



SELLING BEER SAFELY

A BASELINE SURVEY & NEEDS ASSESSMENT OF BEER PROMOTERS IN PHNOM PENH

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September 2003

“I want newspapers and TV to provide information about the value of women to respect the right of beer promoters and for society to be encouraged to give value to women who work”

(27 year old divorced woman who has worked as a beer promoter for over two years)

Executive Summary

This study was undertaken to assess the reproductive health knowledge, attitudes and practices amongst beer promoters working for Cambodian Breweries Limited and Attwood Distributors in Phnom Penh, Cambodia.

A questionnaire was used to assess the reproductive health knowledge, attitudes, and practices (KAP) of the target group. In addition, qualitative research methods were used to obtain rich information and an in-depth understanding of beer promoter knowledge and behaviours.

Although the research was primarily designed to explore the reproductive health needs of beer promoters, throughout the course of the research it became apparent that workplace health and safety issues are more detrimental to the health of beer promoters than a lack of knowledge of reproductive health issues.

The results indicate that beer promoters have an adequate level of factual knowledge about HIV/AIDS, sexually transmitted infections (STIs) and contraception although discrepancies between health knowledge and practice were apparent.

Inconsistencies in the results suggest that although beer promoters are often able to recall health messages, real understanding of sexual health is questionable. Over two thirds of women mentioned they worry about getting pregnant and/or know a beer promoter who has had an abortion. Despite this, awareness of available contraceptive methods was reasonably high. An inability to translate knowledge into practice and to apply current health messages to their own situations appears to be a considerable obstacle for this target group.

The term indirect sex worker has been widely and often indiscriminately used to describe women working as beer promoters. In the course of the research the term indirect sex worker has been deemed an inappropriate and inaccurate description of beer promoters. The findings challenge the assumed profile of beer promoters as young, uneducated and socially isolated women.

Alarming levels of workplace and sexual harassment contribute to the vulnerability of beer promoters. Beer promoters are regularly subjected to workplace and sexual harassment, further exacerbated by unsafe and unsupportive work environments. This has a significant impact on beer promoter health, wellbeing and performance.

The challenge in developing relevant and practical health messages lies in being able to transform knowledge into action and providing women with the confidence to adopt new learnings and behaviours.

Selling beer is not easy. The following recommendations are put forward as a means of improving the health of women working as beer promoters.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral Treatment
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IDSW	Indirect Sex Worker
IEC	Information Education and Communication
ILO	International Labour Organisation
LNGO	Local Non Government Organization
MoE	Ministry of Education
MoEYS	Ministry of Education Youth & Sports
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGO	Non Government Organisation
PLA	Participatory Learning in Action
SANGSAR	Sweetheart
SBS	Selling Beer Safely Project
STI	Sexually Transmitted Infections
TA-TA	Older man who financially supports younger woman
UN	United Nations

List of Definitions

For the purpose of the needs assessment, the following terms have been defined:

Abortion:

For the purposes of this study the term abortion refers to induced abortion.

Beer Promoter:

Women contracted by beer companies or beer distributors to market and sell beer at selected distribution outlets including restaurants, beer gardens, karaoke bars and nightclubs. Beer Promoters account for over 40% of beer sales in the Asian region.¹

Indirect Sex Worker:

There is no uniform definition of the term indirect sex worker, although broadly the term is used to refer to women working in karaoke bars, massage parlours, as beer promoters, and in nightclubs who may frequently or occasionally exchange sexual acts for money and/or gifts.

Indirect sex workers are categorised as women who technically have other jobs such as working in karaoke bars/restaurants, promoting beer, selling massages, but who also sell sex.²

Sexual Harassment:

Sexual Harassment is any repeated and unwanted verbal, physical or sexual advances, sexually explicit derogatory statements, or sexually discriminatory remarks made by someone in the workplace – which is offensive to the worker involved – and will cause the person to feel threatened, humiliated, patronized or harassed, or which interferes with the person's job performance, undermine job security or create a threatening or intimidating environment.³

Sexually Transmitted Infection:

For the purpose of this research a sexually transmitted infection (STI) has been narrowly defined as an infection that is transmitted by sexual intercourse.

Sweetheart/Sangsar:

Sweetheart relationships are defined as non-commercial, non-marital sexual relationships that possess a certain degree of affection and trust from at least one partner. The factors influencing financial/material exchange support and condom use vary depending on the situation, target group and the individual.⁴

Patronage:

The patron-client relationship – an exchange relationship between roles – may be defined as a special case of dyadic (two person) ties involving a largely instrumental friendship in which an individual of higher socioeconomic status (patron) uses his own influence and resources to provide protection, benefits or both for a person of lower status (client) who for her/his part reciprocates by offering general support and assistance, including personal loyalty⁵.

¹ Personal communication, Cambodia Breweries Limited, April 2003

² Stuer, Barbero, Niith & Millado, (undated) *Women's Matters: Unity, Power, Sexual Health*, Oxfam, Great Britain

³ ICFU Women's Bureau 2000, *Sexual Harassment at Work: A Trade Union Guide*, ICFU

⁴ Wilkinson, D. & Fletcher, G. 2002 (PSI Publication) *Sweetheart Relationships in Cambodia, Love, Sex & Condoms in the Time of HIV*, DFID & USAID, Phnom Penh.

⁵ Scott quoted in Marston, 1997, *Hierarchy, Neutrality and Etiquettes of Discourse*, University of Washington

1. Introduction

CARE Cambodia has worked to provide humanitarian assistance in Cambodia since the 1970s. CARE's most recent reproductive health programs include women's health, youth sexual and reproductive health and HIV/AIDS initiatives.

Building upon the experiences and expertise in women's health, workplace policy advocacy, life skills training, women's empowerment, the Selling Beer Safely project was developed. This is the first initiative of its kind in Cambodia with an exclusive focus on Beer Promoters.

The Selling Beer Safely project's overall objective is to increase the use of women's health services and improve the sexual health practices of beer promoters through comprehensive health education programs.

This report represents the first phase of the Selling Beer Safely initiative and documents two components:

1. A knowledge, attitude and practices (KAP) baseline survey by which the effect of future interventions can be measured
2. A needs assessment conducted as a basis from which to develop reproductive health training modules tailored to meet the needs of Beer Promoters

Objectives

The objective of this study is twofold:

1. Provide baseline data reflecting current knowledge, attitudes and practices of beer promoters towards reproductive health issues
2. Conduct a needs assessment which will be used to develop a comprehensive health and safety training package tailored to the specific needs of beer promoters

Focussing on reproductive health the baseline study covered the following topics

- Demographic information
- HIV/AIDS
- Sexually Transmitted Infections (STIs)
- Pregnancy and Contraception

For the purposes of the needs assessment, the following categories were also included:

- Workplace Harassment
- Alcohol and Drug Use

Target Group

Beer Promoters contracted by Cambodian Breweries Limited and Attwood Distributors in Phnom Penh, Cambodia are the focus of this study.

2. Methodology

The type of investigation is descriptive and cross sectional. Due to the sensitive nature of the study and the need for a relatively large sample size, the study was conducted in three phases:

1. KAP Questionnaire
2. In-depth Interviews
3. Focus Group Discussions and Participatory Learning in Action

The KAP questionnaire is used to assess the knowledge, attitudes and practices of the target group. It allows for a statistically representative sample size to be surveyed in a short period of time. The result will be used to constitute the baseline by which the effect of future interventions can be measured.

In-depth interviews and focus group discussions provide an opportunity to further explore the KAP survey topics. This provides a more detailed, in-depth understanding and a comprehensive overview of the issues affecting beer promoters in Phnom Penh. A smaller sample size is sufficient in the collection of qualitative data. The results contextualize some of the issues raised in the KAP questionnaire and will be used as a basis on which to develop the needs assessment.

Sample Size

The sample size has been calculated using the equation developed by Cochran⁶ to yield a representative sample for proportions:

Calculating a Sample for Proportions;

$$SS = \frac{Z^2 * (p) * (1-p)}{e^2}$$

SS = sample size

Z = Z value for a confidence level of 95%

p = estimated proportion of an attribute that is present in the population

e = confidence interval, desired level of precision

Correction for finite population;

$$\text{New SS} = SS / (1 + (N_0 - 1) / \text{target population})$$

For maximum variability it is assumed that p=0.5

The confidence interval used is five, suggesting the research results are reflective of the target population with a 5 % deviation - both positive and negative.

Combining a confidence interval of five with a confidence level of 95%, one can be 95% sure that the true percentage – representative of the entire target population - deviates only 5% from the results of the study. It can be assumed with 95% certainty that the results of the study accurately reflect those that would be found in the target population.

Qualitative data analysis will be in line with the Miles and Huberman (1994) framework.

⁶ Cochran, W. 1963, *Sampling Techniques*, New York

Sample Design

For the purposes of sampling, no distinction was made between the two organizations employing beer promoters.

The sample for the baseline survey was selected according to the systematic sampling method based on probability proportional to size. With a target population of 353 and a sample size of 184 the sampling ratio equates to 0.5. A list of the target population was compiled and every second person was randomly selected.

Convenience sampling was used to determine the number of interviewees for the in depth interviews and focus group discussions. The same sampling method - systematic sampling based on probability proportional to size - was applied to select candidates for the qualitative research components.

Table 1. Summary of Research: Participants and Topics

Method	No. of Participants	Topics (Baseline Survey)	Topics (Needs Assessment)
KAP survey questionnaire	184 Beer Promoters	Participant demographics HIV/AIDS STIs Pregnancy & Contraception	Workplace Harassment Alcohol & Drug Use
In depth interviews	20 Beer Promoters		Work life of Beer Promoters Workplace Harassment Sexual Behaviour Health Services: expectations & experience
Focus Group Discussions	23 Beer Promoters		Workplace Health & Safety HIV/AIDS

Field Work and Quality Control

The KAP questionnaire, in-depth interviews and focus group discussions were held at the sales offices of each employer. To coincide with sales meetings and roster sign in times of beer promoters, interviews were conducted in two shifts, 8am – 10.30am and 1pm – 3pm. Both the research team leader and research coordinator/consultant were present at each session.

The research team leader was responsible for quality assessment of completed surveys, collection and collation of surveys and consent forms and for answering any on site survey related queries from the research team. A debrief with the research team was conducted after each interview and discussion session. Responses were checked and modified to minimize errors and confusion in the data entry process.

KAP Questionnaire

The questionnaire included yes/no responses and multiple choice questions, pre coded for statistical analysis. Through a pre test, feedback was provided and the KAP survey underwent final adjustments.

The questionnaire comprised of six topics, four topics related to the baseline survey and two topics related to the needs assessment.

The four topics for the baseline included:

- Participant Demographic Information
- HIV/AIDS
- Sexually Transmitted Infections (STIs)
- Pregnancy and Contraception

The two topics for the needs assessment included:

- Workplace Harassment
- Alcohol and Drug Use

For a detailed version of the questionnaire please see Annex 1.

KAP survey fieldwork was conducted over a six day period. Interviews were approximately 25 minutes duration and each researcher conducted a minimum of five interviews per day.

The Statistical Package for Social Science (SPSS) was used for data entry, processing and analysis.

In-depth Interviews

A series of in-depth interview questions were formulated to further explore the topics in the KAP survey and to provide a more detailed, in-depth understanding and a comprehensive overview of the issues affecting Beer Promoters in Phnom Penh. The results contextualize some of the issues raised in the KAP questionnaire. The purpose of the in-depth interviews is to provide qualitative data that can be used as a framework in the development of the needs assessment.

Topics of the in-depth interviews:

- Work life of Beer Promoters: expectations and experience
- Workplace Harassment
- Sexual Behaviour
- Health Services: expectations and experiences

For a detailed version of the in-depth Interview questions please see Annex 2.

A total of twenty In-depth Interviews were conducted over a one day period. Each interview was approximately one hour duration and each researcher conducted four interviews.

Qualitative data was collated, reviewed and analysed according to the Miles and Huberman (1994) framework.⁷

The research team leader translated interview responses into English. The research coordinator/consultant was responsible for summarising, coding and categorising the data collected.

The aim of this informal content analysis is to provide some coherence and structure to the data whilst retaining a hold of the original accounts and observations.

Focus Group Discussions (FGD)

The purpose of the focus group discussions was to obtain additional qualitative data, and to obtain feedback to further explore KAP survey and in-depth interviews results. The focus group discussions comprised of four topics, a role play and a case study.

⁷ Miles, B. & Huberman, A. 1994, *Qualitative Data Analysis: An Expanded Source*, Sage, London

The key areas explored in the focus group discussions include:

- Workplace Health and Safety
- HIV/AIDS

For a detailed outline of the focus group discussions please see Annex 3.

Two focus group discussions involving twenty three beer promoters were conducted. Groups comprised of thirteen beer promoters and ten beer promoters respectively. Each session was approximately two hours duration.

Five note takers and one observer were responsible for independently and simultaneously recording the responses of participants. The research team leader was responsible for translating notes and addressing any discrepancies. Patterns and commonalities in responses were then identified by the research coordinator/consultant and coded. This allowed for data analysis and the identification of common themes. Results were then compiled and analysed by the research coordinator/consultant.

The Research Team

Given the sensitivity of the subject material and the fact that the research subjects were all female, an all female research team was engaged for the duration of the study.

The research team comprise of six members - the research coordinator/consultant, one research team leader, and four researchers.

A two day training program was conducted to familiarize the research team with the study, to specify the role of the researchers and to coach the team in obtaining optimal research results.

For a full training program outline please see Appendix 4.

