

Entertainment Workers and HIV/AIDS:  
an appraisal of HIV/AIDS related work  
practices in the informal entertainment sector  
in Cambodia

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## Explanatory notes

### Direct and indirect sex worker:

These terms are used in Cambodian government literature. Direct sex workers tend to be understood as brothel-based sex workers. The indirect sex worker category encompasses the entire assortment of non brothel-based commercial sex providers.

### Songsaa:

The term covers a range of affectionate relationships that may or may not involve sexual relations. In Cambodia this term has been translated into English as 'sweetheart'.

### Tata chenh chem:

A *tata chenh chem* is a family man who is considerably older, often one generation older, than his partner. *Tata chenh chem* may pay for a woman's accommodation, for mobile phones, in some cases motorbikes, give generous gifts of money, jewellery and other valuable items. *Tata chenh chem* are often high-ranking officials and businessmen, both foreign and Khmer.

## Executive Summary

### *a) Context*

Cambodia is one of the world's poorest countries, trying to rebuild itself after decades of civil war and political instability. The country has a host of development challenges, of which fighting the spread of HIV/AIDS is but one. Years of conflict have meant that access to social services and economic opportunities are severely constrained. The formal social safety net is extremely limited. Poverty is widespread, particularly in rural areas, with many people migrating to urban areas in search of work. Peoples' livelihoods are largely dependent on agriculture and an expanding, though unregulated, informal sector. No welfare system exists in Cambodia and the health situation is among the worst in the world. Government health expenditure stands at one percent of GDP. Health care is not free, and health costs are a major source of debt in Cambodia: a health crisis in the family is the main cause of indebtedness and landlessness among poor families. The rural poor spend at least a quarter of their incomes on basic health care.

Cambodia has the fastest growing HIV/AIDS epidemic in Asia. In 1999, more than 3 percent of the sexually active adult population (15-49 years) were estimated to be HIV positive. The majority of these people are in the economically productive age group. Many are responsible for family dependents and are likely to be economic migrants. In Cambodia HIV is transmitted primarily through heterosexual sex. The spread of HIV is driven by a norm of premarital and extramarital sex for men, usually with women who are paid. Consequently, men are perceived to serve as bridges between sex workers and housewives, *songsaa*, (sweetheart-boy/girlfriend) and ultimately newborn babies.

The 1999 HIV Sentinel Surveillance (HSS) survey found that an average of 33.2 percent of direct female sex workers, 18.7 percent of indirect sex workers, 4.7 percent of policemen, and 2.6 percent of women in antenatal care are infected with HIV. Although a decline in infections amongst sex workers under 20 was seen in 1999, data indicate that risk behaviors are still widespread among young people, and especially young women. The majority of HIV cases under 20 years are female.

It is this young female population that constitutes the majority of workers in Cambodia's entertainment sector. They are the subjects of this report. It is estimated that many thousands of people earn a living in the entertainment sector: Exact figures do not exist. Evidence indicates that the working conditions of bars, restaurants, karaoke venues and discos can dramatically increase workers' vulnerability to HIV infection and that entertainment workers constitute a category of people who are at increased risk of contracting HIV/AIDS. A recent Cambodia government study of 379 beer promotion women found that 40 percent exchange sex for money or gifts and that they report the lowest rates of consistent condom use during commercial sex of any group studied. These facts, combined with the apparent move away from brothel-based commercial sex towards entertainment venues, are disturbing and may herald a new wave of infection.

Efforts are being made by government, NGOs and donors in the areas of HIV prevention and care. Prevention efforts have been ongoing for several years and there are early signs that some pilot prevention programmes may be resulting in greater use of condoms by men who have extramarital sex. Even so, it is widely

recognized that many gaps in the overall response to the spread of HIV/AIDS still exist.

The Khmer HIV/AIDS NGO Alliance (Khana) is a national NGO that strengthens the capacity of the local NGO sector to respond effectively to HIV/AIDS/STDs. Four years of support to NGO work on HIV/AIDS prevention care, combined with findings from various governmental, non-governmental and donor studies, have revealed the HIV vulnerability of workers in the Cambodian entertainment sector. With financial support from the British Embassy, Cambodia, Khana carried out an appraisal as an initial step to assist local NGOs to respond to the challenge of reducing vulnerability and discrimination in this sector.

The aims of the appraisal were to focus on the informal entertainment sector to:

- determine HIV vulnerability/discrimination factors in entertainment workplaces and identify which groups are most affected;
- identify current strategies being used to address vulnerability/discrimination by workers, employers or by outside agencies;
- explore barriers to reducing vulnerability at work and to reducing discrimination;
- identify further action to reduce vulnerability and discrimination in this sector.

It is hoped that the appraisal report will contribute to the development of sound HIV/AIDS workplace policies and effective workplace education programmes and other interventions.

## ***b) Methods***

One thousand five hundred and ninety-four people participated in the appraisal in five locations - Phnom Penh, Sihanoukville, Battambang, Banteay Meanchey and Kompong Cham. The locations were chosen to include both municipalities and provinces, and border provinces where the entertainment sector is an established and growing business activity. Appraisal activities took place over 4 months from December 2000 to March 2001.

Of the total number of participants, 75.5 percent were female entertainment workers, 10.4 percent were customers, and seven percent were establishment owners/managers. One hundred and twelve NGO, UN and government staff were also interviewed.

The appraisal was designed in consultation with representative groups of stakeholders in order to find effective and ethically responsible ways to access employers and workers and to collect and analyse quality data without compromising individual participants or appraisal facilitators.

Twelve facilitators from six Khana partner NGOs took part in a three-day pre-appraisal workshop to design appropriate tools and processes for the appraisal. Tools, questioning and recording techniques were rehearsed during the pre-appraisal workshop. Ethical issues were also discussed, and it was agreed that ensuring the anonymity of the participants was paramount.

Each of the 12 pre-appraisal workshop participants recruited two people to form teams of three. In all, 36 facilitators conducted the appraisal in 12 teams. Four teams worked in Phnom Penh, and two teams worked in each of the remaining locations.

Appraisal facilitators used participatory tools and semi-structured interviews to determine vulnerability factors in entertainment workplaces.



Feedback and analysis was carried out over a period of several days both with individual groups of facilitators, and between these groups. A workshop was then carried out for up to 100 participants to verify findings before finalising the appraisal report.

The main constraint to more in-depth discussion during the appraisal was time. Due to the personal and sensitive nature of the appraisal subject matter and questions, a lot of time was needed in order to build trust between appraisal facilitators and participants. Moreover, the location of meetings with workers influenced the findings. Informants were more open about their activities and thoughts in the absence of a boss and in the comfort of their own accommodation. However, discovering where workers lived also involved considerable time and resourcefulness on behalf of appraisal teams. In addition, appraisal facilitators found the use of certain visual tools was inappropriate at workplaces during working hours, as they were not sufficiently discreet or efficient given the context.

### ***c) Findings***

Appraisal findings indicate that:

1. A multitude of factors make entertainment workers vulnerable in Cambodia. Many of them are related to the interconnected issues of poverty, gender inequality and migration. Poverty, family upheaval and instability, divorce and rape are the main causes for migration.
2. Most workers live in shared private accommodation with co-workers. Some are given food and board at the workplace (especially true for masseuses). Very few live with relatives, a fact that increases the likelihood of them having *songsaa* and selling sex.
3. There is evidence of movement of direct sex workers into entertainment work. Some entertainment workers were previously direct sex workers.
4. Entertainment workers' and customers' perceptions increase vulnerability to HIV infection.
  - a. Entertainment workers do not perceive themselves as sex workers. Most informants differentiate themselves from, and attach stigma to, sex workers. Entertainment workers do not perceive the sex they have with men they meet through their work as high-risk behaviour. However, the very factors that underlie this perception of not being at risk actually increase worker's vulnerability to HIV infection. HIV infection is seen as linked to the frequency with which you have sex with different partners. Workers do not consider themselves to have sex frequently with customers, or to be indulging in high-risk behaviour. In most cases entertainment workers choose the men with whom they have sex. This element of personal choice influences their perception of their activities as low risk. It also distinguishes them from sex workers who are perceived to have no choice over which customers they have sex with. The factors workers consider when deciding whether or not to have sex with a customer (well-fed, healthy looking, and with a good complexion) reinforce views of sex with customers as safe. These physical characteristics are not associated with illness or HIV infected people and work against considering sex with such men as risky behaviour. Some entertainment workers only have sex with regular customers. Reported levels of condom use with regular customers are low.

- b. The majority of customers view entertainment women as sexually available, and as 'safe' and 'clean'. This perception is built on direct comparisons customers make between brothel-based sex workers and entertainment women. In these comparisons, central issues include prettiness, expense, assumed frequency of sexual activity, and choice over with whom sex is had. Such perceptions contribute to low condom use and further reduce workers' influence over condom negotiation thereby increasing both customers' and workers' vulnerability to HIV infection.
5. Negotiating condom use is a complicated matter. It involves not only condom use, but negotiating non-violent, non-abusive encounters and confronting customers' perceptions of entertainment workers as 'clean' as well as workers' own perceptions of what constitutes risky behaviour. Condom use with customers is inconsistent and low. This is, in part, because sexual encounters with customers are not always anticipated and workers think that condom use is up to the client. There is an assumption that, because the client is paying for pleasurable sex, the woman must obey the client's wishes. Moreover, fear of violence from clients, as well as fear of non-payment, put workers in a weak position to negotiate safe sex. Condom use is especially low with men with whom a woman considers herself to enjoy a relationship, such as regular customers, *tata chenh chem* (sweethearts-boyfriends that are of an older age group), and *songsaa* (same-age sweethearts-boyfriends).
6. Commercial relationships in entertainment venues often imitate or pass as private relationships, discouraging consistent condom use.
7. Alcohol consumption by workers or sex partners can reduce worker's already low ability to negotiate sex with condoms. Alcohol consumption is a vulnerability factor for karaoke and beer promotion workers in particular. Customers frequently oblige them to drink alcohol. Drunk clients are more difficult to negotiate safe sex with; are less likely to use condoms; and are more likely to be physically and sexually abusive.
8. Drug consumption by workers or sex partners can reduce worker's already low ability to negotiate sex with condoms. There is evidence of customers pressurising workers (especially beer promoters, karaoke workers and bar dancers) to take drugs (in particular amphetamine sulphate). Workers report customers putting 'passion drugs' their drinks. Additionally, there is evidence of wrist slashing associated with drug use. The HIV infection risk factor here relates to the sharing of razors between workers, and between workers and clients/sex partners.
9. Levels of harassment, violence and intimidation can be high in entertainment workplaces. Some workers report being threatened at gunpoint by dissatisfied customers. This violence can increase in severity once workers are alone with men to have sex. Orange sellers reported the most frequent accounts of violence and abusive sex with customers.
10. There is variety in the types of relationships enjoyed between workers and bosses. They range from highly exploitative and controlling to more supportive and constructive. Some establishment bosses coerce beer promoters and karaoke workers, in particular, to drink alcohol with the customers in order to satisfy customers, increase sales and foster loyal and regular clients. And, in a small handful of establishments the owner was reported to take a percentage of the customer's payment to the worker for sexual services. Workers reported being scared of losing their jobs if they did not do what the customers wanted. Most owners consider the after-work

activities of their staff as not work-related and therefore not their responsibility and none of their business. Of all the entertainment venues, massage parlour workers reported better management support systems.

