loving words blocked in her lips. Faced with this struggling, she decided to withdraw from the relationship with him although he did want to stay in the relationship with her and expressed his desire to “sacrifice” his life for her. Through what he said,

she felt a real love from him, but she had internalized the social norms toward sexuality of the disabled and her own struggle with body image, she could not break such barriers to get involved in to the relationship with him even to marry. In her opinion, she could not assume the responsibilities of a good wife that the society already assigns a woman should undergo, Therefore there is a stronger reason for her not to be with him. In the end, they had to separate from each other.

Doing this, Nga was very painful and sad for what she has ever done. On the one hand, she isolated herself from her relationship with her boyfriend, but on the other hand, the desire to love and be loved was very obvious. Even just looking at a child running, or after each time her friends' visit, this feeling overflowed in her heart. Many times she thinks of suicide, "how easy it is, just a dose of sleeping drug" as she could not find any meaning for her life - she was full of the feeling of hopeless. But she worried that if she doses it, her parents will be very miserable for they love her very much.

The relationship between sexual meaning and sexual health problems: sexual abuse, unwanted pregnancy and late abortion

In contrast with what Nga had done, the other girl choose another way of presenting herself and in what she decided to do. It showed that she really resisted social norms. However, the result was not much better in comparison to Nga, and it is sad also but in another way.

Case study 2: Nguyen Huong Xoan (pseudonym), a 25 year-old-girl.

Xoan was born in a big family with 7 older brothers who were all married and her mother died 2 years ago. Since she was born, she had crooked hipbone and was short, though she could walk but could not do heavy things. Her father married the step mother half a year ago and she was living with her step mother and her father when I first visited them. It was revealed from her and her step mother that the relationship between them was very tense causing many conflicts within the family. Xoan always recalled her mother who used to help her doing everything and compared her with the step mother. This comparison seemed to be

very difficult for her and she could never be satisfied with her step mother and she missed her dead mother more. During the later times I visited her, her step mother was not there any more but she had moved to her place where she used to live before she came to the village of Xoan and her father. Xoan's father expressed his struggling to deal with his daughter as he said he could not give up his daughter but the problem is that how he could arrange a life for her. According to the father, she always depends passively on the other and never showed her life independence. Two years ago, she jointed a training course on sewing for 9 months but now she cannot practice it as it is very difficult for her to do.

During the time she studied in her course, she made friends with a disabled male friend who she found that she really loved and who could share her feelings as they have the same background. After graduation, they started to be involved in an intimate sexual relationship with each other but she did not know about his marital status. Several months later, when she told him about her pregnancy, he revealed himself as a married person that he could not recognize her child. Painful and bitter, but she had no other way than aborting the baby. This is the first step of forming the feelings of rejection from men who just want to be in serious relationship with nondisabled women.

One year later, she knew another man but knew clearly about his family and his children. This time she thinks that no man will marry her and she wants to satisfy herself and let herself be involved in the relationship with him without worrying too much about her future. This time, the man said that he would take care of the baby if it is a boy. However, until she was in the 6th month of her pregnancy, the man did not want to visit her although many times she passed information to him. Facing with this situation, her family forced her to abort although it was very late and she wanted to keep the baby. According to her, her family members did not want her to deliver the baby as she could not fulfill the

responsibilities of motherhood due to her limitations as well as her finance problem as she still lived on the others in her family.

In this second time, due to the big fetus, she was affected a lot and became very unhealthy afterward. She had the feeling that men will never be serious with her, but just wanted to take advantage of her. For her, sex is so painful that she won't think about it any more. "Sex is not for me, just for the nondisabled" and she felt very inferiority about her own sexuality. In some periods of time in her life, she wanted to escape from the sexual norms where she was assumed to be asexual as one way of expressing her resistance agency. However, at the end, she said that she should not involve in it, once she was involved, she just received painful and rejection. The psychological effects were embedded in her and she said she never wants to deal with it anymore with a very bitter voice

CHAPTER 6

DISCUSSION

From the previous chapters, it revealed that sexual health problems are very varied in this group and the underlying factors effect to sexual health are different from person to person. Each of the influential factors is complicated as revealed by the informants. Through this information in combination with the framework, further discussion is being made in consistence with the factors emerging from the information undertaken.

6.1 The societal and family factors in the context of disability

It was seen that the young disabled are living with their family at their house including in the city and in the district or they are living in some of the vocational training centers where they are either working or studying.

Living in the centers gives them more opportunity to integrate with their peers including disabled and nondisabled in comparison to those living at home. Several informants knew their boyfriends when they were staying there, however, only one girl still stayed in the relationship with her boyfriend. All the other couples have separated. Normally, when they reach to a certain age and cannot afford further studying, their family would send them to some of the humanity centers where the disabled can get opportunity to study some skills. If they are talented enough, they will be employed. In here, the disabled learn many things which can structure the way of thinking as at the age of puberty they will question many things relating to sexuality and receive the answer from their peers rather than from their family. The entire image showed in TV and other mass media will communicate the criteria of beauty as well as the valuable of a woman. This includes information on the gender roles of a woman and women's ability to fulfill these roles as tested at many times by their family members and the neighborhood.

In the environment where people are highly appreciated because of these values, they will acknowledge the shortages that they might bear due to their disability. The social stigmatization was one of the big issues that the disabled could not avoid facing. It is necessary for us to look in to consideration the differences in opportunities created by social, physiological, and other factors in the relationships of disabled women. Whether a girl was more or less visible disabled, it often influences her coping and how she is perceived by the others. Parents of the girls might treat them very differently. Some of the informants said that their mother used to help them doing all the housework because her parents are over sympathetic and prevent them from doing things in the home. They therefore neglect the traditional socialization processes that are intended to prepare girls to be competent housewives. Hence, although sexually attractive and able to participate in sexual relationship, it might be difficult for some disabled girls to be socially acceptable as a potential housewife. Some informants said that their parents differentiated them from the other brothers and sisters in their family. In this way, from early age, they learnt that they were not desirable which they interpreted due to their disfigurement. Later on, they received from others the same message especially the rejection from males and therefore it created a very low self esteem as well as sexual self esteem.

