



Responding to GBV against PWDs: lesson-learned from training for health service providers in Vietnam

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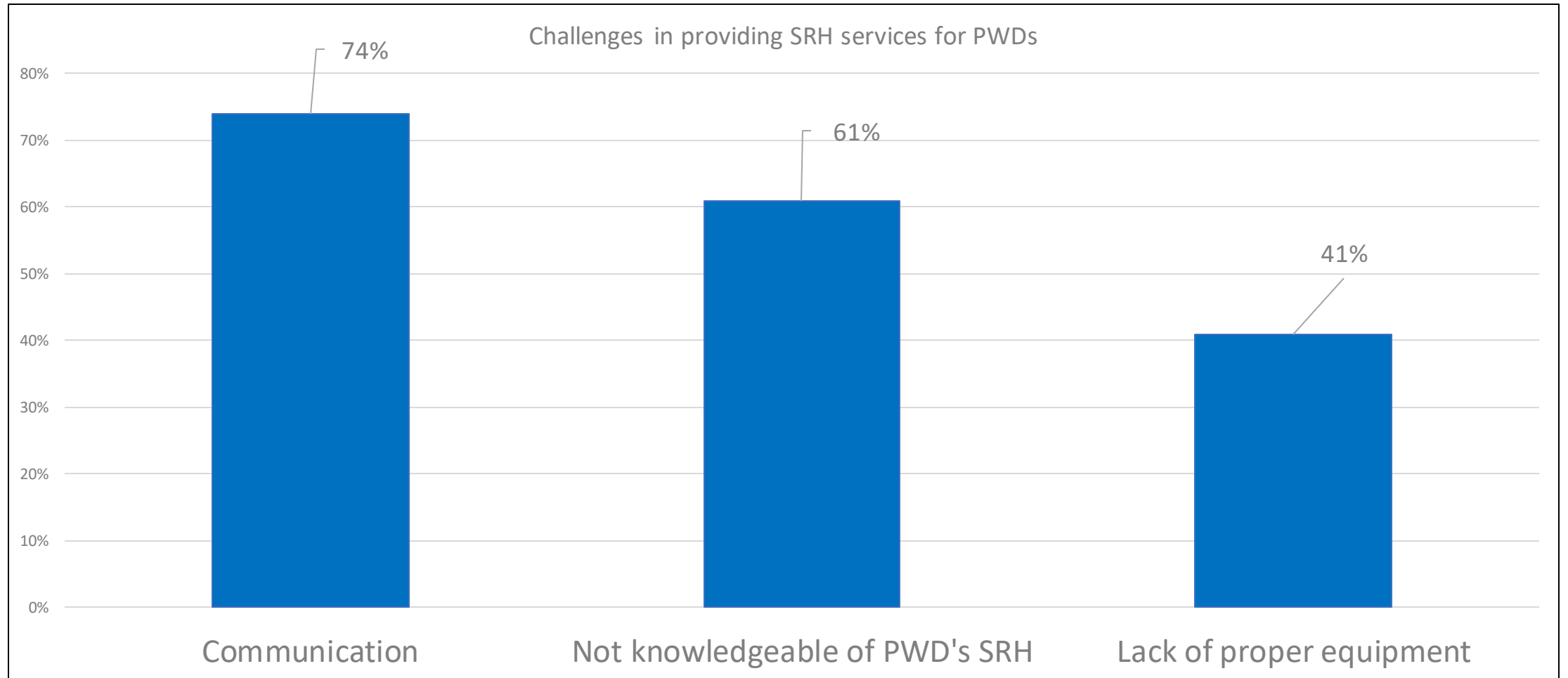
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CONTEXT

- PWD in the world: 1.3 billion (16% of the total population)
- PWD in Vietnam: 7 million (7% of the population from 2 years old)
58% are women.
- Convention on Rights of PWDs 2006, Vietnam ratified 2012.
- PWDs face stigma and discriminations on SRH
- Vietnam Ministry of Health has developed the guideline to provide SRH for PWDs since 2022
- 2023-2024: pilot training for 170 doctors at provincial and district hospitals. 74% provided SRH services for PWDs.

KAP of service providers on SRH of PWD



KAP of service providers on SRH of PWD (cont.)

- Common view of disabilities = abnormal = incapability
'Normal people' (người bình thường) vs *'people with disabilities'* (người khuyết tật = incompleting people , người tàn tật = incapable people)
- Take for granted that PWD should be accompanied by someone else , PWD cannot go to the clinics by themselves
→ Concern of confidentiality and privacy (data on violence by family members to PWD)
- Low awareness of PWD rights and autonomy:
 - 42% thought that PWDs don't need to be involved in making informed-decisions regarding their SRH
 - 68% agreed that family members should be involved in making decision of PWD's SRH
- Being hesitant of consulting PWDs in service provision

KAP of service providers on SRH of PWD (cont.)

