Survey on the impact of COVID-19 on the LGBTI+ Community in Vietnam

Researchers
Vu Thanh Long, Dang Thuy Duong, Luong The Huy, Vuong Kha Phong

August 2020,
The Institute for Studies of Society, Economy and Environment (iSEE)
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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>iSEE</td>
<td>The Institute for Studies of Society, Economy and Environment</td>
</tr>
<tr>
<td>LGBTI+</td>
<td>Lesbian, gay, bisexual, transgender, intersex people and people with diverse sexual orientations and gender identities</td>
</tr>
<tr>
<td>Cis</td>
<td>A person who identifies with their gender assumed or sex assigned at birth. They can identify themselves as heterosexual, lesbian, gay, bisexual, or other.</td>
</tr>
<tr>
<td>Non-cis</td>
<td>People whose gender does not match the assumed gender or sex they were assigned at birth. They can identify themselves as transgender or other.</td>
</tr>
<tr>
<td>SOGI</td>
<td>Sexual Orientation and Gender Identity</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh city</td>
</tr>
</tbody>
</table>
1. Introduction

The report shows the analysis results from the online survey "Survey on the impacts of COVID-19 on the lives and needs of LGBTI+ people", which was conducted in May 2020 by the Institute for Studies of Society, Economy and Environment (iSEE).

The survey was carried out in order to identify the effects of COVID-19 on health, access to health services, employment, education and family of LGBTI+ people over 18 years old in Vietnam. In addition, the survey also wants to find out the impact of the State's response measures to the pandemic and explore the community's need to receive support to overcome difficulties caused by the pandemic.

2. Methodology

The research uses an online survey with the help of Surveygizmo. Links to the questionnaire were shared on the official Facebook page of iSEE as well as on channels, fan pages, websites of LGBT organizations and community groups. The data was collected over 2 weeks from May 10, 2020 to May 24, 2020.

Following data collection, the data set was cleaned and processed using the SPSS software. 1733 people accessed the online questionnaire in total. 72 of them did not agree to respond after reading the study introduction; 769 people agreed to answer, but did not complete the questionnaire. The final, screened sample consisted of 923 complete answers.

The report mainly uses descriptive analysis, while some topics are presented in comparative analysis (between regions, SOGI groups, disclosure of gender/sexual identity, or between other demographic groups), and in significant correlations or in correlations which the research team found important and significant.

3. Results

3.1 Research sample characteristics

In terms of place of residence, Ho Chi Minh city registers the highest number of respondents (371) out of the total sample (923), followed by Hanoi (253). Among the remaining
respondents, 78 are living in Northern provinces/cities, 103 in Central provinces/cities, and 118 in Southern provinces/cities.

In terms of sexual orientation and gender identity (SOGI), 22.2% are gay men, 25.1% lesbians, 1.7% bisexual men, 20.8% bisexual women, 11.7% trans men, 4.3% trans women, 8.5% other cis, 5.6% other non-cis. In the following analyses by SOGI, the group of bisexual men is excluded from some analyses because of the small number of respondents but they are still covered in the overall analysis results of the entire sample.

