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ORIGINAL PAPER

Sexual Experiences of People with Physical Disabilities in Vietnam

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Abstract
This paper discusses the sexual experiences of people with physical disabilities in Vietnam. The research on which this paper is based adopted a qualitative research with in-depth interviewing in combination with the photo elicitation method. Twenty Participants with physical disabilities participated in this study. During the interviews, participants were offered the options of drawing a picture or selecting some images from a small photo library that expressed their thoughts if they found questions difficult to answer. The findings revealed sexual experiences of people with physical disabilities regarding premarital sex, sexual activities, types of sex and orgasm. They expressed that they experienced sexuality in many ways. This research also found some sexual problems and participants' sexual desire. Despite some limitations caused by their disabilities, they were still satisfied with their sexual activities. However, some encountered sexual problems, particularly coercion and other difficulties such as abuse and domestic violence. Although they experienced some challenges with their sexual lives, they tried to deal with these problems in order to have a better sexual life.

Keywords People with physical disabilities · Sexual health · Sexual experiences · Coercion · Vietnam

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Introduction

Sexual and reproductive health issues are one of many challenges for people living with physical disabilities in Vietnam. Like most people with disabilities across the world, Vietnamese people with physical disabilities generally find it more difficult to integrate into society than those without such disabilities; they are often less educated and more likely to be unemployed than other people. Vietnamese people with disabilities also have fewer opportunities for marriage [12, 13] and can face considerable difficulty maintaining their reproductive health and in satisfying their sexual needs. Parker and Yau [17] contend that sexual and reproductive health is 'an integral component and fundamental right of every individual'. However, it appears that such rights do not always extend to people with disabilities.

People with physical disabilities are often seen as unattractive, asexual or lacking sexual ability [17]. Perceptions such as these can have profound effects on how the sexual and reproductive health needs of people with disabilities are addressed. Family members and family carers can ignore such needs and health services can fail to address them appropriately. For example, health care environments for sexual and reproductive health can be inaccessible and health care workers can be insensitive [17]. These difficulties can be exacerbated in less industrialized countries where there is less awareness or regard for the needs of individuals [17].

Population data on disabilities are often inadequate or not available. According to the 2010 annual report of the World Health Organization, in the approximately 13 million people in Vietnam more than one in seven of those aged 5 years or more, has a disability (15.3%), but this number included people with disability of all types, including those who were deaf, blind, or physically immobile or disfigured [4, 6, 7, 9, 15–19, 21–23, 25].

Recent economic growth in Vietnam has changed social relationships and lifestyles of Vietnamese people. Improvements in social welfare have also markedly enhanced the quality of life of many Vietnamese people with disabilities. However, their sexual and reproductive health needs remain underserved. In Vietnam, sexual matters are forbidden to discuss in family [2, 4, 9, 15, 16, 20]. Additionally, sexual research in Vietnam has thus far paid less attention on sexual research in relation to people with disabilities [4, 6, 9, 19, 21]; they focused more on researching on HIV, men having sex with men (MSM), and HIV prevention.

In recent years, several studies have explored the lived experiences of people with physical disabilities [6, 8, 12, 13], yet their sexual and reproductive health experiences and needs have received far less attention. This paper will add important perspectives to the missing literature on sexual experiences of people with disabilities. In this paper, we focus on the sexual experiences of people with physical disabilities in Vietnam.

Methods

Study Design and Setting

In-depth interviews in combination with the photo elicitation method were used in this study. This qualitative method is considered appropriate for research involving vulnerable people, particularly one that addresses such a sensitive topic [10, 24]. The participants

were people with physical disabilities living in Ho Chi Minh City, Vietnam. They were recruited through the snowball sampling technique [5, 12] starting with the Disability Research Capability and Development (DRD), the Disabled Youth Association (DYA), and YMCA Vocational Orientation Club for Disabled Youth of Ho Chi Minh City (YMCA). To be included in the study, participants had to be aged 18 years or more and to be married or had been married. This latter requirement was in response to the strict cultural norms about sexual activity in Vietnam. We provided transportation fees and food for all participants. There was no monetary compensation provided to participants.

Ethics Approval

The study was approved by La Trobe University's Human Ethics Committee, and authorized by the DYA, YMCA, and DRD in Vietnam.

Data Collection

All data were collected in in-depth interviews that were conducted between 13 December 2014 and 31 January 2015. All interviews lasted approximately 1 h and were audio-recorded.