Whether staying at home or living in the centers, the disabled have to deal with earning a living which is very difficult for them. One of the works which is quite suitable for them is selling at the side road inn or refreshment bar where they did not have to work very hard. According to some of the informants who were running this work, they had to face with many problems as a part of the life such as sexual harassment. In order to please the male customers, they had to keep silent and accept it, and it made them feel more inferior.

So, the social ideology effects to the way the disabled perceive themselves in many aspects such as the image of women in Vietnamese society, the body image of disabled and the meaning of the relationship with men as well as meaning of sexual acts. It is also revealed that the double control of sexuality has been applying to the group of disabled women. These socially constructed factors, in their turn will effect to the problems of sexual health such as no sexual education, not being accepted in

relationship with man, being raped, abused or sexual harassment and other psychological effects.

6.2 Sexual meaning of the disabled

Mentioning about sexual meaning, two main areas are considered: the gender relationship and the meaning of sexual act. Both of these two factors are constructed by social and cultural factors. According to Ortner and Whitehead (1981) and Vance (1991), the social construction of sexuality refers to the process by which sexual thoughts, behaviors, and condition (for example virginity) are interpreted and ascribed cultural meaning (cited in Mueller, 1993).

For Vietnamese society, it is constructed for a woman to be married to be strong and have a good reputation such as “a boat is strong because of its steer, a woman is strong because of her husband”. Therefore the disabled themselves as well as the other people perceive that it is normal to be involved in the family bonds between husband and wife. If someone living with a disability is getting married, she will receive status as being accepted as a normal and a little privileged. That is why many of the disabled think they found their value in the eyes of people if she is involved in the relationship with a man. Feeling dependent and inferior was one of the reasons they want to participate as they can get help from their partners. In addition to the societal ideology, we can understand the self-image that reflects how others see a person through the theory of looking-glass self (Cooley, 1902). Although it is very old theory, it still has its effects to help us understand the current social phenomena. This concept conveys vividly the notions that every child develops a self-image that reflects how others respond to her or him. Both as children and adults, people can see themselves mostly through the responses and reactions of the others. Therefore the disabled learn about themselves as well as their values through the others.

It is very noticeable that those female disabled who were sexually active have an intimate relationship with their male disabled peers and can be involved in relationship with male nondisabled adults. Many motivations promote them to be involved in this relationship although they are still single. Being singled and being

disabled, they are presumed not be sexually active therefore they have their own way of presenting themselves sexually.

For the ones who have never involved in the relationship with men, they always dream of it and hope to have it one day. They doubt how love can start between men and women and they were still in doubt about their potential fulfillment of women role's in domestic roles.

For those who have ever fallen in love with their boyfriends, they were very regretful that their love could not go to the end. Getting to socialize with peers where people have some of the relationships, they therefore wanted to have it in order not to be considered deviant to the rest of the world. When the relationship is over, they could not be comfortable finding a new relationship as this is really challenging when society has its own view of valuing women status. Most of the informants said that at the beginning of the relationship, they did not anticipate that their boyfriend approached to them until they noticed that and felt very privileged. This can give them with some social meaning in terms of dealing with their peers or their community. However, in a very negative way, a minority of informants perceive that they should not be involved in this relationship anymore as they experienced the rejection from their boyfriends.

Some of the informants, who still are staying in this relationship revealed their uncertainty whether they could be able to remain in this relationship and whether they can be accepted by their boyfriends' families.

The above was the way they perceive their boyfriends and it is not much different from the way they perceive their husbands because it is constructed that sex should happened only within marriage. According to Vatuk (1985), in some culturally conservative South Asian countries, intercourse is consider appropriate only through the period of married adulthood when children are being conceived and reared. Premarital and extramarital sex as well as marital sex beyond middle age are thought to be improper. Therefore, a husband is also needed for the women, especially the women with disability as they will also get shelter and a good reputation for their own name and their family. Most of the girls did not pay attention to their future husband's status in terms of their disability, provided that they able to understand and sympathize with each other. They might not hesitate getting married with physical

disabled husbands and can try to fulfill the functions of a traditional wife. But for a man, they seemed to be very reluctant to consider a relationship with a disabled wife although they could be disabled or nondisabled. This might be understood that a man will see it as more important for his wife to be the representative of him and his family which requires much of beauty, fitness and housework abilities. Disabled girls could be seen as a lover who could satisfy male's sexual desire but cannot be considered to be their wives. In every society, we could find disabled women getting married with a disabled, but it is not a usual for a disabled man with any type of disability to marry a nondisabled wife.

The social construction of sexuality is inevitably linked with cultural concepts of masculinity and femininity. They are interlocking domains (Vance, 1984). Ideas about what constitutes the essence of "maleness" and "femaleness" are expressed in sexual norms and ideologies (Mueller, 1993). Therefore, both men and women were embedded with the notion of man should be the person who initiates all the actions within this relationship. Nowadays, women could perform not as traditional as before, but in order to change this way of thinking, it needs lot of time and education. In the same manner, disabled women should express themselves as quite as possible to be considered as proper. For a disabled, it is stricter that she should not express herself sexually otherwise it would be blamed by the others especially. In such a situation, disabled girls had to choose their own way of presenting themselves as we could see from our respondents. Most of them submitted to the social norms to be silent and stay in their places without any "annoy" to the other people caused by their own desire of involvement in any relationship with men. In this instance, it was found that our respondents suffer from the pressure of hiding their own heart, pretending to be asexual. It is suggested that the more these people are stigmatized by others, the more they need to turn to their boyfriends to share their emotion or feelings. However, they also could not satisfy in this relationship therefore the dilemmas where to turn to find a source of comfort was very obvious. In here, it is suggested that a family who are not lucky to have disabled children should express their love through the acceptance their disability as it enables them to form a feeling of being loved so that it is not really complicated for them encounter in the sphere of confronting themselves with the social norms. Recently, the world discourse has been concerned with the story of a