3. Constraints and Limitations

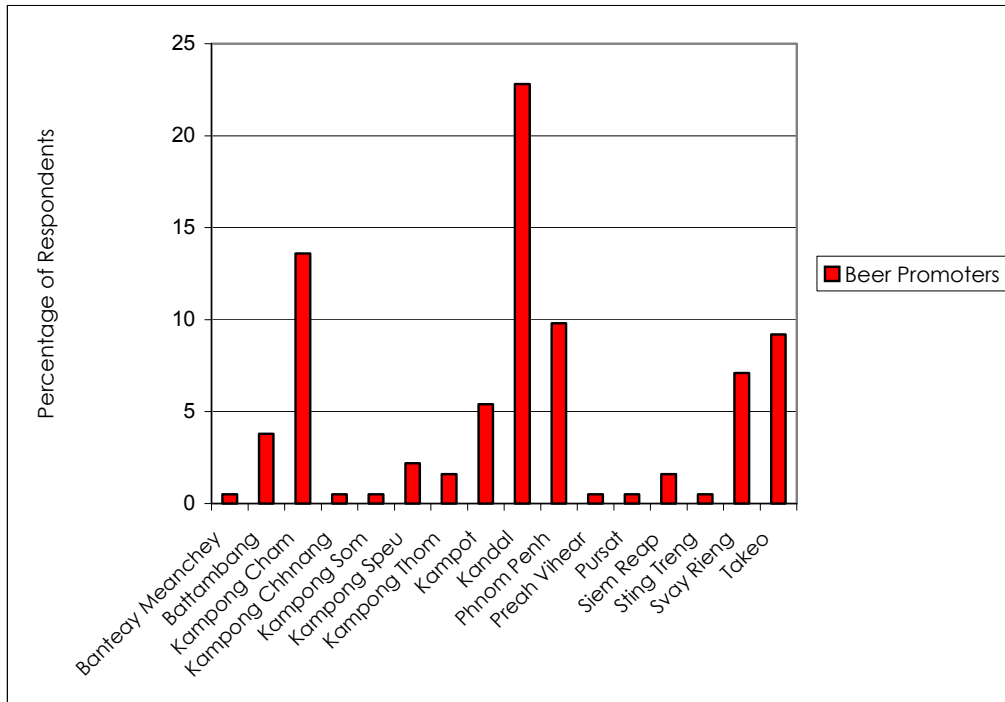
- The sample is statistically representative of beer promoters contracted by Cambodian Breweries Limited and Attwood Distributors. All beer promoters work in Phnom Penh. Due to logistical and time constraints, it was not possible to include beer promoters working in areas outside Phnom Penh. There are substantial arguments to assume that conclusions drawn in this study might not be applicable to beer promoters working in rural areas
- The research coordinator/consultant is a native English speaker and although having some understanding of Khmer language, does not speak Khmer
- Research documentation such as the KAP questionnaire, in-depth interview questions and focus group discussions were translated from English into Khmer and from Khmer into English. Defining contextual use and meanings is difficult and it is possible subtleties of meaning are lost in the translation process. Focus of the translation process was therefore on meaning rather than terminology
- Access to participants was limited due to logistical constraints and the work routine of beer promoters. As a result, all research was conducted at beer company offices. Due to space limitations, a small number of KAP survey interviews were conducted in shared rooms. This may have influenced participants willingness to speak openly and honestly
- Prior to interviews commencing, participants were made aware anonymous, aggregate data and feedback would be presented to beer company representatives. This may have influenced their responses
- Given the sensitive nature of the research topics, some questions were phrased in the third person. Beer promoters were occasionally asked of their perceived knowledge and experiences of others, rather than of their own experiences ie: do you know anybody who has had an abortion?
- Researchers brought a combination of skills to the research process; however some researchers had limited experience in conducting either in-depth interviews or focus group discussions. Probing and note taking proved difficult at times and researchers expressed, particularly in the in-depth interviews, that they were unsure how to prioritise information and what kinds of follow up questions to ask
- The research was primarily designed to explore the reproductive health needs of beer promoters. However in the course of the research, it became clear that the issue of workplace safety and socio-economic issues are more of a priority for the target population. These issues were explored as much as possible within the confines of the research

4. Knowledge, Attitudes and Practices (KAP) Baseline Survey Results

Demographic Descriptions of the Respondents

A total sample of 184 beer promoters took part in the knowledge, attitudes and practices (KAP) survey. The beer promoter population is all female with ages ranging between 17 and 38 years. All participants currently live and work in Phnom Penh. Figure 1.1 reflects their province of origin.

Figure 1.1 KAP Survey Respondents Province of Origin



Almost half of respondents live with family/siblings (43.5%). 34% stated they live with their husbands. Twenty five respondents reported living with relatives (13.6%). A small percentage of beer promoters live alone (6%), with friends (2.2%) or with a boyfriend (1%).

Figure 1.2 Household Compositions of Respondents

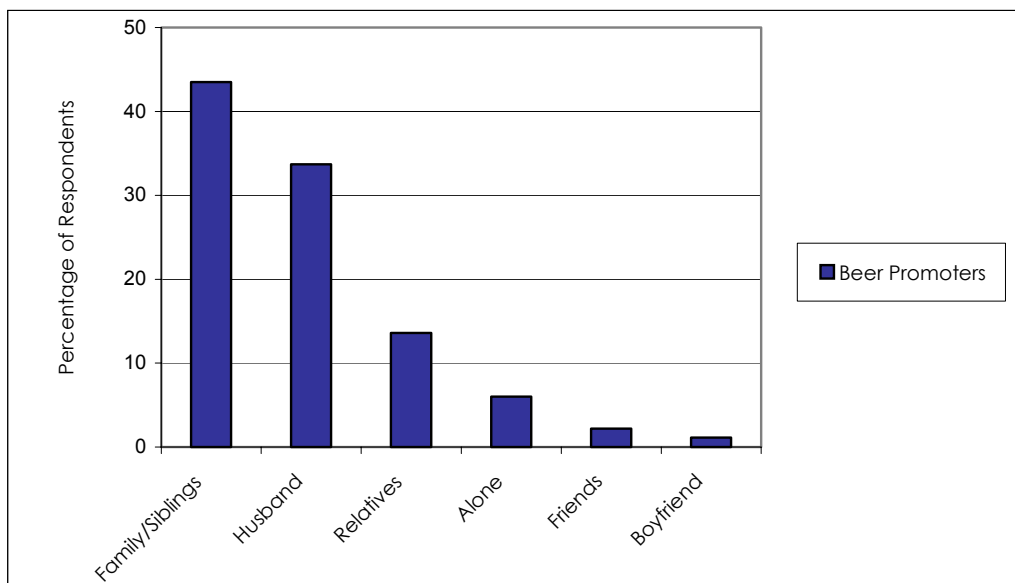


Table 1.1 Level of Education and Functional Literacy Levels of Respondents compared with Total Female Adult Population

Level of Education attended & Functional Literacy Levels	Total percentage of Beer Promoters (n=184)	Total percentage of Female Adult population Cambodia (%)
Primary School	53.0	72.0
Lower Secondary/Secondary School	34.0	24.6
Never Attended School	13.0	1.5
Illiterate	24.5	44.1
Semi-literate	12.0	26.0
Literate	63.6	29.0

Respondents were asked to read a pre prepared sentence to the interviewer to determine their ability to read. The results are reflected in Table 1.1.⁸ Although the percentage of beer promoters that have never attended school is higher than that of the total female adult population (13% compared to 1.5%), the literacy rates of beer promoters appear almost double that of the general population.

Over half the beer promoters interviewed had attended some primary schooling (53%) and a further 34% had attended some level of secondary schooling. 13% of respondents mentioned they had never attended school (24 respondents). Of those who had attended school - most attended school to either third grade (13.5%), fifth grade (17%) or eighth grade (14%).

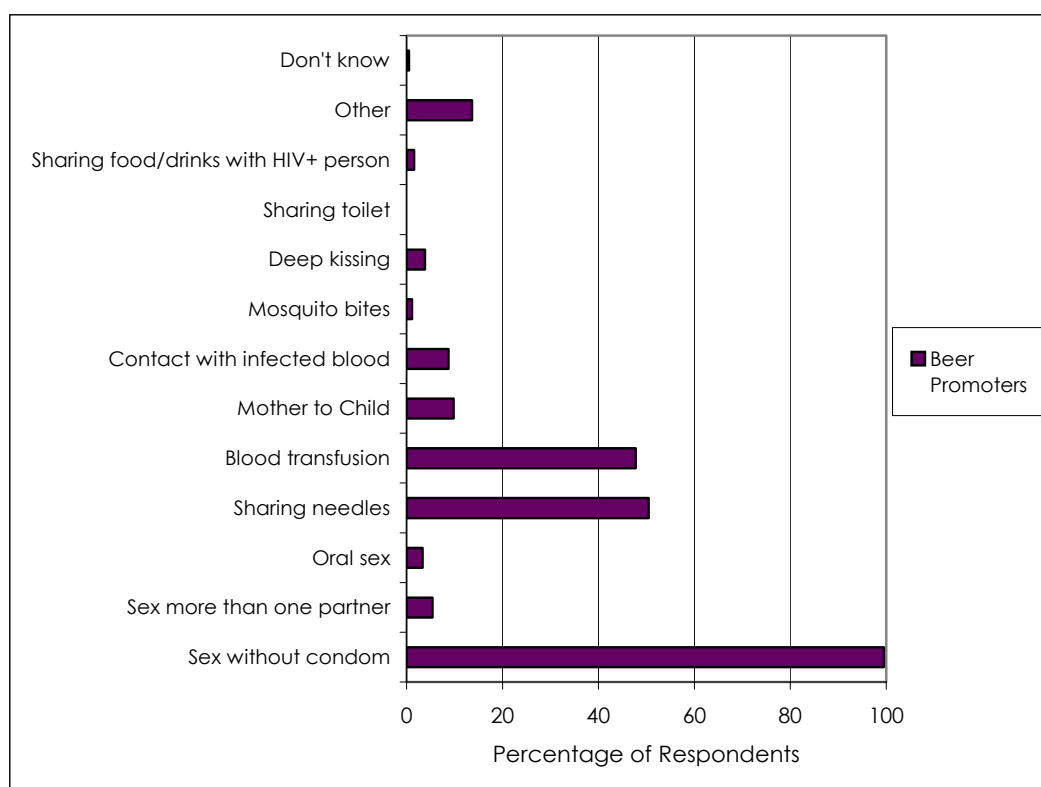
⁸ Literacy rates of total population taken from MoEYS assessment of the functional literacy levels of the adult population in Cambodia, May 2000.

HIV/AIDS

All 184 respondents had heard of HIV/AIDS. 183 respondents were aware that HIV is transmitted through unprotected sex and almost half of all respondents were aware that sharing needles (50.5%) and/or blood transfusions (47.8%) are also potential HIV transmission routes. A small number of respondents were aware of other transmission modes including: mother to child transmission (9.8%) contact with infected blood (8.7%), tattooing (1%), breastfeeding (0.5%) and anal sex (0.5%).

Although there is some level of understanding of HIV transmission routes amongst participants, misconceptions exist. Respondents cited sharing a toilet (8.2%), deep kissing (3.8%), sharing food/drinks with HIV+ person (1.6%) and mosquito bites (1.1%) as ways in which HIV can be contracted. Other responses included sharing nail clippers (6%) and biting nails (5%).

Figure 1.3 Awareness of HIV Transmission Routes



It is important that people are able to differentiate between the myths and realities of HIV/AIDS transmission. Media images and programs specifically aimed at targeting vulnerable populations have been beneficial in helping to stem the spread of HIV/AIDS in Cambodia. However, these results highlight the importance of accurate and clear health messages that relate to the specific needs of the target population.

Is there treatment for HIV/AIDS?

Table 1.2 Respondents Awareness of HIV/AIDS Treatment

Treatment	No of respondents (n=184)	Percentage of respondents (%)
Yes	143	77.7
No	41	22.3
TOTAL	184	100%

Over three quarters of respondents are aware treatment is available for HIV/AIDS (77.7%). Respondents were aware that medication is available to slow the progress of HIV/AIDS symptoms. The majority described this as "medicine for delay". Discussions with the research team and reproductive health staff confirmed this was a reference to Anti Retro Viral treatment. Other treatment options included traditional medicine and Chinese medicine as shown in Table 1.3.

Table 1.3 HIV/AIDS Treatment Methods

Treatment Types	No of respondents (n=143)	Percentage of respondents (%)
Anti Retro Viral treatment (ARV)	126	68.5
Traditional medicine	5	2.7
Other	12	6.5
TOTAL	143	100%

Can HIV/AIDS be cured?

87.5% of respondents stated correctly that there is no cure for HIV/AIDS (161). Seventeen respondents (9.2%) believe HIV/AIDS can be cured. A further six respondents did not know if HIV/AIDS could be cured. Whilst the results indicate a reasonable level of understanding of the irreversible nature of HIV/AIDS, some misconceptions remain.

How could a person confirm their HIV status?

98.4% of KAP survey respondents stated they could confirm their HIV status by undergoing a blood test (181). This result suggests the target group are aware access to medical services is necessary to confirm HIV status. Two respondents did not know how to confirm their HIV status. One person cited diarrhoea as confirmation of HIV status further emphasising the importance and need for clear and concise health messages.

If your friend has HIV/AIDS where could she go for advice/support?