11. Relations between some groups of workers are competitive. This is particularly so for karaoke workers and beer promoters who have to compete for customers' attentions, favours and generosity. Less competition exists in massage parlours, where customers chose masseuses and workers do not have to entice customers to choose them. Moreover, although there is a tendency for younger workers to copy their peers, there is also a degree of status-related competition. There is a concern not to be looked down upon, to keep up with one's peers (in terms of status symbols such as clothing, jewellery and other accessories) and to maintain one's 'face'. This competitive desire to be equal to or better than one's peers can, in some cases, drive workers to commercial sex activities with clients, and into unprotected sex with *tata chenh chem*.
12. Personal health was perceived to be a low priority for most entertainment workers. When they do access health care it is usually pharmacists and private clinics. However, even though most entertainment workers have the freedom to access health services, when they are unwell and take time off their salaries are deducted.
13. The majority of worker informants seemed to understand how HIV/AIDS can be transmitted. Most of their understanding comes from radio and television broadcasts. However, workers were generally not aware of the symptoms and progression of HIV/AIDS.
14. At this point there appear to be low levels of HIV discrimination in the workplace, both by workers and bosses.
15. In order to reduce HIV vulnerability and discrimination in entertainment workplaces in Cambodia, a co-ordinated, multi-level response is required. No one organisation or project can achieve success on its own.
16. Two facts must be acknowledged and tackled from the outset. Firstly, many entertainment workers deny commercial sex involvement, and may be reluctant to listen to sexual health education because they think they are being equated with and stigmatised as prostitutes. This could make targeting entertainment workers difficult, and may make outreach work particularly hard to conduct. Secondly, entertainment venue management/employers may resist sexual health education programmes in the workplace because of the suggestion that their business is somehow associated with sex work. Moreover, the distinction between commercial and non-commercial relationships initiated in entertainment venues is not clear-cut. The boundaries between 'customer' and *songsaa* are fluid, which makes targeting more difficult. In addition, what may objectively appear to be a commercial relationship may not be perceived as such by the people involved.
17. Action to promote condom use more widely in all relationships would assist achieving behaviour change and condom use among high-risk groups, such as entertainment workers and their sex partners. Social and sexual norms also need to be addressed in order to create an enabling environment that encourages the removal of social constraints to safer sex. More specifically, due to entertainment workers lack of power to insist on condom use, as well as existing gender power relations and attitudes, reducing vulnerability in entertainment workplaces must involve working with, or at least targeting, worker's clients and other sex partners.

18. With managerial support, the workplace could be made into a supportive environment with worker-driven and management - endorsed strategies to reduce vulnerability and risk. Workplace interventions could include the provision of detailed information relating to risk behaviours, addressing issues relating to self-esteem, communication and sexual negotiation, as well as the development of decision-making and problem solving skills. If entertainment workplace interventions are to be successful they must be continuous, applied across the spectrum of establishments, and seek to build peer support mechanisms among entertainment workers, while promoting managerial support for safe sex practices.
19. More generally, interventions stand a better chance of achieving positive impact if they are based on sound qualitative assessments of the contexts of risk taking in vulnerable groups and are carefully packaged and targeted to be as inclusive and non-judgemental as possible. Moreover, in order to insure better implementation of such activities, continued learning and capacity building of project personnel must be taken seriously by donors and country-based planners alike.

#### ***d) Next steps***

This appraisal represents a first step in a long process of planning and implementing a response to the issues raised. It is hoped that it will stimulate discussion and be of use to organisations working in this area. It must be recognised, however, that although this appraisal fills in some of the gaps in knowledge about HIV vulnerability factors within the entertainment sector, it is by no means comprehensive. More information on the target population's situation and needs is required, as are more comparisons with intervention strategies in other counties.

Moreover, despite its wishes, Khana and its partners do not have the capacity to achieve widespread impact on a national basis. There is a need for government and other NGOs to improve and channel their capacity and resources to dealing with some of the issues raised in this report. As a means of encouraging such an outcome Khana will broadly disseminate the appraisal findings, and advocate for a coordinated, multi-sectoral response to the needs of entertainment workers, their clients and partners.

# 1 Introduction

Established in 1996 to build local NGO sector capacity for HIV/AIDS, Khana has provided financial and technical support to over 100 local non-governmental organisations (LNGOs) in Cambodia. Khana currently supports 35 LNGO partner HIV/AIDS prevention and care projects located in 17 provinces in Cambodia. Overall coverage is around 600,000 people annually. Many of these LNGOs have begun to provide services to workers in the entertainment sector. NGOs in Cambodia generally have better access than government to workers and employers in this sector. Khana receives financial and technical support from the London-based International HIV/AIDS Alliance and has a contract with the Cambodian Ministry of Health to manage World Bank grants for LNGO HIV/AIDS projects.

## 1.1 *About the report*

This report presents the findings of a qualitative appraisal of HIV/AIDS vulnerability factors that confront people who work in entertainment places in Cambodia. Staff from six of Khana's NGO partners conducted the appraisal between December 2000 and April 2001. The report also integrates relevant information from various sources, including lessons learned from countries in the Asia Pacific region (Thailand, South-Asia, Papua New Guinea). The report is intended to feed into future action by local NGOs and to encourage effective assistance and interventions to reduce vulnerability factors in entertainment workplaces. The report should be a useful resource for interested agencies.

## 1.2 *Cambodia national context*

The Kingdom of Cambodia is situated in mainland South-East Asia, sharing borders with Thailand, Laos and Vietnam. One of South-East Asia's poorest countries, Cambodia faces a host of development challenges as it emerges from decades of war and political turmoil. While Cambodia is at peace, the country's government institutions are still weak, with corruption still existing within the public sector and weak law enforcement. Years of conflict have meant that access to social services and economic opportunities are severely constrained. The formal social safety net is extremely limited. Poverty is widespread, particularly in rural areas. People's livelihoods are largely dependent on agriculture and an expanding, though unregulated, informal sector. The GDP per capita for the country was US\$250 in 1999, and almost 40 percent of the population lives below the poverty line, with rural households accounting for almost 90 percent of the total poor. Between 25 and 30 percent of households are headed by women. And, of a population of 11.5 million, approximately 50 percent are under the age of 17 and only four percent over 65.

The Human Development and Gender Development Indices for Cambodia are among the lowest in Asia. The low Human Development Index (HDI) is, among other things, based on low Gross Domestic Product (GDP), high infant mortality (89 per 1,000) and child malnutrition (38 percent) rates, low average life expectancy (54 years) and low educational attainment. A recent report showed that average functional literacy rate in Cambodia is less than 40 percent. The Gender Development Index (GDI) is low due primarily to significant gender disparity in literacy and educational attainment. Male and female literacy rates stand at 79 and 57 percent respectively. Forty-two percent of women have never attended school.

No welfare system exists in Cambodia. Physical infrastructure is poorly maintained and access to it is limited. Only 29 percent of the population has access to safe drinking water, and 15 percent to electricity (1999; UNAIDS 2000b).

The country's infrastructure is inadequate, and the health situation is among the worst in the world. The health care system faces huge problems: quality health care is scarce, and public confidence in the system is low. Government health expenditure as a percentage of GDP is one percent. Most of health care is sought outside of the government system. Not all health staff are trained, and most health professionals are concentrated in urban areas. Moreover, the lack of trained female health professionals, especially in rural areas, can delay or prevent women from seeking treatment. Health care is not free, and health costs are a major cause of debt in Cambodia (due to expense and costs from the loss of labour).

Despite increasing political stability and restoration of democratic institutions, the country is still very dependent on external aid. Donors fund the majority of public infrastructure investment. At the same time, however, there is a growing indigenous NGO sector that is playing an important role in assisting development in communities, as well as raising awareness of the need to promote human rights and civil society more generally.

### **1.3 HIV/AIDS in Cambodia**

There has been a rapid increase in the incidence of HIV/AIDS since the first case of HIV infection was reported in 1991. Cambodia has the fastest growing HIV/AIDS epidemic in Asia. In 1998 almost four percent of the sexually active adult population (15-49 years) were estimated to be HIV positive. According to the 1999 Surveillance Survey approximately 170,000 people are infected with HIV. The highest prevalence rates are in the southeast and in the central provinces and along the Thai border. HIV infection appears to be concentrated in urban areas. It is not clear yet if the epidemic has peaked.