woman who was born in Sweden without both right and left arms. Her name is Lena Maria and she is now working as a singer. Since she was born, her family were very shocked to see her disability status, but they soon recovered that moment of feeling and knew what to do with her. They loved her as the other children in their family and never discriminated against her and helped her to do everything by her feet instead of hands and develop in her a sense of humor and the feelings of to be loved and acceptance. When she grew up, many journalists asked about her feelings and in her words revealed about her life, she said that she was very satisfied with her body even with a lot of humor she said “I do not understand why people have to have arms”. She still lifts up her voice to praise the Lord who created her and gave her a meaningful life where she can go around the world and perform in many of her ministry performance. She also admits that it is also because her parents loved her so much and helped her to deal with herself how to identify herself and to live with her disability.

However, for some of the small number of the disabled, they had their own solutions such as involvement in other sexual behaviors rather than intercourse, finding someone to be with and giving birth to their own baby. This reflects the relationship between sexual meaning and the way they identify themselves as a woman and as a disabled.

In terms of sexual act, each person has their own way of giving the meaning to it. The reasons for having or not having sex are therefore different from person to person. Those who have seen only the able-bodied in their community as well as in any characteristics in many films engaging in the relationship with a man will construct in their minds that such the relationship especially the intimate sexual relationship is not for them. Later on, when they might experience themselves with these relationships, it is very complicated and painful, which confirms their prior ideas.

For some of the informants, it is very difficult for them to keep their boyfriends and therefore serving sex is one way of persuading them to stay as long as they can. However, this notion can not work for a long time and they became more worried. It is more risky when they did not know much about these men and did not use condom. It is because they did not have enough information about this and also the negotiation for this relationship seemed to be outreached. The power of women was very inferior

in comparison to men when we look at this relationship where she cannot recreate a fairer order. It is a presentation of being me and being disabled which is very difficult to separate. In Vietnamese society, it is more favorable being a man than being a woman, but it is more obvious in the case of disabled women. She has to suffer from the differentiation from other people, therefore it seemed to be needier to turn to their boyfriends and here, in this sphere, still she has to struggle to present herself. Therefore men seemed to be more advantaged in this relationship with disabled women and women therefore became easy to be explored. I want to differentiate the word “explore” as it seems that she was consents to do it with him with the purpose of staying longer. But it is different from what she thinks, it is too easy for men to fulfill the first part of the girls’ notion, but not the purpose. Therefore it is more exact if we consider the word of ‘explore’.

Disability is seen as a weakness, therefore some of them were afraid that their health might be affected if they are involved in a sexual relationship especially giving birth. In the same context, other respondents think that if they engage in the relationship with men especially, a sexual relationship, it would be more comfortable and they can be able to work better. It is not because their health situation is different from each other that they think sex can be useful or harmful to their health. It is really the social construction and there is no evidence showing that the disabled were less competitive in a sexual relationship as well as in performing the functions of motherhood. Lacking information toward the disability and sexuality, many of respondents doubt if they should participate in sexual relationship with their boyfriends who might become their husbands later.

Thus, the sexual norms and the social construction strongly effects to the way the disabled think and behave within the relationship with men. Those who think sex is not good for their health or sex is not for them but just for the nondisabled would isolate themselves from this relationship. The fact is that no one was so disabled that cannot be able to be involved in this relationship and no one should be consider deviant by the rest of the world. Each individual is precious as the others. Their sexual health therefore effected in accordance with whether they chose to present themselves as sexual or asexual being. In both of these two cases, we could see the extreme problems raising through the expression of the girls living with disability.

6.3 Gender identity

There is the relationship between sexuality and gender in the point of identity or selfhood. Sexuality is an integral part of identity on both a personal and a social level; it is part of being male or female. Meanwhile most of the informants presumed that they need to be very humble and behave in a very soft manner, some of the girls recognized the inequality for them to be disabled. With the first notion, they put themselves in a very low position in the society as a result of receiving this education from others. Therefore in the relationship with men, they become more inferior in comparison to their nondisabled peers depending on the individual experiences in their past. Those who have more positive ideas identifying themselves are the ones who were either very good at working or not very severely disabled. For them, it is necessary to reconsider the image of a woman with disability in the eyes of the others due to the social inequality. However, this balance in society is not yet established, therefore still they have to encounter to this struggle.

As mentioned earlier that most of the disabled participating in the research portray the image of the disabled women those who have to suffer bad luck and who therefore should acknowledge their situation and adjust themselves to be accepted and to be considered proper. For most of the people, it is constructed that being a woman, one should be able to take care of her family which identifies her as a woman. However, for the female disabled, who could not fulfill these functions, their presentation as women becomes less perfect. The disability limits their ability to move and also effects to their shape which is believed to get their femininity away. These thoughts have been confirmed repetitively eroding their self-esteem and sexual self-esteem of the disabled. It is not difficult for men to understand this idea in their mind and they can use it to manipulate them. Disabled girls are seen as weak and easy to control, but they are still subject to men's desire, therefore it is reported that the case of rape was happened as well as the abandonment and unwanted pregnancy. Or in some other cases, we can see that the disabled were led to involvement in a sexual relationship with men without the necessary information they should know about their boyfriends. The inferior feeling is the source of hesitance to get this information which leaves them to be easily explored by men. Entering in this relationship with

very low confidence, at the end, many of them revealed the feeling of rejection. Whether being abused, explored or rejected, once happened, it will have much effect on the status of the disabled who would surely suffer from crisis and unwanted pregnancy afterward. Therefore it created a circle of cause and effect between the low status of disabled and being explored, rejected because after being rejected they felt more inferior than they were before. Other psychological effects such as feeling negative toward their own sexuality, anxiety and sadness were very much remained among this group.

