

# Center for Advanced Study



## Survey on Health Seeking Behaviour of Women Working in the Entertainment Sector in Phnom Penh

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## ***Executive Summary***

The pattern of HIV risk dynamics in Cambodia has been changing over the last few years. Most brothel-based direct sex workers and their clients now report using condoms during sex. Male sentinel groups also report purchasing less sex from direct sex workers. At the same time, these men report more sex with sweethearts and indirect sex workers like karaoke and beer women. Condom use with sweethearts and indirect sex workers remains relatively low. This change has prompted organisations to explore ways of reducing the risk of HIV infection for indirect sex workers.

Concurrent infection with an STI greatly increases the risk of HIV transmission. In light of the changing patterns of HIV risk behaviour, Pharmaciens Sans Frontières is considering expanding STI services to indirect sex workers. This research was designed to investigate indirect sex workers working in the entertainment sector. The aim was to explore the situation of these women, their need for STI services and the possible barriers to accessing STI services. This study was conducted using semi-structured interviews and informal discussions with 41 indirect sex workers working in night-clubs, karaoke and massage parlours in Phnom Penh.

*Srei* (women) working in the entertainment establishments surveyed were mostly aged between 16 and 25 years old. They came from many different provinces of Cambodia. Poverty, unemployment and low incomes in rural areas were the main factors attracting these young women to sex work. *Srei karaoke*, *srei bar* and *srei massa* had different working conditions, as did those who lived on the premises and those who lived outside. *Srei* who had borrowed money from the owner or procurer could not refuse sex with clients and could not freely visit health practitioners. The situation of these women presents some particular challenges for STI prevention and care.

The women interviewed were aware of some points about the transmission and prevention of HIV infection. However, this knowledge was limited and not always correct. Awareness and knowledge of STIs was even more limited due to lack of information. Discrimination and stigma surrounding HIV and STIs is common and this may have discouraged these women from seeking treatment for their illnesses. Discrimination encourages these sex workers to keep their illnesses secret from their neighbours and colleagues, which further increases the risk of infections spreading.

Lack of regular health screening led the women interviewed to believe that they were not ill. If they felt only slightly sick they did not seek treatment or they self-medicated based on previous experience. If the illness did not improve, they sought care from a health practitioner. Although many public health services are available, most women preferred to seek care from drug sellers and private clinics. These facilities were more highly regarded than public health services because of confidentiality, courteous staff, effective treatment, sterilised medical equipment and faster service.

All the women interviewed expressed the need for HIV and STI education and STI services. They preferred a quiet location, not too far from the workplace, so that they could access services quickly without paying too much for transport. Respondents reported that they preferred female educators and health practitioners who were middle-aged, competent and courteous. Based on this assessment, the research team has recommended that specific STI education and treatment services be made available to these women with an emphasis on ease of access, lack of discrimination and confidentiality.

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## Glossary

Khmer researchers conducted the interviews for this research. The research report was first written in Khmer and then later translated into English. A number of Khmer words and phrases have been retained in this English version of the report. This was done for two reasons. Firstly it made quotes from respondents less cumbersome and more accurate and secondly the language used is informative. For example, the use of the English word 'mummy' to describe female procurers and the Khmer word 'sakun' to describe 'mummy's' percentage from commercial sex work provide an insight into the relationship between these older women and the young women they manage.

**Bon** – literally the bill or account. This is used in Cambodian bars and night-clubs to describe the coupon managers pay **srei** for keeping customers company while drinking.

**Bpet or Kru bpet** – Literally a medical doctor. Commonly used to describe any practitioner of modern western medicine regardless of qualifications.

**Kamrouk** – A blanket term for any sexually transmitted disease.

**Khuy** – A Vietnamese word used to describe the opening of a bottle or container. This is used in colloquial Khmer to describe the deflowering of a virgin woman. It is also used by women to describe selling their virginity as in **lok prumarcharei**.

**Kramom prumacharei** - a virgin woman, old enough to be married.

**Lieng sboan** – Literally to clean or wash the uterus. Despite the name, this refers to the practice of cleaning the vagina not the uterus. Suppositories or medicinal creams are applied internally with the aim of 'cleaning' the vagina. This is a popular practice among sex workers and may be performed at a private health facility or by the women themselves. It is commonly sought as a cure for vaginal discharge or after sex with multiple partners.

**Lok prumacharei** - Literally to sell one's virginity. Refers to young virgin women who have their first penetrative sex with generally older wealthy men for a cash payment.

**Mummy** – In the indirect sex industry, refers to the female procurers who locate clients for sex workers. In Phnom Penh, these women are also called by the borrowed foreign word **Taipan**.

**Mekar** – literally a superintendent or foreman. Used in the entertainment industry to refer to the manager of the entertainment establishment who is usually male.

**Piabak cheang srei** – literally more difficult than a woman. Used to describe men who are fussy and difficult.

**Phniev** – literally a guest or visitor. Used here to describe customers in bars, restaurants, massage parlours or brothels.

**Phniev la'or** – literally a good guest. In the sex industry it refers to clients who spend a lot of money, are willing to pay more for sex, leave substantial tips and are not violent.

**Phniev ot la'or** or **Phniev min la'or** – literally a bad guest. In the sex industry, refers to customers who do not leave tips, pay as little as possible for sex or are violent.

**Sakun** – literally a charitable act or gift. Used in the sex industry to describe money given to female procurers for finding clients who will pay for sex.

**Songsaa** – sweetheart or lover

**Srei** – a woman or women.

**Srei bamrae phet** – Literally a female sex servant. Common term for sex workers.

**Srei bar** – literally bar woman or women. Women who work in bars and night-clubs to accompany customers.

**Srei chengchum** – Literally a woman who is fed and supported by another. In the entertainment industry it refers to women living inside the establishment and supported by the business owner or procurer while repaying a debt.

**Srei kamdor phniev** – literally a woman who keeps guests company. Also used as a polite term for an indirect sex worker.

**Srei karaoke** – literally karaoke woman or women. Women who work in karaoke parlours and sing karaoke while keeping clients company.

**Srei massa** – literally massage woman or women. Refers to female masseurs.

**Ta chengchum** – Literally an old man or grandfather who raises someone. In the sex industry, refers to an older wealthy man who supports a young woman financially in return for sex.

# ***Introduction and Methodology***

## **Introduction**

In the last ten years, Cambodia has undergone enormous changes. Political and economic reforms have changed Cambodia from a centrally planned to a market economy and made developments in many fields. Cambodia has opened its economy to international markets to improve living standards, however the gap between the urban rich and the rural poor has grown. Households in the capital Phnom Penh earned an average US\$292 per month in 1999, while rural households earned only US\$82. In Phnom Penh, about 70 per cent of the population live above the poverty line of US\$1 per person per day, compared to less than five per cent of the rural population.<sup>[1]</sup>

According to the UNFPA 2000 Country Population Assessment, Cambodia has the most serious HIV epidemic in the region. HIV/AIDS surveillance data estimates that in 1998 almost four per cent of the Cambodian population between 15-45 years of age was already infected with HIV.<sup>[2]</sup> In 2000, 35 per cent of direct sex workers over 30 years old were infected with HIV and the prevalence among direct sex workers 15-19 years of age was 22.7 per cent. Around 16 per cent of indirect sex workers like karaoke and beer promotion women were also infected with HIV.<sup>[3]</sup> It is estimated that 250,000 people will be infected with the virus by 2006.

The pattern of HIV risk dynamics in Cambodia has been changing over the last few years. Most brothel-based direct sex workers and their clients now report using condoms during sex. This may be due to widespread HIV and condom use education. Male sentinel groups also report purchasing less sex from direct sex workers. At the same time, these men report more sex with sweethearts and indirect sex workers like karaoke and beer women. Condom use with sweethearts and indirect sex workers remains relatively low. This change has prompted organisations to explore ways of reducing the risk of HIV infection for indirect sex workers.

The incidence of STIs is also high and is exacerbated by lack of diagnosis and treatment services. Official figures suggest that in 1997, the morbidity rate from STIs was 197 for every 100,000 people (MOH, 1997). Although data may not yet be accurate due to political, social and economic instability, evidence shows that STI prevalence is high owing to delayed treatment and control of these diseases<sup>[4]</sup>. Although reliable figures are not available, it is likely that the rate of STI infection for direct and indirect sex workers is also high.

The chance of higher incomes has led many young people to migrate to urban areas like Phnom Penh to seek employment. These newcomers to urban areas are particularly vulnerable to exploitation. Many young rural women are attracted by the relatively high incomes available in the entertainment sector. They choose to work in night clubs, massage and karaoke parlours or as beer promotion women in bars and restaurants. Some young women are also deceived or coerced into the sex industry.

The entertainment sector in Cambodia is large and appears to be growing. According to the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) there are 2,356 sex establishments in Cambodia employing over 12,000 direct and indirect sex workers. Many of these establishments are concentrated in Phnom Penh and these include more than 250 large night-clubs, karaoke and massage parlours.<sup>[5]</sup> Although most clients for commercial sex are Khmer, sex tourism contributes to the increasing numbers of sex

workers and sexual exploitation.<sup>[6]</sup> Cambodian law prohibits prostitution, but the industry continues to flourish despite the efforts of the government. In 1997, the government initiated a nation-wide crackdown on brothels and more recently, the Prime Minister issued orders to close all night-clubs and karaoke parlours.

Cambodia has been involved in STI prevention since early 1990 and the National Strategic Plan for STI/HIV/AIDS prevention and care (1998-2000) focuses on target provinces and populations. These include locations like brothels, night-clubs, massage and karaoke parlours. In addition, the National AIDS Authority (NAA) has issued the national policy and strategies for STI prevention and control in the Kingdom of Cambodia (1999-2004). Apart from these Government efforts many local, international and UN organisations have been involved in education, care, treatment and prevention of STIs and HIV/AIDS.

Women working in karaoke parlours and night-clubs are less likely to be aware of STIs and have limited access to STI treatment services. In addition, many men frequent night-clubs, massage and karaoke parlours, where indirect sex workers are found. Entertainment sector women are commonly believed to have lower rates of HIV infection than direct sex workers and men are less likely to use condoms when having sex with indirect sex workers.

Infection with an STI greatly increases the risk of HIV transmission and this makes expanding STI treatment services a priority for HIV/AIDS prevention. Pharmaciens Sans Frontières (PSF) has been providing STI services to direct sex workers as part of HIV prevention and care efforts for brothel based sex workers. In light of the changing patterns of HIV risk behaviour mentioned earlier, PSF is considering expanding STI services to indirect sex workers. This research was designed to investigate indirect sex workers working in the entertainment sector. The aim was to explore the situation of these women, their need and preferences for STI services and the possible barriers to accessing STI services.

## **Objectives**

This research aimed to investigate the health and education needs and the health seeking behaviour of indirect sex workers in night-clubs, karaoke and massage parlours in Phnom Penh. The study aimed to discover whether STI care and prevention services are needed for this group of indirect sex workers and how feasible it would be to provide these services. The main objectives were:

- Obtain information about the living conditions and accessibility of these women.
- Obtain information about their health status and knowledge of STIs and HIV/AIDS.
- Obtain information about their health seeking behaviour.
- Make an assessment (based on the above information) of these women's health needs.

This information will be used to design an STI care and prevention program for this group. It is also hoped that this information will be useful for other organisations designing interventions for this target group.



## Methodology

This study was conducted using semi-structured interviews and informal discussions with indirect sex workers working in night-clubs and karaoke parlours. The interview guideline is included as appendix one. The research team for this study consisted of two socio-cultural researchers, Ms. Lim Sidedine and Ms. Ke Kantha Mealea from the Center for Advanced Study, in co-operation with Ms. Chhuor Kimlang, who facilitated communication with the entertainment establishments targeted by the research.

Entertainment establishments were selected based on the number of indirect sex workers employed. Larger establishments with more than 30 women working were targeted. Information about the location of these establishments was obtained from organisations and key informants. The research team selected eleven karaoke parlours and night-clubs in four districts of Phnom Penh, Daun Penh, Toul Kork, Prampi Makara and Chamkarmon.

The interview format was pre-tested on three women who worked in different night-clubs. The initial phase of the research involved meeting with relevant organisations and informants. Forty-one indirect sex workers were interviewed. Interviews were also held with organisations working with indirect sex workers, key persons, managers and waitresses who worked in entertainment establishments. The interviews were conducted from the 31st of December 2001 until the 5th of March 2002.

The interviewers were female and interviews were conducted in the Khmer language. The interviewers spent time building rapport with respondents and ensuring them of confidentiality. No names were recorded during the interviews and the locations of the night-clubs, karaoke and massage parlours are not reported to ensure confidentiality. Some interviews were conducted in karaoke parlours or night-clubs, where the women worked and lived or at other convenient meeting places. Contacts with women were facilitated through negotiations with *mekar* and procurers, who managed the women. Some interviews were held with women at their homes to ensure that women could speak freely. Generally the women were happy to be interviewed and discussed their lives frankly and in detail. The combination of female Khmer interviewers and good rapport meant that interviews generally elicited considerable information particularly about the working situation of the women.