“Her parents brought her to my clinic and requested hysterectomy. I really sympathized with them and promised to help them. I contacted Prof. Ng to help them as I could not do that myself. However, due to many reasons including financial issues, the operation could not do in a short time. When the family was ready, I contacted Prof. Ng again but she was already retired and did not want to perform the procedure. I was regret very much and blamed myself for not being able to help the girl and her family.”

“I sometimes got request from family members of PWDs on doing abortion or inserting IUD for girls with disabilities. I often tried to meet their request.”

KAP of service providers on SRH of PWD (cont.)

- Being hesitant in screening of violence and abuse in clinical check-up:
 - 45% would screen all clients
 - 48% would screen when they find suspected signs of violence or abuse
- Have limited information/connection on supporting services for PWDs:
 - 37% know at least one source to provide sign language support
 - 55% know at least one organization of PWDs
 - 45% know GBV services to refer PWDs violence survivors
- Did not know what to do if they found cases of violence and abuse.

Ministry of Health 2017 issued circular 24/2017/TT-BYT on screening and providing support for women suffer from violence.

- *“I had a client. She was 16 years old, she got intellectual disability. Her grandmother brought her to my clinic and asked for check-up. I did the check-up and suspected that she was sexually abused. The grandmother told me that she suspected one man but she did not get the evidence yet. She was afraid that if she reported, her niece did not have capacity to prove. I asked her just to monitor further and if she found somethings she could call and talk to me. I did not have a clear idea of what to do. However, I was very worried for her.”*

KAP of service providers on SRH of PWD (cont.)

- Low awareness of sexual and gender diversity.

Role-play: X, male, 25 years old, deaf. He came to the clinic because he was worried that he had pink fluid from his anus.

Almost all doctors thought that the client had Hemorrhoids and did not ask about his sexual relationship during counselling.

Conclusions

- Gender and sexual stereotype norms toward PWDs are prevailed also among health service providers.
- Health service providers are lack of knowledge and skills to respond adequately to SRH needs and rights of PWDs
- Low awareness on different forms of violence toward PWDs especially by their family members may make health service providers normalize and complicit with the violence.
- Participation of PWDs in service provision, monitoring and prevention is very limited.

Recommendations

- Guidelines for health providers on providing services for PWD:
 - Principles: PWD-centered, right-based, participatory
 - Technical: infrastructure, technical protocols
 - Gender equality and diversity inclusion
 - Resources: PWDs services, organizations, helpline
- Capacity building for health providers
- Monitoring and evaluation with central roles of PWDs

SAO Y
Số quan: 001
Ngày: 15/11/2024
2024.17.39.08
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BỘ Y TẾ
CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Số: 3082 /QĐ-BYT Hà Nội, ngày 17 tháng 10 năm 2024

QUYẾT ĐỊNH
Ban hành tài liệu chuyên môn “Hướng dẫn cung cấp dịch vụ chăm sóc sức khỏe sinh sản, sức khỏe tình dục đối với người khuyết tật”

BỘ TRƯỞNG BỘ Y TẾ
Căn cứ Luật Khám bệnh, chữa bệnh ngày 09 tháng 01 năm 2023;
Căn cứ Nghị định số 95/2022/NĐ-CP ngày 15 tháng 11 năm 2022 của Chính phủ quy định chức năng, nhiệm vụ, quyền hạn và cơ cấu tổ chức của Bộ Y tế;
Theo đề nghị của Vụ trưởng Vụ Sức khỏe Bà mẹ - Trẻ em, Bộ Y tế.

QUYẾT ĐỊNH:

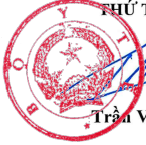
Điều 1. Ban hành kèm theo Quyết định này tài liệu chuyên môn “Hướng dẫn cung cấp dịch vụ chăm sóc sức khỏe sinh sản, sức khỏe tình dục đối với người khuyết tật”.

Điều 2. Tài liệu chuyên môn “Hướng dẫn cung cấp dịch vụ chăm sóc sức khỏe sinh sản, sức khỏe tình dục đối với người khuyết tật” được áp dụng tại các cơ sở khám bệnh, chữa bệnh trong phạm vi toàn quốc.

Điều 3. Quyết định này có hiệu lực thi hành kể từ ngày ký, ban hành.

Điều 4. Các Ông (Bà): Chánh Văn phòng Bộ, Chánh Thanh tra Bộ, Cục trưởng và Vụ trưởng các Cục/Vụ thuộc Bộ Y tế; Giám đốc các Bệnh viện, Viện có giường bệnh trực thuộc Bộ Y tế; Giám đốc Sở Y tế các tỉnh, thành phố trực thuộc Trung ương; Thủ trưởng Y tế các ngành và các cơ quan, đơn vị có liên quan chịu trách nhiệm thi hành Quyết định này././.

Nơi nhận:
- Như Điều 4;
- Bộ trưởng (để báo cáo);
- Các Thủ trưởng;
- Cổng Thông tin điện tử Bộ Y tế;
- Lưu: VT, BM-TE.

KT. BỘ TRƯỞNG
CHỦ TRƯỞNG

Trần Văn Thuấn

- Thank you!
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