Many of the respondents have the idea that they should have children as they need to be taken care of in the future though only one person was very much determined to do it. This could be understandable and tolerated for those who do not sanction extramarital sex and living around the disabled. During the field work, I met one girl who already has her children in this way but she could not answer any question relating to her life, she just cried. She was not able to be opened enough therefore I did not recruit her as my respondent. However, just looking at the way their parents treat her children and the way the villagers came to her place to buy things from her small shop or ask her to repair some of their clothes, she herself and her children were very well accepted in their community. Here we can see the relationship between gender identity and sexual meaning. Due to the fact that the society welcomes the image of women with children although the purpose is just to be taken care of in the future and doing sex is just fulfill reproduction, many of them wanted to do in this way. However, it is very risky for them to do this because it turns out that for any reason, they become involved in a sexual relationship when they have very limited information about sexuality and they are vulnerable to the diseases that could transfer to them. Negotiation for safe sex is not relevant here because they want to have a child.

Moreover, it is revealed from the respondents that men come to them purposely not a pure love or a serious relationship. If they have a problem within their family and their wives, some of men came to them as an alternative sexual subject. Although no respondent reported that they were trapped in this type of relationship there were several circumstances where the disabled faced with this type of offering. In one case, evidence demonstrated that the real purpose of approaching to the girl was to steal

something from her house. It could be seen that disabled girls were standing in a very vulnerable position once they were perceived easy to be controlled and subordinated in gender relationship.

Ruth A. Borker and Daniel N. Maltz presented their view on the article “Anthropological perspective on Gender and Language” which is edited in the book “Gender and anthropology” by Sandra Morgen(1989). They stated that there are 3 major aspects of gender: gender as identity, gender as social roles, and gender as experience.

According to them identity involves one’s conception of self and the way one projects this self-concept to others through speech and action. In every society, gender is a distinction that individuals learnt to recognize and to some extent to use for thinking about themselves. One major use of speech is to convey one’s identity, including gender identity, to the others. To project a gender identity, one must:

- learn gender categories,
- learn the ways of acting, including the way of speaking, that are associated with these categories,
- and learn to act and speak appropriately so as to convey signals of gender at appropriate times and places.

Since gender is constructed differently in different cultures, gender indicators such as speech are used to indicate different aspects of identity in different places. In the frame of this thesis, it is suggested that gender is constructed differently by this group of people compared to the others. For these reasons, many of the respondents mentioned about the way they talk with others especially with a man in order to be accepted. This group of disabled women has to learn how to present themselves as a woman especially women with disability through the way they act, speak and perform everywhere. Presentation of self, or assertion of self-identity, expression of gender identity is not simply by making a statement “I am male” or “I am female”, but in more complex ways. One’s reputation includes many elements, such as honor, sexual experience, emotional responsiveness, and verbal skill, which may have a complex relationship to gender.

Secondly, it was stated that gender is a role. Even when gender is not being expressed directly, language may be tied to gender through the enactment of social

roles. That is, different social roles require different ways of speaking, and social roles are gender-identified even when ways of speaking are not explicitly gender-identified (Schieffelin,1987).

Thirdly, gender is not only an identity or a role, but a set of experiences. An individual approaches every verbal interaction with an accumulation of personal experience that comes from enculturation not merely from to adulthood in the abstract but to a particularly engendered adulthood.

It is very worthy noting that gender as identity. Being a woman, one must know how to orient the way she should be for the whole of her life. For the women with disability, the way they perform is very important in which their languages contribute to these facts. Furthermore, they identify themselves as holding in a very low position within the gender relationship therefore they have to behave in a very humble way. They also identified themselves not attractive object to men, but men have some purposes when approaching to them - a set of painful experiences.

6.4 Body image

For many years, the definition of body image and the attached social meaning has been concerned many social science researchers as it is one of the important areas to study about. However, it has not been investigated widely enough especially in Vietnam.

The body of each individual has 2 attributes: social body and the “self” body. The social body is generated over many years which includes the appreciation of the beauty and fitness of the women according to the prevailing social systems. Moving from the social body to the self body, it is a long process. The body should be more than clean; it should have a certain shape. Goffman (1963) has shown in his great work on physical disability that when a person living with a disability meets a stranger, the stranger will notice the “discrediting attribute”, i.e. the physical impairment. From this first attribute, the stranger will give other attributes to this disabled which might refer to the ability of attraction, the ability to work as well as other skills and ability.

The nature of the disability has a relationship with the negative body image formed in the disabled. The more visible their disabled status is the more negative in body image they internalize. Moreover, the later onset of disability is, the less difficult for them to encounter with embarrassment. For this group of the informants, one girl who had a dysfunctional arm and whose disability could be difficult to be recognized by others, showed less negative perception toward her body. During the interview she said “not every disabled are less attractive, if they are well performed, they will be more attractive to men”. And when she shared about several boys who love her but she still did not want to choose any of them yet, she expressed the pride in her attraction in spite of her disability. One more girl showed less hesitance to show up in public places although her legs were very effected after an accident happened 3 years ago.