The interview notes were collated and analysed by the two primary researchers and the draft report was written in Khmer. This draft was then translated into English for editing.

## Constraints

There was one major unforeseen difficulty with the data collection for the research. On November 20, 2001 the Prime Minister, Samdech Hun Sen ordered all night-clubs, discotheques and karaoke bars closed because of the violence and drug trafficking associated with such places. This order was widely publicised and swiftly enforced. Consequently many entertainment establishments closed and the women working in the establishments left or went into hiding for fear of prosecution.

Unfortunately, data collection for this research was scheduled to begin a few days after the ban went into effect. The research team found it very difficult to locate night-club and karaoke parlour owners and obtain permission to interview their staff. Even when permission had been gained, many entertainment women were scared of being interviewed or simply could not be found. Women who had already been interviewed

could sometimes introduce the research team to other karaoke and night-club workers, however this was a time consuming process.

Consequently, the number of interviews was reduced and the establishments that had been scheduled for the research were changed. The research was often delayed because women missed appointments or refused to be interviewed. Some indirect sex workers returned to their home villages, while others moved to new work places or changed their professions making contact with interviewees more difficult.

There were also some minor constraints due to the reluctance of some organisations to co-operate with the research team. However, despite the difficulties of data collection, the interviews were completed successfully and the research team felt that the interviews and the information collected were valid.

## ***Night Clubs, Karaoke and Massage Parlours***

### **Entertainment Establishments**

Before the directive closing all karaoke parlours and night clubs, Phnom Penh had many night clubs, karaoke and massage parlours including many large establishments in six districts of Phnom Penh: Toul Kork, Daun Penh, Chamkarmon, Prampi Makara, Russey Keo and Mean Chey. Although the services offered at these businesses are similar, they advertise under a variety of different names like:

1. Karaoke/night-club/hotel
2. Karaoke/massage/hotel
3. Restaurant/night-club/hotel
4. Guest house with karaoke rooms
5. Massage/night-club/restaurant

In general, the research team found that sex work occurred at the night-clubs, massage rooms and karaoke parlours surveyed. With the exception of massage women, *srei* who worked in these establishments had dispersed since the government ban on night-clubs and karaoke parlours. Some were staying temporarily at the same establishment while waiting for the business to reopen. Some returned to their villages, while others took on other jobs in restaurants or massage rooms to continue sex work. A number of *srei* began soliciting in public parks and gardens. Some entertainment establishments reopened quickly as restaurants with traditional dances and music. However, sex work continued in these restaurants due to strong demand. Therefore the risk of the spread of HIV and STIs continues. As these indirect sex workers become more secretive and marginalised, HIV/AIDS and STI interventions, education and treatment will also become more difficult.

In general, the larger establishments employed between 30 and 80 *srei* (women). A few businesses employed more than 80 *srei*. Although these businesses described themselves as night-clubs, karaoke parlours, massage rooms or restaurants, sex was available at all these places. They are different from brothels in that sex work occurs in these establishments, but generally not openly. Many customers visit these multiple service establishments with around 80 to 100 clients per night. Most entertainment

establishments opened for business at around 7 p.m. However, there were some variations between the different services offered within the establishment:

- Karaoke services were provided from seven p.m. until midnight.
- The night-club was open from 8.30 p.m. until midnight.
- Massage services were available from 12 p.m. until midnight.

These working hours applied only to those women living outside the workplace. Women who lived in the establishment and were in debt to the owner or procurer could be called upon to have sex or serve clients at any time.

## **Owners, Managers and Procurers**

Entertainment establishments potentially have three levels of management. At the top is the owner who may be involved in the day to day running of the establishment or may delegate these tasks to *amekar* or procurer. Business owners generally interview women seeking employment and may ask them to demonstrate that they have the skills for the job. Some business owners loan money to women or their families who are in financial hardship. In return, the women are bound to live under the owner's control in the entertainment establishment while working to repay the debt. The money is generally repaid through sex work, which the women cannot refuse. The business owner may provide food, lodging and medical care to the women. However, the costs for these services are added to the original debt. While working, the women usually receive half the income from sex work while the other half goes to the owner. The women must save the money to repay the debt from their half of the income, the other half is kept by the business owner to cover 'interest' or 'expenses.'

Entertainment establishment managers are called *mekar* (foreman or superintendent) and are often male. They are responsible for the day to day running of the establishment and the employees. They pay salaries and penalise employees who do not follow instructions. Generally, owners had little direct contact with the women working there although those who lived at the establishment had more contact with owners. There could be several *mekar* or procurers working in each establishment, according to the services provided and the number of women working there. Women are generally responsible to *mekar* and procurers who have direct relationships with them.

The female pimps or procurers within the indirect sex industry are often known by the foreign words 'mummy' or *taipan*. These women are generally middle aged and they manage many women in the entertainment sector particularly in bars and night-clubs. Some establishments have no *mekar* only an owner and a procurer who may be the wife or relative of the business owner. Some procurers are freelance and some work at particular entertainment establishments. Procurers also lend money to young women or families of young women who are in financial hardship. The conditions for repaying these loans are the same as for the business owners.

Within the sex industry, there is a strong tendency to legitimise the role of these women. This probably originates from the procurers who prefer to be called 'mother' in Khmer or 'mummy' in English. The money they demand from the young women they manage is called '*sakun*' (a charitable gift) in Khmer. They are described as 'helping', 'supporting' or 'taking care of' the young women they manage.

The reality of this relationship is somewhat different. In general, procurers exploit the young women they manage for financial gain. Some of these older women are also part of the Cambodian trafficking industry. Because they are older, younger women respect them and because they are women, they are more likely to be believed by families. These advantages allow them to negotiate with young rural women and their families, promising to find jobs for them in Phnom Penh. Once in Phnom Penh the young rural woman is either sold to a brothel or imprisoned until she agrees to have sex with a client who pays 'mummy'.

Procurers were criticised by respondents in the study for nepotism in finding *phniev la'or* (clients who paid more or gentle, non-violent clients). Some women reported that procurers would not find good clients because they did not share the money earned from sex with their procurer. Some respondents also reported that procurers refused medical care to sick women or beat them when they misbehaved. Procurers are central figures in the lives of women working in the entertainment sector and they exert a strong influence on the women they control. Therefore the role they play and their influence must be considered when designing HIV care and prevention interventions for this target group.

## **Women in the Entertainment Sector**

The women working in the entertainment sector can be divided into different categories. For those working in night-clubs there are three categories:

1. *Srei* living outside the workplace who are free to move and work as they wish.
2. *Srei* who live inside the establishment and are controlled by the business owner or procurer because they have borrowed money. These women are *srei chengchum* (women who are supported by another). They must agree to sexual intercourse if clients request it.
3. *Srei* who are controlled and accompanied to work by procurers. Procurers also decided the cost of sexual intercourse.

### ***Srei Bar***

*Srei bar* are women who work in night-clubs and bars as dancers and to accompany clients. Women wishing to work as *srei bar* must first meet the procurer to get permission to work in the night-club. After being accepted by the procurer, they were asked to accompany the clients. If they have sex with a client, they must give some of the money to the procurer as *sakun* (a charitable gift) for her efforts in finding the client. If clients' request sex, the women do not receive *bon* (a coupon used in night-clubs to pay *srei* for keeping clients company) from the manager of the night club. Generally, this coupon was given to the procurer. This was not exactly an obligation, however if *srei* did not give the coupon to the procurer she might not try to find *phniev la'or* (literally good clients but contextually non-violent, free spending clients) for them anymore. *Srei bar* can potentially have sex with one or two customers per night, although nights with two clients are rare. *Srei bar* can decide whether to have sex with clients or not.

*Srei bar* do not receive a salary, although they earn higher incomes than *srei karaoke* and *srei massa*, as they were generally more beautiful than the latter. *Srei bar* are free to move in and out of the night-club and are not obliged to observe strict working hours. *Srei bar*, keep clients company and dance on the stage, unlike *srei karaoke* and *srei massa* who worked in their own rooms. *Srei bar* are also mobile and can move from one night-club to another during the evening.

### **Srei Chengchum**

*Srei chengchum* have no freedom of movement like *srei bar* living outside. They live inside the establishment or with the procurer. They are controlled by the business owner or procurer after borrowing money and signing a contract. Payment for sex is shared with the business owner or procurer. *Srei chengchum* have very little independence and can be badly treated by the owner or procurer if they make a mistake like going to receive clients too slowly.

*Srei chengchum* are expected to have sex with clients every day except when they are ill. They are expected to have sex with at least two or three clients per day, although they may have five or six clients per day. Sex occurs whenever clients request the owner or procurer. A 17-year-old *srei chengchum* said:

*“From the morning the business owner receives calls from different clients. Then he asks that I be taken to have sex with them. When I sit with the clients, I must agree if they ask me to go outside as I am under the business owner’s control. I have to follow his orders.”*

*Srei chengchum* never receive *bon* and payment for sex goes to the owner or procurer. However, *srei chengchum* receive a salary and can receive tips from generous clients. There are substantial differences between *srei chengchum* and other indirect sex workers. They have very little autonomy and may only be allowed outside the establishment if they are escorted. This would make it difficult for them to access STI services in the community. These women have many more sexual contacts than other indirect sex workers do and this places them at a higher risk of contracting an STI.

### **Srei Karaoke**

The women working in the karaoke parlours are called *srei karaoke*. They keep clients company, sing and operate the karaoke machines for clients. The business owner interviews them before beginning work to ascertain their singing ability. They are told to be friendly to clients and to allow clients to fondle and kiss them. One *srei karaoke* who was living inside stated:

*“My friend took me to meet the business owner. After I asked him for work, he sent me to see mekar. I was registered and he wrote down the date that I would start working to facilitate paying my salary. I was told how to accompany the customers and how to keep the clients company. I was asked to follow the example of the existing *srei karaoke*.”*

Women working in karaoke parlours are also divided into those living inside and those living outside the karaoke parlour. The work was the same, however women living inside had to be available to accompany clients at any time. *Srei karaoke* living outside the establishment work fixed hours, generally from seven p.m. to midnight. A 29-year-old *srei karaoke* from Battambang who lived inside said:

*“I live inside and from noon or 1 p.m. I must keep clients company until late at night. I have to work more than the others.”*

*Srei karaoke* did not receive *bon* from the business owner for accompanying clients. They received a salary and they could get tips and money for having sex with clients. These women seldom have sex with clients during working hours as they are paid to keep customers drinking in the establishment. *Srei karaoke* can only leave the establishment to have sex with clients after working hours. One 22 year-old *srei karaoke* living in the establishment reported that if she could encourage a client to drink from \$30 to \$100 worth of alcohol she could go out to have sex with the customer before the end of

working hours. Having sex with clients was not an obligation, but was the women's choice. Money from sex work is not shared with the owner or procurer.

*Srei karaoke* are paid monthly, but they earn less than *srei bar*. They have strict working hours and must keep clients company until they leave the establishment even if this is after working hours. They could be insulted for not satisfying clients. Their job was to keep clients company in the karaoke room. During working hours, they generally cannot leave the establishment.

### ***Srei Massa***

*Srei massa* are women working in massage parlours. The business owner also interviews them before starting work. They are obliged to demonstrate their massage skills to the owner before being allowed to work. *Srei massa* receive a monthly salary from the establishment. *Srei massa* wear a number on their uniforms and clients inspect them and choose the woman they find most attractive. *Srei massa* can receive tips from generous clients and payment for sex service in addition to their income. They have sex with up to two or three clients a day, although this does not happen every day. *Srei massa* can choose whether to have sex with clients.

Unfortunately, only women working in one massage parlour were interviewed in the study. All of these women lived outside the establishment. Therefore, it was not possible to obtain information about *srei massa* who live in the establishment.

## **Background of Entertainment Women**

The 41 *srei* interviewed ranged from 16 to 36 years old. However, most were between 16 and 25 years old. Most were single although a few were married and had children. Many were illiterate (eight women) or had not completed senior high school. Three women had attended grades 10 or 11. Five of the women were originally from Phnom Penh while others came from the provinces. The women interviewed came from Sihanoukville, Prey Veng, Svay Rieng, Kampong Cham, Kratie, Kandal, Kampong Thom, Kampong Chhnang, Siem Reap, Battambang, Pursat and Kampot. These provinces follow the major roads to the capitol Phnom Penh and are the major migration routes for rural workers coming to the city. A few *srei* were from Kampuchea Krom, a former part of Cambodia in South Vietnam, and five women were Vietnamese.