Table 1: Sample characteristics by place of residence

<table>
<thead>
<tr>
<th></th>
<th>Hanoi</th>
<th>HCMC</th>
<th>Northern provinces/cities</th>
<th>Central provinces/cities</th>
<th>Southern provinces/cities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group</strong></td>
<td>N=253</td>
<td>N=371</td>
<td>N=78</td>
<td>N=103</td>
<td>N=118</td>
<td>N=923</td>
</tr>
<tr>
<td>18-24</td>
<td>83.8%</td>
<td>76.3%</td>
<td>89.7%</td>
<td>84.5%</td>
<td>83.9%</td>
<td>81.4%</td>
</tr>
<tr>
<td>25-34</td>
<td>14.6%</td>
<td>22.1%</td>
<td>10.3%</td>
<td>14.6%</td>
<td>15.3%</td>
<td>17.3%</td>
</tr>
<tr>
<td>35-44</td>
<td>1.6%</td>
<td>1.3%</td>
<td>0.0%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>45-54</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Ethnic</strong></td>
<td>N=253</td>
<td>N=371</td>
<td>N=79</td>
<td>N=103</td>
<td>N=119</td>
<td>N=925</td>
</tr>
<tr>
<td>Kinh</td>
<td>95.3%</td>
<td>92.7%</td>
<td>89.9%</td>
<td>93.2%</td>
<td>90.8%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Others</td>
<td>4.7%</td>
<td>7.3%</td>
<td>10.1%</td>
<td>6.8%</td>
<td>9.2%</td>
<td>7.0%</td>
</tr>
<tr>
<td><strong>SOGI</strong></td>
<td>N=253</td>
<td>N=368</td>
<td>N=79</td>
<td>N=103</td>
<td>N=119</td>
<td>N=922</td>
</tr>
<tr>
<td>Gay</td>
<td>24.9%</td>
<td>18.8%</td>
<td>21.5%</td>
<td>22.3%</td>
<td>27.7%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>20.6%</td>
<td>25.3%</td>
<td>32.9%</td>
<td>26.2%</td>
<td>27.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Bisexual man</td>
<td>3.2%</td>
<td>1.6%</td>
<td>0.0%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Bisexual woman</td>
<td>22.5%</td>
<td>22.6%</td>
<td>20.3%</td>
<td>17.5%</td>
<td>15.1%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Trans man</td>
<td>7.5%</td>
<td>13.6%</td>
<td>10.1%</td>
<td>11.7%</td>
<td>16.0%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Trans woman</td>
<td>4.3%</td>
<td>4.3%</td>
<td>3.8%</td>
<td>4.9%</td>
<td>4.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other cis</td>
<td>10.7%</td>
<td>7.6%</td>
<td>7.6%</td>
<td>9.7%</td>
<td>5.9%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Other non-cis</td>
<td>6.3%</td>
<td>6.3%</td>
<td>3.8%</td>
<td>6.8%</td>
<td>2.5%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
Sample characteristics by sexual orientation and gender identity

- Most of the respondents are at their young age, with 81.5% aged 18-24 years old while only 1.3% aged over 35 years old.

- Trans women and other non-cis are the youngest groups, and they also have significantly higher rates of working in the informal sector compared to the other groups.

- Gay men and trans men have higher rates of 35-44-year-olds than the other groups, and they also report significantly higher rates of full-time workers than the other groups.

- 11% of the respondents have disclosed their SOGI to their families and have been accepted; 14.4% have and been partly accepted; 5.4% have and not been accepted. 69.1% say they have not disclosed their SOGI yet to their families.

- Trans men have the highest rate of disclosure to family (33% have disclosed their SOGI and have been accepted, 33% have and been partly accepted), followed by
trans women. Both groups of transgender report significantly higher rates of disclosure to family than the others.

Figure 2: SOGI disclosure to family

![SOGI disclosure to family chart](chart1.png)

Figure 3: Current types of job

![Current types of job chart](chart2.png)
Table 2: Sample characteristics by SOGI