According to the informants, since they were children, they could feel the hostile attitude from the other children when they went to their primary school. The other cues from the adult people when they grow up that they have to face with all the time formed in them the perception of a self body attached to their physical disability. If an individual has lived in an environment of acceptance, then acceptance by others should lead to the acceptance of oneself (Smith, 1984). Therefore those people whose bodies are devalued by society will devalue themselves, and these feelings will also impact on their body image negatively. Other researchers such as Mayers (1978) also pointed out that it is very difficult for a disabled individual to have a positive body image as resulting from receiving many cues that their figure are undesirable. Several quantitative studies have supporting to theoretical and qualitative work that suggests that physical disability has a negative impact on body image. One piece of research which has been done in a big sample size of 3000 adolescents and young adults found that participants with chronic conditions scored lower on body image than their able-body peers (Wolman, Resnick, Harris & Blum, 1994).

Body perception and satisfaction with one’s bodily capabilities are usually negatively impacted by disability status- suggested from the research done by Romeo, Wanlass & Arenas in 1993. Moreover, the negative relationship between physical disability and body esteem is well represented (Wolman, 1994).

Some other researchers even expand the work of Goffman mentioning about the fact that the disabled are stigmatized and left behind the rest of the world, in which they develop the concept of Otherness. Wendell (1978) wrote that people with disabilities arouse fear in able-bodied people, and it is for this reason that they are made “other”. The avoidance attitude, the attribute of asexuality in the mind of public, the rejection from others including men make the disabled become more than deviant. They are other. The concept of body image is resulted from the phenomena of stigma and otherness in which the negative feelings toward their body can be seen under many forms.

Through what has been presented in earlier part, we can see that feeling ashamed of their body has been mentioned by most respondents. Intense teasing from other people is source of this feeling. In addition to that, they all agreed that their attractiveness was reduced by their disability except only one girl who said that it is not the case for her. It is believed that their ability to function as normal people is effected therefore it is difficult for them to find suitable work for their situation. Therefore dreaming of being nondisabled is very common in this group, however, it is understood as impossible to achieve. With time, they tried to adjust their feelings to live with their disability situation and not blame any one about it. Fluctuating back and forth between these feelings sometimes was recommended as they might become ashamed again after trying to adjust.

It is very important to look at the relationship between this negative perception of body image and sexual health problems. Due to this, some of them isolated themselves from any relationship and became delaying sexual active onset. Although some might get the chance to marry the ones they loved and love them, the feeling that their bodies are broken prevented them from any idea of continuing their relationship. In addition, the negative body image eroded their sexual self esteem. They did not trust in their attraction as well as their love enough to live with their love. The undesirable figure also gave them less opportunity to set up a relationship with men. Therefore for many reasons, from themselves or from the social ideal about the beauty of women, it is not easy for them to be accepted in to this relationship. Even once they get involved, it is not easy to maintain it. These broken relationships

will leave very remarkable psychological effects such as insomnia, sadness, loneliness, and especially hopeless and thoughts of suicide.

6.5 Sexual Health Problems

It has been discussed earlier that all the variables such as sexual meaning, gender identity and body image effects sexual health problems differently. Most of these effects are negative and profound in the life of the female disabled.

It has been pointed out that the average age of the respondents experiencing their first menstruation is older than that of youth in the whole country. According to some of authors sexual development of the disabled depends on many factors. The effects of disability on development of sexuality may be identifiable from birth. Investigators have placed great emphasis on the prerequisites of sexuality such as emotional responsiveness (Robinault, 1978). The development of emotional responsiveness is formed as part of the mother-infant interaction through being held and fed (Stern, 1977). Children with disability may have altered pattern of interactions with their mothers due to their physical abnormalities and medical treatment or may have altered responses to contact as a result of cognitive, which constrained the pleasurable mother-infant interaction (Battle, 1974). Therefore parents might alter their interactions with the infants with disability as in response to the child's condition. This response will effect the children's development (Green & Solnit, 1964) in which parents have difficulty supporting age-appropriate development of independence (Thomasgard & Metz, 1995). Some others suggested that the late onset of their puberty might result from the isolation from their peers (Cromer et al., 1990).

Delaying sexual active onset is also shown in the late age of involvement in sexual relationship with men as reported by the respondents. This fact has been mentioned in several researches in the Western countries. Middle-to-late adolescence in general is the period during which most individuals have their first intercourse (Woodhead and Murph, 1985). (This figure was not showed in Viet Nam yet). But normal adolescent experimentation may be either limited or attenuated by insecurity or self-esteem issues in the population with disability (McAnarney, 1985).