Figure 1.4 Knowledge of Accessibility to HIV/AIDS Support

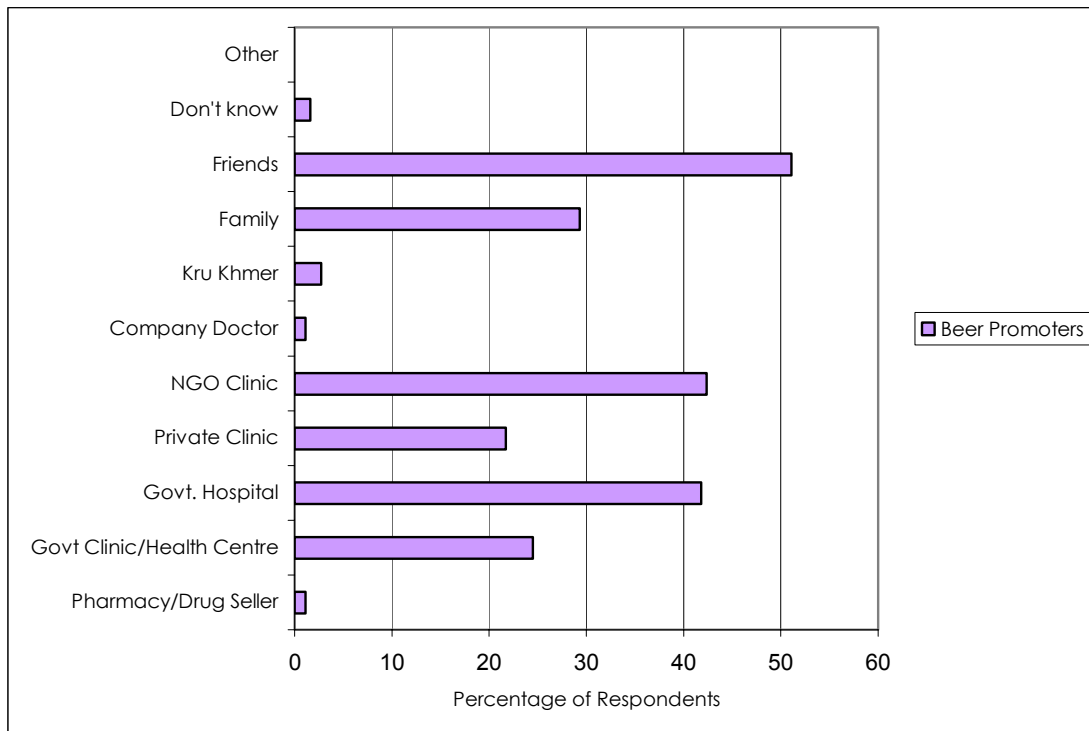
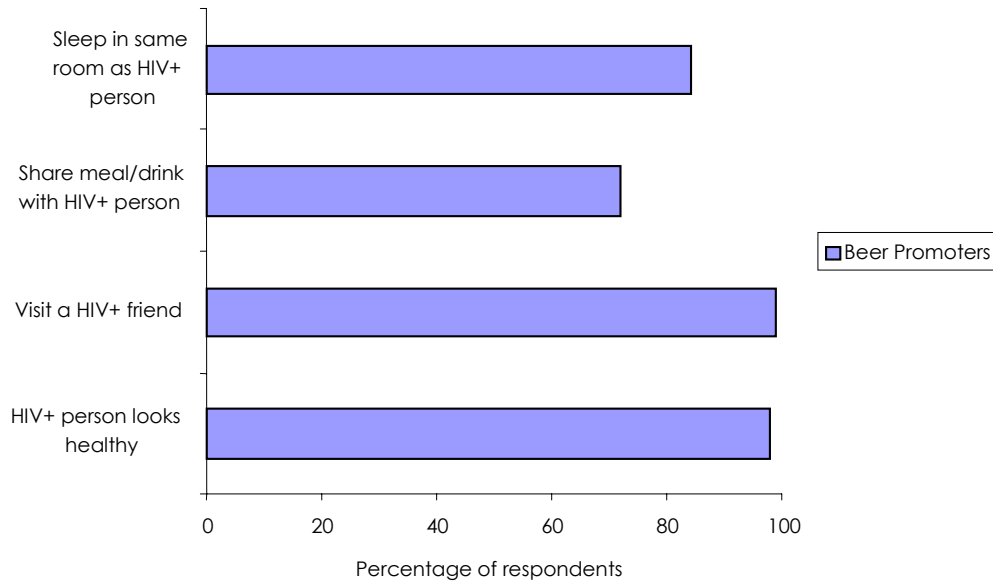


Figure 1.4 represents the various HIV/AIDS support options beer promoters would advise a HIV positive friend to access. Over half of all respondents mentioned seeking support from friends (51%), followed by NGO clinic (42%) and Government Hospital (41%). Government Clinics/Health Centres were also sought for HIV/AIDS support (24.5%) a slightly higher number than Private Clinics (22%). These results indicate a willingness to seek social support from others and a general willingness to access medical services. Less than 2% of respondents cited pharmacy/drug seller as a means of support, an encouraging result considering the popular practice of self medicating in Cambodia.

Figure 1.5 Attitudes and Behaviour towards a Friend/Person with HIV/AIDS



Attitudes towards a person or friend with HIV/AIDS are reflected in Figure 1.5. The responses of beer promoters to questions of “Would you visit a HIV+ friend?” and “Would you sleep in the same room as a HIV+ person?” were a positive indication of the attitudes amongst beer promoters towards people living with HIV/AIDS.

The majority of respondents were aware that a person with HIV may be asymptomatic and look healthy although there was some evidence of confusion as reflected in the following comment:

“Sometimes beer promoters have boyfriends that look healthy so they think (sex without protection) is no problem and then they catch a disease”

(25 year old unmarried woman who has worked as a beer promoter for over two years)

It is important to convey the message that carriers of HIV/AIDS may have no visible symptoms however unprotected sex still carries the risk of transmission.

Are you at risk of HIV/AIDS?

Almost 60% of respondents believe they are at risk of contracting HIV/AIDS (108 respondents). Of those who believe they are risk, 67.5% stated they feel at risk because they do not trust their partners. This is both reflective and indicative of the societal attitudes towards men having multiple sexual partners and the pragmatic approach taken by beer promoters to the behaviour of their partners. Findings are reflected in Table 1.4.

Table 1.4 Percentage of respondents who believe they ARE at risk of HIV/AIDS

Perceptions of HIV/AIDS risk	Percentage of respondents who believe they are at risk (n=108)	Percentage of total sample group (n=184)
Do not trust partner	67.5	39.7
Do not use condoms	11	6.5
Multiple sex partners	7.4	4.3
Work as a Beer Promoter	2.7	1.6
Other	11.0	6.5
TOTAL	100%	58.6%

Table 1.5 below outlines the responses of participants who believe they are NOT at risk of contracting HIV. Over 40% of beer promoters believe they are not at risk of HIV/AIDS. Over 15% believe they are not at risk because they have one sexual partner. Twenty one respondents said they were not sexually active and were therefore not at risk of HIV.

Table 1.5 Percentage of Respondents who believe they are NOT at Risk of HIV/AIDS

Perceptions of HIV/AIDS Risk	Percentage of respondents who believe they are NOT at risk (n=74)	Percentage of total sample group (n=184)
Have one sexual partner	38.0	15.2
Not sexually active	28.0	11.4
Have had a HIV test	14.9	6.0
Always use condoms	12.0	4.9
Feel healthy	6.8	2.7
TOTAL	100	40.2%

12% of respondents stated they always used condoms and 15% of respondents who believe they are not at risk had had a HIV test (11 respondents). The results show a clear discrepancy between beer promoters believing that having only sexual partner does not expose them to the risk of HIV/AIDS and the reality that partners may put them at risk by engaging in unprotected sex with multiple partners.

Reproductive health interventions need to address the impact of beer promoters' sexual partners having multiple sexual partners and to assist women to negotiate safe sex practices. It is important in the development of health training programs to emphasis the need to maintain safe sex practices, and to address the infectious nature of HIV despite a carrier not having any visible symptoms. Whilst sexual contact is most likely to put beer promoters at risk, it is also important to raise awareness and understanding of other modes of HIV transmission.

One beer promoter presented the following advice:

"If you have a boyfriend, even though you love him very much, please protect yourself. He can sleep with you so he can sleep with others too".

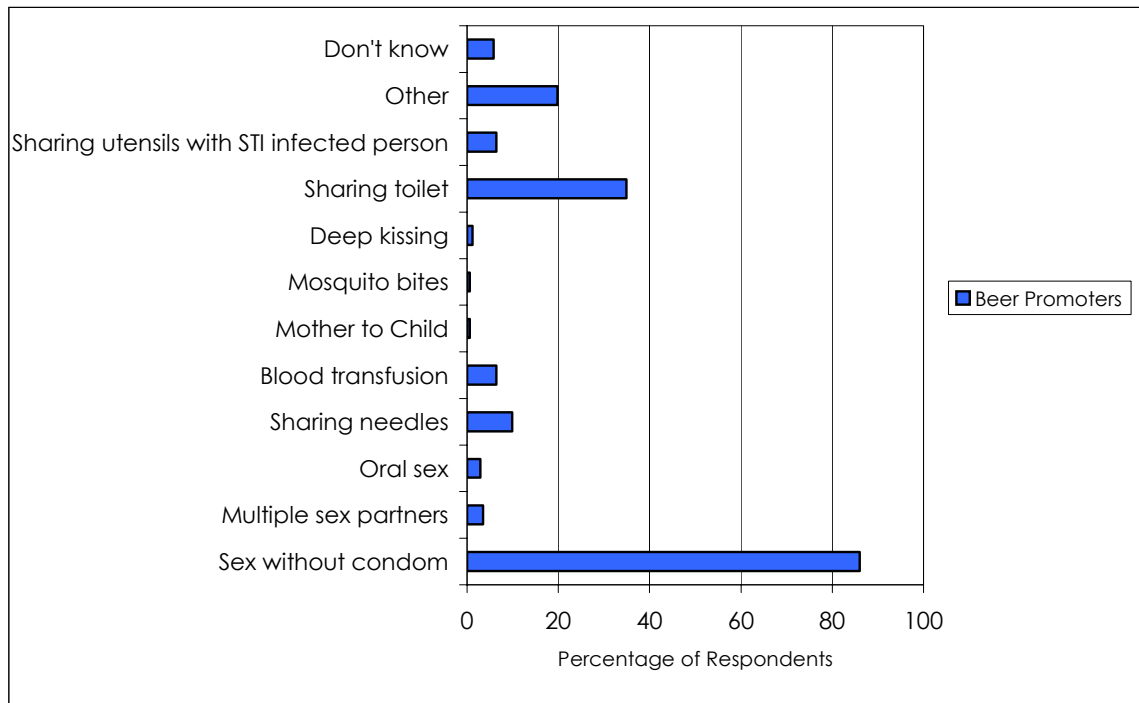
(25 year old unmarried woman who has worked as a beer promoter for over two years)

Sexually Transmitted Infections (STIs)

Inconsistencies often exist around the use of the term sexually transmitted infection. For the purpose of this research a sexually transmitted infection has been narrowly defined as an infection that is exclusively transmitted by sexual intercourse.

93.5% of respondents stated they had heard the term “STI” or “Sexually Transmitted Infection” (172 respondents). Figure 1.6 reflects the various modes of STI transmission cited by respondents.

Figure 1.6 Knowledge of STI Transmission Modes



Levels of knowledge regarding STI transmission routes varied amongst the sample group. Although 86% of respondents mentioned sex without a condom as the most common way in which STI are transmitted (148 respondents), less than one third of respondents were able to correctly list other modes of transmission.

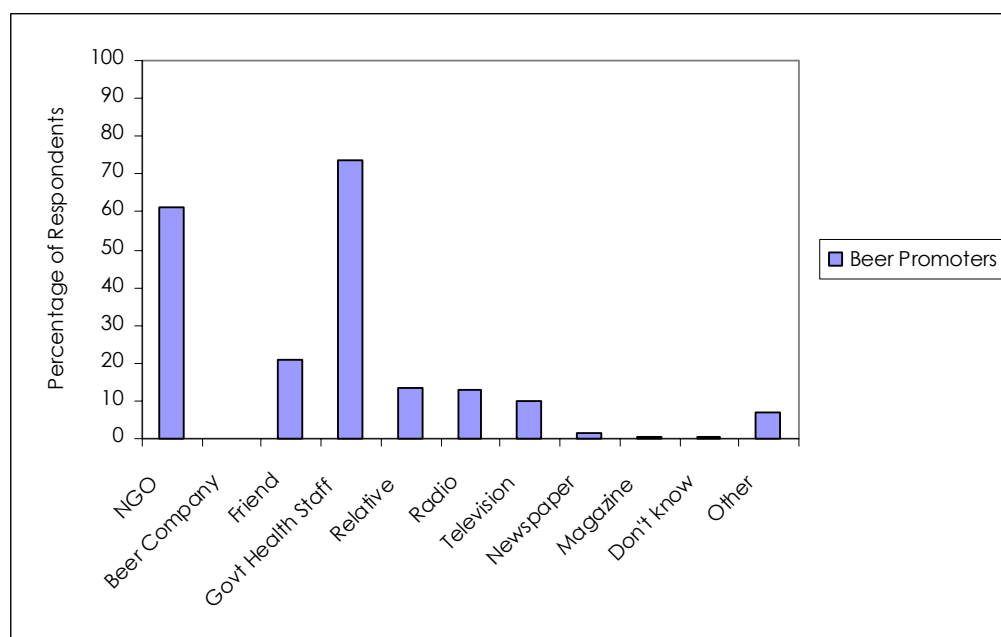
Clearly some confusion exists amongst respondents about STI transmission as shown by the almost 35% of respondents citing sharing a toilet as a mode of transmission.

Other misconceptions included sharing utensils (6.4%), deep kissing (1.2%), and other modes of transmission (19.8%). Other STI modes of transmission included sharing clothes (8.7%), talking with an infected person (2%), contact with urine (4.7%) and a lack of hygiene (3%).

Alarming, only a very small percentage of respondents (3.5%) mentioned having multiple sexual partners as a means of transmitting STIs. This is in line with previous results with only 4.3% of respondents citing having multiple sexual partners as placing them at risk of disease. The issue of multiple partners is a sensitive one and needs to be addressed in a way that relates to the experiences of beer promoters and reflects their own risk behaviours.

Where do you obtain information about STIs?

Figure 1.7 Knowledge of where to obtain STI information



Respondents cited a variety of locations where they would go to obtain information about STIs. The most commonly cited sources were Government Health staff (74%) and NGOs (61%). Smaller numbers of respondents cited friends (21%) and relatives (13%) as their sources of STI information. This may account for some of the misinformation in understanding of STI transmission and treatment. The media also appears to play an influential role in the dissemination of STI information with 25% of respondents citing radio, television, newspaper and magazines as their key sources of STI information.

Do you know any STI symptoms?

Of the total 184 respondents, 86% were aware of at least one STI symptom. Table 1.6 reflects these results.