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>Gay</th>
<th>Lesbian woman</th>
<th>Bisexual man</th>
<th>Trans woman</th>
<th>Other cis</th>
<th>Other non-cis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=205</td>
<td></td>
<td>N=231</td>
<td>N=192</td>
<td>N=108</td>
<td>N=40</td>
<td>N=78</td>
<td>N=52</td>
</tr>
<tr>
<td>Hanoi</td>
<td>30.7%</td>
<td>22.5%</td>
<td>29.7%</td>
<td>17.6%</td>
<td>27.5%</td>
<td>34.6%</td>
<td>30.8%</td>
</tr>
<tr>
<td>HCMC</td>
<td>33.7%</td>
<td>40.3%</td>
<td>43.2%</td>
<td>46.3%</td>
<td>40.0%</td>
<td>35.9%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Northern provinces/cities</td>
<td>8.3%</td>
<td>11.3%</td>
<td>8.3%</td>
<td>7.4%</td>
<td>7.5%</td>
<td>7.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Central provinces/cities</td>
<td>11.2%</td>
<td>11.7%</td>
<td>9.4%</td>
<td>11.1%</td>
<td>12.5%</td>
<td>12.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Southern provinces/cities</td>
<td>16.1%</td>
<td>14.3%</td>
<td>9.4%</td>
<td>17.6%</td>
<td>12.5%</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Age group***</td>
<td>N=204</td>
<td>N=232</td>
<td>N=193</td>
<td>N=109</td>
<td>N=40</td>
<td>N=78</td>
<td>N=52</td>
</tr>
<tr>
<td>18-24</td>
<td>76.0%</td>
<td>81.9%</td>
<td>89.6%</td>
<td>64.2%</td>
<td>90.0%</td>
<td>88.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>25-34</td>
<td>21.6%</td>
<td>17.2%</td>
<td>9.8%</td>
<td>33.0%</td>
<td>10.0%</td>
<td>10.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>35-44</td>
<td>2.5%</td>
<td>0.9%</td>
<td>0.5%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Education level</td>
<td>N=205</td>
<td>N=231</td>
<td>N=193</td>
<td>N=109</td>
<td>N=40</td>
<td>N=78</td>
<td>N=49</td>
</tr>
<tr>
<td>Secondary school and lower</td>
<td>5.4%</td>
<td>4.3%</td>
<td>3.6%</td>
<td>3.7%</td>
<td>7.5%</td>
<td>3.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>High school</td>
<td>40.0%</td>
<td>41.1%</td>
<td>41.5%</td>
<td>37.6%</td>
<td>47.5%</td>
<td>42.3%</td>
<td>46.9%</td>
</tr>
<tr>
<td>University/College/Vocational school</td>
<td>49.3%</td>
<td>53.2%</td>
<td>52.8%</td>
<td>55.0%</td>
<td>45.0%</td>
<td>53.8%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Postgraduate (Master, PhD)</td>
<td>5.4%</td>
<td>1.3%</td>
<td>2.1%</td>
<td>3.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Employment status***</td>
<td>N=205</td>
<td>N=232</td>
<td>N=194</td>
<td>N=109</td>
<td>N=40</td>
<td>N=78</td>
<td>N=52</td>
</tr>
<tr>
<td>Employed full-time</td>
<td>36.1%</td>
<td>28.9%</td>
<td>18.6%</td>
<td>45.9%</td>
<td>15.0%</td>
<td>20.5%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Study full-time</td>
<td>46.8%</td>
<td>50.9%</td>
<td>56.7%</td>
<td>35.8%</td>
<td>60.0%</td>
<td>56.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Study and work at the same time</td>
<td>14.6%</td>
<td>18.1%</td>
<td>21.6%</td>
<td>13.8%</td>
<td>20.0%</td>
<td>19.2%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Unemployed/Retired</td>
<td>2.4%</td>
<td>2.2%</td>
<td>3.1%</td>
<td>4.6%</td>
<td>5.0%</td>
<td>3.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Types of job**</td>
<td>N=103</td>
<td>N=106</td>
<td>N=78</td>
<td>N=64</td>
<td>N=14</td>
<td>N=30</td>
<td>N=20</td>
</tr>
<tr>
<td>Regular worker, with a labour contract</td>
<td>57.3%</td>
<td>52.8%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>35.7%</td>
<td>56.7%</td>
<td>45.0%</td>
</tr>
</tbody>
</table>
Non-regular worker, without a labour contract  
Informal worker  
Business owner with registration certificate  
Small business owner without registration certificate  

SOGI disclosure to family  

<table>
<thead>
<tr>
<th></th>
<th>N=205</th>
<th>N=231</th>
<th>N=194</th>
<th>N=109</th>
<th>N=40</th>
<th>N=77</th>
<th>N=51</th>
<th>N=907</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already disclosed and been accepted</td>
<td>14.1%</td>
<td>4.8%</td>
<td>3.1%</td>
<td>33.0%</td>
<td>12.5%</td>
<td>15.6%</td>
<td>2.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Already disclosed and been partly accepted</td>
<td>15.6%</td>
<td>10.4%</td>
<td>8.2%</td>
<td>33.0%</td>
<td>22.5%</td>
<td>9.1%</td>
<td>13.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Already disclosed and been not accepted</td>
<td>4.4%</td>
<td>9.1%</td>
<td>4.6%</td>
<td>2.8%</td>
<td>7.5%</td>
<td>5.2%</td>
<td>0.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Not disclosed yet</td>
<td>65.9%</td>
<td>75.8%</td>
<td>84.0%</td>
<td>31.2%</td>
<td>57.5%</td>
<td>70.1%</td>
<td>84.3%</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

