

SELF-STIGMA AND ASSOCIATED FACTORS AMONG THE LGBTQ+ COMMUNITY IN NORTHERN AND CENTRAL VIETNAM IN 2024

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LGBTQ+ individuals in Vietnam face significant mental health challenges due to self-stigma, which arises from internalizing negative societal attitudes toward their sexual orientation and gender identity. This self-stigma contributes to psychological distress and exacerbates mental health disparities; however, evidence on its prevalence and associated factors in Vietnam remains limited. This cross-sectional study aimed to assess self-stigma prevalence and identify related factors among LGBTQ+ individuals in Northern and Central Vietnam in 2024. We recruited 250 participants and measured self-stigma using a validated 24-item, three-factor scale assessing internalized negative beliefs, reactions to societal judgment, and feelings of inferiority. Results showed that 11.2% of participants experienced self-stigma (mean score ≥ 2.5). Individuals aged 25-35 and males had higher odds of self-stigma compared to their counterparts (OR = 8.33, 95% CI: 1.96-33.33; and OR = 8.33, 95% CI: 1.89-339.33, respectively).. Specifically, individuals aged over 30 years old, men, and those who had not fully disclosed their sexual orientation reported greater self-stigma. Biological gender, age, and disclosure status were significantly associated with self-stigma, whereas place of residence, religion, income level, and marital status were not significantly associated ($p > 0.05$). These findings highlight the need for supportive environments that encourage safe disclosure, strengthen social support networks, and reduce self-stigma to improve mental health outcomes among LGBTQ+ individuals in Vietnam.

Keywords: Self-stigma, LGBT+ community, Mental health, Sexual orientation disclosure.

I. INTRODUCTION

Vietnam is a traditional country where awareness of individual rights is evolving. Internalized homophobia, or self-stigma, occurs when LGBTQ+ people adopt society's negative attitudes toward their identities.^{1,2} It is linked to lower self-esteem, anxiety, depression, and reduced quality of life.^{3,4} Similar patterns are seen in China, where sexual minority students

faced harassment and social isolation at rates of 22.4% to 40.7%,⁵ and six in ten gay individuals reported workplace discrimination.⁶ Self-stigma affects psychological and behavioral outcomes in Vietnam. Bao (2023) shows it shapes partner preferences among gay men.⁷ Among MSM in Hanoi, it is linked to depression, substance use, and higher sexual risk.⁸ Educational interventions help: 79% of medical students had positive attitudes toward transgender individuals,⁹ greater knowledge and contact reduced homonegativity in Ho Chi Minh City,¹⁰ and most Hanoi Medical University students held positive attitudes toward lesbians (96.3%) and gay men (88.1%).¹¹

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Awareness around gender expression and sexual orientation in Vietnam is gradually improving.¹² However, LGBTQ+ individuals in Northern and Central regions still face significant self-stigma, affecting mental health. A 2008 iSEE study found that 86% of gay men hid their sexual orientation and 15% experienced verbal abuse from family after coming out.¹³ Another survey reported that 79% of LGBTQ+ individuals experienced at least one form of stigma, with over 45% facing multiple forms. Most prior research focused on Southern Vietnam, while Northern and Central regions have stronger Confucian and religious influences, shaping societal attitudes. Despite growing recognition, studies on internalized homophobia remain limited, highlighting the need for systematic, large-scale research to understand socio-cultural drivers and reduce its impact on mental health. The objective of this study is to provide an overview of the current state of self-stigma among the LGBTQ+ community in Northern and Central Vietnam in 2024 and to analyze the factors influencing self-stigma within this community.

II. METHODS

1. Study population

LGBTQ+ aged 16-35 in Northern/Central Vietnam (Hanoi, NgheAn). Inclusion: consenting residents. Only consenting participants were included.

Inclusion criteria

Participants aged 18-35 years old, self-identifying as LGBTQ+, currently living and working in Vietnam at the time of the study, and holding Vietnamese nationality.