During the in-depth interviews participants were asked about their socio-demographic information including their age, career, education, religion, current income, number of children, year of marriage and divorce/separation (if applicable). In the interviews participants were asked about their sexual health issues. Questions focused on knowledge, difficulties, and solutions.

Twenty photographs were used to aid data collection. These were pictures cut from magazines or downloaded from the Internet that portrayed images of people and natural environments. Images were chosen as suitable to the local context, that is, they included Asian people and environments. These images were offered to the participants when it appeared that they were finding it difficult to express feelings in spoken and written words. All photographs were presented and it was suggested that participants choose any image that best represented their feelings or response to a question. Participants could select the number of images that they wanted. After participants had made their selection, they were asked to order their chosen pictures from the most to least likely to represent their experiences. They were then asked to elaborate on the photographs chosen and the reasons for their choice.

Study Sample

The aim was to include equal numbers of males and females if possible and the first 20 participants recruited included 10 males and 10 females. Initially, this was not intended to be the final sample number. We planned to use saturation theory to determine the sample size. Saturation occurs when 'no new data and little is being generated, and new data fits into the categories already developed' [8, p. 12]. However, no new information emerged over the course of the 20 interviews, which meant that there was not a need to recruit further. The study sample included a range of social positions, different levels of education and income, and different forms and causes of physical disability; 17 participants had suffered from polio syndrome, 2 participants had spinal cord injuries, and 1 had physical disabilities due to bone cancer (Table 1).

Table 1 Social demographic information

Names (pseudonyms)	Age range	Gender	Religion	Education	Level of income	Detail of disability
Lan	40–49	F	Buddhist	MA	High	Polio, use crutches
Hung	50–59	M	Catholic	Primary school	Low	Polio, use crutches
Hoa	30–39	F	N/A	Bachelor degree	High	Polio, use crutches
Cuong	40–49	M	N/A	Bachelor degree		Polio, use wheelchair
Mai	40–49	F	Buddhist	Primary school	Low	Polio, use wheelchair
My	40–49	F	Buddhist	No education	Low	Polio, use hands for moving
Van	40–49	M	Catholic	Secondary school	Low	Polio, use crutches
Ly	40–49	F	Buddhist	Associated degree	High	Polio, can walk without crutches
Hau	30–39	F	Cao Dai	High school	Low	SCI, use wheelchair
Huong	30–39	F	Buddhist	Primary school	Low	Polio, use crutches
Nam	30–39	M	N/A	Bachelor degree	Medium	Polio, can walk without crutches
Na	40–49	F	Buddhist	Associated degree	Medium	SCI, use wheelchair
Dan	30–39	M	Catholic	High school	High	Polio, use hands and wheelchair for moving
Tu	30–39	F	Catholic	High school	Low	Polio, use splint
Tuan	40–49	M	Catholic	Secondary school	Low	Polio, can walk without crutches
Lam	30–39	F	Catholic	Secondary school	Low	Bone cancer, cut down 1 leg, use crutches
Dat	40–49	M	Buddhist	Secondary school	Low	Polio, can walk without crutches
Minh	30–39	M	Buddhist	Bachelor degree	High	Polio, use crutches
Phuong	30–39	M	Muslim	Bachelor degree	Low	Polio, can walk without crutches, splint
Diep	30–39	M	N/A	Vocational degree	No income	Polio, use splint

Primary school (grade 1–5), secondary school (grade 6–9), high school (grade 10–12), vocational school (2 years)

Data Analysis

Thematic analysis was adopted to analyse the data [3, 11]. After data collection, we coded and labelled all interviews as pseudonyms. We transcribed all tape-recording into Vietnamese words. Practically, we followed the steps for thematic analysis described by [8, p. 12]. We read every single transcription and annotated our initial ideas. At this step, we also started to generate the initial codes. We then gathered all codes to each potential themes. After that, we then revised the initial codes and refined them into the finding sections of the paper. We translated into English all verbatim quotes, which were used in this paper. They were translated by the first author.

Findings

Three main issues were derived from participants' responses in the interviews. These are: sexual experiences and practices; sexual problems; and approaches to problem-solving sexual and reproductive health issues.