Table 1.6 Awareness of STI symptoms

STI Symptoms	Percentage of respondents who cited STI symptom (n=159)	Percentage of total sample group (n=184)
Abnormal discharge	58.5	46.7
Blisters/Ulcers on genitals	39.0	39.0
Other	31.9	25.5
Burning feeling when urinating	23.8	19.0
Groin swelling	8.8	7.0
Frequent urination	6.8	5.4

The most commonly mentioned STI symptom was abnormal discharge cited by over half of all respondents (58.5%). This was followed by blisters on genitals (39%) and a burning feeling when urinating (23.8%). Forty seven respondents cited other STI symptoms (31.9%). These included fever (17%), itchy genitals (40%), swollen lymph nodes (8.5%), rash (12.7%), feeling tired (12.7%) and weight loss (8.5%).

While some misconceptions are evident, knowledge of STI symptoms amongst beer promoters was reasonable.

What would you advise a friend to do to protect herself from contracting an STI?

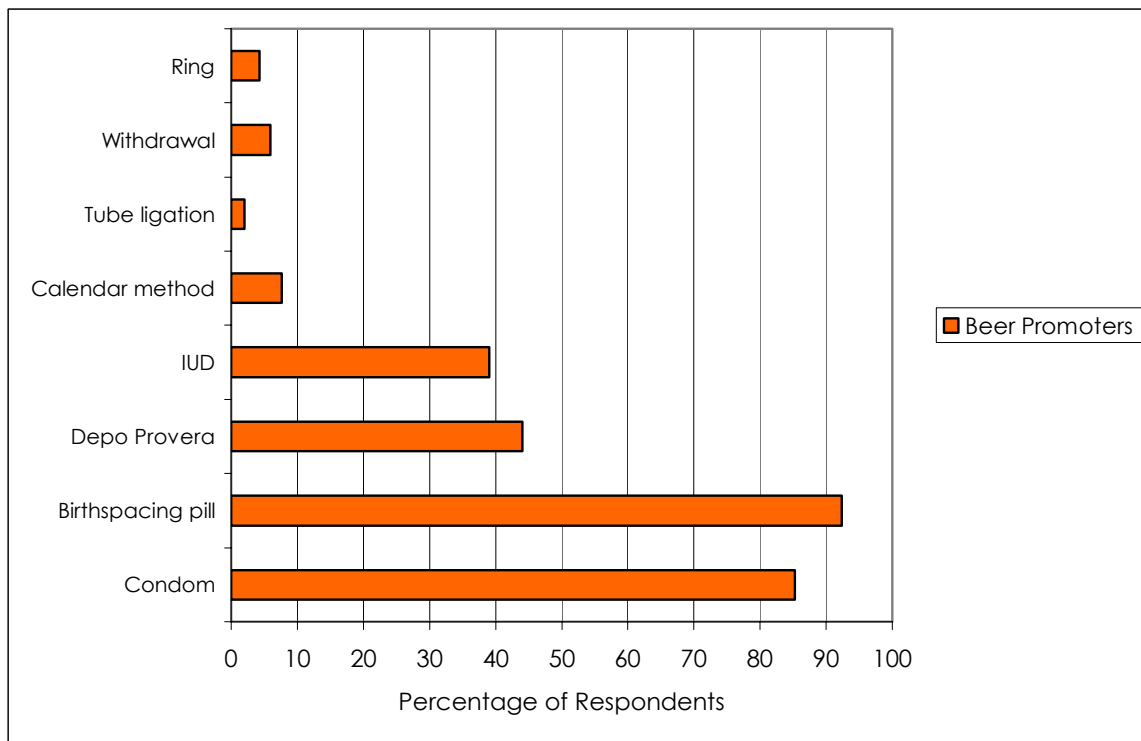
Respondents were asked how a friend could protect herself against sexually transmitted infections. 77.2% stated always using a condom (142), 6% believed washing after sexual contact would prevent STI transmission, and 4.3% stated having regular STI checkups would help prevent STI contraction (8). Other responses included having sex with only one partner (1.1%) and respondents not knowing how to protect themselves from STIs (3.3%).

These are encouraging results and show that the majority of beer promoters have a good understanding of STI prevention strategies. Health interventions may seek to further emphasize the importance of safe sex practices in the prevention of STI contraction and to minimise the impact of misinformation (ie: feeling tired).

Pregnancy & Contraception

Results suggest the target group had a relatively high level of awareness of contraception and pregnancy related issues. Over two thirds of participants said they worry about getting pregnant (67%). Beer promoters were asked to name contraceptive options available to a sexually active woman who does not want to become pregnant. Figure 1.8 outlines the results.

Figure 1.8 Contraceptive Options for Sexually Active Women



Over 92% of beer promoters cited the birth spacing pill as their favoured contraceptive. Condoms were mentioned by 85% and almost half of respondents (44%) mentioned Depo Provera injections as a preferred contraceptive method. 39% favoured using an IUD. Other methods mentioned included withdrawal (5.9%), ring (4.3%) and tube ligation (2%). 7.6% cited the calendar method as an effective contraceptive.

These results highlight the importance of encouraging condom use amongst this population. Although 85% of participants mentioned condom use as a contraceptive, beer promoters repeatedly mentioned the fact it is difficult and in some relationships (ie: husband/wife), taboo for woman to display any awareness of sexual behaviours and/or condom use.

Including condom negotiation skills in any health education training developed for this group would be beneficial.

Beer promoters were asked their views on women talking about sex. Although the majority encouraged open discussion amongst themselves of sexual health issues, there was evidence of the conservative and cultural constraints that exist for Cambodian women.

“We don’t talk about sex because we are women and it’s not good”
(20 year old unmarried woman working as a beer promoter for six months)

“I never talk about sex with others because I’m shy”
(26 year old divorcee working as beer promoter for five months)

75% of beer promoters said they feel comfortable talking to other beer promoters about condom use indicating a certain level of openness and trust amongst the target group. This may play an important role in the dissemination of reproductive health information amongst the target group. As the Selling Beer Safely project is considering the implementation of a peer education model, open communication amongst beer promoters is critical.

Figure 1.9 Knowledge of Access to Reproductive Health Services

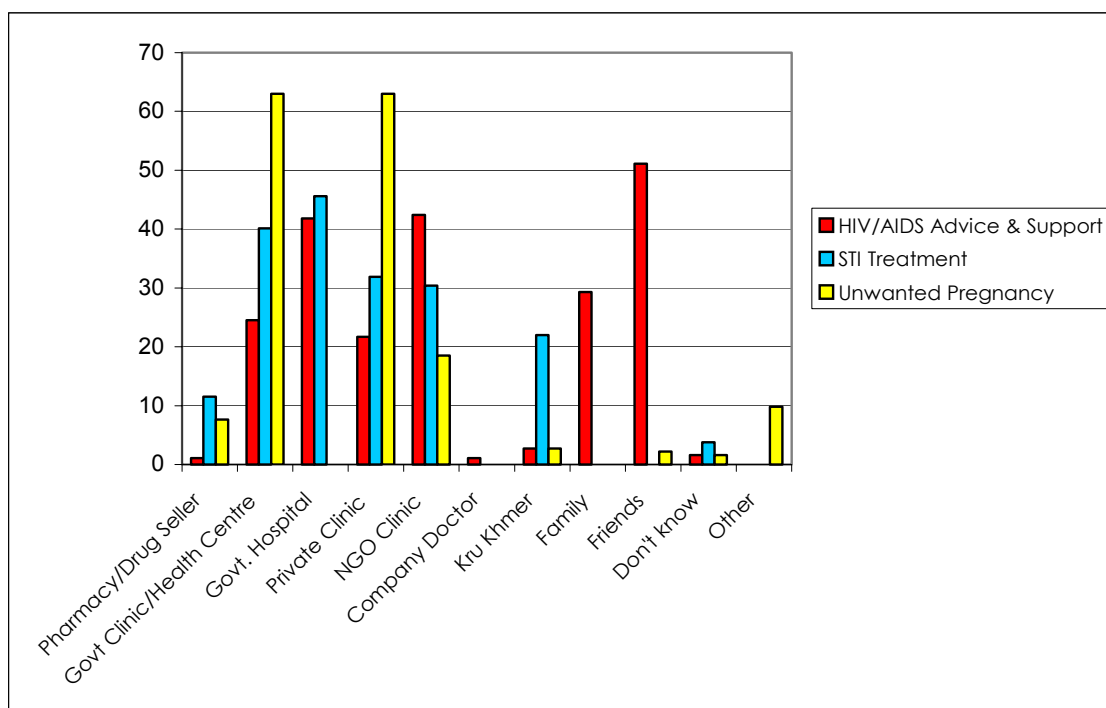


Figure 1.9 represents the health seeking behaviours of beer promoters with respect to the three reproductive health issues explored – HIV/AIDS (advice and support), STI treatment and unwanted pregnancy. Over half of all beer promoters stated a friend could seek HIV/AIDS support and advice from other friends (51%) followed by NGO clinic (42%) and Government hospital (42%). Under one third of respondents (30%) stated family as a source of HIV/AIDS support/advice, perhaps reflective of the stigma associated with HIV/AIDS. 24.5% cited Government Clinic and 21.7% cited Private Clinic as their preferred options.

In contrast, the most frequently cited service for STI treatment was Government Hospital (45.6%), followed by Government Health Clinic (40%), Private Clinic (32%) and NGO clinic (30%). 22% of respondents said they would seek STI treatment from a Kru Khmer. This result, coupled with over 10% of respondents who suggested they would seek STI treatment from a pharmacy/drug seller reflects a tendency to self diagnose and a preference to seek non medical services in the event of suspected STI contraction.

Similarly, assistance with unwanted pregnancy was most commonly sought from Government Clinics (63%) and Private Clinics (63%). 18.5% of respondents sought assistance from NGO health services and a further 7.6% sought help from pharmacy/drug sellers.

One respondent cited ailments for which she uses Chinese medicines:

“If it’s not serious, for example headache, sore arm or women’s disease I buy Chinese medicines. The cost is cheap, not expensive.”

(25 year old unmarried woman working as a beer promoter for over one year)

Another respondent recalls:

“I have abortion two times at the hospital because I think my husband (ex husband) is young and if I have a baby there will be problems in future”

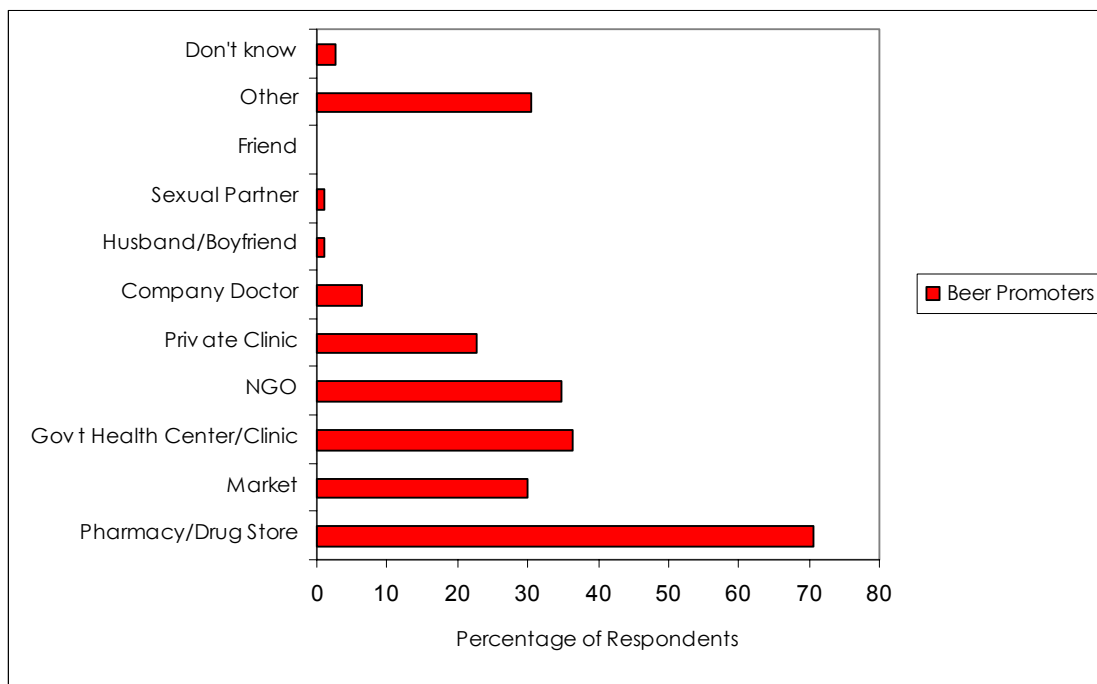
(27 year old married woman working as a beer promoter for over two years)

Reproductive health seeking behaviours appear to vary considerably depending on the health need being addressed. Government services appear the most popular in the event of unwanted pregnancy and STI treatment. For HIV/AIDS support and/or advice friends were the first option followed by NGO clinics and Government hospitals. Generally, levels of awareness of health service options were high amongst the target group and provide a positive indication of the willingness of beer promoters to access these services.

Is it difficult to get condoms and why?

Only 11.4% of respondents agreed with the statement that it is difficult to get condoms. Of these respondents, 10.9% attributed difficulty to the fact they were embarrassed to buy condoms and a one respondent believed only men should buy condoms (0.5%). These attitudes, whilst only affecting a small group of beer promoters (21 respondents) are important considerations in the development of any health programs for this target group.

Figure 1.10 Knowledge of Where Condoms can be Purchased



The most popular location to purchase condoms was pharmacy/drug store (71%) followed by Government Health Center/Clinic (36%), NGO (35%) and Private Clinic (23%).

These responses reflect a good understanding of condom availability in the community and a general willingness to purchase condoms. Over 30% of respondents cited other venues where condoms could be obtained. These included roadside (18%), hotels/guesthouses (10%), gas stations, karaoke venues and beer gardens (1.6%). These additional responses indicate a good knowledge of condom availability and shed some light on the awareness beer promoters have of the widespread availability of condoms. The results also reflect, in part, the venues frequented by the target group which may also assist in the development of appropriate health interventions.