Exclusion criteria

It also reflected the population most likely to engage with online LGBTQ+ networks. Individuals who did not consent were excluded.

2. Study design and setting.

Study design

A cross-sectional study design was employed.

Time and setting

The study was conducted from May 2024 to December 2024 in various provinces and cities across Northern and Central Vietnam, primarily in Hanoi and Nghe An.

Data collection and assessment methods

Participants were recruited using snowball sampling. Invitations to participate were initially sent to LGBTQ+ community groups on social media, and participants were encouraged to share the survey link with other LGBTQ+ individuals. The sample size was estimated using the formula for calculating a sample size for a proportion. Due to the lack of prior data on the prevalence of self-stigma among LGBTQ+ individuals, the proportion (p) was assumed to be 0.5, with an acceptable margin of error (ϵ) of 0.15 and a 95% confidence level. The minimum estimated sample size was 171 participants. To account for potential dropouts, the sample size was increased to 250 participants.

Data were collected via an online questionnaire on the KoboToolbox platform after obtaining informed consent. The questionnaire included socio-demographic information (gender, age, birthplace, marital status, gender identity, sexual orientation, educational level, relationship status, disclosure status, religion, and income).

Self-stigma was assessed using a validated 24-item, three-factor instrument, including internalization of the belief that being LGBTQ+ is improper (9 items), reactions to societal judgment (8 items), and internalization of feelings of inferiority (7 items). The instrument demonstrated high reliability in Vietnam, with a Cronbach's alpha of 0.9149.¹⁴ Responses were rated on a 0-4 Likert scale.

Data analysis

Data were analyzed using Stata version 17.0. Descriptive statistics were applied, including frequencies, percentages, means, and standard deviations. The dependent variable was self-stigma (yes/no), defined based on the mean score of the self-stigma scale. Independent variables included sociodemographic characteristics (age, biological sex, gender identity, place of residence, religion, income level, and marital status) and disclosure of sexual orientation.

A mean score ≥ 2.5 was classified as indicating self-stigma, while a score < 2.5 indicated no self-stigma. A cut-off of 2.5 was applied based on the theoretical midpoint of the 4-point Likert scale to distinguish between disagreement and agreement with self-stigma-

related items. This approach is commonly used when no validated threshold is available and allows dichotomization of the mean score for further analysis.

3. Ethics approval and consent to participate.

This study was conducted based on a grassroots-level scientific research project approved under Decision No. 1542/QĐ-ĐHYHN dated May 6, 2025, issued by Hanoi Medical University regarding the approval of grassroots-level scientific and technological tasks for the year 2025.

III. RESULTS AND DISCUSSION

1. Describe the prevalence of self-stigma among LGBTQ+ individuals in Northern and Central Vietnam in 2024

Table 1. Demographic Characteristics of Participants in the LGBTQ+ Group (n=250)

Characteristics	Participant count (n=250)	Percentage (%)
Age group		
16 - 24	211	84.40
25 - 35	39	15.60
Place of birth		
Northern Vietnam	213	85.20
Central Vietnam	37	14.80
Gender at birth		
Male	111	44.40
Female	139	55.60
Sexual orientation		
Gay	94	37.60
Lesbian	52	20.80
Bisexual	68	27.20
Others	36	14.40

Characteristics	Participant count (n=250)	Percentage (%)
Current relationship disclosure status		
No	62	24.80
Disclosed	21	8.40
Disclosed to some people	167	66.80

The table 1 shows that gay men make up the largest group within the LGBTQ+ community, accounting for 37.6% of respondents, followed by bisexual individuals at 27.2% and lesbians at 20.8%. Most respondents (84.4%) are young people aged 16 to 24 years old with 85.2% coming from Northern Vietnam. Regarding

sexual orientation disclosure, 66.8% have partially disclosed it to close friends or family, while 24.8% have not disclosed it at all. Only a small percentage, 8.4%, have fully come out about their sexual orientation. Interestingly, just 0.4% of LGBTQ+ respondents are married, making it the smallest demographic in the study.

