

Selling Beer Safely:

A Cambodian Women's Health Initiative

Endline Evaluation

February 2005

Prepared by:
Charlotte Klinker



EXECUTIVE SUMMARY

The objective of the evaluation study was to assess the achievements of The Selling Beer Safely: A Women's Health Initiative project (SBS) which is based on a partnership between Heineken International, Asia Pacific Breweries Limited, Cambodia Brewery Limited (CBL) and CARE Cambodia who implements the project. One of the projects main components was the 3 day SBS training curriculum for beer promoters aiming to improve the reproductive knowledge, attitudes and practices among the beer promoters, empower the beer promoters and equip them with skills to be able to make safe and informed health choices.

The evaluation study draws data from two sources: (1) the baseline knowledge, attitude and practice (KAP) survey conducted in August 2003 and (2) the KAP endline survey conducted in February 2005. The baseline survey used a cross-sectional study design and data was collected using an interviewer administered questionnaire. The same method was used for the endline survey, so that all indicators could be compared. A total of 149 respondents were randomly sampled and 138 beer promoters agreed to participate. Eligible beer promoters for the endline survey were beer promoters working in Phnom Penh for CBL and Attwood who had participated in the 3 day SBS training.

All the beer promoters who participated in this study work in Phnom Penh but the majority originally come from the provinces. The average beer promoter is 25.1 years old, and the majority are either married (38.4%) or divorced (21.0%). Almost half the beer promoters have children and most live in a household with family, husband and/or relatives. Almost 60% of the endline respondents had attended some primary schooling. A total of 40.6 have worked as a beer promoter for more than two years.

An important finding of this study was that the SBS project was highly successful in improving the knowledge, attitudes and practices regarding HIV/AIDS. A much larger percentage of the beer promoters are now aware of several transmission routes for HIV/AIDS and a number of serious misconceptions have been removed.

There now exists a more precise perception about the nature and seriousness of HIV/AIDS as more beer promoters now correctly state that there is no cure for HIV/AIDS but that there exists a treatment that can delay the onset of HIV/AIDS.

The project has successfully addressed the knowledge of where a HIV+ person can seek help, giving positive indications for future practices if a beer promoter should be infected with HIV/AIDS. The stigma surrounding HIV+ people based on misconceptions have changed as a result of the SBS project, such as an increase of beer promoters feeling that they can seek help and advice from friends and family if they think they might have HIV/AIDS; and the attitudes and behaviour towards other people with HIV/AIDS are more positive.

The number of beer promoters who feel they are at risk of contracting HIV/AIDS has declined and the majority of the beer promoters who do feel at risk do so because of mistrusting their partners' behaviour. The percentage who report that they do not feel at risk has increased due to consistent condom use.

The SBS project has also been successful in improving a number of STI indicators mainly by increasing the awareness of STIs among the beer promoters. More beer promoters now obtain their information about STIs from NGOs and less from relatives and friends – who are more likely to give incorrect or false information. The endline survey indicates that the SBS training has been successful in encouraging beer promoters not to self medicate but to seek

quality assured treatment for STIs. More beer promoters also have a better overall knowledge of STI symptoms and less beer promoters have misconceptions regarding STI symptoms.

The knowledge, attitudes and practices regarding contraceptive methods has improved as a result of the training by the SBS project. The beer promoters now have a high knowledge of a range of contraceptive options and there has been a significant and positive shift in the contraceptive method of choice with a higher percentage now reporting condoms as their preferred choice (44.9% compared to 32.0%).

The SBS project has also improved the attitude towards how difficult it is to buy condoms and more beer promoters now feel confident that they can discuss condom use with other beer promoters. The beer promoters' knowledge of where to purchase condoms is very high.

In case of an unwanted pregnancy the beer promoters feel they have a broad range of options of where to seek advice. Despite the very good knowledge of contraceptives an increased percentage of beer promoters know of a beer promoter who has had an abortion.

The impact of the SBS project on work place harassment is beyond the scope of this endline evaluation due to the inability of the beer promoters to control their work environment. The survey highlighted that the level of beer promoters being intimidated or threatened and physically abused at work is still alarmingly high. However the survey showed an increase in beer promoters discussing work related problems with the outlet owner. The results also indicate that the SBS training has been successful in giving the beer promoters tools to avoid situations that could lead to physical and sexual harassment and abuse.

There is no evidence to say that the SBS project has improved the beer promoters' capabilities to avoid pressure to drink alcohol in their workplace. However this is a very complex situation which is not solely up to the beer promoters themselves to change. Not related to the SBS project, the survey found a drastic increase in the percentage of beer promoters who knew other beer promoters using drugs.

The impact of the SBS project on the knowledge, attitudes and practices among the beer promoters is evident from the current evaluation study. The impact is most visible in the changes regarding HIV/AIDS and contraceptive use. It is recommended to continue to provide the beer promoters with refresher courses to sustain the SBS achievements.

This evaluation study has highlighted the need for further work to be conducted in relation to ensuring a safe work environment for the beer promoters in order to ensure sustainable and improved health and wellbeing amongst beer promoters in Cambodia.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
LIST OF FIGURES AND TABLES	5
ABBREVIATIONS	6
CHAPTER 1: INTRODUCTION	7
1.1 BACKGROUND.....	7
1.2 GOAL AND OBJECTIVES OF THE PROJECT	7
1.3 OBJECTIVE OF THE EVALUATION STUDY.....	8
1.4 METHODOLOGY	8
1.5 DATA MANAGEMENT AND ANALYSIS	9
1.6 LIMITATIONS OF THE DATA.....	9
CHAPTER 2: CHARACTERISTICS OF THE BEER PROMOTERS	10
2.1 AGE, ETHNICITY AND PROVINCE OF ORIGIN	10
2.2 MARITAL STATUS, CHILDREN AND HOUSEHOLD COMPOSITION	10
2.3. LITERACY AND EDUCATIONAL LEVEL	11
2.4 TIME WORKED AS A BEER PROMOTER.....	12
2.5 PARTICIPATION IN 1 DAY SBS REFRESHER TRAINING AND OTHER TRAINING	13
CHAPTER 3: HIV/AIDS	14
3.1. AWARENESS OF HIV/AIDS TRANSMISSION ROUTES	14
3.2 KNOWLEDGE OF CURE, TREATMENT AND CONFIRMATION OF HIV/AIDS STATUS	15
3.3. ACCESSIBILITY TO HIV/AIDS SUPPORT	16
3.4 ATTITUDES AND BEHAVIOR TOWARDS A PERSON WITH HIV/AIDS	17
3.5. RISK PERCEPTION REGARDING HIV/AIDS	17
CHAPTER 4: SEXUALLY TRANSMITTED INFECTIONS (STIS)	20
4.1. AWARENESS OF STI TRANSMISSION ROUTES.....	20
4.2 SOURCE OF KNOWLEDGE AND KNOWLEDGE OF STI SYMPTOMS.....	21
4.3 PROTECTION AGAINST STIS	22
4.4 TREATMENT SEEKING PATTERNS FOR STIS	23
CHAPTER 5. CONTRACEPTION & PREGNANCY	24
5.1 KNOWLEDGE OF CONTRACEPTIVE OPTIONS TO PREVENT PREGNANCY AND CONTRACEPTIVE METHOD OF CHOICE.....	24
5.2 ACCESS TO CONDOMS AND OPENNESS REGARDING CONDOMS.....	25
5.3. UNWANTED PREGNANCY	26
CHAPTER 6. WORKPLACE HARASSEMENT	28
6.1. PSYCHOLOGICAL AND PHYSIOLOGICAL ASSAULTS IN THE WORKING SITUATION	28
6.2 SUPPORT FOR WORK RELATED PROBLEMS	29
CHAPTER 7. ALCOHOL & DRUG USE	30
7.1 PRESSURE TO DRINK ALCOHOL.....	30
7.2. DRUG USE.....	30
CONCLUSION	32
APPENDIX A. QUESTIONNAIRE	33

LIST OF FIGURES AND TABLES

FIGURE 1. PROVINCE OF ORIGIN, ENDLINE AND BASELINE RESPONDENTS	10
TABLE 1. MARITAL STATUS AND CHILDREN, ENDLINE RESPONDENTS	10
FIGURE 2. HOUSEHOLD COMPOSITION, ENDLINE AND BASELINE RESPONDENTS	11
FIGURE 3. LITERACY, ENDLINE AND BASELINE RESPONDENTS	11
FIGURE 4. LEVEL OF EDUCATION ATTENDED, ENDLINE AND BASELINE RESPONDENTS	12
FIGURE 5. TIME WORKED AS A BEER PROMOTER, ENDLINE RESPONDENTS	12
TABLE 2. TIME SINCE 3 DAY SBS TRAINING AND PARTICIPATION IN 1 DAY SBS REFRESHER COURSE, ENDLINE RESPONDENTS	13
FIGURE 6. AWARENESS OF HIV/AIDS TRANSMISSION ROUTES, ENDLINE AND BASELINE RESPONDENTS	14
FIGURE 7. KNOWLEDGE OF CURE, TREATMENT AND CONFIRMATION OF HIV/AIDS STATUS, ENDLINE AND BASELINE RESPONDENTS	15
FIGURE 8. ACCESSIBILITY TO HIV/AIDS SUPPORT, ENDLINE AND BASELINE RESPONDENTS	16
FIGURE 9. ATTITUDES TOWARDS A PERSON WITH HIV/AIDS, ENDLINE RESPONDENTS	17
FIGURE 10. RISK PERCEPTION, ENDLINE AND BASELINE RESPONDENTS	18
FIGURE 11. WHY BEER PROMOTERS FEELS AT RISK OF CONTRACTING HIV/AIDS, ENDLINE AND BASELINE RESPONDENTS	18
FIGURE 12. WHY BEER PROMOTERS DO NOT FEEL AT RISK OF CONTRACTING HIV/AIDS, ENDLINE AND BASELINE RESPONDENTS	19
FIGURE 13. AWARENESS OF STI TRANSMISSION ROUTES, ENDLINE AND BASELINE RESPONDENTS	20
FIGURE 14. SOURCE OF STI INFORMATION, ENDLINE AND BASELINE RESPONDENTS	21
FIGURE 15. STI SYMPTOMS, ENDLINE AND BASELINE RESPONDENTS	22
FIGURE 16. HOW CAN A FRIEND PROTECT HERSELF AGAINST AN STI? ENDLINE AND BASELINE RESPONDENTS	22
FIGURE 17. TREATMENT SEEKING PATTERNS FOR STIS, ENDLINE AND BASELINE RESPONDENTS	23
FIGURE 18. KNOWLEDGE OF CONTRACEPTIVE OPTIONS, ENDLINE AND BASELINE RESPONDENTS	24
FIGURE 19. CONTRACEPTIVE METHOD OF CHOICE, ENDLINE AND BASELINE RESPONDENTS	25
FIGURE 20. ACCESS TO CONDOMS AND OPENNESS REGARDING DISCUSSING CONDOMS, ENDLINE AND BASELINE RESPONDENTS	25
FIGURE 21. PLACES WHERE CONDOMS CAN BE PURCHASED, ENDLINE AND BASELINE RESPONDENTS	26
FIGURE 22. WHERE CAN A WOMAN SEEK ADVICE IF SHE THINKS SHE IS PREGNANT AND DO NOT WANT THE BABY? ENDLINE AND BASELINE RESPONDENTS	27
FIGURE 23. PERCENTAGE WHO KNOW A BEER PROMOTER WHO HAVE HAD AN ABORTION, ENDLINE AND BASELINE RESPONDENTS	27
FIGURE 24. WORKPLACE HARASSMENT, ENDLINE AND BASELINE RESPONDENTS	28
FIGURE 25. SUPPORT FOR WORK RELATED PROBLEMS, ENDLINE AND BASELINE RESPONDENTS	29
FIGURE 26. PRESSURE TO DRINK ALCOHOL, ENDLINE AND BASELINE RESPONDENTS	30
FIGURE 27. PERCENTAGE WHO KNOWS OTHER BEER PROMOTERS TAKING DRUGS, ENDLINE AND BASELINE RESPONDENTS	30
FIGURE 28. WHAT KIND OF DRUGS DOES BEER PROMOTERS USE? ENDLINE AND BASELINE RESPONDENTS	31

ABBREVIATIONS

APDL	Asia Pacific Breweries Limited
ARV	Anti Retro Viral
CBL	Cambodia Brewery Limited
IUD	Intra Uterine Device
KAP	Knowledge, Attitude and Practice
NGO	Non-Governmental Organization
RHAC	Reproductive Health Association of Cambodia
SBS	Selling Beer Safely
STI	Sexually transmitted Infection
VCCT	Voluntary Confidential Counseling and Treatment

CHAPTER 1: INTRODUCTION

1.1 Background

The Selling Beer Safely: A Women's Health Initiative project (SBS) is based on a partnership between CARE Cambodia, Heineken International, Asia Pacific Breweries Limited (APDL) and Cambodia Brewery Limited (CBL), and is built upon CARE's experiences and expertise in women's and youth's sexual and reproductive health, workplace policy advocacy, life skills training and women's empowerment. One of the project's main components was the production of a SBS training curriculum for beer promoters¹, which was implemented by CARE Cambodia from December 2003 – June 2004 in Cambodia. The training was conducted in Phnom Penh and five other towns: Kratie, Kompong Cham, Siem Reap, Battambang and Sihanoukville.

A baseline knowledge, attitude and practice (KAP) survey and needs assessment for the SBS project were conducted in August 2003 among beer promoters working for CBL and Attwood distributors in Phnom Penh. The baseline KAP survey examined the existing knowledge, attitudes and practices regarding sexual and reproductive health, level of work place harassment and alcohol and drug use among the beer promoters. The needs assessment was primarily based on in-depth interviews and focus group discussions and aimed at obtaining a more thorough understanding of the beer promoters' needs, making it possible to develop a comprehensive and tailored life skills training curriculum.

Based on the KAP survey and needs assessment, a 3 day SBS Life Skills Curriculum was developed and tested in November 2003. The aim of the training was to improve reproductive knowledge, attitudes and practices among the beer promoters, empower and equip them with skills to be able to make safe and informed health choices. From December 2003 to June 2004 the project was implemented and all beer promoters were invited to participate in the training conducted by CARE. In August 2004 CARE handed over the project to the companies, for them to continue an in house training for new beer promoters. In addition to the SBS 3 day training, a 1 day SBS refresher course was designed to highlight key health and safety messages from the SBS curriculum. The refresher course was implemented by CARE from August to December 2004, for all beer promoters who had previously participated in the 3 day SBS training.

In February 2005 data was collected for an endline evaluation study to assess the achievement of the SBS project, in particular to assess if any changes in knowledge, attitudes and practice regarding sexual and reproductive health had taken place. This report presents the results from the evaluation study.

1.2 Goal and Objectives of the Project

The SBS project was the first of its kind in Cambodia to aim at contributing to the improved health and general well-being of beer promotion women through the provision of women's health education, the promotion of safer behaviors, and increased access to and utilization of quality women's health services. The main objective of the project was to enable women to make positive, informed choices about their health and wellbeing in a supportive environment through increased knowledge and positive attitudes and behavioral change practices regarding their reproductive and sexual health.

¹ Selling Beer Safely: A Women's Health Initiative. Final Report August 2003 – July 2004. CARE Cambodia 2004

As supported by the findings in the baseline survey the project addressed the main concerns of beer promoters which were sexual and reproductive health and workplace safety including how to deal with physical and sexual harassment, pressure to drink alcohol or use drugs.

1.3 Objective of the Evaluation Study

The objective of the evaluation study was to assess the achievements of the project. The evaluation intended to determine outcomes and assess the impact of the project in terms of project goals and objectives.

1.4 Methodology

The evaluation study draws data from two sources: (1) the baseline KAP survey conducted in August 2003 and (2) the endline survey conducted in February 2005. The baseline survey was based on a sample of 184 beer promoters in Phnom Penh – a representative sample for the employed beer promoters working for CBL and Attwood in Phnom Penh at the time.

The endline survey adopted a similar methodology as the baseline survey in order to make the collected data comparable with the baseline data. A cross-sectional study design was used and data was collected using an interviewer administered questionnaire.