It was encouraging to note that 6.5% of respondents stated they would obtain condoms from the company doctor (12 respondents). 2.7% of respondents stated they did not know where to get condoms.

Alarming but no less reflective of the earlier statement on the taboo nature of sexual knowledge amongst women, less than two percent of respondents said they would obtain condoms from either a husband/boyfriend or sexual partner.

A recent survey assessed condom availability in Cambodia.⁹ Although condom availability was not uniform across establishments, 89% of guest houses/hotels compared with 6% of restaurants had condoms available on the premises. Currently a condom distribution pilot program is underway at a series of restaurants and beer gardens using car park attendants as condom sellers. This will no doubt provide additional and easier condom access to both beer promoters and venue customers.¹⁰

Currently condom boxes exist at some beer company offices; however the boxes are located in high traffic areas which may deter rather than encourage beer promoters to use them. At the time of this report, the condom boxes were empty. Further availability of condoms at outlets and/or beer company sales offices would be beneficial in addressing the health needs of beer promoters.

In any targeted campaign encouraging safe sex practices it is critical that women are equipped with skills to negotiate condom use. Whilst vulnerable women have been the focus of much health education/campaigning, it is crucial that the imbalance of power in male/female sexual relationships is also addressed. It is not simply the sexual practices of vulnerable women that contribute to the spread of HIV/AIDS, but the high risk behaviours of men – particularly those who engage in sex with multiple partners. Without the necessary skills to negotiate condom use and a shift in the attitude towards women who display an awareness of safe sex, vulnerable women will remain at risk.

Percentage of respondents who know a beer promoter who has had an abortion.

Over two thirds of respondents (67%) know a beer promoter who has had an abortion indicating the practice of abortion is widespread amongst the target population. This is an interesting finding in light of the fact over 92% of beer promoters are able to name at least one contraceptive method. Further investigation into the perceived acceptance and frequency of abortion amongst the target group would be beneficial in understanding their contraceptive choices. Clearly gaps between knowledge and practice exist within the target group.

Beer promoters were asked to name their contraceptive of choice, the results of which are reflected in Table 1.7. The most popular options were the birth spacing pill and condoms which accounted for 72% of responses (40.8% and 32% respectively). Depo Provera injection was also popular with almost 15% of respondents citing it as a preferred contraceptive option. Other contraceptive methods mentioned included ring (2 cases), withdrawal (2 cases), tube ligation (1 case) and women who were not aware of contraceptive methods (2 cases).

⁹ *Prevention & Control Efforts*, USAID & Family Health International, October 2000

¹⁰ Personal communication, Population Services International (PSI), 9 September 2003

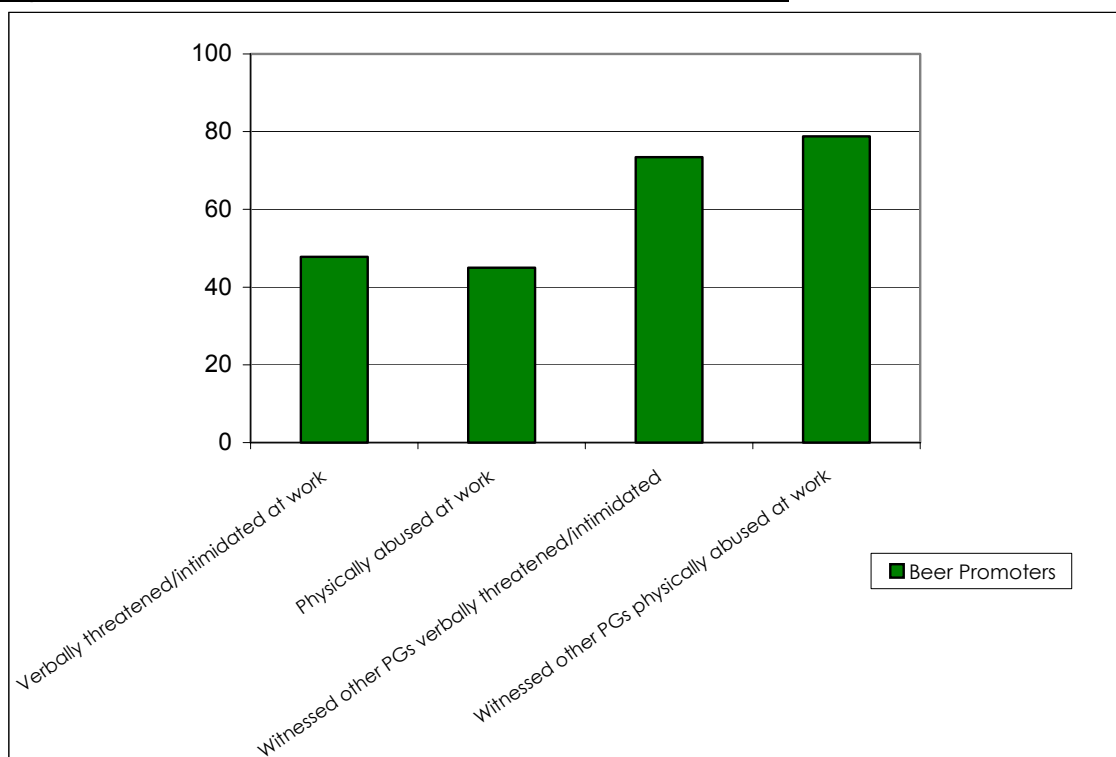
Table 1.7 Beer Promoters Contraceptives of Choice

Contraceptive Methods	Number of respondents (n=184)	Percentage of total sample (%)
Birth Spacing Pill	75	40.8
Condom	59	32.0
Depo Provera Injection	26	14.0
IUD (Intra uterine device)	9	4.9
Calendar method	7	3.8
Other	7	3.8
Abstinence	1	0.5
TOTAL	184	100%

One of the challenges faced by health educators is to both encourage safe sex practices/ condom use whilst simultaneously reinforcing current effective contraceptive methods. Over half of respondents said the birth spacing pill or Depo Provera injection would be their preferred contraceptive. The high percentage of women who cited oral contraceptives as their preferred contraceptive choice are, in part, motivated by the degree of control they have over the use of oral contraceptives. It may be useful to further explore the barriers to condom use and the difficulties women face in convincing partners to use condoms.

Workplace Harassment

Beer promoters work in venues that cater to consumer demand across a range of socio-economic groups. Whilst almost two thirds of respondents stated that they felt safe at work, over half of all respondents reported being either verbally or physically assaulted at work (48% and 45% respectively). Disturbingly, an even higher proportion of beer promoters had witnessed other beer promoters being verbally or physically assaulted whilst at work (73% and 79% respectively). Results are reflected in Figure 1.11.

Figure 1.11 Beer Promoter Experiences of Workplace Harassment

Verbal assaults included the use of derogatory terms, sexually explicit suggestions, threats and insults. Physical assaults ranged from being touched on the arms or legs to having their bottoms felt and breasts rubbed. In the extreme, beer promoters were threatened with guns, burnt with cigarettes, dragged into cars, and followed home and assaulted.

It is important to note that whilst workplace harassment normally involves customers, in some instances venue owners or managers were also known verbally or physically assault beer promoters.

"When I got sick I asked permission for time off from the beer company. The company failed to tell the outlet owner and the outlet owner wanted to hit me"
(26 year old divorcee working as a beer promoter for over two years)

Have you ever felt pressure to drink alcohol at work?

Almost 83% of beer promoters said they felt pressured to drink alcohol at work and of this group, 99% said they felt pressured to drink by customers. Respondents felt caught between the pressure to sell beer and the recognition that sitting with customers and/or drinking alcohol at work is both against company policy and makes them even more vulnerable to the unwanted attention of customers.

"The owner is angry when we don't sit with the customers and wants us to change venues"
(23 year old unmarried women working as a beer promoter for six months)

"Some owners are angry when we don't agree to drink"
(24 year old woman working as a beer promoter for over two years)

Women expressed a need for training and assistance in how to deal with alcohol issues in the workplace. In the extreme, women reported being absent from work as a result of alcohol related illness and stomach complaints caused by excessive drinking.

Drug Use

Whilst drug use appears to be minimal amongst beer promoters, 17.4% said they were aware of others engaging in drug use (excluding alcohol and cigarettes) (32 respondents).

Table 1.8 Drug Awareness amongst Beer Promoters

Types of Drugs	Percentage of beer promoters who had knowledge of drug use (n=32)	Percentage of total sample % (n=184)
Yama (amphetamine)	68.8	12.0
Ganja (marijuana)	9.4	1.6
K (ketamine)	3.1	0.5
Don't know	34.4	6.0

Of the beer promoters who reported being aware of drug use, almost 69% cited Yama (amphetamine) use. It has been reported that the use of amphetamines is increasing in Cambodia, particularly in urban areas and these results would seem to support other recent drug use findings. A small number of beer promoters reported being either drugged or aware of the possibility of being drugged by customers.

"I fear customers putting a pill in my glass"
(29 year old divorcee working as a beer promoter for over two years)

In depth research on the issue of drug use was beyond the scope of this study. Further exploration of drug use and exposure to drugs would be useful in obtaining a more comprehensive understanding of drug use/abuse amongst the target group.

Who would you most likely speak to if you have a problem at work?

Respondents were asked whom they would speak to about any problems at work. The results are shown in Table 1.9.

Table 1.9 Where Beer Promoters seek support for Work Related Problems

Workplace Support	Percentage of total sample % (n=184)
Beer Promoter Supervisor	65.2
Outlet Owner	14.7
Female friend	13.0
Husband/Boyfriend	2.7
Other	1.6
Other Beer Promoter	1.1
Family member	1.1

There appeared to be a high level of communication at work amongst beer promoters and their supervisors (65.2%). A further 14.7% of women suggested they would speak to outlet owners about workplace issues. These results indicate good working relationships amongst beer promoters and their supervisors.

5. Needs Assessment

Whilst the research was primarily designed to explore the reproductive health needs of beer promoters, it became evident in the course of the research that workplace safety and socio-economic issues are more of a priority for the target population. These issues were explored as much as possible within the confines of the research.

Profile of a Beer Promoter

Despite evidence to the contrary, the notion that all beer promoters are young, single, uneducated women who work as indirect sex workers has been repeated so often that it has largely become accepted as fact. Current findings suggest that the profile of a beer promoter is somewhat different.

The beer promoter population is all female, with ages ranging between 17 to 38 years. Almost half of participants are married and the majority live with husbands and/or family. Findings show women working as beer promoters are often supporting two or more dependents.

85% of beer promoters in this study had attended some level of schooling and when asked to perform a reading test, 75% were able to read at least part of the required documentation. Almost one third of beer promoters have attended some level of secondary schooling, a slightly higher percentage compared with adult women in the general population. This indicates literacy and education levels of beer promoters are not at the levels generally assumed.¹¹

The majority of beer promoters have worked as beer promoters for more than two years. Almost 40% of beer promoters have been employed for between three and twelve months.

Workplace Policy

Recruitment Process

Women seeking work with beer companies do so, on a "walk in" basis. The minimum age for employment is eighteen years and women are recruited largely based on their appearance and demeanour. Generally, some level of literacy is preferred but not essential and no previous sales experience is required.

Beer promoters are contracted by beer companies/distributors and as such are not employees. At the discretion of the beer company, they may be entitled to limited employee benefits (ie: access to medical care).

Uniforms

The beer companies provide uniforms, however women are required to make a refundable deposit for their uniform. Uniforms are generally tight and short and consist of a short dress or a shirt/short skirt combination emblazoned with the beer company logo. It is compulsory to wear a uniform during working hours and to change into plain clothes when leaving work premises. Uniforms vary in length according to the beer brand and the seniority of beer promoters.

Prior to their work shifts, beer promoters convene at the company sales offices where changing rooms are provided. There is an expectation that beer promoters look neat in appearance. This includes the use of make up and hair accessories. Socio-cultural norms dictate that Cambodian women are modest and shy in both demeanour and presentation. These norms are contrary to the demands on women contracted as beer promoters.

¹¹ National Institute of Statistics, Ministry of Planning, *General Population Census of Cambodia, 1998, Final Census Results*, Phnom Penh.

Work roster

Beer company roster systems differ depending on size and structure of the organization. Beer promoters work either day or evening shifts and shifts normally range from four to seven hours duration.

Some companies assign beer promoters to a specific venue and the beer promoter works only at that venue. Others rotate beer promoters between a series of venues within a particular distribution zone. Beer promoters on rotation move between a number of different venues each shift. The venues and the type of customers vary considerably. Beer promoters are allocated to venues and/or distribution zones and have little influence over the venues they are assigned.

Salary & Commission

Although salary structures vary between beer companies, \$50 per month is an average salary. Beer promoters are required to submit their sales figures on a daily basis. Wages are reduced on a percentage basis if promoters fail to reach monthly sales targets. Beer promoters are paid commission on an individual basis if beer sales exceed their target.

Holidays

Beer promoters are normally given one or two days off per month. During official holiday periods women are able to negotiate time off work and may receive a company bonus.

Transport

Daily transport to the sales office is the responsibility of the Beer Promoters. Transport is provided from the company sales offices to the venues and between venues during the course of work shifts. Transport is also provided from work to home at the end of a shift. The use of this service is not compulsory.

Workplace Health and Safety

Workplace health and safety policy has been largely undefined. By and large, the safety of beer promoters has been the responsibility of restaurant/venue owners although more recently, the onus of workplace health and safety has shifted to beer distributors and/or companies.

Reproductive Health – Risk Assessment

Relationships between customers and Beer Promoters

The experiences of women working as a beer promoter are diverse, contradictory and not easily quantifiable. Through the course of this research a number of misconceptions concerning beer promoters were revealed.

Whilst the motivation to have a sexual relationship in exchange for material goods or financial support is often rather simplistic, the relationships beer promoters develop with customers are somewhat more complex.