Sexual Experiences and Practices

All participants had disabilities since their young age. Thus, they experienced sexuality when they had already had a disability. The sexual experiences of the majority of participants were confined to marriage. Most reported that they had not had sex with anyone except their spouses. Few had experience of sex prior to marriage. Premarital sex, when it did occur, involved only the male study participants and the urging of male friends. The use of prostitutes was reported to occur on business trips. Fidelity in marriage was associated with happiness, as Van said:

> Yes, I had sex with other girls before I got married. At that time, I followed my friends and then they talked me into it. After I got married, I did not go out with any other girls. I wanted to maintain my current happiness. If I have sex with other girls, it will mean that my family will break up [Van, 45 years old, married, male]

Only one female participant reported having sex outside of marriage. She had identified as a lesbian after marriage and had sex with another female. This provide pleasure in her sexual life.

> When I had sex with my lover, I had pleasure. Unfortunately, we broke up, but I always think about having sex with her [Hoa, 36 years old, separated, female].

Most participants found sex enjoyable and experienced orgasm. Those in relationships engaged in sexual activity regularly, between one to five times a month, although a few reported having sex up to 15 times a month. Health was commonly raised when talking about the frequency of sex in the interviews.

> It depends on my health status and my free time. If I work hard, I am tired. On average, I think in a month, we have sex […] 8 – 10 times [Lan, 41 years old, married, female]

Fig. 1 Lying down on bed

When asked about sexual positions and sexual patterns, most participants answered by choosing Fig. 1, and linked lying down during sex to their physical disability. For example:

> I only use this position because I am a person with a disability [Hung, 51 years old, married, male]
>
> Lying down on the bed, because I do not have any ability to stand up [Van, 45 years old, married, male]
> It is a normal sexual position. It is also because my wife and I are amputees [Tuan, 46 years old, married, male]

Participants who had partners that were not disabled chose Fig. 2 to indicate the diversity of sexual positions they used. Nam said:

> […] I think this photo shows many sexual positions. It is very real […] I use some sexual positions that are similar to this photo, but not all [Nam, 30 years old, married, male]

Most responses to questions about satisfication with their sex life were subdued, particularly among those who chose an image to depict their sexual satisfaction rather than give a verbal response. Such images generally associated sexual satisfaction with marriage or family. In contrast, participants who spoke excitedly about their sex life were happy to share stories that expressed their satisfaction. One said:

> Yes, I am very satisfied with my sex life. This is very easy for me to say. I do not have anything to complain about [Dat, 48 years old, married, male]

Dissatisfaction with sex lives related to several factors, some that were directly related to participants' physical disability, although this was sometimes unclear or ambiguous. A few female participants reported that they experienced orgasm infrequently or never, and these women associated this with their disability in some way. These women

Fig. 2 Safety first

generally viewed sex as part of their duty as a wife to satisfy the sexual needs of their husband.

> I am unsatisfied, unhappy and uncomfortable with my husband. He is a non-disabled person, so his sexual needs are as strong as other non-disabled people. It is just the opposite for me. I do not like that. There are many times I have to satisfy his sexual needs. When this happens, I feel like I am just doing a wife's duty [Huong, 33 years old, married, female]

One male participant was also not oblivious to the possibility that his wife had a sense of obligation to satisfy his sexual needs. Diep was dissatisfied with his sex life and while he felt that it could be because his sexual needs did not match those of his wife, this was not his only problem. Like other participants, Diep raised problems with the use of particular sexual positions. The problems in his sex life had a profound effect on Diep who chose Fig. 3 to express feelings of loneliness in his relationship.

> My sexual needs are not satisfied. I am not able to use some of the sexual positions that non-disabled people use, so I feel like my sex life is not good enough. There is no motivation for this. It is impossible, because I cannot stand up. [Diep, 36 years old, married, male]

Other issues resulted from poverty and social status. For example Hung, said his sexual needs were not being satisfied because he did not have a private space in which to have sex with his wife. A few participants lived with their relatives and due to a lack of space shared bedrooms with their children.

> Because we all sleep together, I do not have a room for my daughter. I am poor. I cannot afford to buy a house. So my daughter sleeps with us instead of having her own room. This is the reason why we find it very hard to make love. Because if we

Fig. 3 The loneliness

> make love, we will make noise and she will wake up. It is very uncomfortable […] [My, 44 years old, married, female]

The close proximity of sleeping children, meant that sex had to be careful and very gentle, so as not to wake them. One of them said: "We make love when we are sure all the children are asleep. In this case, I feel like a thief" (laugh) [Van, 45 years old, married, male].

Sexual Problems

Several participants remarked on sexual problems in their married lives, and when talking about these problems, spoke with strong emotion. Sexual coercion was reported by several participants. For example, female participants reported that even though they were sleeping, their husbands would attempt to have sex with them. While most were angry about this, others saw it as an indication of desirability.

