



Kingdom of Cambodia  
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Ministry of Education, Youth and Sport

Examining life experiences and HIV risks of  
**Young entertainment workers**  
in four Cambodian cities

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of Young Entertainment Workers in  
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## FOREWORD

Despite Cambodia's significant strides in reducing HIV prevalence in recent years, pockets of new infections remain high among certain sub-populations, particularly among entertainment workers. Notably, many entertainment workers are young and at double risk of HIV infection and at risk of exploitation, violence and abuse.

This important qualitative study was conducted in four urban cities as a follow up to the 2010 Survey among Most at Risk Young People to provide insights into the life experiences and risks young women, men and transgendered persons are exposed to. While this is not a nationally representative study, it provides informative data and rich insights into young people's experiences.

I am grateful to the His Excellency Sam Sereyath and his colleagues from the Interdepartmental Committee on HIV/AIDS and Drugs of the Ministry of Education, Youth and Sports, who led the National Steering Committee which guided the research process, report preparation and development of recommendations. Further, I would like to note the excellent inter-ministerial collaboration and active participation of the Ministry of Women's Affairs and the Ministry of Health (NCHADS) in the National Steering Committee.

UNICEF provided throughout the process technical and financial support and FHI360 carried out the survey and prepared this important research report.

It is our hope that the findings and recommendations from this survey will be used by relevant ministries and development partners to inform new programmes, policies and plans, not only to prevent new HIV infections but also to protect young women, men and young transgendered persons from exploitation, abuse and violence. *Sethy*

Phnom Penh *17<sup>th</sup>* December 2012 *Jmr*  
Minister, Ministry of Education Youth and Sport



**IM SETHY**

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Principal Investigators of the study were Kai-Lih Lui, Associate Director of Strategic Information (SI), FHI 360 and Ulrike Gilbert-Nandra, HIV Specialist, UNICEF. This report was written by Pisith Phlong, Amy Weissman, Jenny Holden, Kai-Lih Liu.

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## ACRONYMS AND ABBREVIATIONS

BSS	Behavioral Sentinel Surveillance
COPCT	Continuum of Prevention, Care to Treatment
CSSD	Cooperation for Social Services and Development
CWPD	Cambodia Women for Peace and Development
EE	Entertainment Establishment
EW	Entertainment Worker
FEW	Female Entertainment Worker
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
IA	Implementing Agency
INGO	International Non-Governmental Organization
IRB	Institutional Review Board
M&E	Monitoring and Evaluation
MARPs	Most-at-Risk Populations
MARYP	Most-At-Risk Young People
MEW	Male Entertainment Worker
MHC	Men who have sex with men
MHSS	Men's Health Cambodia
MSM	Men's Health Social Service
MNCHN	Maternal, Newborn Child Health and Nutrition
MOEYS	Ministry of Education, Youth and Sports
MOI	Ministry of Interior
MOWA	Ministry of Women Affairs
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
NIPH	National Institute of Public Health
NSP	National Strategic Plan
OHRP	U.S. Office for Human Research Protection
PAC	Policy, Advocacy and Communication
PCPI	Police Community Partnership Initiative
PHSC	Protection of Human Subjects Committee
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TG	Transgender
TGEW	Transgender Entertainment Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development
UNICEF	United Nations Children's Fund
YEW	Young Entertainment Worker

# TABLE OF CONTENTS

<b>ACRONYMS AND ABBREVIATIONS</b>	5
<b>EXECUTIVE SUMMARY</b>	8
<b>INTRODUCTION</b>	15
Collaborating Partners	16
Study Objectives	17
<b>METHODOLOGY</b>	18
1. Overview	18
2. Sample Size, Eligibility and Sampling Procedures	18
3. Research Instruments	20
3.1 Qualitative Research Instrument	20
3.2 Quantitative Data Triangulation	20
4. Data Collection	20
5. Data Management and Analysis	21
6. Research Ethics	21
7. Limitations	21
<b>FEMALE EW RESULTS</b>	23
1. Socio-demographic Characteristics	23
2. Trajectory into Transactional Sex	23
3. Knowledge of HIV/AIDS	24
4. Sexual Risk Behaviors and Access to Services	25
5. Child Bearing and Child Rearing	26
6. Vulnerabilities	27
<b>MALE EW RESULTS</b>	29
1. Socio-demographic Characteristics	29
2. Trajectory into Transactional Sex	29
3. Knowledge of HIV/AIDS	30
4. Sexual Risk Behaviors and Access to Services	31
5. Child Bearing and Child Rearing	31
6. Vulnerabilities	32
<b>TRANSGENDER EW RESULTS</b>	34
1. Socio-demographic Characteristics	34
2. Trajectory into Transactional Sex	34
3. Knowledge of HIV/AIDS	35
4. Sexual Risk Behaviors and Access to Services	35
5. Child Bearing and Child Rearing	36
6. Vulnerabilities	36
<b>DISCUSSION</b>	38
<b>RECOMMENDATIONS</b>	41
<b>APPENDIX 1. SEMI-STRUCTURED INTERVIEW GUIDES</b>	44
Guide for female entertainment workers [English]	44
Guide for young male and transgender entertainment workers [English]	52

## TABLES AND FIGURES

Table 1: Socio-demographic characteristics of female EWs	23
Table 2: Knowledge of HIV/AIDS among female EWs	25
Table 3: Socio-demographic characteristics of male EWs	29
Table 4: Knowledge of HIV/AIDS among male EWs	31
Table 5: Socio-demographic characteristics of TG EWs	34
Table 6: Knowledge of HIV/AIDS among TG EWs	35
Figure 1: The Continuum of Volition	41

## INTRODUCTION

Although Cambodia has made significant strides in reducing HIV prevalence, from 2.1% in 1998 to an estimated 0.8% in 2011, there remain pockets of high risk, particularly among entertainment workers (EWs—direct and indirect sex workers who are collectively referred to as EWs), men who have sex with men (MSM), transgender (TG), and injecting drug users. Of note, many members of these most-at-risk populations are young.<sup>1</sup>

Globally, young people—defined by the United Nations as 15-24 year olds—account for 40% of all new HIV infections.<sup>2</sup> High risk behaviors, laws and policies that exclude young people from accessing sexual health care and HIV related services, and the lack of age appropriate sex and HIV prevention education puts young people at increased risk of HIV infection.<sup>3</sup> According to a recent National AIDS Authority (NAA) report, a minority of young people in Cambodia have comprehensive knowledge of HIV.<sup>4</sup> Further, although sex by the age of 15 is relatively uncommon the 2010 MARYP survey reveals pockets of high risk, with limited use of condoms in sweetheart relationships.<sup>5</sup>

To support the development of appropriate HIV prevention and protection efforts for young EWs (YEWs), UNICEF and FHI 360 conducted a formative assessment from May to October 2012. The study objectives were to:

1. Conduct a ‘situational’ analysis on young people (male, female and self-identified transgender individuals) engaged in transactional sex/sex work, including socioeconomic profiles; age and causes/mechanisms of initiation into transactional sex/sex work, and any individual/multiple vulnerabilities by using existing data and supplementing it with the collection of qualitative data
2. Investigate viable alternatives to transactional sex/sex work from the perspective of younger and older EWs
3. Assess the situations of child bearing and rearing experiences of YEWs, and to determine the feasibility of a family-based approach
4. Assess the existence of an enabling environment for younger EWs compared to older EWs, particularly in terms of access to services, stigma and discrimination

Recognizing the multi-sectoral nature of this exploratory study, a Steering Committee was established. This Committee guided the study and its implementation, reviewed the findings, developed the recommendations, and supported the dissemination of the report. This committee was comprised of senior representatives from the Ministry of Education, Youth and Sports (MoEYS), the Ministry of Women’s Affairs (MoWA), the National Center for HIV and AIDS, Dermatology, and STIs (NCHADS), in collaboration with UNICEF and FHI 360.

## Methodology

**Study Design:** This study used a mixed quantitative-qualitative design. Secondary analysis of existing quantitative data on EWs in Cambodia (including HSS, BSS, MARYP, SMARTgirl program data, and data on human trafficking and sexual exploitation) was complemented by the collection of new qualitative data using participatory data collection methods to help explain the underlying individual or multiple risks, vulnerabilities and resilience factors affecting the behaviors of YEWs.

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1 NCHADS. July 2011. Estimation of the HIV Prevalence among General Population in Cambodia, PowerPoint presentation.

2 Ibid.

3 UNAIDS. August 2011. Securing the Future Today: Synthesis of Strategic Information on HIV and Young People.

4 NAA. March 2010. Cambodia Country Progress Report: Monitoring the Progress Towards the Implementation of the Declaration of Commitment on HIV and AIDS, Reporting Period: January 2008 – December 2009.

5 Ministry of Education, Youth and Sports. 2010. Most at Risk Young People Survey: Cambodia.

**Study Location and Sample:** Fieldwork was conducted in four cities: Phnom Penh, Siem Reap, Poi Pet and Sihanoukville, selected due to their high numbers of EWs. Given the purpose and methodology of this qualitative study and based on FHI 360's program experience, the sample size proposed was 82 EWs: 45 females, 24 males, and 13 self-identified transgender (TG) individuals. In the end, the research team conducted 77 in-depth interviews: 27 in Phnom Penh, 17 in Poi Pet, 19 in Siem Reap, and 14 in Sihanoukville.

For the purpose of analysis, the female respondents group was divided into two: a younger group (aged 18-20) and a slightly older group of women with children (aged 21-29 years old). Due to ethical concerns of the National Ethics Committee for Health Research, participants less than 18 years could not participate in this study. Given this restriction, and due to insufficient data on young female EWs in Cambodia, female EWs aged 18-20 years were oversampled and retrospective questions were included in the interview questionnaire. To recruit study participants, purposive sampling was utilized. Community and/or Peer Facilitators from FHI 360 partner programs referred EWs based on the study eligibility criteria.

**Research Instruments:** In addition to secondary analysis of quantitative data relevant to YEWs, semi-structured in-depth interviews, aided with timeline and visual tools, were conducted (see Appendix 1 for interview guides). The interviews explored EWs perspectives and experiences of the reasons and the means of initiation into entertainment work, experiences within the entertainment sector, sexual risk behavior, reproductive health needs, child bearing and rearing needs, and experience of violence, human trafficking, and sexual exploitation.

**Data Collection:** Following training of interviewers, fieldwork was conducted over a four week period from 23 May to 23 June 2012. Five experienced interviewers—two females and three males—conducted the fieldwork. The interviewer obtained oral informed consent from each participant prior to any interviews and with permission from participants, recorded the individual interviews (recordings were transcribed for analysis). Following the interview, each participant received a US\$2 mobile phone card and FHI 360 program information.

**Research Ethics:** Given the sensitivity and challenges posed by collecting information on transactional sex/sex work and other risk behaviors, confidentiality and safety of study participants was at all times ensured. This research project was officially approved by the Cambodian National Ethics Committee for Health Research (NEC) on 23 April 2012 and, prior to submission, by FHI 360's Protection of Human Subjects Committee. Before the interview, each informant was provided with information regarding the study objectives, voluntary participation, the rights of participation and withdrawal, confidentiality, privacy, compensation and remuneration. At the conclusion of the interview, the interviewer provided a referral for services (e.g., legal aid, HIV testing and counseling), for those participants requiring support in follow-up to the interview.

**Limitations:** Despite the large sample size for an assessment of this nature, this study does not aim to be representative of the general population of EWs in Cambodia. Further, adolescents could not be interviewed due to ethical concerns by the Cambodia NEC. However, many of the study participants became involved in transactional sex from a young age and provide key insights into some of the specific vulnerabilities, experiences and the trajectory into sex work of YEWs in Cambodia. Additionally, participants were identified by FHI 360 implementing partners who provide HIV-related information and linkages to services, which may explain why HIV knowledge and service utilization were reportedly high.

Given these limitations, the findings should not be used to quantify and represent the Cambodian EW population. Rather, this study elucidates, in depth and complexity, the experiences of YEWs, factors influencing the trajectory into sex work, viable alternatives from the perspectives of EWs themselves, and experiences of child bearing and child rearing. The rich qualitative data presented here supplement existing quantitative data.

## Results: Female EWs

**Socio-demographics:** The female EW (FEW) sample was comprised of 13 older (21 to 29 years—mean age 26) and 28 younger (18 to 20 years—mean age 19) women. Most FEWs were either single or divorced/widowed with only a few participants married at the time of the interview. Some participants had never been to school or dropped out at grade one; none had graduated from high school. Most participants were working in a karaoke establishment or beer garden; a few were working in a massage parlor or a brothel; and none were working as a freelance EW.

**Trajectory into Sex Work:** All FEWs interviewed first had sex between the ages of 14 and 20 years. Approximately one-third described their first sexual experience as consensual when they were between 15 and 20 years of age. Most female participants' entries into sexual activity, however, were non-consensual. Financial need of the family was reported to be the key reason for engaging in transactional sex. For FEWs with children, the financial need stemmed from having to support their children. Most FEW participants expressed mixed feelings about sex work, recognizing the benefits and the challenges of this work, while also believing that they had few alternatives available to them, given their low level of education.

**HIV Knowledge:** Accurate Knowledge of HIV prevention among female FEWs was moderate, with younger EWs having better knowledge of HIV/AIDS than those in the older age group.

**Sexual Risk and Service Use:** All FEWs reported multiple, concurrent partners, including clients and sweethearts. All also reported inconsistent condom use, primarily due to the need for money (clients are sometimes willing to pay more for sex without a condom), trust of the client or sweetheart, or coercion. HIV and STI service use among FEWs was common, with most participants frequenting private—often NGO—providers where services were reportedly quick, free, and friendly. However, some FEWs expressed barriers to service use, including discrimination by providers, and fear of needles and/or test results.

**Child Bearing and Rearing:** Similar to other studies in Cambodia, FEWs in this study reported that abortion was very common, but contraceptive use—in addition to condoms—was uncommon.<sup>6</sup> FEWs reported that abortions were usually sought because participants felt that they could not afford a child, they had an unintended pregnancy, or because they did not have a partner to support them.

In terms of child rearing, all thirteen FEWs in the older age group, and three in the younger age group had children. At the time of the study, none of the FEWs' children were living with their mother. The children either lived with their maternal or paternal grandparents, another family member, the father, or a hired nanny. In one case, due to financial constraints, the FEW had to give up her child altogether. In most cases, FEWs visit their children (or the children visit), ranging from once a month, to once a year. Mothers also send money to the caregivers each month to support the children. Most participants described their child's living situation as adequate: enough food to eat, good shelter and schooling. However, in few cases the participant reported that she has insufficient funds to feed or educate her children.

**Vulnerabilities:** The FEWs came from very poor families where there was reportedly a lack of emotional love and support. Women also reported commonly drinking alcohol as part of their work, which is supported by other studies.<sup>7</sup> They further reported that violence, stigma and discrimination were commonplace, including self-stigma for being sex workers, which is poorly perceived in Cambodia.

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6 Morineau, G., et al. 2011. Falling through the cracks: Contraceptive needs of female sex workers in Cambodia and Laos. *Contraception* 84, pp. 194-198.

7 FHI 360. August 2012. SMARTgirl program review. Providing HIV/AIDS Prevention and Care for Entertainment Workers. USAID: PRASIT. Program Period October 2008 to June 2010.

## Results: Male EWs

**Socio-demographics:** The 23 male EW (MEW) participants were all aged between 19 and 29 years (mean age of 24). Most MEWs in the study reported that they were currently single. The average level of education achieved by participants was grade 8, with most having dropped out before finishing high school; however, three had university-level education—one MEW had graduated from university and two were enrolled in university at the time of the interview. Most MEWs worked as freelance sex workers, sometimes in conjunction with other part time jobs, while the rest worked in entertainment establishments.

**Trajectory into Sex Work:** For the most part, first sexual experience occurred between the ages of 18 and 20, with a few respondents first experiencing sexual intercourse between 15 and 17 years. First sexual experiences varied, but most were described as consensual, with most participants becoming involved in transactional sex in their early 20s, although two were less than 18 years. One of the factors that influenced entry into transactional sex was curiosity about sex with another man; however, the main reason given was financial. MEWs had different attitudes towards their sex work—some enjoyed selling sex, others perceived it as a relatively easy way to earn money but recognized that it was socially unacceptable and they worried about being caught.

**HIV Knowledge:** Accurate knowledge of HIV prevention among MEWs was high.

**Sexual Risk and Service Use:** All MEWs reported multiple, concurrent partners, including clients and sweethearts (male and female), with freelance EWs having more clients than those working in entertainment establishments. They also all reported inconsistent condom use, primarily due to being too drunk, forgetting to use, not having a condom, being in love, or feeling desperate to have sex. HIV and STI service use among MEWs was common, with most participants frequenting private—often NGO—providers where services were said to be free and test results provided quickly.

