CHAPTER I

INTRODUCTION

1.1 Background and Significance of the Problem

Sexual intercourse is the dominant route of STD and HIV/AIDS transmission accounting for about 85 percent of all HIV/AIDS infection worldwide. Commercial sex workers, because of a high number of sexual partners, represent a group at high risk of being exposed to HIV. HIV seroprevalence (the proportion of people tested who are HIV/AIDS infected) is particularly high among sex workers. HIV seroprevalence among sex workers is generally 3-20 times higher than the "general population". HIV is generally thought to be more readily transmitted from an infected man to his sex partner (woman or man) than from an infected woman to her sex partner (man or woman) (ICRC, 1995).

Sex work is a universal phenomenon. Assessing the size of the market is difficult because the trade is largely illegal and often underground. The most authoritative studies available suggest that the market is vast. This makes it difficult to determine the true extent of the sex work industry and it has apparently been increasing in recent years (WHO, 2001).

In the context of sex work, important factors having a correlation with HIV epidemics are: the daily number of clients, the frequency of use of commercial sex by men, the rate of regular condom use, history and current levels of other STDs. In addition, most populations of sex workers report substantially less use of prevention practices with their regular non-paying partners than with their paying customers and the high rate of HIV among sex workers can be interpreted as a precursor to a relatively rapid spread of the epidemic. HIV epidemics affect sex workers, their clients and their respective families and societies (UNAIDS, 2002). HIV/AIDS has sidelined many other problems relating to sex work. HIV/AIDS intervention programmes correctly identify workers' powerlessness as an important factor in transmission of the disease because

it makes them less able to negotiate the terms of the sex act and client condom usage (WHO, 2001). Commercial Sex Workers are paid less if they use condoms according to the study in Calcutta of Rao et al (2003).

Many formal sex workers become involved while still children or young adolescents. Commonly, they migrate from rural areas or small towns to an urban setting, either as job seekers or because they were procured by brothels or pimps. They generally lack the skills to meet the challenges of urban life or to establish new social networks. The majority of these sex workers are expected to contribute to family incomes; indeed, they are commonly the only supporters of their family. In addition to this 'voluntary,' economically-driven migration to urban centres, in regions such as Asia and Eastern Europe, girls and women are increasingly trafficked for commercial sexual exploitation (UNAIDS, 2002).

Country Border areas

The sex industry in Asia has changed from being in traditional sites to crowded areas and has spread over cities, to suburbs and along highways. The industry lies on both sides of international borders and grows wherever there is a high density and movement of people (WHO, 2001).

Border areas were previously closed for political or security reasons have now been opened. Tourists, traders, labourers, migrants and business people find it easier than ever to cross from one country to another. They feel a greater sense of freedom and are often not travelling with their regular partners. These factors can lead to increased risk behaviour and other factors that generate risk in border environments including poor public health programmes due to lack of human and technical resources and remoteness of borders. These factors can facilitate the transmission of HIV (CARE , 2004).

Some countries have documented high rates of HIV infection among female sex workers in border areas for example, HIV prevalence rates up to 4 times higher have been observed among female sex women in the south of Viet Nam bordering Cambodia

and in provinces of Cambodia bordering Thailand as compared to non-border areas (WHO, 1999).

Sex workers and HIV/AIDS situation in Cambodia

Cambodia is one of three countries that has the fastest growing STD/HIV/AIDS epidemic in Southeast Asia (UNAIDS, 2004). Sex alone is clouded by many taboos and in Cambodian society; there are many criticisms about sex work and sex workers. Sex workers in Cambodia are prohibited by law but having sexual intercourse with sex workers is commonly accepted among men (Shinsuke, et al, 1998). The estimated number of sex workers in Cambodia is 300,000-500,000 (WHO, 1998). WHO (2000) reported that the spread of HIV in Cambodia is mainly through heterosexual transmission and the high risk group are female commercial sex workers (CSWs). Seaman (2004) mentioned that Cambodia may be one of the newest countries to open up to the expansion of trade and tourism in Asia. The sexual demand appears to be driven both by internal demand by local Khmer men and external demand created by the influx of tourists and businessmen from the region and wider. In some cases there is a huge demand for young virgin girls.

