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The Authors

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FOREWORD

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GLOSSARY

List of Acronyms

CWC	Cambodia Women's Clinic
FGD	Focus group discussion
FHI	Family Health International
KHANA	Khmer HIV/AIDS NGO Alliance
KI	Key informant
MOP	Ministry of Planning
MSM	Men who have sex with men
MSW	Male sex worker
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
PLHA	People living with HIV/AIDS
PSF	Pharmacien Sans Frontieres
PSI	Population Services International
STIs	Sexually transmitted infections
UNTAC	United Nations Transitional Authority in Cambodia
USG	Urban Sector Group

List of Khmer Words

anka Battambang	refers to those who are passive in sex and not limited to transgenders
boroh pith brakat	masculine men; 'real' men
chbap sray, chbap pros	social codes of behaviour that men *(pros)* and women *(sray)* are taught to practice in relation to their families and husband and/or wife from a young age
chun cheat pheack tech	the minority group
daleeng	stroll, visit, walk
krom neak weang	workers in the royal palace
kteuy	men who dress up and/or act like women (similar to the Thai 'katoey' and often used in a derogatory sense)
pchum ban	khmer holiday period when prayers for the dead are offered
pros saat	handsome man; 'short hair' MSM; used also for heterosexual men
pros luk kluan	men who sell their bodies; 'taxi boys'
sak klay	'short hair' MSM
sak veng	transgender or long hair MSM
sne'har	feeling that is more discreet, deeper in nature than *sralagn* and provides for a possible full sexual relationship with the partner.

songsaa	term used for a partner or sweetheart
sralagn	term used to refer to the love for parents, relatives, friends and lover
sray sros	'charming girl' ; terms adopted by some Cambodian transgender to describe themselves
srey roth bambang kay	the girl who hides her self/identity

EXECUTIVE SUMMARY

HIV transmission in Cambodia is assumed to be primarily through heterosexual intercourse, though reports indicate that levels of HIV prevalence in men who sell sex to be thrice that of men who are considered 'high risk' and under sentinel surveillance. Virtually no information exists on the context and dynamics of male-to-male sexual behaviour in Cambodia. In response, the International HIV/AIDS Alliance & the Khmer HIV/AIDS NGO Alliance (KHANA) conducted a study in September 2002 to more fully understand the concerns, sexual health issues and risks faced by men who have sex with men (MSM) in Cambodia.

Denial and ignorance about the extent of same-sex behaviour in Cambodian society means that this population remains relatively hidden, and their concerns and sexual health problems remain un-addressed. Male-to-male sex frequently involves unprotected anal intercourse. While MSM refers to a behaviour where one biological male engaging in sex with another biological male, it bears little relation to the sexual orientation of the individual. Therefore as this research will demonstrate in the context of Cambodia, many respondents may consider themselves to be heterosexual, yet engage in sex with both men and women. The blurred distinctions between appearance, identity and sexual practice of MSM when mixed with the low provision of information, education and counselling services, and the relatively high HIV prevalence in the country translates to a high risk of transmitting HIV between MSM and other populations.

The paper is intended to be a rapid assessment of male-to-male sexual behaviour and the general context thereof in three major cities of Cambodia: the capital, Phnom Penh; the second largest city, Battambang; and Siem Reap, home to the Angkor Wat temple complexes. It attempts to demonstrate some of the disparities and particular characteristics of MSM activity in each of the sites, articulate sexual health needs and concerns specifically on STIs and HIV, provide a rough description of the context, experiences and the discourse on MSM by MSM themselves, and lay a

foundation in developing effective strategies in reaching and working with MSM in different settings.

A three person team, with facilitation and technical support from the International HIV/AIDS Alliance, led the appraisal, and trained and recruited nine other members during the two month process, designing the questionnaires, conducting focus group discussions, field observations, and key informant interviews. Data was obtained from 370 respondents, selected using non-purposive sampling, analysed and presented in a consultation in October 2002.

The MSM population in Cambodia although quite complex, mainly consists of two distinct groups, those that are visible: *sray sros* (charming girl) or transgender, and those that are 'hidden': *pros saat* or *sak klay* (handsome boy or man, MSM with short hair or men who self-identify as being either heterosexual and/or bisexual). Generally across all the sites, *pros saat* do not associate with the *sray sros* population because they want to avoid the stigma and discrimination that effeminate behaviour elicits. Another group identified in the research are male sex workers (MSW) who can be either be *pros saat* or *sray sros*. Although in each site the numbers of MSW who self-identified were negligible, it remains common knowledge that there are male sex workers in each site and that a few men are known to work in local brothels.

Two thirds of respondents were between 20-29 years (age range 16 to 72), almost all were unmarried, and had some form of schooling with 40 per cent of these reaching or completing lower secondary level. The study population belongs to a relatively higher-paid group and are in various professions, from civil service, traders, manual workers, and the service sector.

Public places and parks are the most common locations to find other men, exchange information and socialise. Outside of Phnom Penh, public dances are key events that provide opportunity for transgenders to dress up, meet other *sray sros* in a social setting, and pick up men. Respondents indicated that sex occurs in a variety of different public and private locations although always in a concealed manner.

Within Cambodian society some *sray sros* have gained an element of acceptance from their families regarding their sexual identity. However incidences of verbal and physical abuse from their families were still common so that most live separately from their families, preferring to reside with friends. Respondents talked about how employment opportunities are affected by their sexual orientation and how a general lack of understanding leads to various levels and different forms of discrimination that range from simple verbal abuse to physical violence, sexual harassment, forced sex and rape. Male-to-male sex is a reality in Cambodia, but due to discrimination, MSM, particularly transgenders, consider themselves distinct from mainstream society. At the policy level, the existence of same-sex behaviour and other types of penetrative sexual intercourse is not mentioned. HIV/AIDS specific programming almost always concentrates on penile-vaginal sex and the prevention of heterosexual transmission. While no law exists in the Cambodian constitution making homosexual activity illegal, intolerance generally restricts choices and opportunities of MSM.

The profiles and sexual behaviour of respondents differ across the three sites. Sexual debut happened at a young age, and sexual encounters with other men were frequent. One third of the respondents also reported having had multiple partners in the last six months. Anal sex with a condom and oral sex are the more frequently mentioned sexual practices, with intercrural sex and unprotected anal sex being mentioned by some. Half of the respondents have had sex with women.

Condom and lubricant use among respondents appears low and inconsistent because of lack of access. This erratic use of condoms and the minimal use of water-based lubricants are compounded by *songsaa* relationships characterised by trust and faithfulness, which leads to a range of risk-related sexual behaviour with lesser condom use. Many misconceptions and myths remain about HIV e.g. a healthy looking person cannot have HIV/AIDS. Practice is not consistent with knowledge either, as condom–lubricant use during anal sex is erratic, despite high awareness levels of HIV, its modes of transmission, and prevention. The study also demonstrates potential high demand for voluntary counseling and testing in MSM-friendly facilities.

The appraisal recommends that programmes facilitate understanding of the complex nature of MSM identities and behaviours, and develop integrated responses that address each group's sexual health and HIV prevention needs. Conceptualising Cambodian MSM as a homogenous group, whether as sex workers or as *sray sros* limits the design of interventions. Outreach work in environments where men meet other men for sex is needed and should address broadening access to condoms and lubricants, and promoting consistent use with casual and regular partners. Programmes should be free from stigma and discrimination and the formation of informal support groups and 'safe space' where MSM can meet, socialize, and exchange information should be encouraged.

MSM can play an important role in all levels of the response. The training of NGO and/or government staff should not solely focus on promoting safe sex practices but also sensitise staff to their own emotional attitudes and issues on male-to-male sexuality. Such an approach will encourage open and ongoing discussions regarding the social and cultural barriers faced by MSM and can result in lesser stigma and discrimination.

Finally there remains scope for further studies and research that will provide insights into the knowledge, attitudes, behaviour and practices of MSM, not only in the context of HIV/AIDS but also in terms of their roles within society. Categories, concepts and present understanding of MSM may change over time, since identity and its construction is an ongoing process. Intervention approaches need to be relevant to the specific sub-group the project is addressing and should also take into account the role such key populations may have in reaching out to other groups of MSM.

1. BACKGROUND

Sex between men occurs in most societies, but for cultural reasons it is often stigmatised, and in some countries it is legally prohibited. This may cause governments, political leaders and the public at large to believe that same-sex behaviour does not exist, when it is, in fact, simply hidden (UNAIDS 1998, 2000).

In this study, the category “men who have sex with men” (MSM) refers to biological males who engage in sex with other biological males but do not necessarily consider themselves homosexual or gay (Girault *et al*. 2000; UNAIDS 2000; Naz Foundation 2001). They do not necessarily consider their sexual encounters with other men in terms of sexual identity or orientation. A man who has sex with another man may not eroticise the fact that he is with another man. Many men seek out other men who are feminine and sexually passive to have sex with because they want the experience to be similar to having sex with a woman (Naz Foundation 2001). However, self-identification is not essential for a recognition that same-sex behaviour exists (UNAIDS 1998).

Social situations, such as lack of availability of female sexual partners or social taboos preventing socialising between members of the opposite sex, may also play a role in same-sex behaviour (Naz Foundation 2001).

Therefore, the category “MSM” covers a large group of men such as transgenders (transsexuals, transvestites), bisexuals, homosexuals[1] and any other men who, by circumstance or for any number of other reasons, have sex with other men.

“MSM” has become a common term in the context of HIV/AIDS since it addresses a behaviour that puts men at risk for HIV infection. It does not refer to sexual orientation or sexual identity, recognising that labels such as "homosexual" and "heterosexual" are not always applicable (Tan and Castro 2000). Moreover, sex between men frequently involves anal intercourse, which “carries a particularly high risk of micro-lesions and tissue trauma, which in turn facilitates HIV transmission” (Girault *et al.* 2000).

In Cambodia, studies on male-to-male sexual behaviour were spearheaded by an early anthropological study on gender and sexuality by Tarr in 1996. The study indicated that around 20 of the 146 young men[2] interviewed admitted to having penetrative sexual activity with another man, and included some accounts of men who enjoy same-sex encounters. This was succeeded by several further studies in 1999. Glaziou (in Girault *et al*. 2000) mentioned that 8 per cent of male university students had experienced male-to-male sex behaviour. A regional consultation on MSM noted that in Cambodia “MSM behavior is not usually linked to identity, and is underground and unmarked”. Girault and Thaiy described situations and locations where same-sex behaviour took place, and recommended that further studies be undertaken.

[1] These definitions of sexual identities are western and based on the sexual practice and the sex of one's partner.

A study by Girault *et al.* (2000) assessed the prevalence of HIV, syphilis and other sexually transmitted infections and risky behaviours among MSM in Phnom Penh. The authors found that prevalence was 14.4 per cent for HIV, and 5.5 per cent for syphilis. The study went on to conclude that: MSM should be considered as a vulnerable group because of risky behaviour; a significant portion can serve as a "bridge group" from high HIV-prevalence to low HIV-prevalence groups; and male-to-male sexual behaviour represents an epidemiological link in the spread of HIV and STDs in the country.

To date, HIV/AIDS-related work and activities have been undertaken on the assumption that sexual transmission is heterosexual (UNAIDS 2001, as cited in MOP 2001). Hence, the behavioural surveillance surveys and sentinel surveys undertaken by the National Centre for HIV/AIDS Dermatology and STD (NCHADS), the social marketing of condoms in the country by Population Services International (PSI), and prevention and other outreach activities have been focused on heterosexuals. From 1997 to 2000, the national HIV prevalence rate among adults aged 15–49 years decreased by a single percentage point, from 3.9 to 2.8 per cent (NCHADS, as cited in MOP 2001).

Greig (2002), in an unpublished workshop report of the International HIV/AIDS Alliance, notes that "participants from Cambodia … pointed that although sex between men does take place, it is very hidden because of the severe stigma surrounding it".

[2] Including women, the total sample was 281.

Therefore, this study, sponsored by the Khmer HIV/AIDS NGO Alliance (KHANA), with technical assistance from the International HIV/AIDS Alliance, covering Phnom Penh, Battambang and Siem Reap, joins the effort to broaden knowledge on MSM behaviour in Cambodia. This is a vital prerequisite to establishing, and in some cases expanding, HIV prevention and care initiatives, education and training efforts among this group.

2. STUDY OBJECTIVES

The appraisal was primarily a rapid qualitative assessment, but it also gathered quantitative data on basic demographic and socio-economic information, and data on same-sex behaviour. It also attempted to map out the extent of MSM activity and the context in which MSM activity took place. Specifically, the research aimed to:

1. Find out more about the situation and context of male-to-male sexual behaviour in several parts of Cambodia, particularly concerning:
   a) where and with whom same-sex behaviour takes place;
   b) sexual networking and partnerships;
   c) same-sex practices;
   d) condom use in penetrative sex;
   e) sexual health problems and concerns;
   f) HIV-related information and sexual health services available to men in general and to MSM in particular, if any.

2. Orient and train non-governmental organisations (NGOs) and MSM workers in Cambodia.
3. Help develop strategies on how best to reach and work with MSM in different settings, and identify possible barriers to working with MSM.

3. METHODOLOGY

The appraisal began on 18 September 2002 and was led by a three-person research team from Cambodia, the Netherlands and the Philippines. In the initial week, various activities were carried out: meetings and interviews were conducted with stakeholders; data collection tools were prepared – primarily survey instruments; the selection of data collectors took place; and preparation was undertaken for a workshop/training on concerns and issues about MSM.

In meetings with stakeholders (see Annex 1 for list of organisations), the appraisal was introduced and opinions, comments and suggestions were solicited to make the appraisal relevant to the key population and helpful to other potential users. All comments and suggestions were integrated into the design of the study and the report.

The study involved the gathering of primary and secondary data. The sources of primary data are surveys and interviews, while secondary information comes from published and unpublished studies. Secondary data was obtained by visiting organisations, including the Royal University of Phnom Penh, where the team was informed directly by a lecturer from the Sociology Department that there were no studies on MSM in the University's publications or student theses. Primary information was collected through the formation of a nine-member appraisal team.

The appraisal team members were selected from 15 applicants with varying experience in research and who were aware of or sympathetic towards male-to-male

sexual behaviour. The applicants were first met and assessed as a group in terms of their level of awareness of male-to-male sexuality, and were subsequently interviewed individually. The research team intensively coached and mentored the appraisal team members prior to assigning three team members to each study site. Each study site team had a member who came from and was familiar with the area.

The study was both quantitative and qualitative in nature, and preparation of survey instruments consisted of formulating questionnaires for individual interviews, focus group discussions and key informant interviews. For the quantitative assessment, a semi-structured questionnaire was used to generate information from 370 respondents. This questionnaire built on and expanded the questions posed in the 1999 survey sponsored by Family Health International (FHI), as recalled by one of the authors (see Annex 2). The survey was undertaken in Battambang, Phnom Penh and Siem Reap, and was completed in ten days.

In addition to the survey, a qualitative assessment was carried out through group discussions, and key informant interviews. Guide questions were developed prior to the fieldwork (see Annex 3 and 4). These were carried out in the respondents' meeting places and/or homes, also within the ten days' fieldwork.

During the training and collection of information, data collectors were reminded that due to the sensitive nature of the study, potential interviewees might not respond. Hence, the importance of confidentiality and an ethical approach were repeatedly discussed and emphasised as integral to this research. During their initial talks with respondents, the appraisal team members constantly stressed the anonymous

nature of the interviews, and oral informed consent was asked of potential respondents. In this way, a measure of trust between interviewee and interviewer was established and interviews could proceed. In collecting information and completing the questionnaires, it was also reiterated that it is the voice of the respondent that must be reflected in survey instruments and not that of the data collectors. The teams were discouraged from interpreting what the interviewee said and then noting this interpretation.

When they had completed the interview, respondents and informants received an incentive such as condoms, shampoos, cigarettes or the occasional snack to compensate for their time and in appreciation for the information they had shared. No financial compensation was given to anyone.

All questionnaires were translated to Khmer, pre-tested, and comments were solicited from various parties, notably during a three-day workshop/training on MSM with KHANA partner-NGOs and those organisations working with MSM. This workshop oriented NGO staff towards MSM issues and concerns, established a common understanding of the MSM concepts and terminologies, and provided training on data collection methods.

A non-probability sampling technique was used to identify respondents. Snowball sampling is commonly used in qualitative research and is useful when members of the target population are difficult to locate (Vogt 1993; Babbie 1998). “Snowball” refers to the process of accumulation as each located respondent suggests other

respondents. This method effectively pinpointed the meeting places, hang-outs and homes of MSM, and resulted in the following sample:

Table 1. Sample size per study area

Study Area	Sample	
	Target	Actual
Battambang	100	100
Phnom Penh	150	151
Siem Reap	100	119
Total	350	370

The actual sample exceeded the original targets by 20, which were estimates based on figures given by a key informant. Most of the additional interviews were carried out in Siem Reap.