In Cambodia HIV is transmitted primarily through heterosexual sex. The spread of HIV is driven by a norm of premarital and extramarital sex for men, usually with women who are paid. A regular Behavioral Surveillance System (BSS) that covers Cambodia's five main urban centers has shown that visiting sex workers is the norm among men in some occupational groups, including soldiers, policemen and motorcycle taxi drivers, all of whom are relatively mobile and have ready cash, and many of whom are married. It also showed, however, that condom use is relatively low.

The perception in Cambodia is that men are serving as a bridge between sex workers and married women, who then pass HIV on to their newly born. There is a tendency to put sexually active women into these two categories, since sex outside marriage is not deemed acceptable and is generally not acknowledged. An estimated one third of HIV/AIDS cases are among women of childbearing age. High infection rates among prostitutes and their male clients have been accompanied by an increasing number of married women becoming infected. The 1999 HIV Sentinel Surveillance (HSS) survey found that an average of 33.2 percent of direct female sex workers, 18.7 percent of indirect sex workers, 4.7 percent of policemen, and 2.6 percent of women in antenatal care are infected with HIV. Although a decline in infections amongst sex workers under 20 was seen in 1999, data indicate that risk behaviors are still widespread among young people, and especially young women. The epidemic is possibly affecting the young, and especially young women, disproportionately with many becoming infected as teenagers. The majority of HIV cases under the age of 20 are female. Female ignorance about sex, their inability to negotiate safe sex, combined with gender power relations and relative social acceptance of multiple sex partners for men, are contributing factors to women's increasing vulnerability.

The Government has placed HIV prevention high on its agenda. Cambodia has a National Strategic Plan on AIDS prevention and control, backed by numerous donors

and NGOs. NGOs have played a key role in providing a range of HIV/AIDS prevention, care and impact mitigation services including social support. A high level of collaboration has been shown between government and NGOs especially for home-based care.

Prevention efforts have been ongoing for several years and there are early signs that some pilot prevention programmes may be resulting in greater use of condoms by men who have extramarital sex.

In 1998, a “100% condom use” campaign was piloted in the port city of Sihanoukville. It was inspired by Thailand’s successful effort but was adapted to the local situation. The campaign took a pragmatic approach to the sex trade, which is illegal but widespread in Cambodia. Public health authorities elicited the help of local authorities to promote condom use in all high-risk sexual encounters, working with brothel owners and sex workers as well as with clients. At the same time, strengthened health care services – including care for sexually transmitted infections – were made available for the sex workers, while public information campaigns were conducted to help the population understand the HIV threat from unprotected sex (WHO 2000).

1999 survey results indicate signs that the epidemic may be declining among those most vulnerable. Behavioural change may lie behind this decline. Men are now far more likely to report using a condom when they buy sex. The same is true of brothel-based prostitutes. The percentage of brothel-based sex workers reporting that they always used condoms with their clients has steadily risen, from 42 percent in 1997 to 78 percent in 1999. These reports are corroborated by condom sales, which have shot up over the years.

Even so, however, it is widely recognized that HIV is a particularly serious issue that Cambodia needs to address, and that many gaps in the overall response to the spread of HIV/AIDS still exist. Cambodia’s AIDS epidemic is severe. Success in overcoming it will require the joint effort of government, the private sector and civil society.

## ***1.4 Entertainment workers and HIV/AIDS in Cambodia***

More information is available on formal brothel-based sex workers and their sexual behaviour and work practices (Greenwood 2000c) than is available on entertainment workers. Much of what we do know is primarily from the BSS activities, as well as from sections of qualitative reports on sexual behaviour patterns of various male occupational groups (Greenwood 2000a; Greenwood 2000b; Maclean & Francis n.d).

What is clear from the existing information, however, is that entertainment workers do constitute a category of people who are at increased risk of contracting HIV/AIDS. According to the 1999 Behavioural Surveillance Survey, 40 percent of beer promoters, a significant section of the entertainment workforce, reported having sex for money in the past year, but more reported that most of their friends or peers did so. More worrisome is the finding that their reported rates of consistent condom use during commercial sex are the lowest of any group studied, and significantly lower than the rates reported by direct sex workers.<sup>1</sup>

In Cambodia sex within marriage is perceived as for procreation, whereas sex with sex workers and women other than one’s spouse is often viewed as for pleasure (Phan & Patterson 1994). Men of all socio-economic status across Cambodia frequent brothels and entertainment venues where commercial sex can be obtained

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<sup>1</sup> This suggests a tendency for risk of transmission of all STDs to be reduced for both parties when women who sell sex define much of their sexual activity as occupational.

(Chommie 1998). In urban areas in particular there are many forms of commercial sex available, with women selling sex in a variety of venues. Cambodian men therefore have many choices as to where to buy sex.

According to the groups of men in the BSS (1999), men purchase sex frequently. Sixty percent of men reported sex with sex workers in the past year. However, more men had paid for sex than had sex with those they define as sex workers.

	Past month sex with female sex worker (%)	Past month paid for sex (%)
Military	32.5	55.9
Police	33.2	57.5
Moto-drivers	31.1	43.8

This suggests men are paying for sex with a category of women they perceive as different from sex workers. This category most likely includes girlfriends and entertainment workers who offer sex to customers and *songsaa* in exchange for money, material gifts and financial support. In some cases the *songsaa* (sweetheart-boyfriend) and customer may be one and the same person.

Many more men reported sex with brothel based female sex workers than any other type of women. The next most frequent types of sexual partner reported were dancers and bar hostesses and beer promoters.

The apparent move away from brothel-based commercial sex towards entertainment venues, such as bars, karaoke and massage parlours, is a disturbing trend, and one that potentially augurs a new wave of infection. This is particularly so due to the strong association between condom use and sex workers, and the tendency for men to use condoms to protect themselves from infection rather than to prevent transmission. In situations where a potential sex partner is not perceived or defined as a sex worker, condom use is much less likely. And, in situations where 'love' or 'trust' are considered to be involved, condom use is almost negligible (Phan & Patterson 1994). It is also worrying because customers may be shifting away from brothels because they see other types of sites as safer.

## **2 Khana Appraisal of HIV/AIDS vulnerability and discrimination factors faced by entertainment workers**

### **2.1 Aims and objectives**

It is estimated that many thousands of people earn a living, often illegally, in the entertainment sector in Cambodia. No exact figures exist. The working environments in bars, restaurants, karaoke venues and discos can dramatically increase workers' vulnerability to HIV infection. The extent of discrimination against people with HIV and AIDS in these establishments is not known. Work on developing and implementing policies on reducing HIV/AIDS transmission and discrimination in the workplace in Thailand has been effective. To date, there has been a limited 'AIDS in the workplace' response in Cambodia (UNAIDS 2000b). This is particularly true of the entertainment sector.



Whilst government reform is underway, the NGO sector in Cambodia is necessarily proactive in responding to HIV/AIDS, but they need support to build technical capacity. In order for government and NGOs to respond effectively to the needs of those vulnerable to HIV infection, more information is needed about the situation of workers in the entertainment sector in Cambodia.

The overall aim of this appraisal was to increase knowledge about work practices in the informal entertainment sector that increase vulnerability to HIV infection or that discriminate against people with AIDS. A secondary aim was to further develop capacity in appraisal facilitation amongst NGO partners.

The specific objectives of the appraisal were to work with a wide range of individuals and organisations to:

1. Determine HIV vulnerability/discrimination factors in workplaces and identify which groups are most affected
2. Identify current strategies being used to address vulnerability/discrimination by workers, employers or by outside agencies
3. Explore barriers to decreasing vulnerability at work and to reducing discrimination
4. Make recommendations for further action to reduce vulnerability and discrimination in this sector

It is intended that qualitative data from the appraisal, together with existing quantitative data and literature about entertainment workers, will inform further action to reduce vulnerability and discrimination in this sector, and will help to increase capacity of local NGOs to address HIV vulnerability and discrimination generally in the entertainment sector. It is also hoped that the appraisal will act as a catalyst for other organisations to further consider addressing the needs of entertainment workers, and contribute towards the formulation of HIV/AIDS policy and practice.

Khana will use the information gained to continue promoting best practice in the informal workplace setting through on-going technical support to local NGO partners and other interested organisations.

## ***2.2 Methods and constraints***

The appraisal was facilitated by staff from six partner NGOs. The appraisal methods are described in Annex 1 of this report. Almost one thousand six hundred people participated in the appraisal in five locations - Phnom Penh, Sihanoukville, Battambang, Banteay Meanchey and Kompong Cham. The locations were chosen to include both municipalities and provinces and also border provinces, where the entertainment sector is an established and growing area. Of the total number of participants, 75.5 percent were female entertainment workers, seven percent establishment owners/managers, and 10.4 percent customers. One hundred and twelve NGO, UN and government staff also participated.

Appraisal facilitators spoke to workers, owners/managers and customers from various entertainment venues. Workers from the following occupational groups were involved: karaoke workers, beer and cigarette promoters, masseuses, restaurant and bar waitresses, bar dancers and orange sellers. Orange sellers have inherited their name from times in the past when single women sold oranges in parks. However, present day orange sellers usually sell oranges and sex. Orange sellers were included in the appraisal because facilitators considered them like entertainment women because they work at night. Entertainment establishments visited included: night clubs/discotheques, hotels, karaoke bars, and restaurants. When the aims and

purpose of the appraisal had been clearly explained, all participants were willing and generous in sharing their time and details concerning their working, and, in many cases, their personal lives.