Before working in their current employment, respondents had worked in a variety of other jobs as small businesswomen, domestic servants, waitresses, promotion women, garment factory workers and karaoke operators. Some had worked at other karaoke parlours or massage rooms. A woman from Phnom Penh working in a night-club reported that she used to sell vegetables. When she became divorced she became a beer promotion woman and then started working in the night-club until the government ban. A 17-year-old *srei* reported that she was a secondary school student and worked in a night-club. During the day, she went to school and at night, she went to work in the night-club as *srei kamdor phniev* (woman keeping clients company) and *srei bamrae phet* (female sex worker). She said that nobody knew or suspected about her night-club work. This work allowed her to continue to study and feed her younger siblings

## Sex Work

The *srei* interviewed reported that nearly all their colleagues had sex with clients for money. Those who initially refused to have sex with clients eventually changed their minds. Ten respondents reported that there were one or two women who consistently refused to have sex with clients in their establishments. These women came to the entertainment establishment only to dance, sing and keep clients company to earn money. When work finished, these women had husbands or *songsaa* (sweetheart) who waited to accompany them home. A 17-year-old woman from Svay Rieng reported:

*“All the women here have sex with clients. There are only one or two that I regard as good women with quiet and modest behaviour. They probably never used to go to night-clubs. They did not know how to be courteous towards customers. They sat quietly without welcoming the clients. That is why clients usually asked to change them while picking them up.”*

The entertainment establishments surveyed provided several different services and therefore employed many *srei*. However, because their jobs were different *srei* tended not to know each other well. Those that worked in the same service sometimes became acquainted. Those that lived outside only met at night while working and were competing for clients. Women who lived together in the establishment were the exception. However, all the women interviewed reported that they knew where each of them went and with who. Talk between the women often focussed on how much money they had received from a client. Generally, the women believed that any woman who left the establishment with a client was going to have sex. Procurers were also sources of gossip, especially when they called *srei* to meet a client.

## Reason for Entering Sex Work

Most of the women interviewed reported that they did not really want to be sex workers, as this is frowned upon in Cambodian culture. However, they were obliged to enter this work because of limited opportunities. The women interviewed reported many reasons for entering sex work.

### ***Lok Prumacharei***

Many of the women interviewed reported that when they were *kramom prumacharei* (virgin women) they sold their virginity to wealthy men. This is known as *khuy* (sexual intercourse with a virgin). Young women agreed to *khuy* to earn money to help their families. *Lok prumacharei* (selling virginity) occurs because of the demand from men who prefer sex with young virgin women. Some young women decided to *lok prumacharei* as they felt they could not maintain their virginity in the entertainment workplace. A 19-year-old *srei bar* from Prey Veng reported:

*“I worked at a garment factory for more than a month. When I heard that my mother was sick, I had no money, nor land. I was also employed in my native village. As I had no money, I could not help my sick mother, I decided to khuy for \$400. I gave all the money I received for this sex work to my mother. When she asked me where the money came from, I told her it was borrowed.”*

After *khuy*, this young woman's girlfriend persuaded her to work in a night-club as a dancer. Another *srei bar* from Sihanoukville stated:

*“My mother was filled with sadness as she was in debt. I pitied her and decided khuy. At first, I thought I would go back home afterwards. But afterwards I felt shamed and decided to continue this kind of work to earn money for my mother and for my younger siblings to go to school.”*

These two examples show that some young women decide to *lok prumacharei* to help their families at times of debt or severe illness. Families also sold some young women in times of poverty. A 17-year-old *srei bar* from Kampuchea Krom reported that her mother was heavily in debt, so the young woman began working as a salaried servant. Later her mother pressured her to sell her virginity so that she could repay the debt and use the rest of the money to start a business. However, the woman refused. Her mother then asked another woman to talk to her daughter to convince her to accept this. Due to the woman’s persuasive words the young woman finally agreed. Afterwards these women continued sex work, as they had already become sex workers to improve the living conditions of their families.

### **Family Problems**

Family problems were one of the main reasons respondents gave for entering the sex industry. One respondent reported that she had been living with her father and her stepmother mistreated her. She left home to escape and drifted into karaoke work. One woman reported that she had been living with her mother and her stepfather intended to rape her. This 25-year-old woman said:

*“One night, when he was drunk and lying inside his bedroom, my stepfather decided to rape me. I was sleeping outside and my mother was sleeping deeply. However, he failed to rape me and only kissed me. Afterwards I took a bottle to protect myself. After that difficult moment, I left home.”*

A 27-year-old night-club woman from Kampong Cham reported that she left home because she was frightened of her stepfather. Unfortunately, a neighbour who promised to find her a job deceived her and persuaded her to sell sex. Later she started working as a *srei bar*.

### **Other Reasons**

Some of the women interviewed, previously worked selling rice or as promotion women. They starting working in the entertainment sector to increase their incomes. They reported that their previous work required heavy work for a small income. One 21-year-old *srei karaoke* from Kratie reported that she had been a beer promotion woman and changed her job because of poor salary and lack of tips. Some women were employed as domestic servants and were raped. They escaped this situation by leaving the workplace and later began working in the entertainment sector. A few women were devastated after they lost their virginity to *songsaa* who then left them. Two of the younger women interviewed wanted to work in the entertainment sector because they were attracted to the lifestyle. They wanted nice clothes, make-up and stylish things. A 27-year-old night club woman from Phnom Penh said:

*“While I was living with my uncle I was told to go to school. But I was angry with him and ran away. Later, he found me and took me back home. However, he could only make me stay for a short time before I tried to leave again. He advised me to behave well all the time. But I refused to follow his advice and he finally decided to let me to do what I wished. I became a sex worker due to my friends. My uncle warned me not to go for walks, as this could lead me to be sold sexually. However, I didn’t listen thinking nobody*



*could deceive me. In fact, it was my decision to accept or refuse his advice. My uncle did not want me to have many friends as they would persuade me to become a sex worker.”*

Later this young woman was devastated when her *songsaa* refused to marry her. Finally, she began working as *srei bar* in a night-club. Some women reported that they stopped working in the garment industry because of the hard work, lack of holidays and salary reductions when they were ill. An 18 year-old karaoke hostess from Kampot reported that she used to work in a garment factory, but stopped when she contracted typhoid fever. Later she got a new job in the entertainment industry. She said:

*“This job is better for me. Apart from US\$50 as my monthly salary I can receive tips, rest and follow the internal regulations. That is enough for me.”*

For many of the women interviewed, losing their virginity was an important factor leading them into indirect sex work. In Cambodia, female virginity is highly valued and there are strong social taboos against sex before marriage. Female virginity is an important part of a bride’s value and women who lose their virginity before marriage are shamed and devalued. They are the victims of discrimination and gossip.

There are far fewer social taboos against sex outside of marriage for women who are no longer virgins. It is also more difficult for such women to find husbands. Non virgin women who are unmarried have low social status and value in Cambodia. From this social level to indirect sex work, is not a large step. The promise of high income, little work and a glamorous lifestyle make it an attractive prospect for some young women. For the young women who are the victims of rape, have been divorced or had failed love affairs the prospect of a relatively prosperous life as a karaoke hostess is often more attractive than the alternative.

## **Mobility**

Although many respondents reported that they were better off in their entertainment sector jobs, these jobs were not stable. Many women changed jobs within the entertainment sector. Women working in night-clubs were particularly mobile, as they had the freedom to move from one club to another. Women usually changed night-clubs hoping to improve their income. Reasons for changing establishments included problems like clients who behaved badly, gave no tips or complained to the manager. A 24-year-old night-club woman from Kampong Thom reported:

*“I hate this business owner because he is *pibak cheang srei* (more difficult than a woman). If we do not agree to have sex with a client, we will not be allowed to work here anymore. Some women who had *songsaa* did not want to go out with clients and as a result they were fired.”*

*Srei massa* and *srei karaoke* were also mobile. They left karaoke parlours and began new jobs in night-clubs because salaries were not paid or there were fewer clients. One 22-year-old woman from Kandal reported that she left massage work because of disputes with other women working there. Some *srei karaoke* reported that they left their jobs because they were obliged to wait for clients to leave and this left them no time to go out afterwards.

## Working Conditions

*Srei bar* usually worked from 7.30 p.m. until midnight. However, these hours were not fixed and they could leave when they wished. *Srei massa* reported that they worked from noon until midnight. These women all lived outside the establishments. *Srei karaoke* living outside the workplace usually worked from 6 p.m. until midnight. A karaoke woman living inside reported that she served clients from 3 p.m. until midnight. These women could not leave during working hours like *srei bar*. They could go out with clients after working hours. As one 21-year-old *srei karaoke* pointed out:

*“When I applied for a job in the establishment I was told to work from 3.00 p.m. to midnight. I might finish at 12:30. If I have clients to serve I have to keep them company until they leave, sometimes until the early morning.”*

Generally, *srei* working in the night-clubs, karaoke parlours and massage rooms did not have written employment contracts. Those women who had loans from the owner or procurer were the exception. Before beginning work, *srei karaoke* were given a singing test. If they passed they were registered and given some advice by the owner. In some karaoke parlours *srei* were asked to work without payment for three or four days as a trial, if they worked well they would be permitted to continue working and receive a salary. Respondents reported that they were also told about the working conditions and internal regulations. Although massage establishments were not one of the main target areas, some *srei massa* were interviewed. These women reported that they needed to complete 30 working hours per month to receive their full salary.

Women who lived outside stayed with parents or their husbands if they were from Phnom Penh. Other women stay with relatives or friends or rent houses themselves. Some women were living with *songsaa* or in accommodation paid for by their lovers. Most *srei karaoke* came from the provinces and lived inside the entertainment establishments. These women were orphans or were ashamed to return home. They lived in a single common room. One 21-year-old karaoke woman said that a large room was arranged for the *srei* and they slept in a line on the floor. Sometimes women slept in the karaoke rooms after the establishment closed. During meal times, they were given lunch and dinner free of charge. They were free to move in or out of the establishment outside of working hours.

## Salary

In general, *srei karaoke* received salaries ranging from \$30 to \$50 per month. However, some received up to \$70. Salary varied according to criteria like beauty, seniority, competence, courtesy and singing or drinking ability. Salary could be reduced for mistakes. For example, some establishments deducted half the daily pay if the women were 15-30 minutes late for work. Women who lived inside and did not appear to receive clients or did not sign the register for one or two days would lose \$5 and \$3 respectively. In a few karaoke parlours, workers were not salaried and income was entirely from tips and sex work.

*Srei massa* received \$30 per month as salary. However, a 23-year-old *srei massa* from Kampong Chhnang reported that women only received this salary if they worked at least 30 hours a month. If not, they were paid \$1 for each hour worked. For example, a woman who worked 20 hours in a month would receive \$20 salary. Those who worked over 30 hours would receive their monthly salary and \$1 for each extra hour worked. *Srei*

*bar* generally did not receive salary. They derived their income from *bon*, tips and sex work. They found clients themselves or relied on procurers to find clients for them.

### **Bon and Tips**

*Bon* is a payment from the business owner for keeping clients company during drinking and singing time. Clients pay \$5 for this service and *srei bar* receive 7,500 Riel (approximately \$2) of this. *Srei bar* received *bon* according to the number of tables where they served clients. However, they would give their *bon* to the procurer if she found a sex client for them. *Srei karaoke* received no *bon* like *srei bar*. Although customers may pay \$5 an hour for their company, this sum goes to the business owner. *Srei massa* also received no *bon*.

*Srei* could also receive tips from clients. This income is irregular and is not offered by all clients. *Srei bar* and *srei karaoke* received tips at a similar rate. They received \$5 to \$10 per day in tips. On bad days, they could receive less than \$5. On rare occasions, respondents reported receiving tips of \$50 to \$100 from *phniev la'or*. *Srei massa* received tips of \$1 to \$10 although they did not receive tips every day.

### **Income from Sex Work**

In addition to salary, *bon* and tips the women working in entertainment establishments earned additional income from sex work. Those women who were new to the establishment, younger or more beautiful could charge more for sex. The price also depended upon the clients as *phniev la'or* paid much more. *Srei karaoke* and *srei bar* were paid for sex work at a similar rate. Payment ranged from \$20 to \$50 per client. Sometimes, they were able to find two clients per night. Income from sex work varied from day to day. Regular clients who loved the women provided a more consistent income. *Phniev la'or* like this could pay up to \$100 for sex although this was rare. *Srei bar* in particular had to share their income from sex work with the procurer. Procurers described this payment as *sakun* and it could be a large or small amount depending upon the situation. For example, a *srei bar* who gained \$50 from sex might pay the procurer \$10, if she earned less she might pay \$5.