Amongst the women interviewed, it was commonly known that some beer promoters accept invitations from customers to socialise after work. Views expressed about socializing with customers outside of working hours were diverse and revealing and displayed a limited knowledge of the potential risks involved as revealed in the following account:

“One beer promoter I know was raped by 15 men after agreeing to go out with a customer....I pity her and tell her “you need to think before you go somewhere with a customer”

(25 year old married woman working as a beer promoter for over one year)

Although generally distrusting of customers, women are often pressured to socialise with them for fear of losing a sale or worse - are coerced due to the threat of violence or harm.

There was some indication that not all beer promoters were prepared to put themselves in potential danger and the following pragmatic solutions were offered:

"If we don't want to be in danger, don't go with customers"
(24 year old unmarried woman working as a beer promoter for six months)

"If you don't go anywhere with a customer, nothing will happen. It's your decision"
(30 year old divorced woman working as a beer promoter for over two years)

Whilst it is recognised that some beer promoters engage in commercial sex with customers, most do so in the hope of attaining a relationship that provides them a degree of financial stability for their children, families and relatives. These relationships may be best classified as patronage relationships.

Patronage plays a large role in Cambodian culture and the relationships between beer promoters and their supporters are no exception. Women interviewed readily admitted to knowing beer promoters who are financially supported by ta-ta's (older men), and/or sangsar (sweethearts) as the following comments reflect:

"The customer wants me to stop working and suggested giving me \$1000 to build a house in my province and \$100-\$150 per month for expenditures"
(28 year old divorcee working as a beer promoter for over two years)

"My neighbour is a beer promoter and she has two supporters. One gives her \$200 a month and the other one gives her \$300. She gets \$500 a month plus her beer girl salary"
(25 year old married woman working as a beer promoter for two years)

Inaccurate perceptions of risk may exist amongst beer promoters and their customers simply because they do not identify themselves as 'workers' and 'clients'. Customers may believe that a relationship with a beer promoter is more than an exchange of sex and money and indeed, this may be true. The perceived nature of a commercial sexual encounter may not apply and this has important implications for the promotion of safe sex practices amongst beer promoters.

The level of trust between partners is a major factor determining condom use¹² and this needs to be considered in the context of beer promoter relationships with venue customers.

Most people who sell sex in Asia do so because they are compelled by economic and social inequality and considerably restricted life chances¹³. In patriarchal societies in which women have inferior access to economic resources, exchanging sex for financial or material gain gives many uneducated and unskilled woman an income that far exceeds that which they can obtain in any other occupation.¹⁴

"Besides money the customer can give rings, bracelets and mobile phones"
(30+ year old divorced mother of one working as a beer promoter for over two years)

The qualitative research indicates that beer promoters' receiving financial support from customers is common practice.

The controversy over choice to engage in a commercial sex transaction revolves largely around an individual's ability to manage power differences.¹⁵ Beer promoters presented a complex yet pragmatic view of the relative degree of control they feel they have in the relationships that develop between themselves and venue customers. Women reported

¹² Wilkinson, D. & Fletcher, G. 2002 (PSI Publication) *Sweetheart Relationships in Cambodia, Love, Sex & Condoms in the Time of HIV*, DFID & USAID.

¹³ Brown, L. (2000), *Sex Slaves: the Trafficking of Women in Asia*, Virago Press, London

¹⁴World Health Organisation 2001, *STI/HIV Sex Work in Asia*, WHO, Geneva

¹⁵ Ibid

feeling they had a relative degree of choice about whether to engage in relationships with customers:

"If you want to go with customers you can, if you don't want to, then don't".
(28 year old married woman working as a beer promoter for over two years)

However, this is not always the case as reflected in the following statement:

"Some beer promoters go with customers because of their financial situation, or they go because they are threatened if they refuse"
(26 year old married mother of one working as a beer promoter for six months)

Reproductive Health Knowledge, Attitudes and Practices

HIV/AIDS

It is increasingly recognised that the spread of the global HIV/AIDS pandemic is driven less by individual choices and behaviours than by wider socio-economic circumstances that cause vulnerability at the community level.¹⁶

The research findings indicate that women have a reasonable overall knowledge of reproductive health issues and this provides a good basis from which to build a more comprehensive understanding.

Modes of HIV/AIDS transmission were generally understood and accurate. Participants were aware that a blood test is the only means by which a person's HIV status can be confirmed and that access to a medical service was necessary. This was further supported by the results showing 11% of participants have undergone a HIV test.

Respondents were able to name a number of HIV transmission routes, although some inaccuracies were evident. A number of incorrect HIV transmission modes were mentioned including sharing toilets, biting nails and sharing a nail clipper. There was also some disparity between knowledge of HIV transmission modes and HIV prevention. 15% of respondents believe they are not at risk of HIV/AIDS because they have only one sexual partner. This highlights the importance of addressing safe sex practices amongst the target group and equipping them with the skills to negotiate the use of condoms in relationships.

Women cited a range of options in seeking HIV/AIDS support. Both formal and informal sector options were cited with over half of beer promoters citing friends as a support mechanism. NGO clinics and Government hospitals were the most popular means of support in the formal sector. A lack of quality health services may have an influence on the willingness of beer promoters to seek support in the formal sector. It would be beneficial for beer promoters to be informed of specific women friendly/focused service options.

Participants also demonstrated an awareness of HIV/AIDS treatment although understanding of what the treatment entails was limited. Anti Retro Viral (ARV) treatment services are becoming increasingly popular in Cambodia and it is important that respondents are aware of the limitations and realities of ARV treatment. There appears to be an understanding and awareness of the irreversible nature of HIV/AIDS and this should be reinforced in future health interventions.

Almost 100% of respondents were aware that a person with HIV may be asymptomatic and look healthy. In part, this contradicted findings that demonstrated women are having unprotected sex with men they consider "look healthy" and are therefore perceived as "disease free". It is important misconceptions are addressed in future health interventions and that the sexual health messages have relevance for the target group.

¹⁶ Stuer, Barbero, Niith & Millado, (undated) *Women's Matters: Unity, Power, Sexual Health*, Oxfam, Great Britain

Sexually Transmitted Infection (STIs)

Almost 95% of beer promoters had heard the term "STI" although there was considerable confusion as to how STIs are transmitted. A third of participants believed sharing a toilet would put them at risk of contracting and STI, and almost 10% believed sharing clothes with an infected person would result STI contraction. Contact with urine was also mentioned adding further confirmation that women lack a fundamental understanding of STIs. Beer promoters appear to make a strong connection between a lack of hygiene and STI transmission. Whilst it is a positive indication of behavioural practices that women pay attention to hygiene/cleanliness it is also important to emphasize that hygiene practices do not aid transmission nor protect against infection.

Alarmingly, beer promoters largely ignore the fact their partners might engage in sex with multiple partners. A very small percentage of respondents mentioned having multiple sexual partners as a means of putting them at risk of STI infection. The issue of multiple partners is a sensitive one and needs to be addressed in a way that relates to the experiences of beer promoters and reflects their own risk behaviours.

Condom use should be encouraged irrespective of the nature of the relationship. Women are aware they are at risk of disease transmission but feel uncomfortable addressing the issue of condom use with partners. It is important to explore the barriers to condom use and to equip women with skills to successfully negotiate condom use and to encourage safe sex practices.

Easy accessibility to condoms is critical amongst this target group and it would be beneficial to ensure condom availability at outlets and/or beer company sales offices. Currently condom boxes exist at some beer company offices; however the boxes are located in high traffic areas which may deter rather than encourage beer promoters to use them. Asking beer promoters where condom boxes should be located to ensure their use would be beneficial.

The findings indicate whilst there is a reasonable level of knowledge of STI symptoms misinformation is evident. One fifth of respondents mentioned feeling tired and/or weight loss as a sign of having contracted an STI. Whilst it is beneficial to teach women to identify correct signs and symptoms of STIs, it is perhaps more important to convey the message that if a woman engages in risk behaviours (ie: having unprotected sex), she should have regular health check ups.

Cambodian Government STI treatment protocols advocate a syndromic treatment approach. Health providers should be sensitized to treat patients who engage in risk behaviours irrespective of STI symptoms. It is important that women are aware they may have contracted an STI even though they have no visible signs or symptoms and are encouraged to have regular health checks. Health interventions may seek to further emphasize the importance of safe sex practices in the prevention of STI contraction and to minimise the impact and levels of misinformation.

It is also important to understand respondents' preference for accessing traditional healers (Kru Khmer) for STI treatment, rather than conventional health services. This may assist in developing strategies to further minimise the impact of STI misinformation and misdiagnosis.

The quality of health services varies considerably between different service providers and generally, women are aware of where to seek medical assistance. The most common problem cited with current health services is the attitude of staff toward beer promoters and the associated costs.

"I want health staff to treat a patient without thinking about money"
(20 year old woman working as a beer promoter for six months)

Respondents stated their ideal health services would include a clean environment, friendly staff, an easily accessible location, and an affordable price. Notably, no reference was made to preferred gender, experience and qualifications of medical staff.

Pregnancy and Contraception

The most striking results related to contraceptive use and abortion. Despite high level of awareness of contraceptive options, over one third of the target group reported knowing a beer promoter who has had an abortion. This may reflect an inability to use contraceptives appropriately. Reproductive health training for beer promoters should focus on the appropriate and correct use of contraceptives and encourage positive behavioural change. Additionally, it is important to emphasize the risks involved in having an abortion, particularly in non medical settings.

Many women tend to be more aware of becoming pregnant than of catching a disease, and thus choose to use oral contraceptives rather than condoms. Motivated by the degree of control they have over the use of oral contraceptives, contraceptives that do not require the involvement of partners are seemingly preferred. Encouraging safe sex practices/condom use whilst simultaneously reinforcing current effective contraceptive methods is one of the challenges faced in developing reproductive health training materials.

An additional challenge in the translation of knowledge into practice amongst beer promoters is the ability and willingness to conduct a personal risk assessment of male sexual partners. Seemingly, women choose to believe they are not at risk of disease transmission providing they have only one sexual partner and/or are in a monogamous relationship. Whilst this may be the case for some, women need to be able to minimise their exposure to STIs and HIV/AIDS by adopting safe sex practices.

Women may benefit from health interventions that assist them in developing an awareness of both their own and their partner's behaviour and how this may put them at risk.

The challenge in developing relevant and practical reproductive health messages lies in being able to transform knowledge into action and in providing women with the confidence to adopt new learning's and behaviours. Beer promoters repeatedly mentioned it is difficult and in some relationships (ie: husband/wife), taboo, for woman to display any awareness of sexual behaviour and/or condom use. Enabling women to develop an understanding of safe health practices whilst simultaneously equipping them with the skills necessary to transform knowledge into practice is crucial.

Women have shown they are willing to discuss sexual health issues amongst themselves. Whilst this has some positive consequences it is also important to ensure information being shared is accurate. The provision of correct and relevant health messages that take into account social and cultural contexts/norms of beer promoters would be beneficial. Equipping women with skills to address safe sex practices with partners is critical, as is a clear understanding of the influences preventing the adoption of positive behavioural change amongst the target group.

Workplace Harassment – the Vulnerability of Beer Promoters

Making the decision to become a beer promoter is inexplicably related to education and skill levels. Women often voiced the opinion that “I have no skill” or “I have no education” as reasons for deciding to work as a beer promoter. Being a beer promoter brings with it a number of negative connotations. Women, therefore, do not make the decision to become a beer promoter easily as reflected in the following statement.

“My family don't know I'm a beer promoter. I told them I'm a waitress because they think this is a bad job and beer promoters always sleep with customers”

(23 year old woman working as a beer promoter for two months)

“My neighbours call me srey lansay”¹⁷

(20 year old unmarried woman working as a beer promoter for over three months)

The levels of reported workplace harassment amongst beer promoters are alarming. Almost three quarters of beer promoters interviewed have witnessed or been subjected to verbal abuse at work. A staggering 80% of beer promoters had witnessed other beer promoters physically hurt whilst at work and almost half of all beer promoters have experienced physical abuse themselves. The extent of harassment is so widespread that a considerable number of beer promoters believe that being verbally or physically abused is part of the job.

Workplace harassment included verbal abuse, physical abuse and in the extreme:

“Some customers threaten us with guns”

(28 year old divorcee woman working as a beer promoter for over two years)

Women reported workplace incidents such as having glasses and dishes thrown at them, being burnt with cigarettes by customers and being dragged into cars. The frequency and degree to which women are subjected to a hostile working environment has meant issues of harassment have been somewhat normalised amongst the target group.

“It's normal that PGs are touched on the bottom and asked to sleep with customers”

(25 year old married woman working as a beer promoter for over two years)

Currently in Cambodia, although labour laws exist - no laws exist on the subject of workplace harassment. One woman who has worked as a beer promoter for over ten years offered this definition of workplace harassment:

“Some customers are badly behaved, use impolite language, touch us and think that **we are the product for sale”**

(30+ year old divorced mother of one working as a beer promoter for over two years)

To date, workplace health and safety policy has been largely undefined. Beer promoters are contracted to beer companies/distributors and as such are not employees. By and large, the safety of beer promoters has been the responsibility of restaurant/venue owners. Outlet owners, although obligated to ensure the safety of women whilst selling beer at venues are purportedly unwilling to invest the necessary resources to improve safety conditions.

Security at outlets is clearly a major concern for beer promoters and needs to be urgently reviewed.

Uniforms

Women were forthcoming in their opinions of work uniforms. They are aware that uniforms convey a message of sexual availability. They feel self conscious and indecent. Women are keenly aware of the pressure to sell beer and the role appearance plays in their sales

¹⁷ a derogatory term for women working as beer promoters

success, however short, tight uniforms contribute to their sense of vulnerability in the workplace. Suggested changes to work attire included standard skirt lengths, better fitting uniforms and companies issuing two uniforms as standard practice.

Work roster

By and large, beer promoters are required to work at night. The work hours of beer promoters have a number of implications for their health, safety and reputations. Socio cultural norms dictate that 'good' women are those who stay home and look after their children and families. 'Bad' women are those who go out at night and are seemingly focused on life outside the family. The working hours of beer promoters are enough for them to be categorised as 'bad' women.