The main methodological constraints experienced include:

- Accessing the target group. There were various access issues. Some appraisal teams found it easier and more effective to visit and talk to workers in the privacy of their own accommodation. It was felt that workers would be more comfortable and open in this environment, and far from their workplace bosses. This meant finding out where they lived, which involved the help of local authorities. It also meant ensuring focus groups discussions were conveniently timed and did not encroach too much on worker's leisure and pre-work preparation time. Other teams chose to access workers during working hours. In order to do this permission from workplace bosses was sought. Appraisal teams met with differing levels of cooperation from establishment bosses. In some cases bosses insisted on listening to the session. Some interrupted, trying to answer questions instead of the workers, and others purposefully distracted the workers by sending them off to do chores and so forth. In some cases it was possible to have brief conversations with workers during work hours. However, the majority of entertainment venue work hours were spent interviewing customers.
- Appraisal team members had to allay various suspicions and fears from workers, customers and owners alike. Workers were worried that team members would publish their stories and information in newspapers. Owners and customers seemed worried that appraisal facilitators were really human rights workers who may expose the venue as 'illegal' or encourage workers to strike. It required time and excellent communication skills to dispel suspicions and explain the appraisal purpose and to build trust with informants.
- Appraisal teams met with particular resistance from the more high class, luxury entertainment venues and were not given access.
- The usefulness of appraisal tools depended on the research context. Of the participatory tools, the social mapping and time line were the most frequently used. Visual tools were not used with any informants in the entertainment establishments during working hours. Semi-structured interviews were found to be more appropriate and fruitful.
- Unfortunately this appraisal does not address vulnerability and discrimination factors for male entertainment place workers. All of the workers involved in the appraisal were female, except for one transgendered orange seller. There is obviously a need for more information about male entertainment workers as some of the vulnerability and discrimination factors they face will be different to those faced by female workers. Furthermore, the appraisal informants did not include a range of other possible non-brothel based sex providers, such as petrol station and snooker bar workers, freelance or temporary sex providers, and street children and youth.
- Regrettably, the appraisal elicited very few suggestions for workplace interventions. This was partly due to the fact that workers do not see themselves as particularly vulnerable, and it was therefore difficult for them to come up with strategies to reduce vulnerability. It is also due to some NGO workers' wishes to encourage young entertainment women to move into what they perceive to be more 'respectable' professions.

## Breakdown of Appraisal Participants

Location	Female Workers						Owners	Customers	Govt. Staff	TOTAL
	Promotion	Karaoke	Restaurant	Massage	Orange Sellers	Bar Workers				
Phnom Penh	95	93	19	55	90	38	27	78	25	<b>520</b>
Kompong Cham	59	27	15	20	-	-	9	27	12	<b>169</b>
Sihanoukville	80	169	-	9	-	45	23	4	15	<b>345</b>
Battambang	49	73	75	5	4 <sup>2</sup>	4	30	18	9	<b>267</b>
Bantey Meanchey	81	99	-	-	-	-	23	39	17	<b>259</b>
	<b>364</b>	<b>461</b>	<b>109</b>	<b>89</b>	<b>94</b>	<b>87</b>	<b>112</b>	<b>166</b>	<b>78</b>	<b>1,560</b>

	Total
Female Workers	1,204
Customers	166
Owners	112
Local government officials	78
	<b>1,560</b>

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<sup>2</sup> Including one transgendered participant

## 2.3 Appraisal findings

A large amount of information was gathered during the appraisal, and consequently this summary does not include each and every example of a particular point. It presents the findings in a way that demonstrates the linkages between the vulnerability and discrimination factors found during the appraisal.

There are a large number of vulnerability factors that are not directly workplace related but that nevertheless contribute to entertainment workers' HIV vulnerability in the workplace. These include risk factors the general Cambodian population confront (poverty, lack of education and opportunity, ignorance about the cause and transmission of STD/HIV/AIDS, and low utilisation of health services), as well as ones that female entertainment workers, as women, share with the female Khmer population (gender inequality, sexual subordination, social and economic vulnerability, lack of female representation in decision making area) (Gray 1999).

Others factors are more directly related to the nature of their work and workplace conditions. The nature and requirements of entertainment work can increase the chance of workers having unplanned, and consequently in many cases, unsafe sex. For all the workers involved in the appraisal, apart perhaps from orange sellers and, to a lesser extent, masseuses, achieving high levels of customer satisfaction is their prime duty. This is especially strong for karaoke singers and beer promoters. One ex-beer promoter supervisor said that during their training, women are told to remember to *'treat the customer as the king'*, and that *'the customer employs you'*. Workers need to think of ways to attract and maintain the interest of customers. In pursuing this goal, and in order to increase sales or to ensure customer loyalty to the establishment, workers are often encouraged, if not obliged, to: flirt and consume alcohol and sometimes drugs with their customers; allow customers to touch and fondle their bodies; and to tolerate harassment and aggressive behaviour from customers. In some cases a worker may lose her job if she angers a client by refusing his advances for sex. It is very easy for customer satisfaction to spill beyond the confines of the workplace. If accepting to have sex with a customer helps to make a boss happy, secure employment, or increase earnings, sex with customers is likely to occur. Therefore subtle, and not so subtle pressures exist that make sex, and usually unprotected sex, with customers a strong possibility.

The following sections outline the main vulnerability and discrimination factors faced by entertainment workers involved in this appraisal.

It must be remembered that not all the workers involved in the appraisal are involved in sex with customers. As one young woman beer promoter said of herself and her friends, *'we sell only beer because we are Cambodian women and we are afraid of being infected with AIDS'*.

### 2.3.1 Worker profiles

This section outlines the main factors that lead women to enter entertainment work, and presents general profile information about appraisal participants.

#### Education and migration

Women who work in entertainment venues share a similar profile and similar backgrounds. Informants ranged from 16 years to 30 years old, with the majority aged between 18 and 24. Most of them are poorly educated internal migrants from rural areas. A small number of the informants, mainly masseuses working in Battambang and Phnom Penh, were from Vietnam. Migrants generally lack support networks and this in itself can increase vulnerability (Derks 1999).

### Reasons for migration and entry into entertainment work

Most informants reported family upheavals and instability, such as parental divorce and remarriage to a new partner, as the main causes for migration (CARAM Cambodia 1999; Derks 1999). Some informants had run away from abusive stepparents or husbands, some from alcohol and gambling-addicted spouses. Some had been abandoned by their husbands for other women, or were deserted by their fiancés, and some unmarried girls had been raped. Over half of the informants were divorced and some had young children. Of the divorced or separated women, many expressed the wish to earn their own living and live on their own. Some younger women had been 'sold' by family or friends to high status men for around US\$400. Men would then sell the girl on to an entertainment establishment owner or a brothel after taking their virginity and living with them for two or three days.

In Cambodia the loss of virginity outside marriage is a cause of great shame. Society condemns such a woman as 'broken' and 'bad', even if she loses her virginity through rape. Her chances of marriage are severely constrained. Divorce is also shameful and once a woman is no longer a virgin she is considered 'used goods'. These attitudes can marginalize such women from mainstream society (CARAM Cambodia 1999; Phan & Patterson 1994). The humiliation, shame and despair caused by rape and divorce push many women to leave their community in search of work. Some women end up as entertainment girls and many more as sex workers.

Most informants explained that entertainment work was one of the only jobs available to poorly educated, unskilled women like themselves who did not have capital with which to set up their own business. Some had previously been employed as construction workers, domestic servants or in garment factories. Seeing few options open to them, with youth and good looks on their side, and a pressing need to earn money, most of them voluntarily entered entertainment work.

At the same time, 'pull' factors also exist that make entertainment more appealing than some of the other jobs on offer. Many informants see their jobs as easy, 'light' work, with relatively short working hours and lots of free time, and as work that gives them financial independence. Some of the jobs, karaoke work in particular, are associated with a hint of glamour, and considerable time and money are, for some informants, devoted to beauty treatments, make-up and work outfits. For some women entertainment work was a step up from their previous jobs. A small number of informants had previously been debt-bonded sex workers, who, having gained their freedom, had chosen the apparently 'easier' and more lucrative entertainment work. A main concern voiced by workers was what work they will do once they are too old for the entertainment business, once they have lost their beauty and their youth.

A minority of workers interviewed had been tricked into their jobs by friends, or given by parents to establishment owners in exchange for loans (especially to karaoke bars). Family members of some women would return to borrow more money from the owner, prolonging their indebtedness and debt bondage.

### Accommodation arrangements

Most workers live in shared accommodation with co-workers, though some are provided food and board at the workplace. Very few live with relatives, a fact that increases the likelihood of them having *songsaa* and selling sex (NCHADS 1999).

### Earnings

The monthly salaries of entertainment venue workers range from US\$40 to US\$80, except for waitresses who reportedly earn between 40,000-80,000 riels per month (US\$10-20). In some karaoke and massage parlours more seasoned employees receive higher salaries than novices. In others blanket rates are paid. Some beer

promoters are paid a monthly salary of approximately US\$40, whereas others are paid according to the number of beer boxes sold (ranging from US\$2.50-\$4 per box, depending on the brand). In general, bar dancers and orange sellers are freelance workers and do not receive regular salaries. Additional money can be earned from tips and from sex with customers.

Poverty is an important factor in the transmission of HIV for entertainment workers as it is for many other people. Perhaps more than anything else, it informs many of the choices made by poor people, including behaviour that increases the risk of HIV infection such as alcohol abuse, multiple sexual partners and sex for money. However, increasing materialism and desire for status accoutrements are also perceived to play their part.

Of all the informants, waitresses and cigarette promoters were the least likely to engage in sex with customers, and were not regarded by customers as sexually available. Workers from all the other occupational groups involved in the appraisal have a reputation of offering sex to clients after working hours usually at hotels or guesthouses. In some cases sex takes place on workplace premises, such as at massage parlours whilst a massage is being given, or at karaoke parlours, where sex reportedly may take place in bathrooms.

The amount earned from sexual encounters with customers can vary quite a lot, depending on the establishment, the status of its clientele, and the prettiness of the worker. Very pretty girls are thought to be able to earn more than others. Some karaoke workers reported receiving US\$50-\$100 a night. However, the normal rate quoted by most occupational groups is between US\$10-\$30 a night. Orange sellers usually make less, earning up to \$5 for sex with a client. This is considerably higher than the average cost of sex with a brothel based sex worker (5,000 riels), with a range of 1,000 to 30,000 riels (1999). Some entertainment workers reported actual monthly earnings reaching between \$300-\$500. Very few informants, however, admitted to having any savings, citing the cost of accommodation, make-up, beauty treatments, clothing and remittances to family as the main reasons.