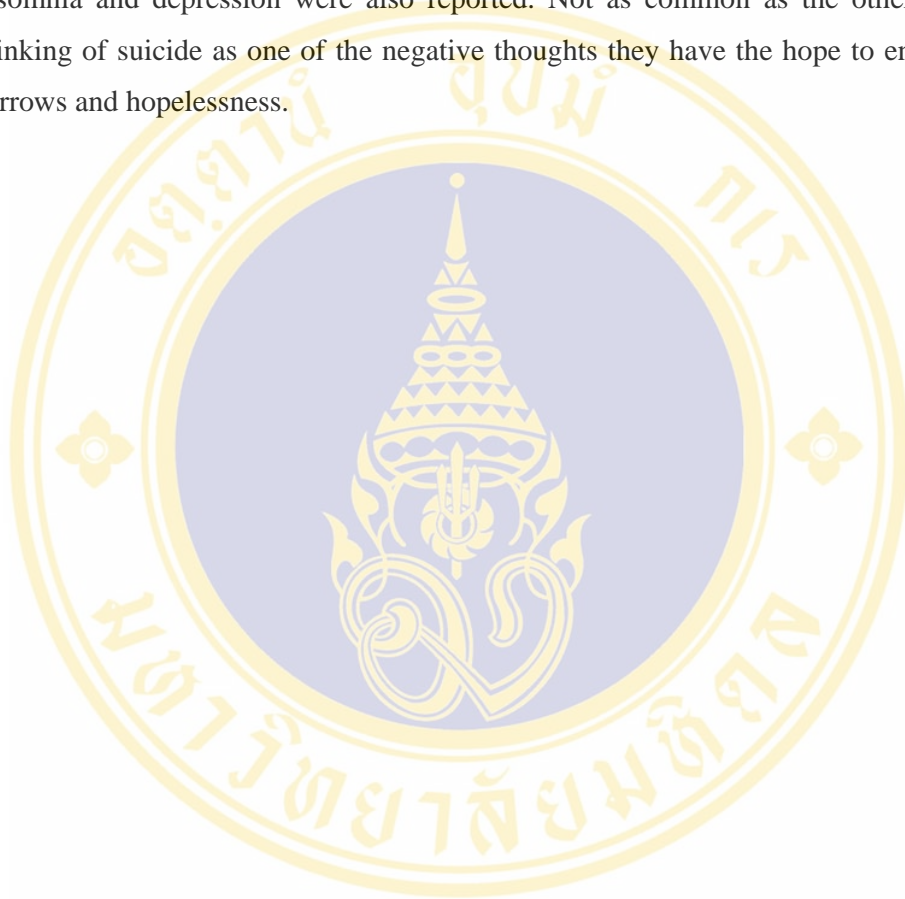
Lacking of sexual education is very obvious in this targeting group of disabled. Some did not know why no one has ever told them about it, some said that they were too inferior to come to the training relating to this area. Receiving wrong information about sexuality and disability, some did not know how sex can play a role in their life. They might interpret that sex will harmful for them and some others did not really know how they can have baby or not and if they have, whether their children may have a disability or not. This finding has been raised partly in some other research analysis that the traditional view held by society that women with disability are weak and would simply be physically and psychologically overwhelmed by the demands of pregnancy, childbirth and child rearing (Brecker,1993). Furthermore, contrary to popular belief, there is no evidence to indicate that disabled mothers are any less effective at parenting than their nondisabled peers (Smith, 1989).

During the interview with some of the parents, it was revealed that they did not provide sexual education for their children because it is very difficult for them to do so. Most of them said they just let it be and relied on mass media to give information to them. This finding is different from some other research done before in which it stated that the parent may fear that early sexual knowledge may result in inappropriate sexual behavior. However, to the contrary, experts have suggested that sexual behaviors results from curiosity about the unknown (Robinault,1978). Many of them express their anxiety to be a burden or shame for their partner so that they should not stay in the relationship with their boyfriends whom they love very much.

Feeling inferiority due to their body image and low self identity, they became very vulnerable in the relationship with men such as being sexual exploited or suffering from the sexual harassment. Being viewed as weak and dependent is the source of this story. Out of 15 respondents, 3 have ever experienced either sexual exploration, rape or harassment. This figure cannot represent for the whole population of disabled girls but it revealed that this situation really exist. Some of the other authors have been investigated the prevalence of this in a larger sample size and concluded that the incidence of sexual abuse among girls with disabilities is twice as high as among nondisabled girls (Russell, 1995).

Finally, these problems have great effects on the psychological area and so do the other independent variables. They develop less self esteem after each time of

involvement in to a relationship with men. Although many of them have never participated in to this relationship they also share the same feelings of loneliness, sadness and anxiety. They are not only viewed as deviant, they are Other, therefore the feeling of being outcast always lead to these feelings. As well as the other effects, insomnia and depression were also reported. Not as common as the other effects, thinking of suicide as one of the negative thoughts they have the hope to end all the sorrows and hopelessness.



CHAPTER VII

CONCLUSION AND RECOMMENDATION

Conclusion

The issue of disability and sexuality is very sensitive and there is little research dealt with so far, especially in Viet Nam. Therefore it planted in my mind the aspiration of doing the research to find out the disabled girls' own perception of their sexuality. In order to get the information on this sensitive topic, a qualitative research design has been applied to understand the deepest level of information in the 15 disabled. Several methods have been applied including in-depth interview these 15 people, key informant interview 2 parents and one mother, and some of the staff working in the vocational training centers where the disabled are working and living. Visiting them at their home and staying one week in one of these centers also helped me to observe the life of the disabled and also built the trust with respondents and their families. During this nice time, the disabled were opened to share their problems which they rarely had the chance to mention before. Many of the realities have been explored and therefore it helps us to understand more about the private life of the disabled.

Disabled people have to deal with so many difficulties in their life, economically and sexually. Their education level is very low which contribute to the fact that it is very difficult to find a good job.

The social norms do not really legitimate sexuality of the single disabled and perceive that they should be an asexual being. More disabled girls yield to these trends and present themselves as asexual but they are very depressed when they have to hide their own person. For this group, the notion that they are not deserving of any man, and they are different from the others prevented them from any idea of enjoying their sexual life. It is better to avoid from an intimate relationship because sex is not for them, just for the nondisabled. However, in order to be like this, they have to

suppress all of the affection feeling and their desire to be involved in relationship with men. This created a tremendous effect on their life.

Tears, loneliness, and hopeless are very well reported in the interview. There are a few number of the disabled who did not submit to the social norms but they respond to what they hear and receive from outside. For them, it is fine if they can start a sexual relationship with men, one of them said she wants to do it to have her own baby. In spite of the fact that they seemed to get beyond the barrier tied around them, their identification was very low especially in a relationship with men. This low self-identity accounted for the notion that she can break any norms, not her self-esteem.

Most of the respondents expressed their desire to have boyfriends and then engage in marriage. For them, having a boyfriend and husband had its meanings and it helped them to deal with their life better or they achieve value in the eyes of others. However, many of them find that it is very difficult for them to attract the boys as well as establish the relationship with men. The notion judging women mainly based on their beauty and fitness, their ability to fulfill the house work always denies them opportunities to participate in relationship with men. Therefore it is very difficult to build in them a positive self image. This is the interaction relationship between gender identity and body image. Since the disability remains as a part of their life that they cannot deny it, negative body image is formed in their mind consequently including a belief of losing their attraction, their desirableness and losing their ability to do everything. This low self identity in combination with the social attitude toward the disabled gave them less chance to be sexual active. The discrimination from the others, the self isolation is also the source of deviant and inferior feelings about their sexuality.