Eligible beer promoters for the endline survey were beer promoters working in Phnom Penh for CBL and Attwood. For the purpose of this study no distinction was made between beer promoters from the two companies. Only beer promoters who had participated in the 3 day SBS training were invited to participate in the endline survey. A total of 217 beer promoters fulfilled these inclusion criteria.

With a target population of 217, a sample size of 139 guarantees that the results presented in this report, with 95% certainty, reflects the distribution in the target population – based on a 5% confidence interval. A further 10 respondents were included in the sample size to account for *non-response* and *no shows*, giving a total sample size of 149 respondents.

From lists provided by CBL and Attwood 149 respondents were randomly sampled using a computer generated random sequence. The respondents were invited to participate by the companies. A total of 138 beer promoters agreed to participate and were interviewed while 11 beer promoters did not show up, giving a response rate of 92.9%².

Before the interview, informed consent was obtained. After the interview the respondents received a small gift consisting of toiletries and US\$2 to cover any extra transport expenses.

The research team consisted of a research consultant, a team leader and five interviewers. The team leader and one of the interviewers had also been part of the baseline research team and were able to make sure that the same procedures were followed in the endline survey as in the baseline survey. As all beer promoters are female and due to the sensitive nature of the questionnaire all the research team members were female. The team consisted primarily of skilled interviewers however a 1 day training was conducted to educate the interviewers in interview techniques, ethical considerations and familiarize the interviewers with the questionnaire.

² A sample size of 138 increases the confidence interval to 5.1.

The topics included in the endline survey were:

- Demographic Information and Training Experiences
- HIV/AIDS
- Sexually Transmitted Infections (STIs)
- Pregnancy and Contraception
- Workplace Harassment
- Alcohol and Drug Use

The interviews were conducted over a 6 day period in February 2005 in private settings at the Attwood sales office or at the CARE office. Each interview was approximately 25-30 minutes in duration.

1.5 Data Management and Analysis

The research team leader was responsible for the quality assessment of completed interviews and for translating answers into English. The consultant checked the responses and discussed new categories with the interviewers and experienced CARE staff to minimize errors in the data entry process and in the analysis of the data. The Statistical Package for Social Sciences (SPSS) was used for data entry, processing and analysis. Necessary data entry validity checks were performed and the data was cleaned. Frequencies and cross-tabulations were the main output of the analysis.

1.6 Limitations of the Data

The baseline and endline surveys were both representative for beer promoters employed in Phnom Penh by CBL and Attwood but not for beer promoters working outside Phnom Penh. Work place conditions may vary from setting to setting and from urban to rural areas.

The questionnaire used was similar to the one used in the baseline. This questionnaire was originally developed in English and then translated into Khmer. The translations were checked again before the endline survey commenced, to minimize bias. The consultant did not speak Khmer and all conversations with the research team were in English through translation into Khmer.

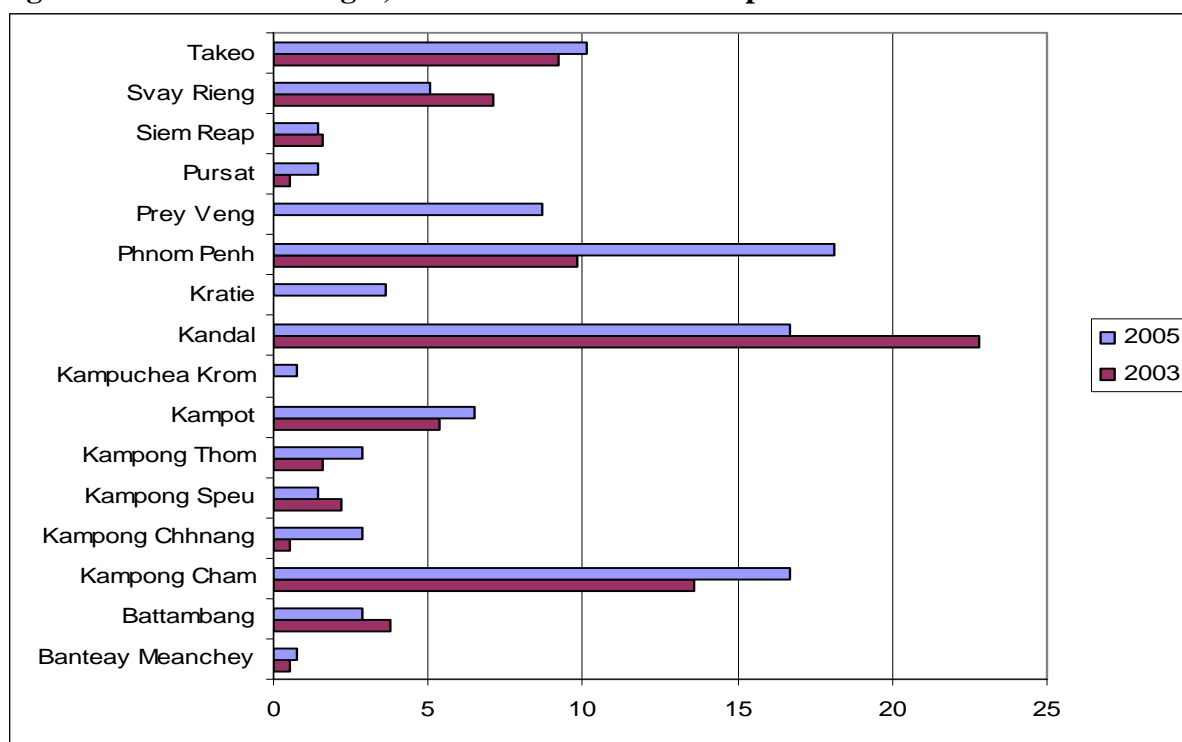
A small number of interviews had to be conducted in shared rooms, and even though the rooms were big enough to ensure privacy for the respondents, this could have influenced some of the beer promoters' willingness to answer the questions openly and honestly.

CHAPTER 2: CHARACTERISTICS OF THE BEER PROMOTERS

2.1 Age, Ethnicity and Province of Origin

The average age for the 138 beer promoters who took part in the KAP endline survey was 25.1 years, with the youngest beer promoter being 18 years old and the oldest 37 years old. All the beer promoters were of Cambodian nationality. These results are similar to the baseline study. Figure 1 shows the beer promoters' province of origin for both the baseline and endline survey. There are only small differences between the endline and baseline survey, however now beer promoters in the endline survey also come from Prey Veng and Kratie. The reason why people now come from Prey Veng and Kratie may be due to an increase in poverty in these areas or easier access to Phnom Penh due to improved infrastructure. There has been a substantial increase in the number of beer promoters coming from Phnom Penh and Kampong Cham.

Figure 1. Province of Origin, Endline and Baseline Respondents



2.2 Marital Status, Children and Household Composition

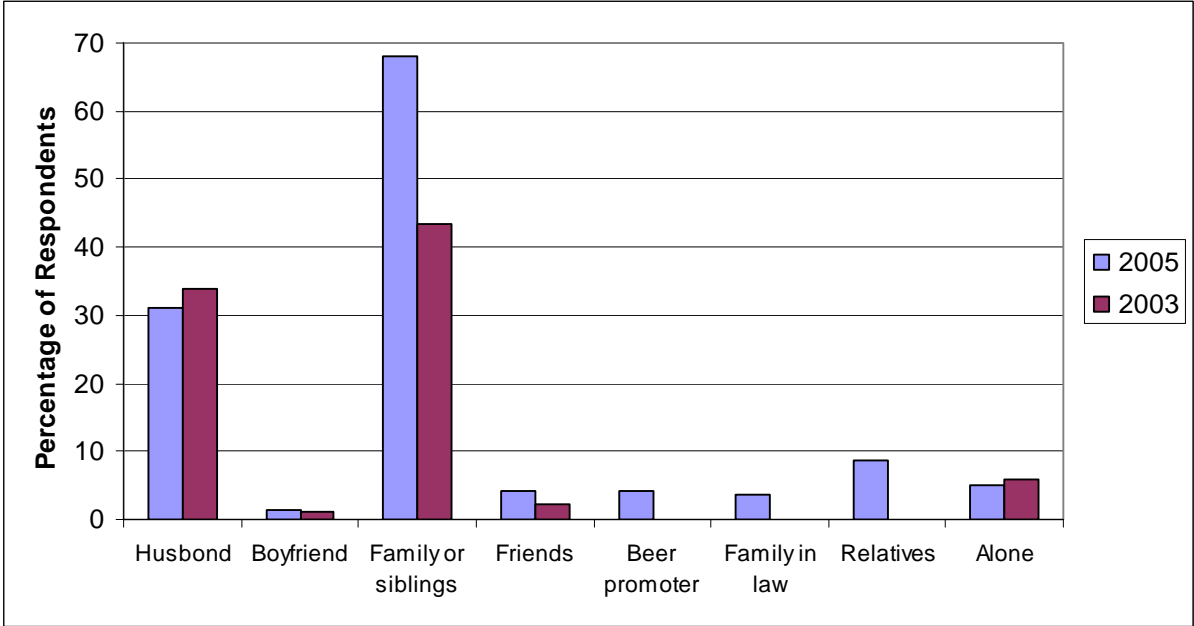
The majority of the respondents in the endline survey was married (38.4%) or divorced (21.0%). A total of 42.8% of the beer promoters had children (n=59). It was primarily married (52.5%) and divorced (30.5%) beer promoters who had children.

Table 1. Marital Status and Children, Endline Respondents

Marital status	Percentage (n=138)	Percentage who have children (n=59)
Unmarried	31.9	1.7
Married	38.4	52.5
Divorced	21.0	30.5
Widowed	6.5	15.3
Live with boyfriend	2.2	0.0
Total	100.0	100.0

Figure 2 shows the household composition of the endline and baseline respondents. As the respondents could give multiple answers the total percentage is higher than 100%. Approximately 2/3 of the endline respondents lived with their family or siblings (68.1%) and around 1/3 lived with their husband (31.2%). Only a small percentage of the beer promoters lived with people that they did not have family ties with. Only 2 beer promoters lived with their boyfriend (1.4%), 4.3% lived with their friends or with other beer promoters. The percentage that lived alone was 5.1%. A higher percentage of the beer promoters in the endline survey lived with family or siblings and family in law. This might be due to the higher percentage of beer promoters in the endline survey that came from Phnom Penh, since these beer promoters are more likely to live with their family.

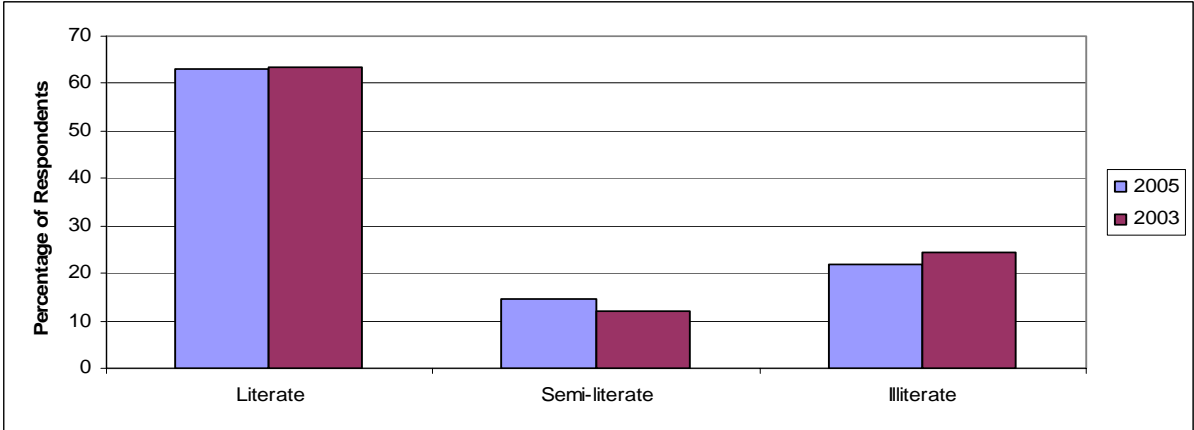
Figure 2. Household Composition, Endline and Baseline Respondents



2.3. Literacy and Educational Level

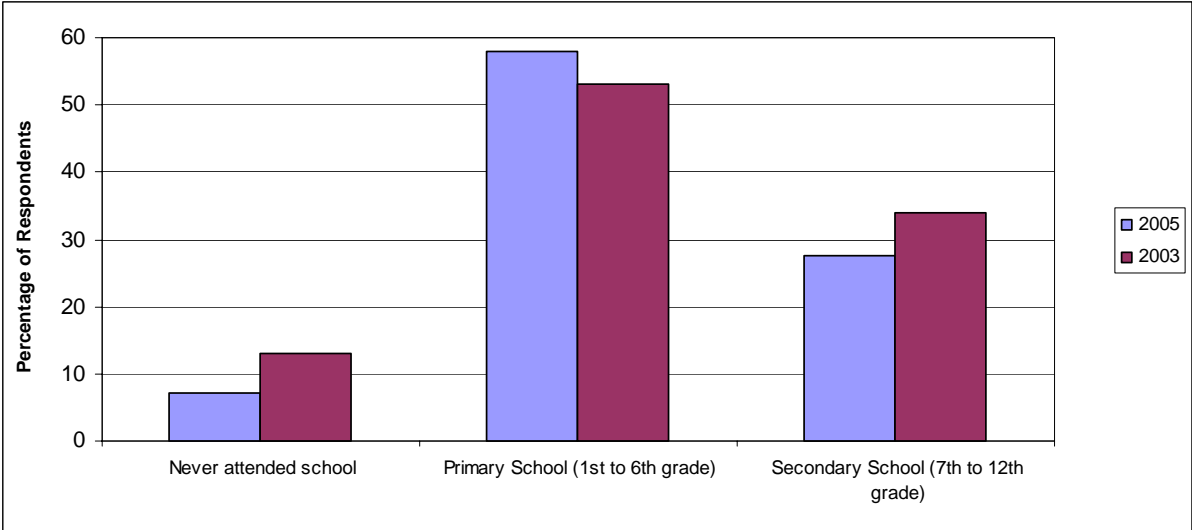
In order to get an estimate of the literacy level, the beer promoters were asked to read a pre prepared sentence out loud for the interviewer, who then ranked if the beer promoter could read all, a part of, or none of the sentence. This was then taken as an indication of the literacy level. Figure 3 shows that in the endline survey 63.0% was literate, 14.5% semi-literate and 21.1% illiterate. Figure 3 furthermore shows that the distribution in the endline and baseline survey was almost similar.

Figure 3. Literacy, Endline and Baseline Respondents



A total of 58.0% of the endline respondents had attended some primary schooling and a further 27.5% had attended some secondary schooling (figure 4). 7.2% of the respondents reported having never attended any schooling. However the number of beer promoters without any schooling has fallen since the baseline survey, when 13% of the baseline beer promoters had not received any schooling compared to 7.2% in the endline survey. Figure 4 also shows that a smaller percentage of the beer promoters in the endline survey attended secondary schooling compared to the baseline survey (27.5% compared to 34%).