> Normally, when I want to sleep, or even if I am asleep, and he wants to have sex, he still has sex while I am sleeping. I am used to it [laugh]. When he is finished, he put my clothes on and sleeps […]. It is normal. I am not angry about it. It is very normal. Actually, I can still have an orgasm when this happens […] [Lan, 41 years old, married, female]

One participant acknowledged that he coerced his wife to have sex with him, and even though he knew this was not good for his wife, it did not deter him.

> Yes, I can satisfy my sexual needs through coercion. Generally, my wife just tries to satisfy my sexual need [Hung, 51 years old, married, male]

Another participant, while not coerced physically by her ex-husband was emotionally blackmailed by him; he told her that making love would reduce his risk of disease.

> For me, having sex was one of my stresses, although my ex-husband did not coerce me or sexually abuse me. I appreciated that. Actually, it was my stress […]. For example, he told me that he had a heart disease, and making love could treat his disease […], or he said he was seriously sick, and having sex would help him feel better. Oh my God! How could I put up with this married life […]. I was so stressed, so scared. I told him about my feelings, but he did not understand. I did not know why. Maybe I did not have the ability to explain it clearly to him [Hoa, 36 years old, separated, female]

Most participants felt that their disability directly caused problems in their sex lives, specifically with the sexual positions available to them.

Most participants saw their disability as causing problems with the sexual positions they could adopt. One female participant, Lan, shared that she preferred to be on top of her husband, but her legs were very weak. Thus, she could not adopt this sexual position.

> I have had seen many interesting sexual positions, but I cannot use them. For instance, if I am on top of him, I have to use my legs to move up and down. But my legs are weak. I am unable to use my legs. So I have to use my arms to move, which makes me tired very quickly because my arms have to carry my whole body weight […] and I am not athletic. This is my difficulty. Limited sexual positions can lead to not having orgasms [Lan, 41 years old, married, female]

Cuong had polio when he was young and then had a stroke about 10 years ago. He was unable to move his body and could only move his left hand. These issues meant that his wife was the dominant partner in any sexual activity.

> My problem is sexual positions. When we have sex, my wife has to be a leader in our sex life. I am a follower. Because of my disability, I can not be a leader in having sex [Cuong, 47 years old, married, male]

However, those that discounted problems due to their disability tried to accommodate their disabilities. Mai said:

> No problems. If somebody said they have problems in a sexual position, it is because they are trying to use positions suited to non-disabled people. For me, I have adapted to my disability and my sexual position. So I do not have any problems [Mai, 45 years old, married, male]

People with spinal cord injuries had more serious issues with sexual problems. One participant, Na, who was a permanent wheelchair user said that she could not use sexual positions that "require the use of my legs". Na, who lived with spinal cord injury, could find lovemaking very uncomfortable.

> My bladder was operated on. So when I feel tense, I have to urinate and it takes a long time to do that. This means that if my husband feels horny when my bladder is tense, we can not make love […] [Na, 40 years old, married, female]

For males with spinal cord injury, it was difficult obtaining an erection. Due to this, often, physical violence would be involved. Tu, who had married to have sex, had lived with an abusive husband for a year but remained a virgin because of her husband injury:

> My ex-husband was unable to have sex. His penis never went hard. I tried to make him hard, but I failed to do so. … He was very bad. At that time, I didn't know what to do. He often pinched me, and he even bit me, to the point where some-

> times I bled. My whole body had many bruises. It seems that because he did not have the ability to have sex, he felt angry and frustrated. This was when he bit and pinched me. I was very scared. I was suicidal. Oh my God, I was so scared of him. When he got drunk, I was scared of him the most, because he bit me so saverely […] [Tu, 30 years old, divorced, female]

Approaches to Sexual Health Issues

The marked emotional contrast in participants' responses to questions about their satisfaction with their sex life and their sexual problems prompted further questions about sexual desires. Most participants, particularly the men, had something to say. Two clear areas of desire emerged: more variety in sexual positions and general desire for change in their sex lives. Both belied earlier claims of contentment with their sex lives.

Some issues directly related to their disability and others, such as poverty, were indirectly related. For example, lack of privacy in bedrooms shared with children, was usual due to poverty associated with their disability.