Thus, it is very easy for them to be sexual explored, abused and sexual harassed. To be tied down with so many factors, it is very difficult for them to get out of these traps. Economic, powerlessness and low self sexual esteem are the majors reasons explaining these fact. As a result of this, especially when they have very little information relating to safe sex and other sexual information, unwanted pregnancy has been found in two of these cases. Dealing with unwanted pregnancy was a big problem that they had to encounter. The process of making a decision was very complicated and finally both of them chose to abort the baby when they were in a

very late of the pregnant period. The effects of these problems are very severe in their life including depression, insomnia, hopelessness and others.

Recommendation

Sexuality and disability are two important areas that should be openly mentioned to the disabled youths.

1. It is necessary for the health care professionals to encourage the parents to avoid overprotection and to validate their children's sexuality. Professionals need to give parental guidance on how to actively promote positive self-regard and body image as well as to increase opportunities for peer interaction. Moreover, it is also suggested that parents should be able to overcome their feelings with disabled children to define how to guide the life of their children. Accepting their abnormalities with love unconditionally will help them to create a healthy self image and a source of comfort. The more they are accepted, the more they become confident that they present this confidence in relationship with males. Therefore the opportunity of being abused or explored will be reduced. Moreover, the perception of their body image will be much improved.

2. In terms of their roles in domestic work, the youth themselves and their parents should teach them to be as independent as possible and be able to develop their ability to take care of themselves and later the ability to do other work in their family, even can earn for their life. It means that parents and children have to consider them as equal to the other children in their family, not differences to develop a feeling of non discrimination at all, whether rejection or overprotection. Therefore they can be able to deal with their life better in every area including sexuality, marriage and others.

3. For the disabled, it is very useful if they can consider themselves as talented and as equal as their nondisabled peers. In order to help them to perform like this, it needs many programs dealing with empowering women with disability. The notion of blaming the victim should be wiped out from the mind of nondisabled mind. The program focusing on integrating disabled should be applied as much as possible especially in the primary schools and even kinder garden classes. The children therefore might understand from their childhood the existence of disabled in society

as normal and that they are not different at all from the other able bodied people. It will be easier for them to accept the disabled who are sexually active and support the disabled in this area not to control them.

4. Giving enough information about disability and sexuality has been suggested for many years. The information should cover the content on how disability status can effects to their sexual functions and how to deal with this situation. The information that no one is so disabled that cannot be involved in sexual activity and information legitimating sexual rights of the disabled should be given to young disabled. Furthermore, it is necessary to train them to be strong enough to identify context that they can become the object of sexual abuse and therefore to be able to avoid it and the bad consequences from this.

5. Gender education should be integrated in sexual education applying in the schools. The contents should cover the notion that men should respect women, not just see them as the object of men's desire but give them an equal position, especially the disabled women.

6. Giving disabled an accepting environment in schools and in their working place is the suggestion for the social humanitarian in which there is no barrier between both disabled and nondisabled. Education on disability needs to be integrated in to the training curriculum in the schools to help people accept the existence of disabled as normal and involve them in as many activities as they can. This requires efforts from the disabled themselves, and from us, the nondisabled, who share life with them.

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APPENDIX

Questionnaire

The draft guidance for in-depth interview:

1. Name
2. Age/ Years of education
3. Family income per month
4. Family member/ Parent jobs
5. Disability situation, current treatment...
6. Who is your favorite movie star/or singer
7. Can you briefly share with me about your ordinary day and the work you do in that day?
8. Can you tell me about your disability status?
9. Can you share with me about your relationship with other people in your family or your friends? Who do you usually talk with? How do you feel about your time when you went to school?
10. Do you have boyfriend or a guy that you like?
11. Can you share more with me about this relationship? Where did you meet each other? How is the first person who expressed the feeling of love? By what way? What was your first feeling about him? How does he look? What does he do? How long have you been involving in this relationship? Are you still contact each other? How often do you meet each other? What do you do when you meet each other, do you kiss, hug and touch each other? Do you feel you have the sexual

desire? How do you feel? What did you do to this feeling? Do you have romance dream?

12. Sexuality means different things to different people. What does it mean for you? Why people have sex? It is because of reproduction or love?

13. Do you want to have boyfriend? Having boyfriend has any meaning to you? Could you tell me about these meanings?

14. Do you want to get married and have husband, why and why not? Getting married and having husband has any meaning to you? What are the meanings?

15. Have you ever watched the romance movie in which people kiss and stay together? Do you have feeling that you want to act like in the movie? Do you think why people in the movie have this intimate relationship? How about you, what does sexual relationship means?

16. Is it right for you to date, talk, initiate or express the feeling of love with boys and participate in to sexual relationship?

17. What part of your body is consider to be erotic or attraction to the opposite sex friends?

18. Do you think that sex should be initiated by men (including pattern, desire, pleasure, frequency)? Do you think women can do also? If yes, in what case? And if not why?

19. To whom do you expect to have an intimate relationship? Why? What are the ideal man to you?

20. How do you think about the opposite sex?

21. What does it mean to be a women to you?

22. What do women in our society suppose to act, to do, to perform, and to be when they are at home, at work, in their community, when they are with friend and with opposite sex?

23. I have a story to tell you:

There is a 18-year-old girl living with disability and she loves a boy who is not disabled. At the beginning she could not be able to express her feeling, later on

she told with one person about her feelings and through this person, the boy knows about that. They get to talk to each other, start to date and get to know each other well. They fall in love with each other and they decide to get married. Later on, they have a normal and healthy children.