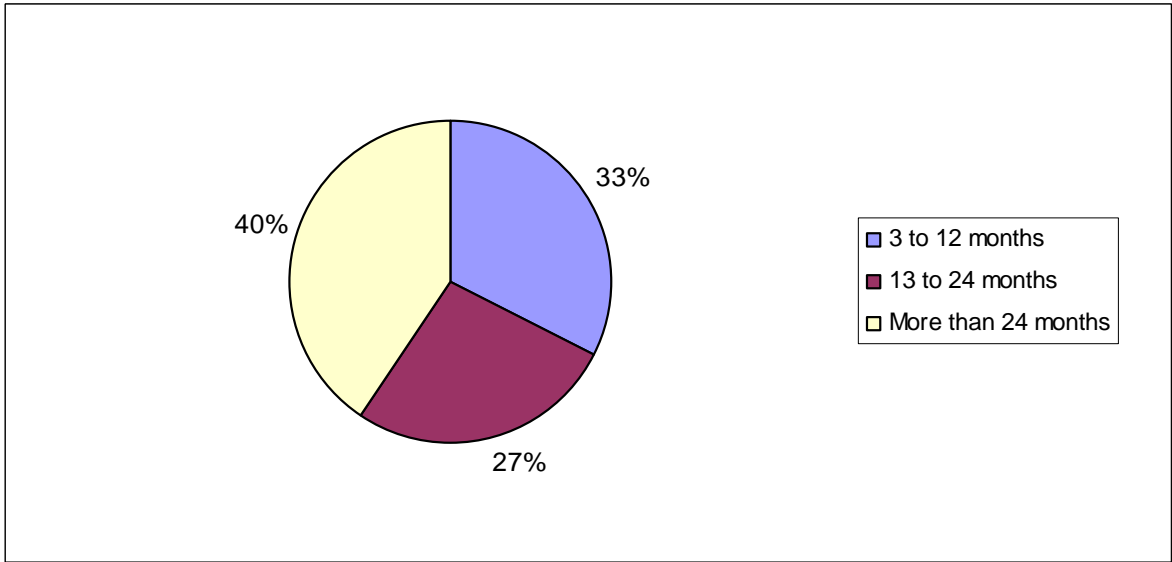
Figure 4. Level of Education Attended, Endline and Baseline Respondents



2.4 Time worked as a Beer Promoter

Figure 5 shows the duration of time that the beer promoters in the endline survey had worked as beer promoters, including work with present or other beer companies. The majority had either worked less than a year (32.6%) or more than two years (40.6%).

Figure 5. Time worked as a Beer Promoter, Endline Respondents



More than half of the beer promoters in the endline are planning to work two years or longer as a beer promoter (51.4%) (data not shown)

2.5 Participation in 1 Day SBS Refresher Training and Other Training

Before the endline survey was conducted, a 1 day refresher course was implemented among the beer promoters who had received training more than 6 months previously. The companies selected staff who then participated in the refresher course while CARE developed the refresher curriculum and conducted the trainings. The introduction of a 1 day refresher course to the previous participants of the 3 day SBS training was to ensure that the knowledge, attitude and practice changes initiated among the beer promoters would be sustainable and to address questions or any misconceptions that may have persisted among the beer promoters as found in the SBS final report of July 2004.

A total of 65.9% of the beer promoters in the endline survey had participated in the 3 day SBS training more than six months previously (n=91) (table 2). Of these 91 beer promoters 81.3% had participated in a 1 day refresher course, and 18.7% had not attended the 1 day refresher course. This can probably be ascribed to both administrative problems regarding inviting the beer promoters to participate and some beer promoters not wanting to participate.

Table 2. Time since 3 day SBS Training and Participation in 1 Day SBS Refresher Course, Endline Respondents

SBS Training	SBS 3 day training (n=138)	
	%	n
Have had 3 day training more than six months ago	65.9	91
	SBS 1 day refresher training (n=91)	
Have participated in a 1 day refresher course	81.3	71

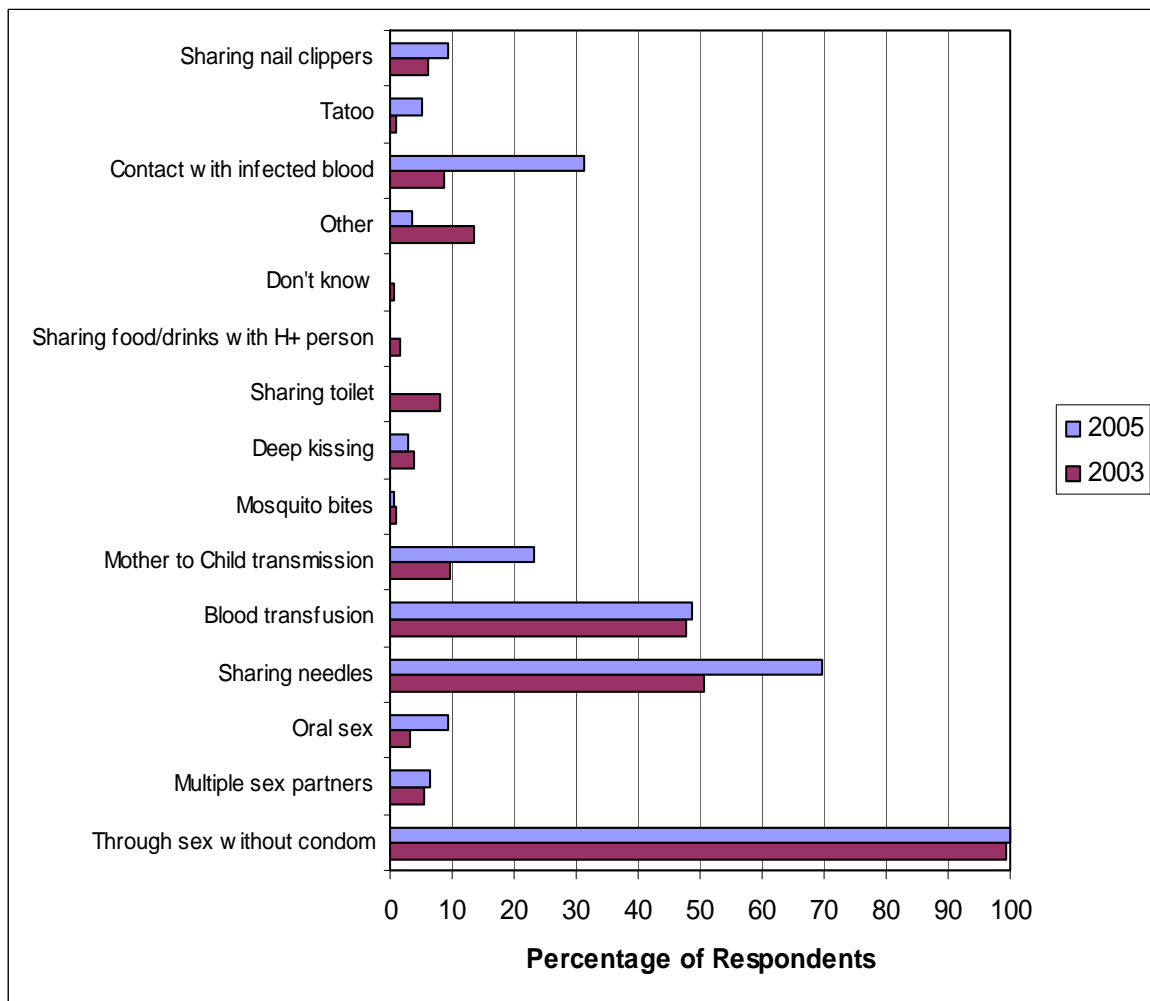
Nearly 1/4 of the beer promoters in the endline survey reported that they had also received women's health training with other NGOs/organizations (23.2%) (data not shown). The majority of the beer promoters who had received training from another NGO/organization reported it being 6 months (15.6%) or over a year ago (43.8%). Almost all the beer promoters, who had received training, had received it from the Reproductive Health Association of Cambodia (RHAC) (93.8%).

CHAPTER 3: HIV/AIDS

3.1. Awareness of HIV/AIDS Transmission Routes

As in the baseline survey, all beer promoters in the endline survey had heard of HIV/AIDS (100%) and that HIV/AIDS was transmitted through sex without a condom (data not shown). Figure 6 (multiple answers possible) shows that a higher percentage of beer promoters in the endline survey compared to the baseline survey were aware of that HIV/AIDS could be transmitted through blood transfusion (48.8% compared to 47.7%) while a markedly higher percentage knew that sharing needles could transmit HIV/AIDS (69.6% compared to 50.5%), that HIV/AIDS could be transmitted from mother to child (23.2% compared to 9.8%) and coming into contact with contaminated blood could transmit HIV/AIDS (31.2% compared to 8.7%). A higher percentage in the endline compared to the baseline also knew that multiple sex partners increases the risk (6.5% compared to 5.4%) and that there is a risk that oral sex can transmit HIV/AIDS (9.4% compared to 3.3%). It is evident that the SBS training has increased the knowledge of a number of HIV/AIDS transmission routes.

Figure 6. Awareness of HIV/AIDS Transmission Routes, Endline and Baseline Respondents



The SBS training has been successful in reducing several misconceptions about how HIV/AIDS is transmitted. None of the beer promoters in the endline survey stated sharing food/drinks or toilet with a HIV+ person as a transmission route (compared to 1.6% and 8.2% in the baseline survey) and a lower percentage in the endline survey compared to the baseline

survey thought that HIV/AIDS could be transmitted through mosquito bites (0.7% compared to 1.1%) or deep kissing (2.9% compared to 3.8%). However a higher percentage in the endline survey compared to the baseline survey cited sharing nail clippers (9.4% compared to 6%) as a transmission route, even though it is specifically mentioned in the SBS training that this is not a transmission route for HIV/AIDS. This misconception needs to be addressed further in future trainings with the beer promoters.

Another indicator of knowledge measured in both the endline and baseline survey was if the beer promoters knew that a healthy looking person can have HIV/AIDS (data not shown). Approximately 95% in both the endline and baseline survey were aware of that a healthy looking person can be infected with HIV/AIDS. This further supports the understanding by beer promoters of the hidden nature of HIV/AIDS and provides indications that the beer promoters know they have to protect themselves against a disease they cannot see by looking at a person.

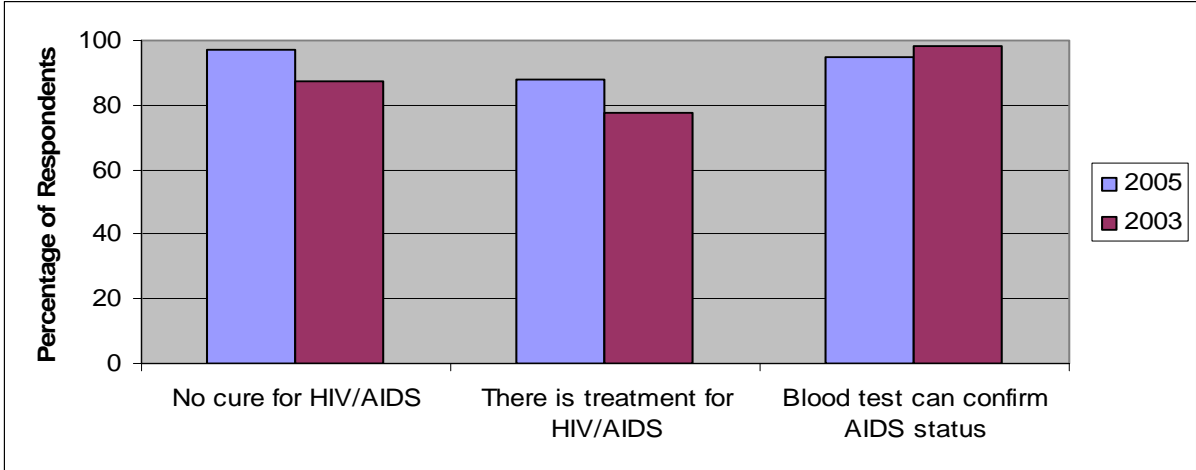
3.2 Knowledge of Cure, Treatment and Confirmation of HIV/AIDS Status

Almost all of the endline respondents (97.1%) knew that there is no cure for HIV/AIDS compared to 87.5% in the baseline survey (figure 7). Also a higher percentage in the endline survey compared to the baseline survey knew that there is a treatment for HIV/AIDS (87.7% compared to 77.7%).

The baseline survey concluded that “medicine for delay” refers to the Anti Retro Viral (ARV) treatment. In the endline survey 80.2% of the beer promoters who knew that a treatment exists stated that the treatment is a “medicine from the doctor for delay” or ARV treatment (Data not shown). In the baseline survey only 68.5% named ARV as a treatment for HIV/AIDS. A high percentage in the endline survey also mentions ways to improve the effects of the ARV treatment, such as living a healthy life, eating healthily/enough, being happy (38.8%) displaying a holistic view on HIV/AIDS treatment. However a small percent of 4.1% still mentioned Kru Khmer³ as a treatment and 5.0% mentioned “changing blood” (blood transfusion) as a treatment.

The beer promoters in the endline survey compared to the baseline survey have a better understanding of HIV/AIDS treatment and lack of cure and more knew of ways to delay the onset of HIV/AIDS.

Figure 7. Knowledge of Cure, Treatment and Confirmation of HIV/AIDS Status, Endline and Baseline Respondents



³ Cambodian traditional healer

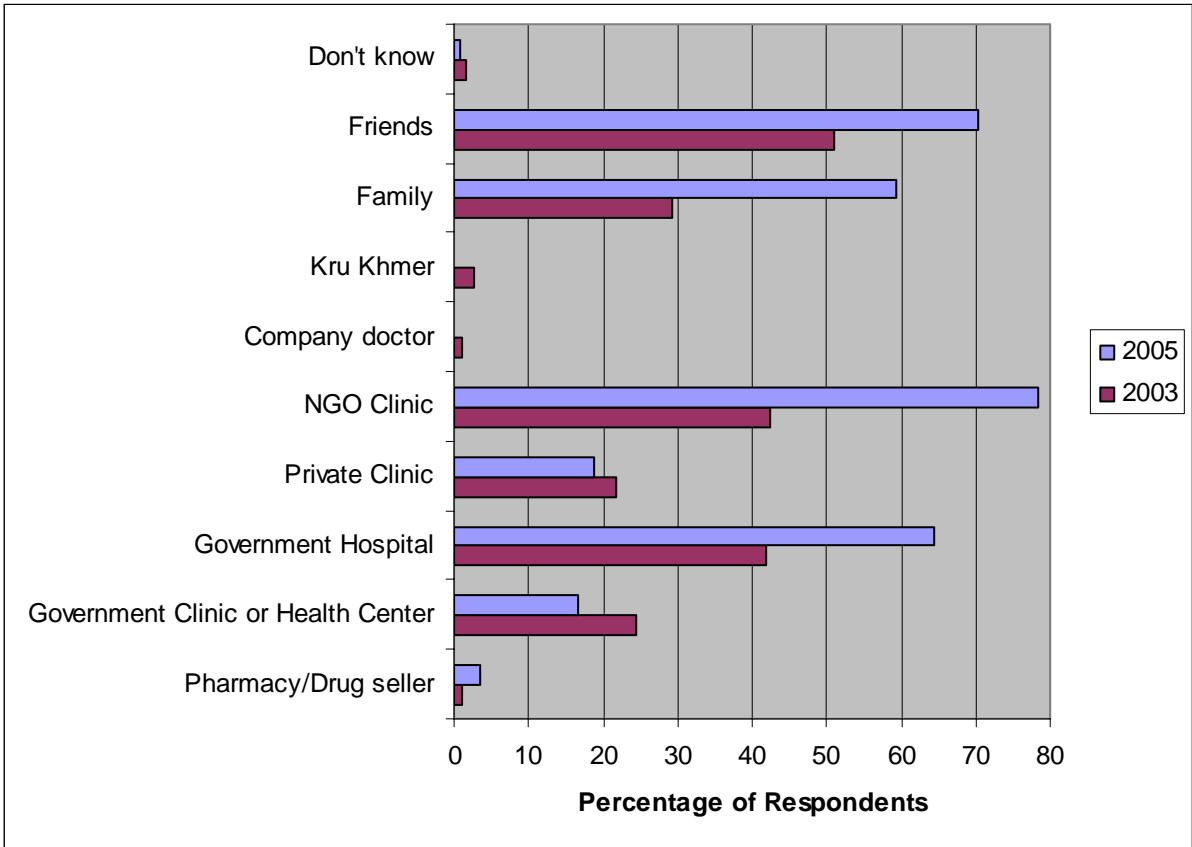
A smaller percentage among the beer promoters in the endline survey compared to the baseline survey knew that HIV/AIDS status is confirmed through a blood test (94.9% compared to 98.4%) (Figure 7). Of the five respondents in the endline survey who failed to know that HIV/AIDS was confirmed by a blood test, one respondent cited diarrhea and weight loss as confirmation, one respondent said yellow skin and weight loss, one respondent said wound on the body and the last two respondents cited “HIV/AIDS symptoms” as confirmation of HIV/AIDS.

3.3. Accessibility to HIV/AIDS Support

The beer promoters were asked where a friend could go for advice/support if they had HIV/AIDS. Figure 8 shows the result from the endline and baseline survey.