**Child Bearing and Rearing:** MEWs reported encouraging female partners who became pregnant to have an abortion. This was sometimes due to MEWs' desire to continue their education. MEWs also reported infrequently using contraception. Two MEWs had children at the time of the study. One had three children, one of whom lived with the MEW, while the other child lived with its mother. The other parenting MEW's child did not live with him. Neither MEWs reported care issues.

**Vulnerabilities:** MEWs came from poor families where there was reportedly a lack of emotional love and support. Similar to the female EWs, alcohol use was tied to work in the entertainment industry. By contrast, MEWs reported that violence was uncommon; however, they did report facing stigma and discrimination both for being MSM (for those who identify as MSM) and for being sex workers.

## Results: Transgender EWs

**Socio-demographics:** The thirteen transgender EW (TGEW) participants were aged between 19 to 29 years (mean age of 24). All TGEWs in the study reported that they were currently unmarried; however, a few lived with a male partner who they referred to as their 'husband'. The average year of schooling TGEWs reached was grade nine, with most participants having dropped out before finishing high school. Two participants had graduated from high school, and had started university, but dropped out during the first year. Most TGEWs worked as freelance sex workers, sometimes in conjunction with other part time jobs, with the rest working in entertainment establishments.

**Trajectory into Sex Work:** The majority of participants had their first sexual experience between the ages of 17 and 26. First sexual experiences varied, with most being described as consensual. (Only one transgender reported experiencing a violent first sex. She was 12.) Most participants reported first engaging in transactional sex at 19

years. There were a number of factors influencing involvement in transactional sex; the most common being family discrimination, or for personal financial support. Most TGEWs reported enjoying their sex work; however, some said that they would stop selling sex when/if they found another job, which paid a sufficient salary.

**HIV Knowledge:** Accurate knowledge of HIV prevention among TG EWs was high.

**Sexual Risk and Service Use:** All TGEWs reported multiple, concurrent partners, including friends, clients and sweethearts. All also reported inconsistent condom use, primarily due to inaccurate risk perception or trust. HIV and STI service use among TGEWs was common, with most participants frequenting private—often NGO—providers where services were said to be free and test results provided quickly.

**Child Bearing and Rearing:** None of the TGEWs reported using contraception (they did not report having sex with women) or having children at the time of the study.

**Vulnerabilities:** TGEWs came from more middle-income families where there was reportedly a lack of support for their gender identity. Similar to female and male EWs, alcohol use was tied to work in the entertainment industry. This was also true for drug use among TGEWs. Similar to female EWs, TG participants reported that violence, stigma and discrimination were common.

## Discussion

Comparing female, male, and transgender participant groups, there are some similarities and some differences in their experience—their trajectory into sex work, their current risks and vulnerabilities, their hopes and dreams for the future, and their child rearing—many of which are due to current gender norms and expectations in Cambodia.

**Education & Life Options:** Female EWs limited educational attainment, compared to male and TG EWs, reflects a societal trend of favoring education for boys over girls. FEWs' limited educational achievement in particular means they lack the necessary qualifications and skills for many employment alternatives, affecting their desires for the future. In general, FEWs had more limited future desires, but greater needs in terms of training and access to capital than male and TG EWs.

**Family Situation:** Family relationships and financial need were the two key factors leading EW participants to leave home, which in turn often led to their engagement in sex work. Reasons for departure tend to differ by gender. Some participants (in particular male and TG EWs) left home in search of freedom of sexual/gender expression, while female EWs often left more due to domestic abuse or to earn money to support their family. Needing to support their families was a common thread across FEWs, but not among male or TG participants suggesting that there are different expectations based on gender.

**Sexual Debut (first sex/transactional sex):** Although sexual activity occurred across relatively the same age ranges for all populations, there is an enormous difference in the degree of voluntarism experienced. For the majority of male and TG respondents, first sexual experience was primarily consensual. It was also primarily at 18 years or older. By contrast, for the majority of FEWs (approximately two-thirds), sexual debut was primarily nonconsensual, occurring in the context of rape or coercion, before the age of 18. Further, for male and TG EWs, their entry into transactional sex was generally separate from their first sex, while entry into transactional sex was often linked to first sex for female EWs.

Although there are a number of factors influencing entry into transactional sex, the primary driver, which is shared by all study populations, is financial. The key difference between the participant groups is that female EWs were working to support their parental families or their children, while male and TG EWs were primarily working to support themselves.

**Violence, Stigma and Discrimination:** Violence was a very common experience for EWs. Many had experienced violence and domestic abuse in their familial homes, and many were exposed to violence and harassment in their work. Experience of stigma was most common for TGEWs, with self-stigma common across all groups for their involvement in the sex trade.

**Alcohol and Drug Use:** Alcohol use was very high among EWs, with many drinking daily due to the expectations of clients and entertainment establishment owners. Study participants also reported that alcohol use was linked to increased sexual risk taking as well as violence in some instances. EWs reported low drug use, though they were often exposed to drugs through their friends and clients. Drug use was more common among TG and male than female EWs.

**HIV/AIDS Knowledge:** Accurate knowledge of HIV prevention among all YEWs was relatively high. Overall, transgender EWs had the highest levels of knowledge, followed by males and then females.

Nearly all EWs reported that they went for regular HIV and STI checkups; however, this may be because the study participants were identified via FHI 360 program partners. In general, EWs reported a high level of satisfaction with services, although a few of female EWs reported feelings of discrimination while obtaining STI services.

Although access to HIV related services does not seem to be a concern for the three target populations, young EWs have other needs that are not always being addressed, such as psychological and emotional support, legal aid (such as for cases of rape) and economic alternatives for those who want to exit sex work.

**Sexual Risk:** All participants reported having multiple and concurrent sexual relationships with both clients and sweethearts. Condom use with partners (sweethearts and clients) was inconsistent. One factor affecting condom use is power. Some participants reported being unable or unsuccessful to negotiate condom use; this was particularly true for younger EWs, placing them at increased risk of infection.

**Child Bearing and Rearing:** FEWs very commonly reported abortion (nearly all of the older group and a few of the younger group) and low use of contraceptive methods in addition to condoms. Based on FHI 360's pilot integrated program, and affirmed by this study, contraceptive methods are often not used by FEWs because of fears of side-effects, and the perception that "family planning/birth spacing" is intended only for married women. These barriers to contraceptive uptake must be acknowledged in integration efforts.

Sixteen female and two male EWs reported having children. In the vast majority of cases, the child/children were living away from the parent, with a family member. In Cambodia it is rather common for one's child to be raised by another family member, and this appears particularly true for the parenting study participants. Parenting EWs reported that they visit their child, and that their sex work shifted from providing for their families, to providing for their children. Most reported that their child's/children's situation was adequate, though some reported not having enough income to provide food or education.

## Recommendations

This study aimed to understand the life experiences, trajectory into sex work and the HIV risks of YEWs. The results are intended to inform the development of integrated HIV and protection programs for young people. Although participants are not representative of all EWs in Cambodia, and do not depict all avenues for entry into sex work, the experiences shared demonstrate that there are a number of contributing factors that must be addressed.

The following study recommendations are geared toward policy-makers and programmers and build on those included in the 2010 MARYP report.

## Policy Makers

- Support future research with young people, including those less than 18 years, involved in high risk activities, such as sex work and drug use.
- Promote and enforce implementation of the National Plan for Education for All to assure all young people, with particular attention paid to those who are vulnerable and/or most-at-risk, enjoy their right to schooling.
  - » Ensure girls complete basic education.
  - » Raise awareness and reduce stigma, particularly regarding gender and sexual identity.
- Strengthen the implementation of specific aspects of the Law on the Suppression of Human Trafficking and Sexual Exploitation while implementing the law in accordance with the HIV law and the Ministry of Interior's (MoI) Strategic Plan 2009-2013 for creating an enabling environment.
- Use the Gender Based Violence (GBV) working group under the National Technical Working Group on Gender led by MoWA as a platform to create functional links between the planned GBV One-Stop Service Centers and the MoI led Police-Community-Partnership Initiative (PCPI) that is part of NCHADS' Boosted Continuum of Prevention, Care to Treatment (CoPCT) Standard Operating Procedure (SOP).
- Support age and gender disaggregated data as part of routine monitoring of health and HIV service delivery.
- MoEYS to convene a high level inter-ministerial consultative meeting to review findings and recommendations of this YEW study, and to deliberate recommendations for inclusion in national government plans and programs.

## Programmers

- Develop or strengthen existing programs to more effectively prevent young people's entry into sex work.
- Implement NCHADS' forthcoming Boosted CoPCT SOP to ensure that the young members of the targeted most-at-risk populations can fulfill their right to health by accessing HIV-related information, services and commodities.
- Ensure younger EWs, and other most-at-risk populations, participate in consultative processes.
- Promote the availability of legal and psychosocial services in hotspots.
- Link YEWs with low educational attainment to existing vocational training and savings and loans programs so they have access to the skills and capital needed to start small businesses, or acquire other employment. Anti-trafficking programs should also link to existing economic programming and facilitate the targeting of young women who seek to exit sex work.
- Sensitize the general population and shift social norms to increase acceptance of TG and MSM.
- Develop programs or adapt existing ones to raise awareness of the Law on the Suppression of Human Trafficking and Sexual Exploitation stipulations.
- Utilize gender and age disaggregated data to analyze whether programs are reaching younger cohorts with information and services.
- Implement a family centered approach linking EWs to social protection schemes to facilitate their ability to provide for their children's health, social, education, and other needs.

## INTRODUCTION

In the past 20 years the world has seen significant progress in the response to the HIV epidemic, with a 17% reduction in global prevalence.<sup>8</sup> Despite these positive trends, it is becoming increasingly apparent that if long term success is to be achieved, more focused attention needs to be paid to the specific needs of younger people. Over 40% of all new infections globally are among those aged 15-24 years, with young women disproportionately affected, accounting for 64% of these infections.<sup>9</sup> Research shows that only 34% of young adults worldwide have accurate knowledge about HIV and its transmission, and access to sexual and reproductive health services and programs are limited at best. High risk behaviors, laws and policies that exclude young people from accessing sexual health care and HIV related services, and the lack of age appropriate sex and HIV prevention education puts young people at increased risk of HIV infection.<sup>10</sup>

A recent study in Cambodia revealed that only 47.6% of young people aged 15 to 24 had comprehensive knowledge of HIV.<sup>11</sup> Further, although sex by the age of 15 is relatively uncommon in Cambodia (0.4% of women and 0.1% of men had sex by the age of 15), the 2010 MARYP survey reveals pockets of high risk.<sup>12</sup> Involvement in sweetheart relationships, especially among the 20-24 year age group, was high, yet only 56% of female and 66% of male respondents reported condom use with sweethearts in the last three months.<sup>13</sup>

Cambodia also has one of the highest rates of HIV infection in Southeast Asia, despite its significant decline in prevalence among the general population from a peak of 2.1% in 1998 to an estimated 0.8% in 2011.<sup>14</sup> Although this decline is encouraging, it is feared that Cambodia will face a second wave of the epidemic among some high risk groups such as injecting drug users (24%); female entertainment workers (EWs) (13.9% among those with more than 14 partners per week) and their clients; and men who have sex with men (4.5%).<sup>15, 16, 17</sup> Many members of these groups are young people, yet few age-appropriate interventions are currently in place, threatening to undermine the previous gains in curbing the HIV epidemic.

Cambodia's concentrated HIV epidemic is largely driven by high-risk behavior related to commercial sex, drug use and male to male sex. It is estimated that over 35,000 women, many of them young, work in various entertainment establishments across the country; however very little research on EWs is currently disaggregated by age. The 2010 Behavioral Surveillance Survey (BSS) is not age disaggregated, nor does the National Strategic Plan (NSP) for EWs 2009 – 2010 mention young EWs (YEWs) as a specific target group; therefore, the particular experiences and vulnerabilities of YEWs are unknown. With the mean age of EWs in Cambodia 25 years, and the reported mean age of first sex in exchange for money 22 years,<sup>18</sup> there is a clear need to identify age-specific factors related to YEWs and to translate this information into interventions that recognize the varying levels of vulnerability among young people.

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8 UNAIDS & WHO. November 2009. AIDS Epidemic Update 2009.

9 Ibid.

10 UNAIDS. August 2011. Securing the Future Today: Synthesis of Strategic Information on HIV and Young People.4

11 NAA. March 2010. Cambodia Country Progress Report: Monitoring the Progress Towards the Implementation of the Declaration of Commitment on HIV and AIDS, Reporting Period: January 2008 – December 2009.

12 Ministry of Health and Ministry of Planning. 2005. Cambodian Demographic Health Survey 2010.

13 Ministry of Education, Youth and Sports. 2010. Most at Risk Young People Survey: Cambodia.

14 NCHADS. July 2011. Estimation of the HIV Prevalence among General Population in Cambodia, PowerPoint presentation.

15 In 2008, Cambodia passed the Law on the Suppression of Human Trafficking. Since the 2008 law, there has been a significant shift of women working in brothels to those working in non-brothel based entertainment establishments. Both direct and indirect sex workers in Cambodia are collectively referred to as Entertainment Workers.

16 Prevalence indicated only concerns non-transgender MSM, who are at lower risk of HIV infection compared to the transgender group. According to the 2005 STI Sentinel Surveillance (SSS), HIV prevalence was found to be the highest among transgender groups in Phnom Penh (17%). Source: NCHADS. 2006. Report on HIV Sentinel Surveillance (HSS) in Cambodia 2006.

17 Prevalence among TG is currently being collected by FHI 360 via an Integrated Biological and Behavioral Surveillance study.

18 NCHADS. 2011. Behavioral Surveillance Survey (BSS) Cambodia 2010, PowerPoint Presentation.

The 2008 Human Trafficking and Sexual Exploitation Law and the 2011 Village Community Safety Policy have hindered HIV-related outreach activities and service provision to MARPs. Further challenging HIV service delivery, links between anti-trafficking efforts and HIV programming efforts are limited.<sup>19</sup> These challenges must be overcome to develop effective, integrated strategies to address the multiple vulnerabilities of young women and men, in addition to the HIV risks faced by YEWs.<sup>20</sup>

Although the exact number is unknown, many EWs in Cambodia are believed to have children. Evidence suggests that children of EWs face specific vulnerabilities, such as separation from parents, sexual abuse, early sexual debut, introduction to sex work as adolescents, psychosocial issues arising from witnessing their mother's sexual interactions with clients, and social marginalization.<sup>21</sup> In 2010, a study was undertaken by Korsang and UNICEF to assess the children of female drug users (many of the drug users were also working as sex workers), on a range of development domains. The study found that 76% of children were not living in adequate, stable shelter; 70% suffered from emotional and social distress; 65% were frequently ill; and 61% lacked sufficient nutrition.

Several key, national strategic documents mandate the need to work with EWs and provide direction in this regard. The National Strategic Plan for Comprehensive and Multi-Sectoral Response to HIV/AIDS III (2011-2015) aims to increase coverage, quality and effectiveness of prevention interventions among EWs and other MARPs, including young cohorts of MARPs aged 10-24. Similarly, the National Strategic Plan to Prevent and Control HIV transmission among EWs, their clients and partners 2009 – 2010 aims to reduce HIV transmission among EWs, their clients and partners. The Ministry of Women's Affairs (MoWA) strategic plan highlights a significant gap in the national response with the lack of HIV prevention information available to young girls aged 15 -19 including trafficked women and those working in the sex industry. There is also a particular lack of information available on male YEWs' specific experiences, vulnerabilities and needs for HIV prevention in Cambodia.

These critical health and HIV related indicators, together with the need for current and practical evidence for programming, set the backdrop for research addressing multiple risk behaviors and risk settings among young EWs (YEWs) in Cambodia. HIV prevention and treatment efforts must be tailored to the specific needs of YEWs to achieve effective and sustainable results. Harmful cultural and social norms; legal and policy barriers that prevent young people from accessing HIV services must also be addressed, and YEWs should be engaged more effectively in the response.

## Collaborating Partners

This formative assessment, a joint endeavor by UNICEF and FHI 360, was designed to delve into the experiences of YEWs to provide the fodder for new partnerships and efforts on HIV prevention and protection. Recognizing the multi-sectoral nature of this exploratory study, a Steering Committee was established. This Committee guided the study and its implementation, reviewed the findings and supported the dissemination of the report. This committee was comprised of senior representatives from MoEYS, MoWA and MoH/NCHADS, in collaboration with UNICEF and FHI 360.