All completed questionnaires from the quantitative part of the research were individually checked before being forwarded to Phnom Penh for data entry into a database using Access 2000. Thorough checking and cleaning of the database was undertaken prior to analysis. Dummy tables were prepared and the over all and per site[3] analyses were carried out using descriptive statistics generated from SPSS 7.5. Additional analysis was undertaken by disaggregating the data by current sexual identities: *pros saat* and *sray sros*[4]. Although questions about identities were not

[3] These are available from the Khmer HIV/AIDS NGO Alliance (KHANA), a Phnom Penh based NGO, upon request

[4] *Sray sros* are transgender, which is an umbrella term for transvestites – men who dress up like women and act in a feminine manner – and transsexuals – men who undergo a sex change

raised and these terms were not used during the interviews, same-sex behavior is identified in general as *kteuy*[5] (roughly corresponding to the gay/homosexual identity construct elsewhere in the world) in Cambodia and invariably known as transgender. These are respondents who are self-aware regarding their sexuality and identified as 'homosexual' in the survey. Owing to the derogatory content of the word *kteuy* from the point of view of transgender, they call themselves by different names, the most common of which is *sray sros*. Transsexuals are also grouped under *sray sros*, since these persons are still *kteuy* in Cambodia, despite their sex re-assignment. Those who don't identify as *kteuy*, behave outwardly as heterosexuals, may identify as heterosexuals, and may or may not admit to same-sex behavior are called *pros saat*[6].

Comparisons with other studies on sexual behaviour were undertaken, notably with the Behavioural Sentinel Surveys (BSS) periodically carried out by NCHADS. It should be remembered that not all results can be compared and, more importantly, that the methodology also differs, especially regarding the timeframes of when the surveys were done ("last three months" for the BSS and "last month" for the appraisal). Nevertheless, these comparisons are excellent indicators of the circumstances of MSM relative to those of heterosexual men in Cambodia.

KHANA presented the findings of the appraisal on 24 October 2002[7] to 110 participants from the government and non-government organisations, donors,

[5] The term will be used in presenting findings but not be used to describe *sray sros* as they find it offensive. It should also be noted that majority are called transgender, and there are more transvestites than transsexuals.
[6] This term is also used by the general population to refer to a handsome man or boy.
[7] The dissemination was facilitated jointly with FHI, where they also presented their completed study in 2000.

researchers, and individuals from the MSM community. Representatives from the media also attended and the seminar was reported in the Cambodia Daily.

Representatives from the International HIV/AIDS Alliance assisted in the development of the Terms of Reference for the appraisal (Annex 5) commented on the questionnaire and helped in the analysis and dissemination of the findings.

4. LIMITATIONS OF THE STUDY

The major constraint has been the brevity of the study's timeframe, hampering the study in coming up with a more rigorous sampling design in the quantitative part of the appraisal. Babbie (1998) explains that snowball sampling may lead to questionable representation and is commonly used for exploratory purposes, which is in large part the nature of this research.

In connection with this, it should be noted that the study's sample is biased towards the visible part of the MSM population; transgenders[8] and male sex workers. Despite a conscious effort to interview the partners of these groups, only a third of these were eventually interviewed. Male sex workers were identified as such not necessarily because they told interviewers that they did this type of work but because they were pointed out as sex workers. Without additional information, members of this group can only be identified through word of mouth, by hanging out in known haunts or through the men admitting to their work. Generally, MSM don't look any different from other men: in the words of an appraisal team member, "It is difficult to note which one is MSM". In the same way, male sex workers are also "hidden". One consequence of this was a 90 per cent response rate, with refusals from a total of 40 men.

The "hidden" part of the MSM population felt shy and embarrassed refused to be interviewed or would not acknowledge that they have had sex with other men. The

size of this population must be assumed to be equally as large as, or larger than, the estimated population. Also, the sample reflected the tendency of MSM to have serial or multiple partners, which again would suggest a higher estimate to be more appropriate. 'Overlaps', sexual networking, and the possibility of MSM sharing the same partners over different time periods were not investigated.

Another limitation arising from the methodology is that the majority of the sample is aged below 15 to 25 years, compared to around 20 per cent of men in the same age bracket in the rest of the population. It may be, however, that any method adopted for this type of sample will result in some form of bias.

In the section on sexually transmitted infections (STIs), the lack of consultation with trained medical practitioners makes the responses to certain questions rather unreliable. At present, the approach to STIs is syndromic, defining the symptoms prior to offering a diagnosis. Unless blood samples, or anal or urethral swabs, are taken and tested in the laboratory, accurate diagnosis of specific STIs is difficult at best. Moreover, the local translation of 'STI' is strongly associated with syphilis, which is not the most common STI.

The occurrence of *pchum ban* during the data collection stage also made the search for respondents difficult. Cambodians offer prayers for their dead at this time and take the opportunity to visit friends, organise out-of-town pleasure trips and other recreational activities.

[8] Called *kteuy* in Khmer, but the term will not be used to describe this group as they find it offensive. It should

Another constraint was that the research was carried out in Khmer but analysed in English, subtleties and nuances being lost in the process of translation. In more concrete terms, questions may not have been understood or asked as they were intended, hence appropriate information may not have been obtained. Categories and definitions of sexual behaviour and identities in both languages are also not easily translatable or may not have the same meanings.

Moreover, the acronym “MSM” seems to have been appropriated as an identity in the Cambodian context. The meaning attached to the acronym appears to have gone beyond the original description of sexual behaviour and has now come to serve as an umbrella term for sexual identities or orientations in the Cambodian context.

The research should not be taken as representative of all MSM in Cambodia since it focused only on three study sites, and is therefore not meant to generalise and define the characteristics and behaviour of MSM in the country.

also be noted that majority are called transgender, and there are more transvestites than transsexuals.

5. FINDINGS AND ANALYSIS

5.1. MEN WHO SEX WITH MEN IN CAMBODIA

5.1.1. Population and sub-groups

The population of MSM in Cambodia can be divided into two distinct groups: the visible and the "hidden". Estimates obtained through observation, from key informants and even group discussions often refer only to *sray sros*[9] or “charming girl”; the acceptable “face” of MSM. They are also called *sak veng,*[10] which is distinct from *pros saat* or *sak klay;*[11] “handsome boy/man”. The former are what is labeled “transgender” from a western viewpoint, while the latter are generally “heterosexuals” and bisexuals. These terms will be used throughout the report to refer to these groups or “identities”.

Estimates for the number of MSM in Phnom Penh would be over 800 (Girault *et al.*); if estimates from the Urban Sector Group (USG)[12] are taken into account, there are around 300 *sray sros*, and presumably around 500 *pros saat*. Focus group discussions place the estimate of *sray sros* at 600 to 700, while *sak klay* at 300. *Pros saat* know each other because of the existing loose network. For instance, male sex workers get to know each other because they hang out in the same places, sharing

[9] *Sray sros* are transgenders, which is an umbrella term for transvestites – men who dress up like women and act in a feminine manner – and transsexuals – men who undergo a sex change.
[10] Translates as “long hair” in English; another name used to refer to the same group.
[11] Translates as “short hair” in English; another name used to refer to the same group.
[12] A local NGO that has worked with *sray sros* in Phnom Penh for several years.

information about each other and about customers. Clients, on the other hand, rarely know each other.

Loose groupings and identities of men who have sex with men in Cambodia

	Appearance	Identity/feeling	Sexual behavior/ partnerships	Remarks
Sray sros, sak veng, krom neak weang	Behaves and strives to appear like women	Feels like a woman; identifies as a woman	Sleeps only with men who seem to be or are heterosexual; stimulates partner and is usually penetrated	Easily identified by the public; some transgender group may describe themselves differently from another; can describe self as *kteuy* but will not accept this from others
Pros saat, sak klay	Behaves and acts like a heterosexual man; mostly young and likes to dress up fashionably	Feels and acts like a heterosexual man; identifies as a man; waits to be approached	Sleeps with *sray sros*, *pros saat*, women and men; expects to be approached, stimulated by and penetrates partner	Unless admitting to their sexual preferences, difficult to distinguish from ordinary person.
Others	Behaves and acts like a heterosexual man; may be a heterosexual man	Feels and identifies as a heterosexual man	Sleeps with *sray sros*, *pros saat*, women and men	Seen as ordinary men and may also be called *pros saat*

In general, *pros saat* do not mix with the *sray sros. Pros saat* do not like *sray sros* because they behave like girls, although both are interested in men. This sentiment was echoed in all group discussions in the study sites. Nevertheless, in Siem Reap a few *pros saat* and *sray sros* interact because they are friends. Unfortunately, the study did not delve deeper into the characteristics of each subculture

Male sex workers (MSW) are another group who are either *sray sros* or *pros saat*. They were identified through the local grapevine or because they hang out in well-known haunts. In key informant interviews or group discussions, this group is often not classified with *sray sros* as MSM, and unless prompted, estimates will not be given. In Battambang there are a few – less than ten, in some estimates – and these are scattered in brothels for women.

Although there are no estimates by group discussions or key informants for both Siem Reap and Phnom Penh, it is an open secret that there are plenty of *pros luk kluan* (“taxi boys”; men who sell their bodies to other men) in these two cities. Many young men have sex with other men because they offer money and opportunities normally not open to those less economically fortunate, such as shopping, going on out-of-town trips, helping the family, going to school and so on. A middle-aged man who has a "husband" of nine years said that when he meets a man he wants to sleep with, he offers rides on his motorbike, trips to the cinema, meals out – all to be paid for by him. Some male sex workers were ashamed to admit to the appraisal team members that they sell their bodies, afraid that their parents might find out.

5.1.2. Self-identity, preferences, and acceptance

In 1996, Tarr defined the Cambodian transgender as an effeminate male who dresses up as a woman, walks and talks like a woman and adopts a mostly passive or accommodating posture with another male. While this definition was made over half a decade ago, it is still valid now. In fact, almost all transgenders identify themselves as women, dislike the thought of having sex with a woman and prefer to follow the *Chbap Sray* rather than the *Chbap Pros*.[13]

> Excerpt from *Chbap Sray*
>
> Women are expected to walk slowly and softly, be so quiet in their movements that one cannot hear the sound of their skirt rustling. While she is shy and must be protected, before marriage ideally never leaving the company of her relatives, she is also industrious. Women must know how to run a household and control its finances. She must act as an adviser to her husband as well as be his servant.
>
> Source: Ledgerwood (1992) in Derks Annuska "Perspectives on Gender in Cambodia: Myths and Realities", November-December 1996. *Cambodia Report*. Vol. No. 3.: Phnom Penh

What about the Chbap Pros?

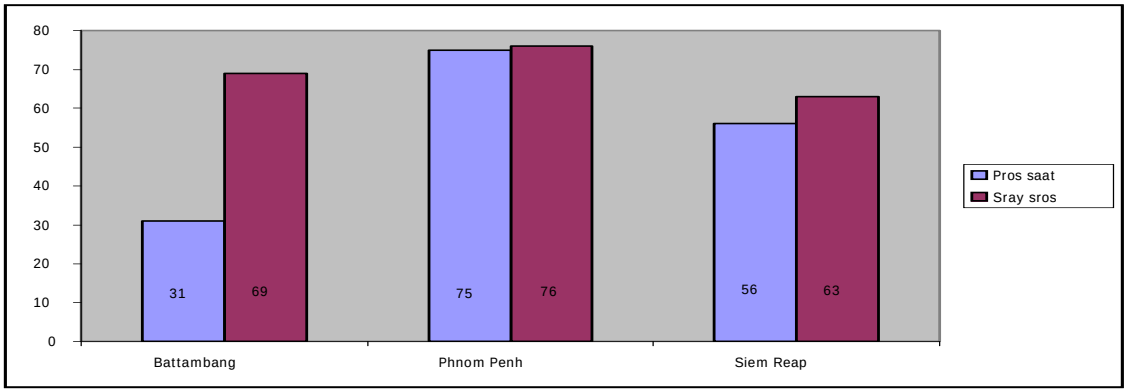
As can be seen in Figure 1, 56 per cent of the sample self-identified as *sray sros or sak veng* and 44 per cent as *pros saat or sak klay*. The sample included more *sray sros* in Battambang and Siem Reap, while in Phnom Penh the distribution is just about equal.

Participants of group discussions also characterised themselves as: people who were born a boy/man, behave like a woman but have no "original" breasts; males who want to have sex with other males; males who like men so much; and males

[13]These are social codes of behaviour that men and women are taught to practice in relation to their families and husband and/or wife. From a young age, these ways of thinking and behaving are taught to Cambodians.

who don't like their own penises but desire to fondle others'. One said that he's not gay and he's not a girl; a few minutes later he said he's not a man or a woman.

Figure 1. Number of study respondents by identity



They also said that because they are born that way, they can't change. *Sray sros* do not like the way they are treated but, due to their nature, they cannot change themselves. In Siem Reap, members of focus groups said that even if their parents threatened to kill them, they would not change from wanting to have sex with men. According to participants in a group discussion in Battambang, homosexuality is natural so there is no reason for secrecy or shame. *Sray sros* also think that they are more talented and skilled in some areas than heterosexuals, such as in designing, modeling, use of cosmetics or entertainment. *Pros saat* characterise *sray sros* as not men because they love men, like make-up, are soft like girls, like taking care of the house, enjoy art, and wear clothes like a girl.

Pros saat on the other hand, think of themselves as real men; they love girls and like sports. They are strong, not soft; they are brave, have big voices and like to drink alcohol. Real men like to woo women. It was also observed that this group –

especially the younger members – rarely approached other men for the purpose of sexual gratification.

- Case Study 1 –

Sometimes I ask myself why I like boys who have a penis, same gender like me, why other men like girls, most of men have feelings for girls…

I found out that I am 'MSM' when I was 14 years old. Everyday when I met a boy, especially a handsome boy, I always look at them but they were not interested in me but girls. Sometimes I want to become a girl. I want to change myself from boy to girl, but I am scared because I do not know what happens after this. It might be people think that I am crazy or my parents will scold me.

One day when I left school I went to visit another village (my classmate's house) and I met one man who is a man but dressed like a woman. I tried to talk to him and asked him many questions. What I found out was that there were many men who dressed like women, kept long hair, pretended to be a girl, soft voice - they all look very nice.

After I came back from the village, I took a mirror in front of me and I can see if I dress, facing… like a woman, I almost look like a girl. So I took my sister's clothes and wear, just wanted to see. At that time my mother came to my room and she asked me "Why do you do that? This clothes are for a girl and you are a boy." I stayed quiet.

In 1999, before the Khmer New Year, my parents gave me some money (that is our culture, parents give money to their children during national holidays). I went to the market to buy clothes, you know I bought a skirt and an earring, and some stuff to make up my face. The first day of the Khmer New Year I asked my parents if I could go and visit my friend's house for two days at another village, about 50 kilometers away from my house. Actually I want to join a group of transgender, go for walk at night with them, and we can dance with many boys at the pagodas. At the other village, I changed my dress, I dressed like a girl, made up my face… So I had a breast, skirt, I almost look like a girl. I looked at the mirror again and again, I am very happy.

At night all transgender (about 8) went to pagodas where there is music. Many boys want to dance with me. I am very happy because many boys came close and talk to me. Some boys when they heard my voice (a man's voice) they walk away. Some boys when they heard my voice they laughed at me and some boys said "I thought she is a girl but a boy". Anyway, still many boys around and want to dance with me.

The next day - I will tell you the worst experience in my life - you know, one boy from my village (my neighbor), he also went to the same village I went. He recognized me and when got back to my village, he talked to his family about me. And his family talked to other neighbors. In the end, everybody knew.

One woman went to my house and asked my mother "How many daughters do you have?" and my mother replied "One daughter." That woman said, "No, you have two daughters."

My mother started to become aware of me and she took a motor taxi to the village I went, entered the house I stayed… FFFFUUUUULLLLLL of *kteuy*. There she looked at everybody's face one by one and she still recognized me. She cried and told me "Your father and brother will not accept you. They will probably kill you if you get back to our village because they ashamed the people in the village." She gave me some money and asked to go away before my father and brother arrived, and then she walked away without turning her face.

This is my story and the only reason I leave my village, home, class… And I hope that they will accept me one day.

In the survey, a small number of respondents identified themselves as heterosexuals, although they were able to answer all the questions about male-to-male sexual behaviour during interviews. It may be that this group, because they plan to get married and have children, do not think that their sexual activities with men classify as homosexual acts.

