



# REPORT

**THE NEED ASSESSMENT ON  
INFORMATION, HEALTH SERVICES AND  
OTHER SPECIALIZED SERVICES  
OF TRANSGENDER PEOPLE IN VIETNAM**

## CONTENTS

LIST OF ABBREVIATIONS	5
LIST OF TABLES	6
LIST OF FIGURES	7
I. INTRODUCTION	9
1. Statement of the problem	9
2. Research objectives	10
3. Research subjects	10
4. Scope of research	11
II. RESEARCH METHODS	11
1. Research design	11
2. Sample size and sampling method	11
3. Information gathering technique	12
4. Methods of data analysis	14
5. Limitations of research methods	15
6. Ethics in research	15
III. RESULTS	16
1. Sampling	16
1.1. <i>Qualitative research</i>	16
1.2. <i>Quantitative research</i>	17
2. Demographic characteristics	17
2.1. <i>Status of intervention</i>	17
2.2. <i>Age group</i>	18
2.3. <i>Province/City currently living</i>	19
2.4. <i>Sex work status</i>	19
3. Transgender's difficulty	20
3.1. <i>Accommodation</i>	20
3.2. <i>Study</i>	21
3.3. <i>Employment and income</i>	23
3.4. <i>Identification documents</i>	26
3.5. <i>Stigma and discrimination experience</i>	27
4. Prevalence of using health care services of TG	31
4.1. <i>General health care service</i>	31
4.2. <i>Prevention and treatment services for HIV and STDs</i>	32
4.3. <i>Specialized services for TGs</i>	38
5. Demands of Transgenders	43
5.1. <i>Demand of health care services</i>	43

5.2. <i>Information demands for Transgender people</i>	53
5.3 <i>Demand for social services of Transgenders</i>	57
5.4. <i>Demand for joining the network of Transgenders</i>	61
IV. CONCLUSION	65
V. DISCUSSION	66
VI. RECOMMENDATIONS	68

## **ACKNOWLEDGMENTS**

The research team of Lighthouse Social Enterprise would like to express our sincere thanks to all Transgender people who participated and provided information to help us complete this survey.

We would also like to express our sincere thanks to the following Transgender community organizations: Venus, Ruby, FTM, We'Trans and Vietnam Network of Transgender people for their support in promoting the survey to reach the wider community of Transgender people in Vietnam.

A special thank to COC Nederland and the Bridging the Gap program for providing us the financial and technical support to carry out this research.

## **THE RESEARCH TEAM**

1. Doan Thanh Tung, Principle investigator
2. Hoang Cam Hang, Co-investigator
3. Nguyen Thi Phuong Linh, Co-investigator
4. Ha Kieu Oanh, Co-investigator

## LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immuno-Deficiency Virus
iSEE	The Institute for Studies of Society, Economy and Environment
LGBT	Les- Gay- Bisexual- Transgender
MSM	Men who have sex with men
TGs	Transgenders
TGW	Transgender Women (Male to Female)
TGM	Transgender Men (Female to Male)
SCDI	Center for community development initiatives
SOGIE	Sexual Orientation, Gender Identity and Gender Expression
STDs	Sexually Transmitted Diseases
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

## LIST OF TABLES

Table 1. Summary of sampling	17
Table 2. Differences in the use of prevention and treatment services for HIV and STDs between TGW and TGM	35
Table 3. Necessity level of health care services for TGs	47
Table 4. Necessity levels of social services	61
Table 5. Difficulty in joining the network	67

## LIST OF FIGURES

Figure 1. Gender identity of the participants in the survey	18
Figure 2. Sexual interventions for sex reassignment surgery	19
Figure 3. Age group of the research subject	20
Figure 4. The province/city currently living by the research subject	20
Figure 5. Prevalence of sex work of participant	21
Figure 6. Status of accommodation of the research subject	22
Figure 7. Educational attainment of research subject	23
Figure 8. Occupation of research subjects	25
Figure 9. Income level of research subject	26
Figure 10. The status of using prevention and treatment services for HIV and STDs	35
Figure 11. Frequency of using prevention and treatment services for HIVs and STDs	37
Figure 12. The locations of using prevention and treatment services for HIV & STDs in the nearest time	38
Figure 13. The most recently used HIV & STDs prevention and treatment services	38
Figure 14. Levels of satisfaction in provided HIV & STDs prevention and treatment services	39
Figure 15. Difficulties of TGs in using HIV & STDs prevention and treatment services	40
Figure 16. Status of using specialized services for TGs	41
Figure 17. Status of using specialized services	41
Figure 18. Most recently used specialized services for TGs	42
Figure 19. The locations of using specialized services for TGs in the nearest time	43
Figure 20. Satisfaction level of most recent using specialized services for TGs	44
Figure 21. Difficulties in using specialized services for TGs	45
Figure 22. Demand for locations for using HIV& STDs prevention and treatment services	48
<i>Figure 23. Demand for service providers of HIV &amp; STDs prevention and treatment</i>	48
Figure 24. Time demand for HIV & STDs prevention and treatment services	49
Figure 25. Demand for the types of HIV & STDs prevention and treatment services	50
Figure 26. Demand for a location to provide specialized health services for Transgenders	51
Figure 27. Expectations about medical staff providing specialized service for Transgenders	52
Figure 28. Time demands for specialized services for Transgenders	52
Figure 29. Demand for specialized services for Transgenders	54
Figure 30. Demand for associated services	56
Figure 31. Demand for information content	58



Figure 32. Demand for information channels	60
Figure 33. Demand for housing support services	61
Figure 34. Demand for using support services for education and training	62
Figure 35. Demand for employment support services	64
Figure 36. Demand for legal support services	65
Figure 37. Prevalence of participating in the Transgender network	65
Figure 38. The relationship between the prevalence of participating in the network and the intention to participate / continue to participate in the network	66
Figure 39. Desiring to improve Transgender networks	69

## **I. INTRODUCTION**

### **1. Statement of the problem**

Transgender (TG) refer to people whose gender identity or expression differ from their sex assigned at birth, regardless of the body's surgery status (iSEE, 2013). In fact, not all TGs have the need to change their bodies, however, most of them desire to live, work, and express themselves in accordance with the gender they identify with. According to a report by the Department of Legislation, Ministry of Health, there are an estimated 500,000 Transgender people in Vietnam. However, due to many different reasons, the TG community in Vietnam still lacks knowledge about sexual health and are often victims of stigma, discrimination, and unfair treatment. As a result, many often face/encounter difficulties in accessing and using health care, education and social security services.

In Vietnam, the right to sex reassignment for TGs' right to sex reassignment is officially acknowledged/legally recognized under Article 37 of the Civil Code 201. However, Clause 1, Article 36 of this Code pays no respect to the principle of self-identification of each individual. Sex change is often complex and complicated and has tremendous consequences/ramifications not only for Transgender individuals but also for society and the law. Therefore, it cannot be encapsulated in general terms in a single law but should be specified in a specific legal document (called the Transsexual Law) with detailed instructions. Currently, since the Law on Transgender has not been passed, Article 37 has not come into effect, and many TGs (including those who identify as TGs) have not been able to fully realize the benefits of this law. In this context, some TGs have sought high-priced/costly surgical services overseas despite tortuous medical procedures and the possibility of poor services and lack of postoperative care.

Government agencies, non-governmental organizations and independent individuals still fall short of providing this community with adequate support services.. A number of aid and grant projects have been implemented, but their focus is on the LGBTIQ community in general, HIV/AIDS-related topics, or groups of men having sex with men (MSM). The activities carried out by the TG-focused organizations are mostly limited to knowledge and skill-training sessions to prepare members for rights advocacy and leadership or talkshows to share experiences of people have undergone sex reassignment. Social security needs such as health care, education, training and support for employment, career guidance, information, and advice for TGs are huge but have not been paid attention to/have not received enough attention, creating a gap in social security services in general for this population group. At the time the

research team started conducting qualitative research, there was no study focusing on this target group and topic in Vietnam.

Therefore, the research team conducted a study, “*Understanding the need of access and utilizing health care services, social services of Transgender people in Vietnam*” to explore and understand the specific and basic needs of TGs, provide new scientific data and add to existing literature on TGs in particular and the LGBTIQ community in general, formulate appropriate recommendations for policies and interventions based on research findings, address the needs of older persons in the studied group, and reduce disparities in access and use of social security services among group members.

## **2. Research objectives**

### **- *General objective***

Assess the needs of TGs in accessing information and using health and social services in Vietnam, in order to propose appropriate solutions to ensure equality in accessing and using the Social security services to all TGs..

### **- *Specific objective***

- Understanding and identifying the needs of TGs in accessing information on and using health and social services in Vietnam.
- Proposing appropriate solutions to meet the needs of TGs in accessing and using health and social services.

## **3. Research subjects**

- Our research subjects are TGs living and working in Vietnam. In this study, the research team defined TG as a person whose gender identity is different from their sex assigned at birth, whether or not they have had sex-reassignment surgeries. (FAQs on Transgender, 2013).

### **- *Selection criteria:***

- Vietnamese citizen, aged 18 years and over
- Living in Vietnam (specific requirements for participants in the in-depth interviews and group discussions: Living in Hanoi for at least 12 months prior to the time of research participation)
- Self-identify as an TG (may not have, or have been undergoing sex reassignment surgery)
- Consent to participate in the research

### **- *Exclusion criteria:***

- Disagree to participate in the study
- People with cognitive disorders or inability to answer questions.

#### 4. Scope of research

- Duration: The study was conducted from November 2017 to February 2019
- Location: In Hanoi, Vietnam (Qualitative research)

Across all provinces /cities in Vietnam (Quantitative Research)

## II. RESEARCH METHODS

### 1. Research design

Descriptive cross-sectional studies with analysis, combining quantitative and qualitative research methods. In particular, qualitative research was conducted in advance to investigate and identify the need to access information and use health care and social services of Vietnamese TGs. Quantitative research is then conducted to generalize the results of qualitative research.

### 2. Sample size and sampling method

#### 2.1. Qualitative research

In discussions with several Vietnamese TG organizations including WeTrans and the Vietnam Transgender Network, the research team invite 24 TGs including 12 TGW and 12 TGM belong to 3 different groups in terms of medical intervention.

Method	Subject	Quantity		
		TGW	TGM	Total
In-depth interview	Non medical intervention	2	2	4
	Using medical intervention	2	2	4
	Had medical intervention	2	2	4
Group focus discussion	Non medical intervention	2	2	4
	Using medical intervention	2	2	4
	Had medical intervention	2	2	4
	<b>Total</b>	12	12	24

The research team intentionally selected 3 "seed" samples according to the following criteria:

- Have a wide network of social relationships with other TGs.
- Open, comfortable and willing to share information

These "seeds", after participating in the study, will introduce other TGs in the community to the research, then transfer the contact information to the research team if they are interested and agree to share information.

## 2.2. Quantitative research

The research team used a sample size calculation at <https://www.surveysystem.com/sscalc.htm>

The image shows a web-based calculator titled "Determine Sample Size". It has the following fields and controls:

- Confidence Level:** Radio buttons for 95% (selected) and 99%.
- Confidence Interval:** A text input field containing the value "9".
- Population:** A text input field containing the value "300000".
- Buttons:** A blue "Calculate" button and a grey "Clear" button.
- Output:** A text input field labeled "Sample size needed:" containing the value "119".

In Vietnam, there has not been any research or survey that accurately calculates the number of Vietnamese TGs. However, according to world data, the proportion of TGs accounts for about/falls between 0.1% - 0.5% of the population. Opting for the average 0.3%, the research team estimates that there are around 300,000 TGs living and working in Vietnam. Thus, the sample size for quantitative research is  $n = 119$ .

The research team approached participants through contacts in community groups/organizations working with TGs and members of the executive board of the Vietnamese TG Network. The invitation to participate in the survey and the direct link to the survey will be sent in two forms either via participants' email and or via facebook channel and websites of the aforementioned organizations and community groups. The research team also encouraged the surveyors to introduce this survey/spread knowledge about the research and survey to their TG friends in order to diversify the epidemiological characteristics of the participants. After completing the survey, each person would be provided with a survey code to introduce to their friends and to avoid object duplication and control the reward system.

## 3. Information gathering technique

### 3.1. Qualitative information collection technique

### *3.1.1. Method of data collection*

Qualitative data was collected by using/through in-depth interviews (IDI) and focus group discussions (FGD) based on the IDI and FGD guidelines that the research team had prepared. Before conducting IDI, FGD, the researcher introduces the purpose, goal, and content of the research as well as rights, benefits and risks when participating in the study for participants, then verifies/confirms research participations via verbal consent/then obtains research participants' verbal consent to participate in the research. Each IDI and FGD will be conducted by 2 researchers, one in charge of IDI/ FGD according to the contents mentioned in the Guidelines and one in charge of secretary tasks, documenting the contents of the discussions. IDI and FGD meetings will be recorded with the consent of all participants. The length of IDI/FGD is between 45 and 60 minutes.

### *3.1.2. Data collection tool*

The qualitative tool collection includes 01 in-depth interview guide and 01 focus group discussion guide. These guidelines have been developed by the research team and adapted according to the input of researchers and experts with experience in the fields of gender and health.

The main information contents include:

- The current situation of life of TGs and the difficulties, barriers to accessing their health and social services;
- TG's needs in accessing and using health services;
- TG's needs in accessing and using social services (housing, education, job, legal services);
- TG's needs in accessing information
- Proposing appropriate solutions to build and improve services for TGs.

## **3.2. Quantitative information collection technique**

### *3.2.1. Method of collection*

An online survey toolkit is developed to collect quantitative data. Due to social stigma and stereotypes, Transgender groups are less likely to come out/to be publicly open about their gender identity. In order to ensure the privacy of research participants, quality of collected data and geographical coverage, the survey was conducted online via the Google Form platform. Through this data system, members of the research team and the program staff will get an understanding of the quantity and quality of the questionnaires collected during the day. Data collection through online questionnaires allows input from surveyants to be directly analyzed on thus reducing time, cost and especially errors in data entry. Synchronized data will be

cleaned and processed by the research team. Paper questionnaires will also be used to collect quantitative data when needed.

### **3.2.2 Collection tool**

The quantitative data collection toolkit is built based on the initial analysis results of qualitative research. The questionnaire was conducted through an online survey of 54 questions, including:

- Demographic information: 10 items/questions
- Demand for health care services of TGs. Including:
  - HIV prevention and treatment services, sexually transmitted diseases (STDs): 12 items/questions
  - Specialized services for TGs: 11 items/questions
  - General health care services (when getting sick, or having health problems): 8 items/questions
  - Other services: 1 item/question
- Information needs of TGs: 3 items/questions
- Demand for social services (accommodation services; education and training services; employment services, legal services) of TGs: items/questions
- Demand for joining the network of TGs: items/questions

The toolkit was developed by researchers in Lighthouse Social Enterprises and has been tested with the target group of TG in the WeTrans organization for adjustment before conducting official data collection.

## **4. Methods of data analysis**

### **4.1. Methods of qualitative data analysis**

All in-depth interviews and group discussions were tape-recorded and later transcribed. The researchers then used an open-source encoder to encode the information and import it into Microsoft Office Excel software for management and analysis. The information is organized into each topic based on the goals and research tools.

### **4.2. Methods of quantitative data analysis**

During the period from November 7<sup>th</sup> to December 7<sup>th</sup> 2018, the survey attracted 143 participants. Paper questionnaires/ A paper questionnaire with logical errors or with many questions left unanswered were discarded, and finally, there are 119 responses in the final dataset. The data is then transferred directly from Google Form to Excel for data cleaning (the

second stage of data analysis). The final data from the Excel file is transferred to SPSS 20.0 software for analysis.

## **5. Limitations of research methods**

### ***5.1. Qualitative research***

Due to limited time and resources, qualitative sample size is still small and not representative. Therefore, the research team continued to conduct quantitative research with a larger number of samples and on a wider scale to review existing qualitative results and generalize these results on a larger community.

In addition, since/as research participants belong to a socially stigmatized group, interaction with them was largely/for the most part limited and difficult. However, with the help of/assistance of three participants, we could make connect with/reach a large number of other participants more easily.

### ***5.2. Quantitative research***

Given that the quantitative research was randomly surveyed until the expected number of online responses were met, there is a gap in the number of responses provided by TGM and TGW. In fact, there were significantly more responses from TGM, which may affect the overall findings of this research reflect greater needs for services among TGM.

The research wish to delve into the experiences with and needs of using specialized health services for TGs, but the majority of Transgender people in the study did not use hormones and had not undergone sex reassignment surgery. Therefore, this research lacks sufficient database to find out whether there is a difference in demand for services between TGs with and without medical intervention.

The research was conducted for a short time (November - December 2018), so this is a quick research to find out about TG's experience and demand for information and medical services.

## **6. Ethics in research**

### ***(1) Voluntary***

Participation in the research is completely voluntary. The purpose, subjects, and contents of the research and rights of participants were explained to participants before data collection. After the respondent answered "Yes" to the question "Do you agree to participate in the survey/research based on reading and understanding the information provided", IDI/FDG/survey is conducted.

### ***(2) Confidentiality***



All collected information is only used by the research team for analyzing TG needs for health services, not for commercial purposes or activities that may jeopardize participants' personal security/safety. Participants' identity will not be revealed. Electronic data will only be accessed through the login account of the research team data manager and not shared with any other third party.

### III. RESULTS

#### 1. Sampling

##### 1.1. Qualitative research

The research team conducted 09 in-depth interviews and 04 focus group discussions with a total of 19 participants, of which 12 are TGW and 7 are TGM respectively. The research team only interviewed 19 people due to the fact that at the time of collecting information, the number of TGW who had underwent no intervention was low, and TGM were less visible.

*Table 1. Summary of sampling*

Method	Object	Quantity		
		TW	TM	Total
In-depth interview	Non-medical intervention		1	1
	Using medical intervention	4	2	6
	Had full medical intervention	2		2
Group focus discussion	Non medical intervention	1	2	3
	Using medical intervention	5	2	7
	Had full medical intervention			
	<b>Total</b>	12	7	19

Note:

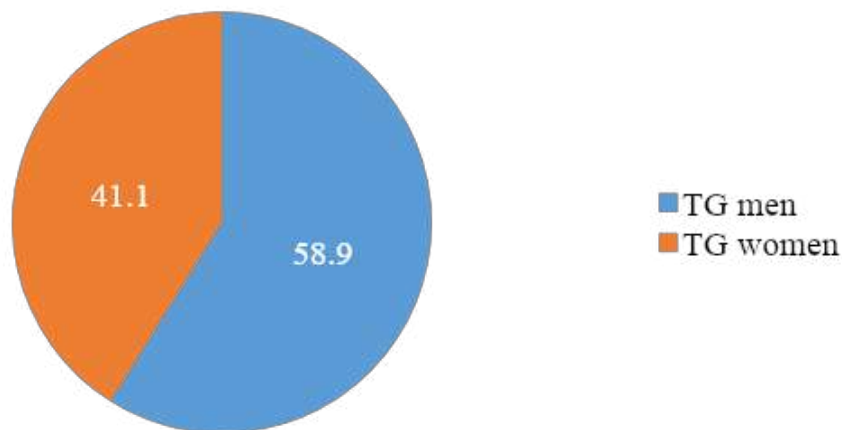
Non-medical intervention: TG who has not done any intervention (hormone, surgery...)

Using medical intervention: TG who is using hormones, or having breast or genital surgery (but not completely)

Had full medical intervention: TG who had implemented a fully intervention (both breasts and genitals), may/may not be currently using hormones.

## 1.2. Quantitative research

After conducting the evaluation and data cleansing, we selected 119 quality questionnaires and used them for analysis. Out of the 119 TGs participating in the online survey, 70 respondents identified themselves as TGM, accounting for 58.9%, while 49 respondents identified themselves as TGW accounting for 41.1%.