This formative assessment will contribute to, and be augmented by, specific Government Ministries' investigations: 1) MoWA will be implementing a national 'Violence Against Children' survey; a tool to report, monitor and measure trends on violence against children. The baseline study will assess the level of all forms of violence against children and the data will be used to inform national policies, laws and programs to prevent violence against children. It will

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19 According to data sourced from the Ministry of Interior, Department of Anti-Human Trafficking and Juvenile Protection, in 2010 there were nearly 200 reported rape cases, 64 human trafficking and 65 sexual exploitation offenses most of which involved young women and children. Given that such cases are rarely reported in Cambodia actual numbers are believed to be significantly higher.

20 Ministry of Interior, Department of Anti-Human Trafficking and Juvenile Protection, Summary of Reported Offenses, 2010.

21 Beard, et. al. 2010. Children of female sex workers and drug users: a review of vulnerability, resilience and family-centred models of care. Journal of the International AIDS Society. 13, Suppl 2: S6. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2890975/pdf/1758-2652-13-S2-S6.pdf> (accessed 3 October 2012)

also serve to create awareness on violence against children among the general public and policymakers; and 2) In 2010, a survey on most at risk young people (MARYP) was conducted under the leadership of MoEYS.<sup>22</sup> The survey revealed various risk behaviors related to sexual behavior and alcohol and drug use, many of which were found to be overlapping. This YEW study is a response to the MARYP survey findings, which highlighted the need for further investigation.

In its new Country Program (2011-2015), UNICEF is supporting the country to generate new evidence on MARYP to inform national policies and programs, and to develop and support new partnerships that achieve better results for women and children, particularly the most vulnerable. FHI 360, through its existing programs SMARTgirl and MStyle,<sup>23</sup> has unique access to the target populations through its strong links and good working relationships with implementing agencies. For example, the SMARTgirl program, is working to decrease the vulnerability of women in high-risk settings, promote safer sex, and reduce transmission of HIV, and currently reaches approximately 40% of all EWs in Cambodia.

Furthermore, UNICEF is able to draw on technical expertise from key program areas such as Maternal, Newborn Child Health and Nutrition (MNCHN), Child Protection and Policy, Advocacy and Communication (PAC) and establish linkages to address wider/underlying risk factors associated with YEWs or with young children of EWs; and its mission includes informing policy and practice related to women and children. FHI 360 intends to use the results of this work to modify existing programs and to influence the design of new projects, as appropriate.

## Study Objectives

The overall goal of this study was to understand the life experiences and HIV risks of YEWs to inform integrated HIV and protection programs.

The study objectives were to:

1. Conduct a 'situational' analysis on young people (male, female and self-identified transgender individuals) engaged in transactional sex/sex work, including socioeconomic profiles; age and causes/mechanisms of initiation into transactional sex/sex work, and any individual/multiple vulnerabilities by using existing data and supplementing it with the collection of qualitative data
2. Investigate viable alternatives to transactional sex/sex work from the perspective of younger and older EWs
3. Assess the situations of child bearing and rearing experiences of YEWs, and to determine the feasibility of a family-based approach
4. Assess the existence of an enabling environment for younger EWs compared to older EWs, particularly in terms of access to services, stigma and discrimination

The Royal Government of Cambodia, particularly NCHADS, MoEYS, and MoWA, along with UNICEF and FHI 360 understand the sensitivity and challenges posed by collecting information on sex work and other risk behaviors among younger cohorts. It is believed that investigating the triggers into sex work is crucial to inform programs seeking to prevent entry into sex work, provide tangible alternatives to sex work or exploitative situations, as well as to reach younger EWs with needed information and services.

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<sup>22</sup> Ministry of Education, Youth and Sports. 2010.

<sup>23</sup> SMARTgirl and MStyle are branded, human rights-based sexual health and HIV prevention programs for entertainment workers, MSM, and transgender individuals in Cambodia. FHI 360 developed these programs as part of the USAID-funded PRASIT project.

## 1. Overview

To assess the situation regarding YEWs in Cambodia, this study used a mixed quantitative-qualitative design. Secondary analysis of existing quantitative data was complemented by the collection of new qualitative data using participatory data collection methods.

Unfortunately, for the purpose of this study, children less than 18 years could not participate due to ethical concerns of the National Ethics Committee for Health Research. As such, the study design was adjusted to focus on the experiences of young adult entertainment workers aged 18-29, in particular looking at their trajectory into and experience of sex work as young people. In addition, toward the development of a family-based approach, to understand the child bearing and child rearing experiences a subgroup of EWs with children was sampled.

Existing quantitative data on EWs in Cambodia (including HSS, BSS, MARYP, SMARTgirl program data, and data on human trafficking and sexual exploitation) were triangulated UNICEF, with the aim of identifying data sources as well as summarizing the existing HIV and behavioral risk trends and situations for EWs. Qualitative data were collected to help explain the underlying individual or multiple risks, vulnerabilities and resilience factors affecting the behaviors of YEWs.

Qualitative data were collected using participatory timeline and picture tools in semi-structured in-depth interviews with a sample of EWs (including males, females and TG individuals) aged 18-29. Data collected related to the situation of young adults engaged in transactional sex/sex work:

- Socioeconomic profiles
- Age and causes/mechanisms of initiation into transactional sex/sex work
- individual/multiple resilience factors (including consistent condom use, self-efficacy, knowledge, sexual risk behavior, and sexual health service utilization)
- Individual/multiple vulnerabilities, such as drug and alcohol use, unprotected sex, exploitation, violence
- Risk assessment

FHI 360 conducted the data analysis and shared the results with the Steering Committee members (MoEYS, MoWA, NCHADS and UNICEF) who jointly made concrete recommendations based on the study's findings. The results and recommendations outlined in this report will be disseminated and shared with all key stakeholders, both national and international, including government agencies (NAA, MoSVY), UN Agencies, donors, including USAID, international non-governmental organizations (INGOs) and national non-governmental organizations (NGOs) to recalibrate protection and prevention efforts with young people where appropriate. The results and recommendations will also be used to strengthen FHI 360's existing and future programs, such as for increasing, tailoring or otherwise improving prevention services for young EWs in SMARTgirl and MStyle.

## 2. Sample Size, Eligibility and Sampling Procedures

Fieldwork was conducted in four cities: Phnom Penh, Siem Reap, Poi Pet and Sihanoukville, selected due to their high numbers of EWs.

Given the purpose and methodology of this qualitative study and based on FHI 360's program experience, the sample size proposed was 82 EWs: 45 females, 24 males, and 13 self-identified TG individuals. For the purpose of analysis, the female respondents group was divided into two: a younger group (aged 18-20) and a slightly older group of women with children (21-29 years old). Due to insufficient data on young female EWs in Cambodia, and the age restrictions for the sample, female EWs aged 18-20 years were oversampled.

Eligibility criteria for participation of female EWs in semi-structured interviews were:

For females aged 18-20:

1. Khmer-speaking
2. Aged 18-20 years at time of screening
3. Able and willing to provide oral informed consent
4. Working in entertainment venues, such as massage parlors, bars, karaoke parlors, beer gardens or restaurants, as well as street based entertainment workers or working free-lance/part-time in private locations
5. Had sexual relationships with at least two partners in the past 12 months in exchange for money, drugs, gifts, or other benefits for themselves or their family

For females aged 21-29:

1. Khmer-speaking
2. Aged 21-29 years at time of screening
3. Able and willing to provide oral informed consent
4. Working in entertainment venues such as massage parlors, bars, karaoke parlors, beer gardens or restaurants, as well as street based entertainment workers or working free-lance/part-time in private locations
5. Had sexual relationships with at least two partners in the past 12 months in exchange for money, drugs, gifts, or other benefits for themselves or their family
6. Have at least one child

Eligibility criteria for male and TG EW participation in semi-structured interviews were:

1. Khmer-speaking
2. Aged 18-29 years at time of screening
3. Able and willing to provide oral informed consent
4. Working in entertainment venues such as massage parlors, as well as street based male entertainment workers or working free-lance/part-time in private locations
5. Had sexual relationship with at least two partners (either male or female) in the past 12 months in exchange for money, drugs, gifts, or other benefits for themselves or their family

Due to the specific eligibility criteria, purposive sampling was utilized to recruit study participants. Community and/or Peer Facilitators from FHI 360 partner programs referred EWs based on the eligibility criteria above. Study participants could also suggest other eligible EWs as participants. In study cities, the interview settings were located at MStyle or SMARTgirl program drop-in centers run by FHI 360 partners: Men’s Health Cambodia (MHC), KHEMARA, Cooperation for Social Services and Development (CSSD), Men’s Health Social Service (MHSS), and Cambodia Women for Peace and Development (CWPD).

### 3. Research Instruments

#### *3.1 Qualitative Research Instrument*

Semi-structured in-depth interviews, aided with timeline and visual tools, were conducted to collect rich contextual information on the experiences of YEWs. FHI 360 together with UNICEF developed a question guide and methodology designed to address the objectives of the study while ensuring participants had an opportunity to describe sensitive events, observations, and issues in their own way (see Appendix 1 for interview guides).

The main purpose of the interviews was to examine the issues and challenges of YEWs as a population subgroup. The interviews explored EWs perspectives and experiences of the reasons and the means of initiation into entertainment work, experiences within the entertainment sector, sexual risk behavior, reproductive health needs, child bearing and rearing needs, and violence, human trafficking, and sexual exploitation. In addition, the participatory timeline exercise was used to gather information on the sequence of key events in the life of EWs. Participants were asked to mark important dates and events on a timeline and to describe each key event. Combined, these methods enabled participants to explore their relationships and trajectory into sex work in a visual way, generating a deeper analysis of the issues being explored.

#### *3.2 Quantitative Data Triangulation*

Secondary analyses of quantitative data relevant to YEWs was triangulated from HIV Sentinel Surveillance (HSS), Behavioral Sentinel Surveillance (BSS), Most at-risk Young People Project (MARYP), FHI 360 SMARTgirl Program data, FHI 360 monitoring and evaluation (M&E) indicators data, and existing data on human trafficking and sexual exploitation. Information was extracted from each of these data sources and the trends and associated factors in HIV prevalence, behavioral risks, program outcomes, and human trafficking among EWs (especially in the subgroup of YEWs) in Cambodia were examined.

### 4. Data Collection

Prior to data collection, five experienced interviewers and two officers from the Ministry of Women’s Affairs were trained in in-depth qualitative interviewing techniques, using timeline tools, providing informed consent, and transcribing recorded interviews. The one-week training workshop was conducted from 16 to 23 May, 2012 at the FHI 360 office. During the training interviewers had the opportunity to practice conducting interviews and to pilot test the questionnaires. The training, supported by a manual, ensured that all research field workers had the capacity to maintain rigorous data management procedures that would ensure the quality and protection of data and maintain confidentiality of the information.

Fieldwork was conducted over a four week period from 23 May to 23 June 2012. Five experienced interviewers—two females and three males—conducted the fieldwork. The two female interviewers were assigned to interview female study participants and the three male interviewers were assigned to interview male and transgender participants.

The interviewer obtained oral informed consent from each participant prior to any interviews and with permission from participants, recorded the individual interviews (tapes were transcribed for analysis). Following the interview, each participant received a US\$2 mobile phone card and FHI 360 program information (from SMARTgirl or MStyle).

In total, the research team conducted 77 in-depth interviews: 27 in Phnom Penh, 17 in Poi Pet, 19 in Siem Reap, and 14 in Sihanoukville. In Sihanoukville, 18 interviews had been planned, but local NGO KWCD had difficulty finding sufficient female EWs aged 18-20 years who met the eligibility criteria for selection in the study. The average interview time was 90 minutes (range: 40 - 180 minutes).

The study coordinator and data manager were responsible for overall monitoring of the data collection process and quality. To protect participants' confidentiality, the respondents' study materials were labeled with a personal identification number (PIN) without other personal identifying information. Data and tape recordings were kept in locked file cabinets in the FHI 360 Phnom Penh, Cambodia office. Throughout the study (including data analysis and report writing), data were retained and made available only to the relevant FHI 360 study team members. Computer files, including digital recording of interviews and backup files, were password protected.

## 5. Data Management and Analysis

FHI 360 staff, with the help of local researchers, analyzed the qualitative data using qualitative content analysis methods. Following data collection, the recorded interviews were transcribed and translated by the trained interviewers and then reviewed for accuracy by FHI 360 Technical Officers.

The Khmer interview transcriptions were then translated and coded by five qualified bilingual (Khmer and English) speaking researchers. Transcripts were arranged by the interview group types and coded to answer the research questions. To avoid possible biases from the researcher, a general list of broad codes were developed to help the researchers ascertain which themes/ideas were of greater relevance than others. During the coding process, when discrepancies between the Khmer transcripts and the English codes arose, the codebook was revised accordingly. The pictorial timelines were also reviewed by the data encoders to supplement the information gained from the interviews and to assist in understanding the chronology of events for each participant. Important quotes were captured to add rich contextual data for the report.

## 6. Research Ethics

FHI 360 is committed to the complementary values of research quality and ethical accountability. Given the sensitivity and challenges posed by collecting information on transactional sex/sex work and other risk behaviors, confidentiality and safety of study participants was at all times ensured. This research project was officially approved by the Cambodian National Ethics Committee for Health Research on 23 April 2012 and, prior to submission, by FHI 360's Protection of Human Subjects Committee.

As noted above, before the interview, each informant was provided with the following information: the study objectives, voluntary participation, the rights of participation and withdrawal, confidentiality, privacy, compensation and remuneration. The interviewer then asked for the participant's consent to be interviewed and to be audio recorded. Upon receipt of oral approval from the participant, the interviewer signed the consent form confirming that the study participant understood the implications of participating and had given his/her consent. At the end of the interview, the interviewer again stressed the confidentiality and privacy of the information. The participant was then given an opportunity to ask any questions he/she had about the study. At this time, the interviewer also provided a referral for services (e.g., legal aid, HIV testing and counseling), for those participants requiring support in follow-up to the interview.

## 7. Limitations

As mentioned previously in this report, due to ethical concerns of the National Ethics Committee for Health Research, FHI 360 was unable to recruit adolescents for this study. The study therefore had to be tailored to explore the experiences (both past and present) of young adult entertainment workers over 18 years of age. Despite not being able to interview children involved in sex work, many of the study participants became involved in transactional sex from a young age and provide key insights into some of the specific vulnerabilities, experiences and the trajectory into sex work of YEWs in Cambodia.

Despite the large sample size for an assessment of this nature, this study does not aim to be representative of the general population of EWs in Cambodia. Participants do not represent the full-range of entertainment establishment venues and/or hotspots. They also do not represent all nationalities of EWs, such as Vietnamese, since one selection criteria was being a Khmer speaker.

It is also important to note that the sample sizes of the participating population vary. The number of participating younger female EWs was higher than the number of older female EWs. This was an attempt to capture more participants who could recall their entry into sex work experiences. In addition, the number of female EWs was greater than the number of male or TG EWs sampled. This is because there is a lack of data on younger female EWs in Cambodia. Also, although there is no national size estimation of the TG population, in FHI 360's programs, approximately 1,400 TG individuals participate; the sample size of TG for this study was based on this population size. Also of note, participants were identified by FHI 360 implementing partners who provide HIV-related information and linkages to services. This may explain why HIV knowledge and service utilization were reportedly high among respondents.

Given these limitations, the findings should not be used to quantify and represent the Cambodian EW population. Rather, this study elucidates, in depth and complexity, the experiences of YEWs, factors influencing the trajectory into sex work, viable alternatives from the perspectives of EWs themselves, and experiences of child bearing and child rearing. The rich qualitative data presented here supplement existing quantitative data on these target population groups.

## 1. Socio-demographic Characteristics

The 41 female EW (FEW) participants were divided into two age groups: 28 between 18 and 20 years of age, with a mean age of 19 years; and 13 between 21 and 29 years of age, with a mean age of 26 years. The overall mean age of the groups was 21 years.

Most FEWs were either single (20) or divorced/widowed (17) with only five participants married at the time of the interview.

The FEWs had low levels of education, with seven participants reporting either never having been to school or having dropped out at grade one. The majority of participants had dropped out of school at grade four or five between the ages of 10 and 14, but two participants had reached grade ten. None of participants had graduated from high school.

Most FEWs came from large families, with an average of four siblings. At the time of the study, nearly all FEWs were living away from their families in shared accommodation or a rented room with others. Only three participants were living with their family, four were living at the entertainment establishment (EE) where they worked, and one participant was living in a brothel.