In Battambang, the *sray sros* call themselves *sak veng*, literally "long hair", and *krom neak weang, "*workers in the royal palace". They also call themselves *sray sros, "*charming girl", and *chun cheat pheack tech,* the "minority group"*.* The *sak klay* ("short hair") MSM, on the other hand, call themselves *pros saat*, in the same manner as those in Siem Reap and Phnom Penh. One of the authors encountered *anka Battambang* or "Battambang rice" as a term to describe MSM in previous visits, but in three focus group discussions and key informant interviews, no one recognised or used this term. According to one key informant, this is a term used by outsiders, especially people from Phnom Penh.

In Phnom Penh, transgenders call themselves *sray sros* and *srey roth bambang kay*, which means the "girl who hides her self/identity". It is interesting to note that transgenders living in Siem Reap call themselves *kteuy,* which they consider to be an insult when coming from others. This is a sentiment expressed by transgenders in Battambang and Phnom Penh as well.

> "When asked to label himself, Yan looks a bit startled. He says, 'Maybe I am *kteuy*, because I love to sleep with men. I never call

> myself a *kteuy*. I hate *kteuy*, the way they behave and dress like women. So I call myself *pros*, a man. But not a normal man." (Unpublished case studies, Jan W. de Lind Van Wijngaarden)

There were only four transsexuals (three in Siem Reap and one in Battambang) encountered in during the research. While most of the respondents of the study earn more than the Cambodian average, their earnings are not sufficient to undergo a sex change. This is not to say that transvestites do not want to undergo sex reassignment. In fact, a clinic for sex change is one of the recommendations offered by members of focus group discussions.

The reasons why MSM like young men are because they are handsome, identify as heterosexual, act as "real men", are perceived not have STIs or HIV/AIDS, are strong and so they can show others that they have a good-looking boyfriend. They also like sex workers because they want only money and will do as the clients ask.

In all areas of study, most *sray sros* acknowledge that their behaviour is unacceptable in broader society, although in their immediate neighbourhood, they might be tolerated. This was the case in Battambang, where the members of a "household" (most of them were transient) could openly wear skirts without causing a scandal. They said that they have never felt discriminated against, except for the occasional joke or being laughed at. A friend of the residents even said that the family of his boyfriend accepts their relationship. A European who has a Cambodian partner expressed the same sentiment. There is also a *sray sros* in her fifties living in the same village, which might have helped accustom the local people to them.

- Case Study 2 -

A *sak klay*, or *pros saat,* Chanthol (a pseudonym) is still a Grade 8 student, who helps his family earn money by selling his body to foreigners. He is the youngest of four and lives with his mother and siblings. His mother doesn't know he has sex with men because he tells his mother that every night he is learning to dance at a nearby hotel. He is thin, pale and does poorly in class. Even his classmates do not know that he is *pros luk kluan.* At 4.40 am he has to wake up to arrange the goods his mother sells; at 7 am he goes to school.

In Phnom Penh *sray sros* claim to ignore the criticism and general dislike of them. Most of the time they continue to grow their hair long, wear women's clothes and behave as heterosexual women do.

Sray sros or sak veng in Siem Reap, on the other hand, try to blend in during the day and only change themselves at night. Only a few of the public think that being effeminate is acceptable, but even these few insult *sray sros* when they dress up as women. The reason given for the hostility is that *sak veng* are really men, and so dressing up and acting as women is unacceptable.

Members of group discussions, as well as key informants, mentioned that open demonstrations of affection between men is acceptable in Cambodia. It is common to see two or three men with motorbikes embracing or holding hands while walking. Kisses or similar signs of intimacy are another matter, however. "If women don't show signs of affection to their boyfriends in public, why should I?" a participant asked, rhetorically. He doesn't want to embarrass his man.

Focus group participants in Siem Reap said that even though it is acceptable for men to live with each other openly, they could not kiss or touch each other intimately in public.

5.1.3. Socio-economic characteristics

Sixty-two per cent of study respondents fall in the 20 to 29 age bracket (Table 2). The mode, or the most frequently cited age, is 22, representing 12.7 per cent of the total. Compared with the behavioral sentinel surveys (BSS) undertaken by NCHADS, where the average age of the sample was 34, the average age of the respondent in the appraisal is nearly a decade younger at 25 years. The age distribution of *pros saat* and *sray sros* in all sites is just about the same, although there are more *sray sros* (97 per cent) and *pros saat* (90 per cent) in the below 20 and the 20 to 29 age bracket in Siem Reap compared to Battambang and Phnom Penh.

Nearly all have never been married (91 per cent), while those who are married or are now without wives or partners of the opposite sex comprise around 9 per cent. If those who fall below the usual age of marrying (20 years of age) are removed from the total, those who are married represent 9.3 per cent of the sample. The unmarried nature of the sample is not surprising given the preference of *sray sros* (94 per cent of respondents are single compared to the 88 per cent unmarried status of *pros saat*) to have "heterosexual" partners. These partners are mostly Khmer, which contradicts claims that foreigners comprise the majority of the partners of Cambodian homosexuals (participants in the three-day workshop's focus group discussions said

that homosexual relationships date from the presence of the United Nations Transitional Authority in Cambodia (UNTAC).

Table 2. Socio-economic characteristics of MSM respondents[14]

	Battambang (n=100)	Phnom Penh (n=151)	Siem Reap (n=119)	Total	
				n	per cent
Age range					
Below 20	20	16	25	269	20
20–29	50	65	68	68	62
30–39	18	14	4	25	12
Above 40	12	5	3	8	6
Total	**100**	**100**	**100**	**370**	**100**
Marital status					
Single/never married	95	91	88	338	91
Married	2	9	8	24	6
Widowed/divorced/separated	3		4	8	2
Total	**100**	**100**	**100**	**370**	**100**
Highest grade completed					
Did not attend school	4	5	8	20	5
Primary school (Grade 1–6)	19	22	32	90	24
Lower secondary school[15]	44	38	38	147	40
Upper secondary school[16]	30	28	17	93	25
Post secondary level[17]	3	7	6	20	5
Total	**100**	**100**	**100**	**370**	**100**
Earnings in last month					
No earnings	27	17	4	49	13
Below $30 per month	45	13	20	93	25
$31–60 per month	24	39	48	141	38
$61–150 per month	4	17	14	46	13
More than $150 per month		15	13	39	11
Total	**100**	**100**	**100**	**368**	**100**

[14] All figures in **all** tables are expressed in percentages unless otherwise specified. "n" refers to the number of respondents and is specified for each study site. Some totals in other tables may not equal to 100 due to rounding off or multiple responses.
[15] Grades 7 to 9.
[16] Grades 10 to 12.
[17] University, technical or vocational education; education obtained from pagodas.

While over half of the respondents live with their families, close to 30 per cent live with their friends. Interestingly, the incidence of both those who live with families or friends in the three cities studied are almost identical. In Phnom Penh and Siem Reap, both urban locations, a greater proportion of those who identify themselves as *pros saat* are the ones who live with friends. In Battambang, which is more rural in character, only *sray sros* live separately from their families. The reason around a third of respondents live with friends may be corroborated in the findings and observations of USG in their work with transgenders. This brief document notes that a majority of transvestites are not accepted by their family and are forced to live separately because of their sexual identity. Other reasons may be due to a lack of financial independence and to the mobile nature of MSM (Girault *et al.* 2000), or the desire to live independently.

Ninety-five (95 per cent) had some form of schooling with 40 per cent reaching or completing the lower secondary level (Table 2), which is comparable with the average level (Grade 7) of heterosexual men in the BSS. The numbers for those who did not attend school are similar in the three areas. Not surprisingly, the highest number reaching university or similar levels are in Phnom Penh. The number of *pros saat* who finished at least lower secondary school is 9 per cent higher relative to *sray sros,* at 75 per cent of the total.

In terms of employment, only a minority was jobless. Over half earned between $31-150 in the past month, which is above the average monthly income of $20 (MOP 1999a) and above the poverty line of 2,470 Riel per person per day in Phnom

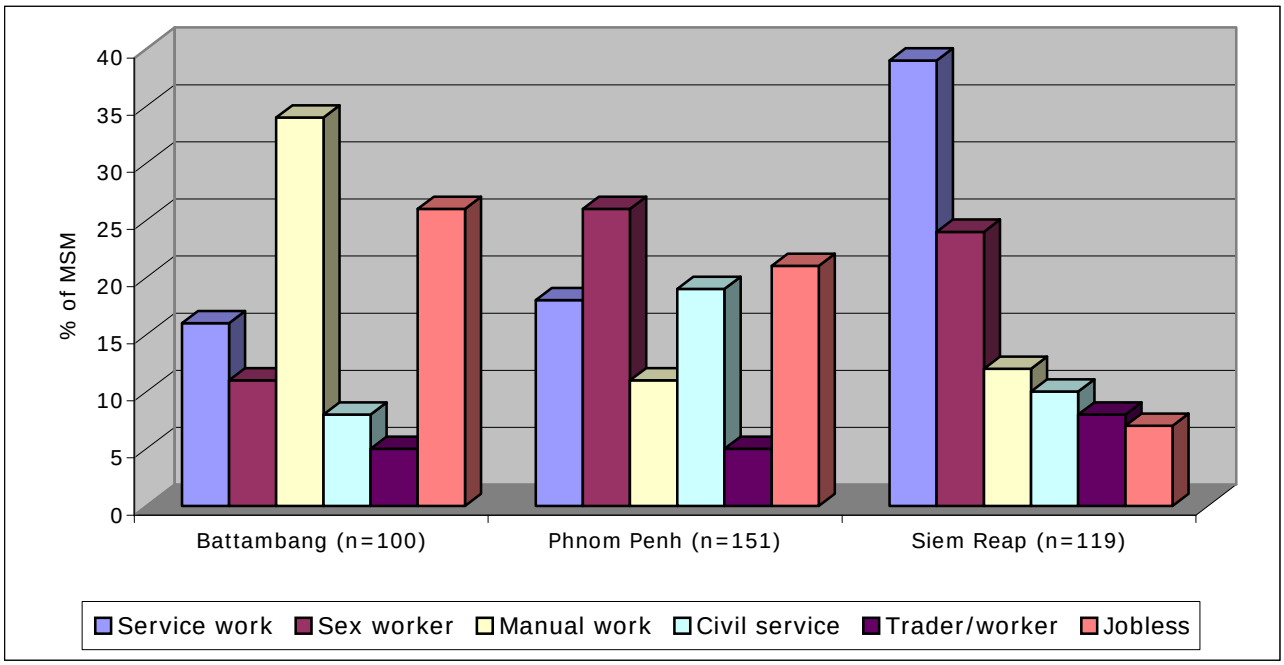
Penh[18] (MOP1999b). Relative to Phnom Penh and Siem Reap, there are more respondents in Battambang who earn less than $30 per month. In Phnom Penh, a few men who have sex with men would occasionally cadge for 500 Riel up to a dollar from customers or friends that pass by, or ask for a dollar or more each time they introduce someone to a customer.

The type of employment engaged in by respondents varied from doctor and civil servants to manual workers and moto taxi drivers. The service sector employs 24 per cent of the respondents in jobs such as staff of shops or hotels, hair stylists, dancers and so on. Twenty-one per cent self-identified as sex workers and most earned between $31–60 last month, compared to staff of restaurants, shops or hotels or civil servants. Thirteen per cent of respondents categorised as receiving no income did receive financial assistance of some sort, usually from parents. As a whole, the distribution of *pros saat* and *sray sros* by type of employment is virtually the same for nearly all categories (Figure 2).

In Siem Reap, there are greater numbers employed in service and service-related work, unlike in Battambang, where manual work comprises over a third of the income sources. There are 32 per cent and 30 per cent self-identifying *pros saat* in Phnom Penh and *sray sros* in Siem Reap, the highest of all the surveyed areas.

[18] 2,093 riel in other urban areas and 1,777 in rural areas; $1=3,900

Figure 2. Employment status of respondents



5.1.4. Meeting places[19]

Many young men go to public places to pick up men, socialise, exchange information and share and confer about problems and concerns. Male sex workers[20] frequent certain spots in Siem Reap and Phnom Penh such as parks and other public recreational areas. In Phnom Penh, there were 27 identified places such as karaoke bars, brothels, discotheques, massage parlors, cinemas, and streets in 1999, but only 16 were pinpointed in 2000 (Girault *et al.*). Other MSM who aren't sex workers congregate in public areas as well, but also meet in the homes of friends or other men who are relatively well-off.

In Battambang, men meet in parks and other public places to a lesser degree. There are no particular places or times where homosexuals can be found, as in Phnom

[19] The study will not refer to specific names and locations to respect the privacy and limited freedom of MSM.
[20] Sex workers in this report refer to male sex workers, unless otherwise specified.

Penh. MSM just go for *daleeng,*[21] and along the way, if they are lucky, pick someone up. Public events, especially when there is music and dancing, play a vital role for meeting and socialising among *sray sros*. At these times, most transgenders take the opportunity to dress up. It was observed that up to four young men would surround a transgender and dance with 'her'. There were also attempts to touch "her breasts", which the transgender would resist as any well-behaved female might and, more importantly, in the interest of maintaining the image of a "woman".

It is worth noting that word of mouth is an effective way of spreading information about this type of event among a scattered sub-population. However, where more local concerts and other similar events are held, although there are always *sray sros* and *pros saat* who attend, they are fewer and are probably there to watch rather than pick up men.

There is a house in one of the villages in the sites, which has become a focal point for meeting and picking up men, and having sex.

In Phnom Penh, on the other hand, those who go out to cruise[22] mingle with the rest of the population who are going for *daleeng* in the late afternoon/early evening. There are parks and other public places that are well known (among those in the know) haunts of MSM. As the evening goes on, most go home either alone or as "winners". Every night after 10 pm, most male sex workers go to discotheques, big restaurants, karaoke bars and other similar places in the hope of getting a customer. While non-sex workers do the same, this is more to do with libido. Sex workers might

[21] To take a walk, stroll around or to visit.

also meet in a colleague's house prior to holidays to discuss the best places to go and find clients or to discuss non-paying customers. They usually settle the issue of non-payment by fighting with the client(s), which is the only recourse open to them.

In Siem Reap, both *pros saat* and *sray sros* hang out in a park near the big hotels. As in Phnom Penh, the *pros saat* who are either customers or sex workers know each other and tend to congregate in the evenings, although again, there is no identifiable time or day when most of them will be in one place. *Sray sros* also meet in the same park when they want to find customers, but gather in a village near the airport at night on Saturday and Sundays to socialise and exchange news. By midnight, if members of both groups have not yet hooked a client, nearly all will go home. Only a few would go on to bars or karaoke bars to dance and sing until midnight.

The population in all study sites is not static; most MSM move around from one place to another. This phenomenon is most pronounced in Phnom Penh, where a man looking to pick up another can transfer from a park to a disco or the riverside.

MSM usually have sex in their own or in friends' rooms; bathrooms and toilets of bars or hotels; in the dark areas of parks; in open fields and abandoned buildings; among trees and other quiet places; and to a lesser extent, hotels and guesthouses. If the partner is handsome and wants him to enjoy the encounter, they go to a guesthouse or a hotel.

[22] A western term that defines a behaviour among MSM involving the search or "hunt" for sexual partners.

5.1.5. Support and networking

There are no formal support systems for MSM in Cambodia. There is one informal association formed with the help of the Urban Sector Group, an NGO with 50 members based in Phnom Penh. Workers with the Pharmacien Sans Frontieres (PSF) noted that this group was able to track down where their members are, who are sick and so on. They have been able to work closely with transgenders in Phnom Penh in the past through a clinic for transgenders and other sex workers, both male and female, established by the Cambodia Women's Clinic (CWC).

In the three study sites, there are strong but informal networks among transgenders. Groups meet in public areas to share information, problems and concerns, and to settle any conflicts that arise among themselves, such as competition for the same man, and when someone has had an accident. For “short hair” MSM, there are unsubstantiated claims of a very strong network as well, but this is more difficult to access, especially for the richer MSM. According to a key informant, "There is no community, only a coming together of friends".