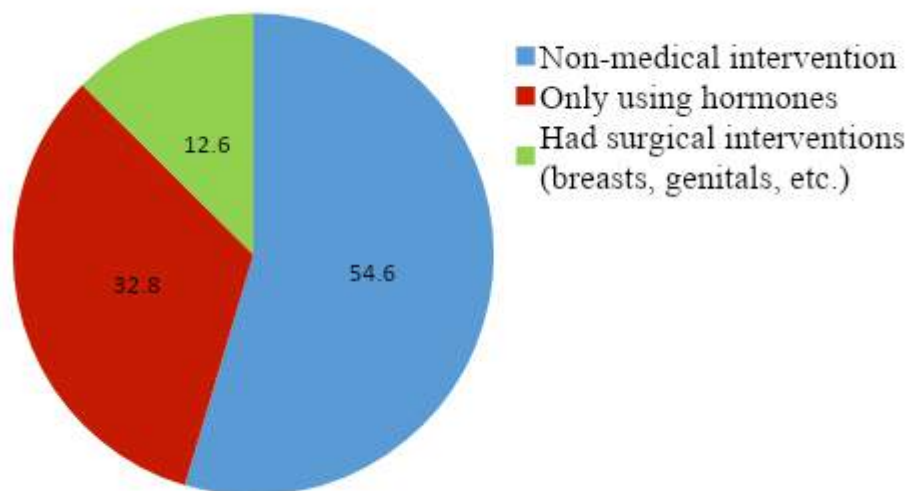


*Figure 1. Gender identity of the participants in the survey*

## 2. Demographic characteristics

### 2.1. Status of intervention

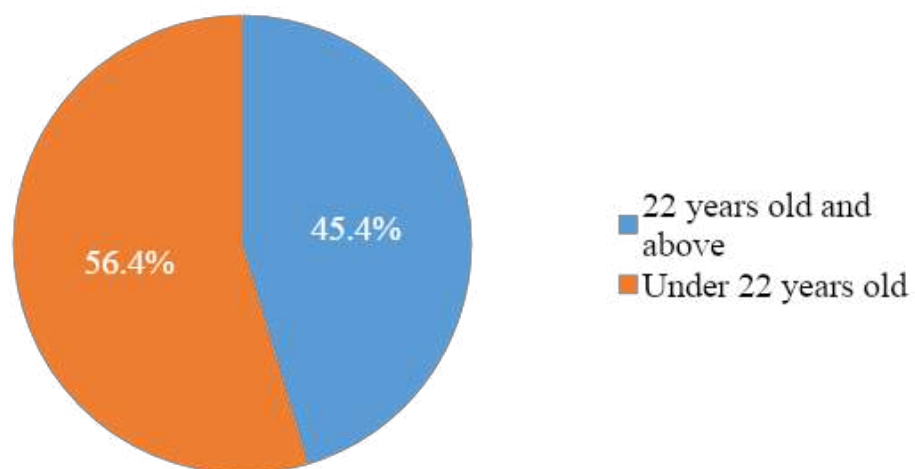
Results of online surveys showed that those that had surgical intervention accounted for a very small proportion (15 people, accounting for 12.6%). TGs that use hormones accounted for 32.8% (39 people). Respondents without medical intervention/with no-medical intervention accounted for the largest proportion of 65 people (54.6%). This is also consistent with the actual rates of medical intervention in the TG community as reported by other surveys/studies. During the process of working with We'Trans, the research team was told that most Vietnamese TGs have not had any interventions due to legal and economic barriers. Only a small group uses hormones, and very few TGs are physically and financially able to have surgery. In in-depth interviews and focus group discussions, only 11 people reported that they have had/received medical intervention (2 people underwent complete sex-reassignment surgery).



**Figure 2. Sexual interventions for sex reassignment surgery**

### **2.2. Age group**

The average age of participants is 22 years old. In particular, the youngest age is 16 years old and the oldest is 35 years old. According to statistics obtained through our research samples/according to our statistics, 54 participants aged 22 and over (45.4%) and 65 participants were under 22 years old (56.4%). The research team initially expected to attract people of more varied age to participate in the survey. However, as/since the survey was completely done online and completion of the questionnaire requires certain Internet skills, most participants/the majority of participants were young people.



**Figure 3. Age group of the research subject**

### 2.3. Province/City currently living

Respondents mainly live in big cities like Ho Chi Minh (35 people or 32.4%), Hanoi (27 people or 25%), Nghe An (16 people or 14.8%). Other participants live in different provinces/cities across the country such as Binh Duong, Can Tho, Da Nang, Son La, Rach Gia

...

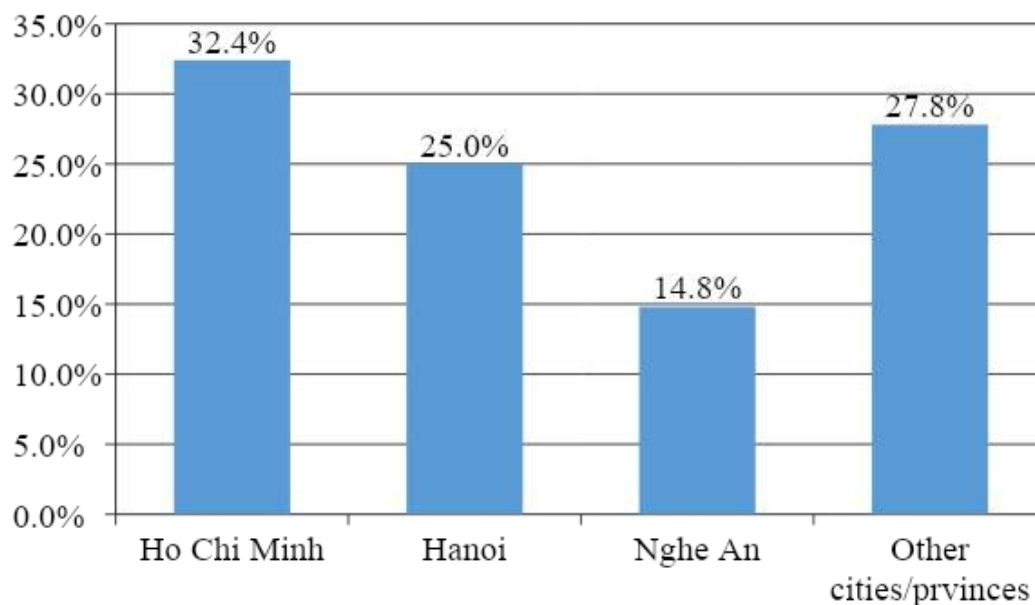


Figure 4. The province/city currently living by the research subject

### 2.4. Sex work status

When asked about sex work status, 23 respondents (19%) shared that they sold sex for money, gifts or other personal interests. In particular, the percentage of Transgender sex workers is 7.5 times higher than that of male Transgender respondents.

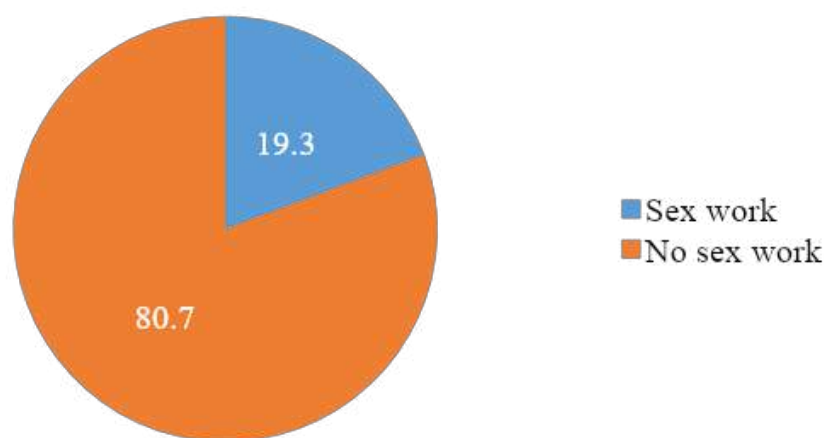
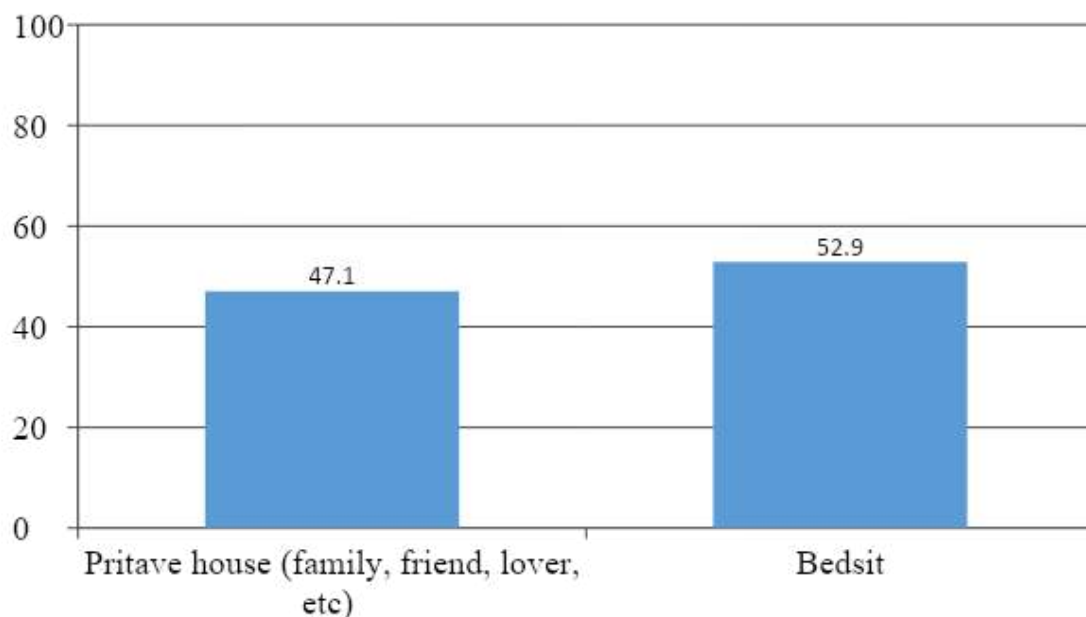


Figure 5. Prevalence of sex work of participant

### 3. Transgender's difficulty

#### 3.1. Accommodation

In terms of accommodation, the number of TG respondents who are living in private houses and bedsits was roughly the same. Specifically, 56 (or 47.1%) of those taking part in the survey shared that they live at their own home (with family, friends, lovers ...) while 63 or 52.9%) live in rented accommodation. The majority of TGs participating in the survey are still young; most of them are students/ fresh graduates, and working in big cities, and therefore live mostly in rented houses or apartments.



*Figure 6. Status of accommodation of the research subject*

All participants in in-depth interviews and focus group discussions are living and working in Hanoi. Most of them either live with their family or share rental accommodation with other Transgender friends. A small number of TGs in the study are living with homosexual friends or close friends who have accepted their gender identity.

In particular, those who are renting accommodation often face more difficulties than those living with their family due to renting procedures, harassment, incivility on the part of landlords or fellow tenants, and other safety issues.... Mismatch between participant's gender identity/expression and their sex assigned at birth as shown on personal documents causes them a lot of difficulties in the rental process/means participants have to go through a lot of hassles in the renting process. This happens with both TGM and TGW.

*Last year, I got a tomboy haircut. When I looked for a room for rent, the owner said it to my face that, "Gay men are not allowed to rent here/not welcomed here", no matter*

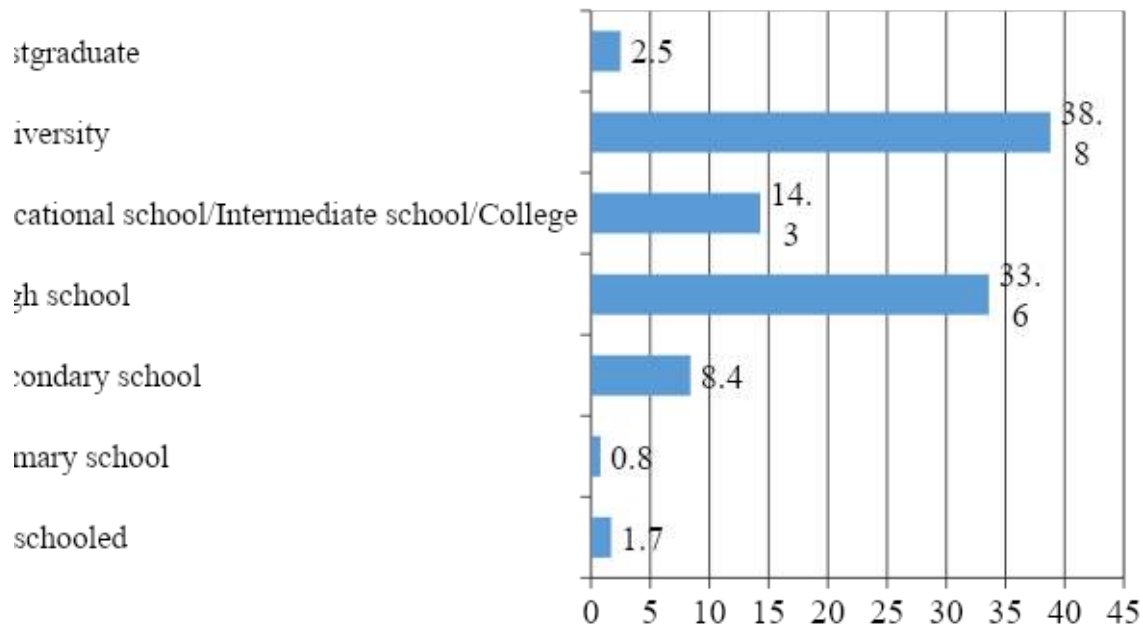
*how you are. I've known of other cases where effeminate gay men experience similar issues in finding or renting a house. Because homeowners have a lot of prejudices against them. Homeowners almost invariably refuse to rent their accommodation to Transgender people. It is actually a lot harder/more frustrating for Transgender people. (PVSTGW6)*

Therefore, when renting a room, TGs often try to not reveal their identity/conceal their identity. When the landlord or neighbors accidentally see the Transgender tenants wearing makeup or in disguise, they will either try to have TGs kicked out of their abode or harass and gossip about them on a regular basis.

*I rent a place near my school. One day, the landlady saw us wearing makeup and dressing in feminine clothes/conducting ourselves like women when we went out and said that she could not allow us to stay any longer. She made an excuse, saying that there is a leak in the roof that needs to be fixed. But then she told me that if the police came for inspection, she didn't know what to do because we were registered as male on our papers/documents/ID so we could not just live like that. (TLNTGW2)*

### **3.2. Study**

In terms of educational attainment, most of the TGs participating in the survey have at least completed high school and there was no significant education gap/disparity between TGM and TGW in the survey. In particular, those who obtained high school or university-level education accounted for 38.8% (or 46 people), the highest proportion compared to the percentage of those with lower educational levels. . 17 people (14.3%) attended vocational/intermediate/college schools. This result is different from/doesn't match findings from other surveys done with TG respondents such as the research on services for Transgender people in 6 provinces of Vietnam (SCDI, 2018), which found that the educational level of the majority survey participants is high school and below. This may be explained by the fact that most participants in this survey are of relatively young age and live in big cities/metropolitan areas. Compared to participants in other surveys, they understandably have obtained much higher educational levels..



**Figure 7. Educational attainment of research subject**

The research results show that there is no significant education gap among participants; however, during in-depth interviews and group focus discussions, interviewees/participants said that TGM generally have/enjoy higher level of education. In fact, it largely stems from the fact that TGM are influenced by gender expectations in the society/have internalized gender norms and social expectations for men (for example, the notion that men should be career-oriented, ambitious, and financially stable). Such notions push TGM to go out of their way to achieve career successes and wealth.

*TGM want to be financially independent, so they're all trying to pursue higher/tertiary education. According to many studies that I read, trans men are generally more educated than TGW. (PVSTGM2)*

*I've never seen my Transgender male friends drop out of school because most of them are quite ambitious and tenacious. Even bullying can't stop them: they'll get straight up everytime they fall and show people that they won't ever lose.. (PVSTGM3)*

In contrast, Transgender female tend to quit school early. Although both Transgender females and males are aware of and gradually reveal their gender identity from an early age, trans females are more likely to be teased and isolated by their peers than trans males because of their display of femininity. Gender non-conforming behaviors basically transgress social norms, and most people in society have internalized these norms to such an extent that accepting anything that subverts these norms is difficult, if not impossible.. Ignorance on the

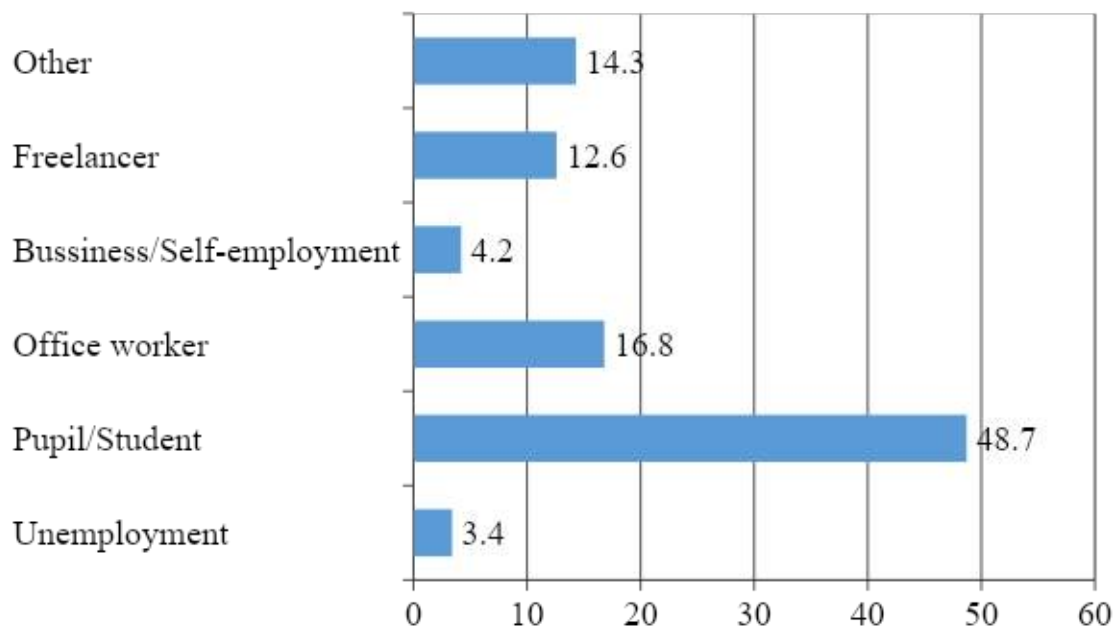
part of school authorities and teachers also deprives TGW of their much needed support and leaves them with no other option but to quit school. .

*For example, when I participated in P.E sessions some of the boys from other classes, upon seeing me, would tease or discriminate against me. I would suddenly become a joke/laughing stock for others in school. (TLNTGW4)*

Besides, lack of familial/parental support and understanding and discriminatory acts from family members (such as withdrawal of financial support, detention, and even violence) upon discovering the gender identity of their kids are reasons why TGs could not complete the school.

### **3.3. Employment and income**

The majority of respondents are quite young, so the proportion of participants who are still attending school is very high (58 people, accounting for 48.7%). Another large percentage of 16.8% (or 20 people) was office workers . Next is freelance workers (15, accounting for 12.6%). There is a small percentage (4 people, accounting for 3.4%) of respondents who are currently unemployed.



**Figure 8. Occupation of research subjects**

TGs work in many different fields/in a variety of fields and jobs, but the majority of TGs participating in this research hold either unstable or temporary part-time jobs. Specifically, the majority of TGM work in restaurants or engage in freelance jobs and self-employment, while TGW tend to work as cosmetologists. In particular, there are quite a lot of TGW who



have low education level and have no clear career goals and therefore rely on sex work to earn a living.

*It is estimated that in my relationship with 10 friends, about 7 or 8 of them have done sex work. It's regular and it's their main income. (PVSTGW5)*

*I'm bored because we don't really have a job, we don't sell clothes at all. I only stay at home and meet up with customers/clients, I don't have any job. Just doing sex work. We are TG so we often do sex work, a lot. (TLNTGW3)*

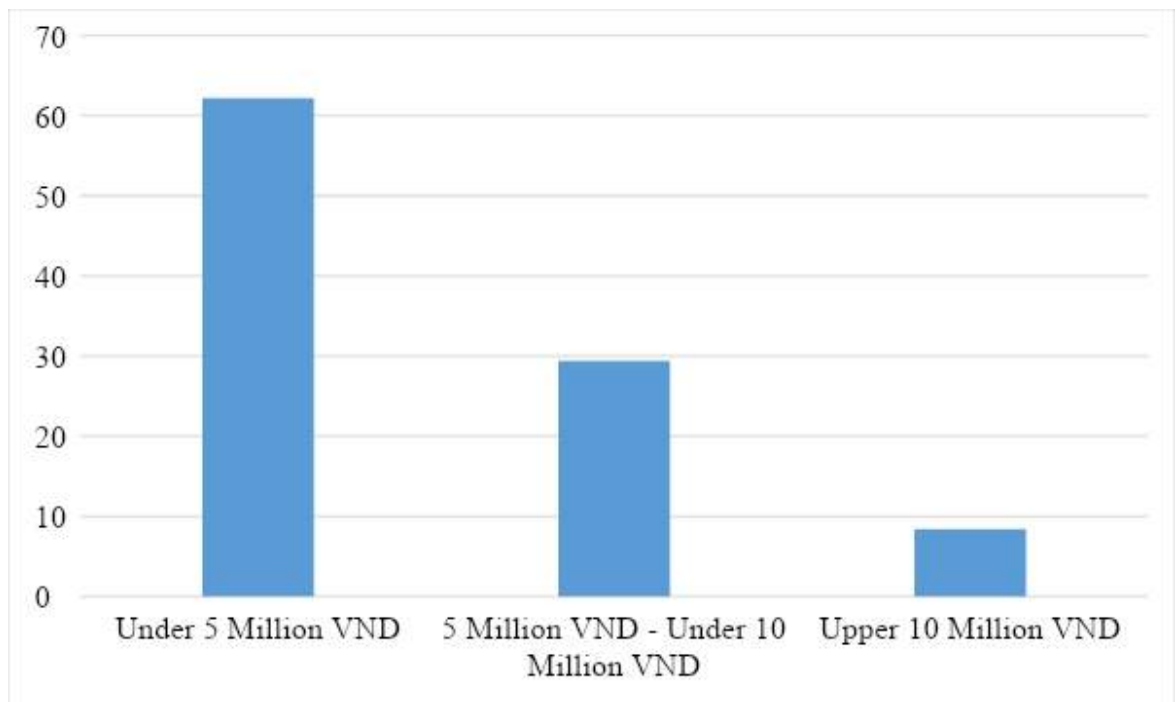
TGs have many difficulties in finding a job, applying for a job and maintaining a stable job. Stigma and discrimination from employers, colleagues generate unfriendly or even hostile working environments for many TGs. .