*Srei* who had taken a loan from the owner or procurer were under their control. Half of their income from sex work was given to the owner or procurer, while the rest could be saved to repay their debt. Some women who had borrowed money received a salary from the owner. To repay the loan, the women had to save money from their salary. All money earned from sex work went to the owner. A 22-year-old woman from Kampuchea Krom stated:

*"I borrowed some money from 'mummy' who was also the business owner's wife. When I sleep with a client, half of the payment goes to 'mummy.' I only borrowed \$500, but I will repay \$1,000."*

*Srei massa* received \$20 to \$30 for sex work. On rare occasions, they could earn \$50 to \$100. This income was not shared with anyone. Sex work did not occur every day. They slept with around two or three clients per week and sometimes fewer.

Total income for *srei* working in entertainment establishments varies according to the establishment where they work. Income also depends upon the ability of the *srei* to attract clients. From the interviews, *srei bar* earned the highest monthly incomes ranging

from \$300 to \$600 on average. They were followed by *srei karaoke* and *srei massa* who earned from \$150 to \$300 per month. However, this income was irregular and depended upon each woman's characteristics.

Some women relied economically on *ta chengchum* from abroad. When *ta chengchum* left Cambodia, the women were forced to seek other work. *Srei* who received monthly payments from *ta chengchum* often continued to work in night-clubs or have sex with regular clients secretly. They believed that *ta chengchum* would not marry them and they worked to save money to start another business in the future.

## **Expenses**

Despite their relatively high incomes, many women reported that they were living in poor conditions, as their expenses were high. Single women reported that they had to share their income with parents and younger siblings. They stated that this portion varied from \$100 to \$200 per month. Women who were divorced or married reported that they sent part of their income to their children. Respondents reported that they spent considerable money on clothing and make-up. Interviewees stated that they had to pay \$30 to \$40 per month for rent and \$5 per day for food. They also reported paying for daily transport although the cost was difficult to determine. Women reported that costs for health care were between 10,000 Riel (approximately \$2.50) and \$10 depending on the disease and the quality of medicines.

Gambling is common among direct and indirect sex workers and it is likely that some *srei* spent money on gambling. Only a few of the *srei* interviewed reported saving money. It is worth noting that the expenses claimed by the women interviewed represent a high standard of living in Phnom Penh. It is likely that the women exaggerated their expenses and their poverty during interviews. The women interviewed for the study earned individual incomes many times higher than the national average and have a correspondingly higher standard of living.

## ***Knowledge and Awareness of HIV/AIDS and STIs***

Knowledge about HIV/AIDS and STIs is an important factor in preventing the spread of these diseases. This is particularly important for women working as sex workers. The interviews conducted with women working in the entertainment sector aimed to discover their knowledge and awareness of HIV/AIDS and STIs.

### **Awareness of HIV/AIDS**

Half of the women interviewed were aware of HIV/AIDS. They received this knowledge through television, newspapers, word of mouth or training before they started working in the entertainment sector. The women's knowledge about HIV/AIDS transmission was generally correct, but not detailed. They knew that sperm, sex without condoms, infected needles or syringes, infected nail scissors or infected blood could transmit HIV. However, half of the women interviewed were not aware of the prevalence of HIV/AIDS before working in karaoke parlours and night-clubs. Some respondents reported that clients had

told them about HIV/AIDS. Before having sex, clients would explain that condoms could prevent HIV infection. One woman stated:

*"I have known how to use condoms since I became a sex worker. A client who loved me told me to use condoms to prevent AIDS infection. I was also told not to sleep with a client who didn't use a condom during sex."*

Other entertainment workers were also sources of information about HIV/AIDS and how to prevent infection. They talked about AIDS together and told each other what they knew or had heard about AIDS.

*"Before going to bed we talked about songsaa and then about the AIDS epidemic. We told each other to be careful of being infected with AIDS and not to forget to use condoms when having sex with clients. We would return home if they did not agree to use condoms because condoms could prevent AIDS and pregnancy."*

Some respondents reported that they became aware of AIDS from newspapers, radio, television and posters in hospitals. Managers had informed about half of the women about AIDS, a few were educated by organisations and others learned about AIDS at school. Three quarters of respondents reported that that AIDS was fatal and could not be cured.

*"AIDS can't be cured because I saw a label showing no medicine can cure AIDS. I don't believe there are medicines for AIDS treatment because I saw an AIDS patient living near my house. He was skinny and had pain in his mouth, now he is dead."*

Some participants stated that medicines could delay AIDS symptoms for five or six years. A few respondents believed that AIDS could be cured. One woman had heard that AIDS could be cured, but that it cost more than \$100,000. Some respondents stated that some cases of AIDS could be treated.

*"AIDS can't be cured, but newly infected patients can be cured when blood cells (Krob Cheam) are not broken."*

Most respondents were aware of AIDS however only four women had seen an AIDS patient. One woman who had stated:

*"A man who had AIDS lived next to my house and died 2 months ago. His 100- day funeral has not been celebrated yet. He knew that he had AIDS since 1992. He got HIV delaying medicines to relieve symptoms of AIDS because he was a rich man. His wife had itchy stains on her body and was injected with medicines to prolong her life. Her hair and eyebrows fell out."*

Some women did not understand how HIV/AIDS could be transmitted. One woman explained:

*"Sharing food could result in HIV or a man's intercourse with a sex worker could transmit the virus to his wife with whom he had sexual intercourse. A mother does not become infected with the virus because she menstruates. Instead, HIV is transmitted to her baby because blood cells were not broken and the blood did not yet flow to the uterus. If red blood cells spread, both the mother and baby would carry HIV."*

Other respondents reported: *"When we knew that the condom broke, we had to immediately clean our sexual organs to reduce rates of HIV infection."* One woman reported that *"The way to stand (Robeab Chhor)"* was used right after sexual intercourse *"because viruses fall down"*. They said that if the condom were broken they would use this method. Generally the women were aware of the dangers of HIV/AIDS and most women knew that it could not be cured. Most women were concerned about HIV/AIDS. However, their knowledge about transmission methods was limited.

## **Awareness of Sexually Transmitted Infections**

Most of the women interviewed reported that they had never had an STI. Only a few women reported that they had genital warts or complained about vaginal discharge. This may have been because these women did not suffer from any STIs. However, it seems more likely that the women were reluctant to discuss their sexual health with researchers. Despite this, the women were willing to discuss STIs in general with the research team. One woman stated:

*"As for karaoke women, all of them have vaginal discharge so they had problems with this disease. They didn't have other diseases. Long-term vaginal discharge can cause uterus cancer because the penis and the uterus touch. Sometimes there are scars on the uterus from having sexual intercourse."*

Respondents had gained their information about STIs from a variety of sources. A quarter of the women knew about STIs before they began entertainment work through newspapers, videos or from colleagues. Some had been trained by organisations and all five Vietnamese women had learned about STIs in Vietnam. Generally, respondents understood that STIs could be transmitted through unprotected sex. However, they also believed that people could be infected with syphilis from urine, sharing a seat and sharing food. One respondent stated:

*"A person could contract syphilis from the steam of syphilis if they sat in the same place where a person with syphilis had sat."*

Respondents told researchers about the STIs that they were familiar with. Interviewees mentioned diseases like syphilis, hidden syphilis, rice-water gonorrhoea, gonorrhoea, genital warts, uterine infection, uterus cancer and vaginal discharge. Half of the respondents knew the names of some STIs and a few discussed symptoms and prevention methods. The information on STI symptoms and treatment collected from these few informants is included as appendix two. A quarter of the women interviewed had no knowledge about STIs although they had worked in the entertainment sector for some time. One woman said:

*"I always heard of the STI epidemic. However, I never learned about how STIs were transmitted. I never had it and I never knew about it."*

One woman who did not understand the word for STIs (*kamrouk*) had already contracted an STI. Several women who knew the names of STIs and how to treat them stated that they still did not understand STIs. A 17 year-old respondent stated:

*"Before I didn't know what STIs were. Now I have been infected for a month with a disease called egret shit disease (genital warts). There were four or five egret shits on my sexual organ, but I don't know how many were inside."*

Several women reported that although they talked about AIDS and vaginal discharge with their colleagues, they did not know what STIs were. One woman who had been educated about STIs by an organisation said:

*"I understood that when someone was infected with AIDS, this was really transmitted by STIs like vaginal discharge. I forgot all that I heard because I didn't understand these diseases. I wondered about STIs and asked staff working for the organisation about them, but I found it difficult to understand them because I had never experienced or heard about syphilis and gonorrhoea."*

Overall, only a few respondents knew some symptoms, treatments and names of STIs. However, most respondents knew very little about STIs. Most of their knowledge was gained from word of mouth and their awareness of the dangers of STIs was low. Generally, the women interviewed had received far more information about HIV/AIDS than STIs. Respondent's knowledge of STIs was limited and this has serious implications for their risk of contracting both STIs and HIV.

### **Knowledge about Condom Use**

Using condoms during sexual intercourse is an important way of preventing HIV and STI transmission and can prevent pregnancy.<sup>[7]</sup> AIDS is a fatal disease that cannot be cured and in communities where AIDS is prevalent, entertainment establishments may be blamed for the problem. The efforts of the Government and organisations to promote the 100% condom use policy have created a more positive perception of condoms and improved tolerance for entertainment establishments. HIV prevention and condom use education has been conducted widely throughout the country. Local and international organisations have distributed condoms to various groups especially direct and indirect sex workers.

Several women reported that they did not like female condoms because they thought using them was more difficult. Some respondents had heard of female condoms but had never seen them.

Thirty-seven of the women interviewed reported that condoms were used during sex with clients. However, some of the women interviewed were not aware of the importance of using condoms. A few women did not want to learn how to wear and touch condoms because they found them nauseating and bad smelling. Most respondents believed that their clients knew how to use condoms and were more afraid of HIV than they were. Some women never touched condoms, but told their clients to use them. A few women stated that they put condoms on their client's penises. Generally, they said that if clients did not agree to wear a condom they would refuse to have sex. However, several respondents reported that they did not use condoms and did not know about them. One woman working in a karaoke parlour commented:

*"Before I had never seen condoms. My husband showed them to me and then I knew their shapes."*

Most women who used condoms reported that they used them because they were concerned about STI infection and AIDS. However, some women reported that they used condoms to prevent pregnancy. Some clients wore two condoms, as they were concerned that one could break. Eight women reported that they asked clients to wear two or three condoms to avoid breakage. Although respondents believed that condoms

could prevent diseases, they were concerned that they could break. If a condom broke during intercourse, respondents reported that there were ways to prevent infection. A 29 year-old respondent said:

*“I was very worried about infection when a condom broke. I used boiled water with salt to lieng sboan (clean the uterus). I took and applied medicine on my vagina because now there are medicines to clean the uterus and kill bacteria.”*

Respondents reported that they had gained their knowledge about condom use from medical staff, organisations, picture books, clients, friends and programs on television demonstrating condom use on bananas. Some women did not know to wear condoms correctly because they had not been exposed to condom use education or because clients always put the condoms on. A karaoke woman from Kratie said:

*“I was very shy, clients always put the condoms on themselves during sex. I haven’t understood how to wear condoms until now.”*

Some interviewees said they did not use condoms with *songsaa* or *ta chengchum* because they trusted each other or because they had blood tests before starting a sexual relationship. However, some women reported that they used condoms with *songsaa* and *ta chengchum* to prevent pregnancy and HIV infection. A few participants did not use condoms although they were aware of the dangers of AIDS. They believed that they would inevitably contract the disease as they were sex workers and could become infected at any time. However, they continued to work, as they needed money to support themselves. One 18 year-old night-club woman from Phnom Penh said:

*“Sometimes I took a great risk by having sexual intercourse with clients without condoms as I wanted money. I thought that I would become infected with HIV and dead before and after.”*

From the interviews, most women working in karaoke establishments and night-clubs used condoms when having sex with clients. Most stated that they would refuse to sleep with clients who would not wear condoms.

## **Condom Use Negotiation**

Respondents reported that some clients were always careful and willing to use condoms during sex. However, some women reported serious problems negotiating condom use with drunken clients or clients who refused to wear condoms during sex. The respondents reported different ways of dealing with these problems while negotiating condom use with clients. Successful negotiation skills are needed to avoid abuse and violence during sexual intercourse<sup>[8]</sup>. The women interviewed reported a variety of strategies to persuade clients to wear condoms.

Women who met drunken clients reported that they spoke favourably to them and told them that using condoms could prevent HIV. Respondents reported that they told married men that they should save money for their wives and children and not sleep with sex workers without using condoms. Some respondents also said they would not go with clients who had drunk a lot. However, sometimes both the woman and the client were drunk and condoms were not used during sex.



More than half of the women reported that some clients did not want to use condoms because they were not infected. Some clients said using condoms was not pleasurable and some offered more money to have sex without a condom. One participant said:

*“Some clients have wanted to have sex with me without using condoms. They offered to pay me \$60 to \$150 a time. I told them I would not have sex because clients who don’t want to use condoms may be infected with HIV and want to infect me with the virus. I always refused to earn much more money, even though it was a great amount.”*

One respondent reported that some clients tested her resolve to wear condoms by saying none were available. If the woman agreed, these clients would not use condoms during intercourse. Most night-club and karaoke women interviewed reported that they would not agree to sex without a condom.