5.2. MSM AND SOCIETY

5.2.1. Perceptions about MSM

While participant *sray sros* of focus groups believe that they are accepted in their own neighbourhoods, their families, with only a few exceptions, blame them for any

bad luck, scold them, are ashamed of them or attempt to mould them as "real men". Failing that, they are forced out of their families. In Siem Reap, *sray sros* have experienced being hit or kicked many times by parents when they started to wear women's clothes. Society generally does not accept the identity of transgenders; they are viewed as neither real men nor not real women. Cambodian parents prefer their children to be either men or women. Implicit to this kind of thinking is that sexual practice is what determines whether a person is a man or a woman (Schifter 1997). Hence, less than one in five talk to their family about their sexual preference, and the majority are more comfortable talking with their friends. In all three study areas, the proportion of the sample that said their families do not know of their sexual preference is roughly the same as those who said that their friends do know; about 83 to 85 per cent. The few in Phnom Penh and Siem Reap who said their families know about their sexual behaviour had all told their families themselves.

- Case Study 3 –

I learned that I prefer men when I was young, about 16 years old. I always looked at my friends' penises, especially when they took a bath. There were many young boys who did not wear underwear. I liked to see their penis and neck.

My family started to become aware that I am *kteuy* because of my behaviour (I did not like to go out with girls but boys). Even when they started to become aware they were not 100 per cent sure that I am *kteuy* because I did not dress like a girl.

As you see now I have a very short hair, have no breasts, no earring, I'm not made up … And the only reason that I want to be a barber is because I like to see men's necks, face and many other things. Being a *kteuy* barber is more lucky than other MSM.

I do not have a problem with my family because I do not dress like a woman. Nowadays, my parents want me to get married with a girl because they think they are old and they want to see their grandson or granddaughter. I have two brothers and one sister, all of them are married, except me.

I told my parents that I do not have a real business so how can I take care of my wife and son. They replied, "Your business as a barber, I think it is enough to feed your wife and son."

I have to marry a girl anyway, but I still have 100 per cent sex with boys.

Nobody can change it….

MSM are generally associated with *sray sros* – probably to the relief of *pros saat* or *sak klay.* There are cases of them being qualified for jobs and applying for them but not being accepted because the manager dislikes *sray sros*. One key informant who teaches English dismissed any possibility of acting other than as a "true man".

Many Cambodian men don't identify themselves as *kteuy,*[23] even if they have sex with other men, because they'll marry and have children in the future, and because Khmers in general do not think that homosexuality is part of their culture.

> "…Talking about homosexuals in Cambodia, it's very straightforward. Most of our people do not believe that the same gender can have sex. In fact homosexuality is available in hidden conditions since the last three years, and homosexuals have started to show their face increasingly in society. Some have formed a group to ask for legal status…" (Hor Bun Leng. 1997. "Cambodia" *Sexually Transmitted Diseases in Asia and the Pacific* p. 66)

The respondents also believed that Christians and NGOs dislike them but that Buddhists accept them for what they are. A stakeholder agreed, saying that the Church maintains very traditional thinking and so it would not be surprising if its view of homosexuality was negative.

[23] This term, considered offensive by *sray sros*, is used here since there is no similar terms in English that defines sexual behaviour or identity.

5.2.2. Experiences of discrimination and sexual violence

Many *sray sros* experience discrimination in the form of verbal abuse, harassment, physical violence such as blows, kicks, sex under compulsion, and occasional cases of rape. As a result, they tend to hide their sexual orientation and practices, making it difficult to reach and educate them.

For instance, most *sray* sros working with USG are well-educated and qualified for professional work. They report discrimination and misunderstanding as the main reason for their lack of employment. Some Cambodians even consider talking to a *sray sros* or *sak veng* as unlucky, and someone born in a man's body but wishing to be a woman is thought of as abnormal. Hence, sex work serves as the main source of income for *sak veng* linked to USG. *Sray sros* in Phnom Penh have experienced violence from clients, which is reported to be frequent. Medical staff have also refused to treat them or have spoken badly to them. In Battambang and Siem Reap, there were instances where police harassed them for whatever money they earned, through selling sex or otherwise. Cases of forced sex were also reported in the three areas under study. Three soldiers arrested a *sray sros*, tied his hands and forced him to have sex without payment in Battambang. In the absence of information from the three soldiers, the lack of payment may be a reason why the incident has been called forced sex. In Siem Reap, a policeman raped a man at a party because he thought the man didn't have HIV/AIDS. The man was given $50 in return for his silence.

Although rape is commonly associated with physical attack and violation, most of the experiences by *sray sros* could also be classified as rape even if there is less

physical violence involved. Incidences of sexual harassment, sex under compulsion and rape have left *sray sros* and other MSM wary of the police or military. From their perspective, members of the uniformed forces do not perform their duties and responsibilities as they are supposed to.

When they are called *kteuy*, some *sak veng* or *sray sros* become angry and think about suicide. In Battambang, a key informant said that it is the equivalent of being called a “faggot” or other terms understood to be derogatory.

Pros saat effectively avoid discrimination by blending in and appearing as *boroh pith brakat* or “true men”/”true boys”; terms used by a key informant based in Phnom Penh to define masculine men. This way of avoiding friction and other forms of confrontation was endorsed by the majority of the participants in a two-day workshop sponsored by KHANA, arguing that by not standing out, conflict could be avoided. Some even wondered why *sray sros* need to dress up and act like women, so inviting ridicule. Others saw this behaviour as courageous, being true to themselves and “having the balls to stand up”. In Tarr's (1996) anthropological study, male respondents argued that *kteuy* have no choice but to behave in this way since nature has made them like that, although they found it difficult to accept that these men might have feminine qualities. As the research findings show, this kind of thinking still prevails and is reflected in general attitudes towards transgenders.

> Vu Thy (a pseudonym) 30, is highly educated, having completed financial management in a university in Vietnam. She used to work in finance as a civil servant but says she was sacked because ‘no one

> knew if she was a man or a woman'. Nowadays, she earns money by singing, but usually survives through sex work. (Urban Sector Group)

From the government's perspective, the position taken by some members of the inter-departmental committee on HIV/AIDS of the Ministry of Education, Youth and Sports (MoEYS) has been to deny the existence of homosexuality in Cambodia, according to an official based in UNESCO. However, it would be more accurate to say that to date, there is no reference to any same-sex behaviour in any policy, programme, project or campaign either being implemented or even proposed. In the course of this research, various components of HIV/AIDS policy papers, strategies, projects and programmes in Cambodia were reviewed and not a single substantial HIV/AIDS care and prevention activity aimed specifically at those who engage in male-to-male sexual activity was found. The context of sexual activity in HIV work is taken to be exclusively heterosexual, and other forms of sexual intercourse, such as anal sex, even among heterosexuals, is simply not mentioned. A few NGOs work with *sray sros,* but the overall impact is insignificant.

Although the focus of this research is on MSM in Cambodia, it should be mentioned that there are several undocumented cases where foreigners have been blackmailed, subjected to extortion, and/or run out of the country for alleged male-male-sexual activities with Cambodians.

5.2.3. The law

In all focus discussions and key informant interviews, the common response to questions about the law and MSM is to note the absence of it. More accurately, it is the lack of implementation of the law vis-à-vis the rights of MSM as citizens, especially *sray sros*. MSM are harassed, questioned and discriminated against for having an alternative lifestyle.

Anal penetrative sexual activities are not criminalized as such, there being no law especially defining sodomy as a criminal activity (Tarr 1996). Attempts to criminalise these types of sexual activities with minors (children below 16 years of age) should be seen as legal safeguards for young people against older people who might consider sexually exploiting them.

5.3. SEXUAL BEHAVIOUR

5.3.1. Preferences and practices

The average age of first sexual intercourse with a man among the respondents was 18; 19 years for *pros saat* and 17 for *sray sros*. With a woman, it was 18 for the former and 19 for the latter; several years earlier than heterosexual men, whose mean age at their first sexual experience was 22 (NCHADS 2001)

Sexual activity with a man among the sample in Battambang and Phnom Penh started early, at the age of ten for a *sray sros.* In Siem Reap, the first recorded sexual experience of one informant was at 12 years of age. Seventeen per cent of the *sray sros* in the sample had their first sexual experience with a man between the ages of 10 to 14, compared to 2 per cent of *pros saat*. On the other hand, the earliest

sexual activity with a woman was 13, again both in Battambang and Phnom Penh. A total of eight *sray sros* in the sample had their first sexual experience with a woman: three in Battambang and five in Phnom Penh. Age is a factor in risky behaviour. As adolescents become aware of their sexuality, they experiment. Unaware of reproductive or sexual health issues and concerns, and subject to peer pressure, they are more likely to engage in risky sexual behaviour.

Over half (55 per cent) expressed a preference for a male sexual partner, although 9 per cent of these men have had sex with a woman as well. Overall, 46 per cent have had sex only with men and 54 per cent have had sex with men and women. In Phnom Penh, all respondents had had sex with both men and women, while 48 per cent in Battambang and 29 per cent in Siem Reap said they have sex exclusively with men, *sray sros* more than *pros saat*.

Among *sray sros*, 38 per cent said they only have sex with men and 62 per cent stated that they have sex with both, although with more men than women. Ninety-seven per cent of *pros saat*, on the other hand, have sex with both men and women, and 88 per cent claimed that they have more male partners than female. Only 3 per cent have sex exclusively with men.

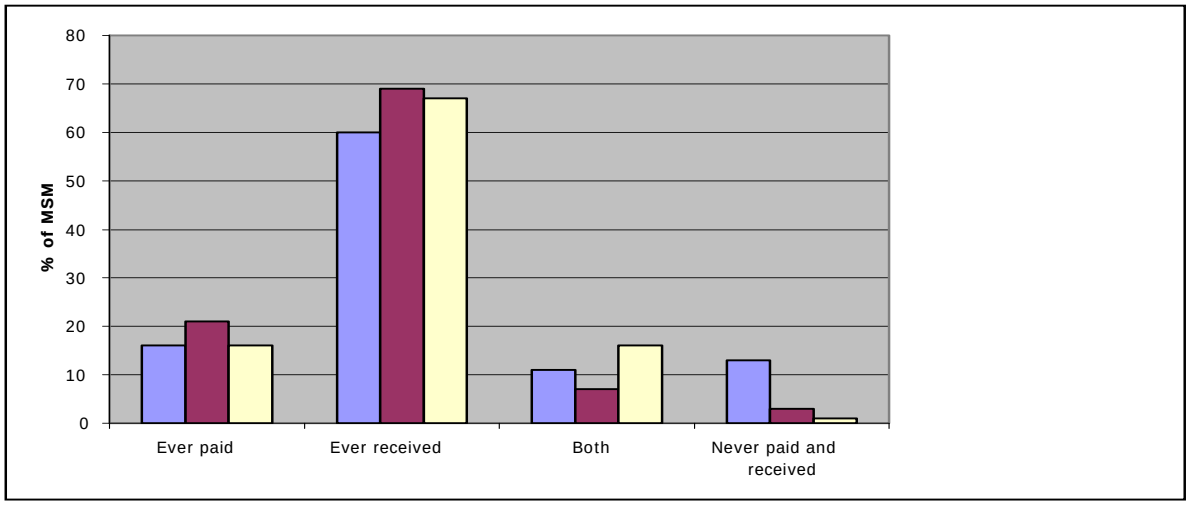
Only a small number (67 respondents) have a regular partner, defined as someone with whom the respondent has had a relationship for at least a year. There are more *sray sros* than *pros saat* who have regular partners: 23 per cent and 12 per cent respectively. Most of these partners are male, and a few consider these partners as their “husbands”.

> "I think there are a lot [of MSM] – believe me," Sophato says with a grin. "Rich men, people with good reputations have families, but they are gay also. I don't think they want to marry but they have to."
> (*Phnom Penh Post*, 11–24 October 2002)

Nearly half go out to pick up men whenever they want to, and for a small group of men, sexual transactions were only about pleasure and never involved money. Those who have received money, whether in payment or as a gift, comprise 66 per cent of the sample (Figure 3). This is consistent with those who said (47 per cent) that they picked up men whenever they needed money – especially in Phnom Penh, where 61 per cent admitted to picking up men whenever the need for money arose. This in no way is exclusive to the Cambodian experience as, for example, in Senegal, economic exchange also plays an important role in the sexual experiences of MSM (Niang *et al.* 2002). Less than a quarter of the sample said that they have never received money for sex.

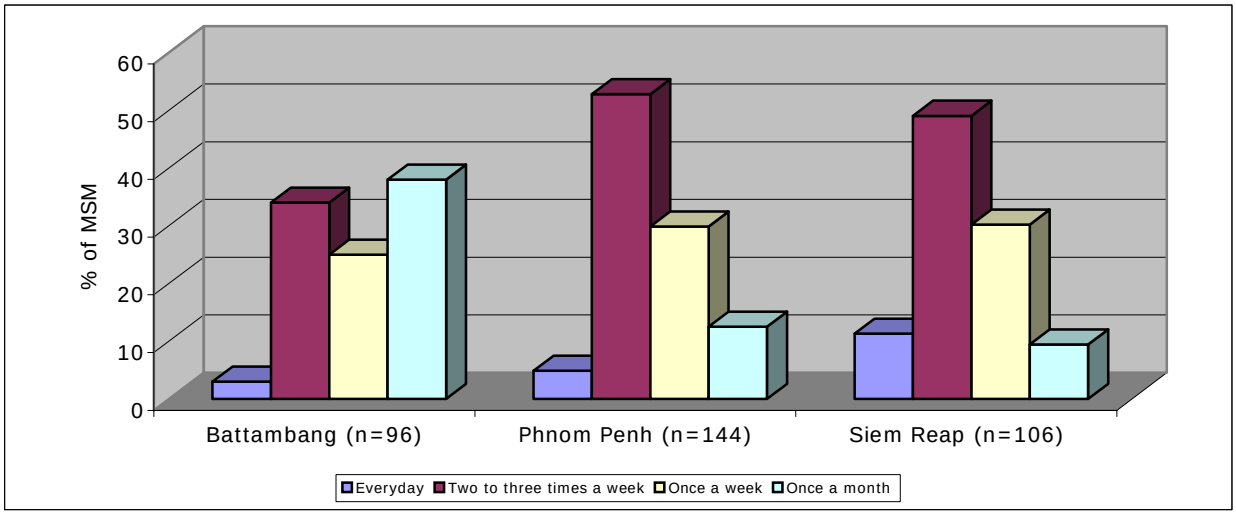
Fewer than one in five said they have paid for sex, but this may be under-reported due to the sensitive nature of the question. The average amount paid ranges from 5,000 Riel per hour in Battambang to 40,000 Riel in Phnom Penh. On a per night basis, Battambang is cheapest at 10,000 Riel compared to 70,000 Riel in Siem Reap. Interestingly, the amounts reportedly received are twice the amounts said to be paid. The percentage of *sray sros* and *pros saat* who said they had ever paid for sex is 28 per cent and 30 per cent respectively.

Figure 3. Distribution of respondents who ever paid or received money for sex



Men in Battambang have sex less frequently relative to the other study sites: 33 per cent said that they had sex two to three times a week and 36 per cent said they had sex once a month. Exactly half in Phnom Penh and 43 per cent in Siem Reap said they had sex two to three times a week. As a whole, the share of *pros saat*-respondents who said they had sex two to three times a week is higher when matched up to *sray sros*: at 48 per cent and 40 per cent respectively. Three-quarters of the study sample had sex once a week, and sometimes up to two to three times a week (Figure 4).

Figure 4. Frequency of sex with other men



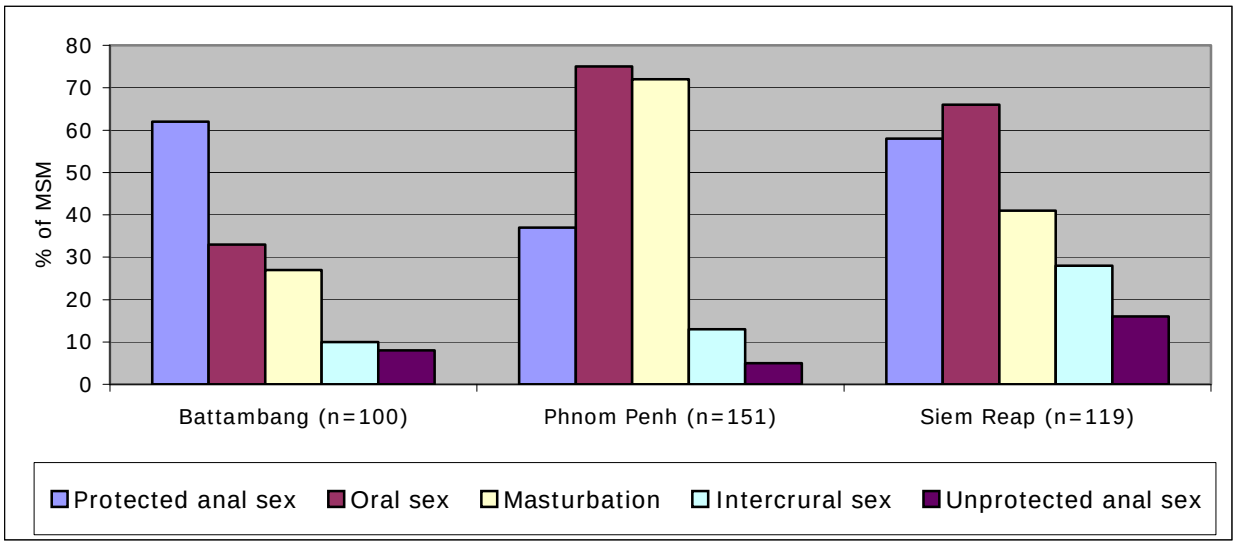
Anal sex with a condom and oral sex are the sexual acts most frequently mentioned by *sray sros* and *pros saat* in Battambang and Siem Reap, while in Phnom Penh, the number of respondents engaging in oral sex and masturbation is higher, at 75 per cent and 71 per cent respectively (Figure 5). Based on focus group discussions, *sray sros* in all three cities like anal sex, especially those in Siem Reap. *Sak klay* or *pros saat*, on the other hand, like oral sex and/or masturbation. In Phnom Penh, male sex workers who participated in group discussions said the sexual act would depend on their clients' wishes.