Chi square test **: p<0.01, ***:p<0.001

3.2. Impacts of COVID-19 on employment and finance

- Nearly three quarters of the respondents say their jobs and finance have been under the impact of COVID-19 and the social distancing period to different extents.
- The most common types of impacts are reduced income (36.5%) and unpaid leave (18.7%).
- The rates of unemployment or business closure among gay men, trans men, and trans women were significantly higher than in the other groups.
- The lesbians and trans women report significantly higher rate of income reduction compared to the other groups.
**Figure 4: Impacts of COVID-19 on employment**

<table>
<thead>
<tr>
<th>Impacts of COVID-19 on employment (N=417)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income reduction</td>
</tr>
<tr>
<td>Unpaid leave</td>
</tr>
<tr>
<td>Job loss, being fired, business closure</td>
</tr>
<tr>
<td>Risk of income reduction, business closure</td>
</tr>
<tr>
<td>Job change due to the pandemic</td>
</tr>
<tr>
<td>No impacts</td>
</tr>
</tbody>
</table>

**Table 3: Impacts of COVID-19 on employment and income by SOGI**

<table>
<thead>
<tr>
<th></th>
<th>Gay</th>
<th>Lesbian</th>
<th>Bisexual woman</th>
<th>Trans man</th>
<th>Trans woman</th>
<th>Other non-cis</th>
<th>Chung</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impacts</strong></td>
<td>N=102</td>
<td>N=108</td>
<td>N=78</td>
<td>N=64</td>
<td>N=14</td>
<td>N=31</td>
<td>N=20</td>
</tr>
<tr>
<td>Job loss, being fired, business closure</td>
<td>12.7%</td>
<td>4.6%</td>
<td>3.8%</td>
<td>15.6%</td>
<td>14.3%</td>
<td>0.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Unpaid leave</td>
<td>15.7%</td>
<td>17.6%</td>
<td>21.8%</td>
<td>15.6%</td>
<td>21.4%</td>
<td>22.6%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Income reduction</td>
<td>33.3%</td>
<td>46.3%</td>
<td>29.5%</td>
<td>35.9%</td>
<td>42.9%</td>
<td>38.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Job change due to the pandemic</td>
<td>4.9%</td>
<td>4.6%</td>
<td>6.4%</td>
<td>3.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>4.9%</td>
<td>7.4%</td>
<td>6.4%</td>
<td>7.8%</td>
<td>0.0%</td>
<td>3.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>No impacts</td>
<td>28.4%</td>
<td>19.4%</td>
<td>32.1%</td>
<td>21.9%</td>
<td>21.4%</td>
<td>35.5%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

In terms of types of job, the difference in the impacts of COVID-19 is significantly noticeable:

- 39.6% of the informal workers (the majority of whom are trans women and non-cis) say their income has reduced significantly than those who have regular jobs (36%) and non-regular jobs (26.6%).
- Those with non-regular jobs have a significantly higher rate of taking unpaid leave than the other groups.
- Those with non-regular jobs also have the highest risk of unemployment compared to the other groups.

- In comparison, the regular workers are least likely to be affected by COVID19 (32.9% of them say they have not been affected, while the figures for the non-regular workers and informal workers are 20.3% and 19.8% respectively).