Regarding the issue of sexual position, most participants initially stated that they accepted their bodies and enjoyed the sex life. This acceptance was evident when some spoke about how they had adapted various sexual positions to accommodate their disabilities. For example, two men remarked that:

> I just do what I do. I do my best. I cannot use some of the positions that non-disabled people use. My wife and I create our own way [Van, 45 years old, married, male]

> My wife understands my difficulty. We understand that we can not use the sexual positions we watch on porn. So I have developed some sexual positions to accommodate my disability [Dan, 32 years old, married, male]

Other participants, both males and females, acknowledged a desire to try sexual positions available to non-disabled people. One participant chose the Safety First photograph (see Fig. 2) to express his sexual desires and because he wanted to use some of the sexual positions portrayed.

> As I said before, I have a problem using certain sexual positions. So when I saw this photo, I really liked it. I wish I could use some of the sexual positions in this photo [Cuong, 47 years old, married, male]

Lan has a husband who is also a person with disability. She had said that she was uncomfortable in some sexual positions with him because of their disabilities. She now confided that she had been interested in making love with a non-disabled person but instead chose to work with her husband to adapt to their sexual situation.

> I do not think much about it. I know many interesting sexual positions. To be honest, I have had many opportunities to make love to a non-disabled person. But I choose my ethics instead of satisfying my sexual needs. It is easy to see that a non-disabled partner would have a wider variety of sexual positions than a disabled man […]. My husband is a man with a disability. So we have a limited number of sexual positions […]. Anyway, I am okay with what I have. I am still happy [Lan, 41 years old, married, female]

There was a sense of acceptance in these conversations. The lack of body movement caused by their disabilities led people with physical disabilities to try to accept their bodies and the abilities that they had in having sex.

Making Sex Better

As participants acknowledged limitations in terms of the sexual positions available to them, they were asked what they did to improve their sex lives. A few participants remarked that they had tried eating special foods to improve their sexual ability, after hearing from friends or through the media that some food might help with this. Some said:

> When my husband was reading the newspaper, he saw that eating onions or bananas could help to improve sexual ability. So I tried to eat that food [Na, 40 years old, married, female]

> A little bird told me that eating an embryo egg might help to improve sexual ability. So I got an embryo egg [Diep, 36 years old, married, male]

Some participants followed these advices. They then felt like their sexual ability has improved and hence enjoyed sexual activities more than before they had these foods.

Most study participants watched adult movies either to learn new sexual positions or to feel arousal. Some shared:

> Yes, I have watched porn but only because I wanted my wife to know about different sexual positions. Anyway, my wife was unhappy if I watched them, because she said porn was not good. Also, I was a Catholic. In the Bible, sexuality comes naturally. We should not try to make ourselves feel horny [Hung, 51 years old, married, male]

> Yes, I often watched pornography (laugh), because I wanted to know about sexual positions [Hoa, 36 years old, separated, female]

A few participants viewed pornographic movies as the best way to achieve arousal. One participant said that he watched adult movies because he wanted to get his wife aroused. He viewed adult movies a form of foreplay.

> Yeah, sometimes I watched porn. It was like a type of foreplay. Watching porn could make me horny. For instance, if I wanted to make love to my wife, I was better off letting my wife watch adult movies so she would feel horny [Nam, 30 years old, married, male]

The use of sex toys was not common and most participants said that they had never even seen a real sex toy or had only seen them in movies. Experience with sex toys (or their substitutes) was generally negative:

> I saw sex toys in movies. For me, I did not use them because I thought I had to maintain good health. If we used sex toys, we would get sick [Tuan, 46 years old, married, male]

Another participant, Ly, who had been a widow for some time was not in a current relationship said:

> Yes, I know about sex toys. My friend gave me one. Actually, I did not know about them until she gave me a penis toy. I told her that I would try it when I needed it.

> Anyway, it annoyed me because I had children and I did not want them to see it [Ly, 48 years old, widow, female]

Some participants, however, had tried to use sex toys to help to improve their sexual needs. One participant, Lan, said she used a cucumber as a sex toy because she wanted to have a new feeling. She said:

> At that time, my husband said he wanted to use a cucumber as a sex toy by putting it inside my vagina. When he put it inside me, I did not have any feeling as I did when my husband's penis is in. So, I thought if I used sex toys, I would not have any feeling too […]. It was not exciting [Lan, 41 years old, married, female].

Discussion and Conclusion

Despite the expectations and beliefs of many in Vietnamese society, including health professionals, the people with physical disabilities in this study were sexually active. All people with physical disabilities in this study had engaged in sex and most were currently sexually active. However, their experiences and responses were complex.