*For example, I used to apply for part-time jobs so I could earn some cash after class.. I applied for 10 jobs and was rejected by all 10. It was like that until I had to find a job that requires no qualifications or documents. It's like I had to compromise and conceal my gender identity to be accepted. One word about it and I'd be out. (TLNTGW6)*

Most of participants in the survey experienced stigma, discrimination and even harassment in the workplace. The common forms of stigma and discrimination include employment discrimination, pay discrimination, or incivility (gossiping, teasing, isolation..) on the part of colleagues and managers/employers. .

*I worked at different jobs/places but stayed for a very short time, usually 2-3 months because my co-workers kept gossiping about me. After that, when I moved into the hotel and restaurant field, I again experienced harassment when I used the men's toilet (PVSTGM2).*

Speaking of the reason of all this, well, *first of all, the HR department of most companies discriminated against TGs and would simply turn down TG applicants. Even if they got accepted they would continue to be discriminated, their competence always underestimated by co-workers and higher-ups/employers, and they would not be assigned very important tasks.. There's almost no recognition for TGs at work, so to speak.. Even the promotion process for TGs and heterosexual people is not the same. (PVSTGW5)*



**Figure 9. Income level of research subject**

**The** majority of participants in the survey have low income. Most of research participants have monthly income that falls below 5 million VND (74 people, accounting for 62.2%). The group whose income falls between 5 million and 10 million ranked second in number (35 people, accounting for 29.4%). Only ten people (8.4%) earn more 10 million a month. Most of survey participants are students and therefore have relatively low income.

Due to discrimination at school or workplace, the income of TGs in this research is unstable. TGM are more active in finding jobs/employment to gradually become less dependent on their families.

*At the moment, except for my tuition, which is still defrayed by my family/parents, I have to earn my own money to pay for other fees and my living expenses. Without such part-time jobs, I feel insecure and financially dependent (PVSTGM03).*

*All Transgender sex workers participating in in-depth interviews and focus group studies are TGW. Although they are middle-income workers/individuals, their earnings are by no means stable and vary between months. Their income often only covers basic necessities.*

*I earn enough to live, enough to pay for rent, food, and utility bills. I don't really have much money left over after that. Basically there's not enough money to set aside for savings. (PVSTGW06)*

The average monthly income of most participants is about 4-6 million VND, and some of them are also supported by their families because they are students. However, receiving

support from the family discourages many TGs from revealing their gender identity to relatives or family members due to fears that their financial support will be withdrawn

*Because I am still going to school now,, my family provides me with monthly allowance, so I still struggle to gain more economic/financial independence. . If I come out, I could be cut off from financial support. (TLNTGW02)*

Besides economic support from the family, some TGs also receive support from their boyfriend/lover. In some cases, besides taking care of themselves, TGs also have to earn money to support their family.

### **3.4. Identification documents**

TGs in Vietnam encounter many difficulties in life due to issues related to identification documents. TGs that have modified their appearances in accordance with their gender identity are often denied employment opportunities due to mismatch between their gender expression and appearances and their biological sex as shown on their documents

*When going to work, people will ask for your resume and identification documents. If I have long hair, for example, and I'm still registered as male on my documents, there'll be trouble, you know. . Employers won't know if this is really me or if it's some kind of fraud. That's really an issue..(TLNTGW6)*

Therefore, many TGs often choose to wear clothes based on their biological sex as shown on identification documents so they can get a job. This means many TGs have to hide their gender identity at work. A few other TGs will choose to convince their employers.

Well so what I do is to explain to people why I identify as female but is registered as male on my papers and hope they'll understand. (TLNTGW6)

*Issues with identification documents are commonplace among both TGM and TGW*

For me, one problem/issue is aligning my gender identity and expression with my name and registered sex. *I think that's an issue for both us and TGW (TLNTGM1)*

In addition to the inconveniences/hassles associated with job application, TGs also face difficulties in the process of housing, resident, or exam registration.

Sometimes when I have to show public officials my identification papers as part of the procedure, they'll be very surprised and start asking questions. *Like why I am registered as male but act and dress like a woman. That sort of thing. That causes many of my friends to drop out of school and makes it difficult for them to apply jobs or to advance to higher education to look for better employment opportunities (TLNTGM1)*

In accordance with human rights and equality principles, in healthcare services, Western countries have implemented a health system for TGs, focusing on individuals who desire sex reassignment surgery. Many Western countries' laws and health practices now support sex reassignment surgery and allow for changes of personal documents after sex reassignment surgery and prohibit discrimination based on gender expression. In Vietnam, these issues are currently being considered after the National Assembly passed the Civil Code 2015 but no specific instructions for implementation have been issued yet. In this context, many TGs still cannot change their names and genders on identification papers; so most of them have adopted "stage name" or nickname.

A small number of TGs are trying to change their information on identification to match their gender identity.

*From 2015 until now, they have changed their name a lot even without legal recognition. (PVSTGM01)*

However, the numbers of TGs that can change their full name and gender successfully account for a very small proportion, and such changes are often on a case-by-case basis, depending on factors such as region, family support, and understanding of administrative staff.

*They draw the conclusion that it is easier to change names in small provinces than in big cities because the procedure is simpler as long as their parents go there. TGs usually ask for a minor change in their middle names. Anyone who wants to change their full name would be more difficult. Some fortunate enough to have the same name as their family ancestors have it much easier. They are told that if there were any namesake in the genealogy, they would be supported to change the name. (PVSTGM1)*

### **3.5. Stigma and discrimination experience**

#### **3.5.1. Relationship with family**

Most research participants I already came out to their family, either by straightforwardly divulging their identity to family members or dropping hints to family members. Our analysis shows that/Research findings reveal that the TG families react differently to such revelations, but only a very small number of TGs actually gain acceptance, sympathy, and support from their family.

*"I think I am luckier than other Transgenders because my mother knows and accepts me. I also said that 'if you don't let me live as a girl, at least don't marry me to a woman'. My mother said 'it's up to you'. It doesn't matter if you keep living like that'." (PVSTGW6)*

In general, most TG families initially refuse to accept their children's gender identities though most change their minds afterwards. For example, *"My parents always want to hide me from visitors and relatives, when I go back to my hometown. My parents would tell me to just go out and greet visitors or relatives and then I could just go back to my room "* (TLNTGW4)

In addition, when considering the extended family relationship (including grandparents, uncles, siblings), all TG participants in the study have experienced discrimination and received impolite remarks from relatives.

*Everyone said that if my family could not afford it (surgery?), it would be fine to live normally, or tell me to just get married. Actually, sometimes I want to go home, but I am afraid my uncle would ask, "So, have you cured your homosexuality?" They still think I'm infected. There is a cousin who told me that I was in the city, so I imitate others gay men. That cousin even studies in medicine in college. "* (PVSTGW6)

*In general, misconceptions about gender and sexuality are still entrenched in Vietnamese culture/society. Therefore, TG families have a difficult time accepting their children's gender or sexual nonconformity. .*

Many parents try to change their children's sexual orientation, gender identity, and gender expression by getting medical treatment for their children or by putting pressure on them such as by scolding them: "My family make clear their aversion to my dressing like a girl though I didn't come out yet. I often get scolded by them." (TLNTGW1), or threatening to withdraw financial support as one shared: *"When I came out<sup>1</sup> with my family, the situation was very stressful, my parents cut off all my income and expenses. Because at that time, my parents had the thought that I was like this due to influences from bad friends, so my family kinda kicked me out and cut off all income and expenses. Even now, except for my school fees, my family refuses to spend even a penny more on me"* (PVSTGM3).

Some families force TGs to leave school. *"When I went to college, I began to have hair extensions, but when my family knew/found out, they withdrew support. They came to find me and asked me to quit school "* (TLNTGW5). This type of reaction explains why many TGs have low education level and have to resort to sex work to earn a living *"At that time, I hadn't finished my studies, and my parents didn't let me go to school anymore, so I had to do those works."* (TLNTGW1)

---

<sup>1</sup> The concept indicates the clear disclosure of one's own sexual orientation to others

More severely, some TGs were also taken to hospital by their families, or forced to have spouses to have children or even locked up in their own houses. *"My parents isolated me in my own room. I didn't go out and didn't interact with anyone. My family demands control over everything, even my text messages "*(PVSTGM3). Others are kicked out of their house and disowned *"We know many cases where people from Ruby group came out to their families, then were disowned and kicked out. They have no shelter or refuge after that."* (TLNTGW3).

*Unwillingness to come out on the part of many Transgender people is due to these negative reactions/is attributable to these negative reactions.* They choose to have a double life, which means they live true to their gender identity when living away from home, and they adopt an identity in sync/in line with their biological sex at home. However, some other TGs have had open dialogues and gradually gained understanding from their parents.

*"My family still has not fully accepted it now, but compared to the previous period, my life is so much more comfortable."* (PVSTGM2)

### 3.5.2. Relationship with the community

Stigma and discrimination still persist and manifest in a variety of ways/take a variety of forms. For instance, discrimination could be expressed through one's look/gaze, gestures, actions, or words or could even amount to isolation, harrasment, or even mental and physical violence.

In school, TGW are often teased and shunned by classmates. A TGW shares her high school experiences: *"For example, during some P.E sessions that I participated in, some of the boys in the other class would tease me and pass rude remarks upon seeing me, turning me into some sort of a laughing stock for the entire school* (TLNTGW4).

*At workplace, apart from the instances if discrimination in recruitment, Transgender people are also discriminated by their co-workers while working.*

*Some people would be comfortable with us, but only during brief interactions. Employers wouldn't hire us for fears of losing customers due to our very presence..* (PVSTGW1)

TGs often have loose links with the general community because there is not much interaction. Although TGs participate in activities such as learning, working, and social activities like other population groups, they often face more difficulties due to stigma, discrimination, ignorance and lack of support from their own social community.

*There are many Transgenders who do not keep contact with other people, other TG and with the community. They have contacts with only a few people because they keep holding back their feelings.* (PVSTGW1)

Stigma leads to self-isolation among TGs, who interact with almost only people in their own community. *“In terms of relationships, I always go with people in the community, so I find it's normal.”* (PVSTGW6), and some of them even avoid contacting other TGs.

*It was not until this year that I knew about the concept of Transgender. I perceive myself as a Transgender people but I am not close to any Transgender people. Sometimes I find it uncomfortable to interact with other TGM. (PVSTGM1)*

On the contrary, there is a group of Transgender people that have come out and decided to live true to their gender identity.. Due to their desire to be recognized/for social recognition and acceptance, some of them are quite defensive, which hinders their interactions with other people

Some are quite defensive and react quite strongly when people use the wrong pronouns to address them. (PVSTGM1)

Some of them choose to live a normal/ordinary life, without clearly revealing their gender identity.

*Everyone doesn't know if I'm a male or a Transgender because I'm gender-neutral.* (TLNTGW4)

On the other hand, among TG women who have undergone full surgery or are married, some gradually separate themselves from the TG community, have little social contacts/few social relationships and participate less often in activities in order to live like a real woman.

*Because I am married, my life is different from the others; I rarely hang out with my friends (PVSTGW4).*

### 3.5.3. Self-stigma

The current TG community still faces many stigma and discrimination in life, which stems from from ignorance among a large portion of members in society and social norms. Therefore, TG themselves gradually discriminate against their own gender identity, especially at an early age, when they realize that their it is different from their biological sex. They, however, do not receive any support, education or opportunity to access information related to gender and sexuality/Transgender issues. TGs often tend to reject their gender identity, sexual orientation, and are afraid to share their identity with others and even have suicidal/self-destructive thoughts.

*Stigma is always present and discrimination will always persist and we will always be discriminated against (TLNTGW2)*

*When my lover's family found out, I felt really bad and wondered why I was not like normal people. They don't need to do anything to be accepted while I have to. ”* (TLNTGM2)

#### **4. Prevalence of using health care services of TG**

According to Maslow's hierarchy of needs, there are five vital human needs, from the most basic needs (first floor) to the highest needs (the fifth floor). In particular, the need to access and use quality health services is located in the second level of Maslow's pyramid, above basic needs such as eating, having a shelter, etc. This shows the necessity of health care services to the life of the TG community as well - a group with specific characteristics that need appropriate health care activities.

In this research, the research team divides the health services for TG into four main service groups, including general health care services (common physical health conditions such as illness, fever, cough, cardiovascular disease, etc), HIV or STDs prevention and treatment services, specialized services for TGs (hormones, surgery, etc), and cosmetic services for TGs.

##### **4.1. General health care service**

Among the health care service needs for TGs, the need for general health care services is one where TGs have many similarities to the community. They also have needs for medical examination and treatment when they have health problems (illness, fever, cough, digestive, respiratory, cardiovascular diseases, etc) or physical examination to find a job, body tests (blood tests, urine tests, etc.) to ensure conditions for using certain medicines or hormones. Due to the great demand from society, these services are very popular, accessible and available at all public health facilities or private health facilities. In addition, some TG-focused projects also provide these services.

However, some TGs are still afraid to access and use health care services when they have health problems. *"I don't feel very well, you know, like there's some health problems with my body. Most normal people, when they have a small health problem or when they have a slight doubt about it, they will go to the doctor, but TG people will be afraid"*(TLNTGM3). Instead, they will often buy medicines or find their own treatment/cure, as one of them shared: *"If I have a mild illness, I can buy medicine myself. If it gets serious, I will go to the hospital and see the doctor. "* (PVSTGW1)

The research's results show that the reason most TGs are unwilling to seek health care services at credited health facilities is that they have concerns about stigma and discrimination at health facilities/health care centers. The majority of TGs think that many medical staff ask impolite questions that have nothing to do with medical assessment and also display unfriendly attitudes.



*When I need to see a doctor, I don't want to go, basically because of the attitudes of people working there. I only went to a doctor once and then I don't want to go back. (PVSTGM2)*

The lack of privacy and facilities also complicate TGs' utilization of services. Some of the X-ray and Radiography rooms are divided into male and female sections, which is not convenient for Transgender people.

*It is not very appropriate when a Transgender male go to see a doctor and sit in an area designated for girls. And for example, you have to get urine sample, you have to change clothes, and it is inappropriate to do so in a female toilet as well. People are afraid then people will ignore them. (TLNTGM3)*

*I was very afraid when going to get a health check-up, I don't know if I should go to the male or female area; for example, going to the toilet to get urine sample for testing. I also do not know which side I should go to. This side told me to go to the other side but the other side told me to go back to this side. (TLNTGM2)*

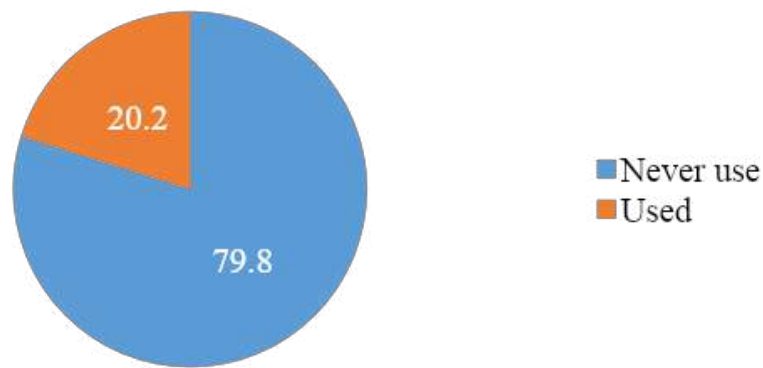
The procedure and paperwork at health facilities are also barriers that many TG do not want to encounter. *"My gender identity and my registered sex as shown on my documents are different; so they make it difficult for me." (TLNTGM1)*

If TGs have severe disease symptoms or have essential needs for a medical examination, most of them will seek services from private health facilities where the number of other patients is smaller and medical staff are more friendly and sensitive to TG issues than that of public health facilities.

*They often go to private hospitals, like Vinmec, or private clinics. They shared with each other that when they got in, the medical staff understood, made it clear that if they would be tested for hormones then give them very detailed instructions on whether they need to take a liver or lung test. So those are the stories I've heard about why I should go to a private hospital. (PVSTGM1)*

#### **4.2. Prevention and treatment services for HIV and STDs**

Among respondents, the majority of them have never used HIV and STDs prevention and treatment services. Specifically, 95 people have never used this service, accounting for 79.8%. Only 24 TGs who participate in the survey had used the service, accounting for 20.2%.



**Figure 10. The status of using prevention and treatment services for HIV and STDs**

In addition, the survey results also show that there is a statistically significant difference in the use of preventive and treatment services for HIV and STDs between TGW and TGM.

**Table 2. Differences in the use of prevention and treatment services for HIV and STDs between TGW and TGM**

	Never use the service		Used the service		Validation value
	n	%	n	%	
TGW	30	25.2	19	16	$\chi^2=29.3$ df=1 p=0,001
TGM	65	54.6	5	4.2	

Utilization of prevention and treatment services for HIV and STDs is higher among TGW than for TGM. This may be explained by different sexual behaviors between two groups. TGW are often at higher risk of HIV and STDs infection; as a result, they actively seek and use the services. However, for TGM, the risks of sexually transmitted diseases are very high. For sex workers, although there has been a lot of awareness-raising programs about HIV and infectious diseases, they often do not use condoms to please customers/clients.

A Transgender male shares his opinions when asked about the actual services for the TGM: “For example, the women-loving-women group and TGM almost do not have the preventive and treatment services. Even if there are such services, they are tailored mostly to the needs of TGM and MSM” (PVSTGM2)

Regarding the reasons why TGs do not use the prevention and treatment services for HIV and STDs, qualitative research results show that the primary reasons are the nature of their work.

*Most of the time when I talked, asked, consulted and tested for Transgender people, most of them did not care about HIV and STIs. Because it is the nature of the work, the majority of them do sex work, so their first concern is that they have to earn money to purchase hormones, and then have enough money to undergo sex reassignment surgery. So they don't care about HIV because when they do their job, they don't use condoms. (PVSTGW2)*

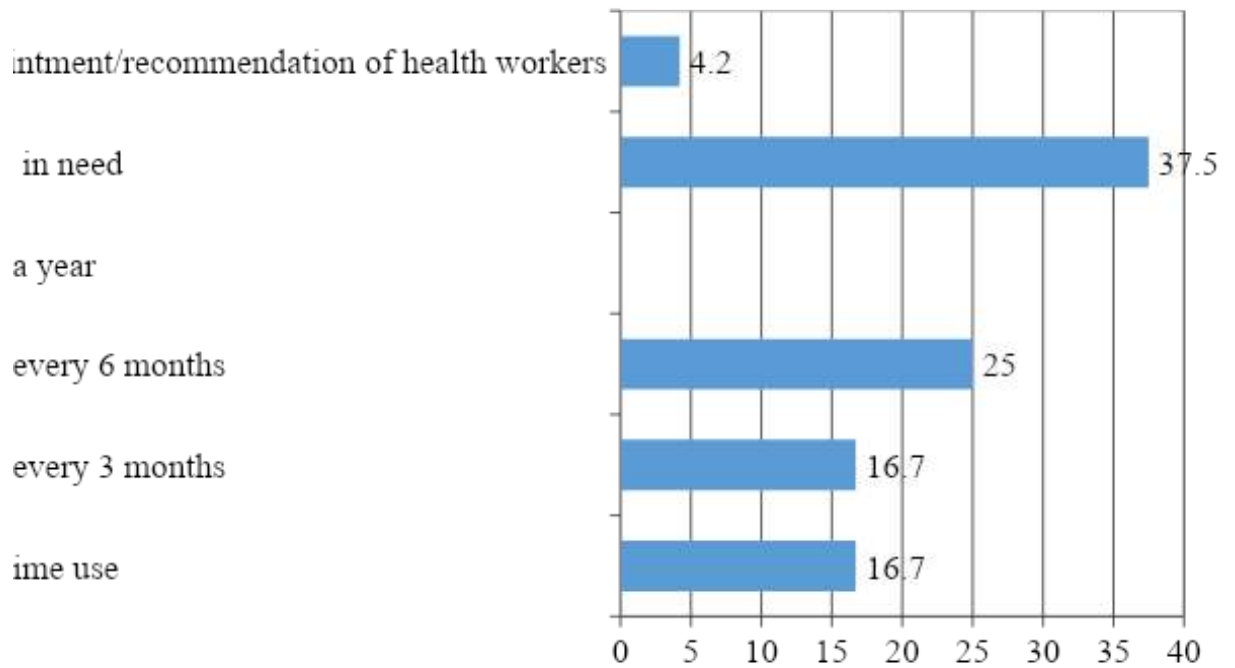
In addition, the respondents share that there are not many HIV/STDs-related services for the TG community.

*In terms of accessibility to such services, the service of Lighthouse or MSM groups are quite accessible, but for TG groups are almost none. There is only Ruby group that provided for TG. It is difficult for MSM group to reach our TG group because it is inadequate to be grouped with TG. So, if approached, we can only approach through a TG group which is Ruby. (TLNTGW3)*

Moreover, TGs who participate in treatment at OPCs have difficulty with identification documents because of the difference between their gender expression and their information on identification papers. This difference also creates guilt and self-stigma when TGs visit public medical facilities. TGs are concerned about being assessed and doctors do not understand the differences in TGs' bodies.