Figure 5: Impacts of COVID-19 on employment and income by types of job

When it comes to post social-distancing financial assessment, the rates of regular workers who believe their finances did not change substantially (40.3%) or improved (3.6%) are significantly higher than those of non-regular workers (29.1% of them say theirs did not change substantially and 1.3% think theirs improved). Likewise, the rates of non-regular workers who believe their finance got worse or got worse substantially are significantly higher compared to the regular workers.
3.3 Impacts of COVID-19 on access to education

Most of the participants who are currently studying full-time or study and work at the same time report that they participated in online learning during the period of social distancing to prevent the spread of COVID-19 (86.3%). Most of the students in this study say that they studied online at home (83.7%), whereas a small percentage say they studied online at cafés, Internet shops or other locations (2.7%). The proportions of people studying online not at home in Ho Chi Minh City, in Southern and Central provinces/cities are significantly higher than those in Hanoi and in the Northern provinces/cities.

Table 4: Online learning by place of residence

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Hanoi</th>
<th>HCMC</th>
<th>Northern provinces/cities</th>
<th>Central provinces/cities</th>
<th>Southern provinces/cities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (mostly at home)</td>
<td>90.2%</td>
<td>78.0%</td>
<td>92.3%</td>
<td>87.7%</td>
<td>77.9%</td>
<td>83.7%</td>
</tr>
<tr>
<td>Yes (mostly not at home, e.g.: cafés, Internet shops)</td>
<td>0.6%</td>
<td>4.1%</td>
<td>1.9%</td>
<td>3.7%</td>
<td>2.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>No</td>
<td>9.2%</td>
<td>18.0%</td>
<td>5.8%</td>
<td>8.6%</td>
<td>19.8%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

Chi square test: *: p<0.05
Looking at the characteristics of learning, it can be seen that those who study and work at the same time were significantly less likely to study online during the COVID-19 period than those who study full-time (22.2% of the former group say they did not study online, while only 10.4% of the latter group say they did not.)

Figure 7: Online learning by learning mode

Online learning and the social distancing period influenced different aspects of learning. The learning impact measurement scale¹ is built based on the respondents' assessment to 8 aspects, consisting of: learning space, study time, access to learning tools, Internet and technology access, dress/uniform, self-expression, and the relationship with friends and teachers. The analysis results of the measurement scale on the impact of COVID-19 on learning show that there are some differences in the impact on the SOGI groups and in the level of SOGI disclosure, but the difference is not statically significant:

¹ The measurement scale is calculated based on 8 questions, with the alpha coefficient being 0.75, and with the value varying from 8 (substantially worse) to 40 (substantially better). The lower the score is, the more negative the experience is, and vice versa.
- The lesbians report having the least negative impact on learning.

- The bisexual women, trans men, and other non-cis are more likely to be under the negative effects on learning than the other groups.

- Those who have come out to their families and been accepted are least likely to suffer the negative impact on learning.

- Those who have come out to their families and been not accepted yet are most likely to suffer the negative impact on learning.

Figure 8: Level of impact on learning by SOGI
3.4 Impacts on family relationships

The analysis of the impacts of COVID-19 and social distancing on LGBTI+ people's family relationship is conducted based on the measurement scale of the negative effects on LGBTI+ people's family relationship. The analysis has come up with some findings as follows:

- The younger the respondents are, the worse it became in the relationships between LGBTI+ people and their family after the social distancing period. The frequency they experience negative relationships with their family in the age group of 18-24 is 11.3, significantly higher than the measurement scale values for the two older age groups: 9.9 in the age group of 25-34, and only 7.6 for the age group of 35-44.

- This corresponds to the fact that LGBT people of younger age groups tend to live with family and their economic and personal decisions tend to depend more on their family, while older age groups tend to have more independence in finances as well as

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2 The measurement scale is calculated based on 5 categories reflecting the respondents' perceptions of changes in aspects of family relations (feeling that family relationships are becoming worse, being scolded by family, being ignored by family members, the risk that the LGBTI+ identity is being detected by family, feeling the pressure on having to change gestures at home), the measurement scale value varies from 6 to 24 meaning from being good to being very bad (the higher the score, the more negative a respondent feels about changes in his/her relationship with his/her family). The alpha coefficient is 0.75.
personal life decisions, which means that they are less affected by pressure from the family.

