



Photo Elicitation and Drawing Methods in Research with People with Physical Disabilities

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P. Liamputtong (ed.), *Handbook of Social Inclusion*,

https://doi.org/10.1007/978-3-030-89594-5_60

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Abstract

Researching people with disabilities and a sensitive topic can be a great challenge for any researcher. An Nguyen, the first author, lives with a physical disability. She is also a social researcher. She has been researching this issue for more than a decade. She found it very difficult to collect data from this group. For her Master by Research under the supervision of the second author, it was decided to apply the photo elicitation and drawing methods to collect the data. These methods provide a strong tool supporting the data collection process to be more meaningful to the participants. They became an active participant whose lived experience can be narrated visually and verbally. This chapter starts with An Nguyen's story as a marginalized voice from people with disabilities in Vietnam. The literature of photo elicitation and drawing methods is then provided. The description of people with disabilities in Vietnam and study participants is summarized in the next section. Some examples of what people with disabilities in this research used photo and drawing are provided. The chapter is concluded with the implication for further research in the future.

Keywords

Photo elicitation method · Drawing method · People with physical disabilities · Sexual health · Reproductive health · Vietnam

1 Introduction

This chapter is based on An Nguyen's (the first author) Master by Research thesis focusing on sexual and reproductive health among people with physical disabilities in Vietnam. Individuals with disabilities start their lives with many challenges. Significantly, they are socially excluded in society. Hence, they generally find it difficult to integrate into society than people without disabilities. People with disabilities more often have less education and are unemployed than those without a disability. They also have fewer opportunities for sexual and reproductive rights (Nguyen 2009, 2013; Nguyen et al. 2016). Parker and Yau (2011, p. 1) contend that sexual and reproductive health is "an integral component and fundamental right of every individual"; yet people with disabilities can face considerable difficulty maintaining their reproductive health or satisfying their sexual needs. Individuals with physical disabilities are also seen as unattractive, asexual, or lacking sexual ability (Becker et al. 1997; Bremer et al. 2010; Li and Yau 2006; Nguyen et al. 2016; Nosek et al. 1995, 1997; Richards et al. 1997). Other socially excluded issues experienced by individuals with disabilities include inaccessible environment in health care services, insensitive health care workers, and lack of support from family members.

In Vietnam, sexual and reproductive health issues are just one of the many challenges of people with physical disabilities. Researching in this topic can be a challenge for any researcher, because people with disabilities are vulnerable people

and this topic is extremely sensitive (Nguyen et al. 2017). Asking questions in a sensitive topic and research involving people with disabilities requires careful handling (Liamputtong 2007, 2020). In this chapter, the use of photograph and drawing methods on collecting data with people with disabilities on sexual and reproductive health issues is discussed. The methods allow the research participant to become an active participant whose lived experiences can be narrated not only verbally but also visually.

2 The Marginalized Voices for People with Disabilities in Vietnam: An Nguyen's Story

This research began with An Nguyen's lived experiences as a person with a physical disability living with her family in a village in Vietnam. As a little girl, she did not see herself as an individual with a disability. However, she was aware of a woman with a noticeable physical disability in her village. The woman, named Hoa, lived alone close to An's primary school, so An could observe Hoa and her life every time An went to school. An became aware that Hoa never had any male visitors. However, one day An realized that Hoa was pregnant and that other people in An's village were trying to isolate Hoa and were talking very negatively about Hoa. After Hoa's son was born, Hoa and her baby suddenly left the village one night. No one knew where they had gone. But An asked herself "Why did the people in my village isolate her?" An could not answer this question at the time, nor did An feel comfortable to ask anyone, but the question stayed in her mind.

As An grew into a teenager, she found that she did not have many friends. Most of her classmates avoided her and even bullied her over the next few years. It was during this time that she came to realize that she was "different" from her friends and she recognized that she was a person with a disability. With this realization, she immediately thought back to Hoa with the disability who had lived in the village when An was younger. An started to see that Hoa's life might be An's future and with the continued bullying at school, many times she considered suicide as a solution. Fortunately, her family encouraged her to continue her studies and leave the village with the hope that education could change her fate.

When An left her village, she moved to a place where she could hide herself. Her chance to study at a university meant she could live in Ho Chi Minh City. She did well in her studies, but she kept questioning why both Hoa in the village and herself had experienced discrimination. At that time, she came to believe that the stigma that challenged her also challenged other people with disabilities. This belief prompted her first research study in 2009, which was her undergraduate honors thesis titled "Perceptions about love, marriage, and family of people with disabilities in Ho Chi Minh City, Vietnam."

From this research, she discovered that many people with disabilities found it very difficult to have intimate relationships because of the stigma they faced. However, from this first research study, she also built a large network of people with disabilities and those that supported them. An made friends who also had

disabilities, and these friends continue to outnumber her friends without a disability. From her frequent conversations with this network, she realized that although people with disabilities faced discrimination, they never stopped wanting an intimate relationship for themselves. Their wishes motivated her to do more research on people with disabilities and encouraged her to search for more information about people in Vietnam who are living with disabilities.

Her second research study on sexual problems of people with disabilities in Ho Chi Minh City, Vietnam, was completed in 2013 for her Masters of Sociology degree. This research revealed little difference in sexual behavior among people with three different types of disabilities (hearing impairment, visual impairment, and mobility impairment) when compared with nondisabled people. The findings from this study reinforced the importance of understanding the sexual needs of people with disabilities to her. The findings highlighted the prejudices that challenge people with disabilities, particularly beliefs such as people with disabilities are not interested in sex and do not have sexual needs. In that study, An used a sexual rights approach and found that social stereotyping was a crucial factor in creating difficulties for minority groups to find love and marriage. “Unwritten rules” such as “to love is to get married” and “to marry is to give birth” were significant barriers. Other studies have also found that many people with disabilities fear that they will be a burden to others after they marry because they may be unable to take care of their spouse, their children, or their home (Đỗ et al. 2011; Nguyen 2009).