Actual monthly earnings will also depend on whether a woman has a *tata chenh chem* or not. A *tata chenh chem* is a family man who is considerably older, often one generation older, than his partner. *Tata chenh chem* may pay for a woman's accommodation, for mobile phones, in some cases motorbikes, give generous gifts of money, jewellery and other valuable items. *Tata chenh chem* are often high-ranking officials and businessmen, both foreign and Khmer.

#### Future Hopes

Significantly, none of the appraisal informants mentioned marriage as a future plan or wish, which is in sharp contrast to other categories of women with similar socio-economic profiles, such as garment factory workers (Maclean 1999). This may be due to their previous negative experiences with male partners and men in general, as well as a realistic assessment of their chances of being considered for marriage because of their profession and reputation as 'bad women'. Informants said they hoped to be able to have their own small businesses as wedding costume designers and makers or beauticians, or to return home to buy some land for paddy cultivation, pig raising and so forth.

## **2.4 Entertainment work related HIV vulnerability factors**

The following sections outline the main vulnerability and discrimination factors faced by entertainment workers involved in this appraisal.

### 2.4.1 Poverty and the desire for status symbols

Poverty informs many of the choices poor people make. This is particularly true of some entertainment workers who find it difficult to refuse sex without a condom because they are desperate and have no money. Those workers who do not receive monthly salaries, such as orange sellers, are more likely to live on a day-by-day basis. Those with salaries have some predictable source of income. The majority of informants said they go with customers when they need money. Although they were not very open about the frequency with which they do this, some indicated this might be three or four times a month.

At the same time, the desire for status symbols and the desire not to be looked down on by one's peers are also factors that influence entertainment workers engagement in commercial, and, usually, unsafe sex. This is also linked to the issue of peer competition discussed below.

### 2.4.2 Worker perceptions and different types of workplace-initiated sexual relationships

Informants are aware that their occupations are socially disapproved of because it involves working at night. They are also aware that society condemns them as 'bad women', who sell sex or have sex outside of marriage. Entertainment workers represent the antithesis of the stereotypical virtuous Khmer woman. Most of the workers interviewed have not told their families in the provinces what work they do.

Entertainment workers do not perceive themselves as sex workers. Most informants consider themselves as quite distinct from sex workers, and attach stigma to such women. For example, some beer promoter informants recounted the uncouth behaviour of a new colleague who had previously been a prostitute. When the ex-sex worker was first employed she talked openly and graphically about sex. The other beer promoters disapproved of the way she spoke, and encouraged her not to speak like that in public. Initially the other workers discriminated against her, but after time and some intervention by their boss, they got along better.

More importantly many workers seem not to perceive the sex they have with men they meet through their work as high risk. However, the very factors that underlie this perception of not being at risk actually increase worker's vulnerability to HIV infection.

The following factors contribute to entertainment workers' perception.

Firstly, HIV infection is seen as linked to the frequency with which you have sex with different partners. Some entertainment workers may on average have sex in exchange for money 2-4 times a month. This is not considered to be high-risk behaviour.

Secondly, in most cases entertainment workers choose the men with whom they have sex. As one beer promoter explained, '*we decide ourselves which customers we feel like going with*'. This element of personal choice influences their perception of their activities as not risky. It also distinguishes them from sex workers who are perceived not to have any choice over which customers they have sex with.

Thirdly, the factors workers consider when deciding whether or not to have sex with a customer reinforce views of sex with customers as safe. Factors taken into account include whether the client looks healthy, well-fed, and has a good complexion. There is a tendency to equate wealth with health, and as many entertainment venue customers are relatively well off middle and upper middle class men, the majority of them are assumed to be 'clean'. If a man looks nice, and if a worker does not think she will have problems with him, she is likely to accept a sex offer from him. These

very physical characteristics are not associated with illness or HIV infected people and work against considering sex with such men as risky behaviour.<sup>3</sup>

Fourthly, a number of workers said they are not easily persuaded to go out with customers unless the customer has been to the establishment three or four times. This sense of familiarity reassures these women that sex with these men is not dangerous.

Customers have to invest time and money in displaying good behaviour in order to attract some entertainment workers. This gives a worker time to form an opinion about the customer's character and intentions. The process encourages a feeling of familiarity, of 'knowing' the man, and of trust and may make a sexual encounter with him not seem risky. However, this very process fosters a sense of security that is dangerous and increases the possibility of high-risk behaviour. This is because in Cambodia feelings of familiarity and trust are associated with low condom use (Maclean 1999).

Fifthly, commercial relationships in these sites often imitate or pass as private relationships, discouraging consistent condom use.

Some entertainment workers prefer to have sex with regular customers. Informants reported they tend not to use condoms with regular customers. The more regular the customer is, and the more regularly a worker has sex with him, the less likely it is that condoms will be used. Regular customers can develop into *songsaa*.

A large number of informants reported having *tata chenh chem* with whom condoms are rarely used. Some women do not use condoms with a *tata chenh chem* because of the power of his money, especially for fear of losing his favours. Moreover, the relationship with a *tata chenh chem* is constructed as based on trust and affection, which is perceived to automatically preclude condom use.

In most work environments it is the customer who is said to suggest sex with the worker. Orange sellers, however, reported that they also suggest to men that they have sex.

### 2.4.3 Customer's Perceptions of Workers

According to entertainment workers, men from higher socio-economic groups constitute the majority of entertainment venue customers in this appraisal.

Customers' perceptions of entertainment workers are not uniform. For example, some customers think that entertainment workers such as bar dancers, karaoke singers and beer promoters do this kind of work for pleasure ('because they find it fun') and others due to social pressures, unemployment and poverty ('just to earn money').

However, at the same time, there are common threads that underlie most customers' perceptions. These perceptions increase the likelihood of unsafe sex between customers and entertainment workers.

Firstly, many customers view entertainment women as providers of pleasure, whose bodies they can caress and fondle, and who are sexually available. This attitude is partly based on the assumption that these women are sexually experienced. As one customer in Kompong Cham said of karaoke and beer company workers, '*these girls would have had some sex before. Otherwise they would not choose to do work that involves nightlife*'.

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<sup>3</sup> HIV infection is commonly associated with skin problems, thinness and gaunt, pale complexion.



Secondly, the majority of customers interviewed view entertainment workers as sexually safe and clean. Prettiness, pleasant physical appearance, youth and a clear, bright complexion are important reasons given to substantiate this perception. Another important consideration is the frequency with which someone has sex, and entertainment workers are not thought to have regular sex with various partners.

More significantly, this perception of entertainment workers as clean and safe is built on direct comparisons customers make between brothel-based sex workers and entertainment women. Entertainment workers are perceived not to be like prostitutes. There is therefore a general tendency for men to view entertainment workers as safer and cleaner sex partners as compared to direct sex workers. In these comparisons, issues such as prettiness and frequency of sexual activity are central.

According to customers, direct sex workers: are crude; speak about sex in explicit and pornographic ways both with clients and in public; are not that pretty; are often over 25 years old; steal things from customers; offer sexual services at the workplace and provide services to everyone regardless of status; offer sex frequently to many different customers without choice; are cheap; are not clean and may be infected with diseases.

The following quotations illustrate these perceptions:

*'We like to go to karaoke parlours to relax and relieve tension from work, and we do not want to go to sex workers because we are afraid of being infected with HIV/AIDS.'*

*Sex with sex workers at the brothels is very cheap (5000 riels per sex encounter). When they have sex with these girls, the customers always use condoms because they are aware that these girls provide sex to a variety of customers without being able to choose.'*

In contrast, according to customers, entertainment workers are: clean; well mannered; refined; of good status; pretty; young; charming; expensive; free of infection and disease; do not go often with customers; and are good at satisfying customers:

*"Customers who have sex with confidential sex freelancers usually do not use a condom because they think these girls do not frequently have sex with other customers. They see them as clean and well-behaved, and live in a high social status, and charge a lot of money".*

*"Workers who migrate from one place to another on business or employment are more vulnerable to infection and dangerous at transmitting HIV/AIDS and other diseases because people in different areas see them as good, beautiful, well-mannered, and clean and they therefore don't use condoms when they have sex."*

However, a minority of customers view karaoke workers and beer promoters as similar to brothel-based sex workers. The difference, they pointed out, is that entertainment workers act as if they are high-class women. As one informant put it, they are *'like higher status groups, but are still prostitutes who charge a lot of money [for sex]'*.

In general, orange sellers are not viewed in the same light, but more as women working on the streets selling sex.

The majority of perceptions about entertainment workers contribute to low condom use by customers, and further reduce worker's influence over condom negotiation. This increases the vulnerability of both customers and workers to HIV infection.

#### 2.4.4 Negotiating Condom use

Negotiating condom use is a complicated matter, as it involves not only condom use, but negotiating non-violent, non-abusive encounters and confronting the majority of customers' perceptions of entertainment workers as 'clean'.

Apart from some (see below), most entertainment workers reported inconsistent and low condom use with customers. This is partly explained by the following:

Sexual encounters with customers are not always anticipated. Entertainment workers tend not to carry condoms on them, but to rely on customers to have them. However, customers do not always carry them, as sexual encounters are not always predicted. Even if condoms are available at hotels or guesthouses, their use seems to depend more on the customer than the entertainment worker.

Entertainment workers who provide sex to customers have difficulties negotiating for condom use, because they consider that condom use is up to the client. One Battambang beer promoter said, *'we are not concerned about condom use. It is up to the customers. Some use condoms, some do not.'* Informants explained that those customers who worry about their health and do not trust the women to be clean, will use condoms. Another factor that works against safe sex negotiation is the perception of women as providers and satisfiers of male sexual gratification and needs. A Phnom Penh karaoke worker explained *'we don't care much whether customers use or do not use condoms because our role is to satisfy customer's needs and wants'*.