The majority of participants (22) were working in a karaoke establishment or in a beer garden or restaurant (14), four participants were working in a massage parlor, and one participant was working in a brothel. None of participants were working as freelance EWs.

TABLE 1: Socio-demographic characteristics of female EWs

Socio-demographic Characteristic	Younger Female EWs n=28	Older Female EWs n=13	All Female EWs n=41
<b>AGE</b>			
Age range	18-20	21-29	18-29
Mean age	19	26	21
<b>MARITAL STATUS</b>			
Single	18	2	20
Married	3	1	5
Divorced	6	10	16
Widow	1		1
<b>EDUCATION</b>			
Mean year of schooling	5	4	5
<b>FAMILY SIZE</b>			
Mean no. of siblings	4	5	4
<b>LIVING SITUATION</b>			
With family	3		3
With husband		1	1
In shared accommodation/ rented room	21	12	33
At entertainment establishment	4		4
At brothel	1		1
<b>EMPLOYMENT</b>			
Beer Garden/Restaurant	9	5	14
Brothel	1		1
Massage Parlor	2	2	4
Karaoke	16	6	22
Freelance	0	0	0

## 2. Trajectory into Transactional Sex

The FEWs reported initiating sex between the ages of 14 and 20 years. Approximately one-third of the women described their first sexual experience as consensual with a sweetheart, boyfriend or husband (“official” or “unofficial” husband) when they were between 15 and 20 years of age. Most female participants’ entries into sexual activity, however, were non-consensual and occurred when they were between 14 and 18 years of age. Approximately one-third of participants (most from the younger EW group) had their virginity bought. A middleman generally arranged the transaction on behalf of the girl’s family, although family members were also often involved in the sale. Clients (Khmer, Korean and Japanese)

*‘I worked in Phnom Penh as a housemaid. When my grandmother was sick, I did not have money, and neither did my relatives. So I sold my body (virginity) for more than \$1,000 and gave the money to my grandmother... I was 14 years old at that time.’*

*(Female EW, age 19, Sihanoukville)*

*'I [did not have job to do] at home, and my mother did not have money to support my younger siblings to go to school. I decided to go out and work. I followed my friend to Phnom Penh... [to work] in garment factory... then she brought me to work [in a Karaoke place]... She also worked in that Karaoke place... I decided to work there because I could earn more money and sent it home. If I worked in factory, it did not pay me much.'*

*(Female EW, age 19, Phnom Penh)*

typically paid approximately \$1000 to spend a week with the girl in a guesthouse. In most cases, the money earned went to the girl's parents. Virginity sales stemmed from familial financial constraints. Another one-third of FEWs reported having been raped or forced to have sex the first time they experienced sex. The perpetrator was a boyfriend, stepfather or stranger.

For many younger FEWs their first transactional experience was also their first sexual experience, and served as the gateway into sex work. A number of FEWs first became engaged in sex work when they were working at entertainment establishments. This was especially the case for many of the older FEWs, who started

selling sex to supplement the low salary they earned from working in the entertainment venue.

For the most part, FEWs were living away from home when they first become engaged in sex work (either having left home of their own accord or sent by family members to find work). In a number of cases, the young women initially moved to the city to work in a garment factory, but shifted to an entertainment venue for better wages. Financial need was reported to be the key reason for engaging in transaction sex; often to pay off a debt of a family member, sometimes due to a catastrophic illness, or due to a debt owed the entertainment venue owner. For FEWs with children, the financial need stemmed from having to support their children, and was cited as a reason they remained involved in sex work.

Most FEW participants expressed mixed feelings about sex work, enjoying certain aspects, like tips and singing and dancing, but disliking other aspects, including the long hours, the nature of the work and their status in society. Some participants also expressed enjoying their work in comparison to the alternatives, which they saw as moving back to their village and cultivating rice like their parents. In addition, some reported feeling cared for by the entertainment establishment owner.

When asked what they would like to do besides their current work, many participants expressed an interest in running a small business, such as a fruit and vegetable stall or a small shop. However, they acknowledged that to start a business they would need capital, which they did not have. Furthermore, due to a lack of skills and education, many worried that they would not be able to find a job in another profession and so they welcomed the idea of vocational training. Many also explicitly asked for help in finding another job. However, most of participants had been engaged in other forms of employment prior to their current work as an EW, but shifted to sex work because factory salaries were insufficient. Some of participants also expressed that it may be difficult to find other work now they were branded EWs.

*I had first sex with I was 15 years old... with a client... My aunt arranged me to have sex with the client, who was about 17 or 18 years old... She brought me for a walk, then she used sleeping pill to make me sleepy, and I was unconscious... When I woke up ...my aunt told me that I had sex with a man... She said that [she sold me] because my mother had no money... and I could make some money through selling sex... [The virginity was sold] at about \$500'.*

*(Female EW, age 18, in Siem Reap).*

### 3. Knowledge of HIV/AIDS

Knowledge and understanding of HIV was assessed using a series of seven questions taken from the Behavioral Sentinel Survey. Results for FEWs are shown in Table 2.

TABLE 2: Knowledge of HIV/AIDS among female EWs

Indicator	Female EWs aged 18-20 n=28	Older Female EWs aged 21-29 n=13	All Female EWs n=41
Having sex with only one faithful, uninfected partner reduces the risk of HIV transmission	26	9	35
Using condoms reduces the risk of HIV transmission	28	13	41
Healthy-looking people can have HIV	20	12	32
A person can get HIV from mosquito bites	15	4	19
A person can get HIV by sharing a meal with someone who is infected	5	0	5
Knows where to go for HIV test if they want	24	12	36
Have been given a condom in the last 12 months	20	9	29

Knowledge of HIV prevention among FEWs was moderate, with the younger FEWs having more accurate knowledge than those in the 21 to 29 year age group. In total, 35 out of 41 of the female participants believed that ‘a person can avoid HIV infection by only having sex with one faithful and uninfected partner’. However, 19 of the FEW participants (including over half of the younger cohort) believed that HIV could be transmitted via mosquito bites, and five of the younger FEWs also believed that you could get HIV by sharing a meal with someone who is infected. All female participants knew that using condoms reduces the risk of HIV transmission.

#### 4. Sexual Risk Behaviors and Access to Services

The number of clients for FEWs ranged from four to five a day—primarily for FEWs who worked in massage parlors and brothels—to one a month. In addition to clients, many FEWs had a ‘sweetheart’.<sup>24</sup> Most reported having vaginal sex; some also reported engaging in oral and anal sex.

Condom use was inconsistent among FEWs. During their first sexual encounter, whether consensual or forced, participants reported that condoms were rarely used. Condoms were also reportedly not used with sweethearts because the couple was in love, and/or planning to be married. Condoms are often not used with clients because reportedly clients generally preferred sex without protection. Some FEWs do not use condoms to earn more money, or because they trust the client, while report not using condoms because they felt forced. In general, older FEWs seemed better able to negotiate condom use than younger FEWs.

*‘I sometimes agreed to have sex without condom since I need money... I was very selective when I decided to have sex without condom with client... I had sex without condom if I trust clients.’*

*(Female EW, age 25, Poipet)*

*‘[I did not use condom] because he looked young and had never had sex before... I loved him.’*

*(Female EW, age 18, Siem Reap)*

Most FEWs reported they had accessed HIV and STI services either at government hospitals, private hospitals or NGOS, though private providers were reportedly preferred. In general, participants reported a high level of satisfaction with the services received, however, a few reported that they had been spoken down to or they felt they had been judged by the health care provider, especially when receiving STI services.

Four FEWs (one older and three younger) reported that they had never been for an HIV test because they were either scared of needles or of the test result, or because they did not want to spend time at a health center.

24 A sweetheart is typically the boyfriend and/or regular client of a female entertainment worker.

## 5. Child Bearing and Child Rearing

Similar to other findings,<sup>25</sup> knowledge and use of contraceptive methods other than condoms was very low among participants. Only six FEWs (two in the younger age group and four in older age group) were using an additional modern method of contraception (pill and injection). A number of the older participants had tried short-term methods in the past, but had discontinued due to real and perceived side effects. Fear of side effects and health effects were common reasons given for not using contraceptive methods other than condoms. Another reason given was that family planning/birth spacing, as it is called in Cambodia, is believed to be only for married women.

*'I do not use any contraceptive method [other than condom] nowadays because I am still single.'*

*(Female EW, age 19, Phnom Penh)*

Abortion among FEWs was very common. Most older FEWs had had at least one abortion, and many had had multiple abortions, while four in the younger group had had an abortion. Some participants had an abortion from a private or public sector provider (medical abortion and vacuum aspiration), but, due to cost and for privacy purposes, a number of women chose to have a back street, unsafe abortion, either by using natural methods themselves or through a traditional birth attendant.

Abortions were usually sought because participants felt that they could not afford a child, they had an unintended pregnancy, or because they did not have a partner to support them. In a few cases, pregnancies had ended in miscarriage or the baby died in childbirth.

In terms of child rearing, all 16 FEWs had children (13 of the older group had between one and three children ranging in age from 0 to 15 years, while three of the younger group had one child each, ranging in age from 9 months to 5 years). Two women had had children who died before their second birthday, one due to dengue. Most FEWs were no longer with their child's father, and most often the father left after the birth of their child.

At the time of the study, none of the FEWs' children were living with their mother. The children either lived with their maternal or paternal grandparents, another family member, the father, or a hired nanny. In one case, due to financial constraints, the FEW had to give up her child altogether.

*'Every mother loves their children, but I could not afford to feed him. So I offered my son to others to raise up. I did not want to give him away, but I did not have any capacity to feed him, [and] my parents did not accept him.'*

*(Female EW, age 21 Phnom Penh)*

Although FEWs do not live with their children, they maintain contact and provide support. In most cases, FEWs visit their children (or the children visit), ranging from once a month to once a year. The mothers also send money to the caregivers each month to support the children. Further, as noted previously, many reported that they cannot stop selling sex because they need money to support their children.

Most of participants with children described their child's living situation as adequate: enough food to eat, good shelter, and schooling. However, in few cases the participant reported that she has insufficient funds to feed her children. For instance, some FEWs reported having difficulty affording formula because it is costly and must be bought on a regular basis.

Many of the parenting FEWs reported that their children often suffer common health problems, such as flu, fever, sore throat, and diarrhea, and that they usually take their children for treatment at the public health center since services are free of charge. However, a few reported that their children experience serious and potentially fatal diseases, such as dengue fever, dehydration, intestinal infection, lung infection, typhoid, asthma, and anemia, which require immediate and intensive care. When facing these serious diseases, FEWs send their children to the public hospital or preferably to a private clinic, which was thought to be more efficient.

25 Morineau, G., et al. 2011.

Five FEWs reported that their children attend government school, and are enrolled from kindergarten to grade 3. These FEWs reported that their children are socially and emotionally healthy having been socialized with other children in school and in the neighborhood; however, a few of the FEWs reported that their children lack school supplies due to financial constraints.

*Both daughter of mine has problems with education... the older daughter is now at grade 2 but she does not know anything, and the younger daughter does not start school yet. I want them to go to school, but I lack of money to support them... they don't have enough book, pen, [chalk] board... since I live away from them, they don't have enough supply.'*

*(Female EW, age 27, Poipet)*

## 6. Vulnerabilities

**Family Situation:** All FEWs described their families as poor. Many also reported experiencing a lack of emotional or financial support from parents, physical abuse, and limited educational opportunities. For others, the loss of one or both parents made life difficult—either a parent left when the woman was younger, or in a few cases one or both parents had died of AIDS. For all FEWs, the need for money for themselves and/or for their family (parents or children), or the desire to be free of their family problems was a key reason for leaving home.

*'When my mother had a new husband, I was 7 years old... He treated my mother, me and my siblings badly... When he was drunk, he chucked my mother out from home, and he also hit my mother... He also hit me.'*

*(Female EW, age 19, Phnom Penh)*

**Education:** Many EWs reported being unable to leave sex work because they lack skills or training. Most had a very low level of education, and many reported being illiterate. As noted above, none FEWs had graduated high school with the majority having dropped out at grade four or five.

**Alcohol and Drug Use:** Most FEWs started drinking alcohol when they began working in an entertainment establishment, typically when they were 16 or 17 years old. Participants reported that their bosses and clients often forced them to drink as part of their work. Many FEWs were aware of the effects of alcohol and would try to avoid being drunk with clients or going with drunken clients. Sometimes when clients were drunk, the FEWs reported that they were forced to do things against their will or to have sex without a condom. Further, as noted above, a number of first sexual experiences occurred while FEWs were under the influence of alcohol. The results of the YEW study mirror the SMARTgirl mid-term assessment results, in which one-third of FEWs reporting drinking daily and 25% nearly every day. SMARTgirls also reported that they are required to drink with their customers and to drink more than they want.<sup>26</sup>

*'I drank alcohol for the first time... as clients forced me to drink... If I did not drink, they did not like me... Besides being forced to drink by clients [of a beer garden], my boss also forced me.'*

*(Female EW, age 18, Phnom Penh)*

Drug use was uncommon among FEWs despite a number of participants saying that they were often offered drugs in their line of work. Four FEWs had tried drugs (Ice and ATS), and one reported having been forced to take drugs by a client, but none reported being addicted.

**Violence, Stigma and Discrimination:** This was a common theme among FEWs. In addition to having experienced or witnessed violence at home when they were young, violence and harassment commonly occurred within the context of their current work. Violence perpetrated by clients was reportedly common, particularly when the client is drunk or not wanting to use a condom. For many, sexual harassment is viewed as a part of the job, with little to

26 FHI 360. August 2012. SMARTgirl program review.

no protection offered by supervisors. A number of FEWs had been physically abused, assaulted, and raped; however, none reported the incidents to the authorities because they assumed that as sex workers the police would not offer help. Self-stigma was also common and many participants felt ashamed of what they did to earn money. Some FEWs worried that because of their involvement in sex work they would not be able to find another job in the future or go back to their hometown.

*'I was raped in a group... He did not tell me beforehand, but when I arrived at the place, there were many men waiting... they raped me. I did not shout as it was in a guesthouse... There were three men in the group. I experienced group rape twice... I did not know where to get help, and I was also scared to report it as I was a sex worker.'*

*(Female EW, age 27, Siem Reap)*

## 1. Socio-demographic Characteristics

The 23 male EW (MEW) participants were all between 19 and 29 years of age, with a mean age of 24. Most MEWs in the study reported that they were currently unmarried, with one participant reporting being married to a woman. All of the MEWs in the study were from relatively large families with between two and nine siblings.

The average level of education achieved by the participants was grade 8, with most having dropped out before finishing high school. Eight MEWs had never finished primary school, but the rest typically stopped attending school between 12 and 15 years of age. Three of the participants reported university-level education. One had graduated from university and two were enrolled in university at the time of the interview.

Ten of the participants were still living with their family, nine were living in shared accommodation or a rented room with others, one was living in a pagoda, one was living in NGO lodgings, and one was living with his wife.

In contrast to the women, most of the MEWs recruited in the study (14) worked as freelance sex workers, sometimes in conjunction with other part time jobs. The remaining nine participants worked in entertainment establishments (five worked in a bar, two in a massage parlor, one in a spa, one in a casino).

TABLE 3: Socio-demographic characteristics of male EWs

Socio-demographic Characteristic	Male EWs n=23
<b>AGE</b>	
Age range	19-29
Mean age	24
<b>MARITAL STATUS</b>	
Single	22
Married	1
<b>EDUCATION</b>	
Mean year of schooling	8
<b>FAMILY SIZE</b>	
Mean no. of siblings	4
<b>LIVING SITUATION</b>	
At home with family	11
In shared accommodation/rented room	9
In a pagoda	1
With Spouse	1
In an NGO lodging	1
<b>EMPLOYMENT</b>	
Bar	5
Spa	1
Casino	1
Massage Parlor	2
Karaoke	--
Freelance EW	14

## 2. Trajectory into Transactional Sex

*'I did not receive anything for my first sexual experience. It was voluntary. It was for free... First, we went dancing, and we danced hugging each other, then he asked me to go [for sex]... I was eager to know [what it was like].'*

*(Freelance male EW, age 27, Siem Reap)*

Most MEWs had their first sexual experience between the ages of 18 and 20, with a few respondents first experiencing sexual intercourse between 15 and 17 years. First sexual experiences varied, but most were described as consensual. Many MEWs had their first sexual experience with a girlfriend whom they had met at school, a number initiated sex with another man whom they met through social networks. Some of the study participants' first sexual experience was transactional—with a male client, or an establishment owner in exchange for money.