About 31 per cent allow their sexual partners to come in their mouths; while only a minority stated the reasons for doing so, which included, "good taste", "want to taste", "knows the partner well", to "the partner is handsome", among others. For those who do not like their partners to come in their mouths, the most common reasons are "fear of infection", "bad smell" and a straightforward, "I don't like it".

Those who engage in intercrural sex (putting the penis between the thighs and simulating intercourse) are in the minority in Battambang and Phnom Penh, but nearly a third of *pros saat* and a quarter of *sray sros*-respondents do it in Siem Reap (Figure 5). A few respondents indicated that they practice unprotected anal sex.

It should be remembered that sexual activities at any one time do not revolve around a single act: oral sex, anal sex and masturbation do not have to be mutually exclusive.

Figure 5. Sexual acts frequently engaged in



The number of respondents who had had anal sex in the past month was 247 (67 per cent of the total sample), while 148 had had anal sex in the past week; more than half the number recorded in the past month or past six months. In Siem Reap, more respondents had anal sex relative to the study populations in Battambang and Phnom Penh. In the past week prior to the survey, 48 per cent of respondents in Siem Reap had had anal sex; twice that of the other study areas. This preference for anal sex was also mentioned in the focus group discussions, and some participants even went so far as to go home and bring back the lotions that they use to show everyone.

However, it is respondents who self-identified as *sray sros* who practiced anal sex the most, averaging around 63 per cent of the total (Table 3). Sray sros were almost twice as likely to engage in anal sex as compared to pros saat. (36% vs 64%)

Table 3. Number of men engaging in anal sex by sexual identity

	Pros saat		*Sray sros*		Total	
	n	% of total	n	% of total	n=370	% of total sample
Past six months	92	37	157	63	249	67
Past month	90	36	157	64	247	67
Past week	53	36	95	64	148	40

In terms of role assumed during anal sex, *sray sros* are more likely to be passive, as reported by 51 per cent of respondents, against only 23 per cent of *pros saat*, who revealed that they take on a receptive role. The percentage of *pros saat* who are active during anal sex is nearly double (33 per cent) compared to *sray sros* (18 per cent). Forty-seven percent and 44 per cent are passive in Battambang and Siem Reap respectively, while in Phnom Penh, two in five take on the insertive role. The numbers of those who can switch between passive and active, however, are low in Phnom Penh, at 13 per cent compared to 34 per cent and 38 per cent in Battambang and Siem Reap (Table 4) respectively. These sexual roles are not static and can change depending on the situation or may alter over time. Unprotected anal sex, which can lead to the transmission of HIV, may also occur between men and women. A key informant in Phnom Penh said that he likes to sleep with young men "because it is exciting to fuck by anus", although he also likes to be the receptive partner.

Table 4. Role of respondents during anal sex.

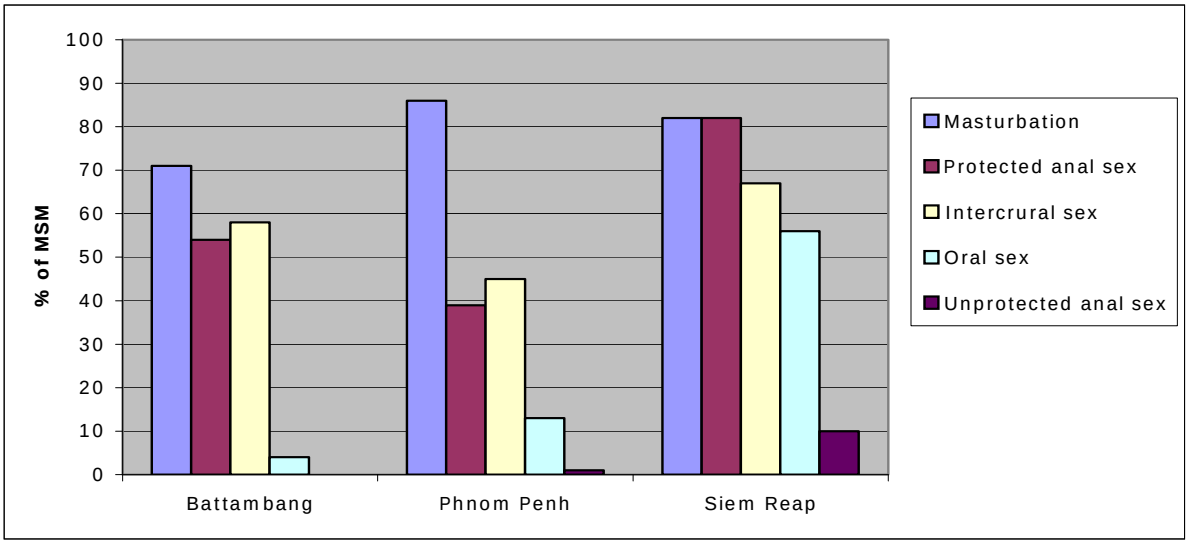
	Battambang (n=100)	Phnom Penh (n=150)	Siem Reap (n=117)	Total	
				n	**%**
Passive	47	33	40	144	39
Passive and active	34	13	38	99	27
Active	14	41	13	91	25
Does not engage in anal sex	5	12	9	33	9
Total	**100**	**100**	**100**	**367**	**100**

Sex between two men is not always high risk for HIV. It becomes risky mainly when there is anal intercourse without condoms, and the risk is greater for the person who takes the passive (penetrated) role.

When respondents were asked about safer sex practice, a majority mentioned masturbation (86 per cent, 82 per cent and 71 per cent in Phnom Penh, Siem Reap and in Battambang, respectively), followed by anal sex with condom and intercrural sex (Figure 6). *Sray sros* ranked protected anal sex as second to masturbation in terms of safety, in contrast to *pros saat*, who consider this as third (masturbation and intercrural sex are first and second) in terms of safer sex practice. In focus group discussions in Battambang, the following were identified as safe sex: protected anal sex; intercrural sex; using the hand and/or armpit; oral sex with condom; and avoiding many partners. One participant also said that most men are aware that they should always use condoms during anal sex, but he wasn't sure if his friends actually did so. For him, anal sex is a non-issue since he only did it once in the mid-1980s. In

another discussion, participants said that 60 to 70 per cent of MSM get HIV/AIDS because there is no education, advice or assistance from organisations, although it does exist for female sex workers. The participant goes on to say that transmission is more likely because MSM do not always use condoms. According to another key informant, male-to-male sexual transmission of the virus plays a significant role in the epidemic because Cambodian homosexuals like to sleep with "heterosexual" men, "and these men have sex with prostitutes."

Figure 6. Perceived safer sex practices



5.3.2. Risky behaviour

In the context of the study, risky behaviours are those activities that facilitate easier transmission of HIV through sexual contact. Multiple partners, unprotected anal sex and having sex while under the influence of alcohol or drugs (Choi *et al.* 1999, in Spikes *et al.* 2001) are some of the factors that can lead to the transfer of HIV from one person to another.

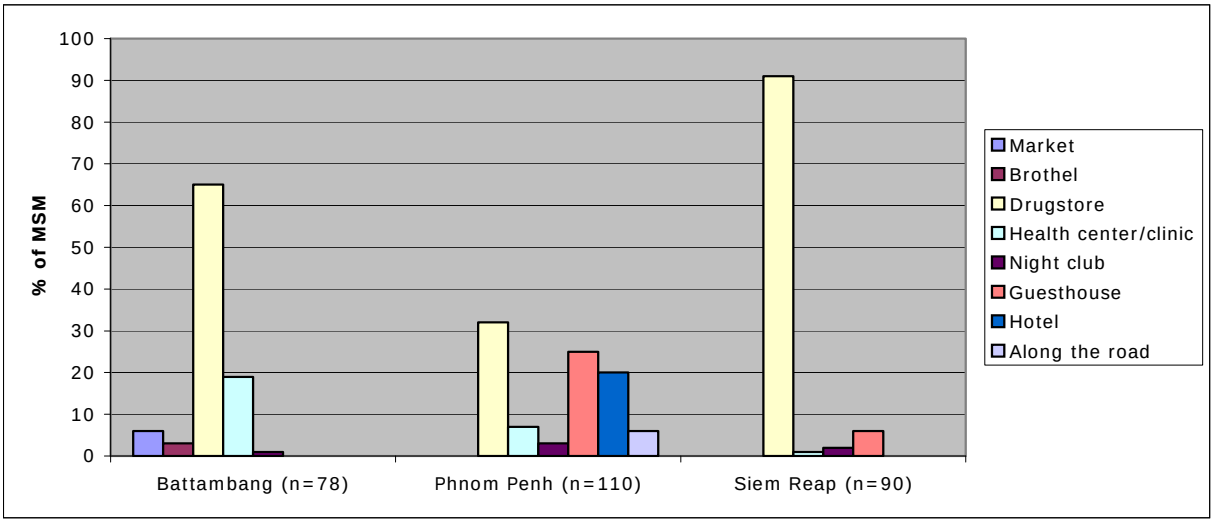
5.3.2.1. Unprotected anal sex

A few men in Siem Reap and Phnom Penh mentioned sex *without a condom* as a safe sex practice. One in four said that oral sex, which a majority of the sample engage in, is a safer method.

In terms of condom use, 88 per cent said that condoms are readily available, although only 86 per cent of this group were able to specify where they can be bought. Slightly more *pros saat* said that condoms were available and could specify where they could be bought (90 per cent, as opposed to 86 per cent of *sray sros* respondents). In the three study areas, the most common places mentioned where condoms are available were drugstores, health centres and guesthouse or hotels. A few in Battambang also mentioned brothels (Figure 7). Although respondents in Phnom Penh were most aware of the various sources of condoms, followed by those in Battambang and Siem Reap, they did not mention markets and brothels as places where they bought condoms. Drugstores, guesthouses or hotels, and health centres, mentioned in order of frequency by *sray sros* and *pros saat,* were the places where condoms are usually bought. More *pros saat* cited guesthouses and/or hotels, and health centres/clinics as places where condoms could be bought.

It is worth noting that most drugstores, cited by 60 per cent of respondents as the place where they could buy condoms, are closed by 7pm. In Phnom Penh, only one drugstore is open for 24 hours, and in the evening, there are ambulant condom vendors in some areas. Almost all male-to-male sexual activity, on the other hand, begins after nightfall.

Figure 7. Where respondents bought condoms



For those who said that condoms are not available, the reasons offered were: "far from the shop"; "late at night"; "don't like"; "urgent need"; "lazy to buy"; and "shy to buy". Other than "far from the shop", which implies that condoms were available in the town centre only, most of the reasons given provide an insight into the attitudes of men to condom use. Among the heterosexual population, condom use is associated with sex workers, and there is no reason to assume otherwise for the MSM population. For both *pros saat* and *sray sros*, the main reason why condoms were not available to them was that they lived too far away from the shops.

Eighty-two per cent of the sample was aware that a condom is still good if it is within the expiry date or it was stored in a cool place. Others, however, assumed that a condom is good because it is in a box, the cover is good, it looks new, it still has lubricant or there's still air inside. Most MSM do not seem to be aware that they should also check for breaks or holes in the packaging prior to use. The percentage of respondents who know that condoms should not be kept in places where breaks

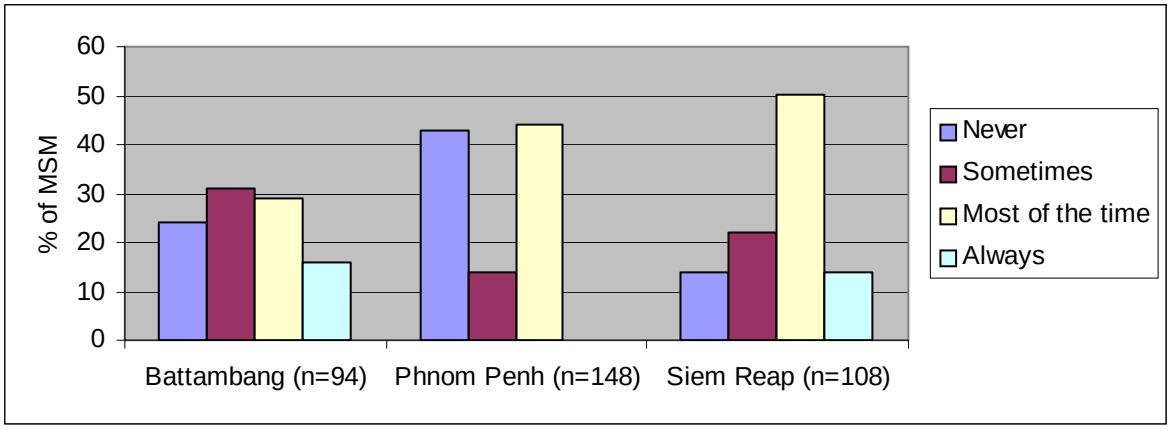
or holes are likely to happen – for example, in a back pocket – is nearly double among *pros saat* than *sray sros.*

Among those who claimed to have used a condom when they had anal sex in the past month (67 per cent of the sample), 11 per cent said that they never used a condom while 12 per cent said they always used a condom. The incidence of *pros saat* never using condoms is higher than *sray sros*, except in Siem Reap (Figure 8). There were no regular condom users in Phnom Penh, while in Siem Reap, where 92 per cent of the sample engaged in anal sex, an average of 12 per cent never used condoms and 72 per cent were inconsistent users. One participant of focus groups in Siem Reap said he once used a small piece of plastic instead of a condom. Among the three areas, Battambang has the largest number of respondents who said they always used condoms.

Comparison of regular[24] condom use among MSM with that of heterosexual men in the BSS (NCHADS 2001) show values ranging from 26 per cent to 87 per cent in the BSS, while only between 14-17% of the MSM study respondents reported always using condoms when they had sex in the past month. The two are not strictly comparable since the timeframe used by the BSS covers the last three months. Nevertheless, the comparison serves to emphasise the small number of MSM who have always used condoms. Among the *sray sros* linked with USG, few report consistent condom use because: anal sex is not commonly considered to be an HIV/AIDS risk; they believe that semen gives strength; and a condom "drags" and burns the skin.

[24] In this study, “regular” refers to always using a condom by respondents who had anal sex in the past month.

Figure 8. Frequency of condom use by men who had anal sex in the past month



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Due perhaps to the assumption that HIV/AIDS is largely transmitted through heterosexual contact, the 100 per cent condom use campaign by the national government has ignored men who have sex with each other, which may be a factor in the continuing low and inconsistent condom use.

Commonly used in tandem with condoms, lubricants are applied during anal sex to reduce the chances of condom breakage, and hence diminish the likelihood of HIV transmission. However, lubricants were used by fewer than half of the sample (42 per cent). Of those who do use condoms, 28 per cent also used water-based lubricants (Table 5). Thirty per cent of *sray sros* used water-based lubricants, while 20 per cent used oil-based lubricants. These figures are reversed for *pros saat* using water- and oil-based lubricants. Among those who always used condoms and water-based lubricants, 11 respondents are from Battambang and 9 from Siem Reap. Although there are 24 water-based lubricant users in Phnom Penh, they were inconsistent condom users: no respondent used both at the same time. For those who used oil-based lubricants, lotions, coconut/vegetable oil and cooking oil were

the most frequently mentioned. While oil-based lubricants do provide the desired effect, respondents seemed unaware that they can cause condoms to break, unlike the water-based types available. A few use saliva and 43 per cent didn't know the name of the lubricant they use, or whether it is oil or water based. Saliva, even though it provides lubrication, quickly dries up and may lead to condom breakage.