Questions about participants' sexual experiences raised many emotions and body language appeared to be an important indicator of the strength of those emotions [13]. Participants indicated acceptance of things that were difficult to change, such as their limited body movements, but cultural expectations clearly affected sexual behaviours [8, 14, 25]. Sexual intercourse was almost entirely confined to marriage, and in at least one case was the stated reason that marriage occurred.

Participants spoke of satisfaction with their sex lives but body language was often subdued and there were reports of coercion and past abuses. Interviews were more animated when discussing sexual problems and the desire for change. The participants felt grateful that they were able to engage in sexual activities, which could be related to the stigma that is often associated with a disability, particularly in countries such as Vietnam [8]. There are few positive reports of sexual experiences among women with spinal cord injuries to be found in the literature [16, 20]. Differences in study populations may affect expectations and needs. For example, this study included males and people with different types of physical impairment, including spinal cord injury, and the impact of this is unclear. However, it is important to note the clear gender differences articulated about the aim of sex; for most women sex was about satisfying sexual needs, either for themselves or their partners, whereas most men identified procreation as an important aim of sex [13]. Male participants expressed desires for sexual positions they could not achieve because of their disabilities, while female participants raised the possibility of non-disabled partners when talking about sexual desires. Other studies have found that sexual relationships can be more difficult for people with physical disabilities when their partner is not also disabled [16, 18, 20].

The sexual problems identified among this relatively small group of people were marked, and included sexual coercion and physical violence. People with physical disabilities were seen as asexual [8]. However, the findings from our research proved that people with physical disabilities were sexually active. The difficulties caused by disabilities did not prevent them in finding a sexual life. The challenges caused by disabilities could not stop them from finding an intimate relationship, getting married and having their own family [13]. Although there were a few participants used to live with sexual coercion and physical violence, they still continued hoping to find love again [8, 12, 13]. Other research

has also mentioned this problem as a description about life among people with disabilities [6, 8]. This finding was important for social policy-makers and other people who can help people with disabilities to improve their quality of life.

Physical disability was only one of the challenges faced by the participants in this study, but while other issues, particularly poverty, exacerbated problems with their sexual activities, the constraints posed by their disabilities was always present. Within the social construction theory, cultures of resistance are crucial elements that strongly impact the quality of life of people with disabilities [8]. In Vietnam, the cultural construction of performance involves four virtues for females (employment, appearance, speech and conduct) and two for males (muscularity and handsomeness). These social expectations seemingly eliminate people with disabilities from social sexual norms as it is difficult for people with disabilities, particularly physical disabilities, to meet such standards [1]. The lack of societal support and social acceptance reduces opportunities for people with physical disabilities to develop intimate relationships and to have children [6, 12, 13]. While this study included only people who were or had been married, none of these sought professional help, rather they worked to accept the limitations of their bodies and to find solutions, such as suitable sexual positions, to achieve sexual satisfaction. Participants also reported that they worked hard to sexually satisfy their partners.

The findings of this study offer a number of important issues that have not appear elsewhere in the literature. Previous studies on the sexual experiences of people with disability have focussed on women with spinal cord injuries [17, 20]. Our study is the first study that has included people with other forms of physical disability, in this case participants were largely affected by polio syndrome. This is possibly the first study on the sexual health experiences of people with physical disability that has included men and to have taken place in Vietnam.

This study had limitations. First, the study used qualitative methodology with purposive sampling and a small sample size. This means that the findings cannot be generalized to all people with physical disabilities living in Vietnam, or even in Ho Chi Minh City. However, the study gained new understanding of the sexual health experiences of people with physical disabilities and this was achieved with this study design. Second, many of the people with disabilities in this study had limited education and communication skills. They were also shy to discuss such an intimate topic in an interview, and this has resulted in miscommunications. We believe that the use of photo elicitation went some way to overcoming these barriers. Last, we focused on physical disabilities, which means the results may not apply to other kinds of disabilities in Vietnam. While the needs of people with other kinds of disability are also important, limiting this study to people with physical disabilities was important in highlighting significant issues for this group.

In conclusion, we contend that people with disabilities should have opportunities to experience positive intimate relationships [13]. This study shows that people with physical disabilities can work hard to overcome the challenges they face, and that stigma associated with physical disability creates barriers.

Compliance with Ethical Standards

Conflict of interest All authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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