Figure 10: Level of negative impacts on family relations by age group

When analyzing the effects on family relations by SOGI, the results show that:

- Bisexual women and other cis seem to have the least negative experiences in relationships with their family during COVID-19 and social distancing.
- Trans women seem to have the most negative experiences in relationships with their family during this period, which is followed by non-cis. Gays, lesbians, and trans men have slightly lower levels of negative experience.
The analysis of SOGI disclosure to family shows that:

- Those who have come out and have not been accepted by their family have more negative experience in the social distancing period in comparison with the other groups. Those who have not come out also experience many negative effects in the relationship with their family during the period, but not as seriously as the former one.

- Those who have come out and have been accepted by their family suffer less negative effects on their family relationships in comparison with the two groups above.
3.5 Impacts on access to health services

- There is no significant difference when comparing changes in experience with health services across groups of different sexual orientation/gender identity as well as the degree of SOGI disclosure.

- The types of health services reported to become worse to access include: mental health support (21%), chronic disease treatment (13.4%), and basic medical services (13.1%).

*Figure 13: Changes in access to health services*
As for hormone therapy, the analysis of the non-cis respondents shows that up to 26.6% of them said that their experience with the service worsened somewhat during the COVID-19 period.

**Figure 14: Assessment of access to hormone therapy services among the non-cis group**

- Trans women (32.5%) and other non-cis (36%) account for the highest rates of those mentioning adverse effects on their physical health.
- Other non-cis account for the highest proportion of those who report feeling negative impacts on mental health. Half of the respondents in this group report feeling their mental health deteriorated, with 36% of whom feeling worse and 14% much worse.
- Trans women reporting decline in their mental health account for the lowest proportion in comparison with the other groups.
- Lesbians and other cis have the highest proportion of respondents reporting that their mental health has become better.

**3.5 Perceived impacts on health**

Although the analysis results do not have statistical significance, the assessment of perceptions of health changes among SOGI groups is more or less different:

- Trans women (32.5%) and other non-cis (36%) account for the highest rates of those mentioning adverse effects on their physical health.
- Other non-cis account for the highest proportion of those who report feeling negative impacts on mental health. Half of the respondents in this group report feeling their mental health deteriorated, with 36% of whom feeling worse and 14% much worse.
- Trans women reporting decline in their mental health account for the lowest proportion in comparison with the other groups.
- Lesbians and other cis have the highest proportion of respondents reporting that their mental health has become better.
Figure 15 Perceived impacts on physical health by SOGI

Figure 16: Perceived impacts on mental health by SOGI
3.6 Assessment of the effectiveness of governmental assistance

- The majority (89.2%) of the respondents say that the prevention and treatment of COVID-19 in Vietnam was good and very good.

- 93.6% of the respondents in Hanoi and 90.7% in the Northern provinces/cities rate the effectiveness of COVID-19 prevention and treatment by the government as good and very good, which is significantly higher than the ratings of the respondents in the other regions. The respondents in the Southern provinces/cities account for the least proportion of those saying that COVID-19 prevention and treatment is good. Particularly, up to 4.5% of respondents in these areas having negative reviews on COVID-19 prevention and treatment activities.

- 42.5% of the respondents rate the governmental financial assistance during COVID-19 outbreak as good or very good; 17.8% rate that financial assistance as not good or very not good.

- Hanoi and the Northern provinces/cities are assessed as places having significantly better financial support to the people compared with the rest of the country, while HCMC, the Central and Southern provinces/cities have a significantly higher rate of respondents saying that the governmental financial assistance to the people is not good compared with other regions.

- 75.3% of respondents say that Vietnam’s commitment to "leaving no one behind" has been done well and very well.
Figure 17: Assessment of COVID-19 prevention and treatment by region

Assessment on COVID-19 prevention & treatment*

<table>
<thead>
<tr>
<th>Region</th>
<th>Very not good (%)</th>
<th>Not good (%)</th>
<th>So so (%)</th>
<th>Good (%)</th>
<th>Very good (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanoi (N=250)</td>
<td>1.2%</td>
<td>0.4%</td>
<td>4.8%</td>
<td>30.8%</td>
<td>62.8%</td>
</tr>
<tr>
<td>HCMC (N=364)</td>
<td>1.4%</td>
<td>0.4%</td>
<td>9.6%</td>
<td>33.2%</td>
<td>54.7%</td>
</tr>
<tr>
<td>Northern provinces/cities (N=75)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>26.7%</td>
<td>32.7%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Central provinces/cities (N=101)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.9%</td>
<td>32.7%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Southern provinces/cities (N=110)</td>
<td>4.5%</td>
<td>0.0%</td>
<td>14.5%</td>
<td>33.6%</td>
<td>47.3%</td>
</tr>
<tr>
<td>All (N=900)</td>
<td>1.8%</td>
<td>0.6%</td>
<td>8.4%</td>
<td>32.0%</td>
<td>57.2%</td>
</tr>
</tbody>
</table>