Over ¾ of the beer promoters in the endline survey mentioned seeking support from NGO clinics (78.3%) whereas only 42.4% of the beer promoters in the baseline survey mentioned this (Figure 8, multiple answers possible). That a higher percentage in the endline survey mentions NGO clinics – with CARE being the most frequently mentioned NGO followed by RHAC- , is probably due to the fact that CARE conducted the SBS training and that several NGO clinics now offer free Voluntary Confidential Counseling and Treatment (VCCT). The high percentage answering that they would recommend people to contact CARE highlights the close relationship that were built between the beer promoters and CARE staff through the SBS trainings.

Figure 8. Accessibility to HIV/AIDS Support, Endline and Baseline Respondents



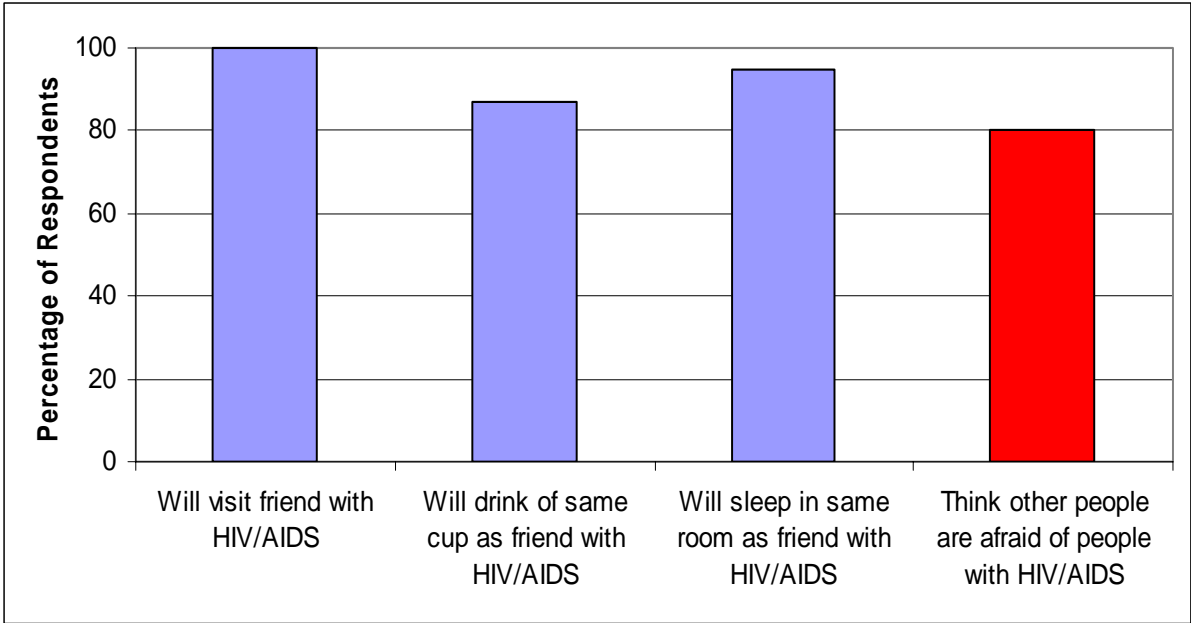
Friends were mentioned by 70.3% and family by 59.4% beer promoters in the endline survey (Figure 8). These percentages were markedly higher than in the baseline survey, where only 51.1% would talk with friends and 29.3% would talk with family. This result is very promising as it indicates that HIV/AIDS is associated with less stigma and discrimination and that it has become more acceptable to talk about HIV/AIDS with family and friends among

the beer promoters. A higher percentage in the endline survey (64.5%) compared to the baseline survey (41.8%) would go to Government Hospital for advice/support while less mentioned Government Clinic or Health Center (16.7% compared to 24.5%) and Private Clinic (18.8% compared to 21.7%). This development is probably due to the SBS training promoting the fact that government hospitals offer free quality VCCT. None of the endline respondents would recommend a friend to seek advice/support at Kru Khmer.

3.4 Attitudes and Behavior towards a Person with HIV/AIDS

Attitudes and behavior towards a person with HIV/AIDS among the endline respondents are reflected in figure 9. Positive attitudes and behavior towards people with HIV/AIDS were very high in the group of beer promoters, with 100% saying that they would visit a friend with HIV/AIDS, 94.9% would sleep in the same room as a friend with HIV/AIDS, and 87% said that they would drink from the same cup as a HIV+ friend.

Figure 9. Attitudes towards a Person with HIV/AIDS, Endline Respondents

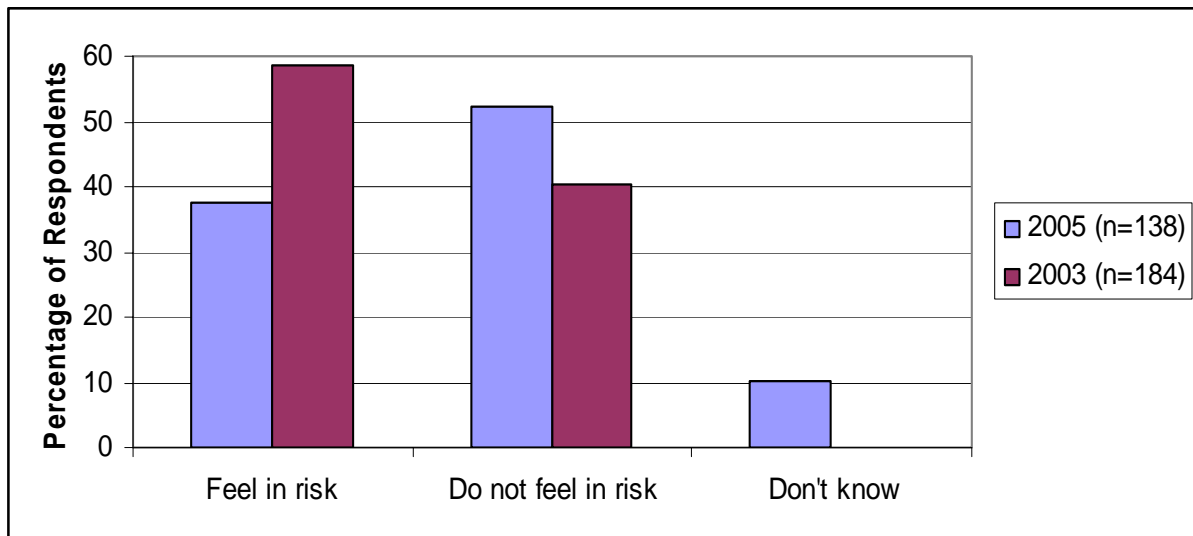


The attitudes and behavior towards people with HIV/AIDS were more positive in the endline survey than in the baseline. These changes are likely to be due to the SBS training which challenged negative attitudes and behavior towards people living with HIV/AIDS as well as challenging the misconceptions of how HIV/AIDS can be transmitted. However, the beer promoters in the endline survey were aware that people living with HIV/AIDS are met with stigma and discrimination from other people in Cambodian society, as indicated by the last column in figure 9. This column shows that 80.4% of the beer promoters in the endline survey thought that other people were afraid or scared of people living with HIV/AIDS.

3.5. Risk Perception Regarding HIV/AIDS

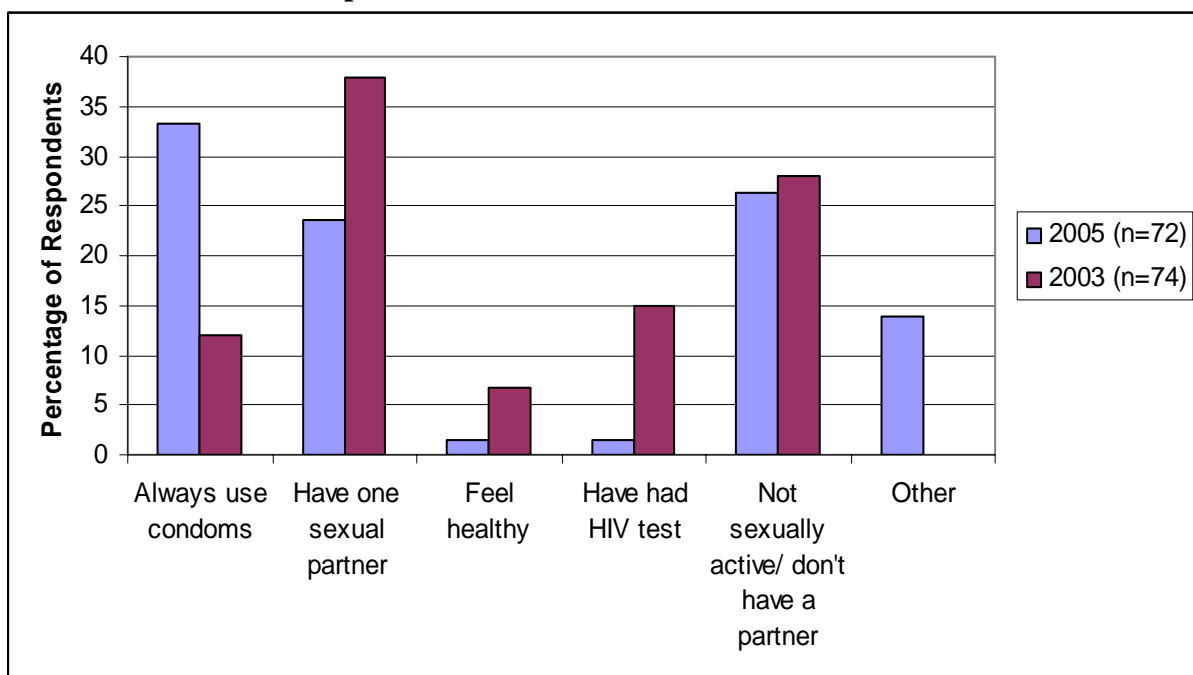
Both the endline and baseline survey measured the risk perception among beer promoters regarding HIV/AIDS. The distribution is shown in figure 10. A smaller percentage of the beer promoters in 2005 (37.7%) felt at risk of contracting HIV/AIDS compared to the baseline survey from 2003 (58.6%). That fewer beer promoters felt at risk is considered positive when seen in connection with the group now having a greater knowledge and understanding of HIV/AIDS transmission routes. The lower risk perception amongst the beer promoters is quite likely to be due to the SBS training as they now feel they know how to protect themselves against HIV/AIDS and hence they do not feel as much at risk anymore.

Figure 10. Risk Perception, Endline and Baseline Respondents



The beer promoters were asked *why* they felt at risk compared with *not* feeling at risk. Figure 11 and 12 below shows the beer promoters responses. A larger percentage in the endline survey, compared to the baseline, felt at risk because they were beer promoters (9.6% compared to 2.7%). Interestingly three times more beer promoters in the endline survey (32.7%) compared to the baseline survey (11.0%) reported other reasons why they felt at risk, such as: forced to have sex by costumers (rape) or because they were afraid that they might be forced to have sex (11.5%), because of contact with blood/wounds (5.8%) and that they can't see who has got HIV/AIDS (5.8%).

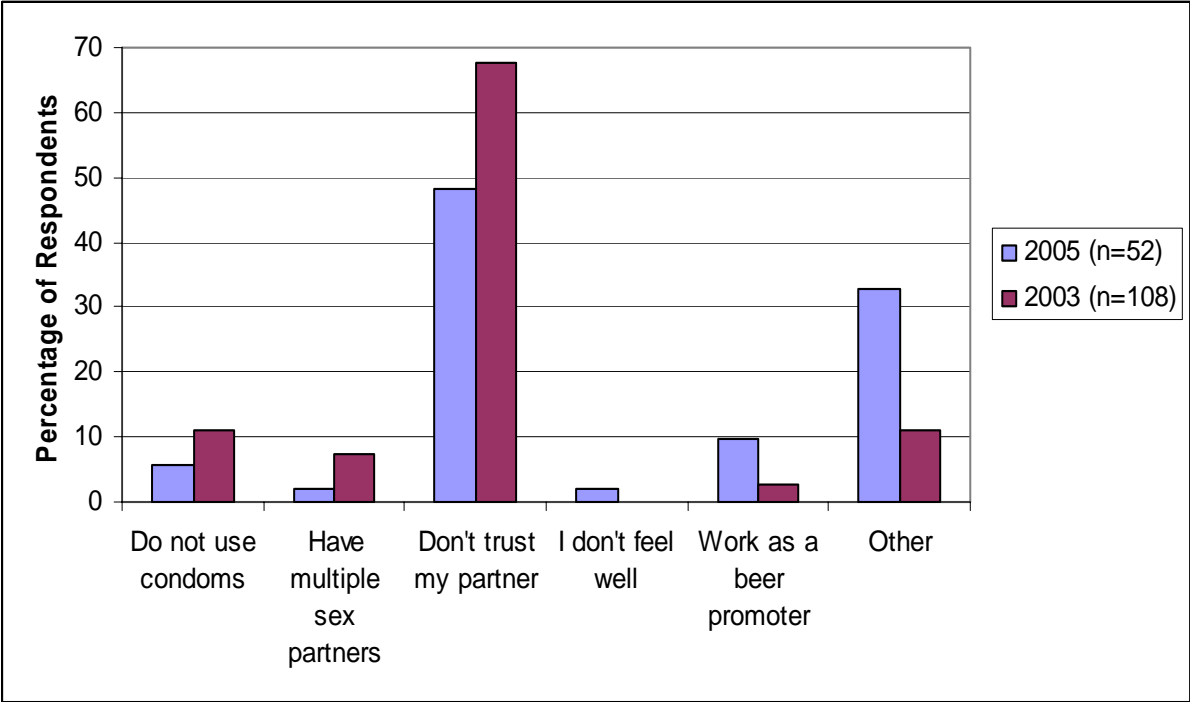
Figure 11. Why Beer Promoters Feels at Risk of Contracting HIV/AIDS, Endline and Baseline Respondents



In figure 12 it is encouraging to see an increase in 2005 in the percentage who did not think they were at risk of contracting HIV/AIDS because they always used condoms when having sex (33.3% compared to 12.0% in 2003). Less beer promoters in the endline survey compared to the baseline reported that they were not at risk because they have had a HIV test (1.4% compared 14.9%) or because they felt healthy (1.4% compared to 6.8%). This may be a result

of the training as participants are now aware that an HIV test or feeling healthy does not reduces your risk (behaviour) of contracting HIV.