Questions:

24. What do you think about this story? If you are that girl, will you communicate your feeling toward that boy to the other person or with him? Why and why not?
25. If it were you, will you date with normal boy? Why and why not?
26. If it were you, will you marry with normal boy? Why and why not?
27. If it were you, will you have children or family? Why and why not?
28. What other things that disabled girls should or should not do?
29. What is the good qualification that the disabled girls should have?
30. Show the picture of disabled women and ask them to write down what do they think about this person as much as possible? (In term of social manner and religious manner).
31. Are you involved in a romantic or sexual relationship(s) at this time or before? If so, how would you describe it (How do you feel about it)? If no, why?
32. For the one who have boyfriend, how satisfied are you with this relationship?
33. How could things be better? Have they been better in the past? Why and why not?
34. How could things be worst? Have they been worse in the past? Why and why not?
35. Are there thing you would like to do that you can not do?
36. How have you learned about sexuality and sexual behaviors? Who give you information related with sexuality? What have you learned from them?
37. Do you receive any sex education from your family, your school, video, pornography and other places? If not, why?
38. What are the issue related with sexuality that you want to know more about?
39. How about these following issues:

Sexual position with	Sexual diseases	Finding someone to be
Having children	How my body works	Having more pleasure
Others (Please describe)		

40. Are any of these topics involved with your own problems? Could you tell me more about that?
41. Do you think you can also decide and control over your sexual relationship?
42. Do your family talk to you about your future husband? What do they talk?
43. If you have questions relating to sexuality, who do you come to ask? How do they react?
44. Have you ever experienced sexual contact against your will? When, where, how many time? How did that happen? Who are perpetrators? What did you do after it happens? Are these events very bad experiences for you? How these bad experiences affect you personally?
45. Do you have any friend who experienced sexual violence/ harassment and unwanted pregnancy? How they happened and why?
46. Do you want to married? Why and why not?

Guideline for key informant interview:

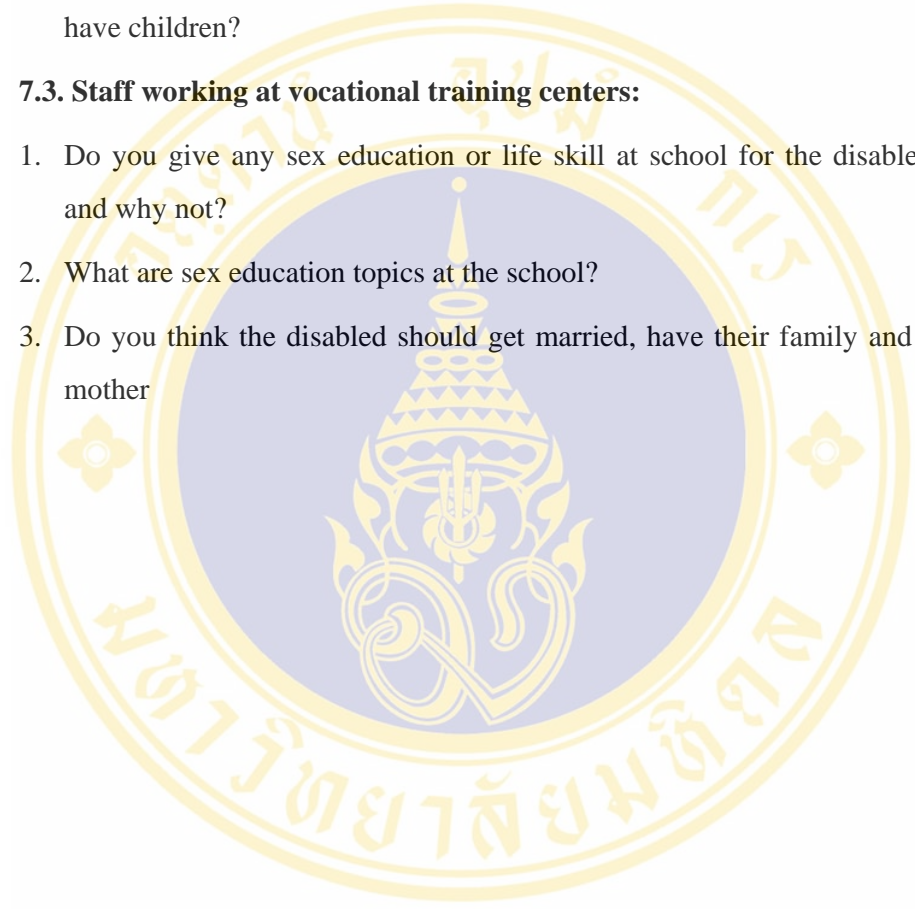
Parents:

1. How do you manage with the disable situation of your daughter since she was born and when she grew up?
2. Do you discuss with your daughter about their husband future? What do you say?
3. Do you give any sex education to your daughter? Why and why not?
4. What do you think if you find out that some boys coming to court your daughters?
5. What do you feel when the neighbors talk about your daughter?

6. What do you think if your daughter starts to date a boy and fall in love with him? What would you tell her then? Why?
7. What do you think if your daughter gets married with a boy?
8. Do you think your daughter should have boyfriend, dating, get married and have children?

7.3. Staff working at vocational training centers:

1. Do you give any sex education or life skill at school for the disabled? Why and why not?
2. What are sex education topics at the school?
3. Do you think the disabled should get married, have their family and become mother



BIOGRAPHY



NAME	Miss. Tran Thi Linh Giang
DATE OF BIRTH	17 Oct 1974
PLACE OF BIRTH	Nghe An, Viet Nam
INSTITUTIONS ATTENDED	Thai Binh Medical College, 1992-1998: Bachelor of Arts (Medical Doctor) Mahidol University, 2002-2004: Master of Arts (Health Social Science)
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