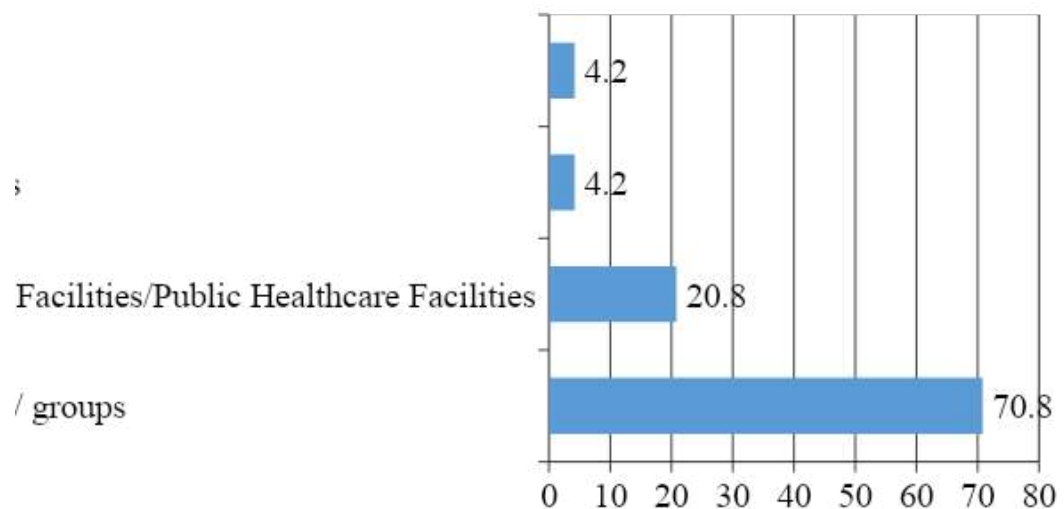
*I know a friend who has an STI and refuses to go to the doctor even if it is very bad. She said that she would rather have cancer than go to the doctor. Because when she went to the clinic, the doctor called her name, Bich Ngoc, which is a very feminine name. Her name is a female name. So when the doctor called her, she went home. She said if someone looked at her genitals and she didn't feel comfortable, then she didn't like it. She keeps getting sick like that. (PVSTGMI)*

Regarding the actual use of prevention and treatment services for HIV and STDs, the survey results show that, out of 24 participants who have used the service, 37.5% of TGs only get tested when needed, accounting for the largest percentage. This ratio indicates that many participants in the survey still tend to get tested only when they are at risk of HIV/STDs. Only 25% of respondents get tested once every 6 months based on WHO and the Ministry of Health recommendations.



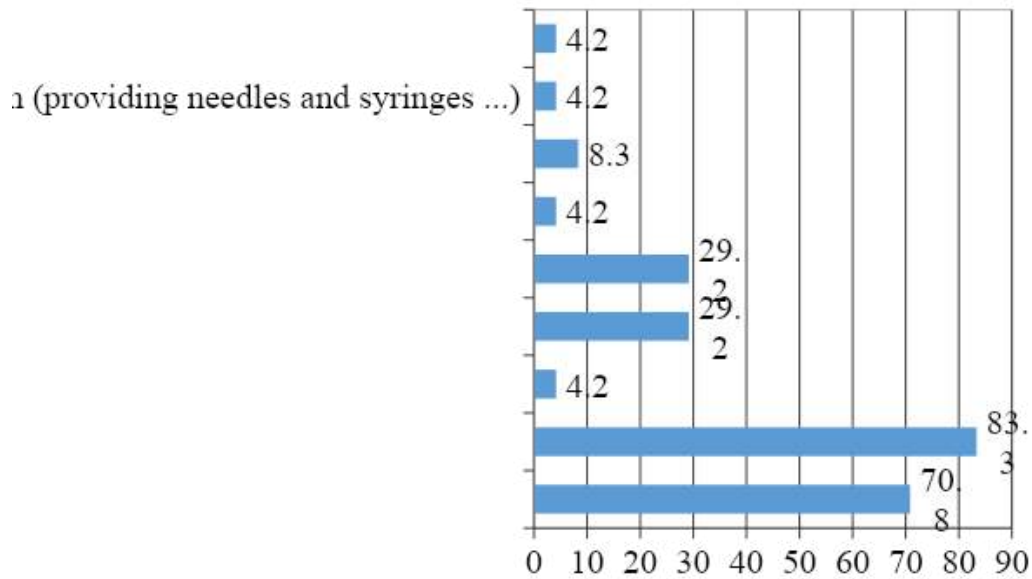
**Figure 11. Frequency of using prevention and treatment services for HIVs and STDs**

**Regarding the** locations of prevention and treatment services for HIV and STDs, the results show that up to 70,8% of TGs participating in the survey choose to use these services at community organizations/ groups. TGs are often afraid of using HIV/STDs-related services for the fear of stigma and judgment, so they tend to choose community organizations/ groups where employees are members of the TG community. In addition, many projects and programs focusing on HIV and STDs often provide free testing and items to TGs through community organizations/ groups. Therefore, the rate of using service in the community at these units accounts for a very large proportion. In addition, State Operated Healthcare Facilities/ public healthcare facilities are also the choice of some TGs (accounting for 20,8%).



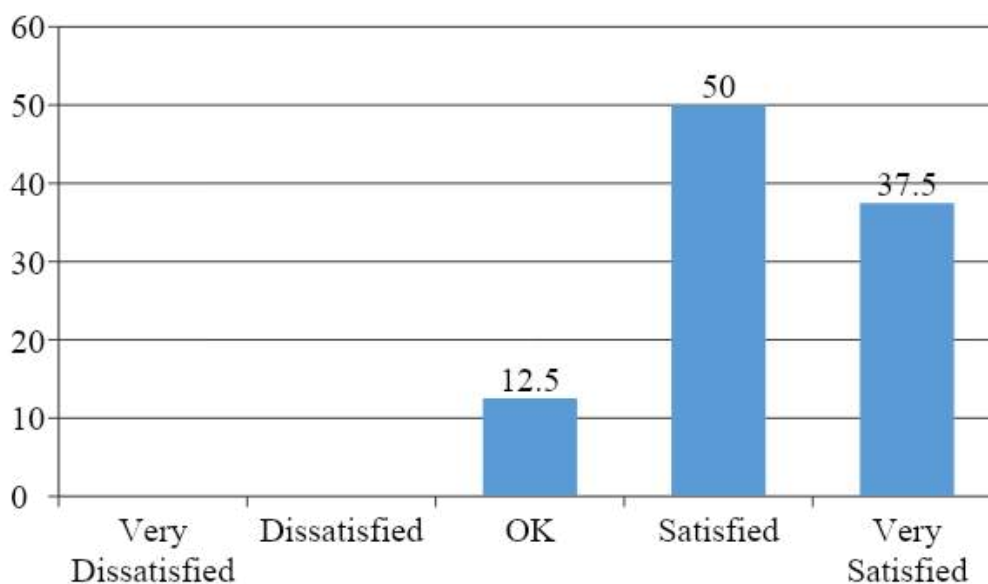
*Figure 12. The locations of using prevention and treatment services for HIV & STDs in the nearest time*

In HIV& STDs prevention and treatment services; TGs use HIV testing and HIV consulting services the most, accounting for 83,3% and 70,8%, respectively. Next is the STD consulting (29,2%) and STD testing (29,2%). The other services listed are also used along with the two services groups mentioned above.



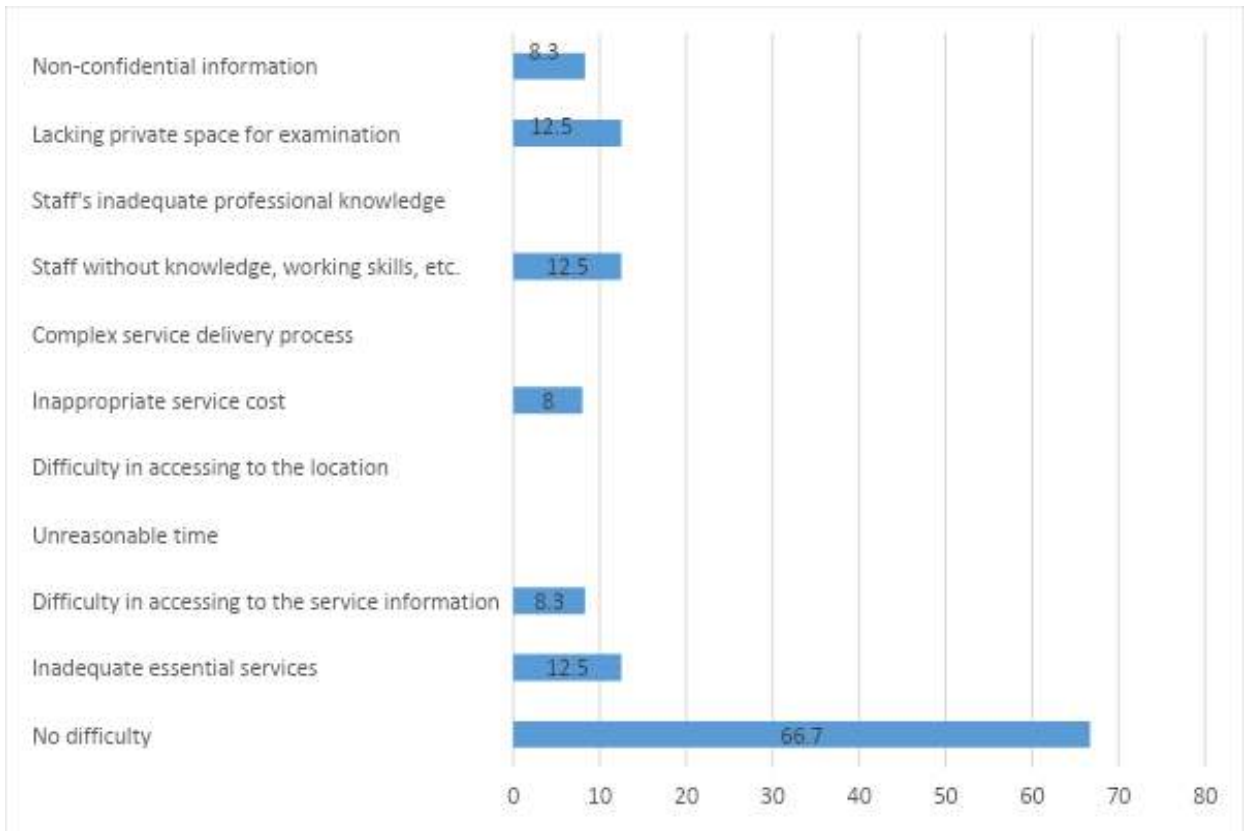
*Figure 13. The most recently used HIV & STDs prevention and treatment services*

Most TGs have good feedback for the HIV & STDs prevention and treatment services that they received. Specifically, 50% of TG respondents say that they are satisfied, 37,5% of respondents are very satisfied with the service. Only 12,5% of participants say that they feel OK and report no dissatisfaction. Most of them receive services at community organizations/ groups where services are mostly provided free and by other TGs.



***Figure 14. Levels of satisfaction in provided HIV & STDs prevention and treatment services***

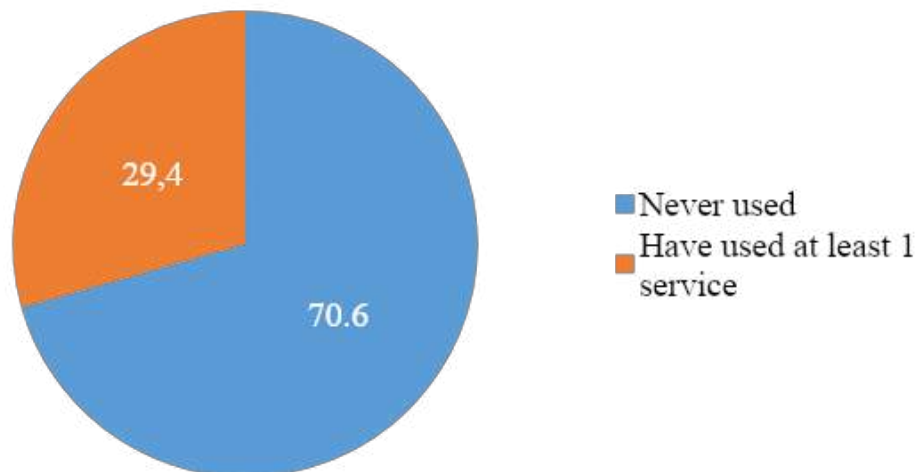
Among 24 TGs who use HIV & STDs prevention and treatment services, most of them do not encounter any difficulties when using the service, accounting for 66,7%. There are some people who had main difficulties, such as a lack of private space for examination (accounting for 12,5%), staff without knowledge and skills to work with TGs (accounting for 12,5%), inadequate essential services (accounting for 12,5%). In particular, lacking private space for examination and staff without knowledge and skills to work with TGs are the difficulties that TGs face when using public health services. Inadequate essential services is the difficulty that TGs face when they use healthcare services in community organizations/ groups. As the community organizations are often established or provide services based on financial support from the projects and members are also community members, these organizations have limited resources to provide a full and diverse range of services such as State Operated Healthcare Facilities or private healthcare facilities. In contrast, State Operated Healthcare Facilities or private healthcare facilities lack the knowledge and skills to work with TGs because they have few opportunities for training and approaching the community.



**Figure 15. Difficulties of TGs in using HIV & STDs prevention and treatment services**

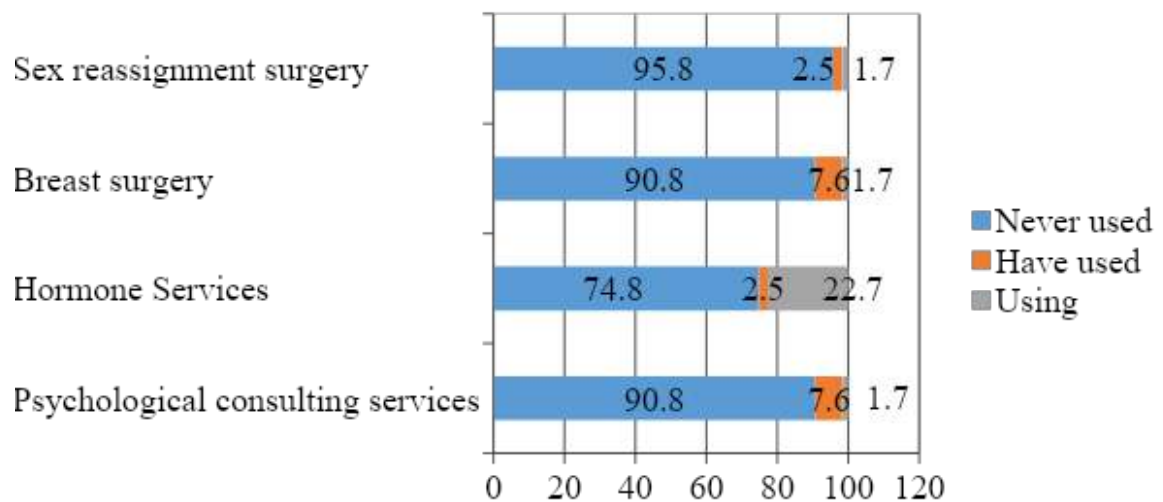
### 4.3. Specialized services for TGs

Only 29,4% of respondents say they have used or are using specialized services for TGs. 70,6% of respondents say they have never used services for TGs.



**Figure 16. Status of using specialized services for TGs**

Among those who say that they have used/ are using at least one specialized service for TGs, the rate of using sex reassignment surgery service is the lowest (1,7% of TGs are undergoing surgery and 2,5% of TGs have had surgey before). The rate of using hormone services is the highest (22,7% of TGs are using hormones and 2,5% of TGs have used before). However, in terms of accessibility to health services, it is said that TGs face many risks. One of the initial risks is the lack of usage guidelines for hormones which confuses TGs and puts themselves at risk by using it without guidance (iSEE, 2014; Ministry of Health, 2017).



**Figure 17. Status of using specialized services**

Sex reassignment surgery is contingent on many conditions such as the person’s health and financial situations. It has to go through many stages, so the rate of using this service is low. Similarly, breast surgery service also has low usage rates. For Transgender male, the demand of bottom surgery is lower than that of Transgender female due to more complicated techniques. Most of them would like to have an official Transgender surgery facility in Vietnam. Research on potential service assessment for TGs in Vietnam by SCDI also said that many TGs still have to use unsafe/unqualified services (these are unofficial and unrecognized services because TG laws in Vietnam have not yet been approved and allowed).<sup>2</sup>

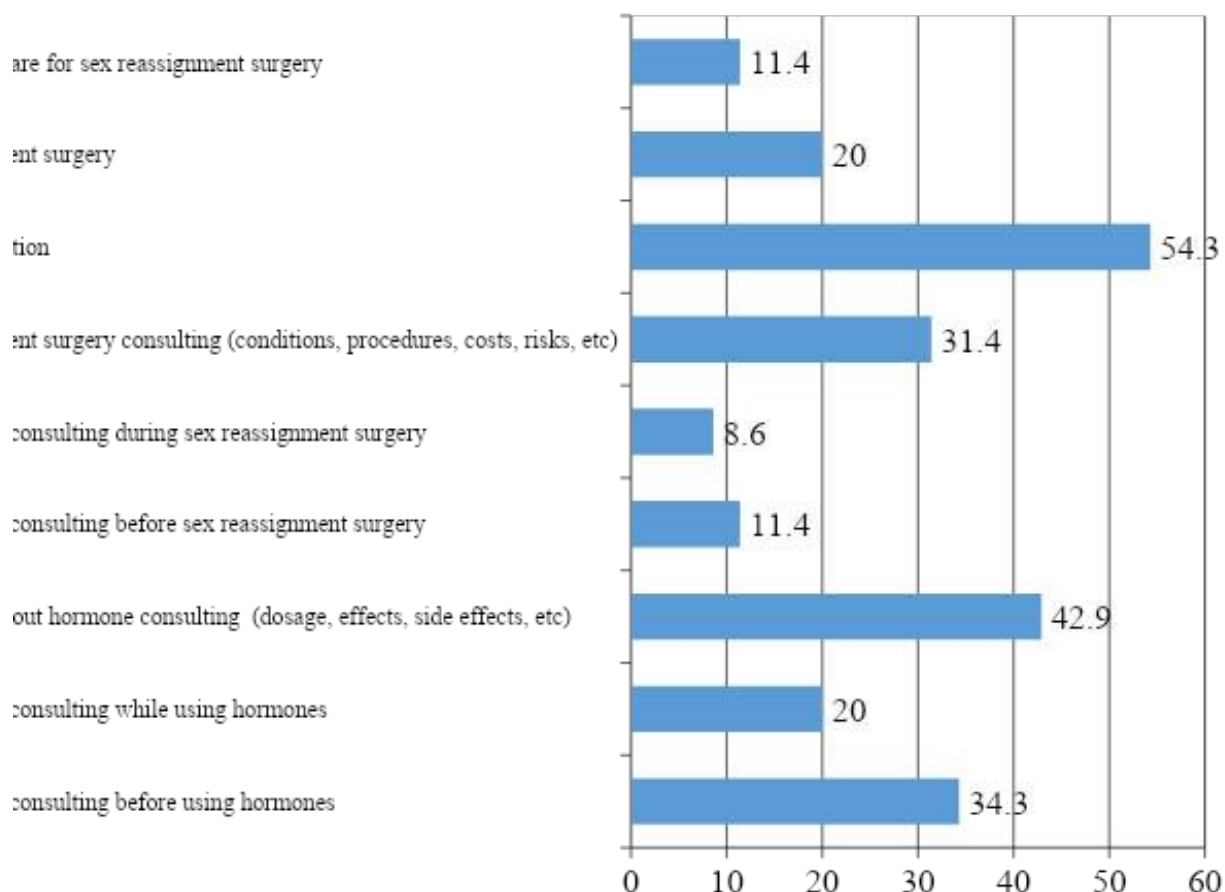
100% of people who undergone sex reassignment surgery have used psychological consulting service. It would take a few years to adjust to their physical appearance after the surgery, which can easily lead to mental disorders such as depression, anxiety, chronic stress. The rate of using psychological consulting service of the group who had undergone breast

<sup>2</sup> SCDI, 2018. Research on accessibility to specialized services for TG in Vietnam, unpublished study.



surgery is 73,1% and only about 50% of people who have been using hormones say they have used specialized psychological consulting services for TGs.

Hormone services account for the highest proportion regarding about the services that TGs have used most recently. In particular, the rate of using hormone injection service is 54.3%, hormone consulting is 42,9% and psychological consulting before using hormones is 34,3%. Sex reassignment surgery services account for lower proportion, all of which are below 20%.

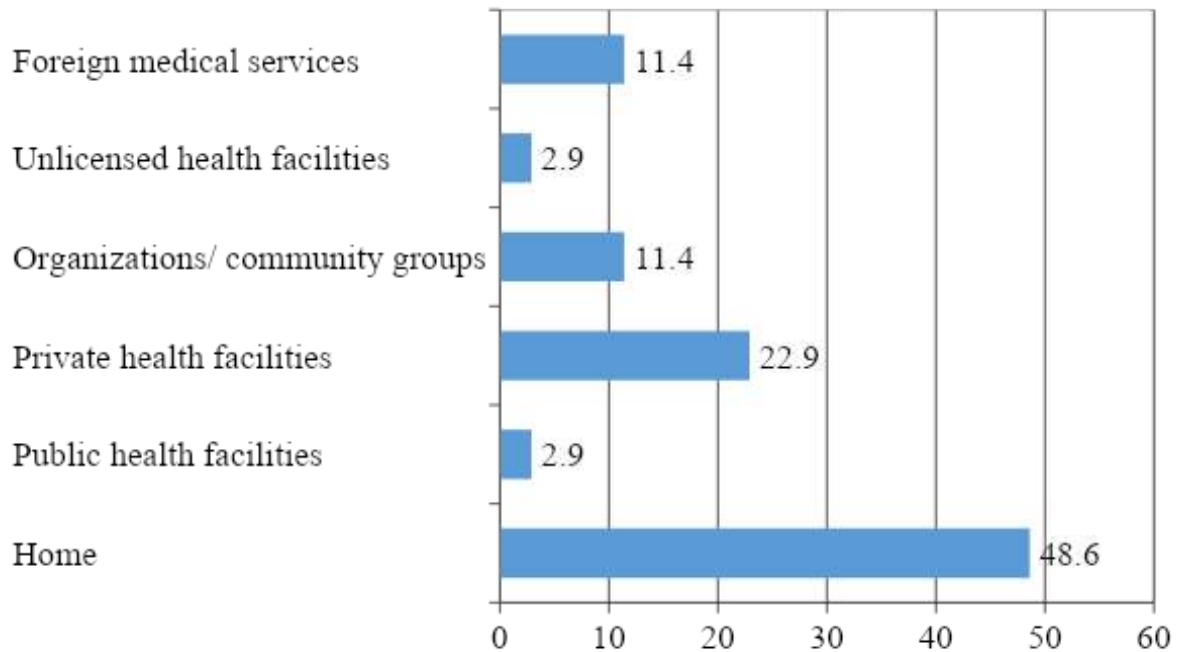


**Figure 18. Most recently used specialized services for TGs**

In addition, the rate of specialized services usage among TGs at public health facilities and unlicensed health facilities is very low (only 2,9%). It could be understood that as there is no legal mechanism and specific guidance from the Ministry of Health, public facilities do not provide these services.