The most common reasons cited for using lubricants are ease in making love, reducing the pain involved in anal sex and to protect the condom. *Pros saat* (73 per cent) mentioned “ease in making love” more than *sray sros* (69 per cent), whereas the reverse was true for “reducing the pain”: 25 per cent to 20 per cent. Half of those who did not use lubricants were not able to give reasons. For respondents who were able to say why they didn't use lubrication, the following were cited: condoms are lubricated; saliva was used; respondents don't like lubricants; respondents can't find lubricants; and, respondents never have anal sex.

Table 5. Number of respondents who used lubricants and type used.

	Battambang	Phnom Penh	Siem Reap	Total	
	(n=100)	(n=151)	(n=119)	n=370	%
Using lubricant	**57**	**44**	**28**	**156**	**42**
Water-based	49	15	18	44	28
Oil-based	25	26	27	40	26
Others	2	6		5	3
Don’t know name	25	53	55	67	43
Total*	100	100	100		100
Not using lubricant	**43**	**56**	**72**	**214**	**58**

*May not be equal to 100 due to rounding off

5.3.2.2. Sex with multiple partners

For the 18 per cent of the sample who have regular partners (12 per cent of all *pros saat* and 23 per cent of *sray sros*), nearly two out of five have sexual relations with others as well. Among the sentinel groups[25] that are part of the regular behavioural sentinel surveys of NCHADS, the proportion of men who are married ranged from 67 per cent among the military to 85 per cent among the police. These two groups are considered high-risk because of their greater sexual activities with direct or indirect female sex workers. (don't see the point of this paragraph—esp the marital status ?)

Other studies have shown that HIV risk factors increase in *songsaa*[26] relationships due to the Cambodian attitude that condoms are not to be used between people whose relationship is characterised by "love", "trust" and "familiarity" (Mith Samlanh, PSI 2002). Tarr (1996) explains the concepts of *sne'har* and *sralagn*[27] that can be used to describe the relationship with a lover. The former conveys a stronger commitment and a desire for sexual relations, while the latter is much lighter. She further explains that the definitive element of *sne'har* is trust, and suggests that trust appears to result in a range of risk-related sexual behaviours among the young. A similar finding is echoed in Costa Rica, where condom use is practiced within homosexual relationships but not within heterosexual ones (Schifter, undated).

Nearly a third of the respondents experienced having sex with more than one man *at the same time* in the past six months. This took place at least twice in the past six

[25] Composed of members of the military, police and moto taxi drivers.
[26] A descriptive term used for a partner; the relationship may or may not be sexual.

months, according to 100 per cent of the sample in Battambang, 82 per cent in Phnom Penh and 59 per cent in Siem Reap. Among 52 *pros saat* and 51 *sray srost* who said they experienced having sex with multiple partners at the same time, 52 per cent and 59 per cent reported that this took place at least once and up to more than five times during the past six months respectively.

One informant who likes anal sex recounted that he has sex with two, or sometimes four, young men at the same time, paying only $5.00. In the same evening he can be both passive and active during anal sex and receive fellatio, implying that not all men he has sex with are in it for money. Another *sray sros*, this time in Siem Reap, told of the time he had sex with his client's group three times (30 to 50 men in all). The first time he was forced to sleep with 16 people and became unconscious; thereafter, he went of his own volition.

While heterosexuals may also have multiple partners at one time or another, they do also benefit from information campaigns on reproductive health. Thus a review into a 20-month media education project on sexual and reproductive health among young people aged 12 to 24 years in Cambodia indicated that listeners to a radio programme on sexual reproductive health issues had become aware that choosing partners well or being faithful can reduce the chance of being infected by HIV/AIDS (Catalla 2000). The absence of similar campaigns for MSM, on the other hand, may lead some respondents not to reflect on the health implications of having multiple partners.

[27] *Sralagn* is a term used to refer to the love for parents, relatives, friends and lover, while *sne'har* is something

5.3.2.3. Use of alcohol and drugs

Roughly one in four respondents reported using alcohol or mood-altering drugs prior to sex. Of these, almost 90 per cent said they drink alcohol (Table 6). Fewer men said they take metamphetamines or marijuana before having sex. A higher percentage of *pros saat* drink alcohol before having sex, especially in Siem Reap, at 36 per cent. The study did not probe further into linkages between alcohol & drug use and safe sex practice; three respondents in Phnom Penh reported injecting behavior.

Table 6. Number of respondents who ever consumed alcohol or used any mood-enhancing drug before having sex.

	Battambang (n=100)	Phnom Penh (n=151)	Siem Reap (n=119)	Total	
				n	&
Yes	**26**	**21**	**32**	**95**	**26**
Alcohol	88	87	92	85	89
Injecting drug		3		1	1
Other drug	12	6	5	7	7
No answer		3	3	2	2
No	**74**	**79**	**68**	**275**	**74**
Total	**100**	**100**	**100**	**370**	**100**

more discreet, deeper in nature and provides for a possible full sexual relationship with the partner.

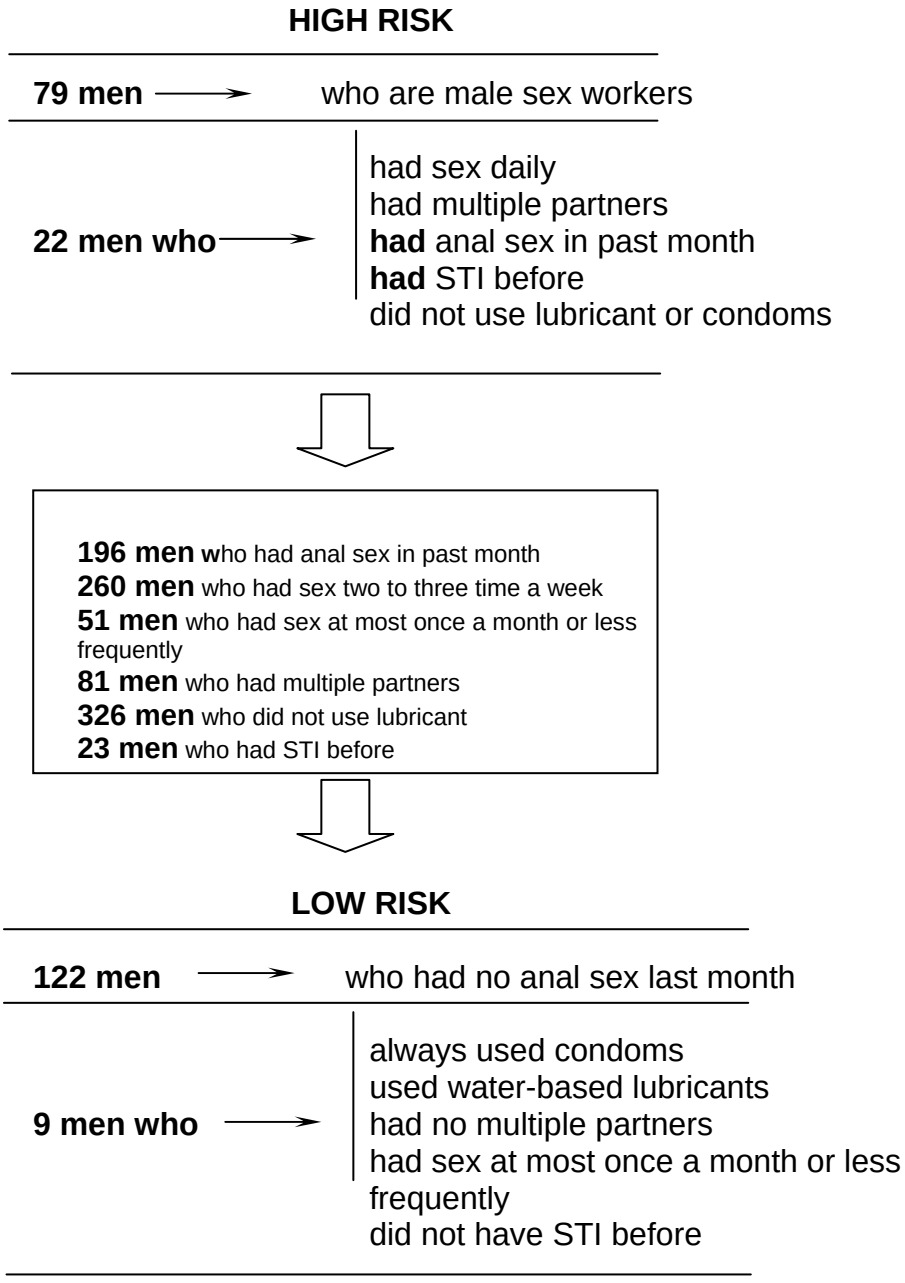
5.3.2.4. 'Risk groups' among the study population

Based on the results of the survey, it may be argued that among the respondents there are more men who may be at higher risk than among other groups. If variables such as multiple partners, having sex daily, having anal sex in the past month, not using lubricants, having had STIs before and so on are behaviours that can lead to increased chances of transmitting HIV, then certain conclusions can be reached regarding the possible degree of exposure to risk from the review of these responses. Taken singly, these variables do not necessarily lead to transmission of the virus. But together, they may place the respondents at greater risk. While 'agent' factors (i.e. HIV infectiousness) are not considered here, these numbers should not be taken as definitive in assessing which segments of the informant sample are at greater or lesser risk. These groups do continue to have potentials for future risk assessment.

It may be said that 79 male sex workers and a core group of 22 men (Figure 9) are at the greatest risk from HIV transmission, since this number (6 per cent of the sample) would satisfy all variables that are considered risky behaviour, including previously contracting STIs, which makes it easier to acquire HIV (UNAIDS 2002; Girault *et al.* 2000). Thirty per cent of male sex workers, on the other hand, reported having had multiple partners: *pros saat* more frequently than *sray sros*. Over two in five, or 43 per cent, are passive during anal sex, and an additional 24 per cent play both passive and active roles in sex. Again, *sray sros* prefer a receptive role than *pros saat,* at 65 per cent to 17 per cent respectively. Male sex workers, due to economic considerations, may also practice unsafe sex with clients.

At the other end of the spectrum, there were 122 men who had not engaged in anal sex during the past month. In addition to these men, there were three from Battambang and six from Siem Reap who always used condoms *and* used water-based lubricants (none in Phnom Penh), plus they did not have multiple partners in the past six months. It is assumed therefore, that nine is the highest number of respondents who practice safe sex.

Figure 9. Distribution of sample in terms of risk to HIV transmission



Hence there are 131 respondents who can be categorised as low risk based on their sexual behaviour. The rest of the sample (37 per cent) is exposed to varying degrees of risk because they have unprotected anal sex.

5.4. HEALTH ISSUES AND CONCERNS

5.4.1. Sexually transmitted infections

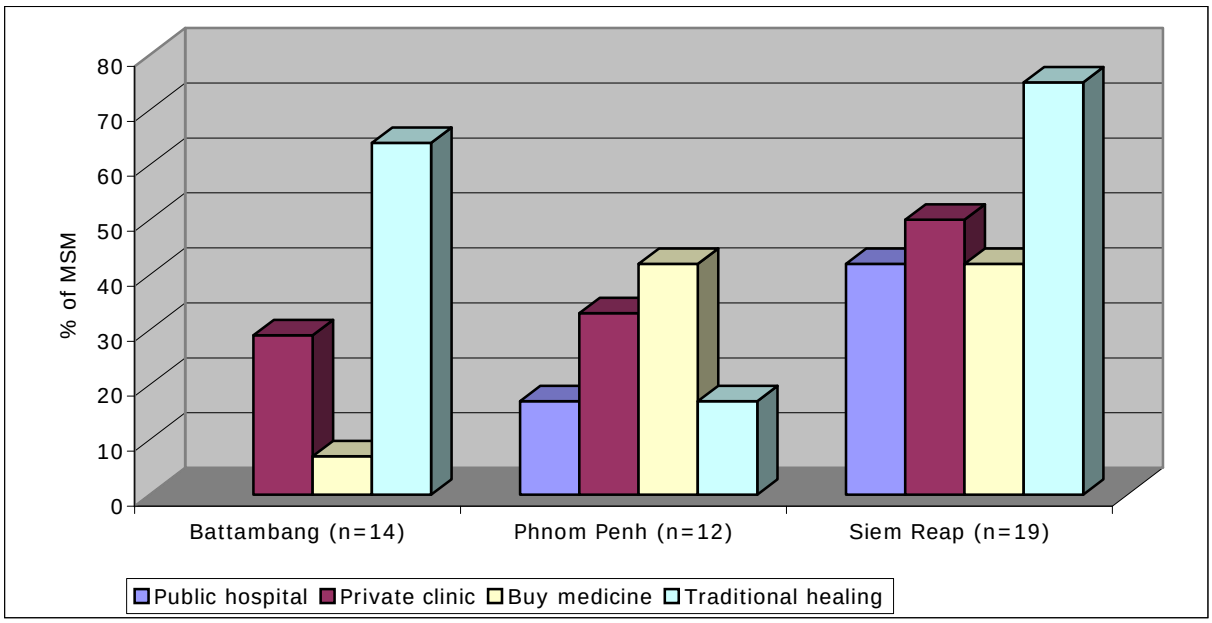
Twelve per cent of the sample admitted that they had contracted STIs before, *pros saat* more than *sray sros*, and of this only 18 men mentioned classic symptoms such as penile discharge and pain when urinating. However, these responses must be treated with caution since even trained or professional health practitioners find it difficult to diagnose STIs. Among respondents who believed that they have had STIs, most go to traditional healers (44 per cent) or self-medicate (24 per cent). Heterosexual men, on the other hand, ranked self-medication as a first recourse in treating STIs, followed by consulting medical professionals and lastly, using traditional healers (NCHADS 2001).

Pros saat in Battambang and *sray sros* in Siem Reap did not go to public hospitals for treatment of suspected STIs (Figure 10). Generally, *pros saat* tend to favour traditional healing, followed by buying medicines and going to private clinics. On the other hand, *sray sros* reported going to private clinics first, then using traditional healers and self-medicating.

In a survey sponsored by FHI in Phnom Penh among 206 male respondents in 2000, 26.5 per cent tested positive for at least one STI, including HIV. Syphilis prevalence

was 5.5 per cent and other STIs found among the sample were anal and urethral gonorrhea and chlamydia.

Figure 10. Where men who had STIs went for treatment



Eighty-six per cent of *pros saat* and 74 per cent of *sray sros* said they knew how to avoid getting STIs. Of these, 97 per cent cited that use of condoms is an effective method in avoiding contracting STIs, followed by that of avoiding multiple partners (Table 7). The number of men who claimed to know how to avoid STIs by using condoms is high, ranging from 91 per cent in Siem Reap to 100 per cent in Phnom Penh. Nevertheless, in practice, only a few regularly engaged in protected anal sex. MSM in Battambang and Siem Reap were less likely to know how to avoid STIs compared to respondents in Phnom Penh.

Table 7. Number of men who knew how to avoid contracting STIs.

	Battambang (n=100)	Phnom Penh (n=150)	Siem Reap (n=119)	Total	
				n	%
Know how to avoid	63	92	77	293	89
Use condom	98	100	91	284	97
Avoid multiple partner	46	31	37	106	36
Have regular check-ups	13	14	26	51	17
Hygiene	24	3	75	88	30
Don't know how to avoid	37	8	23	76	21
Total	**100**	**100**	**100**	**369**	**100**

5.4.2. Knowledge of HIV/AIDS

All respondents had heard of HIV/AIDS, usually from television (77 per cent) and the radio (71 per cent). Other sources of information mentioned were health facilities, posters/billboards, neighbours, newspapers and, to a lesser extent, NGO workers.

Despite widespread knowledge of how HIV is transmitted (88 per cent said that sex without a condom is a way to get the virus), a small number of *pros saat* and *sray sros* still thought that getting tattoos, cutting nails – presumably including manicures and pedicures – dental work, sores, surgery and the use of razors would make it possible for a person to get HIV (Table 8). In focus group discussions in Siem Reap, licking breasts or lips were also mentioned as modes of transmission for the virus. Moreover, 60 per cent of the sample did not think that a healthy-looking person can have HIV/AIDS.