Her research, both formal and informal, has revealed that it is very difficult for people with disabilities to integrate into Vietnamese society as successfully as others because of the stigma they face. Vietnamese people commonly believe that people with disabilities should not get married, cannot earn money, and cannot take care of themselves. In particular, most Vietnamese people believe that women with a disability cannot have children (Đỗ et al. 2011; Khuât et al. 2012; Nguyen 2009, 2013). These beliefs lead to parental decisions to not allow their children with disabilities to get married. It also means that people with disabilities do not have access to reliable information about sexual and reproductive health which leads them to often face additional burdens about their sex life and reproductive health care if they do get married (Nguyen 2013).

In her first Master’s research, An found that divorce among people with different types of disabilities was often the result of unsatisfying sex life. As that study involved other types of disabilities, she found herself asking, “What was the experience of people with physical disabilities? How were their sexual and reproductive health affected by their disabilities?” These questions directly affected her and prompted the research study explored in her second Master (by Research), on the sexual and reproductive health of people living with physical disabilities in Ho Chi Minh City, Vietnam. From her working experiences with people with disabilities for many years, An found that people with disabilities are shy to share their stories. With the prompt from her principal supervisor (the second author), the authors decided to apply photo elicitation and drawing methods to collect data for this research.

3 People with Disabilities and Sexual and Reproductive Issue in Vietnam

In 1986, at the threshold of Doi Moi, Vietnam was one of the poorest countries in the world. In order to meet with the food demand of the 60 million population, Vietnam needed to produce over 400,000 tons of food each year. However, in the next 20 years, the urbanization and globalization of Vietnam have brought economic growth steadily. Between 1992 and 2002, the country's poverty rate fell from 58% to 28.8%. The fundamental economic and political changes brought some improvement in social relationships and lifestyles (Khuất et al. 2012). The quality of life of many Vietnamese people with disabilities has improved following changes in social welfare. There have been efforts to include people with disabilities in education and to integrate them into the community and the workforce (Khuất et al. 2012).

Unfortunately, there are no specific data collected regularly about people with disabilities in Vietnam. The most recent statistics come from a report of the 2009 Census; that report revealed that there were approximately 6.5 million people with disabilities in Vietnam, comprising almost 10% of the total population (9.5%) (United Nations Population Fund 2011). The 2010 annual report of the World Health Organization (WHO) suggested that there were approximately 13 million people with disabilities in Vietnam, aged 5 years or older, which is 15.3% of the total population; however, this figure includes those who are deaf, blind, and physically immobile or disfigured (WHO 2010). There are also limited data available on the number of people with disabilities in Ho Chi Minh City. A 2004 survey estimated that 37,680 people with all types of disabilities, both permanent and temporary residents from other provinces, live in the Ho Chi Minh City (Nguyen 2013), which is far less than the nearly one in ten reported in the 2009 Census. The lack of reliable information about people with disabilities, including those with physical disabilities, is indicative of the low priority given to this group despite the Census data showing that up to one in ten Vietnamese people have some form of disabilities.

In late 2000, the Vietnamese Government did commit to implementing a new National Reproductive Health Care Strategy, which included many elements of the Action Program from the International Conference on Population and Development (1994). The Government focused on improving the sexual and reproductive health of adolescents through education, counseling, and health care services (United Nations Population Fund 2007). The crucial target of this strategy was to improve the sexual knowledge of women and men so that they were able to fulfill their reproductive rights and responsibilities. These included the practice of safe sex and the promotion of equality and mutual respect in all sexual and reproductive health matters (Nguyen 2013).

However, the sexual and reproductive health needs of people with disabilities are still underestimated and not well served. This is because sexual issues in Vietnam remain taboo even among researchers and policy-makers responsible for improvements in this area (Khuất et al. 2012). Sexual research in Vietnam has largely focused on problems related to sexually transmitted diseases, particularly HIV/AIDS, to prevent transmission of these diseases (United Nations Population Fund 2012).

The silence around sexual issues and disability is most evident in the lack of reliable and accessible information. The lack of such information reinforces misconceptions around sexuality and threatens the longer-term success of any development in policy and programs in this area. Poor sexual and reproductive health knowledge is also possibly the main reason preventing people with disabilities from establishing families although it is compounded by common views that people with disabilities are asexual and are without sexual and reproductive health needs (Nguyen 2009).

4 The Photo Elicitation and Drawing Methods

Art-based research has been adopted as an important approach in qualitative research. Many researchers in social sciences have their great interest on this approach for their data collection (Coemans et al. 2015; Guillemin and Westall 2008; Joseph et al. 2019; Kronk et al. 2015; Nguyen et al. 2019a, b). Research focus on vulnerable population such as refugees (Joseph et al. 2019), indigenous students (Minthorn and Marsh 2016), children (Ganesh 2011; Pyle 2013), and so on has relied on these methods. We have not found any research which applied both the photo elicitation and drawing methods in research relating to people with disabilities in Vietnam.