Most of the men participating in the study reported that they became involved in transactional sex in their early 20s, although two were less than 18 years. For these two individuals, this sexual encounter was also their first sexual encounter. The first clients of MEWs were usually either TG individuals or men, including Cambodians and foreigners. Many men were introduced to sex work by their friends or through their social networks, meeting their first clients at entertainment establishments, in public parks or bars, or through friends. The first sexual experience with clients usually occurred outside of the workplace, in a hotel or a guesthouse.

Most MEWs had had a number of jobs before they began selling sex, some starting to work before they were 18 years old. They worked primarily to support themselves and their families, typically helping out with the family business, such as selling postcards outside Angkor Wat. Others worked as laborers or in small businesses.

One of the factors that influenced entry into transactional sex for MEWs was curiosity about sex with another man; however, the main reason given was financial. Participants wanted money, or needed money to buy food and clothing to support themselves, and to be financially independent of their parents. Some MEWs turned to sex work as the result of losing other employment.

*'[When I did massage work], I did not get any money, except \$2 per hour... that is from just massage work... When I saw that we can make a fair amount of money from providing sex services within a short period of time, [I decided to do it]... My financial situation was better than before. I could buy items for use. I did not have those [nice clothes] to wear before, but I now have it, and I have phone to use and I am independent. I stopped depending on my parents.'*

*(Male EW, age 24, Phnom Penh)*

MEWs had different attitudes towards their sex work. Some participants explained that they enjoyed selling sex. They reportedly did not only do so for the money, but also because they enjoyed having sex. Others had mixed feelings regarding sex work: on the one hand, they liked it as they perceived it as a relatively easy way to earn money (averaging \$20 per sexual service) but on the other hand it was socially unacceptable, tiring and/or they worried about being caught.

*'After I stopped working, I went to sit at the riverside and hung out near Wat Botum. While I was hanging out, a man approached and asked me what I was doing and I replied that I had just been laid off. He just kissed, hugged and touched me [on penis]. First, I felt bored and did not want to do it [provide sexual service]. But I was in financial difficulty and he gave me [money]. So I decided to have sex with him.'*

*(Freelance male EW, age 23, Phnom Penh)*

All MEWs said that if they wanted to stop selling sex they could. Indeed, some thought of their sex work as being temporary, and had plans to quit in a few years or when they got married and had children. For MEWs with a higher level of education, selling sex was more likely to be on a part-time basis to support their studies, rather than as a full-time job.

In terms of viable alternatives to sex work, some expressed an interest in learning English or having some vocational training to give them the skills needed to secure another job. A number of male participants had aspirations and dreams of other careers, including becoming a tour guide and working in a bank.

### 3. Knowledge of HIV/AIDS

Knowledge and understanding of HIV was assessed using a series of seven questions adapted/taken from the Behavioral Sentinel Survey. The results are shown in Table 4.

Knowledge of HIV prevention among MEWs was high with 21 out of 23 of participants accurately believing that 'a person can avoid HIV infection by only having sex with one faithful and uninfected partner'. However, five did not know that a healthy looking person could have HIV, and four participants believed that mosquitoes can transmit the virus. All of participants knew that condoms could prevent HIV transmission, as well as where they could get tested for HIV.

TABLE 4: Knowledge of HIV/AIDS among male EWs

Indicator	MYEW n=23
Having sex with only one faithful, uninfected partner reduces the risk of HIV transmission	21
Using condoms reduces the risk of HIV transmission	23
Healthy-looking people can have HIV	18
A person can get HIV from mosquito bites	4
A person can get HIV by sharing a meal with someone who is infected	1
Knows where to go for HIV test if they want	23
Have been given a condom in the last 12 months	22

#### 4. Sexual Risk Behaviors and Access to Services

*'I did not use [a condom]... I don't know why I did not use at that time. Maybe because I was too horny and I got drunk.'*

*(Male EW, age 23, Preah Sihanoukville)*

Most MEWs reported having multiple sexual partners, (both male and female) often concurrently. Men who worked in massage parlors or spas typically had fewer sexual clients than freelance EWs.

Condom use was inconsistent; participants reported using condoms with male clients during anal sex, but were less likely to use them with sweetheart (male or female) partners. The reason for using condoms with male partners and clients was protection from HIV. Pregnancy prevention was mentioned as a reason for condom use with female partners. Reasons given for occasionally not using condoms were because they were drunk, forgot to use a condom, did not have a condom with them, they were in love, or they felt desperate to have sex.

In many cases, MEWs reported that it is not necessary to use a condom when they had sex without penetration, when having oral sex, or masturbating, as these were perceived to be non-risky activities.

Many MEWs reported not using condoms with their regular female partners due to feelings of trust. If it was the first time the couple was having sex, condoms were perceived not to be necessary because the women were considered to be virgins and hence pure and innocent.

*'At the first time sex [with her], I didn't know if she was virgin or not. If I used condom with her, she might think that I looked down on her. I think this is what woman understands for her first time sex.'*

*(24 years old part-time massage worker  
Phnom Penh)*

Nearly all MEWs reported that they went for HIV and STI checkups every three months, primarily from private (often NGO) providers. They also reported a high level of satisfaction with these services, appreciating that the service was free. They also appreciated speed with which they receive test results.

#### 5. Child Bearing and Child Rearing

Most participants reported having relationships with female sweethearts, and not using condoms, which led to pregnancy in some cases. Some MEWs reported that when pregnancies have occurred, they encouraged their girlfriends to have an abortion. For those in school, this was because they believe children will derail their studies. In only a few cases, the female partners were using contraception such as the pill or injection.

*'[When I heard that she got pregnant] my life was meaningless and dark. I was hopeless... I lose confidence in myself. If I had children, I would lose study opportunity, and I was still young at that time.'*

*(Male EW, age 21, Poipet)*

A number of MEWs expressed that they did not want children because they were too young and financially unstable, but they would like to have children in the future after they marry.

Among the participants, only two had children at the time of the study; one had three children with three different partners. Only one of the children (a seven month old baby) was living with the MEW and his wife (a garment factory worker). The other two children lived with their respective mothers who were living with their new husbands. The participant who lived with his baby reported that the baby is healthy and breastfed, but he didn't know the status of his other two children as he had never visited them.

The other parent had a 13 year-old son who was living with the mother and her new husband. This participant thought that the new partner was rich so he did not worry about his child's health or education. However, he did worry about his son's mental well-being as he described his ex-wife as being unkind.

## 6. Vulnerabilities

**Family Situation:** Most participants described their families as poor, and in some cases, very poor. Most often poverty was the result of an illness, with the family unable to cope with the subsequent bills.

Many MEWs had experienced problems at home when they were younger, ranging from divorce to domestic abuse. These domestic problems affected participants in terms of lack of support from parents, financial issues and education. Moving location was very common among MEWs; many left their homes for another city (Poipet, Preah Sihanoukville, Siem Reap, Phnom Penh) in their late teens in search of work, or to be independent. Family relationships were reported to be a primary cause of leaving home, and often said to be linked to entry into sex work.

*'I still communicate with her [mother], but I do not get along well with her. As I can't stand with her, I let it be. Because of him (stepfather), I can't stay at home... If my birth parents had stayed living together, I would not have to do current work [selling sex], and I would have been studying hard.'*

*(Male EW, age 23, Phnom Penh)*

**Education:** Most MEWs had not finished high school. The most frequently cited reason for dropping out was domestic problems or because they were forced to quit school to help support their family. A few participants reported dropping out of school because they felt unable to keep up after failing their final exams a number of times. All MEWs who were enrolled in or had graduated from a university reported that they supported their studies by selling sex.

**Alcohol and Drug Use:** Most MEWs started drinking alcohol when they were 17 to 18 years old, but a few started drinking as young as 13. Typically they started drinking (beer or cheap rice wine) for the first time with their friends and neighbors.

Alcohol consumption was often associated with increased risk for MEWs. Many reported that they are unable to control themselves when they are drunk, often leading them to have unprotected sex. These findings are supported by the MStyle mid-term review, in which 40% of hotspot survey respondents reported not using condoms after they had been drinking alcohol.<sup>27</sup> The MEWs in this YEW study also reported feeling more confident and less inhibited when they drink, being able to do things that they would not normally do.

Drinking is reportedly common with clients before having sex. Some MEWs reported hanging out and drinking alcohol in clubs or bars to find clients, while some clients have brought them to eat and drink before having sex.

27 FHI 360. August 2012. Program Review: MStyle, Providing HIV/AIDS Prevention and Care for Men who have Sex with Men. Reporting period: October 2008- June 2010. USAID-PRASIT. Phnom Penh, Cambodia.

*'I feel different after drinking. I dare to do things that I did not dare to do before. When I am drunk, I am brave. Because I am drunk, I dare to [have sex with men].'*

*(Male EW, age 21, Poipet)*

Some MEWs reported that their clients usually change their behavior when they are drunk—they are more sexually aroused, more demanding of having 'unusual sex', and often more violent and aggressive.

Drug use was uncommon among MEWs. Five MEWs reported that they had tried or used drugs, with one reporting being addicted to 'Ice' (a methamphetamine). Common drugs mentioned by participants were Ice, Yama and Viagra. Similar to alcohol, MEWs were introduced to drugs by their clients, friends, and family members.

Most of the MEW drug users reported using drugs with friends outside of sex work, but they were sometimes invited or pressured by their clients to use drugs before having sex. Some participants also shared the benefits of using drugs with clients—less physical pain when having anal sex—and some of the downsides, such as longer sexual encounters. Similarly, few respondents in the MStyle mid-term review reported daily drug use, though just over half of the respondents who had used drugs in the past six months reported using it before or during sex.<sup>28</sup>

**Violence, Stigma and Discrimination:** Low levels of stigma and discrimination were reported by MEWs. However, there were a few incidences where they experienced violence, verbal abuse or attempted rape when they refused to have sex with a client or multiple clients. Further, self-stigma was reported by MEWs who consider themselves MSM, as they reported not sharing their sexual identity with others.

*'A client told me that he wants to hire me for sex. When I arrived [at the guesthouse], there was another man waiting in the room. [When I saw that] there were many clients, I left. I told the client that he cheated me... we fought and I was hit but I escaped.'*

*(Male EW, age 23, Phnom Penh)*

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28 Ibid.

# TRANSGENDER EW RESULTS

## 1. Socio-demographic Characteristics

The thirteen transgender EW (TGEW) participants were all aged between 19 and 29 years, with a mean age of 24. All reported that they were currently unmarried; however, a few said that although they were not legally married, they lived with a male partner who they referred to as their 'husband'. All TGEWs in the study were from relatively large families with two to eight siblings.

The average year of schooling for TGEWs was grade 9, with most participants having dropped out of school before finishing high school. Two TGEWs never finished primary school, and nine dropped out of school during high school, typically aged 17-19 years. Two participants had graduated from high school, and had started university, but dropped out during the first year.

Twelve TGEWs lived away from their families in rented shared accommodation (typically sharing a room with others). One participant, aged 19, lived with her family and one participant said that she lived with her de facto husband.

Most TGEWs worked as freelance sex workers, sometimes in conjunction with other part time jobs, such as working in a beauty salon or a small shop. Five TGEWs worked in entertainment establishments (two worked in a bar, one in a massage parlor, two in karaoke venues).

TABLE 5: Socio-demographic characteristics of the TG EWs

Socio-demographic Characteristic	TG EWs n=13
<b>AGE</b>	
Age range	19-29
Mean age	24
<b>MARITAL STATUS</b>	
Single	13
Married	--
<b>EDUCATION</b>	
Mean year of schooling	9
<b>FAMILY SIZE</b>	
Mean no. of siblings	4
<b>LIVING SITUATION</b>	
At home with family	1
In shared accommodation/ rented room	11
With spouse	1
<b>EMPLOYMENT</b>	
Bar	2
Spa	--
Casino	--
Massage Parlor	1
Karaoke	2
Freelance EW	8

## 2. Trajectory into Transactional Sex

*'I went to provide make-up for a wedding in the countryside. A man saw me, and he asked me to go for sex with him and I agreed to go... I was 18 years old... my male partner was about my age, 18 or 19 and he was a student.'*

*(TG EW, age 28, Poipet)*

The majority of participants had their first sexual experience between the ages of 17 and 26. First sexual experiences varied, with most being described as consensual. (Only one transgender reported experiencing violent first sex. She was 12.) For a number of TGEWs, their first sexual experience was with a classmate or friend, while others reported that their first sexual partner was a client, or a stranger.

TGEWs participating in the study reported they first engaged in transactional sex between the ages of 17 and 26, with most starting at 19 years. Sometimes transactional sex began when TGEWs started working in an entertainment establishment. Others first traded sex with a client (Cambodian or foreign national) whom they met through family or social networks, or when they were frequenting an entertainment establishment (e.g., nightclub). Others first became engaged in transactional sex while they were working in a tourist area doing other jobs, such as selling food in Pattaya, Thailand, or selling bracelets on the beach in Sihanoukville.

There were a number of factors influencing involvement in transactional sex. The most common reasons given were family discrimination, or financial—wanting or needing money to buy food, clothing, or for household expenses. Some participants reported that they had to sell sex because they could not find any other job and had no one to support them.

Many of the participants reported preferring selling sex to foreign clients because it is more lucrative. Participants described earning between US\$50 and \$100 each time they had sex with a foreign man. Khmer clients reportedly pay less and are also often drunk.

*'I started selling sex to foreign clients when I was 18 years old... My first experience selling sex was when a French man asked me to go to his room to embroider a bracelet... I asked him directly how much he would offer for sex with me, and he offered \$50. I then agreed... He was a nice man... He did not mistreat me. Since then, I started selling sex with clients.'*

*(TG EW, age 21, Sihanoukville)*

Most TGEWs said that they enjoyed their sex work because they earned money while also fulfilling their sex needs. However, some TGEWs said that they would stop selling sex when/if they found another job, which paid a sufficient salary. Alternative employment interests included being a beautician or small business owner, such as a clothes shop or a beauty salon. For many, however, reasons for wanting to leave sex work were tied to the discrimination they face as sex workers.

### 3. Knowledge of HIV/AIDS

Knowledge and understanding of HIV was assessed using a series of seven questions adapted/taken from the Behavioral Sentinel Survey. The results are shown in Table 6.

Knowledge of HIV prevention among the TGEWs was high. All but one accurately believed that 'a person can avoid HIV infection by only having sex with one faithful and uninfected partner'. TGEWs also had a good practical understanding of how to prevent the virus; all knew that condoms could prevent HIV transmission, as well as where they could get tested for HIV.

TABLE 6: Knowledge of HIV/AIDS among transgender EWs

Indicator	TGYEW n=23
Having sex with only one faithful, uninfected partner reduces the risk of HIV transmission	12
Using condoms reduces the risk of HIV transmission	13
Healthy-looking people can have HIV	11
A person can get HIV from mosquito bites	3
A person can get HIV by sharing a meal with someone who is infected	1
Knows where to go for HIV test if they want	13
Have been given a condom in the last 12 months	12

### 4. Sexual Risk Behavior and Access to Services

*'[I sometimes] meet my client when I go to a ceremony in pagoda, such as inauguration of new praying hall, sometimes in a public place... I usually find many clients ... I sometimes find 3 or 4 sex partner in a night.'*

*(TG EW, age 29, Siem Reap)*

All TGEWs reported having multiple and concurrent sexual partners, including friends, (male) sweethearts, sugar daddies (older men who take care of the EW), and male clients. Some engaged both in selling and buying sex having been involved in group sex, or having multiple partners/clients in one night.

*'Sometimes I use and sometimes I do not use [condom] with clients... If they look skinny, I dare not to have sex [without] protection. If they are fat, but skin is not clean, I also dare not to having sex without protection... If they truly loved me, we do not use condom... I trusted them.'*

*(TG EW, age 20, Poipet)*

Despite high levels of HIV-related knowledge, condom use was inconsistent among TGEWs. There were many misconceptions surrounding condom use, particularly related to perceptions of risk and trust. Participants said they were more likely to use a condom when they have anal sex but they felt condoms were unnecessary for oral sex. Condoms were also often forgotten when they were drunk.

Nearly all TGEWs reported that they regularly accessed HIV and STI services, primarily from private (NGO) providers. They also reported a high level of satisfaction with these services appreciating that the service was free and the speed with which they receive results. Only two participants reported they had never had an HIV test, and a few mentioned that they would like to be able to receive free hepatitis vaccinations, as they feel at risk.

## 5. Child Bearing and Child Rearing

None of TGEWs reported having had sex with females, and none reported having any children; however, three of participants stated that they would like to have children in the future.