Table 8. Knowledge of possible HIV transmission modes (as mentioned by respondents)

	Battambang	Phnom Penh	Siem Reap	Total	
	(n=100)	(n=151)	(n=119)	n=370	%
Sex without condom	82	92	88	326	88
Blood transfusion	46	48	61	192	52
Injection	39	40	28	132	36
Breast-feeding	10	9	18	46	12
Razor	10	11	12	40	11
Oral sex	6	2		9	2
Others	1	5	5	14	4

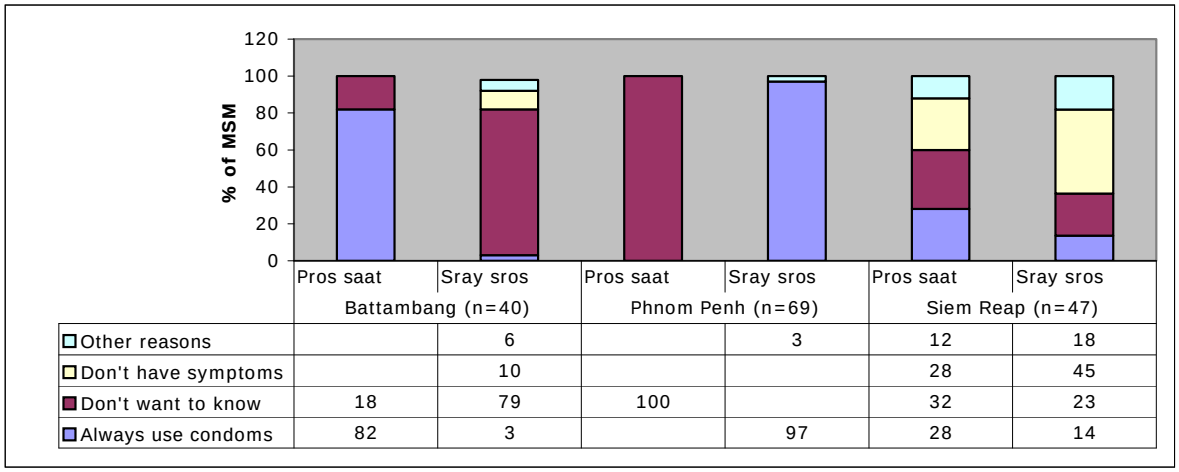
The same FHI-sponsored research found that 57 per cent of the study population still held common misconceptions about HIV transmission. (This research established that in Phnom Penh, HIV prevalence was 14.4 per cent among the MSM sample, and that the chance of infection increased by 3.3 if they had anal sex with multiple partners relative to those who didn't (Girault *et al.* 2000). Among male sex workers, the HIV prevalence was slightly higher, at 15 per cent. This prevalence is more than triple the rate for heterosexual men, which is 3.45 per cent (NCHADS, as cited in MOP 2001).

More than half (57 per cent) said that they know someone who had HIV/AIDS; mostly friends or acquaintances. Only 6 per cent acknowledged that a family member has HIV/AIDS.

Roughly the same proportion of *pros saat* and *sray sros*, (75%) have never had an HIV test. This is higher compared to an average of 70 per cent among the high-risk groups of heterosexual men sampled for the BSS – although across all groups, more

are getting tested for HIV. The common reason given by the appraisal's respondents was the fear of the results or the psychological burden involved (Figure 11). Other reasons, such as "fear of injections", "does not have symptoms" or "does not sleep with women" are indicators of the poor level of knowledge about the epidemic that still exists in Cambodia. In Siem Reap, one-third of respondents still think that one needs to have symptoms to take an HIV test. By type of groups, more *pros saat* did not wish to know about their HIV status relative to *sray sros*.

Figure 11. Reasons why respondents refused to test for HIV/AIDS



	Battambang (n=40)		Phnom Penh (n=69)		Siem Reap (n=47)	
	Pros saat	Sray sros	Pros saat	Sray sros	Pros saat	Sray sros
Other reasons		6		3	12	18
Don't have symptoms		10			28	45
Don't want to know	18	79	100		32	23
Always use condoms	82	3		97	28	14

Among respondents who tested for HIV/AIDS in Battambang and Siem Reap, around 88 per cent reported that some form of counselling was offered, while three-quarters of the sample in Phnom Penh said there was counselling available. A total of 13 per cent said that none was given (Table 9).

Table 9. Whether counselling services were offered when testing for HIV/AIDS.

	Battambang	Phnom Penh	Siem Reap	Total	
	n=20	(n=41)	(n=28)		%

No, not at all	9	16	11	12	13
Yes, briefly	14	11	18	13	14
Yes, very well	73	64	71	64	68
No response	5	9		5	5
Total	**100**	**100**	**100**	**90**	**100**

Of the 94 men who tested for HIV/AIDS, 92 per cent claimed that they had adopted safer sex by always using condoms, avoiding/reducing anal sex or sex in general, or by resorting to masturbation. Seven men said they had not changed their sexual behaviour and one respondent claimed to have stopped having sex altogether.

5.4.3. Other concerns

A commonly expressed need from all three areas was for MSM-friendly facilities, especially medical centres where testing for STIs and HIV/AIDS can be undertaken. The hostility expressed by some health workers towards MSM, as experienced by a number of *sray sros,* currently discourages the use of medical facilities, even for basic needs.

The need for life skills and vocational centres for MSM so that they can become productive and move away from sex work was also expressed by *sray sros* and *pros saat*. Both groups wanted to gain skills and knowledge that could become their source of income. And even though it is beyond the scope of this research, it is important to mention here the strong need of MSM for their parents “to love them”.

Some recommendations from focus group discussions

- I want my mother to love me as if I was a child
- No discrimination against gay people
- To have a new career, including vocational training
- Need training course/skills for face massage/tailoring
- Need donate by selling in the market, such as selling fishes, vegetables, groceries and clothes
- Health centre for gay people
- To have a place to stay
- To have the law protect gay people
- Equality rights between gay and man, woman
- Need a clinic to change their body

Other perceived needs were for a law that will allow people of the same gender to marry, for a school and a centre for MSM.

6. CONCLUSIONS

The completed research should put to rest any lingering misconceptions that male-to-male sexual behaviour in Cambodia is limited in occurrence, involves only male sex workers and transgenders, brought on by UNTAC, and largely influenced by and participated in by foreigners. Some general conclusions drawn from the study are:

- Male-to-male sexual behaviour is a reality in Cambodia, and those who engage in same-sex activity come from all walks of life.

- Because of the continual marginalisation – unintended or otherwise – of MSM, they consider themselves (especially transgenders) separate and distinct from mainstream society.

- Although an exchange of money or gifts occurs frequently between same-sex partners, only 21 per cent of respondents considered their sexual activities with another man as sex work.

- The irregular use of condoms and lubricant due to various factors in Cambodia, contribute to a higher vulnerability among MSM.

- As mentioned elsewhere in the report, 56 per cent of respondents have had sex with both men and women, which may contribute to the spread of HIV – especially if taken in conjunction with the high prevalence of HIV/AIDS (at

least in Phnom Penh), multiplicity of partners (although not in large numbers), and the tendency to have many serial partners, not necessarily male.

- Misconceptions about the transmission of HIV/AIDS – although not widespread – still exist. This may be attributed to the lack of information campaigns for MSM.

- There are uneven levels of knowledge about safer sex practice and HIV/AIDS. Practice, too, is inconsistent with knowledge. For instance, respondents cite oral sex or masturbation as safe sex practices, yet around two in three men had anal sex in the past month. Forty per cent do not think that a healthy-looking person can have HIV/AIDS and not all know where to go for testing. Also, condom use can be described as inconsistent, despite the fact that all respondents have heard of HIV/AIDS

7. RECOMMENDATIONS

A number of key principles that emerged from the appraisal can be considered essential in developing effective prevention and care programmes. Future efforts must recognise:

- The diversity of identities and behaviours among MSM and, by extension, their sexual health and HIV-prevention needs.
- That definitions and categories such as “homosexual”, “gay”, “bisexual”, among others, have no local direct equivalent or little relevance to the identities and experiences of MSM in Cambodia.
- The importance of outreach work in environments where men meet other men for sex.
- The importance of mobilising and developing social and psychological support structures in communities to reach MSM, and enabling the adoption and continuation of safer sex practices.
- The value of collective and individual empowerment in the face of widespread stigma and discrimination as a key element of all intervention programmes for MSM.
- That development workers, government staff, policy-makers and donors should not just think of MSM as "target groups". The persistence of a type of

thinking whereby outsiders or authority figures consider that they know how best to help[28] will not lead to successful interventions.

- The importance of defending basic human rights for MSM as part of a broader effort to develop a social climate conducive to reducing their risk of infection and vulnerability to HIV/AIDS and other health risks.

The next steps that can be taken to reduce the transmission HIV/AIDS among MSM and the general population with whom they interact can be divided into those that can be implemented immediately and those that will need long-term efforts:

- Ensure the widespread availability of condoms and lubricants at prices that can be afforded by the majority. Emphasis should be given to 24-hour access to condoms and lubricants, especially outside town centers. Outreach and similar work should underline the importance of consistent condom use, whether with casual or regular partners.

- Encourage the formation of informal support groups and 'safe spaces" where MSM can meet. To date, MSM can only meet in public places like parks or in the homes of other MSM. A hotline can also be installed *in these "safe spaces"* to answer any questions that MSM cannot ask elsewhere. The MOEYS-UNESCO-supported hotline for young adults averages around 10-20 calls per day, showing its relevance in the effort to reduce the spread of HIV/AIDS in Cambodia. Organisations with

[28] A restatement of the position taken by O'Leary and Nee (2001: 32–6) as a result of their experience of working with the very poor in Cambodia. See also Simmons and Bottomley (2001: 63–5).

programmes for female sex workers should create *separate* but similar efforts to cover these objectives.

- Promote early education on sexual health, since sexual activity starts early. As noted in the findings, the youngest age of first sexual experience is ten for men and thirteen for women. Although there is an ongoing media education project on reproductive health, the focus is heterosexual. Homosexual health concerns can either be incorporated into these programmes or a separate programme can be created.

  Education on sexual health can be further divided into:

  - campaigns on safer sex practices such as proper and regular use of condom and lubricants;
  - general information on STIs and HIV/AIDS tailored specifically for MSM;
  - promotion of voluntary counselling and testing.

  Information campaigns and sexual health education, although specifically targeting MSM, should emphasise anonymity, particularly for *pros saat*. At present, few MSM have the courage to face the discrimination and stigma that surrounds the activity that gives meaning to their lives.

- Government, donor agencies and NGOs should actively involve MSM in needs assessment, research, programme development and implementation. Beyond "target populations", MSM, or MSM-

knowledgeable Cambodians, have the potential to manage programmes and make decisions, and should be compensated accordingly. The extent of the decision-making powers of "target groups" is an effective measure of how participatory a project or programme is.

- Training of NGO and government staff should also pay attention to attitudes and emotional issues, and not focus solely on safe sex practices. Training should not only cover information, but should seek to discover underlying attitudes and challenge them if necessary. The effectiveness of any intervention aimed at MSM will depend on the openness and maturity of those who will work with this group. Although derision, mockery and disgust may not be openly expressed, they can be felt by MSM and will affect the way interventions are implemented.

  By the same token, training of MSM who will be part of any intervention should also deal with issues such as acceptance of oneself and by society, sexual and other types of relationships, role in society, and sexual behaviour. Training for MSM cannot be generalized, and should take into consideration the characteristics of the subcultures to which they belong.

- Encourage open discussion on the social and cultural barriers facing MSM. These men are equally productive members of society, whose rights and privileges should not be violated on the basis of their sexual practices and preferences. Moreover, marginalising and stigmatising same-sex behaviour will increase the chances of spreading HIV/AIDS.

- Undertake further studies and research into knowledge, attitudes, behaviour and practices of MSM, as well as transgenders and those who take a primarily passive role in sex, not only in the context of HIV/AIDS but also in terms of their role in society. For instance, such studies could emphasise that knowledge, attitudes, behaviour, and practices regarding anal sex recognise that this doesn't only take place between men; men and women have anal sex also.

- Identify different types of approaches and use existing categories or typologies of MSM in project design efforts and development strategies, keeping in mind that these categories might change over time. Intervention efforts for *sray sros*, for instance, should acknowledge that they consider themselves women and usually take a passive role in sex. They can also make it easier to reach and educating *pros saat* and other MSM who may be reluctant to identify themselves as such.

8. ANNEXES

8.1. Annex 1 – List of persons and organisations contacted

Dr. Pum Sophiny	Programme Officer	Khmer HIV/AIDS Network Alliance
Ms. Nou Vannary	Programme Assistant	Khmer HIV/AIDS Network Alliance
Ms. Philippa Hoffman	Office Manager Deputy Programme Manager	Dept. of International Development
Ms. Khieu Chakrya	Programme Assistant	Dept. of International Development
Mr. Barry Whittle	Country Director	Population Services International
Ms. Regine Ducos	Acting Project Officer Youth Reproductive Health Programme	EC/UNFPA
Dr. Hor Bun Leng	Deputy Director	National Center for HIV/AIDS, Dermatology & STI, MOH
Dr. Chawalit Natpratan	Country Director	Family Health International
Mr. Yean Mak Sourneak	Acting Project Manager	Health Unlimited
Mr. Meas Chanthan	Program Assistant Education & Social Support for Sex Workers	Urban Sector Group
Mr. Kim Sovan Kiry	Lecturer, Sociology Department	Royal University of Phnom Penh
Mr. Fabrice Laurentin	Consultant for HIV/AIDS	UNESCO/Ministry of Education, Youth & Sports
Mr. Mao Kimrun	Director	Men's Health Cambodia

8.2. Annex 2 – Interview Instrument for Appraisal of Male-to-Male Sexual Behaviour.

INTERVIEW INSTRUMENT FOR APPRAISAL OF MALE-TO-MALE SEXUAL BEHAVIOUR IN CAMBODIA AND ITS RELATIONSHIP TO THE HIV EPIDEMIC

INTRODUCTION

Prior to interview

Tell them what we are doing and why
Tell them that we are also MSM
Tell them how important their answers are
Tell them they can refuse some questions if they don't want to answer

During the interview

Ask the question one-by-one and make sure that they understand the question. However, asking these questions should not mean reading each question aloud and waiting for the answer. Conduct the interview as if it was just a conversation. For questions they do not want to answer, ask in a different way. Do not force responses.
Do not interview if anybody who is not MSM is nearby.
Always respect and show interest in their answers.

End of interview

Thank them for their help
Ask them if they have their MSM friends who are available for the same interview.

Name of Researcher:_ _____

Date of Interview: _____

Place of Interview: _____

I. SOCIO-ECONOMIC & DEMOGRAPHIC CHARACTERISTICS

1. Age in completed years _____

2. Marital status
01. Single/Never married
02. Married
03. Widowed
04. Divorced
05. Separated

3. With whom do you live?
01. With family
02. Have own room/apartment
03. With friends
04. Others, specify _____

4. What was the highest grade you completed?
01. Did not attend school
02. Primary school (Grade 1 to 6)
03. Lower secondary school (Grade 7 to 9)
04. Upper secondary school (Grade 10 to 12)
05. University/Technical Education/Vocational Training
06. Monk schooling

5. During the current school year, did you attend school at any time?
01. Yes
02. No

6. What is your source of income?
01. Manual work
02. Police/military
03. Staff of restaurant/hotel/shop
04. Moto/taxi driver
05. Civil servant
06. Teacher
07. Sex worker
08. Others, specify _____

7. How much do you earn in the last month?
01. Below $30 per month
02. $31- 60 per month
03. $61- 150 per month
04. More than $150 per month

II. SEXUAL BEHAVIOR

A. Self-Identification & Role

1. How old were you when you had your first sexual experience? Man _____ Woman _____

2. How do you see yourself[29]?

3. 01. Heterosexual, go to question 3
02. Bisexual, go to question 4
03. Male to female transgender, go to question 4
04. Others, specify _____, go to question 4

[29] The translation focused on sexual behavior.

03. Homosexual, go to question 4

3. If heterosexual, how are you able to sleep or have sex with men?
01. I like sex, whether man or woman
02. I imagine having sex with woman
03. Others, specify _____
_____
_____

4. Do others know that you (also) sleep with men?

	Yes	No
1. Family	01	02
2. Friends	01	02
3. Colleagues	01	02
4. Others, specify _____	01	02

5. How did your family/friends/colleagues know that you have sex with other men?
01. I told them
02. Somebody told them
03. Somebody saw me and told them
04. Others, specify _____

6. Of the people you have sex with, are there:
01. More women, less men
02. More men, less women
03. About the same number of men and women.