Along the Cambodian-Thailand border, there are many cross border areas for trade, travelling and tourism for both temporary and international transits. At the same time, those areas are surrounded by gambling and sexual service businesses (Chantavanich et al, 2000b). Pramulratana et al (1995) mentioned that there was no concerted AIDS program (AIDS prevention program) along the Cambodian-Thai border and levels of knowledge of AIDS and prevention practices among Cambodians along the border were extremely low. The National Cambodian HIV sentinel surveillance results in 2002 showed that the prevalence was highest (28.8%) in brothel-based CSWs compared to other groups. The prevalence among non-brothel-based (indirect) commercial sex workers (IDSWs) was 14.8%, almost half the prevalence in the brothel-based sex workers. Police personnel had a prevalence of 3.1% (NCHADS, 2002, as cited in Detels, 2004). In some provinces particularly in tourist areas, HIV prevalence among sex workers, especially brothel-based sex workers is over 50%. This

goes hand-in hand with a high prevalence of HIV among 'bridging' groups (policemen, fishermen, clients of sex workers) (WHO, 2001).

Sex workers and HIV/AIDS situation in Oddar Meanchey Province

Oddar Meanchey is Cambodia's newest province. It is located in north western Cambodia, and borders Banteay Meanchey, Siem Reap and Preah Vihear Provinces as well as Thailand. Its creation was announced on April 27, 1999. Since the province's creation an entirely new provincial administration, with all of the line departments and district offices, has been established and even now, is not completely in place. The population (130,000) includes returned refugees and internally displaced persons as well as new settlers moving to the province due to improved security, availability of land and the increased possibility of work in the border areas and migratory seasonal work in Thailand (Swife, 2003). In Oddar Mean Chey, there are two NGOs working with sex workers, which collaborate with the Provincial HIV/AIDS office (PAO) who works under the supervision of the Provincial Health Department (PHD). Since the PAO has been recently established, all HIV/AIDS control activities are in the early stages of implementation in this province.

This province has a common border with three Thai provinces (Burirum, Surin and Srisaket Provinces). According to an agreement between both countries, there are two international designated check points within Oddar Manchey Province. The first checkpoint is between Kapcheoung district, Surin Province and Osmach Commune, Samrong district, Oddar Maenchey Province (which has operated as an international check point since September 2002). The second check point is the border between Phusing district, Srisaket Province, Thailand and AnlongVeng district of Oddar Meanchey Province, Cambodia, which has only been operating since February 2004. Both check points are open daily.

According to improved security in Cambodia and particularly in Oddar Meanchey, the border town of Osmach continues to "develop" with two casinos having been built to "service" the Thai community who are able to cross daily. Thai border police have indicated that approximately 2,000-3,000 Thai people cross the border to

Osmach town on weekends, and approximately 1,000 persons on week days. The number of businesses and migrated job seekers has been increasing. There are approximately 80-100 Thai men visiting sex workers in each brothel per week as well as other Cambodian groups (traders, truckers, business people, tourists, officials, soldiers, and police) and foreigners such as Singaporean and Chinese. At the present, there are a total of 13 brothels with approximately 60 DCSWs in this area (ATC, 2004).

There are a few studies about sex workers in Cambodian border areas but little is known in the new trade border area of this province of Oddar Meanchey. There is no contextual understanding of these women as persons, the nature and the risks of their job and their relations with their clients and brothel owners/managers. On the other hand, no meaningful or effective STD/HIV prevention program can be planned or implemented in the DCSWs communities if there is no such understanding of sub-culture. Since Osmach has become a border for trade, there is no systematic study for the commercial sex workers regarding STD and HIV/AIDS. Therefore, evidence would be useful and would help the province to understand the personal, professional, social and other differences, which influence those women working full time in sex work.