4.1 Photo Elicitation Method

The photo elicitation method was first mentioned by John Collier (1957) in a paper entitled “Photography in Anthropology: a report on two experiments.” Collier described this method as an interviewing process. During the interviewing with photographs, “the potential range of data enlarges beyond that contained in the photographs themselves becoming communication bridges between strangers and pathway into unfamiliar, unforeseen environments and subjects” (Collier and Collier 1986, p. 99). Social science researchers have used this method in their data collection. The photos that have been adopted in the research could involve the use of taken pictures and/or selected by the researcher (Lapenta 2011). The contents of the photos would be appropriate with the study themes and subjects (Lapenta 2011). To use this method, the researcher asks the question of the photographs, and the interviewees pick the photos which meet their realities as their answers (Collier and Collier 1986). Once the participants select the pictures, they are asked to share the meaning of the chosen picture. Their explanations would then reflect to the research participants (Harper 2002).

4.2 Drawing Method

Visual art-based research methods have been used over the last decades among social sciences, cultural studies, and health care research. They include video, film, material artifacts, electronic visual media, and drawing (Guillemin and Westall 2008). The use of drawing method has been employed in the field of education,

health, and psychology (Guillemin and Westall 2008). The drawing method was first mentioned by Darwin (1877) in “A biographical sketch of an infant” published in *Mind*. In this report, he represented his interest in the observation of child growth. He observed his son from birth and examined by drawing (Ganesh 2011). Overtime, researchers adopted drawings in their studies and so-called children’s artwork (Cherny et al. 2006; Ganesh 2011). In the 1990s, researchers started applying this method on adults to express study participants thinking/feelings in a variety of topics (Ganesh 2011). In health research, the primary use of the drawing method was in Anthropology. For instance, Martin (1994) applied drawing method to recognize people’s understanding of immune system. Victoria and Knauth (2001) examined the images of reproductive health between male and female participants in Brazil. To produce a drawing, the researcher asks the participants to draw a picture relating to the research topic. They are then asked to describe their drawings. Drawings allow participants to express their meanings and feelings which can be limited with a verbal expression (Guillemin and Westall 2008; Joseph et al. 2019).

5 Research on Sexual and Reproductive Health

As a research topic, sexuality raises challenges in any country in the world but in some countries, sexuality is considered a taboo topic not to be discussed within the family or public. In Vietnam, sexuality is “easy to joke about, but hard to talk about” (Khuát et al. 2012, p. 12) and such difficulties are exacerbated when the people involved have disabilities. As a Vietnamese person with a physical disability, An Nguyen understands that people with disabilities are confronted by many challenges in life and how they may react if asked questions about sensitive topics. When a study population is vulnerable, qualitative approaches can be especially appropriate and useful (Liamputtong 2007). The qualitative inquiry was decided to be adopted in this study.

The study was informed by a feminist methodology that underpins the understanding of the challenges faced by people with disabilities when considering sexuality. The feminist theory comprises diverse approaches but common to all is the recognition that gender can have an impact on how people perceive and experience things in their everyday life (Ramazanoglu and Holland 2002). Studies of sexuality have revealed that sexuality researchers use feminist theory to understand how gender affects the way people gain knowledge about sexual and reproductive health (Đỗ et al. 2011; Khuát et al. 2012; Nguyễn and Liamputtong 2007; Thi Tu An Nguyen 2013). Feminist approaches also consider how individuals understand social reality, how they make sense of their experiences, how power influences the production of knowledge, and why gender and sexuality have more meanings to some than others (Grasswick 2018). Concerning research design, a feminist methodology was applied to help determine the sample. As men and women have different ways of gaining sexual and reproductive health knowledge, it was important for us to choose a sample that included similar numbers of men and women. This seemed particularly important when the literature found that the voices

of men with physical disabilities are largely absent in terms of their experiences of sexual and reproductive health (Khuât et al. 2012).

To address the aim(s) of this study, the study method faced two significant challenges: the sensitivity of sexuality as a research and the vulnerability of people with physical disabilities. Thus, an in-depth interviewing method was adopted for collecting data, and this was facilitated by the drawing and photo elicitation methods.

The participants included people living with physical disabilities in Ho Chi Minh City Vietnam, both males and females, aged 18 years or older, who were either married or had been (and were now divorced or separated). The Vietnamese Marriage and Family Law allows people to start having sex legally from the age of 18 years. As we wanted to interview people experienced with sexual and reproductive health, single people were excluded from this study.

During the in-depth interviews, participants were asked about their social situation including their age, career, education, religion, current income, number of children, the year they married, and divorced/separated, if applicable. They were also asked about the reasons for their disabilities. After these, they were asked about their reproductive health issues and then about their sexual health issues. Questions covered their knowledge, difficulties, and solutions on these topics. All the interviews were done by the first author.

5.1 Photo Elicitation Method

We chose 20 pictures that were cut from magazines or downloaded from the Internet and portrayed images that included people and natural environments. The images were chosen to be suitable to the local context, which is Asian people and Asian environments. The photographic pictures were offered to participants when they found it difficult to express their feelings in spoken and written words or through drawing. We put all the pictures on the table and invited the participants to choose those pictures that best represented their feelings or response to these questions. The participants could select any number of images that they wanted. After the participants had made their selection, we asked them to order their chosen pictures from the most to least likely to represent their feelings and views. Finally, we asked them to elaborate on the photographs chosen and the reasons for their decisions.

5.2 Drawing Method

The drawing method was planned to be used in the interviews if participants were finding it difficult to express their emotions. If someone was unable to speak or write, we asked them to try drawing on a white paper and use colored pencils that we provided. We suggested that they draw the images that appeared in their minds that represented their feelings and opinions. After they finished their drawings, we asked the participants to describe the image they had drawn.