## 6. Vulnerabilities

**Family Situation:** About half of participants reported that they came from middle-income families, with the rest reporting they came from a poor family.

*'At 15 years old, I started wearing female dresses. He (father) said that I would not have a good future if I did so (be a transgender), and he stopped me from doing it. He hit me, cut my hair and dismissed me from home... My relatives also did not like me because I was a TG and they did not like my character... I then ran away from home when I was 17 years old.'*

*(TG EW, age 23, Phnom Penh)*

Most TGEWs moved away from their family home when they were between 18 and 22 years old, though a few did so before they were 18. Some left in pursuit of better work opportunities, but more often they left because they were discriminated against and not accepted by their family. In some cases, participants reported leaving home because of family problems.

**Education:** Some TGEWs did not graduate from high school due to economic reasons and their need to support their family, while others left because they were failing at school or because of the low standard of education received. Further, some TGEWs stopped their education early because of the discrimination they faced for being transgender individuals.

*'[I stopped studying] at grade 9...because I wanted to dress and behave like a woman... [but the school] did not allow us to do so... That was school [regulation]... So I followed my feeling and decided to stop studying.'*

*(TG EW, age 23, Phnom Penh)*

**Alcohol and Drug Use:** Alcohol use was common among TGEWs, with some stating they drank beer daily. Most started drinking alcohol when they were 18 years old, but a few started as young as 14 years. Typically drinking started with friends at a party or with family at home. Many TGEWs reported that they often drank alcohol in bars while looking for clients; others drank to increase their confidence and reduce inhibitions. TGEWs reported that alcohol consumption was sometimes linked to peer pressure and often associated with increased risky sexual behavior.

*'I started using it (drugs) when I was 26 year old... I use Ice... When I use it, I feel sexual and want to have more sex... I can have sex many times in a night and it doesn't hurt.'*

*(TG EW, age 29, Siem Reap)*

Many participants were regularly exposed to drugs through friends and partners. Four TGEWs in the study reported that they had tried or used drugs. Common drugs mentioned were Ice, Yama, Ecstasy and Opium. TGEWs reported that drug use and selling sex often become intertwined, particularly since some drugs facilitate stamina.

**Violence, Stigma and Discrimination:** Many TGEWs reported having experienced stigma and discrimination as a result of their identity and as noted above, many left home or school so they could express their gender identity freely. Some TGEWs reported having been mistreated by the police, and some reported having been the victim of sexual harassment and abuse, with a few reporting sexual violence and rape.

*'Unlike Phnom Penh where there are many transgender here (Preah Sihanoukville) there are few transgender; so there is discrimination against us. Policemen hate transgender very much... When they see transgender or us dressed improperly, they mistreat us or they scold us... They accuse us of being a thief along the seaside or of robbing foreigners.'*

*(TG EW, age 21, Preah Sihanoukville)*

Comparing female, male, and transgender participant groups, there are some similarities and some differences in their experience—their trajectory into sex work, their current risks and vulnerabilities, their hopes and dreams for the future, and their child rearing—many of which are due to current gender norms and expectations in Cambodia.

## Education & Life Options

FEWs participants' low level of education (most never graduated from high school) is similar to other study findings, and is particularly notable when compared to the educational attainment of male and TG EWs.<sup>29</sup> This reflects a societal trend of favoring education for boys over girls. In most cases, for female EWs, the reason for leaving school was an economic one.

Differences are also demonstrated by the participant groups' reactions to questions regarding leaving sex work. Most TGEWs reported that they enjoyed sex work, but would change if another option provided sufficient salary. Most MEWs also reported that they could stop selling sex if they chose to do so. By contrast, most female EWs said they would not shift to other work because salaries would be insufficient.

EWs'—particularly FEWs'—limited educational attainment means they lack the necessary qualifications and skills for many (more lucrative) employment alternatives. This is illustrated by FEWs more limited future desires, such as running a small business, but greater needs, such as literacy and capital, compared to those of male and TG EWs. These participants in general wanted to be tour guides or work in a bank or run a small business, yet required fewer additional skills (e.g., English language training).

## Family Situation

Family relationships and financial need were the two key factors leading EW participants to leave home, which in turn often led to their engagement in sex work. Reasons for departure tended to differ by gender. Some participants (in particular male and TG EWs) left home in search of freedom of expression of their sexual or gender identity. Female EWs often left for economic reasons—to earn money to support their family. Needing to support their families was a common thread across FEWs, yet male and to a lesser extent TG EWs did not frequently report having this burden. This suggests that there are different expectations for Cambodian children in supporting their families, and that gender plays a role.

This expectation also plays out in the path to sex work. For many FEWs and to some extent TGEWs, they were led to sex work by those who are supposed to protect them—their family.

## Sexual Debut (first sex/transactional sex)

Although sexual activity occurred across relatively the same age ranges for all populations, there is an enormous difference in the degree of voluntarism experienced. For the majority of male and TG respondents, first sexual experience was primarily consensual. It was also primarily at 18 years or older. By contrast, for the majority FEWs (approximately two-thirds), sexual debut was primarily nonconsensual, occurring in the context of rape or coercion before the age of 18.

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<sup>29</sup> Average grade of schooling of SMARTgirl participants is 5, while nearly half of all male respondents in 'What about the boys' achieved grade 11 or higher. (Miles, G & H. Blanch. What about Boys? September 2001. An initial Exploration of sexually exploited boys in Cambodia. Phnom Penh, Cambodia.)

For the most part, entry into transactional sex for male and TG EWs was separate from their first sex. Most MEWs reported becoming involved in transactional sex in their early 20s, while TG EWs tended to start at 19 years. The manner in which they became involved in transactional sex also varied, with FEWs frequently being forced into the practice, often via the sale of their virginity. Instances of virginity sales were more common among younger female EWs, possibly indicating that this practice is becoming more regular, and reflects a diminishing regard for women.

## Violence, Stigma and Discrimination

Violence was a very common experience for all of EWs. Many had experienced violence and domestic abuse in their familial homes, and many were exposed to violence and harassment in their work. Many FEWs, and some TGEWs had experienced rape or attempted rape, but none had reported this experience to the authorities. Given that violence can increase susceptibility to HIV transmission, and has other serious consequences, there is a need to ensure EWs have access to physical and mental health and legal services.

Low levels of stigma and discrimination were reported by MEWs. However, at the same time, for MEWs who identify as MSM, many reported not suffering discrimination because they kept their MSM status a secret. This is self-stigma and indicates fear of societal reaction. TGEWs reported experiencing a high level of stigma and discrimination due to their gender identity.

These findings point to the need to normalize sexual and gender identities in Cambodia, as well as the need to improve the self-esteem of entertainment workers (low self-esteem can increase risk practice). Programs, such as SMARTgirl and MStyle, have aimed to, and have successfully reoriented community perceptions of EWs, MSM and TG in Cambodia and improved feelings of self-worth of members of these groups. More of such efforts are needed.

## Alcohol and Drug Use

Alcohol use was very high among all EWs, with many drinking daily due to the expectations of clients and entertainment establishment owners. Study participants also reported that alcohol use was linked to increased sexual risk taking as well as violence in some instances.

EWs reported limited drug use, though they were often exposed to drugs through their friends and clients. Drug use was more common among TG and male than female EWs.

These findings suggest the need to continue existing programming and expand support for EWs who drink and use drugs given their heightened risk of HIV and other health harms.

## HIV/AIDS Knowledge

Accurate knowledge of HIV prevention among all EWs was relatively high. Overall, transgender EWs had the highest levels of knowledge, followed by males and then females. This is a particularly interesting finding given that targeted programming for transgender has only recently begun. Transgender individuals have historically been considered MSM and their specific needs have, until now, gone unrecognized. Also interesting to note is that according to the MStyle mid-term review, MSM—both those exposed to MStyle and those unexposed to the program—had high rates of knowledge regarding condoms (91% and 81% respectively were able to correctly identify that using condoms consistently and correctly can greatly reduce their risk of HIV).<sup>29</sup> This may suggest that MSM engaged in transactional sex are an unreachd segment of the MSM population.

Regarding service use, nearly all EWs reported that they went for regular HIV and STI checkups. Although access to HIV related services does not seem to be a concern for the three target populations, young EWs have other needs that are not always being addressed, such as psychological and emotional support, legal aid (such as for cases of rape) and economic alternatives for those who want to exit sex work.

## Sexual Risk

All participants sell sex and all reported having multiple and concurrent sexual relationships with both clients and sweethearts.

Condom use with partners (sweethearts and clients) was inconsistent. Previous studies have shown that condom use in sweetheart relationships is low and this study supports these findings—participants across the three EW groups reported inconsistent condom use with sweethearts.

Condom use with clients was reportedly also inconsistent and primarily due to myths and misconceptions. One barrier to condom use is power. Some participants reported being unable or unsuccessful to negotiate condoms; this was particularly true for younger FEWs, placing them at increased risk of infection.

Of note, in the vast majority of first sexual and first transactional sexual experiences, condoms were absent. Participants reported that this was because they knew nothing about condoms or HIV prevention at the time (or if it were forced sex, because the perpetrator did not use a condom).

## Child Bearing and Rearing

As previously noted, similar to findings from other studies in Cambodia, FEWs very commonly reported abortion and low use of contraceptive methods in addition to condoms.<sup>31</sup> MEWs also reported sometimes encouraging female partners to have an abortion and low rates of contraceptive method use. These findings suggest the need to integrate sexual and reproductive health information and services into HIV prevention efforts aimed at EWs. Based on FHI 360's pilot integrated program, and affirmed by this study, contraceptive methods are often not used by EWs because of fears of side-effects, and the perception that "family planning/birth spacing" is intended only for married women. These barriers to contraceptive uptake must be acknowledged in integration efforts.

Regarding child rearing, 16 female and two male EWs reported having children. In the vast majority of cases, the child/children were living away from the parent, either with grandparents or another family member. In Cambodia it is rather common for one's child to be raised by another family member, and this appears particularly true for the parenting study participants. Parenting EWs reported that they visit their child and most reported that their child's/children's situation was adequate in terms of food, shelter, and education.

This study did not examine EWs' preferences regarding child rearing. As such, further exploration is needed to understand parenting EWs preferences for raising their children and to identify ways to facilitate these preferences becoming a reality.

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31 Morineau, G., et al. 2011.

## RECOMMENDATIONS

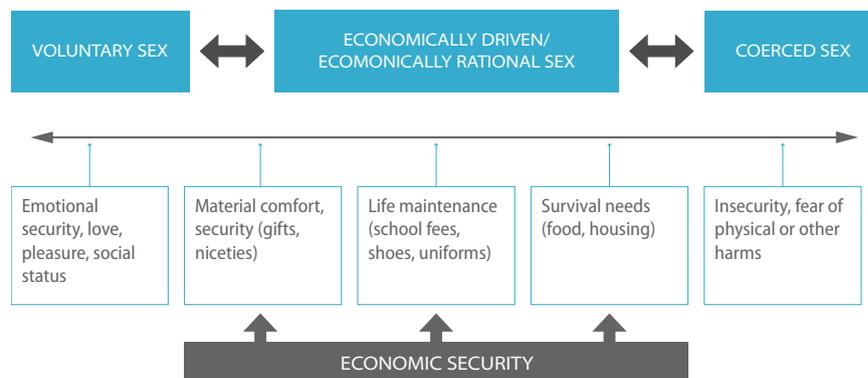
This study aimed to understand the life experiences, trajectory into sex work, and the HIV risks of YEWs. The results are intended to inform the development of integrated HIV and protection programs for young people. Although participants are not representative of all EWs in Cambodia, and do not depict all avenues for entry into sex work, the experiences shared demonstrate that there are a number of contributing factors that must be addressed.

When written, the Convention on the Rights of the Child (CRC) did not include explicit reference to HIV or sexual and reproductive rights; however, in 2003, a General Comment was added outlining the links between HIV and children's rights. Four articles were added: 1) Right to non-discrimination (Art. 3); 2) Best interests of the child (Art. 3); Right to life, survival and development (Art. 6); and 4) Right to express views and have them taken into account (Art. 12). Although the CRC is meant to protect children up to 18 years, all human rights and protections apply to both children and young people, and the scope of the CRC can be applied to both groups.<sup>32</sup>

Balancing rights with protection requires an understanding of the different factors that lead to specific behaviors and the identification of responses that are appropriate for each one. This balance can be seen in a programmatic tool, the *Continuum of Volition*, first developed by Save the Children to help understand and respond to intergenerational sex as a contributor to high HIV prevalence rates among young people in sub-Saharan Africa.<sup>33</sup>

The continuum presents the drivers of transactional sex. Disaggregating these drivers allows for the identification of relevant responses. As proposed originally, if a sexual relationship is voluntary, perhaps for emotional security, love, social status, or pleasure, strategies to provide information and services should be the focus. By contrast, if the transaction is economically driven, strategies should entail the provision of information and services, as well as access to economic opportunities. However, if the sex is coerced, as was the case for many of the female EWs in this study, the priority response should be protection, although information and services are also required.<sup>34</sup>

FIGURE 1: The Continuum of Volition



The recommendations emanating from this study are framed within the context of this continuum. They also, given that many of the findings from this study deepen the understanding of the issues facing most-at-risk young people, build upon those outlined in the MoEYS MARYP study.

32 UNICEF, UNFPA, UNESCO, The University of Melbourne. September 2011. Facilitator's Manual. Short Course 2: Understanding the focus on Young Key Affected Populations in Concentrated and Low Prevalence HIV Epidemics. Bangkok: Thailand, p. 68.

33 Weissman, A., J. Cocker, L. Sherburne, M.B. Powers, R. Lovich, and M. Mukaka. March 2006. Cross-Generational Relationships: Using a Continuum of Volition to assess and address HIV prevention among Young People. Gender and Development. Vol. 14, No. 1. Oxford, UK: Oxfam Great Britain.

34 Ibid.

## Recommendations

Based on the study findings, and using the Continuum of Volition as a framework, the following actions are needed:

1. Provide information and services to enable young people who are engaged in sex work to remain free of disease and other health harms
2. Improve the economic stability of young women and their families to prevent entry into sex work
3. Ensure that young women, men, and transgendered persons early in life and their families know about the potential harms of sex work
4. Facilitate viable economic alternatives to sex work for young people who want to stop selling sex
5. Protect young women, men, and transgender persons who are in the entertainment industry from all forms of violence
6. Support the health, development, and protection of children of EWs by using family-centered approaches that respect the rights of the caregiver

With these necessary response areas in mind, the following study recommendations are geared toward policy-makers and programmers.

## Policy Makers

- **Support future research with young people, including those less than 18 years, involved in high risk activities, such as sex work and drug use** to develop policies and programming that prevent harm to children and young people.
- **Promote and enforce implementation of the National Plan for Education for All** to assure all young people, with particular attention paid to those who are vulnerable and/or most-at-risk, enjoy their right to schooling.
  - » **Ensure girls complete basic education** (grade 1-9): Greater attention should be paid to increasing the number of scholarships targeting girls from economically deprived families.
  - » **Raise awareness and reduce stigma.** Implement the revised MoEYS Life Skills on Comprehensive Sexuality Education curriculum, which includes content on sexual and reproductive health, and gender and sexual identity. Ensure these topics are taught and that students, teachers, and school administrators benefit.
- Although it is important to **strengthen the implementation of specific aspects of the Law on the Suppression of Human Trafficking and Sexual Exploitation**, the implementation of this law should also promote the right of all individuals to have access to sexual and reproductive health, and STI and HIV prevention, care, and treatment services. Further, **the law should be implemented in accordance with the HIV law and the Ministry of Interior's (MoI) Strategic Plan 2009-2013 for creating an enabling environment.**
- Use the Gender-Based Violence (GBV) working group under the National Technical Working Group on Gender led by MoWA as a platform to **create functional links between the planned GBV One-Stop Service Centers and the MoI led Police-Community-Partnership Initiative (PCPI)** that is part of the Boosted Continuum of Prevention, Care to Treatment (CoPCT) Standard Operating Procedure (SOP). The GBV One Stop Service Centers will provide services and links to additional services for victims of domestic violence, trafficking, and rape. These links will ensure most-at-risk populations, including YEWs, have access to psychological support, post-exposure prophylaxis, legal aid, and additional services. PCPI will also focus on protecting employees of entertainment establishments from work-based harassment and violence.

- **Support age and gender disaggregated data** as part of routine monitoring of health and HIV service delivery. These data are important to inform programs and services and to strengthen their attention on meeting the specific needs of young people in the entertainment industry.
- **MoEYS to convene a high level inter-ministerial consultative meeting** to review findings and recommendations of this YEW study, and to deliberate recommendations for inclusion in national government plans and programs. Civil society organizations and international development partners should be encouraged to participate in this meeting.