Figure 12. Why Beer Promoters Do Not Feel at Risk of Contracting HIV/AIDS, Endline and Baseline Respondents



CHAPTER 4: SEXUALLY TRANSMITTED INFECTIONS (STIs)

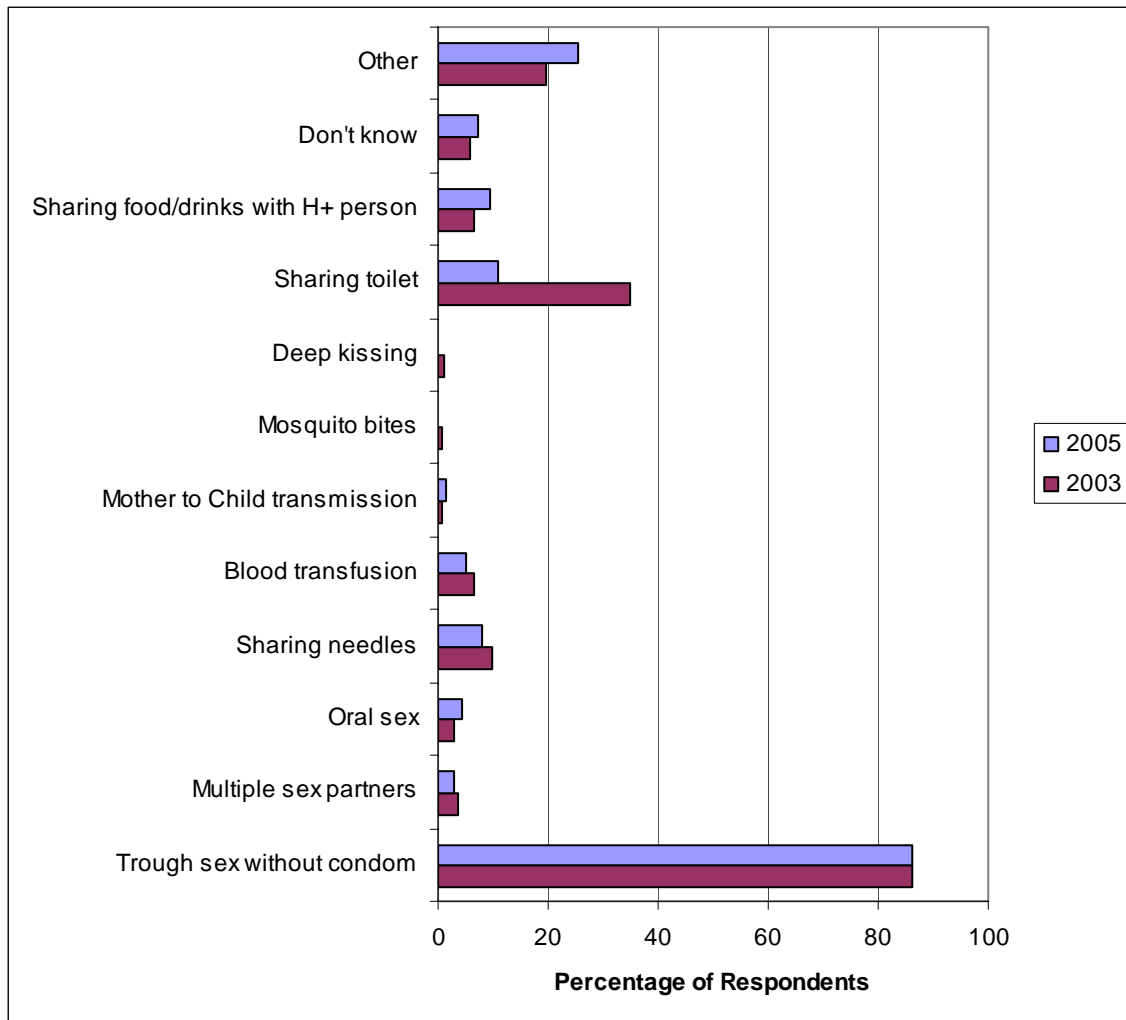
4.1. Awareness of STI Transmission Routes

In the SBS training the beer promoters were taught that an STI is all diseases transmitted through sexual intercourse including HIV/AIDS as this is the main route of transmission in Cambodia.

100% of the respondents in the endline survey had heard of the term “sexually transmitted infection” or “STI”. In the baseline survey 93.5% had heard about STIs and the SBS training has increased this level of awareness.

Figure 13 reflects the various STI transmission modes as cited by the endline and baseline respondents. As multiple answers were possible the numbers shows sums to more than 100%.

Figure 13. Awareness of STI Transmission Routes, Endline and Baseline Respondents

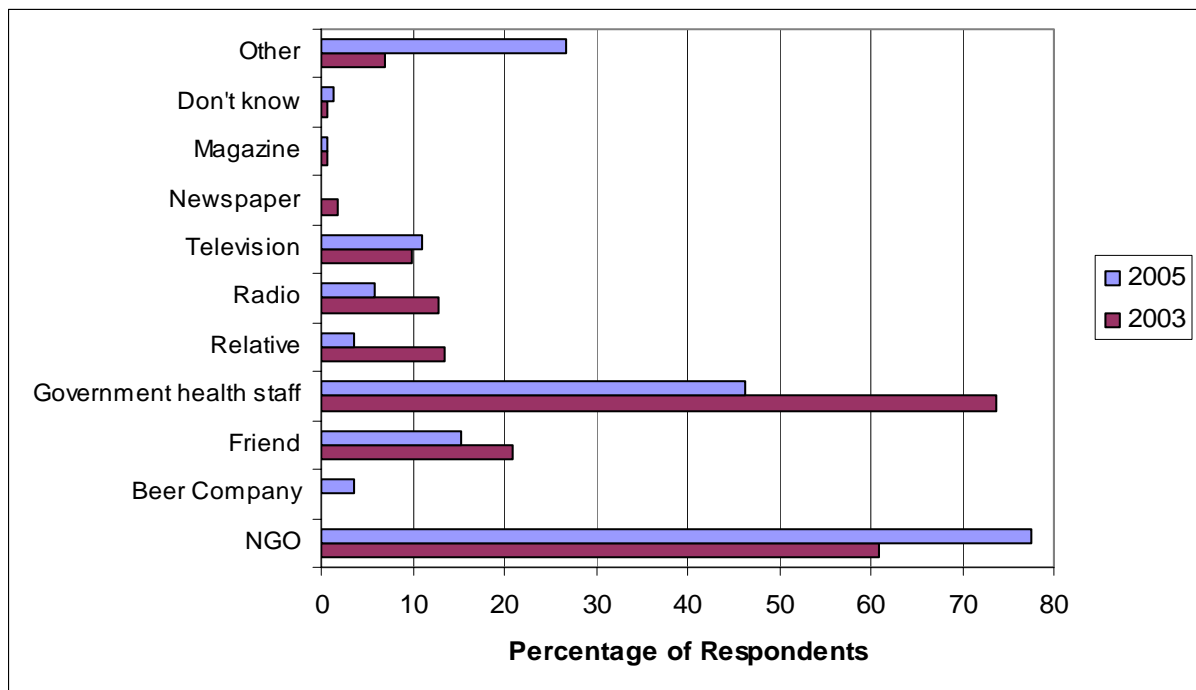


As can be seen in figure 13 the same percentage in the endline (86.2%) and baseline (86.0%) survey correctly stated that an STI is transmitted through sex without a condom. A smaller percentage among the beer promoters in the endline survey compared to the baseline survey held the incorrect belief that sharing a toilet can transmit an STI (10.9% compared to 34.9%). However there is not much evidence that the SBS training has improved the knowledge of how an STI is transmitted when comparing with the baseline.

4.2 Source of Knowledge and Knowledge of STI Symptoms

Figure 14 shows the sources of where the endline and baseline respondents have received their information on STIs from (multiple answers possible). It can be seen that more beer promoters in the endline survey compared to the baseline survey had received their information from NGOs (77.5% compared to 61%) and *other* (26.8% compared to 7%). CARE was the most frequently mentioned NGO followed by RHAC. The most commonly cited *other sources of information* in the endline survey was; private clinics, who were mentioned by 19.6% of the beer promoters, and specialists who were mentioned by 7.2% of the beer promoters. It is positive to see a decrease in the beer promoters who cited friends (15.2% in the endline compared to 20.9% in the baseline) and relatives (3.6% compared to 13.4%) as a source of information as misconceptions among this group can be widespread.

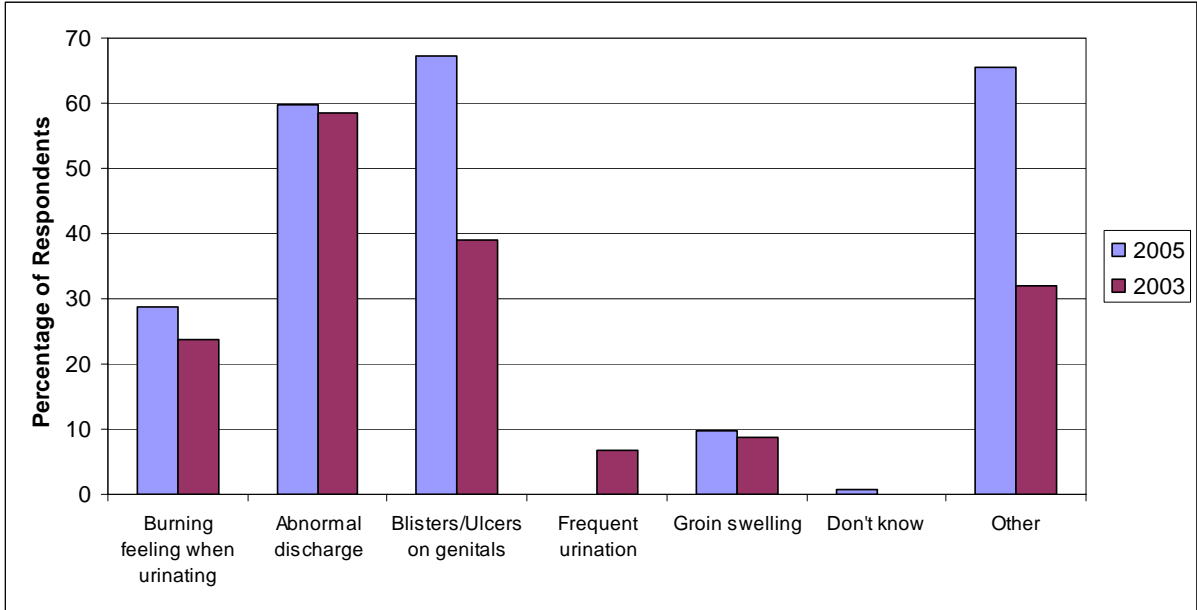
Figure 14. Source of STI Information, Endline and Baseline Respondents



There was a significant decline from the endline (46.4%) to the baseline (73.8%) survey in the percentage of beer promoters who cited government health staff as their source of STI information and also a smaller percentage cited the media as a source of STI information (17.4% compared to 25%). However, more beer promoters in 2005 knew several STI symptoms, more used NGO clinics and for the first time cited the beer company itself compared to 2003 (figure 14).

Figure 15 shows the distribution of known STI symptoms among endline and baseline respondents. The beer promoters were asked to name all the symptoms they knew. Almost the same percentage of beer promoters in the two surveys knew any STI symptoms (endline 88.4%, baseline 86%) (data not shown). More beer promoters in the endline survey compared to the baseline had a better overall knowledge of STI symptoms and no beer promoters in the endline survey held the misconception that frequent urination is an STI symptom (as it is a Urinary Tract Infection Symptom) (figure 15). A large percentage of the beer promoters in the endline survey were aware of *other* STI symptoms with the following being the most frequently mentioned: genital warts (17.2%), itch/rash in vagina (24.6%) and a general feeling of discomfort (feeling tired, fever) (15.6%).

Figure 15. STI Symptoms, Endline and Baseline Respondents

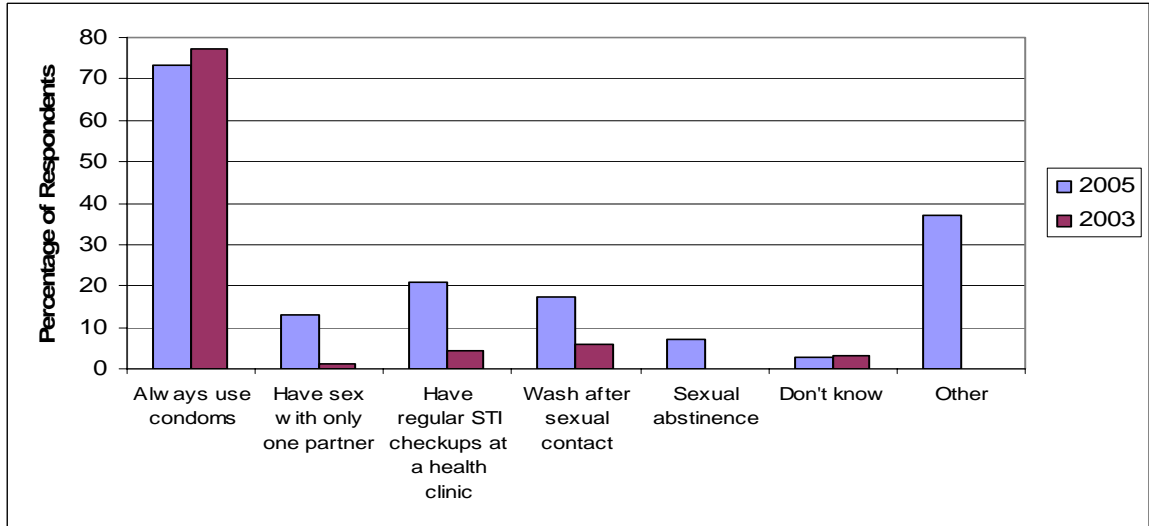


The survey indicates that the SBS training has changed the source of where beer promoters get information on STIs and has improved the knowledge of STI symptoms.

4.3 Protection against STIs

The beer promoters were asked what they would recommend a friend to do, if she asked how to protect herself from getting an STI. Figure 16 shows the distribution to this question (multiple questions possible). A higher percentage of the beer promoters in the endline survey compared with the baseline survey recommended having sex with only one partner (13% compared to 1.1%), practice abstinence (7.2% compared to 0.0%) and having regular STI checkups at a health clinic (21.0% compared to 4.3%). These are encouraging results as they reflect messages taught to the beer promoters in the SBS training as ways to take care of their reproductive health. A smaller percentage of the beer promoters in the endline compared to the baseline gave the advice to always use condoms (73.2% compared to 77.2%) and a higher percentage recommended washing after sexual contact as a protection against STIs (17.4% compared to 6.0%) which indicated that knowledge about how to prevent STI infections can still be improved.

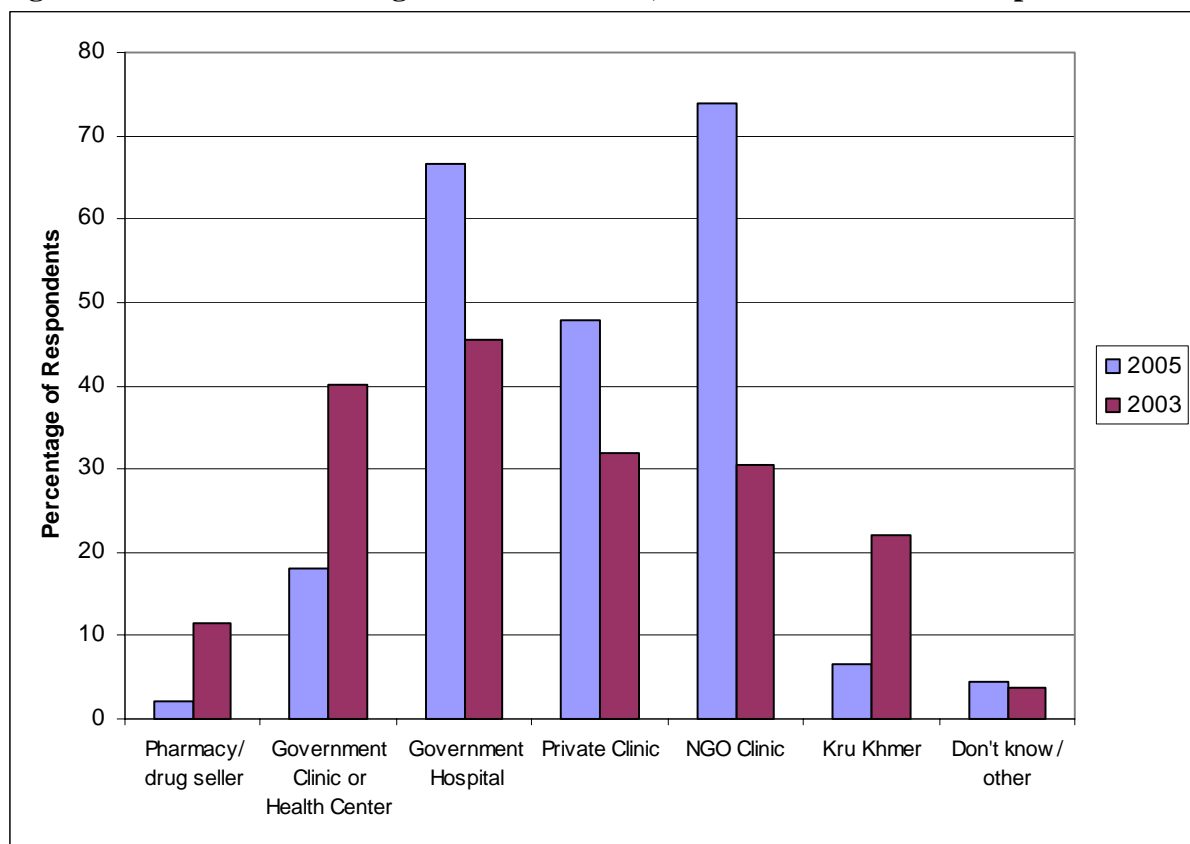
Figure 16. How Can a Friend Protect Herself against an STI? Endline and Baseline Respondents



4.4 Treatment Seeking Patterns for STIs

The treatment seeking behaviors for an STI for endline and baseline respondents are displayed in figure 17. As multiple answers were permitted the columns adds up to more than a 100%. A very large percentage of the beer promoters in the endline survey compared to the baseline would seek treatment at either a NGO Clinic (73.9% compared to 30.4%), a Government Hospital (66.7% compared to 45.6) or a private clinic (47.8% compared to 31.9%) – services characterized by high quality treatment as referred to in the SBS training. A smaller percentage would seek treatment at a Government Clinic or Health Centre (18.1% compared to 40.1%) while an even lower percentage of the beer promoters in the endline survey would seek treatment at a pharmacy/drug seller (2.2% compared to 11.5%) or Kru Khmer. The results indicate that the SBS training has been successful in that beer promoters now have a lower tendency to self-medicate and demonstrate conscious quality treatment seeking behaviors.