Table 2. Self-Stigma Scores among the LGBTQ+ Group across Three Factors (n=250)

Factors	IQR (Q1 - Q3)
The internalization of the belief that being LGBTQ+ is improper	0.22-1.39
Response to Social Issues When Being Identified or Perceived as LGBTQ+	0.25-1.75
The internalization of the belief that being LGBTQ+ is inferior	0.29-1.43

The interquartile range (IQR) of self-stigma scores was highest in the category “Response to Social Issues When Identified or Perceived as LGBTQ+,” ranging from 0.25 to 1.75. The category “Internalization of the Belief that Being LGBTQ+ is Inferior” had an IQR of 0.29 to 1.43. The lowest IQR was observed in “Internalization of the Belief that Being LGBTQ+ is Wrong,” ranging from 0.22 to 1.39.

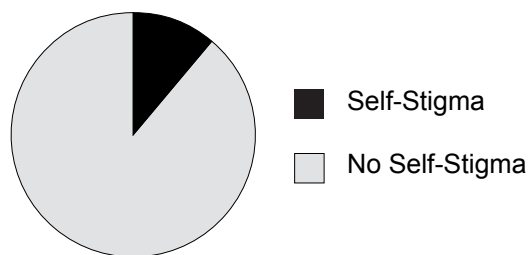


Figure1. Distribution of Self-Stigma Rates in the LGBTQ+ Group

About 88.80% of individuals in the LGBTQ+ community (222 out of 250) report no self-stigma, a figure which is 7.93 times greater than the 11.20% who experience self-stigma.

2. Analyze factors associated with self-stigma in this community

Table 3. The Relationship Between Self-Stigma and Related Factors Among the LGBTQ+ Group in Northern and Central Provinces of Vietnam (n=250)

Age group			
16-24	6 (3.09%)	188 (96.91%)	1
25-35	22 (39.29%)	34 (60.71%)	8.33 (1.96-33.33)
Gender at birth			
Female	3 (2.16%)	136 (97.84%)	1
Male	25 (22.52%)	86 (77.48%)	8.33 (1.89-339.33)
Current relationship disclosure status			
Disclosed	1 (4.76%)	20(95.24%)	1
No	22 (35.48%)	40(64.52%)	16.67(4.76-50.00)
Disclosed to some people	5 (2.99%)	162(97.01%)	-

Individuals aged 25-35 years old (39.29%) experience self-stigma 8.33 times higher than those aged 16-24 (3.09%). Similarly, males (22.52%) report self-stigma levels 8.33 times higher than females (2.16%). Furthermore, individuals who have not disclosed their relationship status (35.48%) face self-stigma at a rate 16.67 times higher than those who are fully out (4.76%) and 16.67 times higher than those who have partially disclosed their status (2.99%). In contrast, the study found that no other factor significantly influenced self-stigma among the surveyed participants.

IV. DISCUSSION

This study shows that self-stigma persists among LGBTQ+ individuals in Northern and Central Vietnam, though most did not report strong shame or inferiority. It was more common among older individuals, men, and those who had not disclosed their sexual orientation. The majority of participants were under 25 (84.8%),¹⁵ with 66.8% having come out to some family members, 24.8% not out,

and 8.4% fully out. Self-stigma was highest regarding concerns about being identified as LGBTQ+, with the statement “I often struggle with the thought of being LGBTQ+” scoring highest, reflecting anxiety and distress. These findings align with previous research showing fear of social stigma (41%) and family rejection (39%) as main reasons for remaining closeted, while 23% did not feel the need to come out (iSEE 2009).¹³