## Programmers

- Develop or **strengthen existing programs** to more effectively prevent young people's entry into sex work.
- **Implement NCHADS' forthcoming Boosted CoPCT SOP** to ensure that young members of the targeted most-at-risk populations can fulfill their right to health by accessing HIV-related information, services and commodities. Ensure messages regarding the harmful effects of multiple concurrent partnerships and inconsistent condom use with sweethearts are conveyed, and encourage reporting of violence and harassment to rapid response teams of PCPI of Mol. The Boosted CoPCT is part of the Cambodia 3.0 strategy to eliminate new HIV transmission.
- **Ensure younger EWs, and other most-at-risk populations, participate in consultative processes.**
- **Promote the availability of legal and psychosocial services in hotspots.**
- **Link YEWs with low educational attainment to existing vocational training and savings and loans programs** so they have access to the skills and capital needed to start small businesses, or acquire other employment. Such programs need to ensure YEWs have access to opportunities that are market driven and do not perpetuate negative gender-stereotypes (such as sewing for women, and beautician training for TG). Anti-trafficking programs should also link to existing economic programming and facilitate the targeting of young women who seek to exit sex work.
- **Sensitize the general population and shift social norms to increase acceptance of TG and MSM** enabling them to safely and fully express their gender and sexual identities respectively.
- Develop programs or adapt existing ones to **raise awareness of the Law on the Suppression of Human Trafficking and Sexual Exploitation stipulations.**
- **Utilize gender and age disaggregated data** to analyze whether programs are reaching younger cohorts with information and services and determine if age and gender related bottlenecks exist.
- **Implement a family centered approach linking EWs to social protection schemes** to facilitate their ability to keep and care for their children, as desired, and to provide for their children's health, social, education, and other needs.

# APPENDIX 1. Semi-Structured Interview Guides

## Guide for female entertainment workers [English]

### 1. Preparation

**Note to researchers:** the conversation should be allowed to flow quite naturally. Respondents should be allowed to answer each question in their own words, but responses need to be gathered on all the theme areas to be probed (listed under the broader question) wherever possible.

Before commencing the interview, the interviewer should put the respondent at ease with some “small talk”, introduce the purpose of research, explain confidentiality, and request respondent to complete consent form.

### 2. Introduction

*Paragraph below is to be read out clearly to the participant by the interviewer*

Hello, my name is ..... I am a researcher working at FHI 360.

FHI 360 in collaboration with UNICEF is conducting a study in four cities across Cambodia to learn more about the experiences of young people who work in entertainment establishments, their lifestyle and actions, and their knowledge and behaviors regarding sex and reproductive health.

We would like to request your cooperation for about 60-90 minutes to ask you a few questions. Some of these questions will be personal.

The information you provide will be kept strictly confidential. We will do everything possible to protect the information about your participation in this study. Your name will not be recorded at any time, and will never appear in any report. All forms will be labeled with a number code instead of your name. We will not tell anyone about your participation.

Only the Principle Investigators and study coordinator can access the information. It will be used for study purposes only. We will record this interview using a digital recorder so that we can get as much information as possible from it but this will only be listened to by the study staff and will be deleted when analysis has been completed.

Your participation is completely voluntary. You do not have to take part in this study if you do not wish to, and you can refuse to answer any question at any time. If you want help with your worries, please tell me and our team will help you to find the right people to support you.

Your participation is very important. It will help to understand more about young people like you and help to create and provide health programs and services that young people like you need.

#### **Tool:**

Life History Timeline. The purpose of this tool is to gather information about the life trajectory of young EWs. To understand how and why they entered entertainment work, their sexual practices, their risks for HIV and other sexual health harms, and to learn about their child rearing experiences.

To gather the life history of young EWs, you will use two timelines – one for major life events, one specific to events related to the participant’s sex/love life. To gather information on child rearing experiences for those with children, we will use a visual needs assessment tool.

**Materials:**

Large sheets of paper, a number of different color markers, digital recorder, notebook, pictures, pen/pencil

**Instructions:**

1. Ask the participant to draw a timeline horizontally along the middle of one of the sheets of paper.
2. Explain that the start of the line represents the time she was born and the end of the line symbolizes today. Now ask the participant to mark on the timeline the most defining moments of her life.
3. Once she has placed these on the sheet, probe for additional moments, such as: starting/ending school, leaving home, entering work, first sex, having children, etc. Use a different color marker from the original moments, so it is clear what they thought of on their own.
4. Now discuss each defining moment to learn more about her experiences.

**Guidance for using this discussion guideline:**

Use the following questions as a guide and as probes for discussion, not as a blueprint. Although all of the topics/questions must be covered during the interview process, the sequence of asking them should follow the sequence of the interviewee's timeline and not this guide. This means that the interviewer must know the guide and the questions well. This will ensure the session is facilitated as a discussion and not an interview.

If any of the following topics are not covered after all topics on the participant's timeline are discussed, ask about the untouched topics and—if they are relevant to the participant—discuss.

Because it is difficult to predetermine all the concerns young EWs will raise during the conversation, the interview process must be flexible enough to respond to and incorporate what emerges from the interaction with participants.

**QUESTIONS*****Birth/Childhood***

- Can you tell me how old you are now?
- Where were you born?
- Where did you grow-up?
- What was your family situation? Who did you live with? (probe: living with parent(s), relatives)
- Can you please tell me about your parents? About any siblings you have? What kind of relationship did/do you have with them?
- [for women not living where they were born/grew up/coming from another country, ask:] I'm interested to know how you ended-up living here. Can you tell me why you came to this place and how you got here? (probe: did anyone bring you? Did you come willingly?)

***Schooling***

**Schooling:** Option 1 (for participants who attended school)

- You marked here [point to the timeline] that you went to school. Please tell me about your schooling experience (probe: What is the highest level in school you finished? How old were you when you left school? Why did you stop going to school? What did you do next?)
- What are your educational dreams (Would you like to go back to school? What would you like to study?)

### Schooling: Option 2 (for participants who did not attend school)

- You didn't mark on the timeline anything about school. Did you ever go to school? If no, can you please tell me why not? (probe: did any of your siblings [if she has siblings] attend school?)
- What are your educational dreams (Would you like to go back to school?)
- Have you ever attend any vocational training? [If 'YES':] What kind of training did you have? When did you have it? For how long? Who supported you to go to that training?

### First Work

- On the timeline you marked that you started working here [point to the timeline]/When did you start working? How old were you?
- Please tell me about your first job –
  - » What was your first job? What did you do?
  - » Where was it?
  - » How did you find this job/How did you start working in this job?
  - » Why did you start working in this job? Was there a change in your life that compelled you to work in this job? Was there someone helping you to get this job? Was there someone coercing you to do this work? If yes, could you please tell me about what happened? What was your relationship with that person?
  - » How did you feel about this job? What did you like? What did you dislike?
  - » Why did you leave it?
- After your first job, what other kinds of jobs have you done/Where did you work?
- (If your first job was not relevant to entertainment work, ask:) When did you start your first entertainment work?
  - » How did you find that job?
  - » Why did you start doing that job? Was there a change in your life that compelled you to work in this job? Was there someone coercing you to do this work?

### Current Work

- We've talked about your first work. Would you please now tell me about your current work?
  - » What is your current job? What kind of venue is it?
  - » What kind of work you do there?
  - » How long have you been working at this current work place?
  - » How did you find this job/ How did you start working in this current job?
  - » What services do you provide to your clients?
  - » What do you like about your work?
  - » What do you dislike about your work?
  - » Do you feel that you can leave this job any time you want? What would prevent you from leaving?
- What are the options for young women like you if they do not want to work at a place like your current place?
- If you could do another kind of work what would you want to do?- What kind of support do you need to achieve this? What hinders you to do this?
- Does your family or friend know where you are working? Do they know what you are doing (sex work)? What are their reactions to your current job?

## Sex and Love

- When you think about the first time you had sex, how do you feel?
- Would you tell me how you came to have sex the first time?
  - » How old were you?
  - » With whom? (probe: boyfriend, relative, customer)
  - » Where did you live at that time?
  - » Was it voluntary or forced sex?
  - » Did you or the man use anything to protect yourself from STIs and/or pregnancy? What did you or the man use?
  - » Did you receive anything in exchange? (e.g., food, gifts, money)

### Instruction:

Ask participants to now draw a second timeline below the original to illustrate her sex/love life history. Now ask: *From this point onwards, please mark on this second timeline the other relationships you've had.* Then probe:

- » Have you ever been in love?
- » What boyfriends or sweethearts have you had? (probe: How many? How old? How did you meet them?)
- » Of those with whom you have had sex under what circumstances or in what situations do you use condoms? (probe: Always/sometimes/never? Why? Why not? Who makes the decision to use condoms?) What would happen if you insisted on condom use but he didn't want to?
- Can you tell me about your experiences with customers in your work places?
  - » Have you ever had sex with customers? If yes, when did you have sex with customer for the first time and how did it start?
  - » Where do you typically have sex with customers?
  - » What type of sex? (anal, vaginal, oral, penetrative, non-penetrative)
  - » How often do you have sex with your customers?
  - » Have they ever asked you to have sex in a group?
  - » Under what circumstances or in what situations do you use condoms when you have sex with your customers? (probe: Always/sometimes/never? Why? Why not? Who makes the decision to use condoms?)
  - » What would happen if you insisted on condom use but your customer didn't want to?
  - » Are there times that you agree not to use a condom? Why would you agree not to use one?
- I've heard that for some EWs, their customers become their sweethearts/boyfriends. Can you tell me about this experience if you've had it?
  - » How did that happen?
  - » Was your current sweetheart or boyfriend your customer before?
  - » How long have you been together?
  - » Do you live together?
  - » Do you use condom with them? How often?

- I've heard that for some EWs, their customers become their sweethearts/boyfriends. Can you tell me about this experience if you've had it?
  - » How did that happen?
  - » Was your current sweetheart or boyfriend your customer before?
  - » How long have you been together?
  - » Do you live together?
  - » Do you use condom with them? How often?
- I know this may be hard to talk about but I wanted to ask you some questions about harassment EWs may face. I've heard that some EWs have experienced harassment or have been forced to have sex.
  - » Have you ever experienced harassment or been forced against your will to have sex? If so, can you tell me about it?
  - » Have you ever been forced to have sex before 15 years old?
  - » Have you ever experienced harassment by others? (Probes: by policemen, by local authority...)
  - » Were you forced by one person, or were you forced to have sex with more than one person?
  - » Have you been forced to have sex with the same person multiple times?
  - » How have you responded/dealt with the violence?
    - Did you tell anyone about it?
    - Did you get help from anyone (friend; outreach worker; police; doctor) afterwards? If so, did you receive the help you needed? Why/Why not?
    - Did you report the case to the police? If no, why? If yes, what were the outcomes?
    - If not, what kind of help would you like to have and from whom (medical, legal, psychosocial)?

### Health Services

- Have you ever heard of HIV? Can you tell me what do you know about it?
  - » Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?
  - » Can using condoms reduce the risk of HIV transmission?
  - » Can a healthy-looking person have HIV?
  - » Can a person get HIV from mosquito bites?
  - » Can a person get HIV by sharing a meal with someone who is infected?
  - » Do you know where you can go if you wish to receive an HIV test?
  - » In the past 12 months, have you been given condoms (e.g., through outreach service, drop-in center or sexual health clinic)?
- Have you ever had an HIV test?
  - » If yes, can you please tell me what did you think of the services?
  - » If no, why not?
- Can you please tell me about health services that you have received before? (Probes: What were your negative and positive experiences? What are barriers to access services? What other services do you need?)

## **Substance Use**

### **Instruction:**

If not already on the timeline, ask participants if they've ever used alcohol. If yes, ask them to mark on the timeline when they started. Then probe:

- What led you to first try alcohol? (probe: someone gave it to you, someone forced you to drink, you tried it with friends?)
- What role has alcohol played in your life since you had your first drink? )Probe:]
  - » Do you drink at work?
  - » What do you normally drink?
  - » How much do you usually drink?
  - » Have anyone ever force you to drink? (probe: friend/customers/sweetheart/boss)
  - » If you drink, in what ways do you act differently than when you don't drink? (probe: are you more likely to have sex with customers, sweethearts? are you less likely to use condoms?)
  - » If your customers drink, in what ways do they act with you? (probe: are they more violent?)

### **Instruction:**

Ask participants if they've ever used drugs. If no, move to another topic. If yes, ask them to mark on the timeline when they started using it and then probe:

- What led you to first try drugs? (probe: someone gave it to you, someone forced you to drink, you tried it with friends?)
- What role have drugs played in your life since you first tried them? [Note: Do not ask if they haven't tried drugs]
  - » Do you use drugs at work?
  - » What drugs do you normally take?
  - » Do you inject drug? Do you share needle with others? How often do you take drugs?
  - » Have anyone ever forced you to take drugs? (probe: friend/customers/sweetheart/boss)
  - » If you take drugs, in what ways do you act differently than when you don't take drugs? (probe: are you more likely to have sex with customers, sweethearts? are you less likely to use condoms?)
  - » If your customers take drugs, in what ways do they act with you? (probe: are they more violent?)

## **Sexual and Reproductive Health & Child-Bearing/Child-Rearing**

For participants who have not marked on the timeline the birth of a child, ask: Do you have children?

If she has no children, ask: Have you ever got pregnant before?

- Why did you get pregnant? (Probe: with husband, boyfriend/sweetheart, client, by intention, misuse condom, didn't try to prevent, didn't worry about it/think it would happen, forced sex?)
- Have you ever had a miscarriage? A still birth? An abortion?
- [If she's had an abortion, ask:] Would you please tell me about a/the time(s) you've had an abortion? (probe: medical, surgical, traditional etc.)

- » Why did you decide to have an abortion?
- » How would having a baby impact your life? Work? Relationship with your boyfriend/ husband?
- » Where did you have the abortion?
- » What did you think about the services you were provided with? How did the service providers treat you? Did you have any complications?
- Have you ever used a method to prevent pregnancy? If yes, what methods have you ever used? Why did you choose those? Why did you stop (if stopped)?
  - » Are you currently using any form of contraception? Why? If yes, what are you using? If no, can you tell us why you are not using contraception?

**For women without children:**

Thank you very much for talking to us and telling us about your life. Your participation is greatly appreciated and very valuable and will help us to understand more about young people like you.

Is there anything else that you wish to tell us? Is there anything else that you think we need to know about young people like you? Do you have any questions?

I am interested in discussing these issues with other? Who would you recommend that I talk to?

**Thank you for your time and contribution!**

**For participants with children:**

Take another sheet of paper and ask participants to draw their children in the center of the sheet of paper. Then probe:

- I can see you have (one, two, three... ) children. How old are they? Who is their father? Did you get married or you just lived together with him?
- Are your children staying with you?
  - » If yes, who looks after the children when you are working?
  - » If not, where are they staying? Who is looking after them? How often do you visit the child(ren)?
  - » Where is their father living now? (Probe: Is he living with you? Are you separated with him and he is living away somewhere else? Is he remarried?)
  - » Does the father of the child(ren) help to look after the child(ren) or visit them?

**Instruction:**

Give participants the pre-prepared pictures representing the different needs of children: adequate shelter, food, education, social-emotional well-being, and health. Ask the participant to take a few minutes to get familiar with the pictures and ask her if she understands their meaning (please explain if she indicates that she does not understand. Make sure that she is comfortable before you proceed).

Now ask the participant to place those symbols on the sheet of paper that she thinks are currently being met for her child(ren). Then probe, you or the participant can indicate her answers with drawings or writing if it helps the conversation along.

### Shelter

- Can you tell me about the living conditions of your child(ren)? (probe: What kind of structure do they live in (open air, plastic, wooden, concrete, etc.)? Do they have their own space to sleep? Do they have their own blanket? How safe is the area? Can you tell me about the community around them?)

### Food and nutrition

- Can you tell me about the eating habits of your child(ren)? (probe: do they eat at least two meals a day? What is their staple diet? How often do they eat meat and vegetables? Do they have access to clean drinking water?)

### Education

- Can you tell me if your children go to school?
- If yes, can you tell me more about it? (probe: How many are going to school nowadays? How far is the school from the house? How they get there? How often do they attend? Do they have enough to buy materials for the school? Who helps with the homework? Do they have to do chores after school? Is your child/are your children learning well or facing challenges?)
- If no, can you please tell me how would they spend an average day?
- What do you want for their future?