Figure 17. Treatment Seeking Patterns for STIs, Endline and Baseline Respondents



CHAPTER 5. CONTRACEPTION & PREGNANCY

5.1 Knowledge of Contraceptive Options to Prevent Pregnancy and Contraceptive Method of Choice

The beer promoters were asked what contraceptive options a women had if she was sexually active but did not want to become pregnant as an indicator of the beer promoters knowledge of contraceptive options. Figure 18 below shows that the beer promoters had a high knowledge of a range of contraceptive options, with 95.7% in the endline survey mentioning the birth spacing pill, 89.9% condoms, 68.1% Intra Uterine Device (IUD), 67.4% Depo Provera and 39.9% Norplant.

It is apparent that a higher knowledge existed among the beer promoters in the endline survey compared to the baseline survey regarding what contraceptive options exist. The SBS training taught the beer promoters about Norplant and while no beer promoters in the baseline survey mentioned this as a contraceptive method, 39.9% knew about this method in the endline survey.

Figure 18. Knowledge of Contraceptive Options, Endline and Baseline Respondents

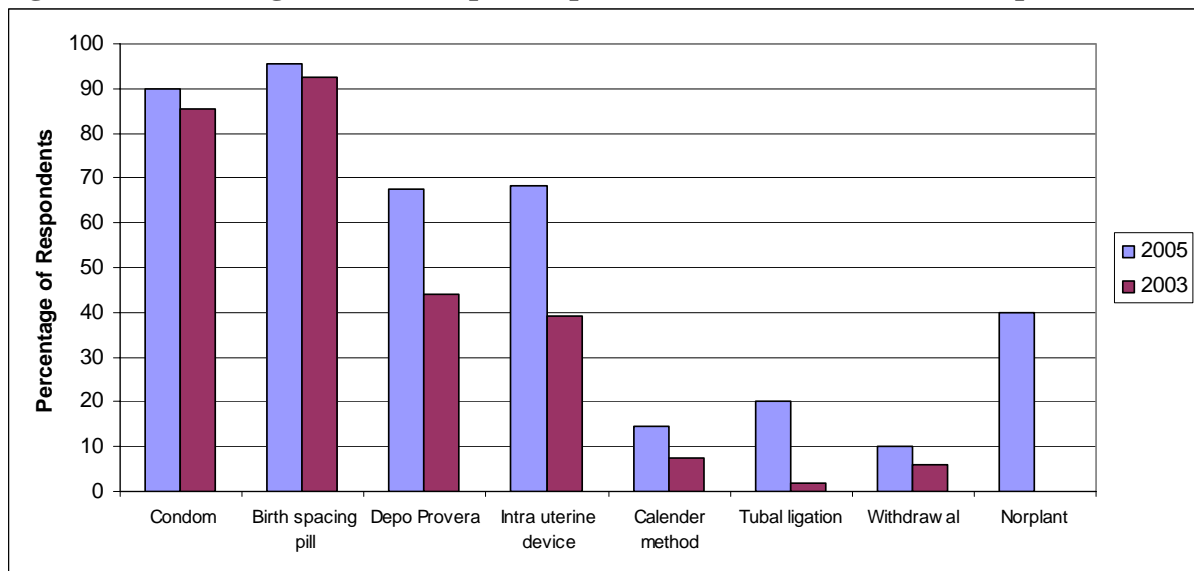


Figure 18 also shows that more beer promoters are conscious of the calendar method and withdrawal as contraceptive options. As the SBS training seeks to give the beer promoters an understanding of the menstrual cycle, the training included an explanation of the calendar method – but with the advice that this method had a high failure rate and it does not protect against STIs.

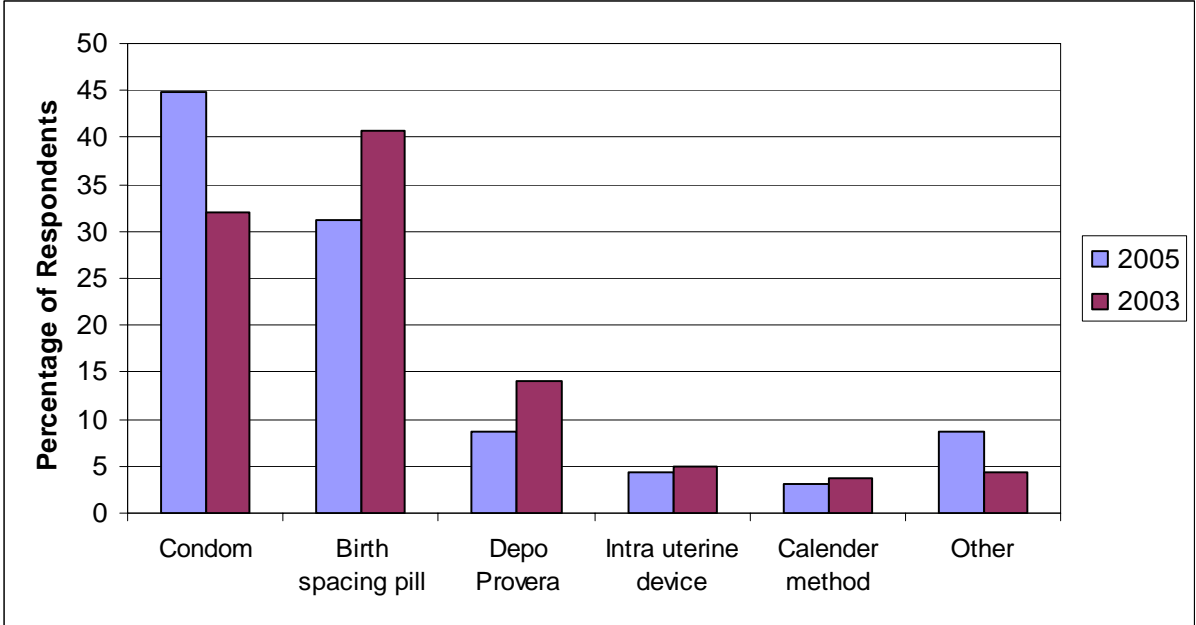
However, figure 19 below, which displays the beer promoters contraceptive method of choice, shows a higher knowledge of the calendar method has lead to a decrease in the percentage of beer promoters using this method as their contraceptive choice compared to the baseline survey (3.0% compared to 3.8%).

Figure 19 also shows that there has been a significant and very positive shift in the contraceptive method of choice when comparing the endline and baseline data. The birth spacing pill was the beer promoters favorite contraceptive method choice in 2003 (40.8%) followed by condoms (32.0%) while the opposite was reported in 2005, whereby 44.9% of

the beer promoters said they would use condoms and 31.2% the birth spacing pill as their preferred method.

In the SBS training, the advantages of using condoms for sexual and reproductive health was emphasized and the data presented in figure 19 shows that the SBS training has been successful in influencing the beer promoters contraceptive method of choice towards a dual protective method.

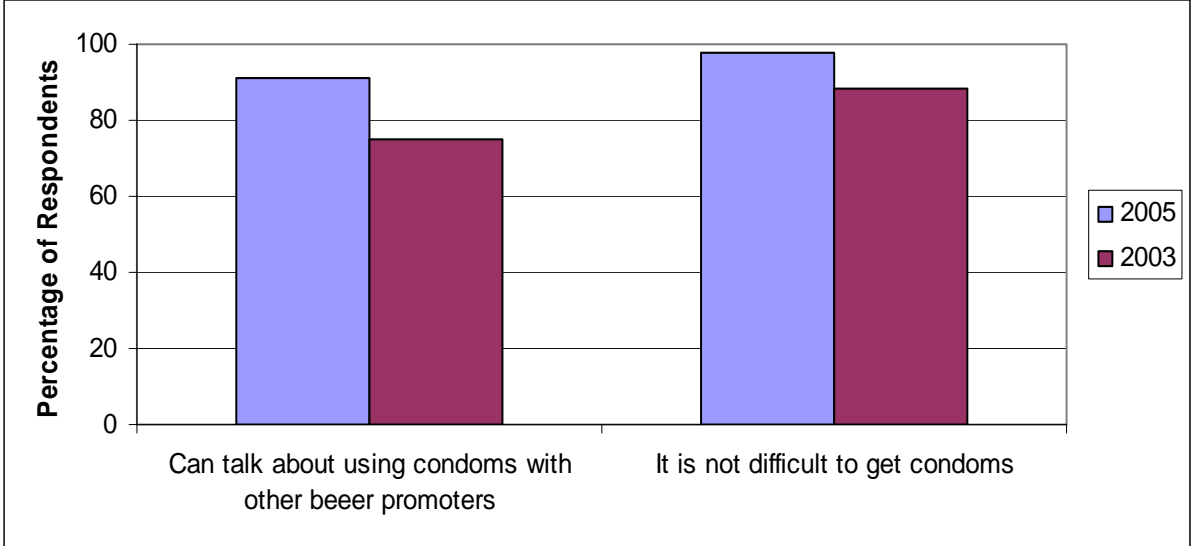
Figure 19. Contraceptive Method of Choice, Endline and Baseline Respondents



5.2 Access to Condoms and Openness Regarding Condoms

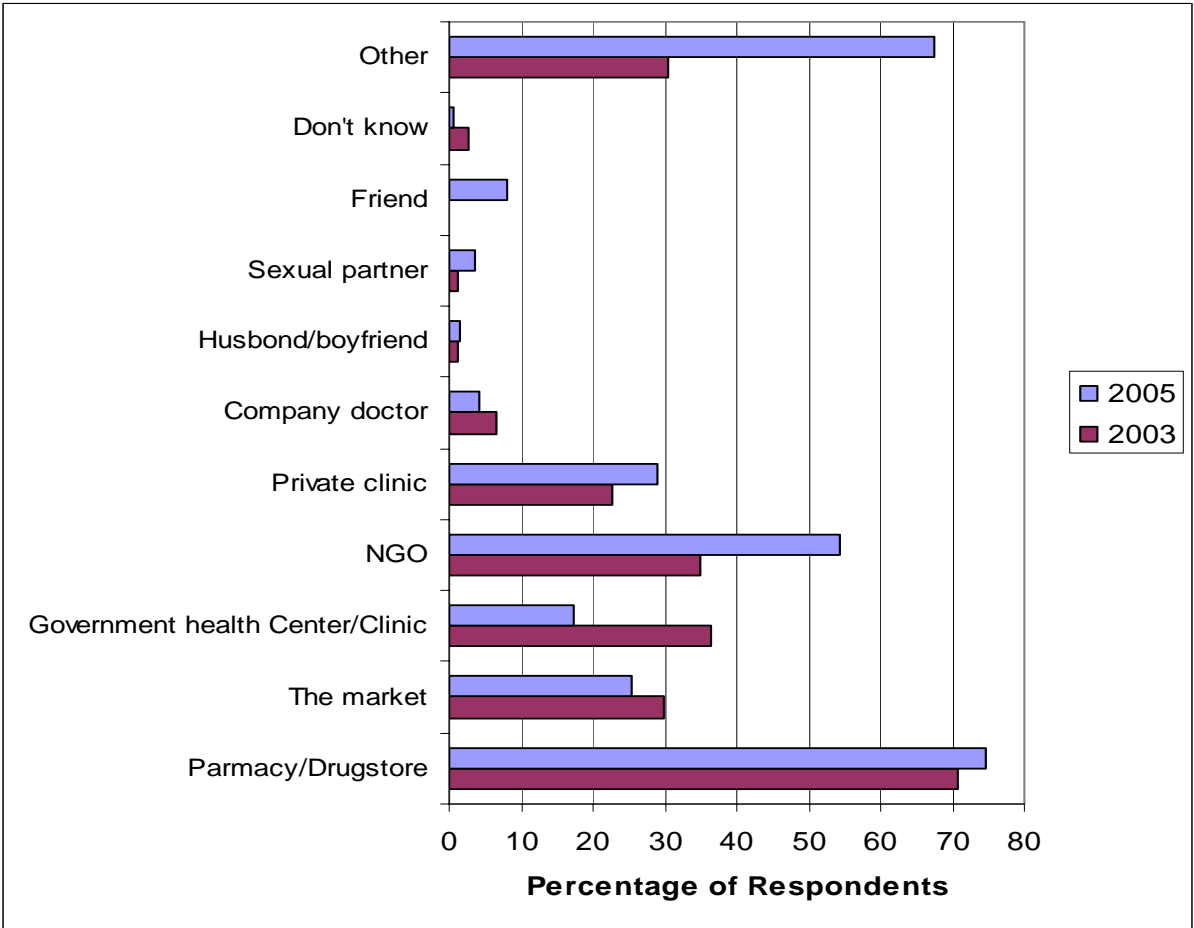
Almost all the respondents in the endline survey said that it was not difficult to get condoms (97.8%) and the majority of beer promoters felt that they could talk about condoms with other beer promoters (91.3%) (Figure 20). As both these percentages have gone up from the baseline survey, it is indicative that the SBS training has improved the attitude towards purchase of condoms and improved the openness regarding discussing condom use.

Figure 20. Access to Condoms and Openness Regarding Discussing Condoms, Endline and Baseline Respondents



Places where condoms can be purchased are shown in figure 21 (multiple answers possible). Both among the endline and baseline respondents the knowledge of where to purchase condoms was very high and reflects the high availability of condoms in Phnom Penh. In the endline survey most beer promoters knew that condoms can be purchased at pharmacies/drugstores (74.6%), NGOs (54.3%) and at markets (25.4%). A very large percentage also mentioned *other* places, with the most frequently answered being: “along the road” at small informal rental outlets (42.8%), guesthouse/hotel (18.8%) and government hospitals (18.4%).