6 What People with Physical Disabilities Used the Photo Elicitation for

People with disabilities picked photos for the themes regarding the perception of sexuality, the importance of sexuality in a married life, types of sex, a satisfaction with sexual life, problem solving in sexual position, accessibility to the hospitals, and health care providers.

6.1 Perceptions of Sexuality

When the participants were asked to define sexuality, they found it difficult to talk about sexuality. It was a western concept that ambiguous to them. But they were able to choose a picture to express their thinking. For example, Dan, who was a male with a physical disability, could not verbally say about the definition of sexuality. He picked a picture (Fig. 1) and explained it later.

It is sexuality. They are lying down on a bed which means they are having sex (Nguyen et al. 2019a).



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Fig. 1 Lying down on the bed



Fig. 2 A couple of male with disability and female without disability

Sexuality was seen as part of married life that went together with happiness. Some participants explained having sex as one of the reasons they got married. Sexuality could carry happiness in their married life. For Mai, a female with physical disability, found it very difficult to explain the importance of sexuality in married life, she chose a photo to express her thinking (Fig. 2).

For me, sexuality goes together with happiness. Because when my parents passed away, I only had my husband. He and I built our happiness together. That was why I chose this photo. I think it is very meaningful. Sexuality and love have to go together.

Hung, a male participant, chose another photo to express his thinking about the meaning of sexuality in married life. He said sexuality also meant procreation (Fig. 3).

I chose this photo because sexuality means procreation and we would not be happy if there was no sex in life [Hung, 51 years old, married, male]

6.2 Types of Sex

When asked about sexual positions and sexual patterns, most people with disabilities chose a photo to answer instead of answering verbally. Figure 1 (presented above) was selected by most participants to show their favored sexual position. People with physical



Fig. 3 A happy family

disabilities find movements difficult so lying down on a bed was a common sexual position used by participants. Here are examples of their explanations about the photo.

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]

For people with disabilities who have a nondisabled partner, they preferred choosing the Safety First photograph (Fig. 4). They meant that they use diverse sexual positions.

[...] 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 (Nguyen et al. 2019a).

6.3 Satisfaction with Sexual Life

Most participants were happy with their married life. They shared their stories easily. However, other participants who had problems with particular sexual



Fig. 4 Safety First

positions, they were unsatisfied with their sexual life. They were hesitant to share their story verbally. Hence, they chose the Loneliness figure (Fig. 5) to express their feelings.

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 (Nguyen et al. 2019a).

6.4 Problem-Solving Sexual Position

Most participants with sexual difficulty were embarrassed to talk verbally about this issue. When we asked how they solved this problem, they chose Fig. 4, presented above, as their solution. They also expressed their sexual desire via Fig. 4, as the figure showed a number of sexual positions. They wanted to try. Cuong, a male participant, explained why he picked this photo.

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]



Fig. 5 The loneliness

6.5 Accessibility in Hospitals and Experiences with Health Care Providers

Accessing health care facilities like hospitals presented many challenges to the participants in this study. Some chose a photo to express their feelings about the inaccessibility they encountered in public hospitals (Fig. 6). One participant explained:

The only problem I faced was going up the stairs. It was not a serious problem, but it was very hard for me to go up. It is a big barrier for people with disabilities (Nguyen et al. 2019b)

Commonly, people with disabilities in this research felt that health care providers in public hospitals looked down on them. Providers had negative attitudes towards

Fig. 6 Stair barriers

participants seeking reproductive health advice or care, both women and men, and some were perceived to be negative when a person with a disability went to see a doctor for any health reason. Hau, a woman with a disability, felt that public health care providers did not care about disabled patients. She then chose a photo to express more clearly her feelings of discrimination (Fig. 7).

I was so angry but I was scared to complain. Although I was so angry about this, I chose not to speak out. This photo shows that everyone saw that I was a person with a disability, but they did not care. And I chose to keep silent and put up with their negative attitudes. I could not say anything because it was in public. I thought if I want to talk, who cares (Nguyen et al. 2019b)

7 What People with Physical Disabilities Used the Drawing for

People with disabilities used drawing to express their feeling in terms of the perception of sexuality, a satisfaction of sexual life, sexual position and other problems, and accessibility to the hospitals.



Fig. 7 Negative attitudes

7.1 Perceptions of Sexuality

For many participants, sexuality was defined as sexual intercourse between a man and a woman. Hung, a man with a disability, drew a picture to express his thinking about sexuality (Picture 1).



Picture 1 Sexuality definition expressed by Hung

Generally, I did not know how to draw [laugh], but I meant when a man and a woman who were naked were lying down side by side, it was sexuality. [Hung, 51 years old, married, male]

When talking about sexuality, Hung was very embarrassed. His face blushed while discussing it.

7.2 Satisfaction with Sexual Life

The majority of participants reported feeling satisfied with their sex life; however, for many of these, their responses were quite subdued. Some drew pictures to express their feelings. One participant, Lan, drew a blossoming flower to express her feelings (Picture 2).

I am very satisfied with my sex life. When I think about sex, I think immediately of orgasm [Lan, 41 years old, married, female]

Another participant, Dan, expressed satisfaction with his sex life and his married life. He drew a picture of his family that included himself, his wife, and his son (Picture 3).

Yes, I am very satisfied with my life. My picture shows my family. I want to express my happiness [Dan, 32 years old, married, male]

Picture 2 Satisfaction with sexual life



Another participant, Ly a widow, who was currently not having sex reported that she was satisfied with her sex life when her husband was alive (Picture 4).