*“I would not sleep with a client who didn’t use a condom. My life is not limited to now, I need to survive for the future.”*

Women claimed that they sometimes refused to have sex if clients would not use condoms. Women reported that they told clients that they did not know who was infected with the virus so they had to use condoms to prevent HIV. Some respondents claimed that they explained the reasons for HIV infection to clients. Some women reported that they lied to their clients who did not want to wear condoms. They told the clients that they had HIV and then asked the clients whether they still wanted to sleep with them. These women reported that the clients then agreed to wear condoms. One night-club woman from Kampot reported saying:

*“If you do this I will worry a lot about HIV infection. When you use a condom, you can protect us both from the virus. If I had HIV, how would you feel about your wife and child who could become infected too? You and I don’t know who has HIV. I work as a commercial sex worker and you frequent entertainment establishments. It won’t only infect me, but also your wife and child.”*

Some of the women interviewed reported that they tried to encourage clients to think about their future:

*“If you don’t use condoms, I cannot believe you. I am young and must think about my life in the future. I cannot work as a sex worker forever. If I become infected with AIDS, money will not cure me. If I die today I cannot be born tomorrow.”*

Some women reported telling clients that they did not want to have children because they were young and afraid of losing their beauty. The women reported that these negotiations were also successful, one woman reported saying:

*“I know that you love me, but we should use condoms when we sleep. Then we wouldn’t be infected with AIDS if either of us carried HIV.”*

A 19 year-old bar woman from Prey Veng reported the following condom use negotiation with a client:

*Client: I won’t sleep with you if I have to use a condom.*

*Woman: If there is no condom, I won’t have sex with you.*

*Client: I don’t need to wear condoms because I don’t have any disease.*

*I didn't sleep with him. The client threatened me not to use condoms during sex and I cried, but I was not beaten up. I had to use a condom. The client tore my blouse and then I wore a towel and went out. I would be very afraid of AIDS if I did not use a condom.*

Although most women reported that they were successful in negotiating condom use with clients, some clients still refused to wear condoms. One respondent reported that she had experienced violent clients. An 18 year-old woman working in a night-club told of a client who was considered *phniev la'or* but refused to wear a condom. After some argument, he agreed to use a condom. Negotiations were less likely to succeed with bad clients or *phniev min la'or*. The women could be beaten or forced to leave the room in the hotel or guesthouse. In these violent situations, condoms may not be used.

Several women said that they did not use condoms with their *songsaa* or *ta chengchum*. A 20-year old woman from Siem Reap reported that she lived with her *songsaa* for a long time and he refused to use condoms during sex. She did not trust him although they had both had blood tests. Her *songsaa* forced her not to use condoms although she argued that using condoms could prevent her from becoming pregnant. One interviewee said she did not use condoms with *ta chengchum* because they trusted each other and *ta chengchum* gave her a lot of money for sexual intercourse.

Generally, the condom use negotiations reported by respondents were successful. However, there were exceptions and some negotiation strategies may have been exaggerated. For example, it seems unlikely that women would tell clients they had HIV to avoid sex without a condom given the stigma surrounding HIV in Cambodia.

## **STI and HIV/AIDS Education Needs**

In general, HIV/AIDS and STI knowledge was limited and all the women interviewed require education, particularly about STIs. Most women were motivated to learn about AIDS and STIs. One respondent stated:

*"I want them to explain to me about AIDS and STIs. When I have an understanding of these diseases, I can protect myself against these diseases. If I receive training, I can tell other people about preventing AIDS and STIs."*

Most women interviewed reported that they would attend education about AIDS and STIs if possible. Only one woman said that she did not need education because she already knew how to protect herself from AIDS and STIs. She reported that she had been trained by an organisation previously. Most participants reported that they wanted to receive education outside of the workplace. They suggested that education sessions should be in a quiet location away from their homes. This was because they did not want others to know that they had sex with clients:

*"We don't want teachers to go to our houses. We are willing to go to their places."*

A few women wanted teachers to provide education about AIDS and STIs at their homes and some suggested education at the PSF office because it would be quiet. A quarter of the women wanted education services and health exams in the same place. Other suggestions for disseminating information about AIDS and STIs were videos and posters in health clinic waiting rooms.

Respondents expressed different views about trainers. Some wanted female trainers and some wanted male trainers, while others had no preference. The majority wanted female educators over 30 years of age. Cambodian women generally do not discuss women's sexual organs in front of men. The respondents believed that bad feelings and shyness would occur with male educators and it would be difficult to listen. Respondents suggested that female educators over 30 would be confident and have knowledge and experience of women's diseases.

However, some respondents wanted male educators, as they believed that men have a profound knowledge about HIV/AIDS. They also stated that explanations from male educators would be clearer and easier to understand. A small number of women wanted both male and female educators. The women interviewed wanted simple explanations through activities and gestures that explained how to use condoms, the symptoms of various women's diseases, STIs and the facts about HIV/AIDS.

Respondents gave different answers about the best times to provide education. A quarter wanted education provided one or two days per week while another quarter of respondents wanted education five days per week. The research team observed that education services are needed from Monday until Sunday. However, most respondents wanted education provided on Saturdays and Sundays because they have few clients on these days. More women suggested education services in the mornings because they are not working. However, a few respondents wanted education in the afternoons. Some participants want to attend training between seven and eleven in the morning, as it is the official work time for civil servants. However, some wanted the service from twelve until two in the afternoon because this is when civil servants rest. Most respondents wanted one or two hours of education per session. One woman proposed telephone numbers for women to call to obtain education and information about STI treatment when they encounter health problems. The women also suggested that education should be provided free of charge, as they do not have enough money to pay for this service.

## ***Health Seeking Behaviour***

### **Perceptions of Illness**

The women interviewed tended to report that they suffered no diseases. However, they consider slight sickness to be normal and do not seek health services. Respondents commonly reported vaginal discharge, but most participants stated that this was normal and not related to sexually transmitted infections. Most women interviewed did not believe they would be infected with STIs or AIDS through their clients. Nearly all respondents reported never having had an STI. Only one young woman reported having vaginal warts.

Generally, women working in karaoke parlours and night-clubs commented that they sought health services when health problems like vaginal discharge and uterine infections were unusual and serious. They also sought pseudo-medical services to make themselves more beautiful. Many women reported that a specially mixed vitamin injection could make them pretty. They reported that they sought these services from a variety of private and public health facilities.

A few respondents did not seek health providers but preferred to treat themselves. They believed they could treat vaginal discharge by *lieng sboan* (cleaning the uterus), applying medicines, buying medicines or taking traditional remedies. Some women reported that vaginal discharge would not appear if the sexual organs were regularly cleaned.

## **Decision Makers for Seeking Health Services**

Some respondents received advice from family, friends and acquaintances about treatment services. Sometimes they asked someone to accompany them. For example, some interviewees stated that they went to seek treatment for vaginal discharge as long as a friend went with them.

*“I always believed my friend who used to have lieng sboan at a private clinic and a long-term treatment for vaginal discharge. Later, there was a rumour that a traditional healer named Ly Bunnarith could cure vaginal discharge. My health was better after using the Khmer remedy, but now I receive treatment from a monk.”*

*“My mother told me that having vaginal discharge was a problem and was not good. I tried to take medicines and always had lieng sboan.”*

*“A woman living close to my house told me that if I wanted to have lieng sboan I should go to a private clinic she knew as the service was clean and hygienic. The medical staff was Vietnamese, but she could speak Khmer.”*

*“My friend said that she wanted to have her blood tested at a hospital, so she and I went together and a blood sample was taken to diagnose diseases.”*

Most respondents stated that information about STI treatment in the workplace was lacking. They reported that they had never received information about health services from *mekar* or owners. Many of the women interviewed held views like the following:

*“When we got sick we dared not tell owners about our health problems because the owners were men. Some women lied to the owners when they had health problems because they were afraid of being sacked.”*

There were other reasons for not discussing illnesses at work. Salaries were reduced for being absent and women’s reputations would suffer if they were believed to have an STI. This could make it difficult to find clients. However, one woman said:

*“In fact, entertainment establishment owners didn’t dismiss sick women from work. They were told to take leave to have their illnesses treated. They could come back to work when their health problems were better.”*

*Srei chengchum* had far less freedom to choose health services. For these women the owner might accompany them to private clinics because they were worried that the women would escape if they were not escorted. This occurred in cases where the women had borrowed money from the owner or procurer. One woman said:

*“When srei were sick the owner took them to a private clinic close to Kapkor market. The owner accompanied us to the clinic because he was worried that we might run as we had borrowed money from him.”*

Some women told their owners or managers about their health problems, but owners or managers were not responsible for these health problems. Those women who owed money and lived inside were accompanied to a private clinic in case they ran away without repaying their debt. In these cases, the owner generally did not pay for treatment but if he did the money would be added to the woman's debt with interest. One 17 year-old woman said:

*"The owner used to write down the amount I spent on something, but I wondered why wrote down more than the actual amount. I asked him what the expense was for and he told me it was for health care. After that, I decided to take my own money to spend on medicine. If the owner paid for me he charged interest and reduced my salary. If payment for health care ranged from \$10 to \$20, I would work for him for two weeks in return. Two weeks work is equivalent to \$35."*

For some *srei chengchum*, the procurer went to buy medicines for them when they were sick and accompanied them to private clinics. These women reported that they were not allowed to go to private clinics alone. One woman stated:

*"When srei chengchum had health problems like uterus problems and vaginal discharge they were still forced to have sex with clients. If they did not agree to sleep with clients, their mummy would beat them. Mummy did not pay attention to their illnesses and only bought some medicines for them to take. Mummy were not very interested in the health problems of srei chengchum."*

Owners sometimes called medical staff to the establishment to treat women with fever or to perform abortions, which were paid for by the woman. Some women stated that owners occasionally paid for treatment services. If a woman who drank a lot of beer and kept clients company fell ill and could not work, the owner might pay for their treatment at a private clinic. One woman said:

*"If the owner liked and pitied us he would help. The owner would spend some money for our health service if we paid a lot of money for treatment."*

*"If we drank a lot of beer and became sick we would be taken to a private clinic and the owner would pay for treatment. Generally if we could not work our salary was reduced, but our salary was not reduced if the owner loved us."*

Those women living outside the entertainment establishment were able to choose a health provider to treat their illness. However, some women were reluctant to admit health problems fearing they would be shamed, lose income or be dismissed if they were known to seek treatment for STIs. *Srei chengchum* who were in debt to the owner or procurer had little freedom to seek health care. They were treated by the procurer or the owner, escorted to a clinic or denied access to health care entirely.

## **Public Health Facilities**

Most of the women interviewed had never received services from public hospitals. This made it difficult to investigate their experience of public health facilities. However, the women reported their perceptions and ideas about public health services gained either from other people or from visits to friends in public hospitals. Respondents reported a variety of obstacles that discouraged them from using public health facilities.

Some women reported that public health services were expensive. Although there are guidelines for fees in public health facilities, which should be clearly posted, some women reported informal fees. For example, patients reported that some medical staff *kiepyok loi* (asked patients for money), or simply took bribes. One woman said:

*“Some people said government medical staff took bribes or only treated patients who had money. Some said medical staff asked patients if they had money or not, or how much patients had. Medical staff could treat patients who had little money, but their treatment generally depended on the amount of money.”*

Conversely, some respondents stated that public health services were cheaper than private clinics. However, cost was only one factor that deterred respondents from seeking services at public health facilities. Many women reported that waiting times were long at public hospitals because there were many patients. Other interviewees reported that treatment facilities were not private and made them feel shy. These women believed that others would know that they were sex workers because of their make-up or clothes. Vietnamese respondents believed that they would be discriminated against in public health facilities. Language was also a barrier for Vietnamese women seeking treatment from public hospitals. The Vietnamese women interviewed all reported going to private clinics, where staff spoke Vietnamese. One Vietnamese respondent stated:

*“I didn’t want to go to a public health facility because all female Vietnamese are believed to be prostitutes. They looked at us as though they knew we were sex workers so I didn’t go there.”*

Many women participating in the study thought that public health facilities gave ineffective medicines. In addition, some public medical staff gave prescriptions for patients to buy medicines from private pharmacies. Therefore, the women felt that buying medicines directly from pharmacies was faster and cheaper than visiting public health services. Some women were intimidated by the size of public hospitals. Illiterate women could not understand signs directing them to treatment areas and they were understandably reluctant to ask about the location of STI services.

Some women reported that public medical staffs were unfriendly or neglected patients. Others reported that they were not polite. Some respondents believed that services in public hospitals were slow or that many patients led to unsanitary equipment. Some interviewees also suggested that medical staffs were unhygienic, not good or unskilled. It is worth noting that these perceptions about public health facilities are common in Cambodia.