Figure 21. Places Where Condoms can be Purchased, Endline and Baseline Respondents

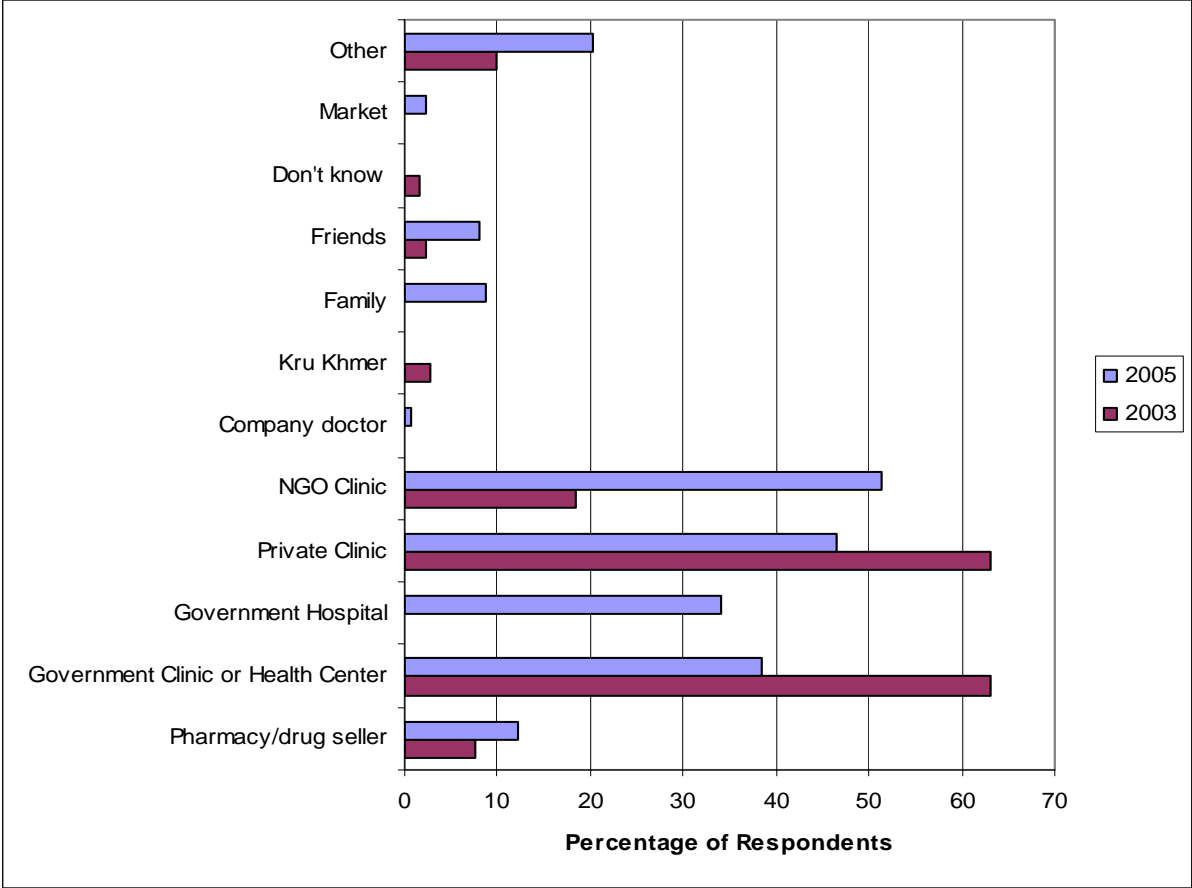


The knowledge of access and availability to condoms was high among the beer promoters in the endline survey, as illustrated by some beer promoters who said: “Condoms, you can get them everywhere” (4.3%).

5.3. Unwanted Pregnancy

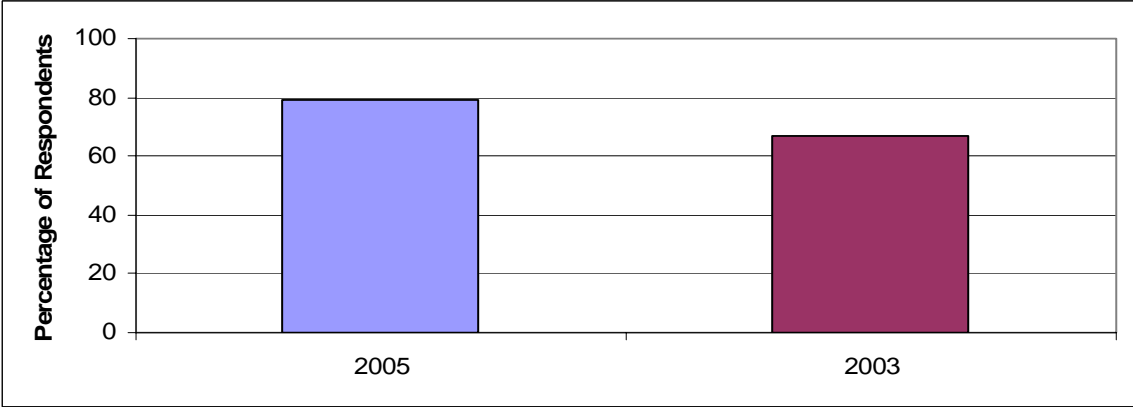
In the event of a woman thinking she is pregnant and not wanting to continue the pregnancy the beer promoters in the endline survey would primarily recommend a person to seek advice at a NGO clinic (51.4%), private clinic (46.4%), government clinic or health center (38.4%) or government hospital (34.1) (figure 22). The distribution in the endline survey of where to seek advice was somewhat different from the baseline, and the beer promoters in the endline felt they had a broader range of options. It was positive to see that none of the beer promoters in the endline compared to the baseline survey would seek advice with a Kru Khmer (0.0% compared to 2.7%) and that more beer promoters would talk with their family (8.7% compared to 0.0%) or friends (8.0% compared to 2.2%) if they needed advice.

Figure 22. Where can a Woman Seek Advice if she thinks she is Pregnant and do not want the Baby? Endline and Baseline Respondents



Despite a high knowledge of how to protect against an unwanted pregnancy and a high availability of condoms, a large percentage knew of a beer promoter who had had an abortion⁴ (Figure 23). As figure 23 shows there has been an increase from the endline to the baseline survey (79.0% compared to 67.0%). It is not possible to say if this increase is due to a higher frequency of abortions among beer promoters or if the increase merely shows a higher awareness and willingness to speak openly about abortion due to the SBS training.

Figure 23. Percentage Who Know a Beer Promoter Who have had an Abortion, Endline and Baseline Respondents



⁴ As it became apparent that a large percentage of the beer promoters knew of another beer promoter who had had an abortion, it was decided to explore in depth who the beer promoters knew and how well they knew them to be able to rule out that the beer promoters all referred to the same few beer promoters. Based on the answers given it is unlikely that the beer promoters referred to the same people.

CHAPTER 6. WORKPLACE HARASSEMENT

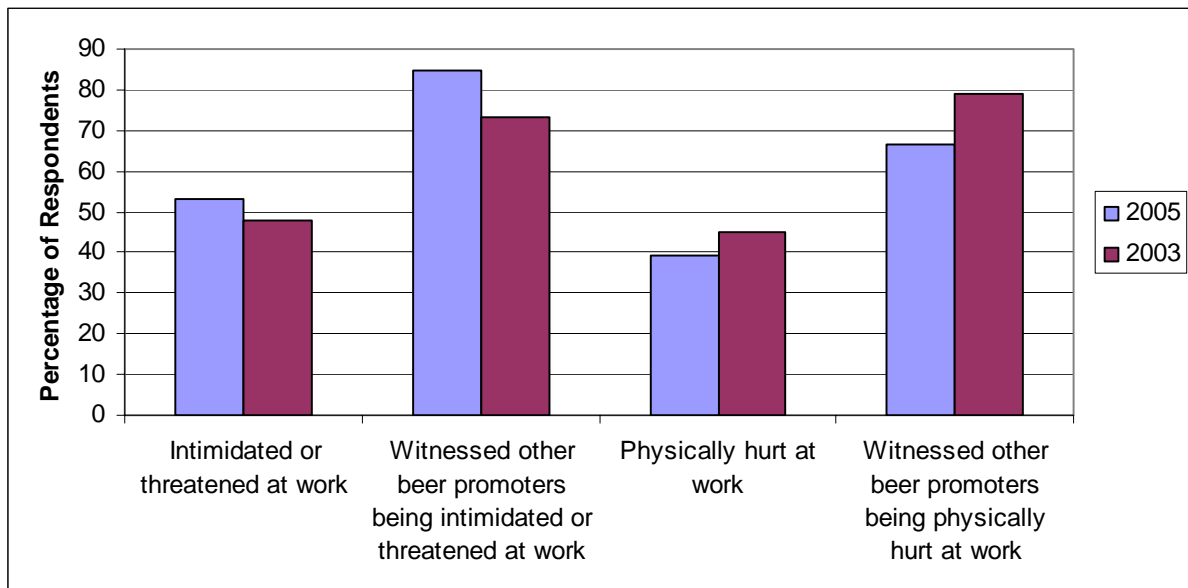
6.1. Psychological and Physiological assaults in the Working Situation

During the SBS project it has become increasingly evident that a large percentage of the beer promoters are exposed to workplace harassment – and much of it is sexual in nature. The session in the SBS curriculum about Harassment in the Workplace addressed these issues and aimed to increase beer promoters' awareness about their legal rights and the unacceptability of sexual harassment; and to explore scenarios using newly learnt negotiation skills to reduce risk and harm.

Figure 24 shows that a higher percentage among the endline respondents compared to the baseline respondents had personally been intimidated or threatened (52.9% compared to 47.8%) or knew of other beer promoters who had been intimidated or threatened (84.8% compared to 73.4%). This may be due to a higher awareness and reporting among the beer promoters of workplace harassment due to the SBS training.

A smaller percentage among the beer promoters in the endline survey compared to the baseline survey had been physically hurt at work (39.1% compared to 45.0%) or had experienced other beer promoters being physically hurt (66.7% compared to 78.8%). These results may indicate that the SBS training has been successful in giving the beer promoters tools to avoid situations that could have led to physical and sexual harassment and abuse.

Figure 24. Workplace Harassment, Endline and Baseline Respondents

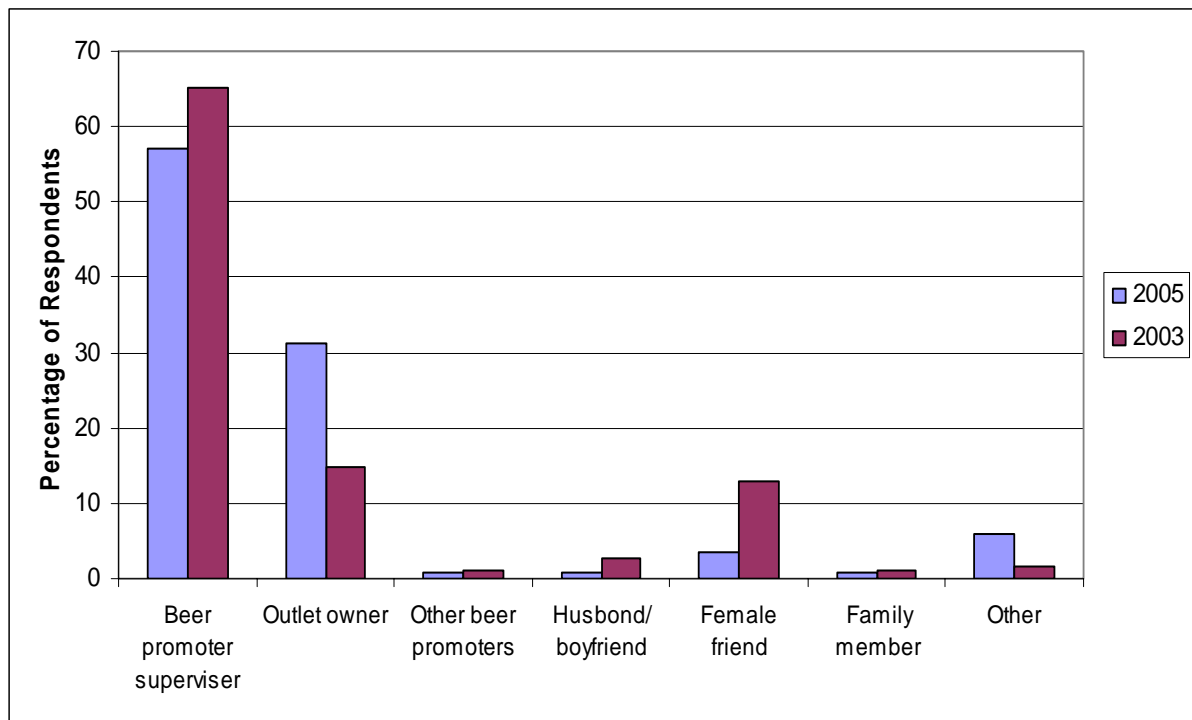


However, without further investigation it cannot be ruled out that the result in figure 24 is the result of a real increase in beer promoters who are intimidated or threatened at work and a decline in the number of physical assaults happening in the workplace. However, as the number of beer promoters who feels safe in their workplace has gone down from almost two thirds in the baseline survey to only half (50.7%) in the endline survey (data not shown), there is no evidence that workplace harassment is decreasing.

6.2 Support for Work Related Problems

Despite a high degree of insecurity and work place harassment the majority of beer promoters chose to talk to either the beer promoter supervisor (57.2%) or the outlet owner (31.2%) when they have had work related problems, suggesting improved problem solving behaviors among the beer promoters and a high degree of trust among the beer promoters and the beer promoter supervisor and outlet owners (figure 25). It is positive to see that a higher percentage of the beer promoters in the endline survey compared to the baseline survey felt confident and empowered enough to address their work related problems directly with the outlet owner (31.2% compared to 14.7%).

Figure 25. Who To Talk To About Work Related Problems, Endline and Baseline Respondents

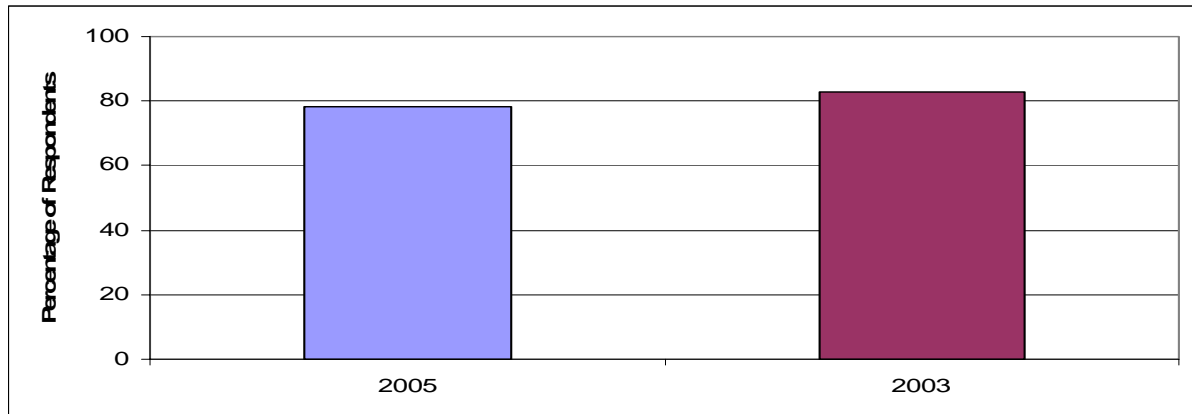


CHAPTER 7. ALCOHOL & DRUG USE

7.1 Pressure to Drink Alcohol

A slightly lower percent of the beer promoters who took part in the endline survey compared to the baseline survey have ever felt pressured to drink alcohol at work (78.3% compared to 83%) (figure 26).

Figure 26. Pressure to Drink Alcohol, Endline and Baseline Respondents



Among the beer promoters in the endline survey who had been pressured to drink alcohol all said it was the customer who had pressured them to drink alcohol at work (data not shown). A very small percentage also said they had been pressured by the outlet owner (3.7%) or other beer promoters (2.8%). There is little indication that the SBS training has improved the beer promoters' capabilities to resist pressure to drink alcohol. The pressure to drink with customers puts the beer promoters in a difficult situation whereby declining will lose custom and loyalty for themselves and the outlet. Women drinking alcohol in Cambodia is regarded as socially unacceptable, thus only confounding the negative image of beer promoters.

7.2. Drug Use

The percentage of beer promoters who know of other beer promoters taking drugs has almost doubled since the baseline survey in 2003 (29.0% compared to 17.4%) (figure 27). Even though some of this increase may be explained by a greater knowledge and awareness among the beer promoters due to the SBS training, an increase of this magnitude is of importance and gives indications that drug use is increasing among the beer promoters in Phnom Penh.