Acceptance and self-perception were key themes in this study. Many participants rejected the idea that LGBTIQ+ identities are merely a lifestyle choice, reflecting increasing awareness and self-acceptance. At the same time, some still felt the need to exceed societal expectations to gain recognition, indicating that acceptance may remain conditional. Internalized negative beliefs, particularly feelings of shame, appeared relatively low, suggesting a gradual shift toward more positive self-perception. This aligns with previous studies showing that self-acceptance and supportive environments play an important role in reducing internalized

stigma.¹⁶⁻¹⁷ However, the coexistence of self-acceptance and perceived social pressure highlights ongoing challenges. Continued efforts to promote inclusive and affirming social environments are essential to support LGBTQ+ individuals in living authentically (Katharine A. Rimes et al., date).¹⁸

The study also found that age, gender, and sexual orientation disclosure significantly influenced self-stigma levels. The self-stigma scores of the 25-36 age group were 8.33 times those of the 16-24 age group, while men had scores 10.43 times higher than women. Additionally, individuals who had not fully come out reported self-stigma scores 16.67 times higher than those who had fully come out. These findings align with research by Herek (2007), which suggests that older LGBTQ+ individuals face higher levels of self-stigma due to long-term exposure to stigmatizing experiences.¹⁹ Furthermore, men may experience greater self-stigma due to societal pressures to conform to traditional gender roles and higher rates of victimization (Katz-Wise and Hyde, 2012).²⁰

When compared with international data, the relatively low level of self-stigma found in this study is notably different from many prior studies conducted in both Western and Asian contexts. For instance, a cross-sectional study by Yolaç and Meriç (2021) in Turkey reported significantly higher levels of internalized homophobia among LGBTQ+ participants, which were strongly correlated with symptoms of depression and anxiety. Similarly, research conducted by Lin et al. (2022) in Taiwan found that familial sexual stigma and lack of family support were robust predictors of internalized homonegativity, especially among men and older individuals. In terms of age, the finding that older LGBTQ+ individuals report higher levels of self-stigma aligns with research from the United

States, where Herek (2007) and subsequent studies have shown that older cohorts, shaped by less accepting social climates, often carry more deeply internalized prejudice due to prolonged exposure to discrimination.

The study's finding that men experience higher self-stigma than women aligns with global research. Gay and bisexual men often internalize societal expectations of masculinity more rigidly, increasing stigma and distress.²¹ In Vietnam, sexual self-disclosure reduced internalized homophobia and depressive symptoms among women (Tran et al., 2020),²² and the IHVN-W scale validated culturally specific experiences of stigma (Nguyen et al., 2016).²³ Comparative studies show familial rejection and lack of support predict higher self-stigma (Lin et al., 2022)²⁴ while self-acceptance can buffer its mental health impact (Rimes et al., 2018).²⁵

In this study, factors such as place of residence, religion, income level, and marital status were not significantly associated with self-stigma, suggesting that in the Vietnamese context, self-stigma among LGBTQ+ individuals may not be driven by basic sociodemographic characteristics but rather by social and interpersonal factors such as societal norms, family expectations, as well as the level of sexual orientation disclosure and social support.

This study has several limitations. First, the use of non-probability sampling (snowball sampling via social media and CBOs) may introduce selection bias, potentially over representing more socially connected individuals and under representing those with limited digital access or higher levels of stigma. Second, the relatively small sample size ($n = 250$) limits the generalisability of the findings to the broader LGBTQ+ population in Northern and Central Vietnam. Additionally, the use of

online self-reported data may be subject to reporting bias. These limitations should be considered when interpreting the findings. Future studies should employ larger samples and mixed-methods approaches to enhance validity and depth of understanding.

V. CONCLUSION

This study found low self-stigma prevalence (11.2%) among LGBTQ+ individuals in Northern/Central Vietnam, highest in social reaction concerns. Older individuals (25-35 years old), male, and non-disclosure significantly increased self-stigma risk. We recommend anti-stigma education in schools/workplaces, accessible mental health support, and safe spaces promoting disclosure. Further research should explore longitudinal trends and intervention effectiveness to enhance LGBTQ+ well-being in Vietnam.

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