*Assessment on COVID-19 prevention and treatment
Figure 18: Assessment of financial assistance to people by region

Assessment on financial support for people**

All (N=900) 12.6% 39.7% 29.5% 13.0%
Southern provinces/cities (N=110) 12.0% 39.1% 31.5% 13.0%
Central provinces/cities (N=101) 15.1% 47.7% 26.7% 9.3%
Northern provinces/cities (N=75) 4.3% 39.1% 34.8% 18.8%
HCMC (N=364) 16.3% 36.3% 27.3% 11.0%
Hanoi (N=250) 9.3% 41.7% 31.0% 15.3%

<table>
<thead>
<tr>
<th>Location</th>
<th>Very not good</th>
<th>Not good</th>
<th>So so</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanoi (N=250)</td>
<td>2.8%</td>
<td>9.3%</td>
<td>41.7%</td>
<td>31.0%</td>
<td>15.3%</td>
</tr>
<tr>
<td>HCMC (N=364)</td>
<td>9.0%</td>
<td>16.3%</td>
<td>36.3%</td>
<td>39.1%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Northern provinces/cities (N=75)</td>
<td>2.9%</td>
<td>4.3%</td>
<td>39.1%</td>
<td>34.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Central provinces/cities (N=101)</td>
<td>1.2%</td>
<td>15.1%</td>
<td>47.7%</td>
<td>39.1%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Southern provinces/cities (N=110)</td>
<td>4.3%</td>
<td>12.0%</td>
<td>31.5%</td>
<td>26.7%</td>
<td>29.5%</td>
</tr>
<tr>
<td>All (N=900)</td>
<td>5.2%</td>
<td>12.6%</td>
<td>39.7%</td>
<td>39.7%</td>
<td>29.5%</td>
</tr>
</tbody>
</table>

Legend: Very not good, Not good, So so, Good, Very good.
3.7 Demand for post-COVID-19 support

The types of post-COVID-19 support expected most by the respondents consist of the followings: psychological support (73.4%) and LGBTI+ information and knowledge (59.7%). By region, Hanoi (41.1%), HCMC (46.1%) and Central provinces/cities (46.6%) have a significantly higher demand for health care services than the rest of the country (30.4% in Northern provinces/cities and 33.6% in Southern provinces/cities).
The non-cis respondents have significantly higher needs for employment/livelihood support, legal assistance and access to health services compared to the cis groups while the cis groups have significantly more demand for LGBTI+ information/knowledge, psychological support, and sexual health support compared to the non-cis groups.
4. Summary of study findings

The findings of the online survey on the impacts of the COVID-19 pandemic and social distancing on health, access to health care, employment, education and families of LGBTI+ people in Vietnam are based on the responses of 923 LGBTI+ people in all provinces/cities in Vietnam. The majority of participants are in the young age group (18-24), and the respondents are diverse in terms of SOGI: 22.2% gay, 25.1% lesbians, 1.7% bisexual men, 20.8% bisexual women, 11.7% trans men, 4.3% trans women, 8.5% other cis, and 5.6% other non-cis.

The majority of people who are currently working or studying and working at the same time more or less report that their jobs were affected by the COVID-19 outbreak. The most common impacts include: reduced income (36.5%) and unpaid leave (18.7%). The gay men, trans men and trans women losing their jobs or having to close their businesses account for significantly higher proportions in comparison with the other groups, while lesbians and trans women experienced a greater decrease in income compared with other groups. The informal workers experiencing declines in income, unpaid leave or losing their jobs account for higher proportions than those working in the formal sector.
For those currently going to school/universities, the online learning experience during COVID-19 also more or less had influence on their learning and relationships related to their learning. Bisexual women, trans men, and other non-cis seem to suffer from more negative effects on learning than the other groups. Those who have come out and been accepted by their families experience less negative influence on their studies. Those who have come out and not been accepted by their families report experiencing most negative influence.