When he was alive, I was satisfied with my life. But not now (sad face) [. . .] [Ly, 48 years old, widow, female]

However, one participant, 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. He drew a picture to express his feelings (Picture 5).

I love my children. But sometimes they annoy me. I lost my freedom because of them. I drew a brown cloud which means a dark cloud. I am unsatisfied. I question why I still do not have

Picture 3 A happy family



a private space. Sometimes, children are a barrier for their parents (laugh) [Hung, 51 years old, married, male]

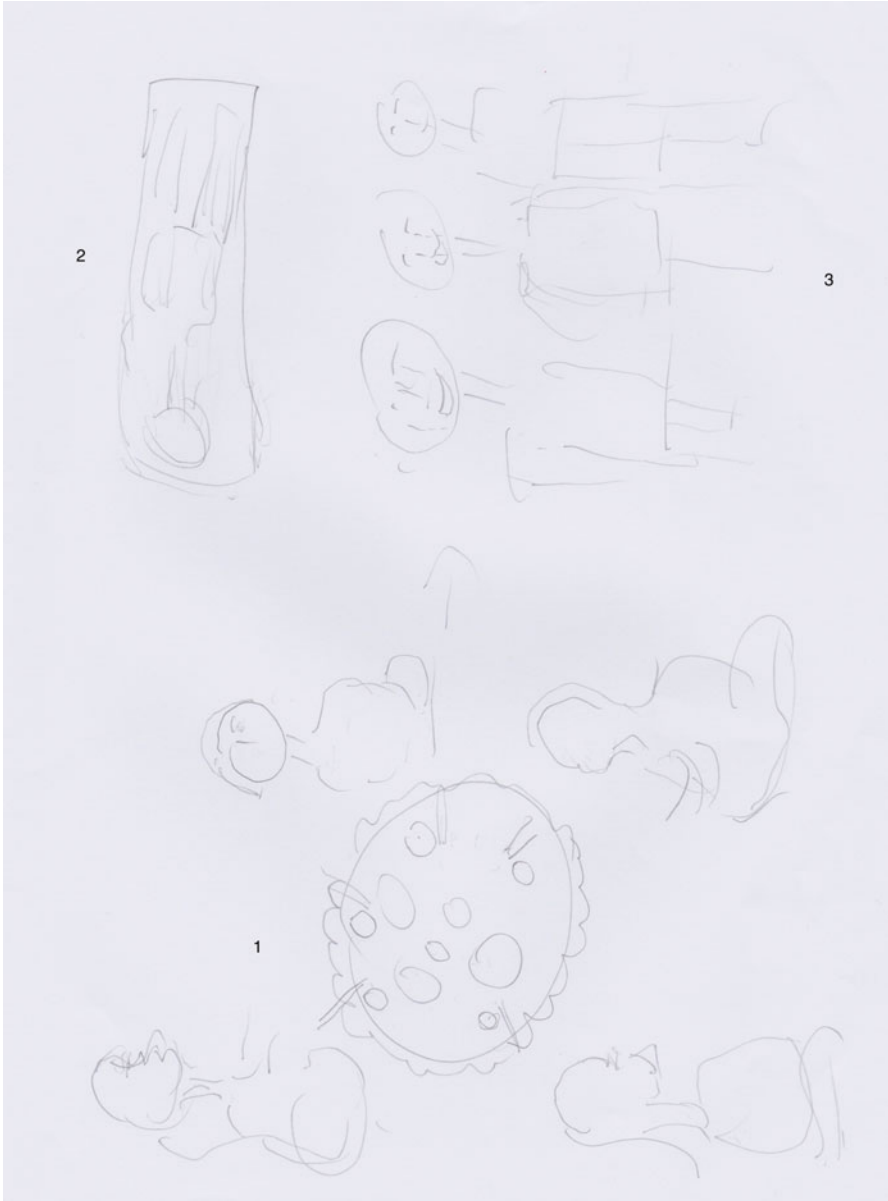
7.3 Sexual Position and Other Problems

One male participant, Van, drew a picture to express his difficulty in having sex. In his picture, he wished to stand up while having sex (Picture 6).

This is my difficulty. I feel uncomfortable with my current sexual positions. I want to stand up when having sex but it is impossible. [Van, 45 years old, married, male]

7.4 Accessibility in Hospitals and Health Care

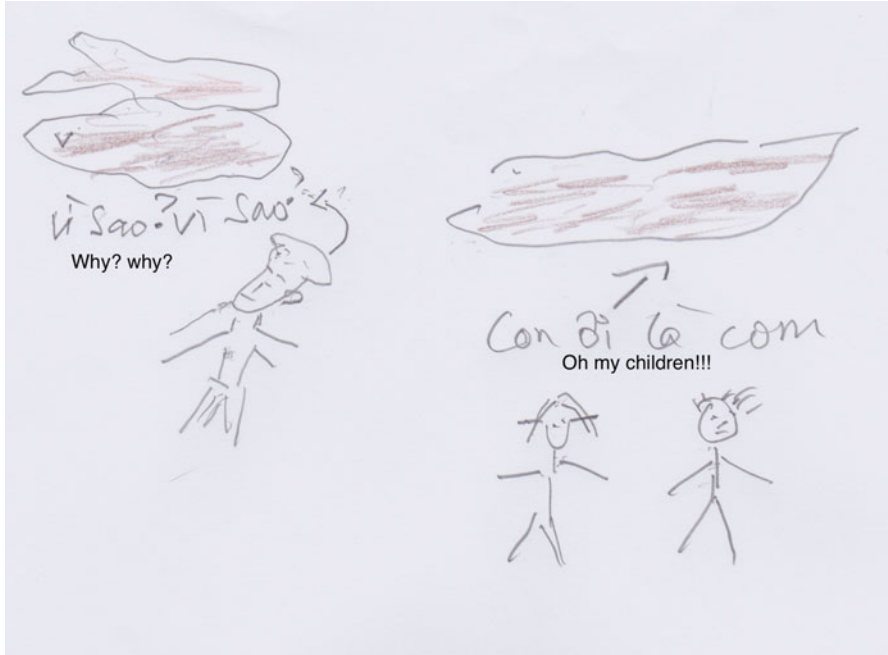
The difference in accessibility between public and private hospitals is significant. Private hospitals accommodate the needs of patients with disabilities very well, for a cost. People in this study were generally very satisfied when they saw doctors in private hospitals. In contrast, study participants found public hospitals to be much