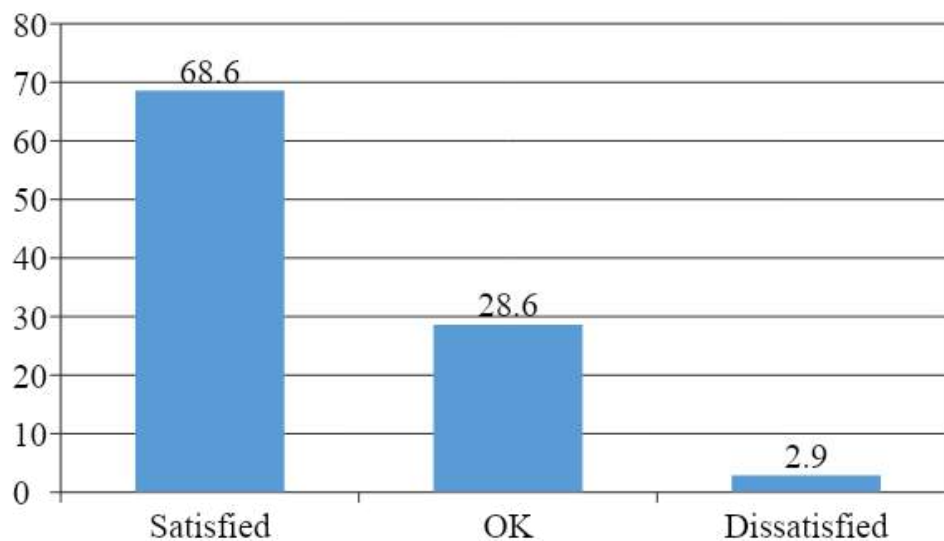
In the survey, the proportion of people using specialized services at home is the highest, accounting for 48,6%. The proportion of TGs choosing private health facilities for their latest use of services is 22,9%, which doubles the rate of using services at community organizations/

groups or foreign health services (11,4%). In the most recent time of using the service, about 50% of respondents used hormone-related services (injection, smear, drinking, information consulting, psychological consulting before using) at home. In the group using the consulting services, surgery and postoperative care for their latest use of services, the majority of TGs choose overseas healthcare facilities (70%).



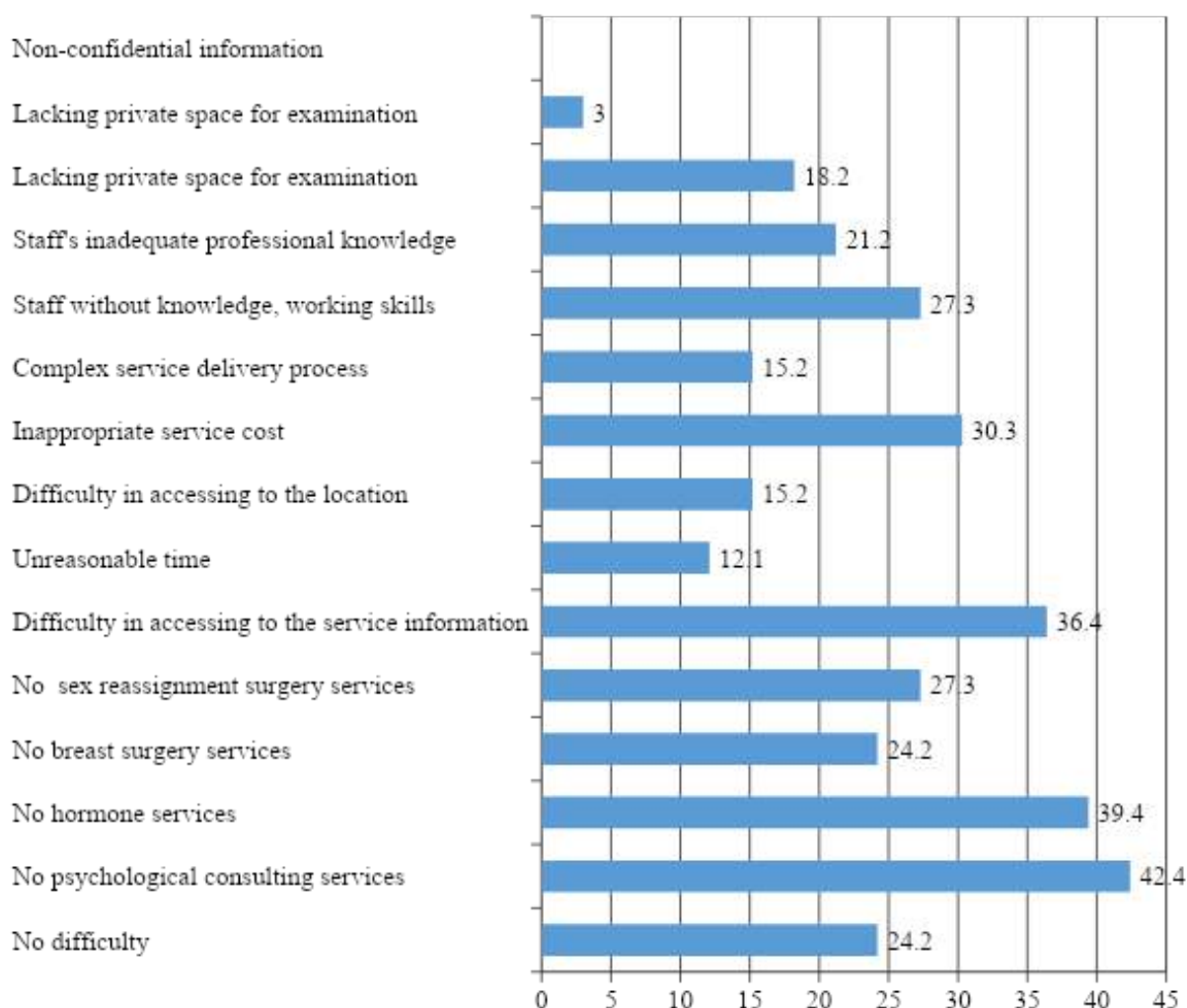
**Figure 19. The locations of using specialized services for TGs in the nearest time**

Overall assessment of TGs' feelings about the specialized services for TGs in the nearest time is that 68,6% of respondents feel satisfied. Only 2,9% of TGs feel dissatisfied.



**Figure 20. Satisfaction level of most recent using specialized services for TGs**

The dissatisfaction rate may come from the difficulties that TGs face in specialized health care facilities. In particular, the lack of psychological consulting is a problem that many TGs consider the most difficult thing (42,4%). Next is the lack of hormone therapy services (39,4%) and 36,4% of respondents find it difficult to find information about services. The lack of information makes them confuse in determining their gender identity and puts themselves at risk by using hormones in the balckmarket without guidance. Although there are now many health centers for gay men (gay, MSM) providing HIV and sexual health services, there are no health facilities that directly concerned about them. Hormones are currently mainly smuggled in Vietnam because there is no no facility which official selling it (iSEE, 2014).



**Figure 21. Difficulties in using specialized services for TGs**

18,3% of people find it difficult because of lacking private space for examination. In addition, there are a small number of TGs participating in the survey who have difficulty in

accessing services due to factors such as working time of the clinic, locations of clinic, procedures and information security.

## **5. Demands of Transgenders**

### ***5.1. Demand of health care services***

In the context that TGs have a great demand for health care, it is important to have a renovation related to the knowledge, attitudes, and understanding of medical staff accompanied by policies, regulations and support mechanisms from the health facilities. These factors would create favorable conditions for TGs to easily access and use general health care services. In addition, TGs want medical staff (physicians, doctors, nurses, etc) to be trained more on the knowledge and skills when working with TGs. The training content will share information on gender identity, sexual orientation, gender expression, biological sex, gender diversity and sexuality, as well as the difficulties and demands of TG community when using health care services. TGs do not require medical staff to always be welcoming and friendly, but they expect medical staff to at least show some level of respect, understanding, and sympathy and most importantly, display no discrimination against TGs.

*Nurses and doctors need knowledge about gender. If they have a non-discriminatory view, they can help the community. As for the career, of course, everyone must have knowledge - knowledge about gender to know what they need, what is missing in health services. (PVSTGM3)*

Medical staff are the people who directly examine and provide services and are one of the most important factors determining the quality of medical services provided. When referring to the demand for general health care services, TG participants also mentioned this factor first. Knowledge of TGs is the premise for medical staff to understand the psychological problems when examining for TGs, or have gender sensitivity about their sharings.

*The first is that nurses and medical staff must be sensitive to gender and sexuality issues. They need to be trained about gender and gender sensitivity, and understand the demand of the people in front of them. I think it is a very basic thing. They must understand the needs of the person sitting in front of them to be able to provide appropriate medical services. (PVSTGM1)*

In addition, TGs also want health facilities to supplement policies and regulations to support them, contributing to the construction of a health environment without gender discrimination.

In the future, TGs expect to have specific policies to ensure their benefits when accessing and using health services, and have support costs for using specialized services, possibly through the health insurance.

*I think the service that might be related to insurance coverage is needed. It can support them in medication and hormones because, for example, they are not easily accessible and many people who are far away cannot buy them. The second is support for medication and health care services. If the gender reassignment surgery cost is expensive and depends on a lot of individuals, they can help to resolve those diseases that arise in the process, then I think it's feasible and can be considered to provide services. (PVSTGM2)*

*I think they should be supported too. Like how much percentage will TGs receive from health insurance. Or at least from the family, if they earn on their own living, it will be difficult. Using hormones is often long-term, and surgery is risky. For example, what percentage of the package is covered by the Government for health insurance? For example, if the hormone injection is given in a period how much percentage will they receive in the total cost. (PVSTGW1)*

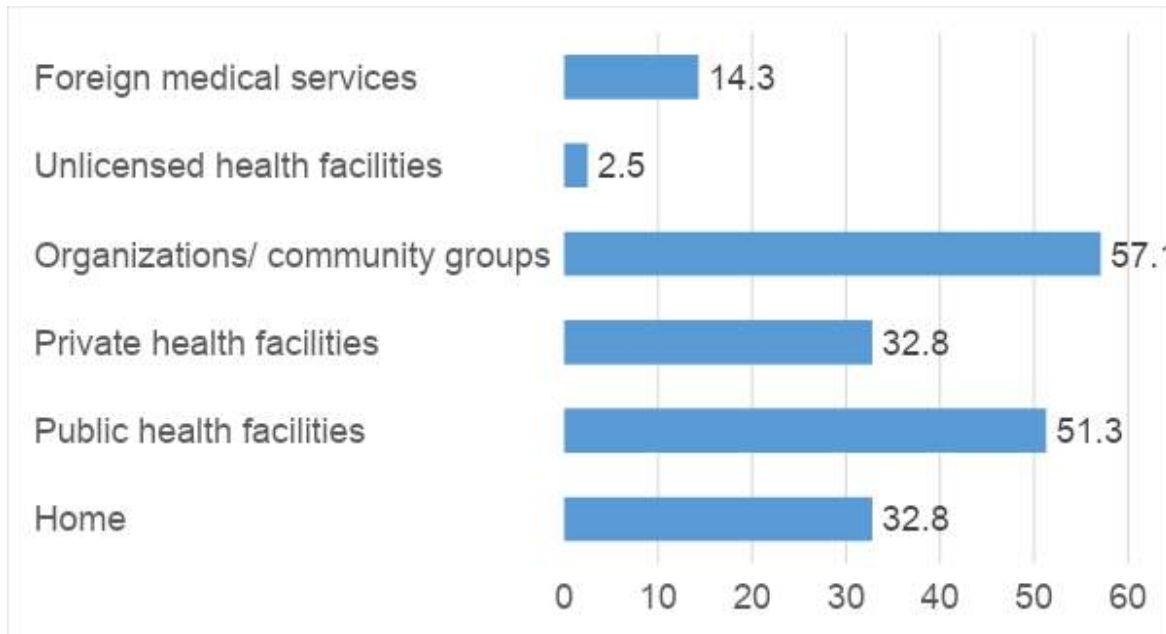
A specific estimate of the demand for services, with more than 80% of respondents rate the services of health care of TGs (including HIV & STDs prevention and treatment services, specialized services such as psychological consulting, hormones, breast surgery, sex reassignment surgery) are necessary and essential. In particular, 93 of them (78,2%) indicate that specialized services for TGs are very necessary for them.

**Table 3. Necessity level of health care services for TGs**

Service	Necessity Level (N=119)		
	Very necessary	Necessary	Less necessary
HIV & STDs prevention and treatment services	70 (58.8%)	30 (25.2%)	19 (16%)
Specialized services for TGs (psychological consulting, hormones, breast surgery, sex reassignment surgery)	93 (78.2%)	23 (19.3%)	3 (2.5%)

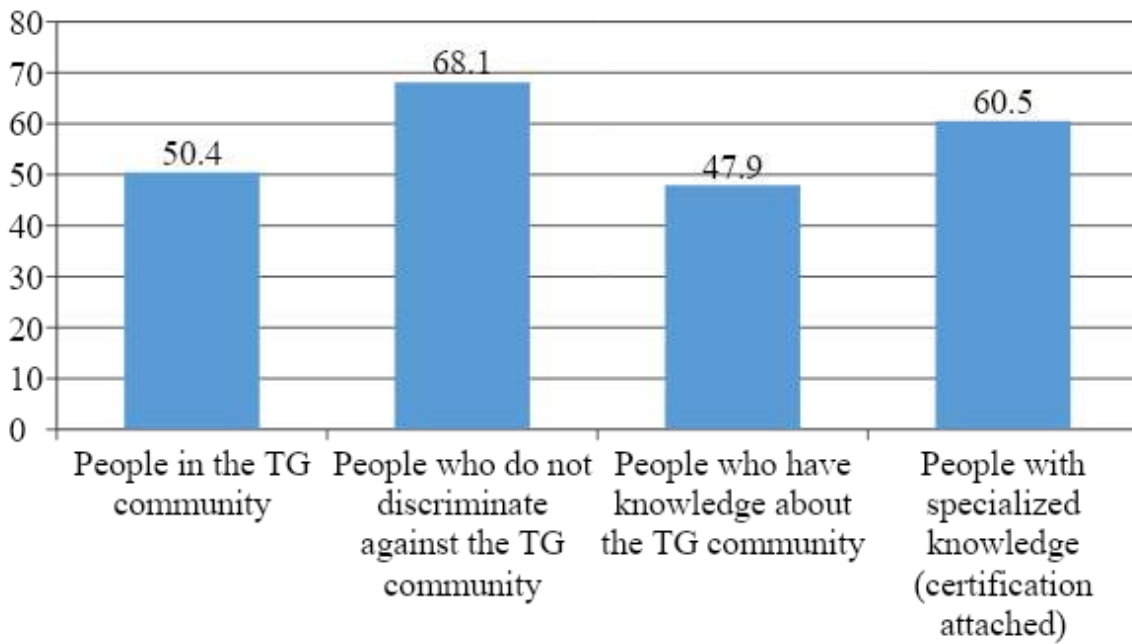
### 5.1.1. HIV & STDs prevention and treatment services

More than 50% of TGs want to use HIV & STDs prevention and treatment services in the organization/ community group (57,1%) or State Operated Healthcare Facilities (51,3%). 32,8% of TGs want to have home-based services. This rate is similar to private healthcare facilities.



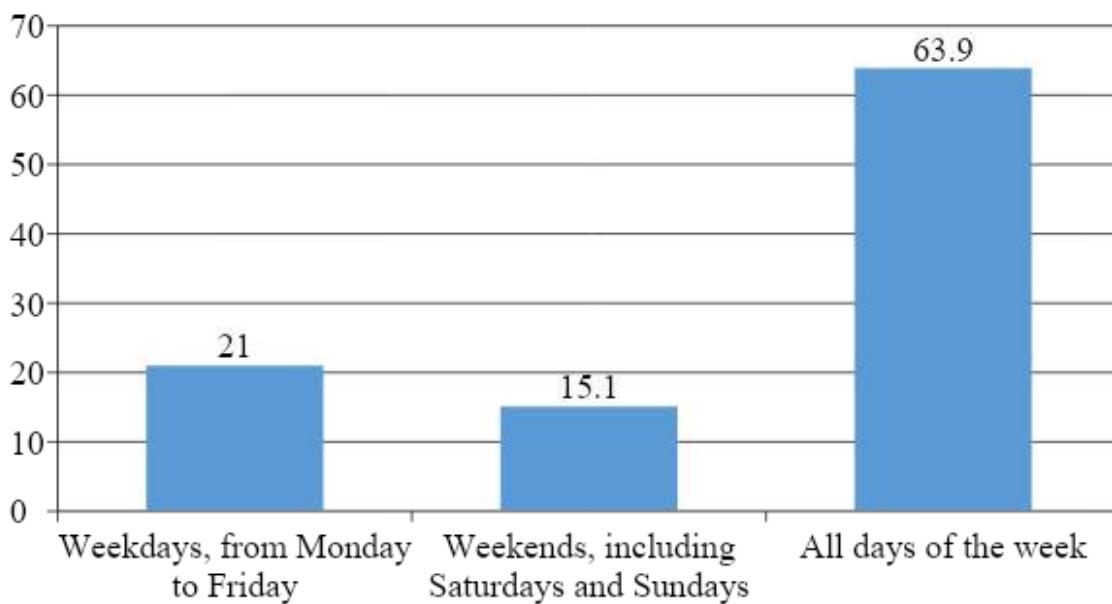
**Figure 22. Demand for locations for using HIV & STDs prevention and treatment services**

The biggest expectation of the participants is the demand for service providers who do not discriminate against the TG community (68,1%). In addition, 60,5% of respondents think that they need professional service providers (with certificates attached). This is quite consistent with the difficulties that TGs have shared when they use the service.



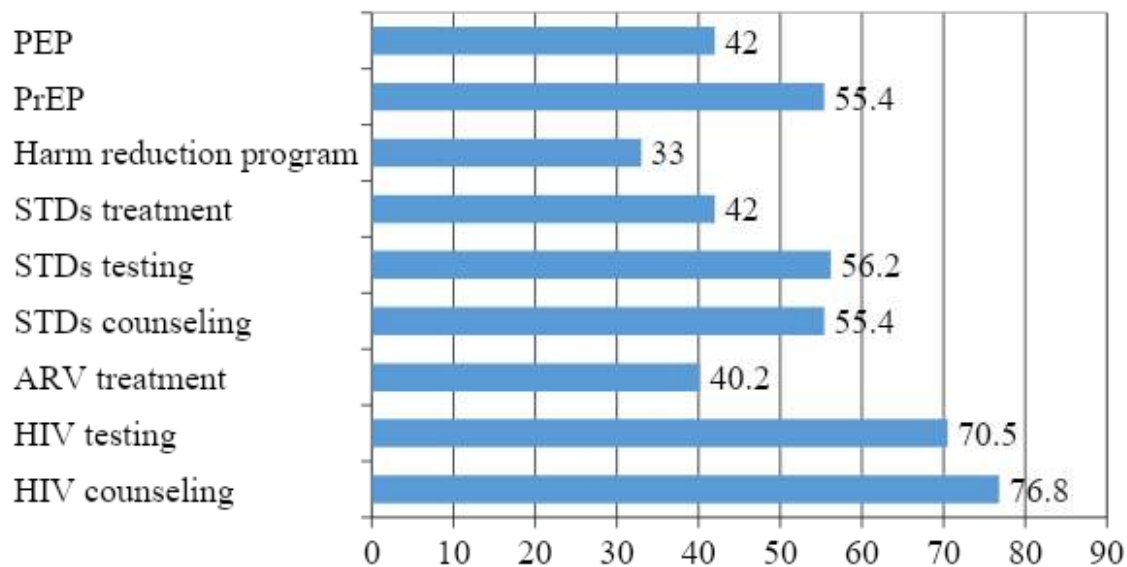
**Figure 23. Demand for service providers of HIV & STDs prevention and treatment**

The majority of respondents (63,9%) expect HIV & STDs prevention and treatment services to be provided on all days of the week. Only 21% of TGs would like to be provided on weekdays, from Monday to Friday and 15,1% would like to be provided on weekends. This shows that if facilities want to reach a larger number of TG customers, the extension of working time is also a factor to be noted.