There is an assumption that, because the client is paying for pleasurable sex, the woman must obey the client's wishes. Moreover, customers are considered powerful because of their money (*'we do what the customers want because customers pay a lot'*), and because of their potential to inflict physical and sexual abuse. Fear of violence from clients, as well as fear of non-payment, puts workers in a weak position to negotiate safe sex. This is particularly true of drunken clients who are more likely to abuse workers if the latter do not do what the customer asks. Drunken clients are also less likely to initiate the use of condoms.

Moreover, depending on their financial position, some women are willing to have unprotected sex for extra money.

Condom use is especially low with men with whom a woman considers herself to enjoy a relationship. This category of men includes regular customers, who may develop into *songsaa*, and *tata chenh chem*. Condom use with regular customers is very low and condom use with *tata chenh chem* is negligible.

However, workers from a few entertainment establishments did in fact report high levels of condom use. Some workers also reported refusing to go with very drunk customers who wanted sex without condoms. These informants reported always using condoms with customers and refusing sex without condoms. As one informant explained, *'we don't need the money if customers do not use condoms when we have sex, because money cannot cure the disease'*. A number said they tried to scare customers into condom use by telling customers they are infected with HIV, and that they must use condoms if they want to have sex with them. *'Or else'* they say, *'you will be infected and pass it on to your wife and future children'*. A small number of workers reported using female condoms that had been provided by NGOs.

The main reason why informants reported asking customers to use condoms was out of fear of pregnancy. Most workers are scared of getting pregnant for fear of losing their jobs.

### **2.4.5 Drugs and Alcohol**

Alcohol and drug abuse can impair judgement and lead to high-risk behaviour including unprotected sex and multiple sex partners. Thus the following are important vulnerability factors:

Beer promoters, karaoke hostesses and dancers reported that some customers insist on them drinking alcohol with them, and get angry and complain to the bosses if workers refuse. Some establishment bosses will pressurise beer promoters and karaoke workers to drink alcohol with the customers in order to satisfy them, increase sales and foster loyal and regular customers.

Some beer promoters expressed fear that complaints from dissatisfied customers would lead bosses to file complaints about workers with the beer company. Workers reported being scared of losing their jobs if they did not do what the customers wanted.

Alcohol and drug consumption by workers or sex partners can reduce worker's already low ability to negotiate sex with condoms.

Drunk clients are more difficult to negotiate safe sex with.

Drunk clients are less likely to use condoms.

Drunk clients are more likely to be physically and sexually abusive.

There is evidence of customers consuming and pressurising workers (especially karaoke workers and bar dancers and workers) to take drugs. Beer promoters and karaoke workers reported men putting 'passion drugs' into their drinks. Some karaoke workers in Phnom Penh reported being forced to drink these concoctions with a gun pointed at their head.

Some karaoke workers in Kompong Som admitted needing to drink alcohol after work in order to get to sleep – suggesting growing dependency on alcohol for private use too.

In some higher class dancing bars in Phnom Penh drugs are sold at the bars and some dancers are addicted.

The sharing of needles and drug usage is not yet a significant cause of the transmission of HIV/AIDS. However, there is evidence from this appraisal that wrist slashing is associated with drug use. The HIV infection risk factor relates to the sharing of razors between workers, and between workers and clients/sex partners. Some entertainment workers reported slashing the inside lower arm with razors. This was explained as a way of giving relief from some of the side effects of drugs. There is growing evidence of such practices among sex workers (Pharmaciens Sans Frontières, personal communication). Sometimes wrist slashing is explained as a way of preventing pain from 'reaching the heart'. By inflicting physical pain on the arm, it is thought that the pain will be concentrated, located and arrested at that point, and thus will not continue further up the body and into the heart. Another reason for wrist slashing is directly drug related, and is used as an effective way of administering powdered amphetamines straight into the blood stream. In these cases the cut has to be deeper.

### **2.4.6 Violence, and harassment**

As the above paragraphs demonstrate, customers can be violent and harass workers at the workplace, and drunken clients are seen as particularly aggressive. Karaoke and massage parlour workers report violent customer behaviour at the workplace. Some report being intimidated or threatened at gunpoint, with broken glasses,

crockery and so forth. Some masseuses in Phnom Penh reported being forced at gunpoint to have sex with customers.

Abuses can increase in severity when workers are alone with men to have sex. Workers are aware that violence is always a possibility, and many informants said they would not go with a customer who told them he would take them far away, for fear that there would be several men waiting to have sex.

However, once alone with a man, there is no help on hand should such a violent or coercive situation develop.

Orange sellers reported the most incidents of violence and abusive sex with customers. Some reported being hit by men if they refused to have sex with them.

#### **2.4.7 Worker-owner dynamics**

There are various types of relationships between workers and bosses. They range from highly exploitative and controlling, to more supportive and constructive.

As we have seen, some bosses force workers to drink alcohol, tolerate aggressive and abusive behaviour and harassment with a smile, in the interests of customer satisfaction and increased business profits.

In one or two establishments the owner was reported to take a percentage of the customer's payment to the worker for sexual services. And in one karaoke establishment in Battambang, the owner was reported to organise and negotiate sexual services between his workers and customers, and to take a significant cut for himself.

For most owners interviewed, the after-work activities of their staff are not seen as work-related and therefore are not their responsibility or any of their business.

However, of all the entertainment venues, massage parlour workers reported better management support systems. It is not clear why this is the case.

#### **2.4.8 Worker-worker relations and peer pressure**

Relations between some groups of workers are competitive. This is particularly so for karaoke workers and beer promoters who have to compete for customers' attentions, favours and generosity. Success with customers is to a large extent based on a worker's physical appearance, as well as her manners. Consequently there is quite a lot of competition over looking beautiful and appealing to customers. Moreover, beer promoters whose income is based on the number of beer cases sold are under even more pressure to gain the favour of a particular customer or table of customers to increase sales and ensure good earnings. Satisfied customers will also leave good tips.

Less competition seemed to exist in massage parlours, where customers chose masseuses and workers do not have to entice customers to choose them.

Very little information was gathered on relations between disco and bar dancing workers.

Moreover, there is a different kind of competition at work among some workers. This is more to do with a concern not to be looked down upon, to keep up with one's peers (in terms of status symbols such as clothing, jewellery and other accessories) and 'face'. This competitive desire to be equal to or better than one's peers can, in some cases, drive workers to commercial sex activities with clients, and into unprotected sex with *tata chenh chem*.

This competition between workers has implications for interventions and needs to be addressed if peer education strategies, which rely on peer solidarity, are to be used.

#### **2.4.9 Health**

As is the case with many brothel based sex workers, personal health is a low priority for most entertainment workers. When they do access health care it is usually pharmacists and private clinics. Some owners and workers reported owners providing small contributions towards the treatment of minor illnesses.

At the same time, even though most entertainment workers have the freedom to access health services, there are severe financial repercussions involved in taking time off when they are unwell. Many informants reported that if they were off work, whether for sickness or another reason, their salary was deducted, in some cases at a rate of \$5 per day. This was even the case for some who had permission to be absent. The minority said their salary was not deducted when they are off sick with a doctor's note. Some reported that they would lose their job if they were off work for more than five consecutive days.

#### **2.4.10 HIV/AIDS knowledge**

The majority of workers interviewed seemed to understand how HIV/AIDS can be transmitted, although some only know that it can be prevented by using condoms during sex. Most of their understanding comes from radio and television broadcasts, some educational leaflets and magazines. In general workers were not aware, in particular, of how HIV/AIDS progresses.

However, some appraisal teams discovered that, even though workers claimed to understand how HIV is transmitted, when asked specifically about condom use, some informants did not know how to use a condom properly. This means that it is up to the customer to know how to use them and power over condom use is entirely in the customer's hands.

#### **2.4.11 Discrimination**

The appraisal findings indicate low levels of HIV discrimination in the workplace, both by workers and bosses.

The appraisal found very low levels of reported HIV discrimination between workers. Most workers expressed feelings of pity and support for HIV infected co-workers and friends.

Most workers and bosses reported that people known to be HIV infected will work until they cannot work any more. At which point they will return to their homes. HIV positive workers are not sacked; they usually voluntarily quit work when they can work no more.

A minority of bosses said they would dismiss workers for fear of the infection spreading among customers, and out of concern for the reputation of the business establishment.

Some beer promoters explained that some beer companies are cooperating with other organisations to support medical staff to do blood tests with workers every three months, an activity that is a violation of human rights and would be illegal under any Law on prevention, care and control of HIV/AIDS (see Annex 2). Although it is not clear what the intention of the initiative is, workers reported that if anyone is found to be HIV positive, they are dismissed. Beer promoters explained that the employer gives another cause rather than HIV infection as the reason for dismissal. It is difficult to verify this with beer companies. What is important here is that, irrespective of the actual intentions of these workplace initiatives, this is what some workers perceive to

be happening. This is also a reason why some workers said that they would always use a condom when they have sex with customers<sup>4</sup>.

### 3 Strategies for Reducing Vulnerability

Very few suggestions for workplace interventions were raised during the appraisal by participants. Annex 3, therefore, contains a review of secondary sources and outlines underlying principles for planning interventions that specifically target casual or indirect sex workers.

The appraisal findings do, however, raise some important issues that are worth reiterating, and which may explain why participants were unable to follow their analysis of the situation through to suggesting interventions.

Perhaps the two most important facts that must be acknowledged and tackled from the outset, are that many entertainment workers deny commercial sex involvement, and may be reluctant to listen to sexual health education because they think they are being equated with and stigmatised as prostitutes. This could make targeting entertainment workers difficult, and may make outreach work particularly hard to conduct. Moreover, entertainment venue management/employers may resist sexual health education programmes in the workplace because of the suggestion that their business is somehow associated with sex work.

In addition, the distinction between commercial and non-commercial relationships is not clear-cut. The fluidity of boundaries between 'customer' and *songsaa* makes targeting more difficult as these categories are not well defined. This is further complicated by the fact that the commercial relationships initiated at workplaces often resemble, and can easily transform into, non-commercial private relationships. Moreover, what may objectively appear to be a commercial relationship may not be perceived as such by the people involved.