Picture 4 History family

less accessible for people with disabilities; this made them feel uncomfortable and created a barrier to accessing health care services.

Stairs were the most common barrier for people with disabilities in public hospitals. Some participants, who were wheelchair users, had more trouble when



Picture 5 Privacy issue

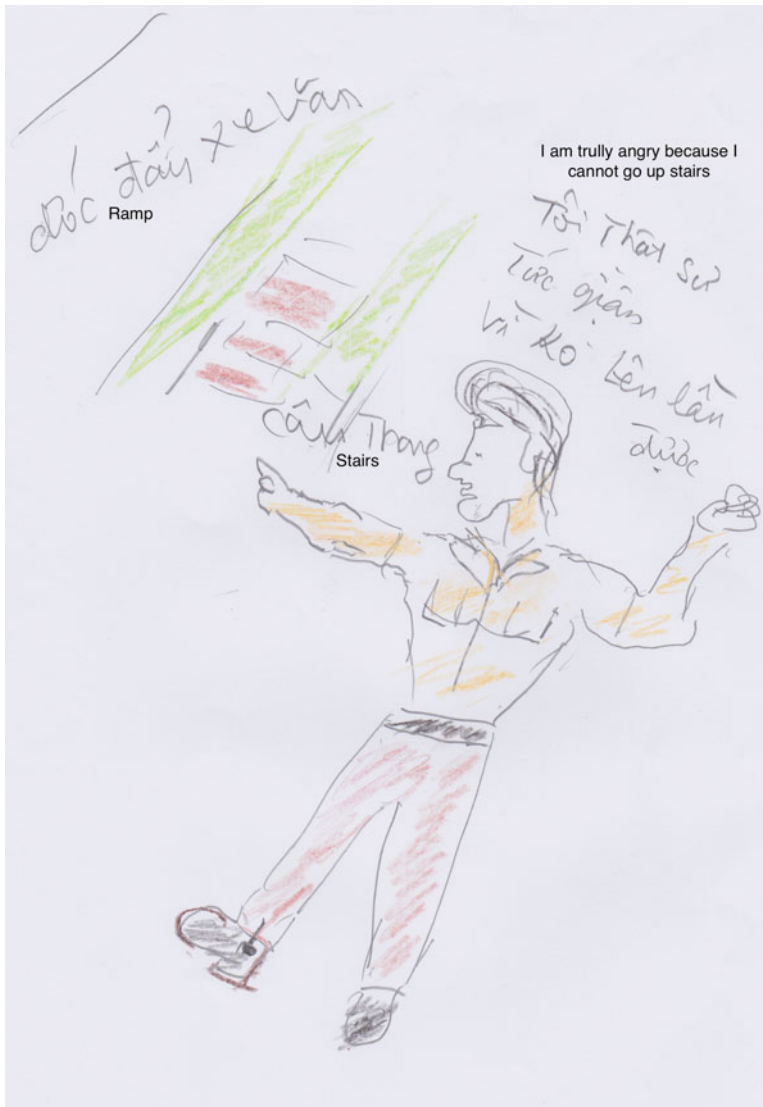
Picture 6 Sexual positions problem



they went to public hospitals those using private hospitals. Some had to carry their wheelchair with them, others would borrow a wheelchair from the hospital, but still could not use the wheelchairs when they went there. They often had to go upstairs to see doctors and there were no elevators for them to use.

One participant, Hung, drew a picture to further express his feelings about the inaccessibility of his public hospital. He was very angry while he was drawing because he felt that the hospital did not care about individuals with disabilities (Picture 7).

I meant nothing to them. Actually, all I wanted was a ramp for wheelchair users. I did not want to be angry. If I am angry, it is not a good way to deal with problems. I meant nothing to



Picture 7 Inaccessible environment in a public hospital

them. My voice was very low. I knew I could not ask for a big change. So I just suggested to them that they make a ramp. In this picture, a man is wearing splints. He is so angry at the stairs because he cannot go up the stairs with his splints. He wants to break the stairs (Nguyen et al. 2019b).

8 Conclusion and Future Directions

This study both confirmed the beliefs about some issues confronted by individuals living with physical disabilities and surprised us by others. People with physical disabilities have expressed negative experiences when using health care services at public hospitals. (Becker et al. 1997; Bremer et al. 2010; Li and Yau 2006; Nosek et al. 1995, 1997; Richards et al. 1997). Participants highlighted the problems they had with the environment in public hospitals. These environments were both physical, in the form of inaccessibility for people with disabilities, and attitudinal, specifically the negative attitudes of health care providers towards people with disabilities. It was concerning that reasons such as these caused some people with disabilities to avoid public health care services (Nguyen et al. 2019b).