**Figure 24. Time demand for HIV & STDs prevention and treatment services**

TG participating in the survey have great demand for HIV testing and consulting services (over 70%). In addition, they also want to use PrEP (55,4%) for those who have not been infected with HIV and to use PEP for HIV prevention immediately after having risky sexual activities (42%). The services related to STDs also received significant attention from TGs, that is 56,2% of people with testing demand and 55,4% of participants who want to consult about STDs.



**Figure 25. Demand for the types of HIV & STDs prevention and treatment services**

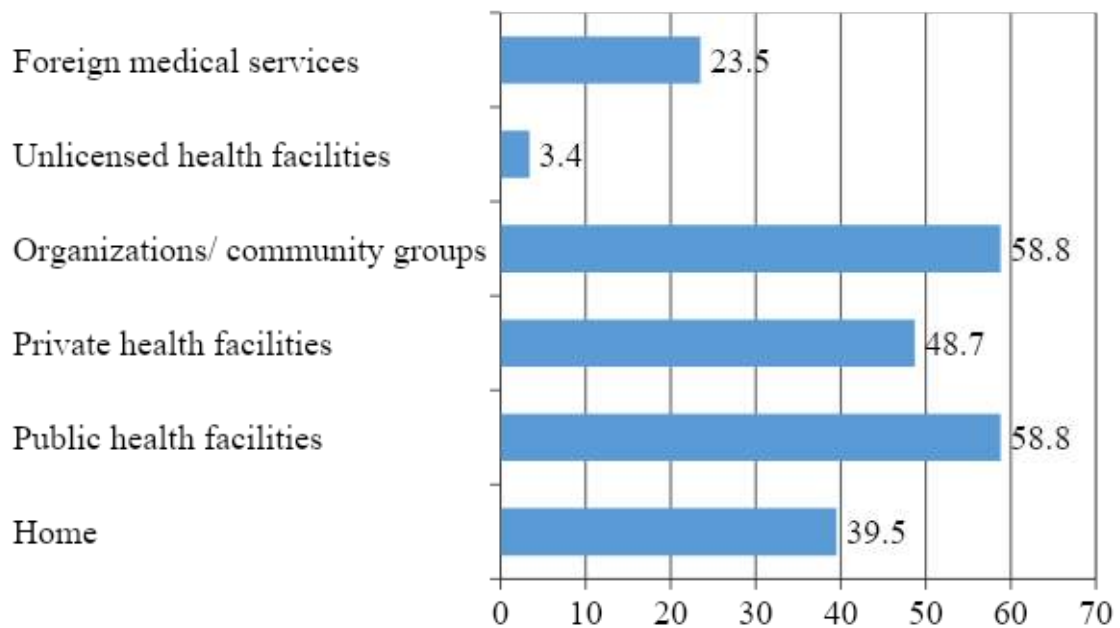
It is found that there is a difference in demand for HIV & STDs prevention and treatment services between TGM and TGW. Particularly, TGW have 3.3 times higher demand for using HIV testing services (OR = 3.3) than TGM ( $p = 0.004$ , CI95: 1.1 - 7.9). TGW also want to use ARV treatment services 3 times higher (OR = 3.03,  $p = 0.004$ , CI95: 1.4 - 6.6) and PEP services 2.3 times higher (OR = 2.3,  $p = 0.025$ , CI95: 1.1 - 4.8) compared to TGM. It is similar to the research results, which means the number of TGW who are using HIV and STD prevention and treatment services is higher than that of TGM (section 3.2).

#### 4.1.2. Specialized services for Transgenders

Specialized services for TGs are directly related to individuals' physiological characteristics. That is, many TGs have a demand to use psychological consulting services first; during hormone use; before, during and after surgery; hormone consulting (hormone type, place of supply, usage, place of purchase, place of injection assistance, side effects); sex reassignment surgery. TG's hormonal and surgical needs are diverse, depending on their health status, financial conditions and needs.



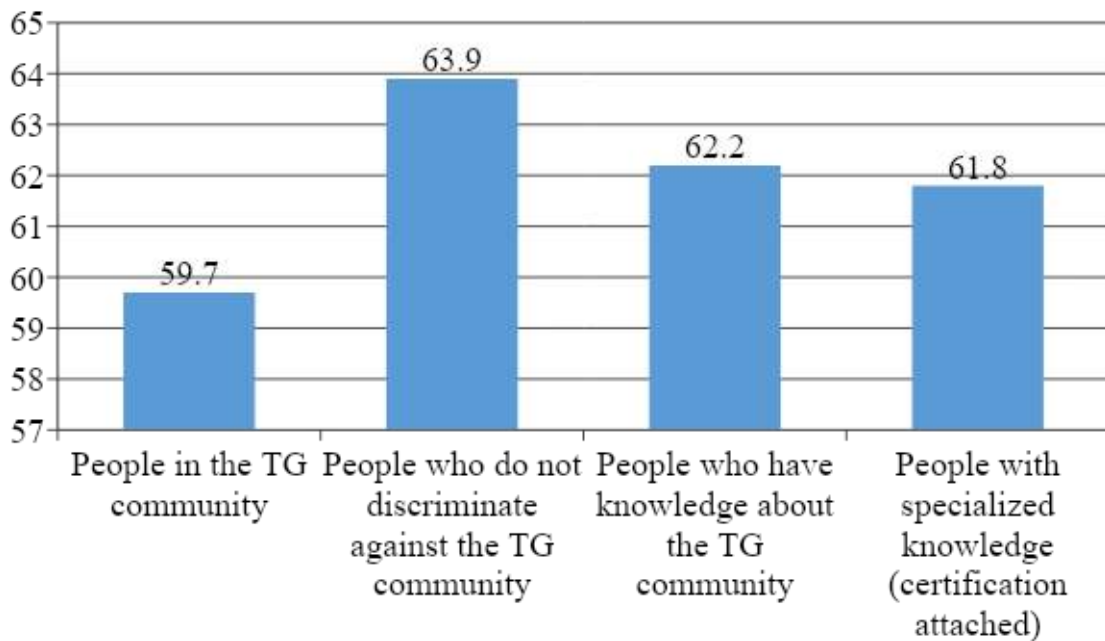
First of all, 58.8% of respondents said that in the near future they want to use specialized services for TGs at public health facilities, and 58.8% of participants choose to use the service at community organizations/groups. This also stems from the concerns TGs have when examining and performing hormone injections or surgery of unlicensed medical facilities or private medical facilities that are not quality guaranteed about the services and risks that may occur with dangerous surgery.



**Figure 26. Demand for a location to provide specialized health services for Transgenders**

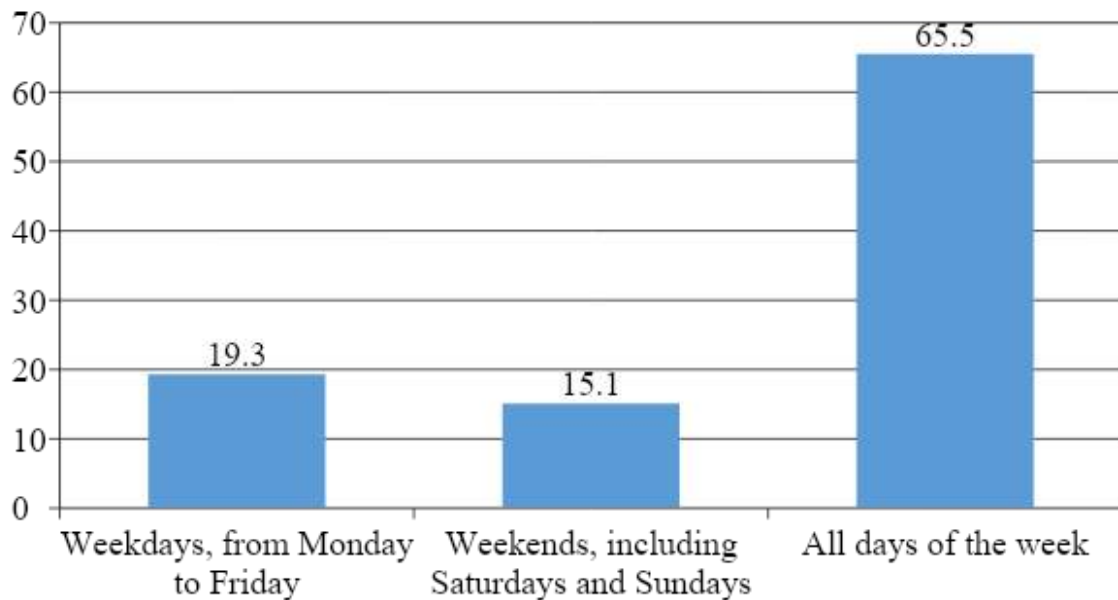
When the research team analyzes the relationship between difficulties that TGs encountered when using the service and the need for location, it is found that TGs would prefer to use services at community organizations and groups because they used to face the difficulties with the staff who are unknowledgeable about TGs. This group is 6.1 times higher (OR = 6.1) compared to those without these difficulties ( $p = 0.05$ , CI95: 0.75 - 51.2). In reality, when there is no legal protection mechanism for hormone injections or surgery related to sex reassignment surgery, along with lacking a specialized medical facility, community organizations and groups are priority places. As the staff and employees are members of the LGBTIQ community, they partly understand the psychology and concerns of clients, so TGs could feel that they are understood and shared.

In terms of individuals/units that provide specialized services to TGs, there is no big difference in the demands of TGs in this survey. The criteria are approximately 60%. In particular, the demand for service providers without discrimination with TGs still accounts for the highest percentage.



**Figure 27. Expectations about medical staff providing specialized service for Transgenders**

As with HIV prevention and treatment services, 65% of respondents want to use specialized services for TGs on the whole week.



**Figure 28. Time demands for specialized services for Transgenders**

Receiving psychological consulting before taking hormones has the highest rate with 74.8%. Meanwhile, receiving psychological consulting during and after sex reassignment surgery has the lowest rate at approximately 55%. This further confirms the role of

psychological consulting before hormone injections and surgery. Transgenders also share their worries about themselves and other Transgenders when they are always scared and dare not go to health facilities.

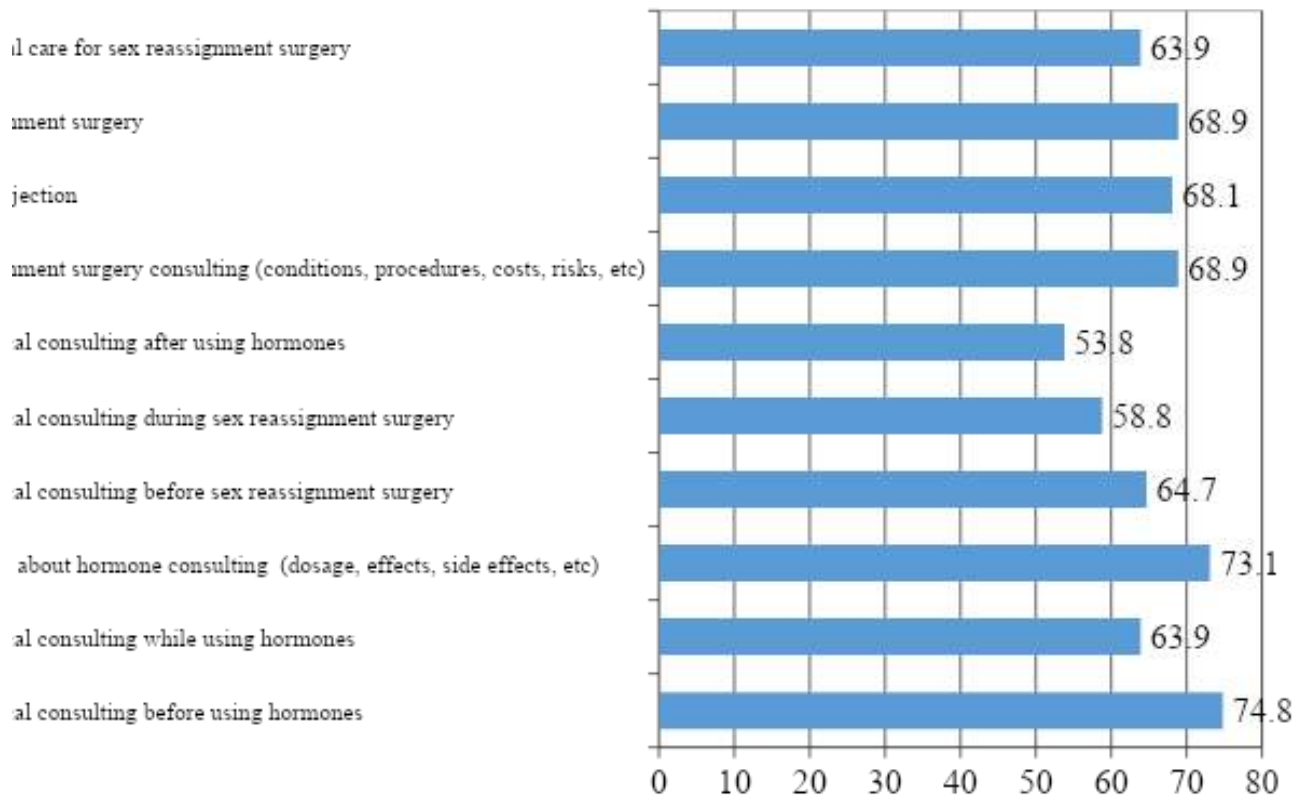
*Many Transgender people face discrimination or meet health providers who lack knowledge of Transgenders. That's why they are scared of health facilities, so I want to have psychological consulting services for TGs to answer their questions or gain mental support, and help them feel more confident and understand more clearly. They will not be shy and ready to express their desires and needs when they go to health facilities. (TLNTGW6)*

In addition, TGs are also interested in getting hormone use consulting (73.1%), specifically, information about dosage, drug reaction, main effects, side effects, etc. By fact, lack of knowledge about hormone use is also one of the important causes of anxiety or irrational use of hormones causing dangerous complications. In in-depth interviews, they also share the same thing, such as:

*The demand for hormones is very high. The need for breast and cosmetic surgery is also high. However, the need for genital surgery is not very high, just relatively. They still prefer to choose beauty and hormones. (PVSTGW5)*

*There is a huge part (that I want to ask) when we start to have medical interventions, for example, how to access hormones if we want to see a doctor, where will we go? And then if we take medicine, what kind of drug will we use because it has many types. Which doctor can observe us during the time we use it? If there's a problem, which hospital and which doctor can solve it, and where is the source of the medicine we buy? These are some questions and I think there is a demand for accessing medicines and receiving health care and follow-up if complications arise. (PVSTGM2)*

There are about 65% of participants who have demand for using other services. Thus, only 4.2% of participants did/are undergoing sex reassignment surgery, however, up to 68.9% of TGs have a demand to perform sex reassignment surgery. Other specialized services have the same size of respondents. This shows that TGs in Vietnam has a great demand for specialized services, but due to many barriers, the actual number of TGs that can receive and use services is not high.



**Figure 29. Demand for specialized services for Transgenders**

### 5.1.3 Beauty services and other services

In the context that surgical services for TGs have not been allowed by law in Vietnam, beauty salon services are one of the services that many TGs wish to use. In the research on potential service assessment for TGs by SCDI (2018)<sup>3</sup>, nearly 40% of TGs have used beauty salon services (in spacious and licensed cosmetic establishments). However, lots of TGs have access to and experience cosmetic services from simple (whitening with cream, nail beauty, eye tattoo, lip tattoo, etc.) to specialized beauty services (beauty treatment, steaming hair, white body bath, hair removal, etc.). A Transgender female shared that:

*I think TGs have 100% aesthetic needs. I can confirm that it is 100%. Since none of them can be intensely proud that all of their bodies are belong to their biological sex, they will need to modify some parts of their bodies. (PVSTGW3)*

Most TGs use beauty services with affordable prices due to their low monthly income. Although cosmetic facilities have a group of skilled staff, they do not have the knowledge and skills to work with TGs.

<sup>3</sup> SCDI, 2018. Research on accessibility to specialized services for TG in Vietnam, unpublished study.

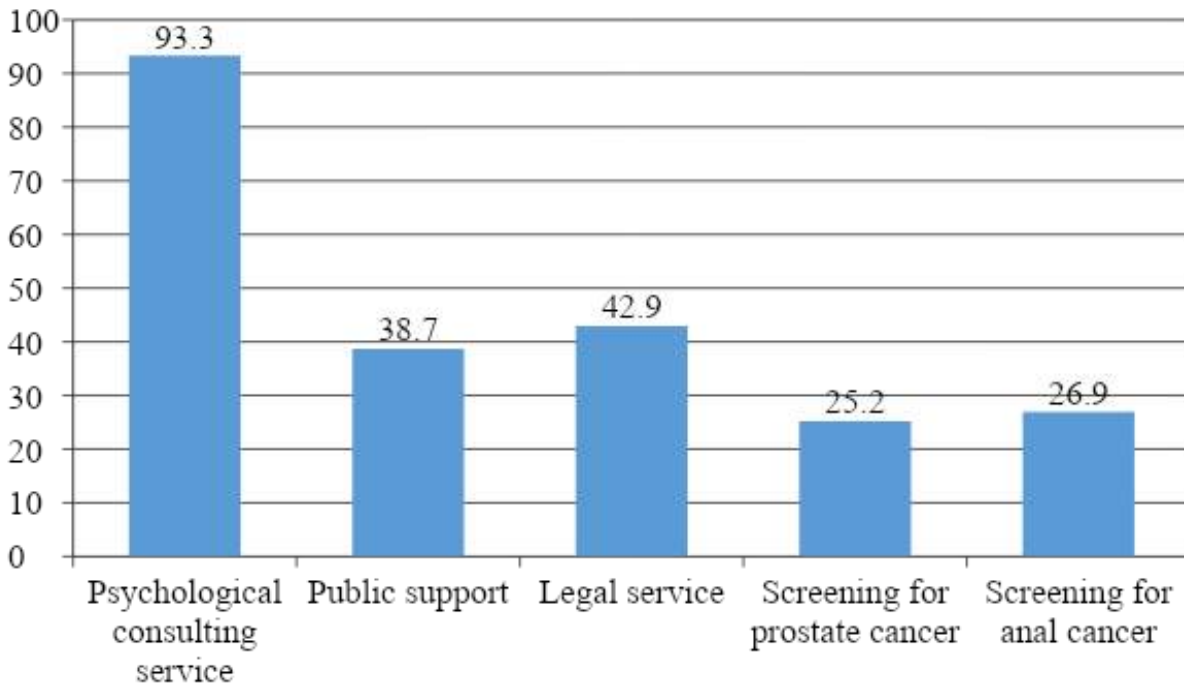
*I like to be beautiful. Even if I don't have money, I also want to be beautiful. Sometimes painting my nails and applying a mask is all I need. I just do it simply because I don't have much money. When I pass by some beauty centers, I am mesmerized by its advertisement, but I don't dare to come in. I like to have a lot of money to go to those facilities in the future. (PVSTG M2)*

*Like trans guys, they need to have their breasts removed, and TGW might just want to have breast surgery. Some guys want to change their voice, or they want to change the shape their nose because it's a little low or coarse. Their eyes are not feminine. Then they have big face bones here, or the jaw line or throat. Of course they want to be perfectly feminine. (PVSTGW3)*

Among beauty services, facial cosmetic service is the most popular and most concerned by TGs. Besides, there are services on hair removal/transplant, etc. Services on nutrition and sports practice are also very appealing to many TGs but are not popular. In particular, TGW tend to use more services than TGM.

*I think the nutrition guide and training regimen are necessary because hormones have many side effects such as causing calcium loss, osteoporosis. After the surgery, hormones will be changed in the body. It will lead to a lot of changes in the environment inside the body. We need nutrition, diet regulation, iron and calcium supplement, etc. (TLNTGW3)*

Among other services including general psychological consulting, public support, legal services, prostate cancer screening and anal cancer screening, psychological consulting is the service with the highest demand (93.3%) with more than double the demand for the remaining services. This suggests that there is an increasing need for psychological consulting and a specialized service for the community is necessary among TG community groups.



**Figure 30. Demand for associated services**

Originating from the needs of the TG community, when asked about their opinions to overcome current difficulties, Transgender people have practical suggestions from having health facilities that get resources from the community to implement guidelines from the Governments to health facilities working with TGs.

*If there is an opportunity to open health facilities from the community, I think it's a very good idea. It is a place where they get advise and communicate with Transgender people, maybe about HIV, or give them a lot of advice. I think we should take advantage of the resources from the community. I think there are quite a few people who have good communication skills or have a lot of friends who are trusted in the community. They can use those to create a connection to the community. (PVSTGW3)*

*Besides the policies, I think that while making the law, there should be some guidance documents, resolutions, or guidelines for hospitals to start supporting Transgender people. There is a waste of time if we wait for the law because we'll never know when the law will be passed. (PVSTGM2)*

**5.2. Information demands for Transgender people**

It is true that Vietnam is going through a phase of rapid media development, and compared with before, information for TGs has undergone positive transformations. Many TGs also say that only a few years agomost of the information about TGs they accessed depicted the community in negative light or was incomplete, inaccurate, unclear, and not based on

science, (TGs used to be only considered as part of the MSM community), and there is often a confusion between TGs and gay men/ lesbians.

*Previously, I searched for the lesbian keywords, there were many negative news such as theft, love scandals, suicide, and similar things. I found very little positive news, like support for the community. Because at that time I thought the media and society were also tight. (PVSTGM3)*

*Previously, information about TGs was mostly in the news and the sources were from us. Actually, at that time, the 5 of us did not have any sex reassignment surgery, even no one had done any part on the body, I only injected hormones, all the other girls only wore female clothes and did acting. But the newspaper reported that we had sex reassignment surgery in Thailand, so all the stories we shared with the press are the stories we heard from the previous TGs who did not come out to community were not involved at all. They shared about their experience, and we listened then recounted it. (PVSTGW3)*

In the past, most community websites were secret, private, and uncommon. However, as some TGs gradually have a voice in the media, the TG community also has the opportunity to expand to access mainstream information.