### Social and Emotional Well-Being

- Can you tell me about your child's happiness? Do your children seem happy? Do they spend a lot of time alone? Do they have friends? What kind of friends do they have – same age? Older? Younger? Do they tend to get into fights? Who or what (e.g., pet) are they emotionally close to? Do they play together? What do they do when they play?

### Health

- Can you tell me about your child (ren)'s health? (probe: Are they similar height/weight compared to children at the same age? Have they ever been sick? How often are they sick?)
- What happens if your child is sick? (probe: Who takes care of the child? Where would you seek help (none, traditional medicine, health center, etc.) Why?)

### **Instruction:**

Once you have discussed the areas (pictures) she thinks are well met for her children, discuss those areas (pictures) that she did not put on the list and ask her to share with you why she thinks her child(ren)'s needs aren't being met in these areas.

Thank you very much for talking to us and telling us about your life. Your participation is greatly appreciated and very valuable and will help us to understand more about young people like you.

Is there anything else that you wish to tell us? Is there anything else that you think we need to know about young people like you? Do you have any questions?

I am interested in discussing these issues with other? Who would you recommend that I talk to?

**Thank you for your time and contribution!**

## Guide for young male and transgender entertainment workers [English]

### **1. Preparation**

**Note to researchers:**the conversation should be allowed to flow quite naturally. Respondents should be allowed to answer each question in their own words, but responses need to be gathered on all the theme areas to be probed (listed under the broader question) wherever possible.

Before commencing the interview, the interviewer should put the respondent at ease with some “small talk”, introduce the purpose of research, explain confidentiality, and request respondent to complete consent form.

### **2. Introduction**

*Paragraph below is to be read out clearly to the participant by the interviewer*

Hello, my name is ..... I am a researcher working at FHI 360.

FHI 360 in collaboration with UNICEF is conducting a study in four cities across Cambodia to learn more about the experiences of young people who work in entertainment establishments, their lifestyle and actions, and their knowledge and behaviors regarding sex and reproductive health.

We would like to request your cooperation for about 60-90 minutes to ask you a few questions. Some of these questions will be personal.

The information you provide will be kept strictly confidential. We will do everything possible to protect the information about your participation in this study. Your name will not be recorded at any time, and will never appear in any report. All forms will be labeled with a number code instead of your name. We will not tell anyone about your participation.

Only the Principle Investigators and study coordinator can access the information. It will be used for study purposes only. We will record this interview using a digital recorder so that we can get as much information as possible from it but this will only be listened to by the study staff and will be deleted when analysis has been completed.

Your participation is completely voluntary. You do not have to take part in this study if you do not wish to, and you can refuse to answer any question at any time. If you want help with your worries, please tell me and our team will help you to find the right people to support you.

Your participation is very important. It will help to understand more about young people like you and help to create and provide health programs and services that young people like you need.

#### **Tool:**

Life History Timeline. The purpose of this tool is to gather information about the life trajectory of young EWs. To understand how and why they entered entertainment work, their sexual practices, their risks for HIV and other sexual health harms, and to learn about their child rearing experiences.

To gather the life history of young EWs, you will use two timelines – one for major life events, one specific to events related to the participant’s sex/love life. To gather information on child rearing experiences for those with children, we will use a visual needs assessment tool.

**Materials:**

Large sheets of paper, a number of different color markers, digital recorder, notebook, pictures, pen/pencil

**Instructions:**

1. Ask the participant to draw a timeline horizontally along the middle of one of the sheets of paper.
2. Explain that the start of the line represents the time he was born and the end of the line symbolizes today. Now ask the participant to mark on the timeline the most defining moments of his life.
3. Once he has placed these on the sheet, probe for additional moments, such as: starting/ending school, leaving home, entering work, first sex, having children, etc. Use a different color marker from the original moments, so it is clear what they thought of on their own.
4. Now discuss each defining moment to learn more about his experiences.

**Guidance for using this discussion guideline:**

Use the following questions as a guide and as probes for discussion, not as a blueprint. Although all of the topics/questions must be covered during the interview process, the sequence of asking them should follow the sequence of the interviewee’s timeline and not this guide. This means that the interviewer must know the guide and the questions well. This will ensure the session is facilitated as a discussion and not an interview.

If any of the following topics are not covered after all topics on the participant’s timeline are discussed, ask about the untouched topics and—if they are relevant to the participant—discuss.

Because it is difficult to predetermine all the concerns young EWs will raise during the conversation, the interview process must be flexible enough to respond to and incorporate what emerges from the interaction with participants.

**QUESTIONS**

*Birth/Childhood*

- Can you tell me how old you are now?
- Where were you born?
- Where did you grow-up?
- What was your family situation? Who did you live with? (probe: living with parent(s), relatives)
- Can you please tell me about your parents? About any siblings you have? What kind of relationship did/do you have with them?
- [for TG/males not living where they were born/grew up/coming from another country, ask:] I’m interested to know how you ended-up living here. Can you tell me why you came to this place and how you got here? (probe: did anyone bring you? Did you come willingly?)

### Schooling

#### Schooling: Option 1 (for participants who attended school)

- You marked here [point to the timeline] that you went to school. Please tell me about your schooling experience (probe: What is the highest level in school you finished? How old were you when you left school? Why did you stop going to school? What did you do next?)
- What are your educational dreams (Would you like to go back to school? What would you like to study?)

#### Schooling: Option 2 (for participants who did not attend school)

- You didn't mark on the timeline anything about school. Did you ever go to school? If no, can you please tell me why not? (probe: did any of your siblings [if he has siblings] attend school?)
- What are your educational dreams (Would you like to go back to school?)
- Have you ever attend any vocational training? [If 'YES':] What kind of training did you have? When did you have it? For how long? Who supported you to go to that training?

### First Work

- On the timeline you marked that you started working here [point to the timeline]/When did you start working? How old were you?
- Please tell me about your first job –
  - » What was your first job? What did you do?
  - » Where was it?
  - » How did you find this job/How did you start working in this job?
  - » Why did you start working in this job? Was there a change in your life that compelled you to work in this job? Was there someone helping you to get this job? Was there someone coercing you to do this work? If yes, could you please tell me about what happened? What was your relationship with that person?
  - » How did you feel about this job? What did you like? What did you dislike?
  - » Why did you leave it?
- After your first job, what other kinds of jobs have you done/Where did you work?
- (If your first job was not relevant to entertainment work, ask:) When did you start your first entertainment work?
  - » How did you find that job?
  - » Why did you start doing that job? Was there a change in your life that compelled you to work in this job? Was there someone coercing you to do this work?

### Current Work

- We've talked about your first work. Would you please now tell me about your current work?
  - » What is your current job? What kind of venue is it?
  - » What kind of work you do there?
  - » How long have you been working at this current work place?
  - » How did you find this job/ How did you start working in this current job?
  - » What services do you provide to your clients?
  - » What do you like about your work?
  - » What do you dislike about your work?

- » Do you feel that you can leave this job any time you want? What would prevent you from leaving?
- What are the options for young TG/males like you if they do not want to work at a place like your current place?
- If you could do another kind of work what would you want to do?- What kind of support do you need to achieve this? What hinders you to do this?
- Does your family or friend know where you are working? Do they know what you are doing (sex work)? What are their reactions to your current job?

### *Sex and Love*

- When you think about the first time you had sex, how do you feel?
- Would you tell me how you came to have sex the first time?
  - » How old were you?
  - » With whom? (probe: male or female and the type of relationship)
  - » Where did you live at that time?
  - » Was it voluntary or forced sex?
  - » Did you or man/women use anything to protect yourself from STIs (or pregnancy if first sex was with a woman)? What did you use?
  - » Did you receive anything in exchange? (e.g., food, gifts, money)

### **Instruction:**

Ask participants to now draw a second timeline below the original to illustrate his sex/love life history. Now ask: From this point onwards, please mark on this second timeline the other relationships you've had. Then probe:

- » Have you ever been in love?
- » What girlfriends/boyfriends or sweethearts have you had? (probe: How many? Male or female? How old? How did you meet them?)
- » Of those with whom you have had sex under what circumstances or in what situations do you use condoms? (probe: Always/sometimes/never? Why? Why not? Who makes the decision to use condoms?) What would happen if you insisted on condom use but h/she didn't want to?
- Can you tell me about your experiences with customers in your work places?
  - » Have you ever had sex with customers? If yes, when did you have sex with customer for the first time and how did it start? Was it a female or male customer?
  - » Where do you typically have sex with customers?
  - » What type of sex? (anal, vaginal, oral, penetrative, non-penetrative)
  - » How often do you have sex with your customers?
  - » Have they ever asked you to have sex in a group?
  - » Under what circumstances or in what situations do you use condoms when you have sex with your customers? (probe: Always/sometimes/never? Why? Why not? Who makes the decision to use condoms?)
  - » What would happen if you insisted on condom use but your customer didn't want to?
  - » Are there times that you agree not to use a condom? Why would you agree not to use one?

- I've heard that for some EWs, their customers become their sweethearts/boyfriends/girlfriends. Can you tell me about this experience if you've had it?
  - » How did that happen?
  - » Was your current sweetheart or boyfriend/girlfriend your customer before?
  - » How long have you been together?
  - » Do you live together?
  - » Do you use condom with them? How often?
- I know this may be hard to talk about but I wanted to ask you some questions about harassment EWs may face. I've heard that some EWs have experienced harassment or have been forced to have sex.
  - » Have you ever experienced harassment or been forced against your will to have sex? If so, can you tell me about it?
  - » Have you ever been forced to have sex before 15 years old?
  - » Have you ever experienced harassment by others? (Probes: by policemen, by local authority...)
  - » Were you forced by one person, or were you forced to have sex with more than one person?
  - » Have you been forced to have sex with the same person multiple times?
  - » How have you responded/dealt with the violence?
    - Did you tell anyone about it?
    - Did you get help from anyone (friend; outreach worker; police; doctor) afterwards? If so, did you receive the help you needed? Why/Why not?
    - Did you report the case to the police? If no, why? If yes, what were the outcomes?
    - If not, what kind of help would you like to have and from whom (medical, legal, psychosocial)?

### Health Services

- Have you ever heard of HIV? Can you tell me what do you know about it?
  - » Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?
  - » Can using condoms reduce the risk of HIV transmission?
  - » Can a healthy-looking person have HIV?
  - » Can a person get HIV from mosquito bites?
  - » Can a person get HIV by sharing a meal with someone who is infected?
  - » Do you know where you can go if you wish to receive an HIV test?
  - » In the past 12 months, have you been given condoms (e.g., through outreach service, drop-in center or sexual health clinic)?
- Have you ever had an HIV test?
  - » If yes, can you please tell me what did you think of the services?
  - » If no, why not?
- Can you please tell me about health services that you have received before? (Probes: What were your negative and positive experiences? What are barriers to access services? What other services do you need?)
  - » For transgender, ask: What is particular service that you and the transgender group like you need?

## **Substance Use**

### **Instruction:**

If not already on the timeline, ask participants if they've ever used alcohol. If yes, ask them to mark on the timeline when they started. Then probe:

- What led you to first try alcohol? (probe: someone gave it to you, someone forced you to drink, you tried it with friends?)
- What role has alcohol played in your life since you had your first drink? [ Probe:]
  - » Do you drink at work?
  - » What do you normally drink?
  - » How much do you usually drink?
  - » Have anyone ever force you to drink? (probe: friend/ customers/ sweetheart/ boss)
  - » If you drink, in what ways do you act differently than when you don't drink? (probe: are you more likely to have sex with customers, sweethearts? are you less likely to use condoms?)
  - » If your customers drink, in what ways do they act with you? (probe: are they more violent?)

### **Instruction:**

Ask participants if they've ever used drugs. If no, move to another topic. If yes, ask them to mark on the timeline when they started using it and then probe:

- What led you to first try drugs? (probe: someone gave it to you, someone forced you to, you tried it with friends?)
- What role have drugs played in your life since you first tried them? [Note: Do not ask if they haven't tried drugs]
  - » Do you use drugs at work?
  - » What drugs do you normally take?
  - » Do you inject drug? Do you share needle with others?
  - » How often do you take drugs?
  - » Have anyone ever forced you to take drugs? (probe: friend/customers/sweetheart/boss)
  - » If you take drugs, in what ways do you act differently than when you don't take drugs? (probe: are you more likely to have sex with customers, sweethearts? are you less likely to use condoms?)
  - » If your customers take drugs, in what ways do they act with you? (probe: are they more violent?)

## **Sexual and Reproductive Health & Child-Bearing/Child-Rearing**

For participants who have not marked on the timeline the birth of a child, ask: Do you have children?

If yes, see below; if no, proceed here:

- Have you ever got anyone pregnant?
  - » Who did you get pregnant? (girlfriend/ sweetheart /EW client, by intention, misuse condom, didn't try to prevent, didn't worry about it/think it would happen)
- Can you tell me what happened when you found out that you got someone pregnant? (probe: abortion, was he involved, doesn't know, etc.)

- (If his partner used to abort, please ask:) Can you tell me your partner's abortion?
  - » Why did she decide to have an abort?
  - » Where did she have the abortion?
  - » What did you think about the services of that abortion? How did the service providers treat you/your partner?
  - » How would having a baby impact your life? Work? Relationships?
  - » Would you want to have children in the future?

**For TG/men without children**

Thank you very much for talking to us and telling us about your life. Your participation is greatly appreciated and very valuable and will help us to understand more about young people like you.

Is there anything else that you wish to tell us? Is there anything else that you think we need to know about young people like you? Do you have any questions?

I am interested in discussing these issues with other? Who would you recommend that I talk to?

**Thank you for your time and contribution!**

**For TG/men with children**

You marked here [point to the timeline] the birth of your child(ren). Can you tell me more about it?

**Instruction:**

Only for participants with children. Take another sheet of paper and ask participants to draw their children in the center of the sheet of paper. Then probe:

- I can see you have (one, two, three... ) children. How old are they? Who is their mother? Have you ever been married to her?)
- Who are your children living with? Are your children staying with you?
  - » If yes, who looks after the children when you are working?
  - » If not, where are they staying? Who is looking after them? How often do you visit the child(ren)?

**Instruction:**

Give participants the pre-prepared pictures representing the different needs of children: adequate shelter, food, education, social-emotional well-being, and health. Ask the participant to take a few minutes to get familiar with the pictures and ask him if he understands their meaning (please explain if he indicates that he does not understand. Make sure that he is comfortable before you proceed).

Now ask the participant to place those symbols on the sheet of paper that he thinks are currently being met for his child(ren). Then probe, you or the participant can indicate his answers with drawings or writing if it helps the conversation along.

**Shelter**

- Can you tell me about the living conditions of your child(ren)? (probe: What kind of structure do they live in (open air, plastic, wooden, concrete, etc.)? Do they have their own space to sleep? Do they have

their own blanket? How safe is the area? Can you tell me about the community around them?

#### **Food and nutrition**

- Can you tell me about the eating habits of your child(ren)? (probe: do they eat at least two meals a day? What is their staple diet? How often do they eat meat and vegetables? Do they have access to clean drinking water?)

#### **Education**

- Can you tell me if your children go to school?
- If yes, can you tell me more about it? (probe: How many are going to school nowadays? How far is the school from the house? How they get there? How often do they attend? Do they have enough to buy materials for the school? Who helps with the homework? Do they have to do chores after school? Is your child/are your children learning well or facing challenges?)
- If no, can you please tell me how would they spend an average day?

#### **Social and Emotional Well-Being**

- Can you tell me about your child's happiness? Do your children seem happy? Do they spend a lot of time alone? Do they have friends? What kind of friends do they have – same age? Older? Younger? Do they tend to get into fights? Who or what (e.g., pet) are they emotionally close to? Do they play together? What do they do when they play?

#### **Health**

- Can you tell me about your child (ren)'s health? (probe: Are they similar height/weight compared to children at the same age? Have they ever been sick? How often are they sick?)
- What happens if your child is sick? (probe: Who takes care of the child? Where would you seek help (none, traditional medicine, health center, etc.) Why?)

#### **Instruction:**

Once you have discussed the areas (pictures) he thinks are well met for his children, discuss those areas (pictures) that he did not put on the list and ask him to share with you why he thinks her child(ren)'s needs aren't being met in these areas.

Thank you very much for talking to us and telling us about your life. Your participation is greatly appreciated and very valuable and will help us to understand more about young people like you.

Is there anything else that you wish to tell us? Is there anything else that you think we need to know about young people like you? Do you have any questions?

I am interested in discussing these issues with other? Who would you recommend that I talk to?

**Thank you for your time and contribution!**

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