Methodologically, we only came to understand some of the assumptions we held by conducting this study. We assumed that it would be very difficult for us to interview people on a sensitive topic such as sexuality, especially as we were asking personal and specific questions. We were also worried that we would not have enough information for the study. However, almost all participants in this study surprised us by answering questions openly and sincerely. We believe that this was because they knew An Nguyen and knew her reputation from her previous work in developing useful activities for people with disabilities. They told the researchers that they shared their stories because they believed in An and believed that the research would contribute value to society. They saw that the findings from this study could help people with disabilities improve their quality of life. Their trust in An helped them to share their stories, which gave the researchers rich data for the study.

In terms of the additional techniques used to elicit data, not many participants drew pictures. When we asked them to draw, they were shy and refused saying “I do not know how to draw” or “I cannot draw.” Those participants, who did draw pictures, found it an easy way to express their thoughts and feelings. Most participants liked choosing photos to express their ideas. However, of the 20 photos offered, some were never chosen by participants. Other photos were chosen many times, and some photos were picked a few times. The male participants found it easier to talk about sexual and reproductive health issues than the females and they often had more to say. This could be because male participants had more opportunities to access sexual and reproductive health sources than did females.

Despite some difficulties, we were able to complete the study and gathered very good data. We feel that this research will provide a good understanding of sexual and reproductive health of people with physical disabilities in Ho Chi Minh City, Vietnam.

Despite some limitations, the study gained a new understanding of the sexual and reproductive health experiences of people with physical disabilities and this was achieved with this study design. 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 drawings and photo elicitation went some ways to overcome these barriers. Furthermore, this study missed the younger age group, those who are aged from 18 to 29 years old. While the eligibility criteria included 18+ years old, the ages of participants ranged from 30–51 years old. This means that the age range 18–29 years was missing. This younger age group might have influenced the findings differently and further research may be needed to address this. Finally, 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 disabilities are also important, limiting this study to people with physical disabilities was important in highlighting significant issues for this group.

To conclude, this research contributes to a research journey of sexual and reproductive health. We hope that further research will be undertaken to help Vietnamese people with disabilities address the challenges with the discrimination they face and improve their lives. We are highly recommended that photo elicitation and drawing methods should be applied to other sensitive research topics with vulnerable groups. The methods allow the participants to become an active participant whose lived experiences can be narrated both verbally and visually.

References

- Becker, H., Stuifbergen, A., & Tinkle, M. (1997). Reproductive health care experiences of women with physical disabilities. *Archives of Physical Medicine and Rehabilitation*, 78(12), S26–S33.
- Bremer, K., Cockburn, L., & Ruth, A. (2010). 8. Reproductive health experiences among women with physical disabilities in the northwest region of Cameroon. *International Journal of Gynecology & Obstetrics*, 108, 211–213. <https://doi.org/10.1016/j.ijgo.2009.10.008>.
- Cherny, I. D., Seiwert, C. S., Dickey, T. M., & Flichtbeil, J. D. (2006). Children's drawings: A Mirror to their mind. *Educational Psychology*, 26(1), 127–142.
- Coemans, S., Wang, Q., Leysen, J., & Hannes, K. (2015). The use of arts-based methods in community-based research with vulnerable populations: Protocol for a scoping review. *International Journal of Educational Research*, 71, 33–39. <https://doi.org/10.1016/j.ijer.2015.02.008>.
- Collier, J. (1957). Photography in anthropology: A report on two experiments. *American Anthropologist*, 59(5), 843–859.
- Collier, J., & Collier, M. (1986). *Visual anthropology*. Albuquerque: University New Mexico Press.
- Darwin, C. (1877). A biographical sketch of an infant. *Mind*, 2, 285–294. <https://doi.org/10.5214/ans.0972.7531.1017409>.
- Đỗ, T. T. T., Nguyễn, H. H., Gammeltoft, T., & Wright, P. (2011). Chances to have love and sex from viewpoints of women with disabilities (Cơ hội để có tình yêu, tình dục từ góc nhìn của phụ nữ khuyết tật). *Gender, Sexuality and Reproductive Health*, 22, 1–32.
- Ganesh, T. G. (2011). Children-produced drawings: An interpretive and analytic tool for researchers. In E. M. Margolis & L. Pauwels (Eds.), *The SAGE handbook of visual research methods*. Los Angeles: SAGE.