Transport

Although beer companies provide transport from work to home at the end of shifts, transport is not door to door. Women are dropped in locations close to home and may have to walk some distance alone and in dangerous areas. Women expressed their concerns regarding the current transport arrangements and the dangers associated with seeking alternative means of transport late at night.

Beer promoters are often required to stay at venues until the last customer leaves. This puts women in the vulnerable position of finding alternative transport and of being the potential subjects of harmful customer behaviour. Some women admitted to accepting a lift home from customers or to trying to find alternative means of transport late at night. Many cited feelings of fear and trepidation in finding their own means of transport:

"I am scared if I get a moto dop that I will be abducted by a gang"
(23 year old woman working as a beer promoter for one year)

"Customers force me to drink until the company car leaves and then I have to find a moto-taxi home. I'm afraid because it's very late at night"
(17 year old divorced mother of one working as a beer promoter for six months)

Or in the extreme:

"Some customers force a beer promoter into the car or threaten them with a gun if they don't agree to go with them."
(30+ year old divorcee working as a beer promoter for over two years)

Undoubtedly the most disturbing anecdote was the following:

"One beer promoter didn't agree to go with a customer. She didn't know but the customer followed her home. He kicked in the door and demanded to have sex with her"
(28 year old divorcee working as a beer promoter for over two years)

Recent studies show that incidents of abduction, rape and assault by youth gangs in Phnom Penh are common and further legitimise the concerns cited by beer promoters¹⁸.

Salary & Commission

Currently the beer promoter salary structure is based on individual achievement. In part, this structure reinforces a climate of work place competition and at the same times erodes feelings of solidarity amongst beer promoters. A review of the salary structure with a shift from individual sales to a team sales model could encourage cohesion amongst beer promoters

¹⁸ Bearup, L, 2002, *Paupers and Princes*, (Gender & Development for Cambodia publication), TAF, USAid, World Vision, Australian Embassy, Phnom Penh

rather than fostering a climate of competition and contribute to a more supportive work environment.

Beer promoters, throughout the course of the research, raised the issue of salary scales. Women were asked if they believed an increase in monthly salaries and/or commission would influence the number of beer promoters engaging in relationships with customers for financial gain. Responses varied from the suggestion that US\$100 a month salary would eliminate the temptation to have relationships with customers, to the idea that doubling beer promoters salaries would not have an impact of their need to obtain additional financial support.

"I don't go [with customers] even though I have no money"
(25 year old divorced woman working as a beer promoter for more than two years)

"A few of them (beer promoters) agree to go with customers because they get small salary"
(21 year old married woman working as a beer promoter for five months)

"US\$100 is enough"
(25 year old married woman working as a beer promoter for six months)

Qualitative research findings show that two thirds of respondents know beer promoters receiving financial support from customers.

Although women are paid on a commission basis, most do not feel they have adequate skills to maximise beer sales. A number of beer promoters mentioned they often struggle to meet sales targets and are financially penalised as a result. Women are also required to cover the cost of transport to the sales office each day and this absorbs a significant portion of their salary.

A review of the salary and commission structures of beer promoters is recommended.

Workplace Health and Safety

Sexual harassment at work violates a worker's right to job security and equal opportunity; creates working conditions that endanger physical and psychological well being; and develops a disempowering and demoralising atmosphere.¹⁹ It is an accepted fact that sexual harassment is an abuse of power. It is an abuse of power that beer promoters are subjected to on an almost nightly basis.

Research demonstrates that there is an association between alcohol intoxication and aggressive behaviour in men²⁰. The combination of alcohol, an all female workforce and a customer base that is almost exclusively male provides a level of risk somewhat unique to beer promoters. Potential harm is further exacerbated by the fact beer promoters are unaware of who or where they can seek help. Often women are extremely reluctant to address workplace safety and harassment issues with venue management for fear of reprisal.

Style and quality of management have been shown to have significant impact on the level of violence related to excessive alcohol consumption²¹. Responsible management practices, a pro-active approach and clear harm minimisation guidelines for venue owners should go some way to addressing the health and safety needs of beer promoters.

Job security also plays role in the extent to which beer promoters are prepared to address security issues with outlet owners and/or Promoter Supervisors as the following comments suggest:

¹⁹ International Labour Organisation, Bureau for Gender Equality, *Violence Against Women in the World of Work*, Geneva, Gender and Work Series No.1

²⁰ Hoaken, P., & Pihl, R. 2000, The effects of alcohol intoxication on aggressive responses in men and women. *Alcohol and Alcoholism*, 35, 471-477

²¹ Arnold, M & Laidler, T. 1994, Situational and environmental factors in alcohol-related violence. Report 7 in a series of reports prepared for the *National Symposium on Alcohol Misuse and Violence*. Commonwealth of Australia

"Customer behaviour makes me feel angry but I don't dare to tell anyone because they might tell the supervisor and then I might lose my job"

(23 year old married woman working as a beer promoter for over two years)

"I want the outlet owner to tell customers not to make trouble at the outlet"

(23 divorced mother of one working as a beer promoter for one year)

Feelings of powerlessness were widespread amongst the beer promoter population. Women repeatedly referred to their inability to act against the harassment of customers and of being caught between the need to protect themselves from harm and the pressure to meet sales targets. Women are also unaware of how or where they can address issues of harassment and workplace safety which further contributes to their sense of powerlessness.

"Even though I feel upset and angry I let the customers touch a little bit. If I don't let them touch they won't buy beer"

(27 year old divorcee who has worked as a beer promoter for over two years)

"Customers touch us and we can do nothing"

(24 year old married woman who has worked as beer promoter for over two years)

"I encourage the customer to drink until he is very drunk just so I can escape from him"

(28 year old divorcee working as a beer promoter for six months)

One pragmatic solution offered by a beer promoter:

"When customers flirt and touch us, we just stop serving their table and let waiters take over"

(30+ year old woman who has worked as a beer promoter for ten years)

These comments reflect the fact women feel ill equipped to deal with or address the subject of harassment. Beer promoters devise their own ways of dealing with workplace issues in the absence of formal protocols.

Over 80% of beer promoters said they felt pressured to drink alcohol at work and almost all said the pressure to drink comes from customers. Throughout the research process reference was often made to the pressure beer promoters feel to consume alcohol, to sit with customers, and to flirt.

"I force myself to drink because if I don't drink with the customers, they don't buy my beer"

(25 year old married mother of two working as a beer promoter for six months)

"Beer Promoters are at risk because the customers force us to go with them or to drink beer"

(23 year old married woman working as a beer promoter for over two years)

"Some customers ...force me to drink until I'm unconscious"

(17 year old divorced mother of one working as a beer promoter for six months)

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), of which Cambodia is a signatory, ensures "the rights to protection of health and safety in working conditions, including the safeguarding of the function of reproduction".²² Occupational health and safety are human rights: women should not be injured while producing goods or services for the profit of others.²³

It is clear that the behaviour of customers exacts a heavy toll on the ability of beer promoters to perform their job. Personal and workplace security is often threatened with a number of women citing customer behaviour and workplace disputes as major safety concerns.

²² United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

²³ Arrow, Vol 7, No. 2, 2001

The climate of workplace fear and violence is further compounded by the threat of rape, a constant and serious concern for beer promoters. Several beer promoters reported knowing and/or being the subjects of sexual violence. Sexual harassment coupled with a lack of workplace security exposes beer promoters to unnecessary and avoidable risks.

"If we agree to go with customers it's our right. But nobody will help us solve the problem or pay us any attention"

(30 year old woman working as a beer promoter for over two years)

In a recent report on youth behaviour in Phnom Penh, one young man stated:

"The initial obstacle to having bauk (gang rape) is being able to deceive a woman and to be able to **transport her from the public sphere to a private place** where she is vulnerable to sexual assault".²⁴

Rape and sexual assault concerns were echoed in the responses of beer promoters.

"If customers have any dignity they don't force beer promoters to sleep with them"

(25 year old divorcee working as a beer promoter for over two years)

Beer promoters are aware that after work hours beer companies and/or distributors have little influence on their safety and behaviour. Evidence suggests it is common for customers to invite beer promoters to socialise after working hours. Women seem ill equipped to make an accurate risk assessment and to foresee the potentially negative consequences of accepting such invitations. Lack of sufficient life skills, coupled with an inability to negotiate their way out of difficult situations and limited transport options at the end of a shift make women are highly vulnerable to customer harassment and abuse.

²⁴ Bearup, L, 2002, *Paupers and Princeslings*, (Gender & Development for Cambodia publication), TAF, USAid, World Vision, Australian Embassy, Phnom Penh

6. Conclusion

These research findings reflect the knowledge and experiences of beer promoters working for Cambodian Breweries Limited and Attwood Distributors in Phnom Penh, Cambodia.

Based on the findings of this research the assumed profile of beer promoters as young, uneducated and socially isolated women has been challenged. The term indirect sex worker has been widely and often indiscriminately used to describe women working as beer promoters. In the course of the research the term indirect sex worker has been deemed an inappropriate and inaccurate description of beer promoters.

The results indicate that beer promoters have an adequate level of factual knowledge about HIV/AIDS, sexually transmitted infections (STIs) and contraception. However, there are some discrepancies between reproductive health knowledge and practice.

Almost all respondents were aware HIV/AIDS is transmitted through unprotected sex. Over half of the beer promoters were able to correctly list sharing needles and blood transfusions as potential HIV transmission routes. Some misconceptions were evident with a number of participants citing deep kissing, sharing toilets and mosquito bites as modes of HIV/AIDS transmission.

Over three quarters of respondents were aware ARV treatment is available and almost 90% of respondents acknowledged HIV/AIDS cannot be cured. Almost all respondents were aware that HIV/AIDS status can only be confirmed through a blood test.

It is a concern that only 60% of respondents believe they are at risk of HIV/AIDS, most of whom believe they are at risk because they do not trust their partners to be monogamous.

Over one third of respondents believe they are not at risk of HIV/AIDS. Of this group, most believe they are not at risk because they have only one sexual partner. Enabling participants to conduct more accurate personal risk assessments and highlighting the consequences of unsafe sex, even in monogamous relationships is essential for this target group. The need to exert a degree of control over their own health is important and equipping beer promoters with the necessary negotiation skills may go some way to closing the knowledge and practices gap.

Further findings show that over 90% of respondents have heard the term "STI". Despite this, levels of knowledge and understanding regarding sexually transmitted diseases were varied and some confusion was evident. The majority were aware that sex without condoms is the most common mode of STI transmission. Over one third cited sharing toilets as a means of contracting STIs and less than 5% cited multiple sexual partners as putting them at risk of STI transmission. This further highlights the misconceptions that exist amongst the target group.

Inconsistencies in the results suggest that although beer promoters are often able to recall health messages, real understanding of sexual health practices is questionable. Over two thirds of women mentioned they worry about getting pregnant and/or know a beer promoter who has had an abortion. Despite this, levels of contraceptive knowledge were quite high. An inability to translate knowledge into practice and to apply current health messages to their own situation appears to be a considerable obstacle for this target group.

Alarming levels of workplace and sexual harassment further contributes to the vulnerability of beer promoters. Beer promoters are regularly subjected to workplace and sexual harassment, further exacerbated by unsafe and unsupportive work environments.

It is necessary to sensitise all stakeholders - outlet owners, beer company and distributor staff - to the realities of beer promotion work, workplace harassment, and issues affecting beer promoter safety, particularly customer behaviour.

Currently, women are ill equipped to deal with workplace harassment and it is clear that the behaviour of customers exacts a heavy toll on the ability of beer promoters to perform their job. A current lack of practical health and safety interventions mean women are extremely reluctant to address workplace safety and harassment issues with venue management.

Limited sales and workplace training is provided to beer promoters. Comprehensive training dealing with difficult/intoxicated customers, sales techniques, negotiation skills and workplace health and safety would be advantageous prior to beer promoters starting work. Workplace attire further contributes to the levels of customer harassment and feelings of vulnerability in the workplace. A review of beer promoter uniforms may assist in further reducing the levels of harassment directed at beer promoters.

7. Recommendations

Selling beer safely is not easy. The following recommendations are put forward in as means improving the life/work conditions of women working as beer promoters.

Reproductive Health Training & Interventions

Overall, the health knowledge of beer promoters is higher than previously assumed and the results indicate an adequate knowledge of reproductive health issues. The focus of reproductive health training should be on addressing misconceptions, conducting accurate risk assessments, safe sex negotiating skills, and the provision of detailed information on the correct use of condoms and contraceptives. Practically based health education interventions that provide women with the skills to feel conformable assuming an active role in their sexual behavioural practices (ie: condom negotiation skills) would assist in improving the health and safety of beer promoters. The message that unprotected sex is a risk behaviour irrespective of the nature of the relationship and encouraging regular health consultations would be advantageous.

Mobile/Independent Health Counsellor

Current available health services are not adequately addressing the needs of the target group. A female health counsellor who is easily accessible and pro active in establishing rapport and working with the beer promoters would be beneficial for this target group. The health counsellor should be medically trained, familiar with the range of health and social services available and able to refer women to appropriate services. The health counsellor should be sensitised to the specific needs of beer promoters and agreeable to treating asymptomatic patients.

Health & Safety Advice Hotline

A workplace health and safety hotline could be established at beer company/distributor sales offices. The hotline would be available to all beer promoters, situated in a private location and used to provide confidential support and advice on workplace health and safety matters, including workplace and sexual harassment. It is recommended the Health Counsellor is responsible for operating the hotline, for the quality of advice and for ensuring the service is non-judgemental.

Beer Promoter Workplace Policy

One of the key issues identified and repeatedly cited throughout the research process was workplace safety and the marketplace image of beer promoters. This includes formal skills training and access to channels of redress in the event of workplace problems. It is recommended that current workplace policies are reviewed and additional workplace training provided.