The younger the respondents are, the more negative they say they feel about the changes in the relationship with their family after the social distancing period. Bisexual women and other cis appear to have the least negative experiences in relationships with their family while trans women respondents seem to have most negative experiences in relationships with their families, followed by other non-cis; trans men, gays and lesbians have slightly lower levels of negative experience. Those who have come out and been accepted suffer least negative impacts on family relationships.

There is not much difference when comparing changes in experience with health services among groups and the level of SOGI disclosure.

The trans women and other non-cis account for the highest proportion of those reporting that the COVID-19 outbreak had an adverse effect on their physical health. The other non-cis groups also account for the highest proportion of respondents perceiving adverse mental health effects. Half of the respondents in this group report feeling their mental health deteriorated, of which 36% worse and 14% much worse. The trans men account for the lowest proportion of those reporting deterioration in their mental health.

In general, the respondents in the study highly appreciate Vietnam’s efforts in preventing and controlling the COVID-19 pandemic. Most of them say that the pandemic prevention and control activities, financial support for people in need during COVID-19 and implementing the commitment “leaving no one behind” has been done well.

The most commonly recognized need for support includes: psychological support (73.4%) and information and knowledge of LGBTI+ (59.7%). Hanoi, HCMC and the Central provinces/cities have significantly higher demand for health care. The non-cis groups have significantly higher needs for employment/livelihood support, legal assistance, and access to health care than the cis groups. While the cis groups have a significantly higher demand for
LGBTI+ information/knowledge, psychological support, and sexual health support compared to the non-cis groups.

5. Conclusion and recommendations

Online research on the impact of the COVID-19 and social distancing period on health, access to health services, employment, education and families of LGBTI+ people in Vietnam was completed in May 7, 2020 with 923 LGBTI+ respondents in all provinces/cities in Vietnam. The majority of respondents are young people (18-24); the respondents are also very diverse in terms of sexual orientation/ gender identity: 22.2% gay men, 25.1% lesbians, 1.7% bisexual men, 20.8% bisexual women, 11.7% trans men, 4.3% transgender women, 8.5% other cis and 5.6% other non-cis.

The findings show that COVID-19 pandemic and social distancing have affected every aspect of lives of LGBTI+ people in Vietnam, bringing about both positive and negative changes at various levels (from mild to serious), differing by SOGI as well as other characteristics. However, it should be noted that findings in this study tend to reflect more on the state of younger LGBTI+ groups, who have access to information, support, or know the activities of associations, groups, organizations on LGBTI+, and have access to the Internet. To some extent, the realities and problems of older LGBTI+ groups, who less participate in social movements or have limited access to the Internet, may be different, or not yet reflected in this report.

Based on the findings from the study, the research team suggests some recommendations to organizations working for the interests of LGBTI+ people as follows:

- **Emergency action/support**
  - Provide emergency financial support or material items for people who lose income/jobs or do not have enough food and shelter due to COVID-19. It is especially important to review this among the non-cis group.
  - Provide psychological counseling and shelter (drop-in centers) for people suffering from increasing domestic violence/negative influence related to their disclosure of sexual orientation/gender identity during the pandemic.
- Long-term action/support group

- Facilitate service linkages, provide HIV prevention support addresses, and hormone therapy related services for those in need whose access to such services was interrupted or lost due to COVID-19.

- Long-term action/support group

- Provide support in terms of livelihoods, job connections, vocational training for those in need.
- Provide psychological support for LGBTI+ people.
- Provide counseling on family relationship issues, experiences in disclosing SOGI; provide training, information, knowledge about SOGI, issues related to LGBTI+ people for people of different age groups and social groups.
- Develop guidelines on health support in general and sexual health in particular to suit the specific characteristics and needs of different SOGI groups.