At the broadest level, therefore, action to promote condom use more widely in all relationships would assist achieving condom use and vulnerability reduction among sexually active women who are categorised neither as 'married' or as 'sex workers'. More specifically, due to existing gender power relations and attitudes, as well as addressing entertainment workers lack of power to insist on condom use, reducing their vulnerability must involve working with, or at least targeting, their clients and other sex partners.

The appraisal findings also suggest, on a more specific note, that 1) workers do not identify themselves as vulnerable. Therefore awareness raising is a key and pressing activity that needs to be targeted at entertainment workers; 2) that some members of the local NGO community have a tendency to think these workers should be 'saved' and encouraged into other professions through vocational skills training. This attitude may make it difficult for staff to develop and implement strategies that are not designed to end employment in the entertainment sector; and 3) that the sometimes

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<sup>4</sup> APCASO (Asia Pacific Council of AIDS Service Organizations) has developed a set of guidelines based on internationally recognized human rights and applying them to HIV. The guidelines will help NGOs define and document HIV-related discrimination. The APCASO guidelines also make it easier to campaign for policies and programmes that respect human rights as well as provide better care and enable people to reduce their risk of HIV infection. For more information on AIDS and Human Rights see APCASO's Compact on Human Rights at [www.aidslaw.ca/maincontent/otherdocs/Newsletter/January1996/20apcasoE.html](http://www.aidslaw.ca/maincontent/otherdocs/Newsletter/January1996/20apcasoE.html)

competitive nature of peer worker relations may make peer education strategies, which depend on a degree of solidarity, more problematic to instigate.

## **4 Concluding Remarks**

The process of appraising the vulnerability and discrimination factors in entertainment workplaces was very positive, and served to reinforce NGO partners' ever-improving capacity to conduct participatory appraisals sensitively and professionally. Equally encouraging was the willing and active participation of entertainment workers and many employers in the appraisal activities. The process has also increased Khana NGO partners' insights and capacity to continue to address the HIV vulnerability factors that exist in the country's entertainment sector.

At the same time, this appraisal represents the first of many steps towards planning and implementing a response to the challenge of reducing vulnerability in entertainment workplaces. Significant gaps still exist in the scope and level of detail of information collected by the review. For example, as we do not know how many people are employed in the entertainment sector, we do not know the scale of the challenge. More quantitative data on the extent and range of entertainment workers at risk and infected by HIV is needed. In terms of qualitative issues, we need to know more about socio-psychological factors, such as low self-esteem and depression, and their role as contributing factors to the HIV vulnerability of entertainment workers.

More information about effective projects and interventions in other countries, and the reasons for success is needed. We also need to know how such solutions can be adapted to function within the context of contemporary Cambodian culture and society.

The work underpinning this report provides a solid foundation for further review work as well as the development of sensitive and appropriate interventions in the future.

# **Annexes**



## **Annex 1: Description of Appraisal methods**

### ***Introduction***

The aim of the proposal was to determine HIV vulnerability and discrimination factors in entertainment workplaces so that appropriate interventions to reduce vulnerability and discrimination can be made. Very few investigations into the situation of entertainment workers in Cambodia have been done, and it is anticipated that the appraisal would present useful data and stimulate debate. It is also hoped that the appraisal findings will be integrated into HIV/AIDS projects throughout the country.

### ***Objectives***

The objectives of the appraisal were to work with a range of organisations and individuals to:

- Increased knowledge about work practices in the entertainment sector which increase vulnerability to HIV infection or which discriminate against people with AIDS. Specifically to:
- Determine HIV vulnerability/discrimination factors in workplaces and identify which groups are most affected.
- Identify current strategies being used to address vulnerability/discrimination by workers, employers or by outside agencies.
- Explore barriers to decreasing vulnerability at work and to reducing discrimination.
- Seek out recommendations for further action to reduce vulnerability and discrimination in this sector.
- Disseminate information about effective responses and best practice from other countries.
- Increased capacity of local NGOs to address HIV vulnerability and discrimination in the entertainment sector.
- Increased national awareness of good HIV/AIDS policy and practice in this sector.

It is anticipated that the appraisal results will stimulate activities to reduce vulnerability of productive adults to HIV infection and to the social and economic impact of AIDS; and to increase safe, non-discriminatory working environments as well as advocacy for workers with limited status or power.

### ***Process***

The appraisal was carried out by Khana staff and NGOP partners with technical support from the AIDS Alliance. Individuals from six Khana NGO partners from five locations facilitated the appraisal. After a three-day planning workshop to identify issues and tools and enhance appraisal facilitation skills, the facilitators returned to their locations and recruited two extra people to act as appraisal team members. In total there were 12 teams, and 36 team members. Each team spent 10 days working with individuals in rural or urban areas as well as in provincial towns within their provinces.

At the end of each day the teams held a meeting to review their findings and progress, and to identify gaps to be filled. Data collection was followed by feedback

sessions. The 12 NGO appraisal facilitators who led the appraisal teams attended feedback sessions. Facilitators from each NGO gave feedback to Khana staff for one day on consecutive days. Each NGO was asked to read another NGO teams' field notes and to highlight similarities and differences between their findings. A verification workshop was held at which the appraisal findings were presented and discussed. Almost 100 people from Khana partner NGOS and other stakeholders attended (HIV/AIDS prevention and care providers in Cambodia, policy makers, donors and academics). The workshop was intended to increase workshop participants' knowledge of the particular HIV vulnerability and discrimination issues faced by entertainment workers and to inform future processes of project review and design that they might undertake.

## ***Locations***

The appraisal was carried out in Phnom Penh, Battambang, Banteay Meanchay, Kompong Cham, Kompong Som (Sihanoukville). These locations were chosen because they:

- Have different levels of agency activity regarding HIV prevention.
- Represent different degrees and scales of entertainment service sector presence.
- Include municipalities and border provinces.

## ***Methods***

Due to the sensitive nature of the issues broached, and the sometimes difficult contexts in which conversations took place, the appraisal was carried out with the use of open-ended participatory tools and techniques, as well as semi-structured interview conversations. The tools, which are predominantly visual and pictorial, are inclusive, enabling people of different literacy and verbal abilities to participate. They also foster more comfortable discussion about sensitive or private issues in a way that reduces personal disclosure.

Four optional tools were chosen – 1) social mapping, ii) time line, iii) causal-impact analysis (flow diagrams), iv) evaluation circles. A note taker recorded the conversation during the tool-using session. Other team members noted key points from the discussions onto the tool sheets, indicating the outcomes of the tool session. Facilitators also developed a general checklist of issues during the appraisal-planning workshop. Facilitators asked follow up questions with reference to the general checklist of issues.

Appraisal team members found tools particularly useful in focus group discussions that they held with entertainment workers out of work hours. However, when customers or owner-managers were approached or when workers were spoken to during work hours, the visual tools were not considered appropriate or helpful.

Where it was difficult for participants to use visual tools due to lack of space or time, or due to inappropriateness of context, the checklist formed the basis for semi-structured interviews.

Appraisal findings were supplemented by information from national and international sources.

## Issues

Based on a preliminary literature review of direct and indirect sex workers and clients, interviews with stakeholders, as well as existing knowledge of appraisal facilitators, a checklist of issues was developed. This checklist provided a guide only and issues covered were not restricted to those on the list.

**Table One: Issue Checklist**

<b>Workers</b>	<b>Owners/managers</b>	<b>Customers</b>
Profile information: Sex & age Education Marital status Number of Children	Employees & health	Perceptions of entertainment workers
Brief employment history: How they came to be entertainment workers Reasons for staying in present job	Harassment to workers	Customer satisfaction
Accommodation arrangements	Complaints about workers	Alcohol & drugs
Worker-owner relationship	Alcohol & drugs	Condom use/sexual behaviour
Worker-worker relations	Owner-worker relations	
Income sources	Financial arrangements	
Views about customers	Customer behaviour	
Harassment/violence	Owner-customer relations	
After-work activities	Attitudes towards HIV positive workers	
Health		
Attitudes towards HIV positive workers		
Views about the job		
Pressures at work		
Alcohol and drugs		
Condom use/sexual behaviour		
HIV/AIDS knowledge		
Future hopes and fears		

## ***Ethical issues***

The primary objective was to reduce, as far as possible, the likelihood of the appraisal having a negative impact on its participants, and especially on entertainment workers. There was particular concern that some establishments targeted for the appraisal might be wary of bad publicity and some workers may be afraid of losing their jobs through participating in the appraisal. Consequently a high priority was given to approaching establishment bosses appropriately and reassuring workers that their involvement in the appraisal was permitted and safe. In order to ensure these, the following measures were taken:

- Appraisal facilitators were selected by Khana because of their experience in working with vulnerable groups (sex workers) as well as their familiarity in using participatory tools.
- All facilitators were issued a letter to identify them and outlining details of the appraisal aims.
- Facilitators worked in teams made up of both men and women.
- Participants were given details of the appraisal aims and the use to which the information would be put, and were given the choice to participate or not.
- Where possible, participants worked in groups to maximise discussion and minimise personal disclosure. Participatory tools were used for the same reasons.
- The names of participants were not asked for.
- Participants were asked whether or not photos could be taken to be used in the report and for wall displays inside Khana offices. Photos were only taken with the participant's permission.

## **Annex 2: The Law and HIV in Cambodia**

This annex highlights the articles in the draft Law on prevention, care and control of HIV/AIDS in Cambodia that relate to employment-related issues.

### **2.1: Law on Prevention, Care and Control of HIV/AIDS**

Proposed law 26-10-2000 by the Health Social Affairs, Labour and Women's Affairs Commission/NA

(Unofficial translation)

#### **Chapter 1 General Provisions**

*Article 1:* 'The purpose of this Law is to declare of a policy and order to make measures for preventing, providing care and control of the HIV/AIDS in the Kingdom of Cambodia.'

*Article 2:* 'The State shall raise the public awareness of the reasons and methods of the transmission, consequences, methods of prevention, care, and control of the HIV/AIDS, through a comprehensive educational program and extensive dissemination campaign throughout the country.'