*I accidentally read an article and knew about a video interviewing Mr. Huynh Minh Thao on VTV3 "The late night show". He mentioned the website he created and I also went there to find, gradually found out more knowledge related to me. (PVSTGM3)*

Nowadays, the information is more diverse, whether in offline form (books, newspapers, documents, etc) or online form (mobile apps, photos, clips, etc), meeting the demands of TGs in topics that they want to know. documents on TGs in foreign languages have also been translated and widely disseminated through the media, workshops and events of the community, some documents such as: the Provision of Comprehensive Care for Trans Persons and Trans Communities in Asia and the Pacific (2015); Answer your questions about Transgender, gender identity, and gender expression (iSEE, 2013); Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People.

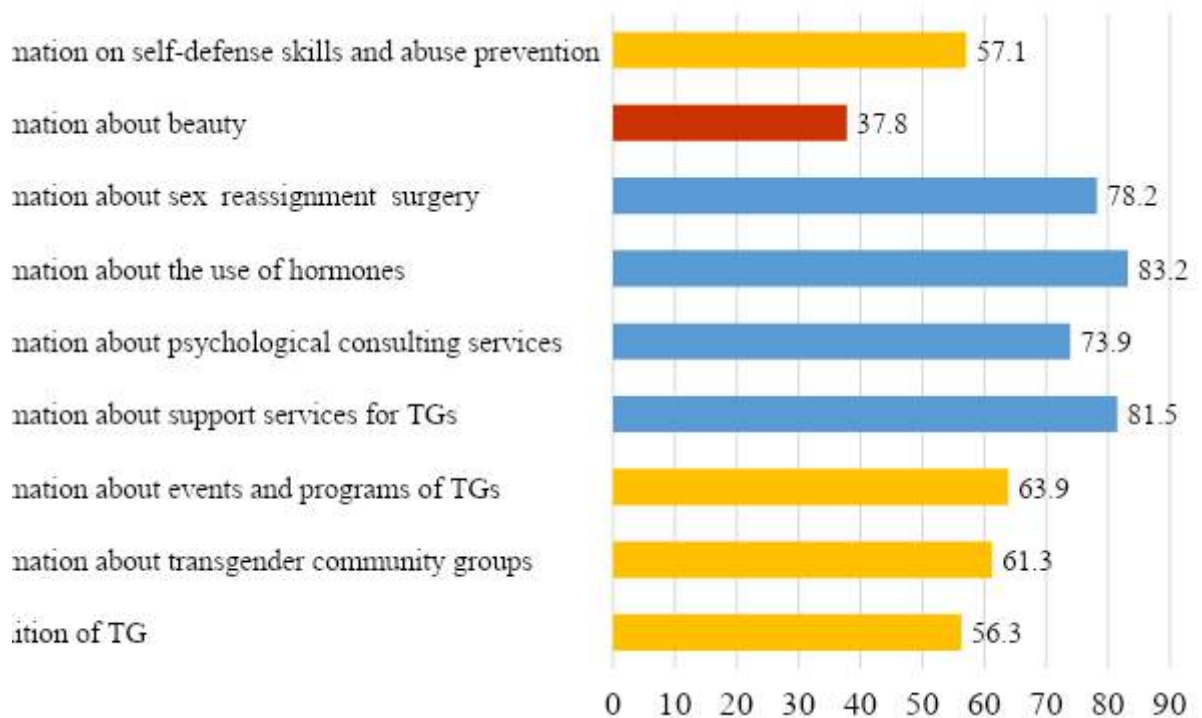
(The World Professional Association for Transgender Health).

In this research, we focus on demand on accessing to information for Transgender-specific information and pay special attention to health problems both physically and mentally.

*In my opinion, their priority issue will be health care communication. If you have health, then you have everything. Health is the first thing to mention about. Then there*

*will be other issues such as sex reassignment surgery, livelihoods, networking or entertainment propaganda in the community. (PVSTGW3)*

Particularly, information on specialized health services, beauty information and information related to the TG community. Similarly, when asked about the need for specialized services for TGs, respondents have the highest demand for information on the use of hormones, accounting for 83.2%. Next is information on support services for TGs (81.5%), information on sex reassignment surgery (78.2%), and information on psychological consulting services (73.9%). Information about specialized health services is more concerned than beauty information or community groups information.



**Figure 31. Demand for information content**

In terms of information channels, social networks are the most chosen/preferred platform for information-sharing, accounting for 73,9%, which can be explained by the fact that it is the most popular and easiest form to access this information.

*Or there are programs that we do for my community and then broadcasting on Facebook, on YouTube, or livestreaming on Facebook. For example, in the past, when I started to learn about myself, that period of time was not as developed as it is now, but Youtube had a megaTV channel also talking about the LGBT community. I think it was also a tool to support. (TLNTGM1)*

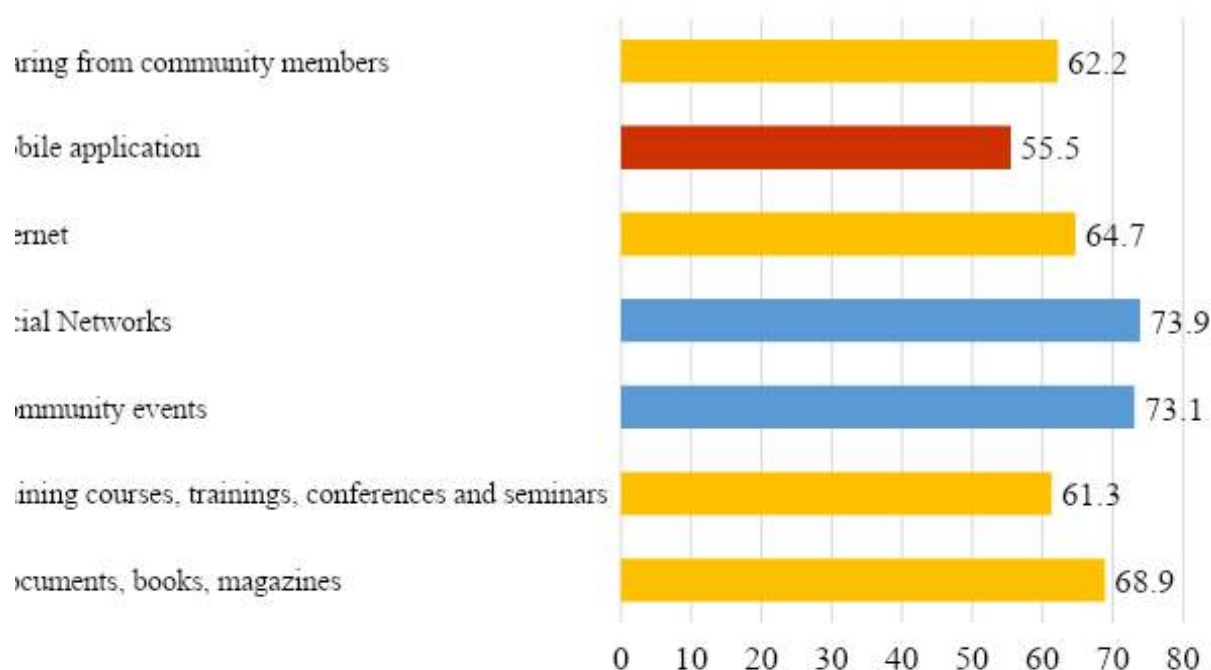


Community events are also an information channel selected by the majority of participants, accounting for 73.1%.

*Most groups have media plans like organizing talk shows by themselves. Thanks to such a tradition, we integrate topics and activities on HIV testing or communication about TGs. (TLNTGW6)*

*We will have community media programs that are more inclusive. . For example, it was the same program, but when they came to the show, it was not because of that message. When there's a Transgender program, like the one we did the other day, they will assume it's a program for Transgender female, so Transgender male won't come. We also talk about health issues, HIV and STIs, so we should also improve its name to make it more fun and appealing to a wider group of attendants/participants. (PVSTGW1)*

TG participants also wanted to receive information through other channels such as books, newspapers, magazines (68,9%), sharing from community members (62,2%), training courses, seminars (61,3%), mobile applications (55,5%).



**Figure 32. Demand for information channels**

Although current information for TGs is getting more diverse and developed in contents, they face the challenges of a variety of information sources which are unverifiable/unreliable. Wording and concepts are sometimes confusing. There are many

documents but the content is not appealing and interesting, mainly copied from the same sources and rarely updated with new information.

*I think we should use easy-to-understand terms and terms. For technical terms, we should explain them clearly so that others can understand them. Because not everyone has many opportunities to interact with the media; or Transgenders living in the provinces, they do not have the opportunity to participate in the seminars and the media of the groups. The format can be videos, which are very accessible to everyone, very friendly. As far as I know, there are countries that do very well in communication for the TG community like Thailand, we should study and follow them. (PVSTGW3)*

Most TGs want to have an accurate, quality, verified, or implemented information system that can be easily accessed by people in the community. There should be an advisory team focusing on individual issues with both online and offline form to ensure availability and coverage, based on the demands of TGs.

*Actually if possible, there should be more face-to-face training sessions. The training here is not that we open a seminar for them but it would be better if we open a meeting to interact. If not, then there are books - books that are really easy to find. We don't have to climb to the 4th floor of iSEE and find out when iSEE is open, and then we have to carry books when they come to our training sessions. The best way is buying at a bookstore, or having an Ebook. I find that there are lots of interesting small handbooks. It needs to be more widely known. (PVSTGMI)*

### **5.3 Demand for social services of Transgenders**

The research team would want to emphasize on 4 social service groups for TGs: accommodation, education, training, employment and legal services. Over 80% of respondents express that they find the aforementioned services “necessary” or “very necessary”.. In particular, legal service is considered by participants in the survey as "very necessary", with the proportion of respondents who think so accounting for 74.8%, highest compared to all other social service needs . (74,8%), followed by employment services (68,9%), education and training services (49,6%).

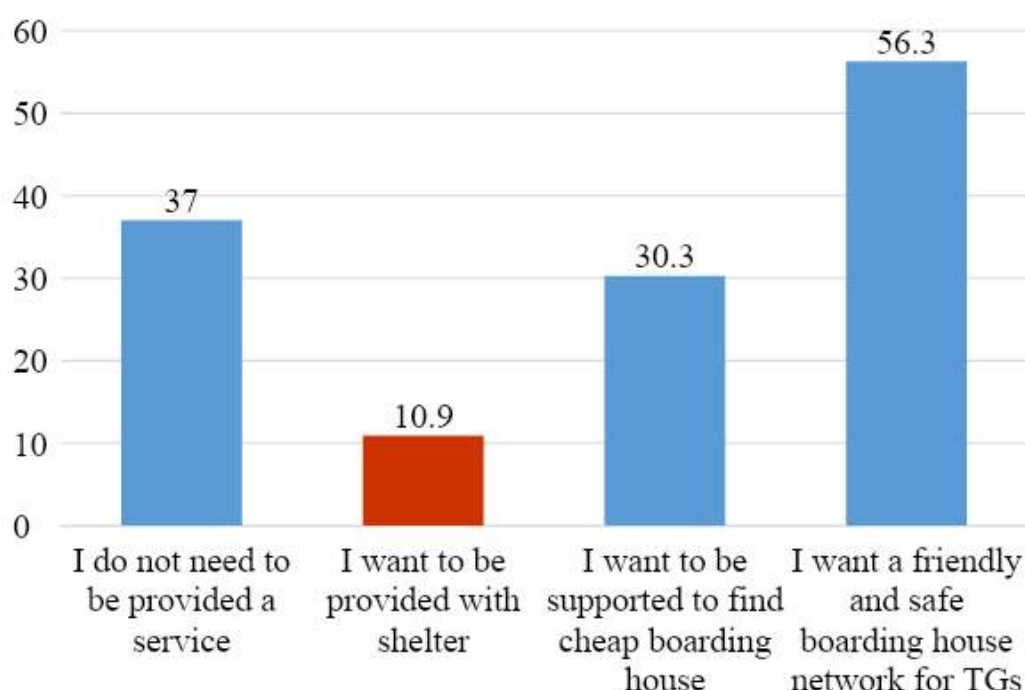
**Table 4. Necessity levels of social services**

	Level of necessity		
	Very necessary	Necessary	Unnecessary
Accommodation service	38 (31,9%)	60 (50,4%)	21 (17,6%)

Education and training services	59 (49,6%)	53 (44,5%)	7 (5,9%)
Employment services	82 (68,9%)	32 (26,9%)	5 (4,2%)
Legal services	<b>89(74,8%)</b>	28 (23,5%)	2 (17%)

*(1) Demand for housing support services*

TG participating in the survey have the greatest demand for a safe and friendly accommodation network for TGs (56,3%), followed by assistance to find affordable boarding houses (30,3%). Providing shelter has the lowest proportion of demand (10,9%).



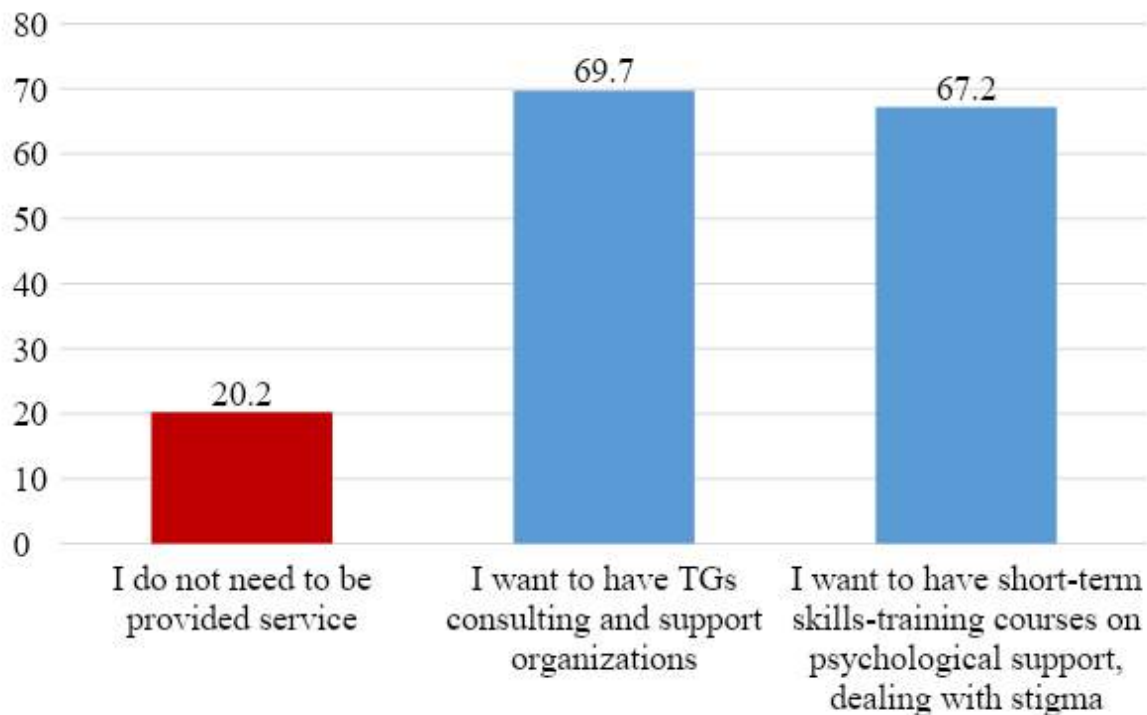
**Figure 33. Demand for housing support services**

*(2) The demand for using support services for education and training*

From the survey results, more than 2/3 of the participants express their desire to access educational and training support services because of the fact that TGs do not know much about vocational training institutions that receive TGs.

*Vocational training is currently unavailable. My group can help them with needlework, makeup, and manicure. Just based on community groups. (PVSTGW2)*

Particularly, according to the results, 83 TG respondents (69,7%) share that they want to have supporting organizations and career consulting services for TGs, 80 people (67,2%) hope to be provided short-term skills-training courses on psychological support, dealing with stigma.



**Figure 34. Demand for using support services for education and training**

*With the desire to secure stable employment,* TGs also want to have more training institutions with more diverse careers.

*We can have a vocational training center to teach them to have certain skills such as being a chef, a hairdresser or something like that, so they can have a job to be able to live on their own and support themselves. (TLNTGW3)*

### *(3) Demand for employment support services*

Through in-depth interviews (section 2.3), TGs share that they have a hard time finding a stable working environment without stigma and discrimination. Likewise, the research team finds that TGs have a great demand for employment support services because of the fact that they share, the sources of job seeking are still limited.

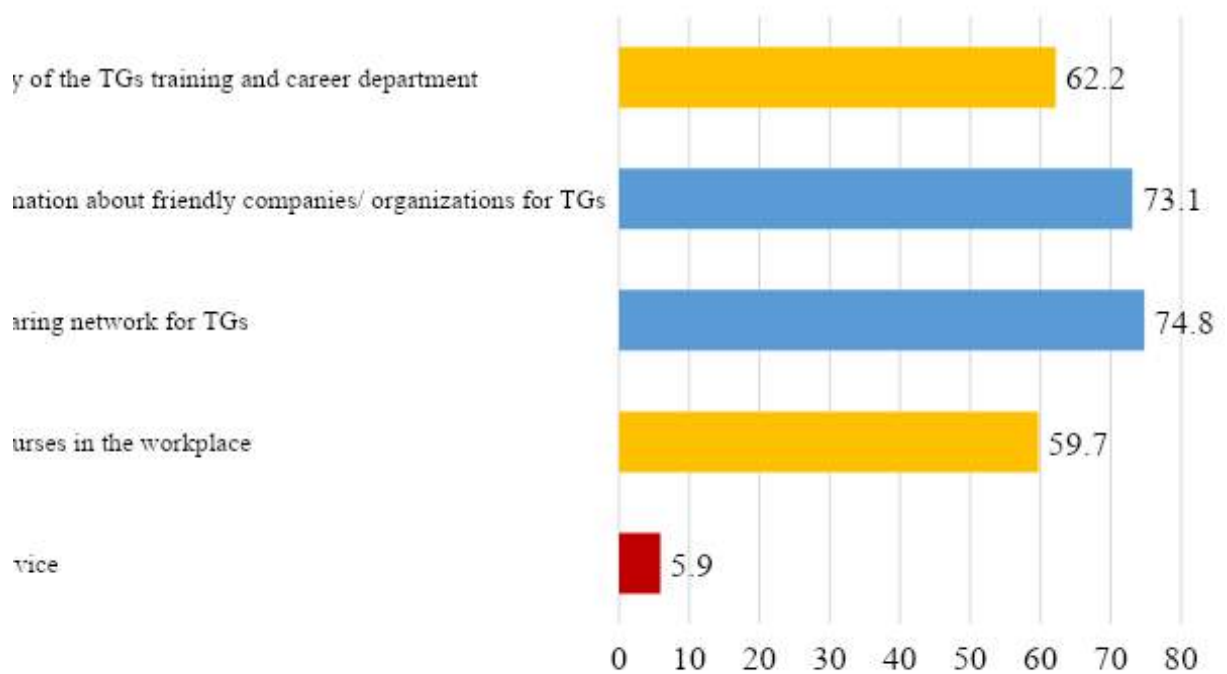
In particular, 89 respondents (74,8%) want a suitable job-sharing network, 87 people (73,1%) want a network to share information about companies/ organizations that are friendly with TGs.

*I think there should be an employment support network for Transgenders, Transgender male, Transgender female, and all people in the LGBT community. Because sometimes when I join the recruitment, there are companies and businesses that accept the LGBT*

*community and do not discriminate, but not many people know that. It's not that everyone discriminates against LGBT. (TLNTGM1)*

In addition, 74 people (62,2%) want to strengthen the capacity of the training and vocational training departments for TGs and 71 people (59,7%) share that they would like to be provided with training courses on necessary skills in the working environment.

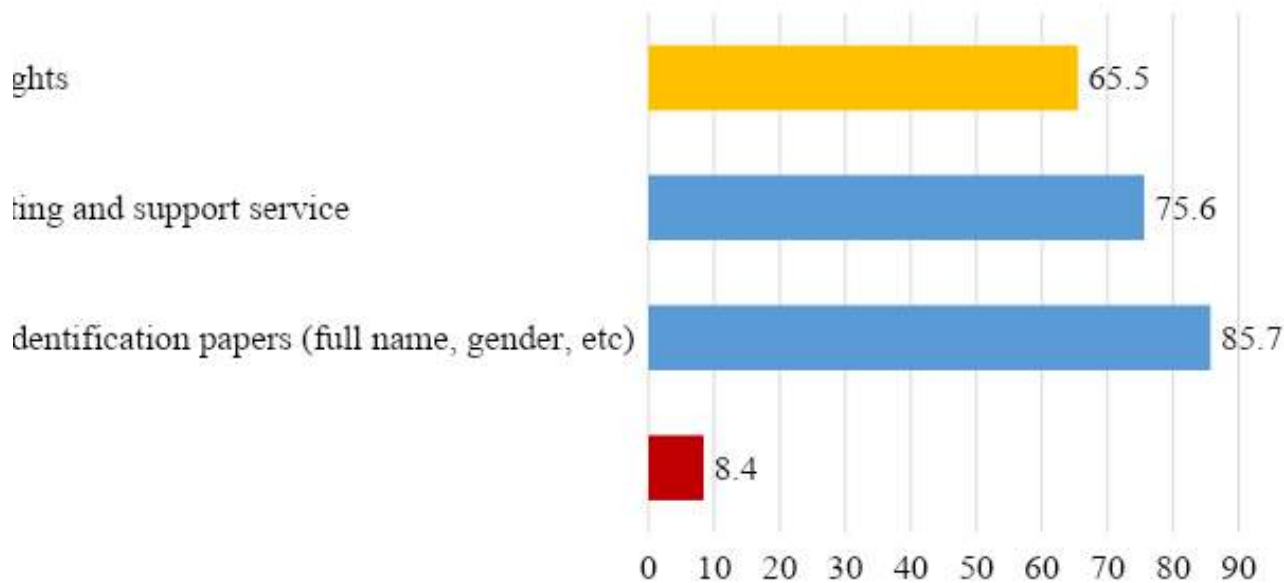
*Establishing a project where/in which we can connect all businesses, train them. Or if we are not providing training, we should also look for businesses that are willing to receive TGs, not to receive TGs but to receive employees who do not care about their gender or gender identity. We can find and connect to such databases, and open a service called consulting and job hunting for LGBT community members. (PVSTGM1)*



**Figure 35. Demand for employment support services**

**(4) Demand for legal support services**

It can be seen from the collected data that the demand for legal support services of TG is very high. While the group that does not need to be provided services accounts for 8,4%, groups with demands for other legal support services take up 65% of our sample. In particular, up to 102 TGs (accounting for 85,7%) share that they want a service to change their identity documents (full name, gender, etc).