1.2 Purpose of the Study

The purpose of the study is to assess the condom use and the determinants influencing condom use in preventing STD and HIV/AIDS of DCSWs in Oddar Meanchey Province.

1.3 The Objectives of the Research

Focusing on DCSWs of Osmach town, Oddar Meanchey Province, the objectives of the study are:

1. To assess the magnitude of condom use among DCSWs.
2. To assess the determinants that influence condom use among DCSWs.

1.4 Research Questions

1. What is the magnitude of condom use among DCSWs?
2. What are the determinants that influence condom use among DCSWs?

1.5 Conceptual Framework of the Research

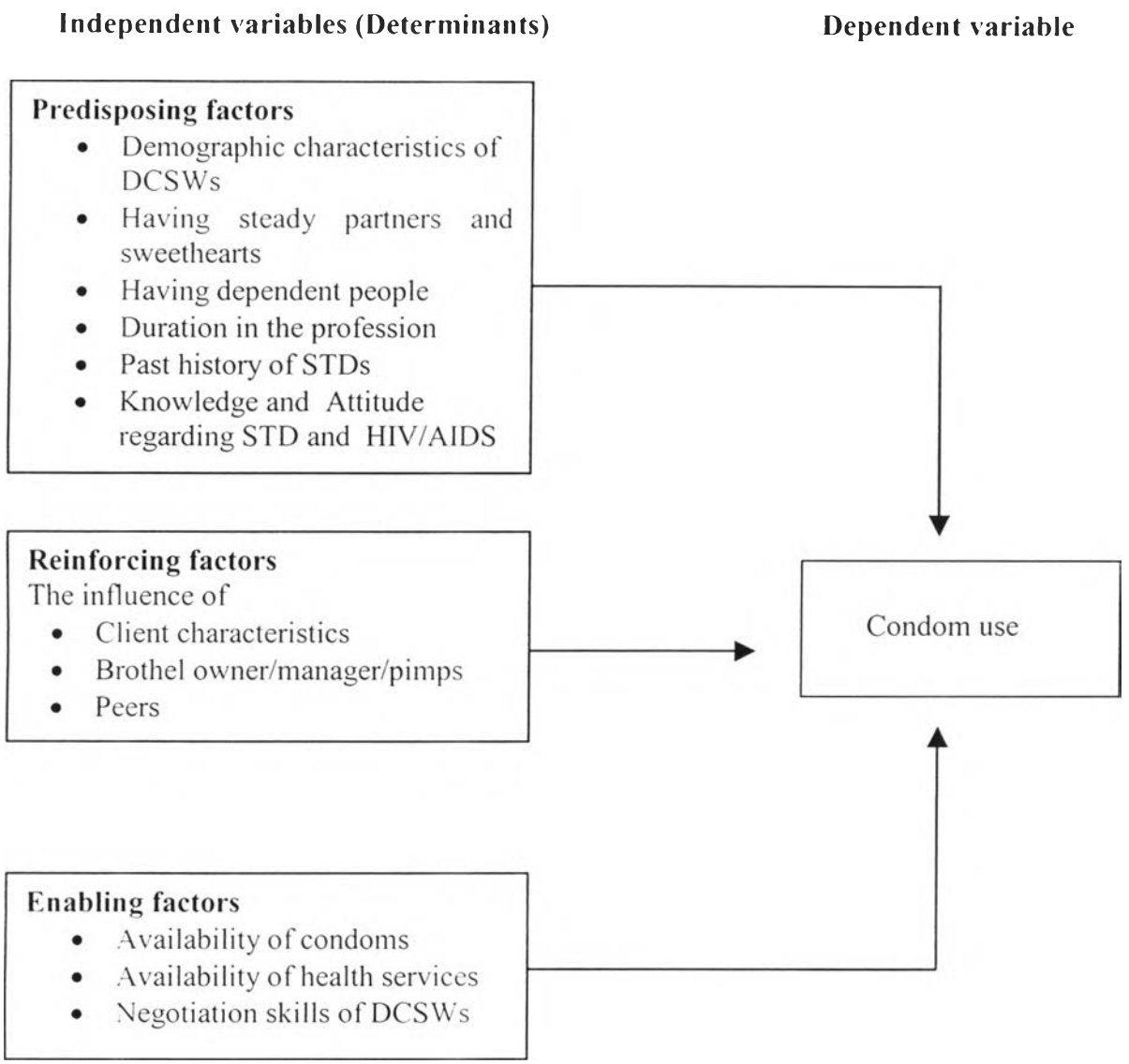

Figure 1: Modified from PRECEDE model (Green and Kreuter, 1991)