## **Private Practitioners**

The term *bpet* refers to a provider of modern medical treatment as in the phrase *kru bpet*. It does not differentiate between university trained physicians and those without formal training. It is also used with another word to refer to a place where medical treatment is available. Examples include *bpet rot* to refer to a public health service or *monti bpet*, which refers to a hospital or clinic. There are hundreds of private clinics in Phnom Penh, most of which provide treatment for STIs and women’s diseases<sup>[9]</sup>.

Half of the women in the study said that they sought health services for *lieng sboan*, blood testing and fever due to vaginal discharge in private clinics. They reported that private hospitals were quiet and that they preferred smaller clinics located in houses. The

women stated that they rarely sought treatment from large private clinics. However, respondents had different opinions about private health services. The cost of treatment was a common concern. A quarter of the women reported that the fees charged at private clinics were high. They reported an average fee of \$2 to \$5 for health consultation, *lieng sboan* and some medicine. However, some interviewees stated that private health services were cheaper than public services because they received both diagnosis and medication in the same place. Some respondents commented that they had no choice, but to seek treatment from private clinics because they were not aware of other treatment options.

Women who reported going to private clinics received vaginal cleaning, medicines and injections. Half the participants also reported seeing private practitioners for *lieng sboan* after having sex with one or two clients even if there was no vaginal discharge.

*"I would go to a private clinic on a day I had sexual intercourse with a few clients. I go to the market early in the morning to see kru bpet to lieng sboan and apply medicines. Lubricated condoms that weren't cleaned on time could freeze in the uterus if they were not cleaned completely."*

After having their health screened, they were told to buy medicines for *lieng sboan* at the same clinic. Respondents said that if no pharmacy operated at the private clinic they would buy medicines from another pharmacy or from market stalls. Most respondents reported that they frequented Bophaphoung and the Red Cross health centres or private clinics located off Chroy Changva, Depo, O Reusey, and Chas markets or bought medicines at pharmacies in Tapang market. A few Vietnamese women mentioned that they went to private clinics near Psa Kandal, where *kru bpet* could speak Vietnamese.

Despite the expense, respondents tended to visit the same private practitioner each time they were ill. A quarter of the respondents emphasised that the private clinics they visited were clean and that watching the process of sterilising instruments gave them confidence in the hygiene of the service. One woman mentioned that medical tools were sterilised and burned with alcohol before examinations. This careful attention led respondents to say that private clinics provided strict treatment, sanitation, a better understanding of diseases and careful treatment of patients. They also reported that private medical staff understood that patients preferred providers who were friendly and polite. Most respondents reported considerable confidence in private medical staff.

*"Treatment is effective and confident. The quality is 80 per cent due to successful prescriptions and effective medical care that doesn't damage health."*

In addition, respondents reported that medical staff gave them advice to monitor their health after treatment. Many respondents commented that they enjoyed going to quiet private clinics because they believed that confidentiality could be kept. Confidence in the abilities of medical staff in private clinics was also a factor in choosing a private health provider.

*"There is a female medical staff who was trained in Hanoi, Vietnam working at a public health facility. She has profound knowledge about women's diseases so we always went to her clinic."*

In contrast, some respondents reported the shortcomings of private medical staff. One woman commented that private medical staff had treated her disease frivolously and carelessly. A 22 year-old woman said:

*“I went to a private clinic off Depot market where the female staff was good at treating the uterus. But she did not seem to want to treat me. I prefer going to see her because she gives medicines to make the vagina narrow.”*

Another woman reported that private medical staff were dishonest, delayed treatment and collaborated with the business owner to cheat her out of money:

*“I believe that my business owner collaborated with a private medical staff to get money from me by behaving dishonestly. They didn’t want my disease to be cured quickly as they wanted more of my money. I tell you honestly that my labour was exploited. I wanted to go to another service, but the business owner said that private treatment services were all the same. If I lived outside the entertainment establishment I could go to different private health services.”*

## **Drug Sellers**

Drug sellers are important health care providers for karaoke and night-club women with sexual health problems. They appear to understand the women’s desire to buy medicines and treat themselves. Many drug sellers provide both diagnosis and treatment and prescriptions are infrequently used in Cambodia. Generally, drug sellers do not send customers away to have their diseases diagnosed. Instead they sell combinations of medicines and tell customers how to take them. Around half of the respondents reported that purchasing medicines from a private pharmacy was cheaper than seeing a doctor to treat their health problems.

*“When I had vaginal discharge I followed the example of a woman who bought medicines for her daughter who had vaginal discharge. Her daughter told her about the problem and the woman bought the medicines for her daughter. Using these medicines made me better and they are sold at all pharmacies.”*

*“I got a sample of medicines from my friend and took it to the pharmacy when I had vaginal discharge. I went to get medicines for cleaning sexual organs and killing virus and insect-borne diseases.”*

*“I used to buy medicine from pharmacies off Tapang market and the medicines compounded by the pharmacist worked. Many women bought medications there because the price of one tablet was reduced from 200 to 100 Riel.”*

## **NGO Health Services**

A few respondents reported that they sought treatment services from health clinics supported by an NGO. One woman used NGO health services in combination with other providers:

*“I always get treatment from the Red Cross health centre, a clinic in the squatters area, a private clinic and from bpet angkar (doctor from an organisation) who went to treat women in their houses.”*

However, most women interviewed had no experiences of NGO clinics. A few had been educated about condom use and heard that NGO clinics provided good medicines and



services. However, they believed that NGO clinics did not provide STI services. Only one interviewee had sought treatment for women's diseases from an NGO clinic. She reported that the health service was not good, little medicine was provided and treatment was ineffective. Another respondent said:

*“NGO medical staff who provided health care in the community only touched uterus and provided ineffective medicines. They kept the effective medicines. The medicines given to women didn't work. Bpet angkar didn't provide any result to women at houses and didn't lieng sboan. The areas were not clean and medical tools were not sterilised due to a lot of patients.”*

## **Traditional Remedies**

Traditional remedies are popular in Cambodia. Traditional medicine for sexually transmitted diseases can be bought at traditional healers' houses or at herb stalls in markets. The traditional remedies for STIs like hidden syphilis and gonorrhoea are well known and still used despite the availability of western medicines for these diseases. Traditional healers use raw materials like banana trees, pineapple stumps, black sugar cane and herbs, stumps of wild vines, the bark of *sdok sdou*, *leach phtus* tree and *kdang bay* found in the forests. These herbs are compounded as remedies and then boiled for patients to drink. In the study, several women reported that they used traditional herbs to cure sexually transmitted illnesses. They obtained these cures from their mothers or went to traditional healers to obtain treatment.

*“I prefer to drink Khmer traditional remedy as it is more effective than western medicines.”*

*“I heard a rumour that a Khmer traditional healer called Ly Bunnarith could cure diseases, I got the medicine and drank it and then my illness was better.”*

*“Now I go to see a monk, the monk knows what diseases we get. He looks at palms and offers traditional remedies.”*

One woman who participated in the study had some knowledge of traditional medicine for STIs because her mother knew about traditional medicine:

*“I know various kinds of traditional remedies and herbs for STIs. Stumps of pineapples, dos kon vines (vines used in medicines), chhke sreng (tree used for medicine), angkugh and toads are compounded as remedies for syphilis. Toads and angkugh are burned and dried and then they are pounded. Roots of herbs and a spoon of pounded toad and angkugh are put in to a bottle of white wine. Black sugar cane, angkugh, toads and moan somley (small hen with white feathers, black bones and flesh) are also used as remedies for syphilis. Toads, moan somley and brak phley (grass with bumpy or warty leaves) are burned, pounded and soaked in white wine.”*

A few women used both western and traditional medicines to treat illnesses. Sometimes participants used western medicines first and then changed to traditional medicine if the first treatment failed.

*“I applied two packets of Yakthamchay (Thai aspirin) to my genital warts. A week later, the medicine cut off the genital warts. When all the genital warts were cut off I have to drink traditional medicine.”*

*“When I suffered from vaginal discharge, I went to see a mid-wife at a private clinic close to Kapkor market. I was injected with medicine, but my illness wasn’t cured so I got Khmer traditional herbs.”*

## **Need for STI Services**

Most women interviewed stated that they had never been infected with sexually transmitted diseases. However, all respondents stated that they needed services for STIs. They suggested that they might contract STIs in the future and therefore should have access to STI services.

*“We can not see what will happen in the future. Nowadays, there are various kinds of diseases, including STIs and an incurable disease.”*

Respondents believed that additional STI services could alleviate problems for women working as sex workers. They also stated that they wanted good health care services because they could not hope to avoid women’s diseases.

*“Health care provision seems to help women as women generally have women’s diseases. Women could be alive or dead depending upon their uterus.”*

Thirty-five respondents requested health care services away from their work. They wanted quiet health care services located close to their homes making it easier to visit. Women could visit nearby services confidentially and return to their work place on time without needing to be late or absent. Discrete health services would make it easy to consult with medical staff, as they would feel ashamed if other people saw them going to STI services. Respondents reported that people would ridicule them if they knew what illnesses were being treated at the health service. Some participants suggested that health care facilities should be located in town, close to markets, night-clubs and karaoke parlours. However, others said that health care services should be far from entertainment establishments because they did not want people to know where they worked. Some women stated that the location of health care services was not as important as the quality of treatment.

Many women in the study said health services should be large and easily found and that the waiting, treatment and consultation rooms should be separate. They suggested that the door to the treatment room be labelled *Treatment of Women’s Diseases*. Most respondents said STI services should be restricted to indirect sex workers and not available to the public. However, a few participants said that any woman should be able to receive these health care services. Women proposed that medical staff should not discriminate against sex workers, provide good treatment and behave politely.

Women had various opinions about payment for STI services. Half of the women stated that STI treatment services should be given free due to their poor incomes and high expenses. Respondents were very enthusiastic about the idea of free treatment services. However, some women suggested they would give medical staff some money or reward. One 16 year-old woman said:

*“Health examinations should be free of charge, but we could give medical staff something as sakun.”*

On the other hand, a quarter of the women stated that they wanted medical staff to charge them for health services, but that the fee should be as low as possible. They believed that the money was an incentive for medical staff to pay close attention to treating patients. They believed that medical staff would not be motivated to examine their health problems if treatment was free. Several interviewees stated:

*“We have to wait longer for medical consultation and treatment at free health care providers. Sometimes they are not happy with us as patients. It is better to go to paid health care services because they take better care of us.”*

*“Bpet could be fed up with treating patients without payment. I keep male clients company at an entertainment establishment because I need money. I think bpet also work for money. For instance, if the real fee is \$10, we should pay bpet \$7 for treatment.”*

*“Medicines bpet use for treatment are not donated, but are purchased. Bpet are paid so that they can buy medicines to treat patients. If they are not paid, bpet will speak impolitely or be careless, when there are many sick women coming at the same time. Everyone has to pay, I think, even bpet and to escape from bias, why not pay bpet?”*

*“Free treatment is not possible. NGO health services have to pay for everything to provide medications let alone their labour in performing this task.”*

Several women stated that the payment for the health service was not as important as the quality of the care provided. Respondents also suggested that the payment for medication should be included in the treatment fee. Some women also believed that reasonable payment for health service was important to prevent medical staff from making treatment longer to increase their fees. A 25 year-old woman commented:

*“This was at a private health provider who wanted to increase their treatment fee. When they were more familiar with us as patients, they made some effort to cure us. By the end the payment was more than 100,000 Riel (about \$25).”*

The location of the health service and its layout were also important to respondents. All of the women interviewed said they needed specialised female practitioners who could therefore understand female patients. They stated that it would be difficult to obtain treatment from male practitioners because the patients would feel ashamed. Some women were concerned that male practitioners might behave inappropriately during health screening. A few interviewees stated that the gender of health staff was not important compared to their ability. Respondents generally preferred practitioners who were soft-spoken, quiet and friendly to patients. They also suggested that practitioners should be over 30 as they would be respected and seen as experienced. Some respondents feared younger newly graduated staff might be careless during treatment. Respondents particularly wanted *lieng sboan* services, as they believed sex workers needed this after having sex with clients. They also stated that they liked practitioners to tell them about their diseases without keeping any secrets from them.

Respondents expressed different opinions about the best time to offer STI services. Different respondents suggested that STI services should be available for two, three, five or seven days per week. Some respondents thought it should be open from Monday to Friday to allow medical staff to rest. Other women suggested that STI services should be available on Saturday and Sunday as they had fewer clients on these days. Some respondents wanted services every day.

Half of the women suggested that STI services should be provided in the mornings and afternoons. Working hours should be from seven or eight a.m. until 11 or 12 and from one or two in the afternoon until four or five p.m. Some women wanted STI services open until seven p.m. One woman suggested that STI services should be offered during the lunch break. It is worth noting that when the research team made appointments with women for interviews some were still sleeping at 9 a.m. due to working late the previous night.