7. Do you think that sex with men is safe?
01. Yes
02. No

8. Do you have a steady/regular (partner for at least a year) partner?
01. Yes → Male ☐ Female ☐
02. No, go to question 10

9. Do you have sex with men even if you have a steady partner?
01. Yes
02. No

10. Have you ever had sex with more than one partner at the same time?
01. Yes
02. No, go to question 13

11. If yes, how often has this happened in the past 6 months?
None, go to question 13
02. Once only, go to question 12
03. Two to four times, go to question 12
04. Over five times, go to question 12

12. Can you estimate the total number of sexual partners (both male and female as applicable) that you have had in the past 6 months?
01. Less than five
02. Between six and ten
04. Between 21 and 50
05. Over 50

03. Between 11 and 20

B. Frequency

13. How often do you have sex with another man?
01. Everyday
02. Once a week
03. Twice a week
04. Three times a week
05. Once a month
06. Others, specify _____

14. In the past month, how many sexual partners have you had? _____

15. Which days of the week do you go out when you want to pick up men? _____

16. In a given month, when do you pick up men?
01. Whenever I want to
02. When have extra money
03. When need extra money
04. Others, specify _____

C. Sexual Practices

17. What form of sexual acts do you **frequently** engage in?
01. Anal sex (w/ condom)
02. Anal sex (w/o condom
03. Oral sex
04. Masturbation
05. Intercrural sex (between the thighs)
06. Combination
07. Others, specify _____

18. In the past six months, have you had anal sex?
01. Yes
02. No

19. In the past month, how many times did you have anal sex? _____

20. In the last week, how many times did you have anal sex? _____

21. When you have anal sex are you usually:
01. Active
02. Passive
03. Active and passive

22. Do you allow your sexual partner to come into your mouth?
01. Yes, why _____
02. No, why _____

23. Which of the following do you think is safe sex practice? Check all applicable answers.
01. Anal sex (w/ condom) 04. Intercrural sex
02. Anal sex (w/o condom) 05. Oral sex
03. Masturbation 06. Others, specify _____

24. Do you have sex without paying (just for enjoyment)?
01. Yes 03. Never
02. Sometimes

25. Have you ever paid for sex?
01. Yes
02. No, go to question 28

26. Do you usually pay for sex?
01. Yes
02. No, go to question 28

27. How much do you usually pay? Specify currency.
01. _____ for _____hours
02. _____ for one night

28. Have you ever received money for sex?
01. Yes
02. No, go to question 33

29. How much? Specify currency.
01. _____ for _____hours
02. _____ for one night

30. What do you do with the money that you receive?
1. Cover cost of living (rent, food, water, electricity etc.)
2. Pay for school (specify if own or siblings)
3. Buy what I want (clothes, drinking, etc.)
4. Save
5. Combination
6. Others, specify _____

31. Do you consider this your job?
01. Yes
02. No, go to question 33

32. If yes, how long do you think you'll be doing this job?
01. Less than a year 03. Others, specify _____
02. One to two years

D. Alcohol/Drug Use

33. Do you drink alcohol or use any mood-enhancing drug before having sex?

01. Yes
02. No, go to question 36

34. If yes, what kind?
01. Alcohol _____
02. Injecting drug _____
03. Other drug (Kam Sawang, Ganja, Yaba or Ya Ma, Glue, Heroine) _____

35. The last time you had sex, did you use/consume

	Yes	No
1. Alcohol	01	02
2. Injecting drugs	01	02
3. Other drug	01	02

E. Condom Use
36. Is condom readily available?
01. Yes, where sold:_____
02. No, why: _____

37. How do you know a condom is still good? Check/circle all applicable answers.
01. Not expired
02. Stored in cool place
03. Not placed in back pocket
04. Others, specify _____

38. In the last month, did you use a condom when you had anal sex?
01. Never, why _____
02. Sometimes/Occasionally, why _____
03. Most of the time, why _____
04. Always, why _____

39. Did you use a condom the last time you had anal sex?
01. Yes, ask brand: _____
02. No, why: _____

40. Who suggested condom use that time?
01. Myself 03. Joint decision
02. Partner 04. Others, specify _____

41. Do you use lubricants when you use condoms?

01. Yes, why
_____
02. No, go to question 43

42. What kind of lubricant do you use? (Ask for name/brand/type) _____

43. Do you talk about safe sex with your friends?
01. Never 03. Sometimes
02. Almost never 04. Many times

III. KNOWLEDGE ABOUT SEXUALLY TRANSMITTED DISEASES (STDs)

1. Did you have any STD before?
01. Yes
02. No, go to question 5

2. What STD did you have?
01. Syphilis
02. Gonorrhea
03. Chlamydia
04. Others, specify _____

3. What were the symptoms? Check/encircle all applicable answers.
01. Fever 04. Painful when urinating
02. Chills 05. Itchiness
03. Discharge 06. Others, specify _____

4. Where do you go/what do you do for treatment?
01. Public hospital 04. Traditional healing
02. Private clinic 05. Others, specify _____
03. Buy medicine

5. Do you know how to avoid getting STD?
01. Yes 02. No, go to **Knowledge about HIV/AIDS**

6. How do you avoid contracting STDs? Check/encircle all applicable answers
01. Use condom 04. Hygiene (take bath before sex, clean genital organs, etc.)
02. Avoid multiple partners 05. Others, specify _____
03. Have regular check ups

IV. KNOWLEDGE ABOUT HIV/AIDS

1. Have you ever heard of HIV/AIDS?
01. Yes
02. No

2. Where did you learn about it? Check/circle all applicable answers.
01. On the radio 05. From a health facility/health worker

02. On the TV 06. From NGO workers
03. In newspapers 07. From neighbors/friends
04. On posters or billboards

3. Do you know how a person gets HIV/AIDS? PROBE.
_____
_____

4. Do you think it is possible for a healthy looking person to have HIV/AIDS virus?
01. Yes 02. No

5. Do you know someone who has HIV/AIDS?
01. Yes, identify: _____ (01. Friend; 02. Family member; 03. Acquaintance)
02. No

6. Have you ever tested for HIV?
01. Yes, when _____
02. No, go to question 11

7. If yes, is counseling offered?
01. No, not at all
02. Yes, briefly
03. Yes, very well done

8. Are you happy with the services offered?
01. Yes, why
_____
02. No, why
_____

9. Did you change your sexual practices after the results of the test?
01. No, I don't care 03. Stop all sex
02. Adopt safer sex 04. Others, specify _____

10. What (sexual practices) have you changed?
01. Regular use of condom
02. Does not engage in anal sex
03. Others, specify
_____

11. Would you like to be tested for HIV?
01. Yes
02. No, why
_____

12. Do you know where you can be tested for HIV/AIDS?
01. Yes, where
_____
02. No

8.3. Annex 3 – Guide questions for focus group discussions.

GUIDE QUESTIONS OR FOCUS GROUP DISCUSSIONS: APPRAISAL OF MSM BEHAVIOR IN CAMBODIA AND ITS RELATIONSHIP TO THE HIV EPIDEMIC.

The target respondents for focus group discussions are MSM, and non-MSM or family members and people who directly interact/relate with MSM.

1. How would you define a homosexual? Are kteuys considered men? Why or why not?

2. What are the terminologies or sign language specific to MSM?

3. **FOR MSM ONLY:** What is the population of MSM? Estimate number per location and "peak" times.

	Number	"Peak" time
Phnom Penh	_____	_____
Battambang	_____	_____
Siem Reap	_____	_____

4. What sub-groups exist among MSM? Do MSM, kteuys, homosexuals stay in separate groups? Why? For what purpose do these groups come together (camaraderie, support, share information)? What kind of friends do you hang out with (heterosexuals, straight acting homosexuals[30], kteuys, MFTs, sex workers, mix of types)? Do you consider yourself as part of a community?

5. **FOR MSM ONLY:** Where do you go if you want to pick up other men? Prompt to identify all cruising areas.
   1. Gym, specify: _____
   2. Park, specify: _____
   3. Disco, specify: _____
   4. Movie house, specify: _____
   5. Karaoke bar, specify: _____
   6. Others, specify: _____

6. **FOR MSM ONLY:** Where do you often go if you want to have sex? Prompt for all applicable answers
   1. Hotel
   2. Park
   3. Guest house
   4. Friend's place
   5. Own room
   6. Others, specify

7. How does the law treat MSM, homosexuals, and MFTs?

[30] Homosexuals who behave like heterosexuals and are therefore indistinguishable.

8. What are acceptable or unacceptable behaviors among MSM? MSM with clients or other people (act feminine, greeting clients in public, acting like a couple, etc.)?

9. Do you and your friends face discrimination as MSM? From whom do you experience discrimination? Probe and check all applicable answers.
   1. Work colleagues
   2. Friends
   3. Family
   4. Police
   5. Health care workers
   6. Landlords
   7. Teachers
   8. Others, specify

10. What kind of discrimination have you and your friends experienced? Probe.
   1. Verbal abuse/ insults
   2. Physical abuse
   3. Discrimination in work place
   4. Ostracism by family and/or friends
   5. Discrimination in commercial establishments
   6. Others, specify

11. What do you think are the perceptions of the public towards MSM or homosexuals? Why? Is it acceptable for homosexuals to be open about their lifestyles?

12. How do you think religious groups or organizations view MSM? Cite example.

13. Do you know of instances where some influential people or people in key positions have asked for money in exchange for non-intimidation, etc.?

14. What is safe sex among MSM?

15. What do you know about HIV/AIDS? How do you get HIV/AIDS? How can you avoid getting HIV/AIDS?

16. Are you aware of any other specific clinic or establishment just for MSM? Where is it, what services are offered and how much do you pay for the services?

Name of establishment	Location	Services offered	Cost of services
		HIV testing	
		Treatment of STDs	

17. How do friends, family support MSM or MSM support each other? Do you think MSM need any form of assistance? What kind of assistance do MSM need? What would you like to be able to do for MSM? What do you need in order to do this?

18. What kind of problems does MSM as a group or as individuals face? How do you think MSM address these problems? What do you think are the appropriate solutions for these problems?

8.4. Annex 4 – Guide questions for Key Informants.

GUIDE QUESTIONS
for Key Informants
APPRAISAL OF MSM BEHAVIOR IN CAMBODIA
AND ITS RELATIONSHIP TO THE HIV EPIDEMIC

1. What do you think are the perceptions of the public/government/NGOs towards MSM or homosexuals? Why? Is it acceptable for homosexuals to be open about their lifestyles?

2. How do you think religious groups or organizations view MSM? Cite example.

3. Do you know of instances where some influential people or people in key positions have asked for money in exchange for non-intimidation, etc.?

4. **NOT FOR NGOs:** What sub-groups exist among MSM? Do MSM, kteuys, or homosexuals stay in separate groups? Why? For what purpose do these groups come together (camaraderie, support, share information)? What kind of friends do you hang out with (heterosexuals, straight acting homosexuals[31], kteuys, MFTs, sex workers, mix of types)? Do you consider yourself as part of a community?

5. What is the population of MSM? Estimate number per location and "peak" times.

	Number	"Peak" time
Phnom Penh	_____	_____
Battambang	_____	_____
Siem Reap	_____	_____

6. How does the law treat MSM, kteuys, and homosexuals?

7. Do you think male-to-male sexual transmission of HIV/AIDS has a significant role in the HIV epidemic in Cambodia? Why or why not?

8. **FOR NGO WORKERS ONLY:** Has there been any research/paper done on sexual networking, on the variety of sexual partners that include information on sex of partners?

9. Do you think it would be useful to have more information on male-to-male sexual behavior in Cambodia? How usable would this be?

10. Do you think MSM need any form of assistance? What kind of assistance do MSM need? What would you like to be able to do for MSM? What do you need in order to do this?

[31] Homosexuals who behave like heterosexuals and are therefore indistinguishable.

11. What kind of problems does MSM as a group or as individuals face? How do you think MSM address these problems? What do you think are the appropriate solutions for these problems?

12. What programs and/or projects are being implemented by NGOs for MSM? What kind of programs/projects are NGOs willing to establish for MSM?

8.5. Annex 5 – Terms of reference for MSM appraisal.

APPRAISAL OF MALE-TO-MALE SEXUAL BEHAVIOR IN CAMBODIA AND ITS RELATIONSHIP TO THE HIV EPIDEMIC

Background

The focus of past and current studies on sexual transmission of HIV in Cambodia has been on female sex workers and assumed heterosexual transmission. There is limited information on same-sex behaviour between males, the context of such risk behaviour, and the other ways by which HIV transmission could be related to sexual activity, such as injecting drug use, substance use, and unprotected sex. A previous appraisal done by FHI in 2000 involved interviews with 200 MSM in Phnom Penh described situations and locations where same-sex behaviour took place, and recommended that further studies be done. Recently, some NGOs have started to work with transgender and MSM on HIV prevention initiatives. There is evidence of increasing levels of male sex work, and unsafe sexual practices.

Purpose of the Appraisal

To find out more about the situation and context of male-to-male sexual behavior in several part of Cambodia, specifically on: a) where and with whom same-sex behavior takes place; b) sexual networking and partnerships; c) same-sex practices; d) condom use during penetrative sex; e) sexual health problems and concerns; and f) HIV-related information and sexual health services available to men in general and to MSM in particular, if any.
To orient and train NGOs and MSM workers in Cambodia
To help develop strategies on how best to reach and work with MSM in different settings, and identify possible barriers to working with MSM

Methodology

The Appraisal is primarily a qualitative assessment but will also gather basic demographic information and socio-economic profiles of MSM respondents and participants. It will also attempt to map out the extent of MSM activity and the context under which MSM activity takes place.

Data will be gathered through individual interviews of 350 MSM workers in Phnom Penh, Battambang, and Siem Reap. Questionnaires will be developed for this purpose. Besides these interviews, focus group discussions, key informant interviews, and participant observation will be carried out. For the focus group discussion and key informant interviews, guide questions will be developed as well. Establishing linkages with NGOs who projects/programs for, and who work with MSM will also be undertaken. Full time assignment of staff from KHANA and relevant NGOs to this Appraisal will be solicited.

A two-day workshop will take place to orient NGO staff on MSM issues and concerns, develop common understanding around concepts, develop and refine tools for data collection, and plan out methods for data gathering. Upon collection,

the data will be processed and analyzed and presented to the researchers, NGOs, and key informants. Recommendation for next steps will then be developed.

A research team with a Team Leader (The Netherlands), Research Consultant (Philippines, Assistant Research Consultant (Cambodia) and 9 data collectors (Cambodia), will be responsible for the over-all conduct of the appraisal, hiring and training of data collectors, ensuring that ethical and confidentiality concerns are respected, developing work plans and budgets, and producing the outputs.

Expected Outputs

Orientation Workshop Report, not exceeding 5 pages, expounding on a) MSM concepts, issues, concerns, and terminologies; b) data gathering concepts and tools; and, c) the methodology to be adopted by the Appraisal.
Appraisal Report, not exceeding 50 pages to contain an executive summary, description of the methodology, limitations, analysis of findings, conclusions, recommendations, and bibliography. Relevant annexes including the TOR, other relevant references, questionnaires, etc. should be included.
A confidential memo, not exceeding 3 pages to the International HIV Alliance, suggesting next steps and a list of organizations/persons interviewed, as applicable.

Outputs are to be submitted in hard copy and electronic version, preferably in MS Word and Excel. A first draft will be submitted 2 days before the Presentation, and a final draft within three weeks after the presentation.

Schedule of Activities

The Appraisal will be done in 34 days (tentatively scheduled from Wednesday, 18 September 2002- onwards; Saturday and Sunday are considered to be working days), and will involve the following activities:

ACTIVITY/MILESTONES	**WHO INVOLVED**	**ESTIMATED DURATION**
Initial Preparation: project team building; review of related literature; preparation of questionnaires; develop work plan and budget; plan for first workshop; recruit, train, and assign tasks to research staff; establish linkages with NGOs	Team Leader (LC), Research Consultant (RC), Assistant Research Consultant (ARC), Data Collectors (DC) with inputs from KHANA/Alliance	(8 days for TL, 6 days for RC and 3 days for DC) Between 18/0 and 25/9/2002
Orientation Workshop, including field testing	Led by TL, RC, ARC, and Alliance and attended by KHANA staff, NCHADS, NAA, MoEYS, NGOs, MSM reps, and data collectors (DCs)	3 days TL, RC, ARC, DCs 26/9 and 27/9

Finalize methodology and pre-test questionnaires and tools, orient research assistants (RA), logistical preparations	TL, RC, ARC, DCs	2 days 28/0 and 29/9
Data collection for Phnom Penh, Battambang and Siem Reap (3 teams)	TL, RC, ARC, DCs	10 days 30/9 – 9/10
Collation, processing, analysis, report writing	TL, RC, ARC, DCS	7 days for TL, 5 days each for others
Presentation	TL, RC, ARC, DCs, KHANA, Alliance	1 day; 17/10
Revisions, Final submission	TL, RC, ARC	3 days for TL plus 1 day for RC

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