Workplace Health & Safety

Addressing the gender imbalance evident in the beer promoter population could be explored. There appears little justification for an all female workforce. Cigarette distributors who utilise similar distribution methods as beer companies contract both male and female promotion staff. It is recommended that a review of recruitment policy is conducted and that male staff are recruited to work as beer promoters.

Women are ill equipped to deal with harassment and the behaviour of customers exacts a heavy toll on the ability of beer promoters to perform their job. Introducing clear harassment and harm minimisation guidelines and sensitising venue owners could contribute to a supportive environment that addresses the health and safety needs of beer promoters.

Alcohol consumption plays a key role in the workplace safety of beer promoters. It is recommended that comprehensive training in dealing with difficult/intoxicated customers is provided to all beer promoters prior to them starting work.

A comprehensive sales training package combining safe selling skills, negotiation skills and dealing with difficult customers is necessary. Although training is currently offered at some beer companies/distributors, it does not sufficiently equip women to sell beer appropriately or address issues of workplace and sexual harassment. A comprehensive sales training package is recommended.

Transport Review

Although beer companies provide transport from work to home at the end of shifts, transport is not door to door. Women are often forced to walk considerable distances alone and late at night. Beer promoters are also required to stay at venues until the last customer leaves. This puts beer promoters in the vulnerable position of finding alternative transport and of being the potential subjects of harmful customer behaviour. A review of the current company transport is recommended with a view to aligning it more closely to the needs of beer promoters.

Beer Promoters/Customer Relationships

Relationships between customers and beer promoters are more complex and less defined than previously assumed. Women do engage in relationships with customers for a multitude of reasons – financial gain, companionship and under threat of harm. It is recommended that health interventions acknowledge the nature of these relationships and address the risks associated.

Literacy Levels

Although literacy rates amongst the target group were higher than previously assumed, a small percentage of women reported themselves as illiterate. It is important that workplace training materials and health interventions are adapted to cater for this group.

Marketing the Product

A shift in customer focus to the product being sold rather than the woman selling it may go some way to reducing the maltreatment of beer promoters in the workplace.

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Annex 1. KAP Survey

Selling Beer Safely Project Baseline Knowledge, Attitudes & Practices (KAP) Survey August 2003

Hello, my name isWe are conducting a survey among Promotion Girls in Phnom Penh on behalf of CARE Cambodia. The purpose of this survey is to learn about Promotion Girls knowledge, attitudes and practices in relation to health & safety, women's health issues, HIV/Aids, STIs, contraception. The information you provide will assist us in understanding what the health needs of Promotion Girls are.

Some questions are of a sensitive nature and 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. We would appreciate it if you could answer questions as truthfully as possible.

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

1. Personal information

Date: / 08/03	2. Interviewee #:
3. What is your province of origin: (please write)	
4. How old are you? (please write)	
5. What is your marital status? a) Unmarried b) Married c) Divorced d) Widowed e) Unmarried but live with boyfriend	
6. Do you have children? 1) Yes (If yes, go to q. 7) 2) No	
7. How many children do you have? a) 1 b) 2 c) 3 d) 4 e) 5 or more	

8. Ethnicity/Nationality of respondent
(please read categories to interviewee and circle appropriate response)

- a) Cambodian
- b) Vietnamese
- c) Kampuchea Krom
- d) Chinese
- a) e) 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)?

- a) All
- b) Part
- c) None

13. How long have you been working as a Promotion Girl? (including work with other beer companies)

- a) less than one month
- b) less than 3 months
- c) 3-6 months
- d) 1 year
- e) 2 years or more

14. Have you participated in any women's health training with other NGOs/organizations?

- 1) Yes
- 2) No

15. When did you participate in the training?

- a) 1 month ago
- b) 2-3 months ago
- c) 6 months ago
- d) more than one year ago
- e) Don't know

16. Do you know the name of the organization? (please specify)

.....

1. HIV/AIDS

Please circle the appropriate response.

	Questions	Response Categories
1.	Have you heard of HIV/AIDS?	1) Yes 2) No (go. to q.15) 3) Don't know
2.	Do you know how HIV/AIDS is transmitted? (please circle all responses)	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
3.	Is there treatment for HIV/AIDS?	1) Yes (specify) 2) No 3) Don't know
4.	Can HIV/AIDS be cured?	1) Yes 2) No 3) Don't know
5.	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).....
6.	How could a person confirm they have HIV/AIDS? (please circle one response only)	a) Blood test b) Urine test c) Saliva test d) Ask Kru Khmer e) Don't know f) Other (please state)
7.	Can a person who looks healthy have HIV/AIDS?	1) Yes 2) No 3) Don't know

8.	If you knew your friend had HIV/AIDS would you still visit her?	1) Yes 2) No 3) Maybe 4) Don't know
9.	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
10.	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
11.	Do you think people are afraid or scared of people with HIV/AIDS?	1) Yes 2) No 3) Don't know
12.	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
13.	Yes – Why? <i>(please choose one response)</i>	a) Do not use condoms b) Have more than one sexual partner c) Don't trust my boyfriend/husband d) I don't feel well e) Work as a PG f) Other (please state)
14.	No – Why? <i>(please choose one response)</i>	a) Always use condoms b) Have only one sexual partner c) Feel healthy d) Have had a HIV test e) Other (please state)

2. Sexually Transmitted Infections (STI)

	Questions	Response Categories
15.	Have you heard the term "STI" or "Sexually Transmitted Infection"?	1) Yes 2) No (go to q. 22) 3) Don't know
16.	Do you know how an STI is transmitted? (please circle all responses)	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 m)
17.	Where did you get your information about STIs? (please circle all responses)	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
18.	Do you know any STI symptoms?	1) Yes (go to q. 19) 2) No (go to q. 20) 3) Don't know
19.	Yes - STI symptoms (please circle all responses)	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
20.	If your friend asked you how she can protect herself against an STI, what would you recommend? (please circle all responses)	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

21.	If you think you have contracted an STI, where could you go for treatment?	<ul style="list-style-type: none"> 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
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3. Contraception & Pregnancy

22.	Do you or your friends worry about getting pregnant?	<ul style="list-style-type: none"> 1) Yes 2) No 3) Don't know
23.	If a woman is sexually active and does not want to become pregnant, what can she do?	<ul style="list-style-type: none"> a) Use a condom b) Use the birth spacing pill c) Use (depo provera) injection d) Use IUD (intra uterine device) e) Calendar method f) Other (please state)..... g) Don't know
24.	If a woman thinks she is pregnant and does not want the baby, where can she go for advice?	<ul style="list-style-type: none"> a) Pharmacy/drug store b) Market c) Govt Health Center/Clinic d) NGO e) Private clinic f) Company doctor g) Kru Khmer h) Friend i) Other (please state)..... j) Don't know
25.	Would you talk to another Promotion Girl (PG) about using condoms?	<ul style="list-style-type: none"> 1) Yes 2) No 3) Maybe 4) Don't know
26.	Is it difficult to get condoms?	<ul style="list-style-type: none"> 1) Yes (go to q.27) 2) No (go to q. 28) 3) Don't know
27.	Yes – Why?	<ul style="list-style-type: none"> a) I'm embarrassed to buy condoms b) Condoms are expensive c) Only men should buy condoms d) I don't know where to get them e) Women who buy condoms are considered "bad girls" f) Other (please state).....
28.	Do you know any Promotion Girls (PG) who have had an abortion?	<ul style="list-style-type: none"> 1) Yes 2) No 3) Don't know

29.	If you had access to your contraceptive of choice (to avoid getting pregnant) what would it be? (please circle one response only)	a) Condom b) Birth spacing pill c) Depo Provera injection d) IUD (intra uterine device) e) Calendar method f) Sexual abstinence g) Other (please state).....
30.	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:

31.	Do you feel safe in your workplace (outlet)?	1) Yes 2) No 3) Don't know
32.	Have you ever been intimidated or threatened at work?	1) Yes 2) No
33.	Have you ever been physically hurt while at work?	1) Yes 2) No
34.	Have you witnessed another PG being intimidated or threatened at work?	1) Yes 2) No
35.	Have you witnessed another PG being physically hurt while at work?	1) Yes 2) No
36.	Do you ever feel pressured to drink alcohol at work?	1) Yes (go to q. 37) 2) No
37.	Who pressures you to drink alcohol at work?	a) Customers b) Outlet owner c) Other PGs d) PG Supervisor e) Friends f) Other (please state)
38.	Do you know any PGs who use drugs, other than cigarettes & alcohol?	1) Yes (go to q. 39) 2) No 3) Don't know

39.	What type of drugs do they use?	<ul style="list-style-type: none"> a) Yama b) Yaba c) Sky (ecstasy) d) Ganja (marijuana) e) K (ketamine) f) Other (please state)..... g) Don't know
40.	If you have a problem at work, whom do you speak to about it?	<ul style="list-style-type: none"> a) PG Supervisor b) Outlet Owner c) Other PGs d) Husband/boyfriend e) Female friend f) Family member g) Other (please state)
41.	How long do you think you will continue to work as a Promotion Girl?	<ul style="list-style-type: none"> a) less than one month b) less than 3 months c) 3-6 months d) 1 year e) 2 or more years

Thank you for your time.

Annex 2. In-depth interviews

1. Work life of a Beer Promoter: expectations and experience

- Before you started working as a beer promoter what did you think it would be like?
- Has your experience working as a beer promoter been the same or different? In what ways?
- Do you think everyone feels the same about working as a BP? Why, Why not?

2. Workplace Harassment

- Do you feel safe at work? (Why/Why not?)
- What would make you and other beer promoters like you feel safer at work?
- Do you or other beer promoters like you feel pressured to behave a certain way at work?
- Can you tell me about it? How does it make you feel? How do customers respond to you/treat you?

3. Sexual Behaviour

I am interested in what you think about the following statement:

“Women should not talk about sex”

- What do you think about that statement? Do you agree/disagree? Why?
- We know young women in Cambodia worry about HIV/Aids, STIs and pregnancy. Do you or other BPs worry about these issues? Why? Why not?
- What do you do to protect yourself?

4. Health Services: expectations and experience

- Do you use a health service?
- Can you tell me about your experience of that health service?
- How often do you use a health service?
- For what sort of health problems?
- Is it costly/cheap/free?
- How far does the BP have to travel?
- Does she go alone or with someone else?
- What would your perfect health service include?

Annex 3. Focus Group Discussions & PLA Activities

1. Role play

Workplace Harassment

Setting: In a Khmer restaurant, very crowded....

Characters: Two beer promoters, six customers, one outlet owner

About 8.30pm at night, restaurant is busy and one customer starts flirting with beer promoter. Beer promoter is selling more and more beer; second beer promoter starts serving the table. Customers are now drunk and invite beer promoters to go out with them after work. One beer promoter agrees.

Open discussion with participants:

- What happens?
- Is this common?
- How could things have ended differently?
- What are the risks for PGs at work?
- What can other PGs do to help?
- What can the outlet owner do?
- What can the beer company do?
- What kinds of things could you say if a customer is harassing you and you don't like it?
- Who could you speak to about it?

2. Focus Group Discussion

Sexual Behaviour

"A recent Cambodian Government study of 379 PGs found that 40% admitted exchanging sex for money or gifts"

- Do you think this figure is correct?
- Do you know any PGs that exchange sex for money or gifts?
- Do you know any PGs who have a relationship with a customer?

The report also stated that in 1999, 19.8% of PGs were HIV positive.

- Do you think this figure is correct?
- Do you think you are at risk?
- Why/Why not?

Case Study

This format involves the use of a story to prompt discussion among the FGD participants. This technique allows the participants to discuss the behaviour of the story characters rather than their own personal behaviour thus revealing perceptions on social norms for sexual behaviour.

Srei Mom is married to her husband, Khorn and they live in Kandal. Khorn works as a moto dop driver and Srei Mom works as a beer promoter. Srei Mom and Khorn have 1 child who is five years old. Srei Mom and Khorn are poor..

One night when Srei Mom is at work, a customer asks to sleep with her. Srei Mom does not want to sleep with the customer, but the customer has offered her \$25 and Srei Mom could use the money.

- What could Srei Mom do?
- If Srei Mom does what you are suggesting, how will Khorn react?

There is another part to the story.....

Srei Mom is worried. She has learned that when Khorn goes out at night he often drives around Hun Sen park looking for sex. Srei Mom does not know what she should do. She does not want to leave Khorn but she is afraid of AIDS.

- Do you think Srei Mom should talk to Khorn about her fear of contracting HIV?
- How can she bring up the subject?
- How will he react?
- How can she introduce the subject of condoms?
- If Srei Mom would like information about HIV/AIDS where can she go?
- What do women want to know about HIV/AIDS?

Srei Mom is afraid her husband Khorn may give her AIDS because he has multiple sex partners.....

- How can she protect herself?
- If Khorn does not want to use condoms, how can Srei Mom convince him?
- In general, do you think women are willing to use condoms?
- We have heard not all women have the right to ask a man to use condoms. What are your views?

Annex 4. Researcher Training Outline

A one day training program was conducted to train the researchers to administer the KAP survey.

The training addressed the following key areas:

Knowledge, Attitudes and Practices (KAP) Survey

- Overview of the Selling Beer Safely Project
- Purpose of the research
- Definition and introduction to baseline survey
- Conducting the baseline survey & obtaining consent
- KAP questionnaire (content, format, recording responses)
- Roles and responsibilities
- Importance of pre-testing
- Daily administration
- Feedback and survey adjustments

An additional one day training session was conducted with the research team on conducting in depth interviews and participating and recording information in focus group discussions.

Key topics addressed in the research training included:

In depth interviews

- Topics of in-depth interviews
- Stages of an in depth interview
- Conducting an in depth interview – building trust, body language, encouraging conversation, exploring interviewee responses, probing
- Obtaining consent

Focus Group Discussions

- Roles and responsibilities of research team – encouraging participation, recording and documenting responses, note taking, collecting demographic data, clarifying meaning, facilitating group discussion, prioritizing information
- Role play – facilitating participation, note taking and observation
- Case study – encouraging open discussion and sharing of opinions