## **Conclusions**

*Srei* working in the entertainment establishments surveyed were mostly younger and aged between 16 and 25 years old. They came from many different provinces of Cambodia. Poverty, unemployment and low incomes in rural areas were the main factors attracting these young women to sex work. *Srei karaoke*, *srei bar* and *srei massa* had different working conditions, as did those who lived on the premises and those who lived outside. Notwithstanding these differences, their work and their lack of knowledge about HIV/AIDS and STIs still placed them at considerable risk. *Srei massa* seem to have more risk than *srei karaoke* as they wear short uniforms and are alone with the client in the massage room. On the other hand, *srei massa* were generally more prepared for sexual intercourse as they saw it as inevitable in their jobs.

Because no written employment contract was concluded when starting employment, the business owner had considerable power over employees. This allowed owners to insist that women worked extra hours without paying overtime. For *srei* living inside, conditions were worse. Although they were given accommodation and food their living standards were often poor and could be harmful to their health.

Due to the many public education programs on HIV/AIDS through the media and outreach work, the women interviewed were aware of some points about the transmission and prevention of HIV infection. However, this knowledge was limited and not always correct. Awareness and knowledge of STIs was even more limited due to lack of information. Discrimination and stigma surrounding HIV and STIs is common and this may discourage women from seeking treatment for their illnesses. Discrimination encourages these sex workers to keep their illnesses secret from their neighbours and colleagues, which further increases the risk of infections spreading.

Condoms are an effective means of preventing HIV, STIs and pregnancy. However many of the women interviewed lacked knowledge about condoms and how to use them correctly. They also stated that they were not aware of female condoms and how to use them. The majority claimed that they always used condoms during sexual intercourse with clients, but most relied on their sex partners to put them on. Therefore, they rarely checked whether condoms were used properly. A small number of women could negotiate with clients about condom use. Some women reported that they sometimes had sex without condoms.

A lack of regular health screening led the women interviewed to believe that they were not ill. If they felt only slightly sick they did not seek treatment or they self-medicated based on previous experience. If the illness did not improve, they sought care from a health practitioner. Although many public health services are available, most women preferred to seek care from drug sellers and private clinics. These facilities were more

highly regarded than public health services because of courteous staff, strict and effective treatment, sterilised medical equipment and easier and faster service.

All the women interviewed expressed the need for HIV and STI education and STI services. They preferred a quiet location, not too far from the workplace, so that services could be accessed quickly without paying too much for transport. Respondents reported that they preferred educators and health practitioners who were female, middle aged, competent and courteous.

After the government ban on night-clubs and karaoke parlours many establishments closed for a short time only to reopen as restaurants. However, sex work continues in these restaurants due to strong demand. Therefore, the risk of the spread of HIV and STIs continues. As these indirect sex workers become more secretive and marginalised, HIV/AIDS and STI interventions, education and treatment will also become more difficult. Most of the women interviewed in the study were negative about the closure of night-clubs and karaoke bars as they lost their jobs. A small number of respondents expressed positive opinions about the closure, arguing that karaoke parlours and night-clubs caused problems for society.

Although their work was generally voluntary and appeared to be profitable, most women did not believe they would continue this work for a long time. They believed that they would become older and less able to attract clients. Many women reported that their work was not good as they had to sleep with clients and this would damage their futures and make them sick. All women planned to save money to change their careers in the future. They planned to work in a variety of areas like tailoring, selling clothing, selling make-up, hair dressing, waitressing or running a small business. Some wanted to complete further schooling while others wanted to be housewives and care for a husband and children.

The situation of *srei chengchum* is a particular concern. Some of the women interviewed had borrowed money and were living under the control of a procurer or the owner. Although indirect sex workers are generally thought to have some autonomy, *srei chengchum* had very little freedom. They could not refuse to have sex with clients and they were required to have sex with multiple clients each day. Some were forced to have sex with clients when they were ill and some were refused medical care. These factors combine to put them at a much greater risk of contracting and transmitting HIV and STIs.

## ***Recommendations***

### *STI Education and Treatment Services*

- Very few respondents reported that they had suffered from an STI. Despite this, many respondents reported in detail the difficulties of finding safe, appropriate and effective STI services in Phnom Penh. In addition, all respondents expressed an urgent need for STI treatment services. It is likely and understandable that the interviewees were reluctant to discuss their sexual health status with strangers in the limited time available for interviews. Therefore, it appears that there is a need for appropriate STI services for this target group.
- The women interviewed in the study had very little knowledge about the symptoms or treatment of STIs. The information they had was obtained from a variety of

non-medical sources and was a mixture of fact, fiction and rumour. Therefore, there is an urgent need for STI education for this vulnerable group.

- Discrimination and lack of confidentiality were the major concerns respondents held about STI services. Indirect sex workers should be able to obtain health care services where discrimination is avoided and their confidentiality is maintained.
- To contact women who need education and health care services NGOs should have good relations with business owners. This could improve mutual confidence and help to emphasise that education and health services can benefit both the women and the entertainment business.
- Providing STI care and prevention services to *srei chengchum* is particularly important and problematic. Careful negotiation with procurers and business owners will be required to allow these women to access health services.
- To make education and treatment services effective information about education and treatment services should be widely disseminated to target entertainment establishments. This should include posters with simple accurate information, addresses and telephone numbers.
- Treatment services should be well organised and waiting and examination rooms should be separate. Posters should be displayed in the waiting room and ideally, videos on the danger of AIDS and STIs should be aired for women waiting to receive treatment. Medical equipment should be sterilised. Any proposed health service should be centrally located in town in a quiet area. This would minimise embarrassment for women visiting the service and keep transport costs low.
- The overwhelmingly negative perceptions expressed about public health facilities should be addressed. Public health services in areas near the entertainment businesses should be supported to improve their reputation and service quality.
- Educators or health staff should be female and over 30 years old. Ideally, practitioners should be able to speak Vietnamese and Khmer. Health staff should be confident and experienced in women's health and should be committed to maintaining patient confidentiality. Trainees and newly graduated health staff should not provide health services.
- Treatment services including health consultations, treatment and *lieng sboan* should be free of charge. However, good quality effective medications should be available and should be sold to women requiring treatment.
- Health staff should explain health problems to patients clearly and in detail. Timetables for education and treatment services should be clearly shown and medical staff should strictly observe these times to maintain a professional image for the services.
- Health education should be provided from eight to ten in the morning from Monday to Friday. Correct condom use for male and female condoms, negotiation skills for condom use and education about sexually transmitted diseases should be covered in health education sessions.

- STI treatment services should be provided Monday to Friday from eight until twelve in the morning and from two until five in the afternoon. Health books and prescriptions should be provided to women obtaining treatment services. Appointments should be made for follow up once patients have finished their medication. This would help to avoid patients reusing prescriptions to buy additional medicines without medical advice.

*General*

- Generally, women interviewed in the study did not conclude written contracts with business owners before working. This disempowers these women and makes it impossible for them to prove the facts when they are not satisfied with their working conditions. It is recommended that the recruitment of women in each establishment should be carried out through written agreements made between employees and owners in accordance with the Cambodian labour law.
- It is recommended that suitable accommodation, health prevention and care, regular working hours and proper payment for working overtime should be provided to women living inside entertainment establishments.
- It is recommended that entertainment establishment owners should explain to women about health care, or should invite medical staff to examine women's health. Otherwise, they should encourage women to visit health care services regularly.

## ***Appendices***

### ***Appendix One: Semi-Structured Interview Guideline***

#### **Qualitative research on women working in bars, karaoke and massage parlours**

Objective: To provide access to quality STI services for this high-risk group

Information regarding the following issues is required:

#### **Health related:**

- 
- Knowledge of STIs and HIV/AIDS.
- Knowledge and awareness of STI services (location, kind of service, language).
- Perceived accessibility of STI services.
- Who makes the decisions regarding seeking health care (woman, pimp, manager)?
- Does the manager provide some health care (pays a private doctor to come in)?
- What do the STI services of their choice look like (distance, clinic hours, fees or free of charge)?
- How much time do they have available for seeking health care?
- Freedom of movement, where do the women live (within the hotel or outside)?

- Experiences with government health centres

**Sexual health related:**

- What services do the women or the hotel offer to clients?
- Can the women refuse to have sex with clients; does the management force or 'reward' them?
- Have they been doing direct sex work before?
- Do they know if friends or colleagues have sex with clients?
- Average number of clients
- Price for sex

**General:**

- Language
- Literacy
- Age
- Nationality
- How did they enter the business and why?
- Debt
- What are their 'contractual' relationships with the establishment?
- How much do they earn per month (average), and what do they do with their money?
- Marital status

***Appendix Two: Knowledge of STI Symptoms and Treatment***

Only a few respondents knew the names, symptoms or treatment of specific STIs. The details of the information gathered from these few respondents are presented in this appendix.

**Syphilis and Hidden Syphilis**

A few women understood that syphilis could infect both men and women. These respondents mentioned that syphilis affects the penis or the vagina and has symptoms like swollen groin (patients cannot walk), rashes with pus, difficulty urinating and vaginal itches. They also mentioned that untreated syphilis could result in great pain, weight loss and make a patient unable to eat or sleep.

Respondents reported that *hidden syphilis* is also a sexually transmitted infection, which results in syphilis that does not appear on arms and legs. However the penis swells and then the hidden syphilis destroys intestines and organs inside the body. One woman reported the following symptoms of hidden syphilis:

*"Rashes appear and a patient has pain in the sexual organ during urination. When the symptoms are combined and a patient has sex with clients without using condoms for a long time, it becomes AIDS."*



Another respondent reported that persistent syphilis could become AIDS, which Khmer call hidden syphilis. Respondents reported that blood, sexual intercourse, deep kissing, sharing trousers, talking, sharing utensils, sharing unclean toilets and not washing after sexual intercourse could result in syphilis infection. One respondent suggested:

*"Not washing the body could transmit the disease. It does not transmit when we lieng sboan after sexual intercourse with a client."*

Participants thought that syphilis could be treated in several ways. A patient could receive injections, take western antibiotics to destroy the pus and drink Khmer traditional remedies. One woman gave a recipe for treating syphilis, which compounded black sugar cane, *moan samley* (a small hen with white feathers and black flesh), toad and *angkugh* (the seeds of the angkugh vine). She learned this recipe from her mother who used it to treat her father who had syphilis.

### **Genital Warts (*roak semoan*)**

More than half the women interviewed knew one of the names for this disease *semoan* (cocks comb), *kredekok*, *phka sboan* (uterus flower), *phkar spey kdop* (cabbage flower), or *phkakatna* (cauliflower). However, some interviewees believed these were different diseases. Participants stated that only women contracted genital warts. They stated that the disease appears on the sexual organs and its symptoms were rashes, vaginal discharge and bleeding. Rashes look like cauliflower inside the uterus or vagina and like worms or corals on the sexual organ.

Respondents reported that genital warts can cause the uterus to ulcerate and flesh (like worms or coral) to grow close to the sexual organ. The flesh grows as bulbs that close the sexual organ and then the roots of the bulbs come out causing severe pain. Four interviewees understood that genital warts came from poor hygiene causing the vagina to itch. If the vagina was not cleaned after sex with clients, bacteria could cause genital warts.

Respondents described a variety of treatments for genital warts, like burning, cutting or using two packets of Yathamchay per day. Yathamchay is the trade name for an aspirin made in Thailand and popular in Cambodia. It is mixed with water and applied for a week to cut the warts off. Injections, western medicines and Khmer traditional herbs were also used and patients may take a special diet. Unfortunately, respondents did not know details of the diet or what medicines were used. Reflecting the common misunderstandings about STIs one respondent stated:

*"We applied Yathamchay. If the warts were cut off we would get Khmer traditional remedies. If we were infected with genital warts, AIDS, or other sexually transmitted diseases could not be transmitted."*

### **Gonorrhoea**

A few women mentioned gonorrhoea during the interviews. They reported that there were two varieties, gonorrhoea and rice-water gonorrhoea. Only one respondent discussed the symptoms of gonorrhoea, citing difficulty urinating, swollen groin with blue pus and itchiness. This respondent did not talk about the symptoms of non-rice water gonorrhoea making it difficult to conclude whether this was urethrite a chlamydia or urethrite à mycoplasme. This respondent mentioned that both western medicines and Khmer traditional remedies could cure gonorrhoea.