Figure 27. Percentage Who Knows Other Beer Promoters Taking Drugs, Endline and Baseline Respondents

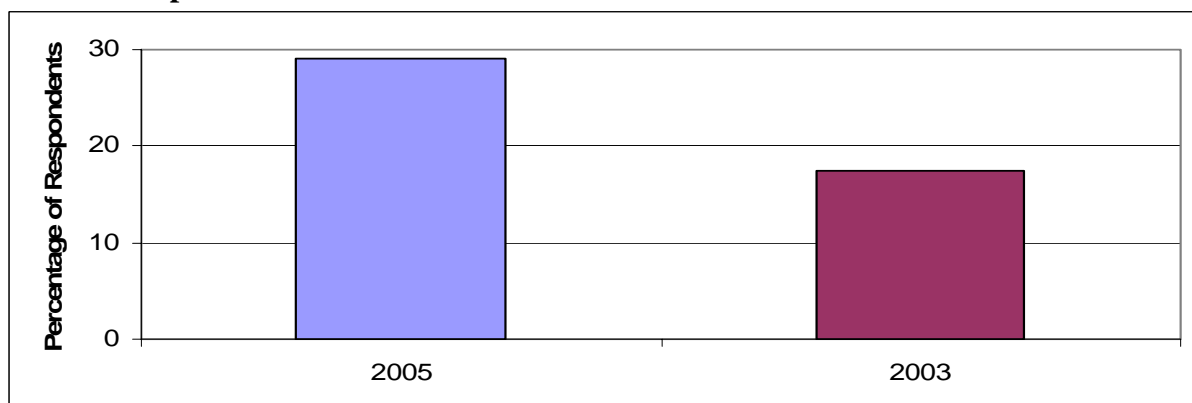
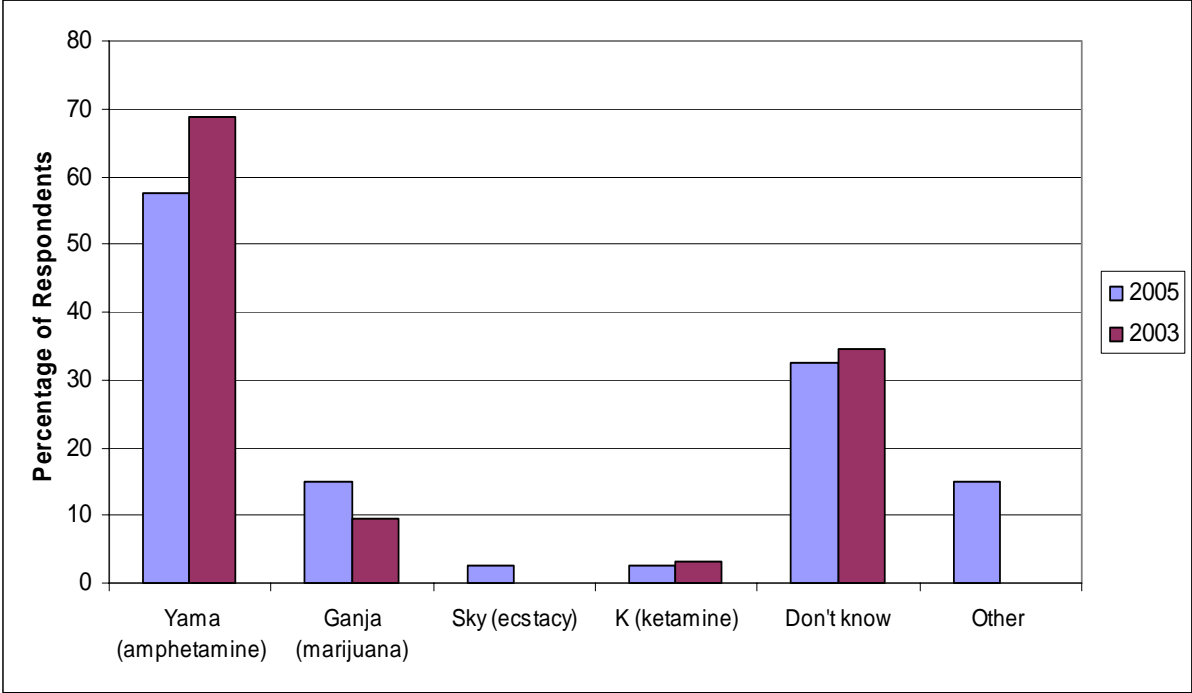


Table 28 shows what type of drug beer promoters take (n=the beer promoters who knew any beer promoters who used drugs). Compared to the baseline survey there seems to be more beer promoters in the endline survey who now use Ganja (marijuana) instead of Yama (amphetamine) but as figure 28 is based on small numbers, no conclusions can be drawn.

Figure 28. What Kind of Drugs does Beer Promoters Use? Endline and Baseline Respondents



CONCLUSION

The impact of the SBS project on knowledge, attitudes and practices among the beer promoters is evident from the current evaluation study. The impact is most visible in the changes regarding HIV/AIDS and contraceptive use. The 3 day SBS training curriculum and the 1 day refresher course has been successful as a means of health education and has been able to promote safer reproductive health behaviors among the beer promoters. The SBS project has improved the knowledge of where to seek quality women's health services and it is reasonable to conclude that the beer promoters now have a much better chance to make informed choices about their health and wellbeing. Although the project appears quite successful it is difficult to say if the initiated changes are sustainable and that positive knowledge, attitudes and practices will be maintained. To maintain the project's positive impact, and to address areas highlighted in the survey that need additional training and support, it is recommended that updated refresher courses are provided to beer promoters every six months.

This survey has furthermore highlighted that further work still needs to be done to ensure beer promoters have a safe work environment without workplace harassment and with realistic options on how to decline customer pressure to drink alcohol. There is also potential for further research and interventions into beer promoters who are using drugs and abortion services.

This initiative which is built on a partnership between CARE Cambodia, Heineken International, Asia Pacific Breweries Limited and Cambodia Brewery Limited has been highly innovative and has created a foundation from which to build future interventions that, over time can, lead to improved health, safety and wellbeing amongst beer promoters in Cambodia.

Appendix A. Questionnaire

**Selling Beer Safely Project
Knowledge, Attitudes & Practices (KAP) End Line Survey
January 2005**

1. Date: / 02/05	2. Questionnaire N°:
------------------	----------------------

Hello, my name is We are conducting a survey among Beer Promoters in Phnom Penh on behalf of CARE Cambodia. The purpose of this survey is to learn if the promotion girls knowledge, attitudes and practices in relation to health and safety, women's health issues, HIV/AIDS, STIs and contraception have improved due to the training Beer Promoters have participated in. The information you provide will assist us in understanding how we can keep on working with the health needs of Beer Promoters.

The survey is 100% confidential as your name will not be linked together with the questionnaire. The final report will be given to beer company representatives and CARE but it will not present individual data so no one will ever be able to trace your answers back to you.

Some questions are of a sensitive nature but your response will remain anonymous. You do not have to answer any questions that you feel uncomfortable answering and you are free to stop the interview at any time. The questionnaire takes about 25 minutes to complete.

Would you like to participate in the survey?

- a) Yes – Read the Statement of informed consent and ask for the participants signature
- b) No – End now and “say thank you for coming” and give the participant US\$2 to cover transport expenses

After the interview you will get a small present as a thank you for participating in the survey. You will also receive US\$2 to pay for your transport expenses.

We would appreciate it if you could answer the questions as truthfully as possible.

Firstly, I would like to ask you some general questions.....

1. Personal information

3.	What is your province of origin: <i>(please write)</i>
4.	How old are you? <i>(please write)</i>
5.	What is your marital status?	1) Unmarried 2) Married 3) Divorced 4) Widowed 5) Unmarried but live with boyfriend
6.	Do you have children?	1) Yes (If yes, go to q. 7) 2) No (If no, go to q. 8)
7.	How many children do you have?	1) 1 2) 2 3) 3 4) 4 5) 5 or more
8.	Ethnicity/Nationality of respondent (please read categories to interviewee and circle appropriate response)	1) Cambodian 2) Vietnamese 3) Kampuchea Krom 4) Chinese 5) Other (please write)
9.	Who do you live with in Phnom Penh? (Please circle multiple answers if applicable)	a) husband b) boyfriend c) family d) siblings e) friends f) PGs g) Other (please describe)
10.	Have you ever attended school?	1) Yes (go to q. 11) 2) No (go to q. 12)
11.	What is the highest grade/level you completed?	(Grade):
12.	Can you read all or part of this sentence (on back of questionnaire)?	1) All 2) Part 3) None
13.	How long have you been working as a beer promoter? (including work with other beer companies)	(Months):
14.	When did you participate in the three day SBS training course?	1) Less than 6 months ago (go to q. 16) 2) More than 6 months ago (go to q. 15) 3) Have not participated in the three day training course (end interview, give incentive and transport money to participant)
15.	Have you participated in a 1 day SBS refresher course?	1) Yes 2) No
16.	Have you participated in any women's health training with other NGOs/organizations?	1) Yes (go to q. 17) 2) No (go to the first question on HIV/AIDS)

17.	When did you participate in the training?	1) 1 month ago 2) 2-3 months ago 3) Up to 6 months ago 4) Up to and more than one year ago 5) Don't know
18.	Do you know the name of the organization? (please specify)

1. HIV/AIDS

	Questions	Response Categories
19.	Have you heard of HIV/AIDS?	1) Yes (go to q. 2) 2) No (go. to q.15) 3) Don't know (go to q. 2)
20.	Do you know how HIV/AIDS is transmitted? (please circle all responses)	a) Through sex without a condom b) Through sex with more than one partner c) Oral sex d) Sharing Injection needles e) Receiving blood transfusion f) From mother to child g) Mosquito bites h) Deep kissing i) Sharing toilet j) Sharing food/drinks with HIV+ person k) Other (please state) l) Don't know
21.	Is there treatment for HIV/AIDS?	1) Yes (specify) 2) No 3) Don't know
22.	Can HIV/AIDS be cured?	1) Yes 2) No 3) Don't know
23.	If your friend has HIV/AIDS where could she go for advice/support? (please circle all responses)	a) Pharmacy/Drug Seller b) Govt. Clinic or Health Center c) Govt. Hospital d) Private Clinic e) NGO Clinic f) Company doctor g) Kru Khmer h) Family i) Friends j) Don't know k) Other (please state).....
24.	How could a person confirm they have HIV/AIDS? (please circle one response only)	1) Blood test 2) Urine test 3) Saliva test 4) Ask Kru Khmer 5) Don't know 6) Other (please state)
25.	Can a person who looks healthy have HIV/AIDS?	1) Yes 2) No 3) Don't know
26.	If you knew your friend had HIV/AIDS would you still visit her?	1) Yes 2) No 3) Maybe 4) Don't know

27.	If you knew your friend had HIV/AIDS, would you still drink from the same cup as your friend?	1) Yes 2) No 3) Maybe 4) Don't know
28.	If you knew your friend had HIV/AIDS, would you sleep in the same room as your friend?	1) Yes 2) No 3) Maybe 4) Don't know
29.	Do you think people are afraid or scared of people with HIV/AIDS?	1) Yes 2) No 3) Don't know
30.	Do you think you are at risk of contracting HIV/AIDS?	1) Yes (go to q.13) 2) No (go to q.14) 3) Don't know (go to q.15)
31.	Yes – Why? <i>(please choose one response)</i>	1) Do not use condoms 2) Have more than one sexual partner 3) Don't trust my boyfriend/husband 4) I don't feel well 5) Work as a PG 6) Other (please state)
32.	No – Why? <i>(please choose one response)</i>	1) Always use condoms 2) Have only one sexual partner 3) Feel healthy 4) Have had a HIV test 5) Other (please state)

2. Sexually Transmitted Infections (STI)

	Questions	Response Categories
33.	Have you heard the term "STI" or "Sexually Transmitted Infection"?	1) Yes (go to q. 16) 2) No (go to q. 22) 3) Don't know (go to q. 16)
34.	Do you know how an STI is transmitted? <i>(please circle all responses)</i>	a) Through sex b) Through sex with more than one partner c) Oral sex d) Injection needles e) Receiving blood transfusion f) From mother to child g) Mosquito bites h) Deep kissing i) Sharing toilet j) Sharing food/ drinks with HIV+ person k) Other (please state) l) Don't know (go to q. 18)
35.	Where did you get your information about STIs? <i>(please circle all responses)</i>	a) NGO b) Beer company c) Friend d) Govt health staff e) Relative f) Radio g) Television h) Newspaper i) Magazine j) Other (please state) k) Don't know

36.	Do you know any STI symptoms?	1) Yes (go to q. 19) 2) No (go to q. 20) 3) Don't know (go to q. 20)
37.	Yes - STI symptoms <i>(please circle all responses)</i>	a) Burning feeling when urinating b) Abnormal discharge c) Blisters/ulcers on genitals d) Frequent urination e) Groin swelling f) Other (please state) g) Don't know
38.	If your friend asked you how she can protect herself against an STI, what would you recommend? <i>(please circle all responses)</i>	a) Always use a condom b) Have sex with only one partner c) Have regular STI checkups at a health clinic d) Wash after sexual contact e) Sexual abstinence f) Other (please state) g) Don't know
39.	If you think you have contracted an STI, where could you go for treatment? (Please circle all responses)	a) Pharmacy/Drug Seller b) Kru Khmer c) Private clinic d) Govt. Health Centre/Clinic e) Govt. Hospital f) Company doctor g) Other (please state) h) Don't know

3. Contraception & Pregnancy

40.	Do you or your friends worry about getting pregnant?	1) Yes 2) No 3) Don't know
41.	If a woman is sexually active and does not want to become pregnant, what can she do? (please circle all responses)	a) Use a condom Use the birth spacing pill b) Use (depovera) injection Use IUD (intra uterine device) c) Calendar method d) Other (please state) e) Don't know
42.	If a woman thinks she is pregnant and does not want the baby, where can she go for advice? (please circle all responses)	a) Pharmacy/drug store b) Market Govt Health Center/Clinic c) NGO d) Private clinic e) Company doctor f) Kru Khmer g) Friend h) Other (please state) i) Don't know
43.	Would you talk to another beer promoter about using condoms?	1) Yes 2) No 3) Maybe 4) Don't know
44.	Is it difficult to get condoms?	1) Yes (go to q.27) 2) No (go to q. 28) Don't know (go to q. 28)
45.	Yes – Why? (Please circle 1 response)	1) I'm embarrassed to buy condoms 2) Condoms are expensive 3) Only men should buy condoms 4) I don't know where to get them 5) Women who buy condoms are considered "bad girls" 6) Other (please state)
46.	Do you know any beer promoters who have had an induced abortion?	1) Yes 2) No 3) Don't know
47.	If you had access to your contraceptive of choice (to avoid getting pregnant) what would it be? (please circle one response only)	1) Condom 2) Birth spacing pill 3) Depovera injection 4) IUD (intra uterine device) 5) Calendar method 6) Sexual abstinence 7) Other (please state)
48.	If your friend asks you where she can get condoms, what would you suggest? (please mark all responses)	a) Pharmacy/drug store b) Market c) Govt Health Center/Clinic d) NGO e) Private clinic f) Company doctor g) Husband/boyfriend h) Sexual partner i) Friend j) Other(please state) k) Don't know

4. Workplace Harassment

I would like to ask you some questions relating to your work. Please answer yes or no to the following questions:

49.	Do you feel safe in your workplace (<i>outlet</i>)?	1) Yes 2) No
50.	Have you ever been intimidated or threatened at work?	1) Yes 2) No
51.	Have you ever been physically hurt while at work?	1) Yes 2) No
52.	Have you witnessed another PG being intimidated or threatened at work?	1) Yes 2) No
53.	Have you witnessed another PG being physically hurt while at work?	1) Yes 2) No
54.	Do you ever feel pressured to drink alcohol at work?	1) Yes (go to q. 37) 2) No (go to q. 38)
55.	Who pressures you to drink alcohol at work? (Please circle all responses)	a) Customers b) Outlet owner c) Other PGs d) PG Supervisor e) Friends f) Other (please state)
56.	Do you know any beer promoters who use drugs, other than cigarettes & alcohol?	1) Yes (go to q. 39) 2) No (go to q. 40) 3) Don't know (go to q. 40)
57.	What type of drugs do they use? (Please circle all responses)	a) Yama/Yaba b) Sky (ecstasy) c) Ganja (marijuana) d) K (ketamine) e) Other (please state) f) Don't know
58.	If you have a problem at work, who do you speak to about it? (Please circle one response)	1) PG Supervisor 2) Outlet Owner 3) Other beer promoters 4) Husband/boyfriend 5) Female friend 6) Family member 7) Other (please state)
59.	How long do you think you will continue to work as a beer promoter?	1) less than one month 2) less than 3 months 3) 3-6 months 4) 6 months to 2 years 5) 2 or more years

Thank you for your time.