

D45 - HIV/AIDS and the workplace

CDD1139 - AIDS, alcohol and violence against women: strategies for reducing workplace health risks to Cambodian beer-selling women

J. Schuster<sup>1</sup>, S. Ganapath<sup>2</sup>, T. Pagnutti<sup>1</sup>, J. Cadesky<sup>3</sup>, S. Kros<sup>4</sup>, S. Mu<sup>5</sup>, T. Tra<sup>6</sup>, S.C. Neang (Pich)<sup>7</sup>, S.N. Paal (Heng)<sup>7</sup>, S. Touch<sup>6</sup>, W.K.C. Ng<sup>2</sup>, D. Tang<sup>2</sup>, H.A.N. Lee<sup>8</sup>, T. van Merode<sup>9</sup>, R. Idema<sup>10</sup>, C.L. Russell<sup>11</sup>, S. Khieng<sup>12</sup>, M. Chhit<sup>13</sup>, P. Em<sup>14</sup>, B. Ou<sup>15</sup>, S. Pen<sup>6</sup>, B.C. Dy<sup>16</sup>, M.L. Wong<sup>2</sup>, I. Lubek<sup>17</sup>

<sup>1</sup>University of Guelph, Psychology Dept., Guelph, Canada, <sup>2</sup>National University of Singapore, Faculty of Medicine, Singapore, Singapore, <sup>3</sup>University of Sussex, International Development School, Brighton, United Kingdom, <sup>4</sup>Provincial AIDS Office, SiRCHESI, Provincial Health Department, Siem Reap, Cambodia, <sup>5</sup>KHEMARA (NGO), Cambodian Minister of Women's Affairs (1998-2004), Phnom Penh, Cambodia, <sup>6</sup>Provincial AIDS Office, Siem Reap, and SiRCHESI (NGO), Siem Reap, Cambodia, <sup>7</sup>SiRCHESI (NGO), Siem Reap, Cambodia, <sup>8</sup>University of Staffordshire, Psychology, Stoke onTrent, United Kingdom, <sup>9</sup>University of Maastricht, Department of General Practice, Maastricht, Netherlands, <sup>10</sup>Retired, Maastricht, Netherlands, <sup>11</sup>University of Bath, Psychology, Bath, United Kingdom, <sup>12</sup>Economic Institute of Cambodia, Phnom Penh, Cambodia, <sup>13</sup>Royal Medical School, and SiRCHESI (NGO), Phnom Penh, Cambodia, <sup>14</sup>Siem Reap Department of Women's Affairs, and SiRCHESI (NGO), Siem Reap, Cambodia, <sup>15</sup>Orphelinat de Siem Reap, and SiRCHESI (NGO), Siem Reap, Cambodia, <sup>16</sup>Siem Reap, Provincial Department of Health, Siem Reap, Cambodia, <sup>17</sup>University of Guelph, Psychology Dept., and SiRCHESI (NGO), Guelph, Canada

**Issues:** In confronting HIV/AIDS among Cambodian beer promotion women, alcohol overuse and violence were factors requiring new prevention strategies.

**Description:** SiRCHESI (NGO) confronts HIV/AIDS in Siem Reap, Cambodia since 2000, using behavioral surveys, focus groups, peer-educator training-workshops and prevention-outreach for high-risk groups. Women exclusively promoting international beer brands (20.4% HIV+; 1995-2004) receive inadequate health education from employers. Surveys (2002-5) reveal chronic underpayment (50%); some trade sex for money with local men/tourists. 79% witnessed workplace physical abuse of colleagues; 54% experienced it themselves (CARE, 2004-5). Inebriation reduces condom use, increasing HIV/AIDS risk and effects ARVT for PLWHAs. Beer promoters (2004-5) drank 1.33 litres of beer (5.33 standard drinks/units) nightly, 27 days monthly (328 grams pure alcohol weekly). WHO labels 5+ units daily as "harmful". International brewers may ignore Cambodian health/safety Labour Code regulations. Re-defining income-generating saleswomen as "promoters/advertising costs", rather than workers, disqualifies them from corporate health benefits, ARVT, etc. Two brands commissioned an innovational "Selling Beer Safely" program (2004); their servers still drank 1.24 litres nightly (2004-5). No companies adjusted salaries from US\$55 to\$110 ("fair wage") ([www.ethicalbeer.com](http://www.ethicalbeer.com) , [www.fairtradebeer.com](http://www.fairtradebeer.com)). Cambodian beer promoters with HIV/AIDS are memorialized at [www.beergirls.org](http://www.beergirls.org) .

**Lessons learned:** SiRCHESI , CARE, and Provincial AIDS Office created ( 08/2005) an alcohol/AIDS education workshop. Cambodian beer promoters, increasingly active, marched publicly against violence towards women and workplace risks (11/ 2005).

**Recommendations:** Educating promoters, distributors, restaurant managers and customers may reduce workplace health/safety risks, perhaps alongside unionization. The lack of safe, regulated beer-selling workplaces in Cambodia contrasts with data from beer-servers of identical brands in Canada, who report themselves safer from the risks of HIV/AIDS, violence, and (over)-drinking on the job. A multi-sectoral solution involves research evidence, industry initiatives, restaurant owners, beer distributors and promoters. Gendered attitudes about HIV/AIDS and health risks, and drinkers´ behaviours require change (see Cambodia´s "Women are Precious Gems" program).

---