- Grasswick, H. (2018). *Feminist social epistemology*. Stanford Encyclopedia of Philosophy. USA. Retrieved from <https://plato.stanford.edu/entries/feminist-social-epistemology/>
- Guillemin, M., & Westall, C. (2008). Gaining insight into women's knowing of postnatal depression using drawings. In P. Liamputtong & J. Rumbold (Eds.), *Knowing differently: Art-based and collaborative research methods* (pp. 121–139). Nova Science.
- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, 17(1), 13–26. <https://doi.org/10.1080/14725860220137345>.
- Joseph, J., Liamputtong, P., & Brodrribb, W. (2019). Drawing method and infant feeding practices among refugee women. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences*. Singapore: Springer Nature Singapore.
- Khuát, H. T., Lê, D. B., & Nguyễn, H. N. (2012). *Sexuality in contemporary Vietnam: Easy to joke about – but hard to talk about* (2nd ed.). Hà Nội: NXB Lao Động.
- Kronk, R., Weideman, Y., Cunningham, L., & Resick, L. (2015). Capturing student transformation from a global service-learning experience: The efficacy of photo-elicitation as a qualitative research method. *The Journal of Nursing Education*, 54(9), S99–S102. <https://doi.org/10.3928/01484834-20150814-18>.
- Lapenta, F. (2011). Some theoretical and methodological views on photo-elicitation. In E. M. Margolis & L. Pauwels (Eds.), *The SAGE handbook of visual research methods*. Los Angeles: SAGE.
- Li, C. M., & Yau, M. K. (2006). Sexual issues and concerns-tales of Chinese women with spinal cord impairments. *Sexuality and Disability*, 24, 1–26. <https://doi.org/10.1007/s11195-005-9000-6>.
- Liamputtong, P. (2007). *Researching the vulnerable: A guide to sensitive research methods*. London/Thousand Oaks/New Dehli: Sage.
- Liamputtong, P. (2020). *Qualitative research methods* (5th ed.). Melbourne: Oxford University Press.
- Martin, E. (1994). *Flexible bodies. Tracking immunity in American culture from the days of polio to the age of AIDS*. Boston: Beacon Press.
- Minthorn, R. S., & Marsh, T. E. J. (2016). Centering indigenous college student voices and perspectives through photovoice and photo-elicitation. *Contemporary Educational Psychology*, 47, 4–10. <https://doi.org/10.1016/j.cedpsych.2016.04.010>.
- Nguyen, T. T. A. (2009). *Những vấn đề giới trong hôn nhân của người khuyết tật ở Thành phố Hồ Chí Minh hiện nay (Gender Issues of people with disabilities in Ho Chi Minh City, Vietnam)*. (Bachelor degree), Ho Chi Minh University of Social Sciences and Humanities – Vietnamese National University, Vietnam.
- Nguyen, T. T. A. (2013). *Những vấn đề về tình dục của người khuyết tật ở Thành phố Hồ Chí Minh hiện nay (Sexual Issues of people with disabilities in Ho Chi Minh City, Vietnam)*. (Master degree), Ho Chi Minh University of Social Sciences and Humanities – Vietnamese National University, Vietnam.
- Nguyễn, N.-H., & Liamputtong, P. (2007). Sex, love, and gender norms: Sexual life and experience of a group of young people in Ho Chi Minh City, Vietnam. *Sexual Health*, 4, 63–69.
- Nguyen, T. T. A., Liamputtong, P., & Monfries, M. (2016). Reproductive and sexual health of people with physical disabilities: A metasynthesis. *Sexuality and Disability*, 34, 3–26. <https://doi.org/10.1007/s11195-015-9425-5>.
- Nguyen, T. T. A., Liamputtong, P., Horey, D., & Monfries, M. (2017). Knowledge of sexuality and reproductive health of people with physical disabilities in Vietnam. *Sexuality and Disability*, 16. <https://doi.org/10.1007/s11195-017-9515-7>.
- Nguyen, A., Horey, D., & Liamputtong, P. (2019a). Sexual experiences of people with physical disabilities in Vietnam. *Sexuality and Disability*, 37, 25–39. <https://doi.org/10.1007/s11195-018-09557-0>.
- Nguyen, A., Liamputtong, P., & Horey, D. (2019b). Reproductive health care experiences of people with physical disabilities in Vietnam. *Sexuality and Disability*, 37, 383–400. <https://doi.org/10.1007/s11195-019-09581-8>.

- Nosek, M. A., Young, M. E., Rintala, D. H., Howland, C. A., Foley, C. C., & Bennett, J. L. (1995). Barriers to reproductive health maintenance among women with physical disabilities. *Journal of Women's Health, 4*, 505–518.
- Nosek, M. A., Young, M. E., Rintala, D. H., Howland, C. A., Foley, C. C., Bennett, J. L., . . . Chanpong, G. (1997). Sexuality issues among women with physical disabilities. *Journal of Rehabilitation Research and Development, 34*, 224–225.
- Parker, M. G., & Yau, M. K. (2011). Sexuality. Identity and women with spinal cord injury. *Sexuality and Disability, 30*, 15–27. <https://doi.org/10.1007/s11195-011-9222-8>.
- Pyle, A. (2013). Engaging young children in research through photo elicitation. *Early Child Development and Care, 183*(11), 1544–1558. <https://doi.org/10.1080/03004430.2012.733944>.
- Ramazanoglu, C., & Holland, J. (2002). *Feminist methodology* (1st ed.). London: Sage.
- Richards, E., Tepper, M., Whipple, B., & Komisaruk, B. R. (1997). Women with complete spinal cord injury—a phenomenological study of sexuality and relationship experiences. *Sexuality and Disability, 15*, 271–283.
- UNFPA. (2007). *Research on reproductive health in Viet Nam: A review for the period 2000–2005*. Retrieved from http://web.unfpa.org/webdav/site/vietnam/shared/5_Eng_all.pdf
- United Nations Population Fund. (2011). *People with disabilities in Viet Nam: Key findings from the 2009 Viet Nam population and housing census*. Retrieved from Hanoi, Vietnam.
- United Nations Population Fund. (2012). *Compendium of research on reproductive health in Viet Nam for the Period 2006–2010*. Retrieved from Ha Noi: http://web.unfpa.org/webdav/site/vietnam/shared/12_CompendiumofSRHResearch2007–2012_Eng.pdf
- Victoria, G. C., & Knauth, D. (2001). Images of the body and the Reproductive system among men and women living in shantytowns in Porto Alegre, Brazil. *Reproductive Health Matters, 9*, 22–33.
- WHO. (2010). *Annual report on status of people with disabilities in Vietnam*. Retrieved from Hanoi, Vietnam.