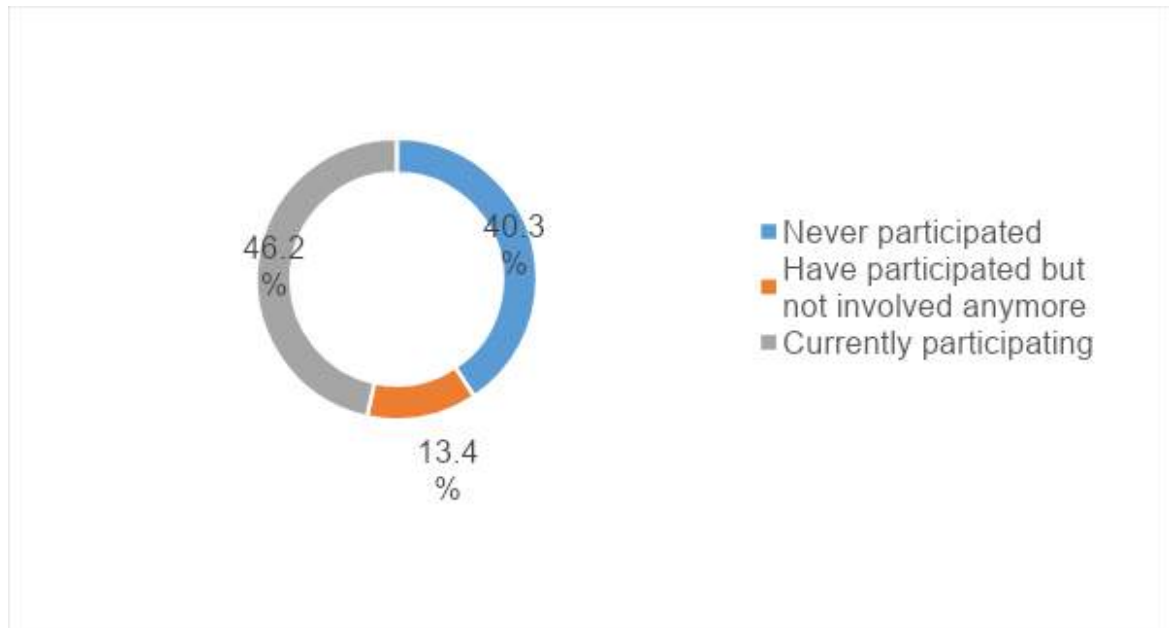
**Figure 36. Demand for legal support services**

While the law on sex reassignment surgery is not adopted, TGs still face many legal issues/legal obstacles, particularly the identification documents. This leads to a variety of difficulties in approaching health services and health insurance of TGs.

*They have difficulty in applying for a job at the office. If they are fired/laid off, they will be supported to claim benefits. Or there will be support when they have difficulties in changing identification documents, for example, changing name is always difficult and tough. (PVSTGM2)*

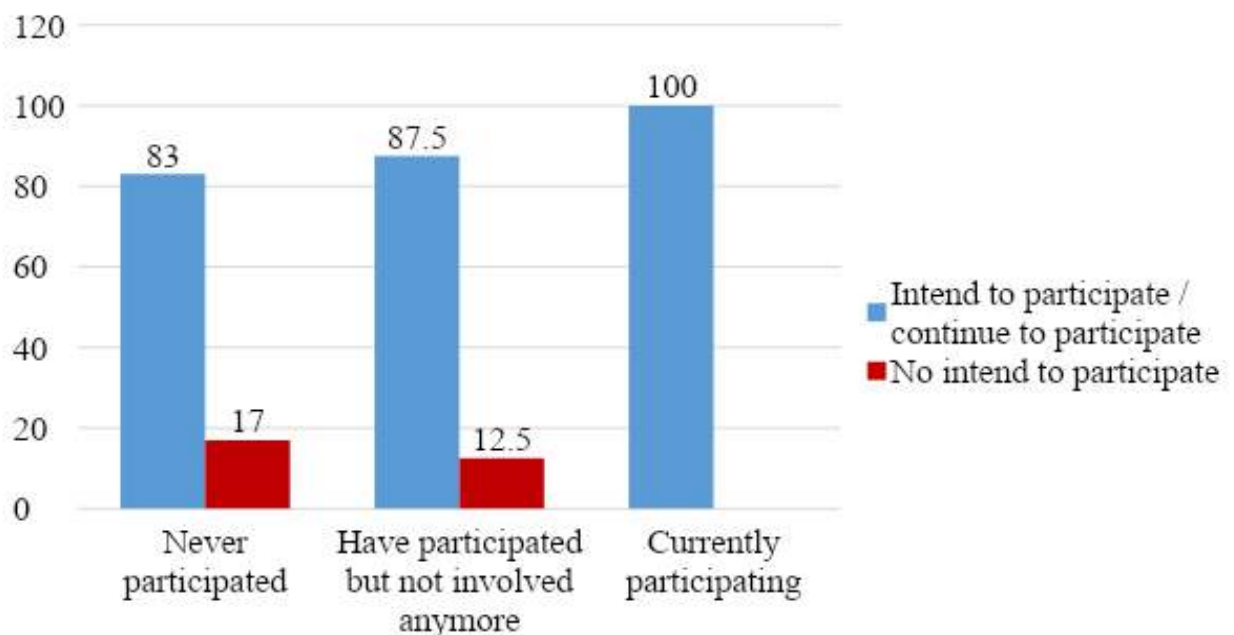
#### **5.4. Demand for joining the network of Transgenders**

55 TG respondents (46,2%) are currently participating in the Transgender network, (13,4%) of whom participated and are no longer involved. The number of respondents who have never joined the network is 48 people (accounting for 40,3%). In particular, the majority of participants (109 people, accounting for 91,6%) share that they would continue to participate or intend to join TG network in the near future. The proportion of those with an intention to join or continue their participation is about 11 times higher than the group that does not want to participate.



**Figure 37. Prevalence of participating in the Transgender network**

The results show that in these 3 groups, TGs intend to join the network in the near future, accounting for a very high proportion. In particular, in the group of current TG network participants, 100% of TG intend to continue to participate. 87.5% of those who have participated but are no longer involved intend to return to participate. 83% of respondents who never participated intend to join the TG network in the near future. It is evident that TG community network and TG groups are one of the places that most participants believe.



**Figure 38. The relationship between the prevalence of participating in the network and the intention to participat / continue to participate in the network**

However, TGs also encounter certain difficulties when participating in the network. Among 71 TGs who have been and are currently participating in the network, only 3 (2,5%) share that they have no problems.36 people (50%) share their difficulties while participating in the network, which is mainly operated online Due to the virtual nature of the network, 41.7% of the TG respondents feel that the network is loose, lacks connection and interaction among members. Next, 36.1% of TGs believe that they do not make a clear distinction between MSM and TG activities. Another difficulty reported by about 1/3 (33.3%) of the TG respondents is the capacity enhancement activities focus only on the leaders of the groups and clubs, making it difficult for other individuals to approach and benefit from such activities.

**Table 5. Difficulty in joining the network**

N= 71		Percentage (%)		
		Used to participate (N = 16)	Is participating (N = 55)	Total
Difficulty in joining the network	I have no difficulty at all	1 0.8%	2 1.7%	3 2.5%
	There is a confusion between the MSM group and the TG network	3 4.2%	23 31.9%	26 36.1%
	Mainly operated via online form	5 6.9%	31 43.1%	36 50%
	Loose network, lack of connectivity and interaction	8 11.1%	22 30.6%	30 41.7%
	Many post-operative TGs completely abandon community-related activities	3 4.2%	19 26.4%	22 30.6%



	Capacity enhancement activities for the network are currently focusing only on the leaders of the teams and clubs	5 6.9%	19 26.4%	24 33.3%
	Mainly operating based on the movement and in periods	5 6.9%	16 22.2%	21 29.2%

There is a marked difference between groups that used to participate and are participating. According to those who participated, the difficulty that most people encountered was the loose network, lack of connectivity and interaction (50%). While in the group that is currently participating, the network operation mainly through online form is the biggest difficulty (65.5%). However, it can be seen that the form of operation is also one of the factors contributing to the connection in the network. This suggests that, in order to maintain and continue to expand membership, the TG network needs to have solutions for the form of activities and promote the cohesion of members in its network.

Most of the participants (107 people, accounting for 89.9%) expect the network to promote broader communication activities. This is also one of the effective means to build a positive image of TGs in the community, thereby reducing stigma and negative judgments.

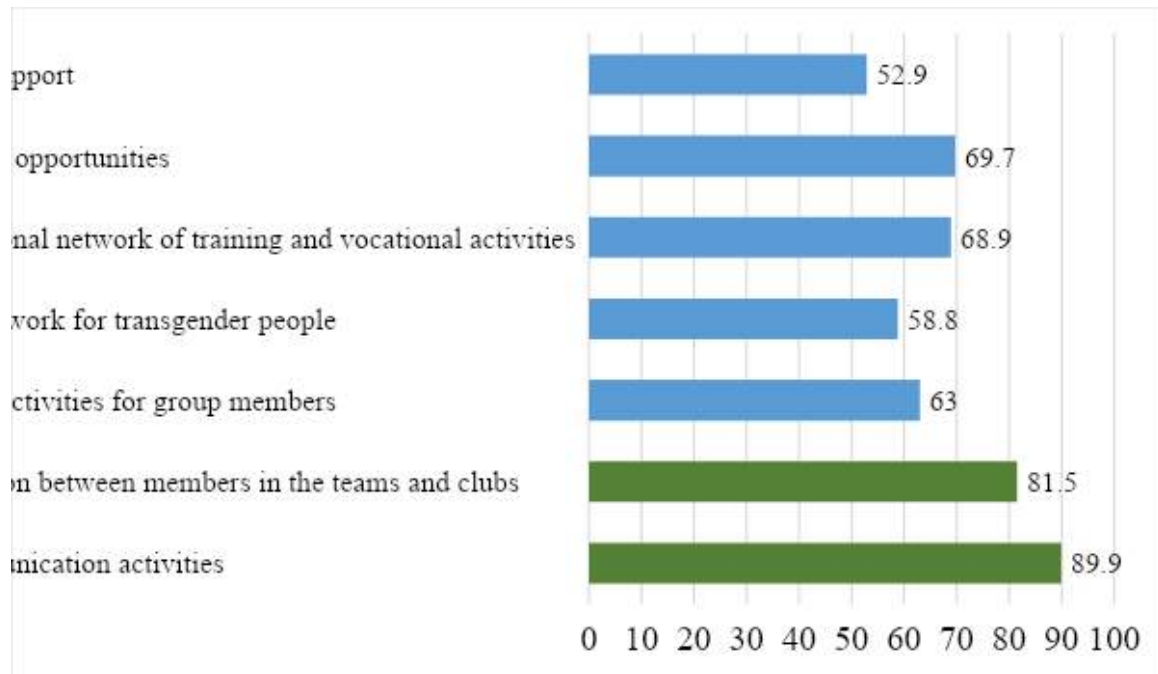
*As a leader, I think it is necessary to build up the image of Transgender people first, to be better than before. These programs are aimed at young people now, so I think the elderly will be difficult audiences. In the future, young people will grow up and change the minds of the next generation. (PVSTGW6).*

There are 97 people (81.5%) wishing to enhance the connection between members in the teams and clubs.

*We should have a working group across the provinces, and working together is how we would raise awareness for Transgender people. For other non-TG community, we will join the movement of the LGBT community to push the movement policies in general. (PVSTGM1)*

83 people (69.7%) desire the network to share job opportunities; 82 people (68.9%) want to have a network connection and organize training and vocational activities; 75 people (58.8%) want to improve the capacity of all members of the group. Transgender individuals also have their own recommendations to promote these activities.

*We can open clubs as an apprenticeship so that they can get a job, a career, and then from there they will find the job or they can run their own businesses. But I think this is a very interesting thing, for example, in my community, we can divide it into smaller groups, and we could do something together afterward. (PVSTGW4)*



**Figure 39. Desiring to improve Transgender networks**

#### IV. CONCLUSION

Currently, Vietnam has not yet legalized sex reassignment surgery, which is a major barrier for the TG community, especially in equality in healthcare, education and employment opportunities. In this survey, the need for assistance with changing ID is very high. Understandably, the fact that the personal documents which are unmatched with the identity make it difficult for TGs to access basic services in daily life.

The majority of participants believe that the health services (HIV and STDs prevention and treatment services; specialized services for TGs) are necessary or really necessary for them. In particular, 78.2% of TGs participating in the survey share that specialized services including psychological consulting, hormone services, breast surgery services, and sex reassignment surgery services are really necessary.

In the survey, the number of TG using HIV and STDs prevention and treatment services is relatively low and there is a difference between the TGW and males. They mainly use HIV consulting and testing services at community organizations/groups. In the coming time, TGs have a high demand to use extra services at community groups and at public health facilities

with non-discrimination on all days of the week. In terms of service package/additional services, TGs want to receive HIV, STDs, PrEP and PEP services, with accompanying services as psychological consulting .

In terms of specialized services, the number of TGs using these services accounts for a low proportion. Hormone services are the most used service, and the lowest is sex reassignment surgery service. Most TGs use hormones at home, and go abroad to use sex assignment surgery. The fact that health facilities do not provide psychological consulting services or hormone services and difficult to find information about services are the biggest difficulties for TGs. They have a great demand for specialized services at public health facilities as well as community organizations in the near future. Service providers need not be Transgender but should be non-judgmental and have specialized knowledge of Transgender issues. In terms of service types, the demand for hormone-related services is greatest, followed by sex reassignment surgery.

Specialized medical services for TGs such as psychosocial consulting , hormone therapy or surgery have not yet been officially introduced to health facilities. In Vietnam, it is difficult to access mainstream information about hormones or sex reassignment surgery. Transgender tend to access information through the internet or friends in the community. These information is mainly about hormone use, surgical services or psychological consulting. Inaccurate sources of information could have adverse health consequences for Transgender people themselves. Most TG respondents said they would like to continue to join community groups and networks for TG. However, the survey also noted their difficulties, for example, the network mainly operates in the form of online or the network operates loosely and lacks connection.

## **V. DISCUSSION**

The research results show the fact that TGs still face stigma and discrimination from the communities in which they participate.

This prevalence was also pointed out in iSEE (2012) and Pham Quynh Phuong (2014) research on stigma against TGs through communication and behavior. Many other studies have showed the same reason that accessing to healthcare services for Transgender people in Vietnam is still inadequate because of the stigma and discrimination related to TGs (iSEE, 2015; UNDP, USAID, 2014). This difficulty puts TGs under a lot of pressure in life, even learning how to get used to the stigma of living to be themselves; whereas others choose to hide themselves in daily life and express themselves at night or through religious activities

(Pham Quynh Phuong, 2014). Nevertheless, stigma creates many barriers, especially at home and work. These places are two essential requirements for a person to meet basic living needs.

A particular difficulty that TGs is facing is the identity document. As there is a difference/disparity/mismatch between the identity document and gender Transgender people identify with, it creates a major barrier, especially in accessing medical services. The results of this research also poses a great difficulty for the non-surgical TGs, which iSEE (2016) mentioned, that is "For those who have not had surgery, which gender will they present when they go to see a doctor? When entering a male clinic, how can they undress, and when entering a female room, how could they show that look?" while there is currently no specialized medical facility for TGs. Even healthcare providers show scrutiny and curiosity towards trans people because they are not equipped with knowledge about TG. (iSEE, 2016).

Regarding the difficulties in using services at health facilities, the results of the study show many difficulties that similar to previous studies, namely: health risks associated with the lack of information on hormone use and the risk of getting STDs (iSEE, 2012), difficulty in accessing services for TG having low- and middle-income because of the unguaranteed quality of services about benefits and safety (iSEE, 2016). In addition, a remarkable research finding is that 100% of TGs who underwent sex reassignment surgery have used psychological consulting because they often face many mental health problems such as depression, anxiety before and after the surgery.

In addition to psychological services related to hormone use or surgery, there are also gaps in psychological services to support other TGs' issues. Evidence from studies has not mentioned any organization, especially those belonging to government agencies, providing psychological support to TGs (iSEE, 2012, 2015, 2017; Ministry of Health, 2017). When assessing the needs of TGs, the research results show that, along with providing information on hormone use, psychological consulting are one of the major needs of TGs in the current context.

Unlike previous studies that only stopped at assessing the status of TGs' issues, this study focuses on understanding the needs of TGs on four main dimensions: (1) healthcare, (2) information, (3) social services and (4) network participation. The findings of TG's needs are also similar to the difficulties in this research and previous studies (iSEE, 2012, 2015, 2016). From individual assessments, TGs make positive wishes and contributions to overcome current difficulties and meet the needs of themselves and the community.

## **VI. RECOMMENDATIONS**

### **1. Units providing medical services**

#### *(1) Communication*

Continue to promote/foster communication to enhance knowledge about TG and health care for healthcare providers at state facilities, especially on skills to work with TG.

#### *(2) Training*

Organize training courses to improve the capacity to provide health services to community groups, and organize short-term training courses with certificates attached.

Training package for healthcare providers, including:

- Training on psychological consulting skills for healthcare providers (public, private, community...) to promptly support TGs (and build a model to provide consulting services, etc)/
- Training on hormone and sex reassignment surgery for health facilities, especially for community organizations/ groups.

#### *(3) Organization*

Time flexibility in providing medical services to the community.

### **2. Transgender community**

#### *(1) Communication*

- Promote communication to increase the proportion of TGs participating in periodical HIV and STDs testing as instructed. Besides, we continue to promote the sharing of information on essential needs such as rental address, friendly clinic, hiring company/business, vocational training facilities for TGs, etc.
- Provide the training focused on the leaders of the network and share the mainstream information for Transgender people through offline sessions.
- Organize more communication activities to connect members of community groups and networks and help the network to operate more sustainably.

#### *(2) Training*

- Raise awareness about the rights of TGs to help them exercise their rights better, so that they can contribute in the process of advocating for the adoption of sex reassignment surgery laws in Vietnam.
- Organize information sharing sessions at community level to improve knowledge about hormone use and mental health for TGs.

### **3. Recommendations on communication and general policies**

- The construction of information channels (content, form) and information sharing should ensure that information meets the needs of the TG community. This also ensures that information is shared across the most accessible and covered channels.
- It is advisable to develop a guiding framework that includes basic and necessary information on sex reassignment surgery processes, and information on different types of health care and hormones (usage, dosage, cost, side effects, etc.) before legalizing specialized health services for TGs at health facilities. In particular, this guidance framework should be made public at health facilities as well as online so that all individuals can access this information.
- Adopting sex reassignment surgery laws is extremely necessary. Having laws specifically designed for TGs help them solve the difficulty of paperwork, access to healthcare and other services. This is a basic foundation for building support services, including healthcare, education, employment. Therefore, it helps to limit and gradually eliminate stigma and gender stereotypes, creating an equal and happy living environment.

## REFERENCES

1. The Ministry of Health. (2017). Prevalence on people wishing to have a sex change (Transgender people) in Vietnam and related legal system.
2. iSEE. (2012). Aspiration to be myself: Transgender people in Vietnam: realities and legal aspects. (Pham Quynh Phuong, Le Quang Binh & Mai Thanh Tu)
3. iSEE. (2013). Questions and answers about Transgender.
4. iSEE. (2014) Survey on experiences and needs of Transgender people on legal issues
5. iSEE. (2018). Prevalence of health experience and Transgender needs of Transgender people in Vietnam. (Pham Quynh Phuong et al).
6. ISDS. (2017). Report on needs assessment report of the MSMTG community.
7. iSEE. (2016b). "Is it because I am LGBT?" Discrimination based on sexual orientation and gender identity in Vietnam. The Institute for Studies of Society, Economy and Environment (Luong The Huy & Pham Quynh Phuong).
8. Pham Quynh Phuong. (2014). Summary of studies: Homosexual, bisexual and Transgender people in Vietnam. Social Science Publishing House.
9. UNDP, USAID. (2014). Being LGBT in Asia: Vietnam country report - A participatory Review and Analysis of the Legal and Social Environment for Lesbian, Gay, Bisexual and Transgender (LGBT) Persons and Civil Society.