#### **Chapter II Education and Information Dissemination**

*Article 5:* 'The education on HIV/AIDS shall be conducted in all State and private working places'

#### **Chapter IV Tests and Counselling**

*Article 13:* 'All HIV/AIDS tests shall be proceeded on a voluntary basis...'

*Article 14:* 'It is strictly prohibited to set the HIV/AIDS test as conditions prior to recruitment for any employment.'

*Article 16:* 'HIV/AIDS test shall be proceeded in anonymity'.

#### **Chapter VI Confidentiality**

*Article 26:* 'For all persons who have HIV/AIDS, their confidentiality shall be maintained'.

*Article 30:* 'All HIV/AIDS test results shall be kept confidential'.

The results may be issued to specific parties mentioned in the article.

#### **Chapter VII Policy and activities with regard to discrimination**

*Article 32:* 'Discrimination of any form based on the knowledge or suspicion that any person has an HIV/AIDS, before and after his/her recruitment to work, including also the hiring, promotion and work assignment, shall be strictly prohibited. Shall be considered as illegal, any termination from job of any person based on the knowledge of suspicion that he/she carries an HIV/AIDS.'

#### **Chapter X Penalties**

*Article 47:* Any person who violates any of the Articles 28,29 or 20 of this Law, shall be subjected to an imprisonment from six (6) months to eighteen (18) months, and/or

a fine penalty in cash, from five million (5,000,000) to ten million (10, 000, 000) riels. In case of repeated offence, the punishment terms shall be doubled, and with removal of the profession business license. And for government servants, they shall additionally be subjected to an administrative punishment.'

*Article 48:* 'Any person who violates any of the Articles 32, 33, 34, 35, 36, 37 or 38 of this Law shall be subjected to an imprisonment from three (3) months to twelve (12) months, and a fine penalty in cash, from on million (1,000,000) to five million (5,000,000) riels. In case of repeated offence, the punishment terms shall be doubled, and with removal of the profession business licence. And for government servants, they shall additionally be subjected to an administrative punishment,'

## *2.2: The Labor Law: health and safety issues.*

CARE International commissioned a review of relevant laws and regulations currently in effect in Cambodia with regard to health and safety issues, particularly as they might apply to female workers in the garment industry (Thami 2001). The review reports that, although laws on health and safety have been in effect for some time, there is still widespread unawareness of its specific requirements. The report also notes that in many ways the laws and implementing regulations are satisfactory regarding specific health and safety measures, however, the implementation of these laws and regulations is sporadically and selectively enforced. Enforcement efforts more than changes in amendments to an adequate law need to be prioritised. The Labor Law applies to all employers but does not apply to civil servants, crews in air or sea transportation industries, and domestic or household servants.

The following points are relevant to Khana's appraisal on HIV/AIDS vulnerability and discrimination in entertainment workplaces,

- All employers are required to provide primary medical care to their employees (Article 242), though the level of care depends on the number of employees at a particular work site (p2). All employers are required (Article 245) to pay for chemical prophylactic measures (disease prevention) and vaccination against epidemics (p3).
- There is a lack of provision for sick leave in the Labor Law. Employers are not required to grant sick leave, or to allow a certain number of sick leave days with pay under the Labor Law (p4). Sick leave related decisions remain at the total discretion of the employer.
- There is no prohibition not encouragement in the Labor Law for NGOs to provide assistance to existing infirmaries. The report says, '*providing assistance in the form of HIV/AIDS and reproductive health information, or other health and nutritional information, could possible be considered as helping to provide the 'chemical prophylactic measures' referred to in the Labor Law as mandatory for employers to provide*'. There seems no bar to any organisation taking on this role.
- There is no law on the topic of harassment and abuse (p18).

## Annex 3: Underlying Principles for Intervention

Due to the lack of readily available sources on entertainment workplace interventions both within Cambodia and abroad, none can be referred to here. There are, however, many interventions that target brothel-based sex workers that also attempt to reach other vulnerable commercial sex actors. This section is based on a review of secondary sources, and highlights some lessons learned from these and best practice issues that are relevant to this appraisal.

The secondary sources used for this section include (Gray 1999; PATH 1998; UNAIDS 2000a; World Bank n.d), as well as the following documents that were kindly given to Khana by Mr Greg Carl of the Thai Red Cross AIDS Research Centre: (in press; n.d; McCamish et al. 2000) and two brief studies titled (1) *Diversity in the Commercial Sex Industry in Bangkok, Thailand*, and (2) *Risk factors for non-condom use in commercial sex contexts in Thailand*.

Suggestions for interventions include:

- Provision of detailed information relating to risk behaviours
- Addressing issues relating to self-esteem, communication and sexual negotiation
- Addressing the development of decision-making and problem solving skills.

Entertainment workplace interventions can be successful if they are:

- Continuous
- Applied across the spectrum of establishments
- Acknowledge the importance of recreational sex
- Build on the resources and experiences within the target group
- Seek to build peer support mechanisms among entertainment workers, while promoting managerial support for safe sex practices.

### Prevention programmes

The main HIV prevention programme alternatives include: mass media; small media; peer education; outreach programmes; counselling; small group discussions; and integration of prevention activities into existing services, or the provision of new services to increase access. Although each has its own advantages and disadvantages, it is important to determine which method or combination of methods, are acceptable and preferred by the target groups.

More generally, social and sexual norms must be addressed in order to create an enabling environment that encourages the removal of social constraints to safer sex. For example, empowering women can be only partly effective when alcohol consumption, and violent personal relationships contend to counter efforts at personal development.

*Outreach and peer education:* -

- Peer education is one of a number of ways to convey information and persuade people to change their behaviour. Its great advantage is that peers can utilize their normal venues and modes of communication. If peer educators are separated from their colleagues with special privileges, the value of the approach may be lost.
- It is necessary to develop peer educator training materials and methods for each different target group. The materials and messages used should

address the knowledge, attitudes and risky behaviour of the specific target groups. Information on HIV/AIDS that are directed and focused on the needs of direct sex workers will not be suitable to the majority of entertainment workers. People who do not identify their sexual behaviour as commercial sex will ignore prevention messages and activities that target women who do see themselves as sex workers and their clients who define themselves as customers.

- The message source must be trustworthy and non-judgemental, and the content must reflect the interest of the target group.
- In addition to messages that focus on occupational risks, outreach programs should emphasise that the risk of transmission exists in intimate relationships, where precautions are least likely to be seen as necessary or acceptable. For entertainment workers, special emphasis may be given to the use of condoms with same age and *tata chenh chem*, as well as regular customers.
- Identify, and where possible involve, important men and women who strongly influence the safety of sex workers (e.g. men who begin as clients and then form longer term relationships).
- Target several important groups of clients of sex workers at the same time as the sex workers, who were not relegated to a later stage or lesser position of importance. (This category could include *songsaa* and *tata chenh chem* as well as regular customers).
- Attempts should be made to include messages that will encourage men to understand their responsibility to use condoms both with sexual partners they know and those they do not know.
- Activities might include holding workplace policy workshops with employers of main client categories, and with employers of entertainment workers.

#### *Condom use*

- Expand more intensive programmes to reach women and owners particularly in restaurants, dancing bars and karaoke parlours.
- In order to increase consistent condom use more support of condoms from peers and employers is desirable. The cooperation of management should be solicited tactfully as commercial sex at these sites is often not acknowledged.
- Women involved in commercial sex should be encouraged to always have condoms with them and to use them with all clients and sexual partners regardless of their relationship or where the interaction occurs. Condom availability for women having sex away from their establishments might be improved by, for example, promoting norms of entertainment workers likely to engage in commercial sex always carrying a condom in their purse.
- Attention needs to be given to low level of condom use with regular partners. Boyfriends, husbands and other non-commercial sexual partners can place causal sex workers, such as some entertainment employees, at more risk than do their clients. This aspect of the lives of entertainment workers needs specialised attention.
- Addressing clients with specific programmes tailored to their needs strengthens workers' abilities to negotiate condom use.
- Distribute free condoms to entertainment workplaces and workplaces of main client categories where possible.



- Provide female condoms and the skills to use them.

#### *Healthcare*

- Improving government STD clinics; improving access to non-judgemental STD treatment and information; improving access to HIV tests.
- Despite having less frequent sexual contact with multiple partners, entertainment workers are likely to have high STI prevalence. Increased frequency of STD checkups and early treatments are to be encouraged.

#### *Empowerment*

- Life skills development, especially decision making and problem solving skills, should be emphasised for personal risk assessment and to find alternatives for personal risk reduction.
- The building of skills to solve problems related to self-esteem, communication and negotiation, and unequal relationships are also important.
- Provision of literacy and other vocational training.

More generally, interventions stand a better chance of achieving positive impact if they are (1) based on sound qualitative assessments on the contexts of risk taking in vulnerable groups that enables the development of peer education modules and materials tailored to specific life situations of those participation; and (2) are carefully packaged and targeted to be as inclusive and non-judgemental as possible. Moreover, for better implementation of such activities continued learning and capacity building of project personnel must be taken seriously by donors and country-based planners alike.

For more information on why HIV/AIDS should be on the business agenda, see the following sources: (UNAIDS 1998); (UNAIDS et al 2000) [for a summary of this report see

[www.unaids.org/publications/documents/sectors/workplace/Hiv20001.pdf](http://www.unaids.org/publications/documents/sectors/workplace/Hiv20001.pdf)];

(McCamish et al. 2000) [for a summary of this see <http://www.unaids.org/bestpractice/digest/files/refocusing.html>].

And, for a summary of AIDSCAP's workplace policy program see 'Private Sector AIDS Policy: Businesses Managing AIDS, A Guide for Managers' at <http://www.fhi.org/en/aids/aidschap/aidspubs/policy/psapp.html#anchor611189>

The World Bank's Thailand Social Monitor V 'Thailand's Response to AIDS: Building on Success, Confronting the Future' which can be viewed and downloaded as a PDF file at <http://www.worldbank.or.th/social/publications.shtml>

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