1.6 Research Variables

Independent variables include

1. Predisposing factors:
   - Demographic characteristics of DCSWs (i.e. age of DCSWs, nationality, education, income)
   - Having steady partners and sweethearts
   - Having dependent people
   - Duration in the profession
   - Past history of STDs
   - Knowledge and Attitude regarding STD and HIV/AIDS
2. Reinforcing factors: the influence of
   - Client characteristics (i.e. age of client, nationality and number of clients within last week)
   - Brothel owner/manager/pimps
   - Peers
3. Enabling factors:
   - Availability of condoms
   - Availability of health services (i.e. STD service, IEC materials)
   - Negotiation skills of DCSWs

Dependent variable: condom use

1.7 Operational Definitions of Terms Used in the Research

These operational definitions specify details about each variable in the field of predisposing factors, reinforcing and enabling factors influence condoms use among DCSW's of the following:

Direct Commercial Sex Workers (DCSWs) refers to the female brothel-based sex workers who work in brothels at Osmach town, Oddar Meanchey Province. DCSW's can be Cambodian, Vietnamese or other nationality.

Magnitude means the percentage of condom use when the DCSWSs have sex with clients, steady partners or sweethearts.

Determinants means factors that influence condom use including

- Predisposing factors (demographic characteristics, duration in the profession etc.)
- Reinforcing factors (the influence of clients, brothel owners etc.)
- Enabling" factors (availability of condoms, health service etc.)

Steady partners and sweethearts: Steady partner is defined as men (regular customers) who either live with or who have an intimate (financial and sexual) relationship with DCSWs for more than 3 months. Sweetheart means boyfriend or lover.

Dependent people mean family members such as children, parents, siblings or other relatives who are financially dependent on DCSWs.

Income means total money that DCSWs receive per month by selling sex.

Past history of STDs means DCSWs have experienced a sexually transmitted disease, which was diagnosed by DCSWs themselves or by medical staff.

Client refers to male customers who use DCSWs' sex services either within brothels or other places. Clients can be Thai, Cambodian or other nationality.

Brothel owner/manager/pimp refers to persons who are responsible for the brothels' operation where DCSWs are working.

Peer refers to other sex workers who are able to talk and discuss about sex activities, safe sex practices, STDs or HIV/AIDS.

Knowledge regarding STD and HIV/AIDS refers to the general knowledge of DCSWs regarding STD and HIV/AIDS such as symptoms, mode of transmission and prevention. Knowledge regarding STD and HIV/AIDS has been measured by the questionnaire constructed by the researcher.

Attitude regarding STD and HIV/AIDS refers to the attitude of DCSWs to HIV infected people, risk behaviour and condom use including beliefs and value of using condoms. The attitude regarding STD and HIV/AIDS has been measured by an Attitude Survey Form developed by the researcher.

Availability of Condoms refers to the availability of condoms that DCSWs can use when they are required. It can be provided by the brothel owner/manager, NGO staff, health offices or DCSWs can obtain them by themselves.

Availability of health services (one measure of accessibility) refers to services that DCSWs are able to access regarding health information (Information, Education, Communication materials for example leaflets, posters), and curative services such as an STD clinic.

Negotiation skills of DCSWs refers to the success rate of DCSWs to persuade her clients to use condoms, or negotiate not to have sex with clients that DCSWs do not like.

1.8 Expected Outcomes

1. The research findings could be used as baseline information of condom use among DCSWs for the Provincial Health Department and NGOs.
2. The study offered recommendations for interventions and further study.