## Vaginal Discharge (*thleak sar*)

In general, normal vaginal discharge is white, transparent and appears in irregular quantities. It appears during, after sexual intercourse and in the pre and post ovulation periods. Abnormal vaginal discharge has a bad smell and is accompanied by irritation and itching of the vagina. Urinating may cause pain in the abdomen. The sufferer may have irregular menstruation and painful sexual intercourse. This can lead to internal vaginal infections like fungus.<sup>[10]</sup>

Three quarters of the women interviewed reported that they had vaginal discharge, but they stated that this was not a sexually transmitted disease and was normal for women. A few women reported abnormal vaginal discharge. Only a few respondents connected vaginal discharge and STIs. For these women, vaginal discharge is believed to cause other health problems, like fever and general malaise. They stated that the blue long-term vaginal discharge that caused irritation could lead to uterus cancer if not treated.

*“About two days before menstruation, there is a slimy substance that comes from the vagina. We know from training that if we have blue vaginal discharge it is an STI. If the vaginal discharge is a thin liquid it is normal for women.”*

Some respondents reported that they could not distinguish between normal or abnormal vaginal discharge because all women have vaginal discharge and only the quantity varies from woman to woman. As one woman stated:

*“All women who work in karaoke lounges have vaginal discharge, but they were not infected with any STI.”*

Respondents discussed different treatments for vaginal discharge. Western medicines to reduce fever and drugs applied to skin or suppositories and injections were mentioned. A Khmer traditional herb *deum kanhchhet* (edible aquatic plant) and *lieng sboan* with powder of burnt alum and boiled salt water with lemon juice were also mentioned.

## Other STIs

The respondents were unaware of the symptoms and treatments for any other STIs. Some respondents knew of symptoms, but not treatment and some knew a little about treatment but were not aware of the symptoms of the diseases. In addition to the diseases discussed above, women mentioned the names of other STIs like:

- Symptoms of *teachteuk disease* (characterised by a swollen belly).
- Symptoms of chlamydia: unknown.
- Symptoms of AIDS: fever, nasal discharge.

## PM Calls For Closure of All Nightclubs

BY DAVID KHARA AND HAM SAMNANG  
THE CAMBODIA DAILY

Prime Minister Hun Sen issued a directive Tuesday to all governors in the country, stating that the government will shut down all nightclubs, discos and karaoke parlors in Cambodia because of the violence and drug trafficking associated with such establishments.

While the statement by Hun Sen did not include the definition of what constitutes a nightclub or karaoke parlor, the statement sent a clear message that the government will no longer tolerate what it perceives to be a social ill afflicting the country.

"In the past to the present, many offensive acts have occurred from night clubs, pubs, discotheques and karaoke parlors [such as] drug trading, which create crimes and cause disorder and destroy culture," the prime minister stated in the release. The government said it will close the clubs at 6 pm Friday.

The order will not affect restaurants that have karaoke machines, or public concerts and dances, according to the statement.

An official from the Ministry of Interior said the government has not yet set penalties for clubs and their owners that do not abide by

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## NATIONAL NEWS

### City Darkened as Nightlife Ban Takes Effect

THE CAMBODIA DAILY  
As Friday evening fell Moni vung Boulevard was dark and quiet, as the dozens of karaoke parlors that normally cast their lights onto the street as a beacon to revelers were shuttered—all victims of Prime Minister Hun Sen's ban on nightlife establishments he says are encouraging violence and lawlessness.

Outside Sovann Devi karaoke, owner Heng Sopha expressed the same frustration that has been reported by numerous bar and club owners.

"It's not fair because I have a license from the authorities, but right now they've closed me down. It's not fair they close the karaoke but they leave the casinos open," he said.

Several of the more than 20 women who worked at Sovann Devi laughed nearby, some joking that they would go and find work in a brothel.

One, who did not want to be named, said she was returning to her village in Kampong Thom province with only \$5 and no money for her family.

"I myself have some money, but I pity my workers," Heng Sopha said.

In the wake of several recent violent fights at city nightspots, Hun Sen ordered Cambodia's karaoke parlors and discotheques closed—a sweeping directive that has left bar owners shocked and confused.

As government officials hurried to try and implement the premier's abrupt order, it became clear that authorities could not define specifically what venues should or should not remain open, leaving a number of party establishments caught in limbo.

"What is a dance club? Am I a night club?" asked Pen Samnang, owner of the Heart of Darkness on Street 51, a popular bar for foreigners that is frequently crowded with dancing patrons on the weekends.

Like most bar owners in the city, Pen Samnang was summoned to the police Thursday morning and told that because his establishment was considered a "nightclub" he would have to shut his doors. He said he would close for a week and then try to reopen as a restaurant.

Though on Friday, Pen Samnang said he would be allowed to remain open if he kept his bar's lights up and discouraged dancing.

"[The police] said it can't be romantic," he said.

Other bar owners along Street 51 said they met with police Friday morning who told them they could stay open, but under vague conditions.

Government officials appear divided on the usefulness of Hun Sen's directive. Many, including Phnom Penh Governor Chea Suphara, have applauded the

measure, saying it sends a clear message that Cambodia will not tolerate the crime associated with some nightspots.

Council of Ministers spokesman Khru Thavita said Friday that silencing Cambodia's thriving night life isn't likely to hurt the economy.

"These bars and clubs are a source of economic growth. On the contrary, they are a source of risk," he said.

But others remain concerned that the shutdown will put thousands out of work and into the streets, where without any other job opportunities they could be driven to more illicit activities like prostitution.

"What bothers me is not just the loss of business, the money, but the total disregard for job loss—it's not just the waitresses but the motokops and the guys I know from," said Dave Manson, owner of the former Sharky's Bar and Restaurant.

The sign outside of Sharky's has been painted over, erasing the word "bar" from the name, and food menus have been placed conspicuously on every table.

Though he was told Thursday to close, Manson says he can now stay open. But along the rest of Street 130, the numerous karaoke parlors that use to operate are now closed.

"[The rules] change every 10 minutes. It's hell," Manson said.



Workers remove the sign from a karaoke parlor Friday in Phnom Penh in order to put up a restaurant sign.

### Officials: Over 4,000 Jobless Due To Closures

By SAUNG SOENBITHI  
THE CAMBODIA DAILY

The government "accessibly" closed 1,053 karaoke parlors, nightclubs and bars in seven Phnom Penh districts and left 428 employees facing potential unemployment after municipal officials carried out Prime Minister Hun Sen's directive to close all night-entertainment establishments Friday night.

"I am very happy with the government's order because karaoke and nightclubs affect the social security of the country and have many criminal cases such as drug trafficking and the flesh trade," said Kim Horn, Toul Kork district police chief. He said Sunday that Toul Kork police closed 158 nightclubs and karaoke parlors. More than 600 workers were left unemployed after the shutdown, he said.

Kim Horn said 117 karaoke parlors that the municipality closed were small establishments that sold three songs for a little more than \$3.12. They agreed to close because "no one could go against the government's order," he said.

In neighboring Prang Maktara district, authorities shut down 62 nighttime establishments that

could affect an estimated 605 employees, said Prang Maktara district Governor Chay Ebn. He said some of the club owners said they will turn their clubs into restaurants with music, thus avoiding a shutdown.

"In my district, we have had problems in the past with the clubs—there is anarchy and shootings and disturbances," Chay Ebn said.

Club owners disagree that shutting the clubs will benefit the city.

"When the World Trade Center was destroyed in the US by terrorists, it made many Americans

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## Night Spots Look for Ways To Stay Open

By LOU CHANDARA AND DAVID KHARA  
THE CAMBODIA DAILY

Some nightclub and karaoke parlor owners in Siem Reap town are planning to turn their establishments into massage parlors to get around Prime Minister Hun Sen's recent order that all nightclubs in the country close their doors at 6 pm today.

At least 20 nightclubs and karaoke clubs are scheduled to be closed in Siem Reap. Several owners said they would reopen as massage parlors because businesses such as brothels and casinos are not covered by Hun Sen's broad measure to crack down on night entertainment establishments, said Ung Oeurn, first deputy governor of Siem Reap province.

Ung Oeurn said he met with provincial officials to discuss how local police will begin monitoring the massage parlors to ensure they are "legitimate," adding that Siem Reap province may start a new task force to police such businesses.

The government is rebuying primarily on district and municipal police to enforce Hun Sen's new directive, but the Ministry of Interior will provide more police at the local level. "I need," said co-Minister of Interior You Hockey. Meanwhile, Phnom Penh

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## One Month After Ban, Karaoke Parlors Remain Silenced NGO: Restaurant Girls Replace Karaoke Girls

By MARY MCKINNEY AND VAN ROUEN  
THE CAMBODIA DAILY

The government order that eliminated karaoke from Cambodian nightlife appears to be holding strong nearly one month after it was announced by Prime Minister Hun Sen.

No one has been arrested for violating the ban, a survey of government officials revealed Wednesday, and few government officials seemed concerned that anyone would try to turn their machines back on.

"There is no karaoke any more here," said Khun Khoun, governor of Katanakiri province. More than 20 karaoke parlors were closed down. They could not oppose the order.

The order, which took effect Nov 23, was meant to restrain a

culture of drugs and violence harbored in some karaoke parlors. It followed two high-profile shootings at Phnom Penh nightclubs that left one dead and three seriously injured.

No fines or penalties were announced for anyone who violated the ban. Personal karaoke performances at home are still allowed, as are performances in public areas or in restaurants.

Some establishments have used loopholes to get around the order, converting their karaoke parlors into restaurants or beer gardens.

"At night, it's very quiet," said Dr. Ron Rochday, who works in Siem Reap for the UNDP/Partnership for Local Governance. He said none of the karaoke parlors has reopened.

Thiuk Kim Chhun, the second deputy governor of Banteay Meanchey province, and Nharng Chan, third deputy governor of Monduliri province, both said that all karaoke parlors are still closed in their provinces.

In Srochetsong second deputy governor of Battambang province, said some businesses closed down, while others changed their business.

"Some karaoke transformed into restaurants, while some turned into massage parlors," he said.

No arrests are likely in Kampong province, where the governor says the parlor owners and the government are working on a solution.

"We haven't arrested anybody yet," Thuk Chhun said. "There is no reason to arrest anybody on that. We have a meeting and just

discuss it. It's like a family." He said he met with karaoke parlor owners just last week and they agreed to continue to abide by the order.

In Phnom Penh, no one has broken the ban yet, government officials said.

"Some of the karaoke and discotheques transformed into beer gardens," said Chay Ebn Heng, deputy police chief of Dangko district. They all were asked to sign contracts, so they cannot violate them.

Yim Simony, police chief for Prang Maktara district, gave a similar report Wednesday.

"There is no karaoke or discotheques any more. They all agreed to close down and they agreed by the order very well because they signed agreements," he said.

By MOLLY HALL  
THE CAMBODIA DAILY

Prime Minister Hun Sen's order that shut down the country's karaoke parlors last month has created a new class of workers—in name, at least.

Now "restaurant girls" perform the same functions as "karaoke girls" did, including providing sex, according to one prominent Phnom Penh NGO. But the establishments, where they work—both mom-and-pop storefronts and large, multi-room venues—now advertise themselves as restaurants.

These restaurants still offer karaoke, said Kim Green, HIV/AIDS coordinator for CARE International in Cambodia, which has

been researching the effects of the ban. The owners are counting on a loophole that opened when Hun Sen clarified, in a Nov 28 radio broadcast, that families could still enjoy their personal karaoke machines.

No restaurant girls can be in the room while karaoke is being sung, and the door of the room must remain open.

If the customers want sex, they can go in the room with a girl and close the door—but no karaoke can be sung, according to Green.

"If you want to sing karaoke, that's fine, you just can't have music and girls at the same time," Green said.

Thus, Hun Sen's attempt to crack down on vice—he has

called karaoke parlors "a hell for poor women" and blamed them for destroying families and culture—has only sent it underground, Green said.

Members of the new class of "restaurant girls" are making slightly less money than karaoke girls did, according to CARE's research. But at least they're not unemployed, Green said. "[and] at least they haven't been driven to working in brothels."

Brothel prostitutes face a more miserable existence, greater social stigma and less social mobility, Green said.

Critics of Hun Sen's ban had feared that thousands would be left jobless when an estimated 4,000 nightspots closed.

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## Appendix Three: Newspaper reports on the Karaoke Ban

- [1] Cambodia's Annual Economic Review, 2001 CDRI.
- [2] Country Population Assessment, 2000, UNFPA.
- [3] Report on HIV Sentinel Surveillance in Cambodia 2000, NCHADS.
- [4] STD Case Management, Ministry of Health, 1998.
- [5] Reported Commercial Sex Establishment and its Workers in Cambodia – 2000, NCHADS.
- [6] Cambodia's Annual Economic Review, 2001 CDRI
- [7] AIDS: Opposing Viewpoints, 1992 Dreenhaven Press, USA.
- [8] Entertainment Workers and HIV/AIDS, KHANA (2001) Phnom Penh.
- [9] Legal and Illegal clinics and cabinets in Cambodia. Ministry of Health, 2001.
- [10] Syndromic Management of Sexually Transmitted Diseases, Caroline Ryan and Jorge Sanchez (1996).